

## JOHN FLAKE ANDERSON, MD: a conversation with the editor

**J**ohn Anderson (Figure 1) was born at Baylor University Medical Center (BUMC) on November 29, 1948, and grew up in McKinney, Texas. In high school he was both a star athlete (in football, basketball, and baseball) and a top student. He entered Baylor University in Waco, Texas, in 1967 and after 3 years entered Baylor College of Medicine in Houston, graduating in 1973. Both his internship and residency in surgery were at BUMC. He finished the 5-year program in June 1978



Figure 1. Dr. John Anderson.

and then did a fellowship in vascular surgery at the University of Tennessee Health Science Center in Memphis under Dr. H. Edward Garrett, who did the first coronary bypass operation when he was in Houston with Dr. Michael DeBakey. After his fellowship, Dr. Anderson returned to BUMC, entering the private practice of vascular and general surgery beginning in July 1979.

By 1985–1986, Dr. Anderson was an at-large member of the medical board of BUMC. The next year, he served as chairman of the credentialing committee of Baylor Physician Associates. In the 3-year period from 1991 to the end of 1993, Dr. Anderson served as the elected president of the BUMC staff and chaired its executive committee and medical board. In January 1994, he became a part-time internal consultant to Baylor Health Care System (BHCS) and served on the System Integration Action Team, chaired by the newly arrived chief operating officer for BHCS, Joel T. Allison, who now serves as the system chief executive officer. In July 1995, he assumed his current role as the senior vice president for clinical integration, taking overall responsibility for coordination of clinical and medical staff affairs across the system. In July 2002, his role was expanded to become the chief medical officer for BUMC.

He continues his private practice on a limited basis. In December 1999, Dr. Anderson became a member of the board of stewardship trustees for Catholic Health Initiatives, the country's fifth-largest health care system; in addition, he serves on the board of Catholic Healthcare Federation. He and his lovely wife, Rachel, are the parents of 4 offspring. John also is a great guy and a major credit to BUMC and this community.



Figure 2. Born at Baylor University Hospital.

**William Clifford Roberts, MD (hereafter, WCR):** *Dr. Anderson, it's a pleasure to talk to you, and I appreciate your coming to my home. Could you describe some early memories, your parents, your siblings—your early growing-up period?*

**John Flake Anderson, MD (hereafter, JFA):** People ask me how long I've been around Baylor. On my office wall are my footprints and my birth certificate from the Florence Nightingale Hospital dated November 29, 1948 (Figure 2). Thus, I was born at Baylor Hospital, probably <200' from where my office is today. My first recollection of Baylor Hospital was in June 1953, when I came to Dallas to pick up my younger brother, Jim, who also was born at Florence Nightingale. All the kids were born by Cesarean section because my older sister had been born 2 months premature (she weighed 3 or 4 lb). I remember my mother's coming home in an ambulance.

I grew up in McKinney. My dad was in the retail butane/propane gas business there with my grandfather, his father. My mother was from Hollis, Oklahoma, in the southwest corner of the state, just north of the Texas Panhandle, which was also the

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Figure 3. As a young boy.

hometown of Darrell Royal, the football coach at the University of Texas for many years. My mother was born in June 1915, one of a quadruplet of 4 sisters. She also had 4 older siblings. My grandparents decided that they'd have a fifth child and ended up with 8. The doctor had suspected my grandmother was pregnant with twins. Growing up, I was always around family and cousins. I still have an unusually close family built mainly around first and second cousins.

We spent a lot of time together, as the 4 sisters tried to get together on birthdays and holidays as often as possible.

My older sister (by 18 months) is Sally, and she and her husband, Mike Clark, live in Houston. My younger brother, Jim, still lives in McKinney and is in business for himself.

I have early memories of traveling back and forth to Dallas from McKinney via Greenville Avenue, which goes right through Richardson, Plano, Allen, and then into McKinney. Somewhere during my childhood, Central Expressway was built. Initially, it stopped at Campbell Road in Richardson; later, it was extended to Plano and Allen and finally into McKinney.

When I was growing up, McKinney was a rural town of about 15,000 people. We enjoyed the best of both worlds. Most people there, including my dad and granddad, were directly or indirectly involved in agriculture. Then it was just a 30-minute drive to North Dallas. We'd go back and forth to Dallas fairly often.

**WCR:** *Why did your mother come to Baylor University Hospital to give birth to you and your siblings? There were hospitals in McKinney in 1948. That's a long way to come.*

**JFA:** I'm not sure I can answer that. At the time, McKinney had the Wysong Clinic. There was a community hospital where a lot of family physicians and some surgeons practiced. My mother and dad decided that they wanted the kids to be born in Dallas. I don't know whether they had been influenced by some bad experience of somebody in the community.

**WCR:** *What was life like in McKinney when you were a young boy?*

**JFA:** We didn't have a lock on any door. The car keys were always left in the car. There was no crime. Everybody had a dog. We had a series of collies named Lassie that lived outdoors and probably didn't go to the veterinarian. We played sports. During the summer we kids kicked around town, played in the creeks, and rode our bikes (Figure 3). We were not wealthy. Most people in town, except for the doctors and lawyers, lived on the same economic level. It was great. I wouldn't trade it.

Although I didn't appreciate it at the time, I had very good teachers in grade school, middle school, and high school. I went to the public schools throughout my precollege years. It was a very diverse population of students. The school was integrated when I was in high school. I was a part of that. We didn't have any major incidents, and it worked well. My dad and granddad employed people of different races, creeds, colors, and socioeco-



Figure 4. With paternal grandfather, Ira Anderson.

nomics backgrounds. I grew up with people who probably had a whole lot less than we did, and some had more.

Although we lived in rural McKinney, at the same time we fully enjoyed the benefits of living close to Dallas. My dad and I came to Dallas often. We started going to Dallas Cowboys and Dallas Texans football games the season they started. We enjoyed those and also a few restaurants and the State Fair. It was an interesting life.

My father's parents lived in McKinney, and they were very influential. I never knew my maternal grandfather. I have a picture of him holding me, but he died of cardiovascular disease about 6 weeks after I was born. However, my paternal grandparents were a big part of my life growing up.

Although he never knew it, my grandfather was probably the one most responsible for my going into medicine. My granddad was one of my heroes (Figure 4). I could take you to the spot today at the corner of Hunt and Tennessee Streets in McKinney when, in his yellow Ford pickup, he looked down the street at the Wysong Clinic, about a block away, and said, "That's the most important thing you could ever do with your life." The light then turned green and we headed home. It was one of those little things that stuck in my memory. I didn't go running home saying, "Mom, guess what? I just got a vision for my future." It was years later after I was in medicine when people asked, "When did you decide to go into medicine or surgery?" Suddenly, that episode came back into my mind. My granddad never had the advantage of knowing how much he influenced my life, but I give him a lot of credit for having planted the single seed.

**WCR:** *How old were you at the time?*

**JFA:** Probably 6.

**WCR:** *What were your grandfather's characteristics that made him a hero for you?*

**JFA:** One was that he was my grandfather. Our family was close. He and my dad were in business together. I stayed with my grandparents often in their big 2-story house on a 5-acre farm in the west part of town. We ate with them frequently. Our families kind of intermixed. I never saw my grandfather as a hunter or fisherman. I often rode with him to Dallas in the front seat of his pickup to pick up parts and equipment.

**WCR:** *When in grammar school, junior high, and high school, did you have hobbies?*

**JFA:** I didn't have any focused hobbies. I probably never have. I've had wide-ranging interests but was never fanatically hobby oriented. I hunted and fished a little bit.

**WCR:** *Did your dad hunt and fish?*

**JFA:** Prior to my grandfather's being in the propane gas business, he was a Ford dealer. He lived through the Great Depression. My granddad was born in the late 1890s. He and my dad were just hard-working blue-collar people. My dad and my granddad got up early, went to work, worked late, worked on weekends when they had to, and got up in the middle of the night in December and January when it was cold and people were out of gas to heat their houses. My dad's hobby was his family. All of his spare time was committed to the 3 kids. We had a great time. He really loved to entertain us.

His business was seasonal. During the winter when it was cold, people bought a lot of gas to heat their homes, and my dad and granddad were especially busy. During the summer, they serviced farmers who ran their tractors on propane and butane, but it was a slow season. Thus, every summer without fail he would make sure that all employees got a 2-week vacation and then in late July or August he'd say, "Okay, it's time to leave on a family vacation." We would get in the car. (We had flown only once to the New York World's Fair in 1964.) With the exception of Maine, we had driven to or through every state in the continental USA on a family vacation. I didn't appreciate all the wonderful travel at the time. My dad thought travel was important. He was not terribly sophisticated, but he was bright and really committed to the family. He wasn't a golfer or much of a fisherman or hunter. He had served in World War II in Italy and had come back with a real appreciation for what life is about and was thankful to be here. If we had a hobby, it was a family hobby of summer vacations. We didn't travel much otherwise.

**WCR:** *How long would you be gone on those vacations?*

**JFA:** Usually a couple of weeks.

**WCR:** *Would you stay at motels?*

**JFA:** Yes. We always had a station wagon. Dad would come home early in the afternoon, go to bed for 4 or 5 hours, get Mother to pack the car and get the kids all ready, and then we would leave for the vacation about 9:00 PM when it was cool. My dad would drive all night, and the kids would sleep in the back. A great treat was to stay up and ride shotgun with my dad.

**WCR:** *What was your home like?*

**JFA:** It was the kind of home life that every kid would dream of. At the time, I didn't appreciate that everybody didn't have the same situation. My family on both sides were very active church-going people. We all went to the Baptist church in McKinney. I never knew anything different. The church transcended into our home life. Both parents were very spiritual. We prayed before every meal; we polished our shoes before Sunday school. Those



**Figure 5.** Parents Jack and Mary Anderson. (Mary served on the Baylor University Medical Center board of trustees from 1974 to 1978.)

kinds of values were instilled into us from day one. All family members I knew—cousins in Houston, cousins in Oklahoma—had those same values. Our family life was very good.

My mother and dad were very loving and caring (Figure 5). I learned a lot about interacting with people from them. People who worked for my dad had a lot of respect for him. I learned early that he took care of them; he put their needs first. A man from Dallas who worked with my dad in a business arrangement once pulled me off to the side when I was about 12 years old and said, "I want you to know that your dad is one of the most honest and respected business guys that we work with." That told me something. Neither parent would sit down with us and lecture about the deeper meaning of life. We kids just watched how they led their lives, and we followed accordingly. They treated people fairly. At home, my mother had a maid a couple of days a week, and she was part of the family. We never thought of her as being any different than we were. She stayed with us when my mother and dad went out of town. We respected her as we did our own parents. When my dad died 2 years ago, many of his former employees came to his funeral.

**WCR:** *When was your father born?*

**JFA:** My dad was born March 13, 1920, and died in February 2001, just before his 81st birthday.

**WCR:** *And your mother?*

**JFA:** She was born June 4, 1915, and died in December 1997.

**WCR:** *So your mother was older than your father?*

**JFA:** My mother was 5 years older than my father. She was 82 when she died.

**WCR:** *What was your father like around the house? If you had problems, would you go to him and talk about them?*

**JFA:** As a small child, I was fearful of my dad. He was big and had played football in college and some professionally for the New York Giants and Philadelphia Eagles. I remember talking back to him once when I was very small and learning quickly that that was not valued. At the same time, he was a gentle guide.

He went to work about 5:00 AM and worked hard. He'd go to work for a couple of hours, get his little gasoline station going,

and then frequently come back home and eat breakfast with the kids before we went off to school. It was only a 5-minute ride from home to work.

I loved being with him. Occasionally, we'd be in a car or truck by ourselves, and that's probably when he'd impart values in some way, although I cannot recall any specifics. He had a large 18-wheel transport truck and a driver who would go to the refineries around the Red River (Gainesville or Sherman) and southern Oklahoma and pick up bulk fuel, 10,000 gallons at a time, and bring it back to the plant and unload it into large permanent storage tanks. Occasionally, a driver would be on vacation, and Dad would drive the 18-wheeler. The ultimate treat was for Dad to come home in the afternoon and say, "I've got to make a refinery run tonight. Do you want to go with me?" To get to crawl up into the big 18-wheeler and stay up all night was wonderful. We'd take baseball gloves. He sold gas to the Fort Worth Transit Authority that ran buses at the time on propane. It took a couple of hours to load 10,000 gallons of fuel, and we'd stand by the truck while the fuel was pumping and play catch with the baseball mitts. Then we'd get in the truck and drive through the night to Fort Worth, stop to get something to eat, and then play catch for another couple of hours while the fuel was unloading. He liked baseball. We talked sports.

**WCR:** *How big a guy was he?*

**JFA:** He was 6'2" tall and weighed up to 260 lb. He was born in Dallas and had graduated from Plano High School in 1937. During the depression, his family lived variously in Dallas, Plano, and McKinney. He got a scholarship to play football at Baylor University. His playing weight was about 240 lb. He played a year with the New York Giants before he went off to World War II.

**WCR:** *What was your mother like?*

**JFA:** She was very outgoing. She never met a stranger. She and her sisters had musical talent and were always involved in the choir at church. My sister also is quite musically talented. Sally took piano lessons and learned to play the organ. My mother was mainly a vocalist. After graduating from Hollis High School, she and her sisters went to Baylor University on music scholarships. Pat Neff, who was president of the university and later governor of Texas, saw real marketing opportunities in the 4 sisters from Oklahoma, so he gave them scholarships to come to Baylor and play in the band. They were the first female members of the Baylor University Marching Band. They traveled with the president of the university; he spiffed them up and put them on the train and took them places. They were a vocal group and musically focused.

My mother was an ideal mom—the lap you wanted to crawl in when you were sick. She took care of us. Dad was the disciplinarian. She was great to be around and really involved in our lives at school, at church, and in the neighborhood.

**WCR:** *It sounds like your home was a happy one and devoid of fights or arguments. Is that accurate?*

**JFA:** That's right. When things got out of hand and Dad raised his voice, we knew it was serious. He was not passive. The home life was very controlled, but it was a happy place and was very secure. We never dreamed of being threatened by anything that my parents couldn't protect us from. My brother and sister and I had a good relationship (Figure 6). My brother, being 4½ years younger than I, was my "kid brother."

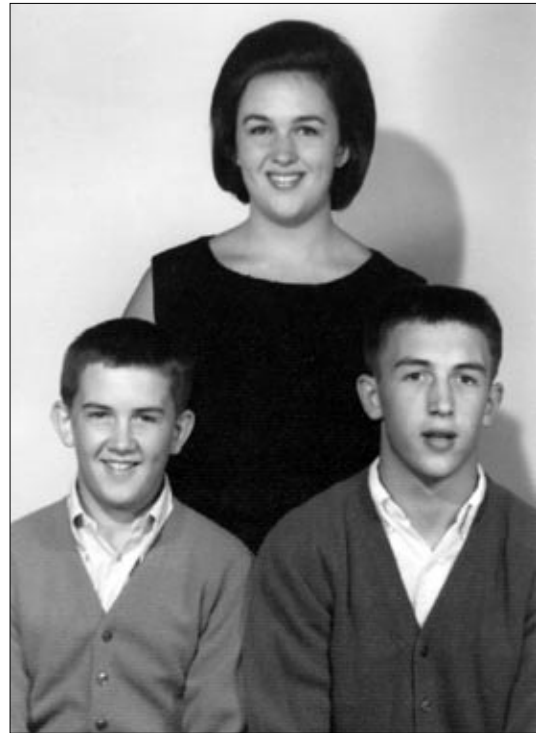


Figure 6. With siblings Sally and Jim.

**WCR:** *Was your mother a big person?*

**JFA:** She had a medium build, not petite but not large. She was very pretty. She was a bit overweight, but she was always well dressed and took good care of herself. I don't ever remember watching her get out and walk up and down the street or take a walk with her friends. Social life outside of family, church, and kids was being busy in the community. She worked through the church and a little Hispanic mission in town. She was always involved with other people. She drove everywhere. I'm sure she could ride a bike, but I don't remember her getting on a bike. Exercise was not part of the equation for her or nearly anyone but kids at the time.

**WCR:** *Was the dinner meal in the evening a big deal in your home?*

**JFA:** It was. Breakfast and lunch during the summer also were important sometimes. Dad got home at a pretty predictable time (as opposed to my lifestyle). We'd generally eat dinner about 6:00 PM and then run in and catch the 6:30 news on our first TV set. We spent a lot of time in the early years watching television as a family because it was novel.

**WCR:** *Do you remember a typical conversation at suppertime? Did you talk about your activities at school, or did you talk about political happenings?*

**JFA:** It was typically about day-to-day life, probably about school and family. Neither my dad nor mom was a political activist. They were conservative. My dad, having served on the front lines of World War II in Italy, did not like to talk about the war. I had few discussions with my dad about his war experiences. Years later, I encouraged both of my sons, who were history majors in college, to visit with him about those experiences, and they heard a lot of stories. We were certainly aware of the Cuban missile crisis, which was a big deal. We had some discussions about the Cold War.

**WCR:** *Who said the blessing each night?*

**JFA:** Dad did early on, and later he called on one of the kids. “John, you say the blessing tonight.” The kids learned how to do that early. You didn’t dare take the first bite until the blessing was said.

**WCR:** *John, was there alcohol in your home growing up?*

**JFA:** No. My parents made an explicit decision that they weren’t going to expose the family to alcohol. They thought it safest to teach us abstinence.

**WCR:** *Neither parent either smoked or drank alcohol?*

**JFA:** My dad had smoked during the war, as did most soldiers at the time. Mother never did. She did not want tobacco or alcohol around the house, and it never was.

**WCR:** *What was your house like?*

**JFA:** My first recollection was of living in a duplex near downtown McKinney. My grandparents lived on one side and we lived on another. It was probably a post–depression-era house. By today’s standards, I’m sure it would be tiny. After my brother was born, we moved about 3 or 4 blocks away into a small house on Davis Street, even a little closer to downtown McKinney. It was on the steepest hill in town. When it snowed or iced, we had the only hill in town to sled on. It was a great place to race bikes. The 3-bedroom frame house is still there, and I drive by it occasionally. When I was in the sixth grade, we moved to the very edge of town, about a half mile from where my grandparents lived, but into a new subdivision. We built a new home. I remember my dad talking about how he had lost his mind. He paid \$3,000 for the lot and \$30,000 for a brand-new 4-bedroom brick house. It was a palatial estate by our standards. That was about 1960. Here’s an interesting historical note: The bricks for that house were salvaged from the old McKinney High School, which had just been razed to build a new school.

**WCR:** *That’s the first time you had a room of your own?*

**JFA:** Yes. I had shared a room in the frame house. Our new house was on the last street on the west side of town. The view from our front door was of wheat and cotton fields, so it almost felt like we lived in the country. Nobody had fences around their yards. The dogs ran up and down the street. Later, the high school was built just 2 or 3 blocks to the north, and more houses were built to the west. The house is still there at 314 Brook Lane.

**WCR:** *Tell me about your activities at grammar, junior high, and high school. It sounds like you participated actively in athletics. I presume you were a good student. It sounds like you enjoyed your activities.*

**JFA:** I did. I had a good time. I had a relatively small group of friends. There were 4 grade schools in McKinney at the time, so I had a close group of friends that had gone with me to West Ward. The other grade schools were North Ward, East Ward, and South Ward.

I still keep up with some of my classmates from Ms. Haynes’ kindergarten. It was in the back of her home. There were probably half dozen of us; Katie Winniford and David Whisenant also went there. David and I were like brothers, and our parents were close friends. His dad was president of the local bank. David, Katie, Suzy Taylor, Robbie Clark, and I were close. Irene Taylor is like a second mother to me. Her daughter, Suzy, and I were best friends. She was almost like a sister to me. After kindergarten, we all went to West Ward and then to junior high and high school together.

There were no girls’ athletics then, unfortunately. Girls did cheerleading, gossiped, and played among themselves. The boys had Little League baseball, and beginning in the seventh grade, football. Every boy who could walk was supposed to play football. I went out for organized football in the seventh grade. At junior high, about 125 kids went out for football. If you were that age, you played. If you didn’t, something was wrong with you. By the time we graduated from high school, that attitude diminished, and it was acceptable to do a few other things. Our team’s very first competitive football game was played at Duncanville. We loaded up the very longest buses we had, about 3 of them, and then we ran out of buses.

I started as quarterback for the seventh-grade team. I was a pretty decent athlete. The 2 or 3 quarterbacks and one of the coaches wouldn’t fit into the bus, so we rode with the coach from McKinney to Duncanville in the back of his 1957 Chevrolet convertible—riding right down through the middle of downtown Dallas with our football uniforms on.

**WCR:** *You played all through high school?*

**JFA:** I played football, basketball, and baseball. I never was very fast, but I ran a little track. In high school, I was blessed to be with a crowd of guys who were pretty good athletes. We had good teams. McKinney was very much a football town. The high school districts for the interscholastic league were stable at the time. For years, the district comprised McKinney, Gainesville, Greenville, Sulphur Springs, Bonham, and Mount Pleasant; later, Lake Highlands High School in Richardson was added. For many years, McKinney’s football team was the district champion. There was quite an expectation that everybody would play hard, and McKinney had a first-class program. Most high school teams traveled by school bus. Our varsity teams always traveled on chartered buses, which made us feel real important.

When I was a senior in high school, we progressed all the way to the state championship game, which we lost. By that time, I was playing defense and somebody else was the quarterback. I was an all-district defensive cornerback. In basketball, I was an all-district guard. We ran a very good basketball team and almost made it to the state tournament. My last high school basketball game was at Moody Coliseum. We played Waxahachie and almost won. Playing in the state basketball tournament had been a dream for me.

While I liked football, my dad never pushed it on me. He was a great football fan but thought the sport was too competitive. He maintained that he played college football because it was a way to get an education. He encouraged my athletic career, but he was not a fanatic who wanted to make sure that I was out front and succeeding. If I had told him I wanted to quit, it would have been fine with him. My younger brother, who was big like my dad and a natural athlete, quit football in the ninth grade and focused on basketball. That was kind of unheard of, but it was fine with Dad. Those were great experiences. Like most people who competed in athletics, we learned lessons at the time.

**WCR:** *You were a good scorer in basketball?*

**JFA:** I was an average scorer. I was a good ball handler. In both football and basketball, I appreciated the importance of defense. I was aggressive. I probably excelled more at defense and being tenacious and quick. I wasn’t fast but I was quick, and I had good

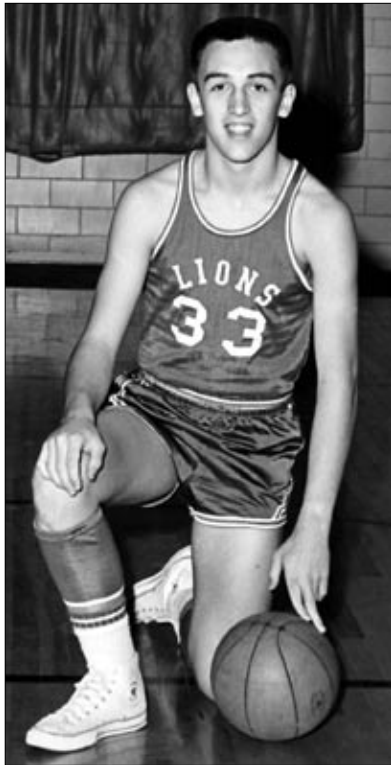


Figure 7. Playing basketball in high school.

hand-eye coordination. I scored more than I gave myself credit for (Figure 7).

**WCR:** You played baseball too?

**JFA:** Yes. I was better than average. I usually played second or third base. I could hit pretty well. I enjoyed it.

**WCR:** So you were on the first teams in all 3 sports? You lettered in all 3 sports?

**JFA:** I lettered in all 3. I didn't letter in track, which didn't hurt my feelings at all.

**WCR:** Did school work come easy for you, or did you have to work hard at it?

**JFA:** It came pretty easy in high school. I didn't have very good study habits then. I had good teachers. I enjoyed learning and trying new things. I liked to read but wasn't a voracious reader. My parents encouraged it, but they didn't insist that television be turned off while I read a book for an hour.

Medicine intrigued me. I dated a girl in high school whose dad was a local physician, Dr. Scott Wysong, and he encouraged me. The Wysong Clinic was started by 3 Wysong brothers. It was a small, family-owned clinic. Their father, Dr. Scott Wysong, Sr., who died during my childhood, had 3 sons, Scott, Charley, and Dudley, all physicians. Scott was a surgeon, Charley was sort of a family physician/general practitioner/obstetrician. That's probably the reason my mother came to Dallas. Charley was a great guy with a wonderful personality, but he was a little rough around the edges. I'm sure that Mother wanted someone a bit more sophisticated than Charley to deliver her babies. Dudley was a proctologist.

**WCR:** Did you like biology and chemistry in high school? Did any of the sciences appeal to you?

**JFA:** Only in the sense that I was beginning to cultivate an interest in medicine. Dr. Wysong encouraged me to come to his



Figure 8. At high school graduation.

clinic and work. After my junior year in high school, he gave me a job, which was actually the first job I ever had that wasn't working for my dad. (I had always worked for my dad during the summers, mowing grass on his lot or driving trucks.) I worked at the little hospital as an orderly—emptying bed pans, learning how to make 4-corner beds tightly, and doing a lot of things the nurses would appreciate today. His philosophy was, "You have to get to the patients'

bedside and learn how to take care of them there before you start worrying about being a doctor."

Occasionally that summer I would get a message that Dr. Scott Wysong wanted me to observe him in surgery. The first time, I watched him take a metal plate out of the fibula of a friend of mine. I nearly passed out and had to go to the surgeon's lounge and lie down and drink water. He then got me right back up to watch him take out a gallbladder. I never had any problem with the surgical experience after that.

**WCR:** Were there any teachers in grammar school, junior high, or high school who influenced you or really impressed you?

**JFA:** Not in the same way that my grandfather did. I remember many of my teachers, and I remember distinct things about them. I guess in many respects they were a reflection of my parents and the small-town community we lived in. Everybody kind of shared the same values. I remember Ms. Stone, my first grade teacher, and Ms. Knott, my second and fifth grade teacher.

**WCR:** How did you pick Baylor University to go to college?

**JFA:** I had a choice. I looked at Southern Methodist University and the University of Arkansas, but my family had a strong legacy at Baylor. Both my parents had attended Baylor University. We went to Waco every fall for football games and went to homecoming every year. I had third cousins in Waco who were like first cousins or very close family to me. It was an easy choice. It never occurred to me to consider places outside of this region. I had a prospect of a basketball scholarship at Rice that didn't pan out. I might have considered Rice because I knew it was a very good school academically. The notion of playing college athletics intrigued me. When I went to Baylor, I actually did go out as a walk-on football player but decided pretty quickly that collegiate football was designed for people who were invited to play.

**WCR:** How did you finish high school academically?

**JFA:** I was in the top 10 in my class (Figure 8).

**WCR:** How many were in your senior class?

**JFA:** Probably around 220 or 230. It was a pretty good sized school for those times. I excelled. I was in the National Honor Society.

**WCR:** You must have been a superstar in high school. You played first team in 3 sports and at the same time were a top student.

**JFA:** I wouldn't characterize myself as a superstar then or now.

**WCR:** Did you have an office in your senior class?

**JFA:** I was president of the student council one year and was

active in leadership. I also was a member of the debate team, which I enjoyed.

**WCR:** *Did you have a scholarship to Baylor University?*

**JFA:** No. My dad paid my way. He did not die a wealthy man at all. He may have had some regrets about not being able to provide even more materially. By the time he died, I told him that the most important thing he ever gave me was an education. When I finished Baylor University, Baylor College of Medicine, and my surgical residency, I started into practice debt free because my parents put me through school and never once suggested that I had to go out and work for it. That was an investment in the future.

**WCR:** *How did Baylor University in Waco strike you? Did you like it immediately?*

**JFA:** I was confused the first 30 days because I hadn't met Rachel yet. I met Rachel, and it all got straightened out. We had our first date on September 30 of our freshman year.

**WCR:** *That was 1967?*

**JFA:** Yes. Baylor was a comfortable place. I knew a few students. Suzy Taylor, who was like a sister to me, was also a freshman student there. She introduced me to Rachel, who became my wife. It was a blind date. Suzy called one Saturday afternoon and said, "The girl across the hall was stood up for a date and wondered if you'd take her out." I did. I was comfortable with the surroundings. My parents had friends in Waco. People they had been at Baylor with had kids who graduated with me.

**WCR:** *Did you have a car in college?*

**JFA:** When I started at Baylor in 1967, my sister was beginning her third year. She had a car, which we shared for the first year. The next year I had my own car.

**WCR:** *Where was Rachel from?*

**JFA:** She's from Dallas. She grew up in the Park Cities and graduated from the Highland Park High School in 1967. She was born in Texarkana. Her father was an FBI agent at the time and moved to Dallas when she was about 1. He was with the FBI for a while and then moved to the First National Bank. Her parents had been Baylor University graduates.

My mother and father both went to Baylor University, but they were 5 years apart, so they did not know each other there. Rachel's parents were at Baylor University and knew both of them, but my dad was a couple classes behind them, my mother a couple of classes ahead of them. When Rachel and I started dating, we brought the families together. They had many common friends.

**WCR:** *What characteristics of Rachel attracted you to her?*

**JFA:** She was a sweet, simple, rather quiet, attractive girl whom I quickly identified with. When Suzy Taylor called and asked me if I'd take Rachel out, she had probably mentioned to me that this was Rachel Presley and that her dad was Dewey Presley. I didn't know Dewey Presley, but I knew the name. I knew he was important in Dallas (Figure 9). Suzy called at 4:00 PM, and Rachel and I went out about 7:00 PM. We just hit it off. We obviously liked one another. She was courteous and attentive but didn't make a big deal of me. I liked that. I had been a leader in a small town and president of the student council and involved in athletics, so I had had a lot of people making a fuss over me, but it wasn't something that I was comfortable with. She wasn't overly impressed with me. We immediately developed a mutual



**Figure 9.** Father-in-law Dewey Presley, who served for many years on the board of trustees for Baylor University Medical Center and Baylor Health Care System. Mr. Presley was a business leader in Dallas as president of First National Bank and later First International Bancshares and was an important personal and professional role model for Dr. Anderson.

respect for one another and had much in common. We had come from the same kind of value system. She had grown up equally as active in her church and youth group, though she grew up in a much larger church here in Dallas than I did. And, she lived across the hall from my best friend.

**WCR:** *You dated Rachel all through college?*

**JFA:** Yes. Within a year, we were talking about long-term plans involving marriage. The Vietnam War was still going on. I was a second-year student at Baylor University when the first draft lottery came up. Life was serious in those days. I remember vividly coming home during my freshman year at Baylor University to attend the funeral service for a high school classmate and teammate who had died in Vietnam.

I was not trying to avoid the draft, but a legitimate way to stay out of the military at the time was to stay in school and study. If I was going to get into medical school, which was my goal by the time I started Baylor University, I had to study hard. Although life in McKinney had been a great experience, I learned during my freshman year that high school there had not been a huge challenge. My study habits were inadequate. I knew by October 1 that I was not going to pass chemistry, and I learned my lesson quickly. If I was going to medical school, I had to repeat the chemistry course and learn how to study much better. I made a 2.4 my first semester at Baylor University and then promptly started making mostly A's; I graduated with a 3.7 grade point average.

Rachel and I got married in January of our junior year, 1970. I had just turned 21 in November 1969. We were young and inexperienced and didn't have a clue about what we were doing. Nevertheless, it worked out well for us.

**WCR:** *You were the same age?*

**JFA:** I was born in November 1948 and Rachel, on August 1, 1949, so I was about 8 months older, but we were in the same grade in school. She fast-tracked through Baylor University to get her teaching certificate and graduated after 3 years and summer school.

I had applied to go to medical school after my third year, which was 1970, but was turned down everywhere I applied. I thought it would be a good experience, however, to go through the interview process. I got polite letters from the University of Texas Southwestern Medical School, Baylor College of Medicine, the University of Texas at San Antonio Medical School, and Johns Hopkins. They all said to do the senior year and then come back. Thus, I enrolled for my senior year.

I was about 2 weeks into the fall semester and Rachel had just gotten a first-grade teaching position in Waco when I got a call on a Thursday afternoon from an administrator at Baylor College of Medicine. He said that a student had dropped out of the freshman class and asked if I would be willing to come and take his spot. The caller was Jack O'Wesne. I said, "Jack, I've got all of these commitments, but before I say I can't do it, I'll call you back in a few minutes." He said, "I've got to know in the next hour because I've got to call somebody else." (This was September 1 and normally the classes would have already begun, but that year Baylor College of Medicine was expanding its class from 87 to 124. They were behind schedule on construction of the new labs and had to delay starting.) He said, "Classes begin Monday and we've got to have a full enrollment."

I called my dad at work. I said, "You're not going to believe what happened. Here I am, enrolled, I've already had 2 weeks of classes, you've already paid tuition, Rachel's got a job, I'm president of my fraternity, and I just got a call asking me to come to medical school. Isn't that a bummer?" He didn't say much. Finally he said, "What did you go to college for?" I said, "To get my degree and get into medical school." And he said, "And the guy from the medical school in Houston is calling and asking you if you want to come?" And I said, "Yes, but it starts on Monday." He said, "So what's the question?" I said, "You mean you think I ought to drop out of college?" He said, "Of course." I hung up, called Jack back, and accepted the offer.

That was about 2:00 PM. I got in the car, drove over to the school where Rachel was teaching, knocked on her window, and said, "Come out here, I've got to tell you something. You've got to quit your job." She quit her job that afternoon, and I went and withdrew from Baylor University. I called a meeting of the fraternity that night and told them goodbye; I said that I was sorry to dump the presidency of the fraternity on them, but I had to go to medical school. College just disappeared.

We either left that night or the next morning and drove to Houston. The other students had already gone through orientation and gotten their books. Jack O'Wesne got me registered, and I paid my first semester tuition. We rented an apartment, drove back to Waco to pick up some other things, and drove back to Houston on Sunday. I started classes on Monday morning.

I was the last person admitted to my medical school class, and I ended up around the junction of the top and middle thirds.

**WCR:** *Let's go back to college just a minute. Were there any teachers in college who had a significant impact on you?*

**JFA:** Yes, Robert Reid, a history professor. He was an institution at Baylor University. He made history come alive. He had a wonderful voice, a wonderful style of teaching. Harley Reno, who taught comparative anatomy, was the hardest teacher I ever had. His was probably the course that best prepared me for medical school. It was the most rigorous course I ever took. He wanted to make it hard. He almost never gave A's (I made an A in the course), and you really felt that you had learned something. He was somewhat controversial; nevertheless, he was an outstanding teacher. I was well prepared for the freshman anatomy course at Baylor College of Medicine.

**WCR:** *What fraternity were you in at Baylor University?*

**JFA:** At the time, Baylor University didn't have national fraternities (that's not the case anymore), but it had what were called "social clubs." They were fraternities by any other standard. We didn't have fraternity houses. Our club meetings were in the student center. There were men's clubs and women's clubs. Mine was an interesting group; it had its characters, but it also had a lot of bright students, including those in premed, pre dental, and prelaw. At the time, my "club" (Taurus Society) was probably one of the 2 or 3 largest and maybe one of the most prestigious. In many ways, the club didn't fit my personality. It included a bunch of "rounders," guys who really liked to enjoy themselves. I was a teetotaler. I wasn't terribly passionate about it; I just never cultivated a taste for alcohol. The club was where guys came together, were very loyal to one another, and enjoyed one another. Many did some crazy things. A couple of brothers lived in Waco; their dad was the US marshal. They had access to things like dynamite. We used to go out on Friday or Saturday night, buy old cars at the junk yard for \$15 or so, and take them out to the McNamaras' farm and blow them up.

**WCR:** *Were you in other leadership positions at Baylor University? Were you part of the student government at all?*

**JFA:** No. I wasn't opposed to it but just didn't get involved with it. I had a steady girlfriend and got involved with a fraternity. The premed academics were rigorous. I spent much time studying.

**WCR:** *You enjoyed your time at Baylor University?*

**JFA:** Yes. It was a great experience. Both Rachel's and my parents had talked a lot about their college years when we grew up. The disappointing thing about college was that it was so short. All of a sudden it was over. It provided a degree of freedom that I had never had before. I made a whole new set of friends.

**WCR:** *How many students were at Baylor University when you were there?*

**JFA:** Probably 7000 or 8000—much smaller than now. It was substantially larger than my high school.

**WCR:** *How did medical school and Houston strike you? Were there surprises?*

**JFA:** The study material was not too hard, but the volume of material was enormous. There were things that were hard to understand (nuclear physics, for example), but most I could understand pretty easily. Because of the large volume, I did little but study, particularly my first year. My study habits in medical school were good. I'd go to class all day long, get home at 5:00 or 6:00 PM, grab a quick bite for dinner, go into the second bedroom (we had a 2-bedroom apartment a few blocks from the medical school), close the door, and study. That was when I became a

“serious” coffee drinker. I studied 4 to 6 hours a night, just trying to keep up. It was like treading water in the English Channel. It was either do that or drown. After a while, I learned how to manage the volume of material.

There were ways to dabble in the clinical side from day one. Freshman students were welcomed at Jefferson Davis Hospital on weekend nights. There were plenty of babies that we could catch. I visited that hospital several nights in the first year. Medical school was kind of a blur because of how busy and comprehensive it was. But it was a great experience. I was around some really interesting people.

**WCR:** *Who had an impact on you from a faculty standpoint at medical school?*

**JFA:** It would be disloyal for any graduate of Baylor College of Medicine in those days to not list Dr. Michael DeBakey as an influence, but his was a distant, impersonal sort of influence. Cardiovascular disease was the underlying genre of that medical center because of his presence. Few medical students had much personal interaction with him. He was actually pretty kind and gentle to medical students, who could call his secretary and make arrangements to visit with him. I did that a time or two and was invited to go up into the amphitheater and watch him operate. It was hard not to be impressed. I was only 21 or 22 years old and 4 years out of high school and was in the most sophisticated sort of operating room in the world and on a near first name basis with this guy. Dr. DeBakey had a big influence on everybody, but not in a real personal sense.

The freshman teacher that I remember the most was a neuroanatomist, J. J. McCaughan. He had a deep throaty voice and long, gray hair; he was funny. He'd get tied up in knots trying to explain how the hippocampus functioned. He talked about it as if it were his long-lost lover. He was a great teacher, and the students loved him. I can't remember 2% of what he taught me, but he made a difficult part of anatomy very enjoyable.

There was Bob Hettig, a hematologist/oncologist. I was on an elective hematology rotation with Dr. Hettig, and he took us over to the Doctors Club one evening for dinner and told us a bit about the history of Baylor College of Medicine. He had been a senior member of the faculty when Baylor University College of Medicine moved from Dallas to Houston in 1943. It was fascinating from a historical standpoint, and he was a great teacher as well. He and McCaughan had some of the same characteristics in terms of teaching. He was just an engaging guy and made hematology and oncology come alive.

The other person that I remember quite well is a cardiologist, Liston Beazley. He is retired now and has family in Dallas, and I still see him from time to time. He was a clinical cardiologist on the faculty at Methodist Hospital and adjunct clinical faculty at the medical school. He had a busy cardiology practice, and I did a cardiology rotation with him. My first time in a catheterization lab was with Dr. Beazley. He was a kind, gentle guy and great teacher and had wonderful bedside skills. He worked primarily with Dr. Jimmy Howell, a busy cardiac surgeon on Dr. DeBakey's service.

The way in which they cranked cardiovascular patients through that system was phenomenal. Patients came through by the hundreds. The Methodist Hospital Annex on Fannin Avenue, a mile or two away from the medical center, served as the cardiovascular admitting hospital. Patients would trek in there, probably

a couple hundred on Sunday afternoons. They'd also come every day of the week, but Sunday afternoon was the busiest time. That was the first stop into the system. A resident and staff of people there worked up the patients. The patients stayed overnight, got all of the routine lab work done, and then were bused to the main hospital the next day for catheterization and other procedures. Dr. DeBakey insisted that no matter how complex the problem, the resident had to summarize all the findings on one sheet. It was all handwritten; nothing was dictated. Residents did histories and physicals, and the notes had to be legible so Dr. DeBakey and his staff could read them. Here's what the patient has, here's what we need to do. It was a good and interesting system.

**WCR:** *Did the decision to pursue surgery come easy for you as you rotated through the various services?*

**JFA:** I knew I wanted to do some surgical specialty. I needed to do something with my hands. As a kid, I remember taking pieces of pipe and fittings and screwing them together and making all sorts of things in my dad's shop. Thus, it was not all that surprising when I ended up in vascular surgery, doing some plumbing.

I had had some orthopaedic injuries in high school and came to an orthopaedic surgeon in Dallas. I broke a finger my senior year in high school, saw the same orthopaedist, had to have it set, and played with a broken finger for a while. Thus, I'd been exposed to orthopaedics. Dr. Stoney Cohen, a busy orthopaedic surgeon in Dallas, was a personal friend of the family, and he also had some Baylor University connections. I went to medical school thinking that I would probably go into orthopaedics. For some reason, it never quite clicked.

I got interested in obstetrics because the first week I was in school, I went down to Jefferson Davis and delivered babies. Obstetrics was a fun service and was the first clinical rotation for most third-year students. The department's residents and faculty were great. As a senior student, I was actually targeting obstetrics. The only interviews I had except for one were in obstetrics.

When I started medical school in September 1970, Baylor College of Medicine was starting a 3-year curriculum, and thus I graduated in the fall of 1973. Since we were out of sync with the resident matching program, we could stay on for an additional 9 months and take any electives we wanted free of charge, or we could try to match in some sort of program and get an early start on internship.

During fall 1969, my senior year, I was interviewing for residencies in obstetrics. At the same time, I was rotating in general surgery at the Ben Taub Hospital, the county hospital in Houston, and had a great experience. I was exposed to George Reul, who ultimately ended up over at the Texas Heart Institute with Denton Cooley. The residents worked every other night, so there was a red service and a blue service; Dr. George Jordan had the red service, and Dr. George Reul had the blue service, which I was assigned to. I was immediately impressed by him and still am. He is probably the person who turned the corner for me. Dr. Reul made surgery look easy and effortless. Although he was a cardiovascular surgeon, he did everything—trauma, general, abdominal, thoracic, endocrine, vascular, and cardiac. He was quick. All of a sudden, almost at the eleventh hour, I decided that surgery was what I wanted to do.

Their every-other-night program was insane. The residents there were just surviving. They were getting good at what they

did, but I sensed at the time that it was an unhealthy environment. I said, "There's got to be a better way to do this, and it's not a matter of trying to get out of work or avoiding staying up late every other night." I started looking around.

I knew about BUMC in Dallas, but I didn't know anything about the training programs. My father-in-law was chairman of the Baylor University board of regents or board of trustees at the time, which also made him president of the BUMC board of trustees, and he said, "You ought to come here and interview with Bob Sparkman, the chairman of the surgery department." I came up on Thanksgiving Day, 1969, and met Dr. Sparkman. A fifth-year resident, Mark Graham, took me on rounds, and we ended up back in Dr. Sparkman's office. He said, "We've got to go through the match, but we'll have a spot if you want to come." I said, "Let me think about it, but this sounds good to me. It looks like it would be a good place and it's close to home." I could have stayed in the Houston training program but decided to come to Dallas instead.

**WCR:** *Did you have to wait until July to start your internship?*

**JFA:** Two years and 9 months into my medical school training, I started my internship at BUMC. On July 1, 1973, I started as a surgery resident under Dr. Robert Sparkman. And for the first 3 months, before graduation from medical school (in September), I had a rotation on the service with Dr. Alan Bookatz in July, with Dr. Jesse Thompson and his group in August, and with the coronary care unit in September. During those first 3 months, I functioned as an intern/extern. All my orders had to be countersigned by an upper-level resident until I got my MD degree. I got a day off for graduation in September, rushed to Houston, put on a cap and gown, graduated from medical school, and drove back to Dallas.

**WCR:** *When you started your internship in July 1973, you were only 6 years out of high school and therefore 2 or 3 years younger than most of your peers.*

**JFA:** Correct.

**WCR:** *Were there any medical students in your class who had an impact on you?*

**JFA:** I don't think so. I had a number of friends. There were more students from Baylor University (13 students), Rice, and Stanford than from any other colleges.

**WCR:** *How did BUMC and Dallas strike you? Were you pleased right away with your decision to come here?*

**JFA:** Yes. It was a "private" program. The program had a wonderful chief and a huge volume of patients. I cannot imagine having a better environment. There may have been some things missing on the academic side, but Dr. Sparkman worked hard to make the program academically challenging and stimulating. He was a medical and surgical historian. He thought it was important for residents to do some research and write a paper or two. From a training standpoint, it was a great place. BUMC had wonderful faculty. I saw a huge variety of clinical problems. We worked hard, came early, and stayed late. We did lots of cases. That continues to be a characteristic of the program here.

**WCR:** *It sounds like you were very happy at BUMC from the beginning. Did you get to do a lot of surgery yourself pretty quickly?*

**JFA:** Yes. The nice thing about the program then and now is that the residents were brought along at whatever pace they were comfortable with. The trainees tended to identify with staff

surgeons they worked with. Ken Hempel, whom I still practice with, was the number one surgical mentor in my life. Ken and I identified with one another, I think, very early on. Ken was a great teacher in the operating room and an extremely skilled surgeon. He made surgery look easy. He really helped me. We worked well together. Even when I was an early resident, he must have sensed that I had some innate skill in the area that he liked to work in. Ken let me do things with my hands earlier in my career than I might have otherwise. One of the great values of the BUMC program was that it tended to customize the training around the skill set of the surgeon.

Most of our training at BUMC, as opposed to the training at the county hospital in Fort Worth, was under direct supervision. We always operated with a senior, skilled surgeon, except when operating on the clinic patients at BUMC, but the number there was relatively small. The trauma load then at BUMC was not as large as it is today. Probably 90% of our experience was operating on private patients with private physicians like Ken Hempel, Allen Crenshaw, David Vanderpool, Zeck Lieberman, Bob Sparkman, Jesse Thompson, Alan Bookatz, and others, all very skilled. I operated with Dr. Warner Duckett, who had done the first "blue baby" operation in Dallas years earlier. He was an exquisite surgeon. I learned different techniques and styles from every one of them. At the end of 5 years, I was well trained.

The BUMC program had advantages and some disadvantages. Variation was the nature of the program. There wasn't a BUMC way of doing a particular operation. Dr. Thompson did it one way, Dr. Hempel did it another way. Some of that was good, some probably less so. On balance it worked very well. The surgical residents got an enormous amount of experience. If you wanted to focus, let's say, on head and neck cancer or peripheral vascular surgery, there was more of it at BUMC than just about anywhere else. Breast surgery was huge. I had the privilege of working with Harold Cheek and Bob Sparkman. It was a great experience.

**WCR:** *What were your hours like during your training at BUMC?*

**JFA:** We began anywhere from 6:00 to 7:00 AM. During the second year, I rotated on Dr. Thompson's service, what we called "Vascular I service," and there were 2 vascular fellows that particular year, Dr. Larry Hollier and Dr. Bruce Cutler. They started rounds at 6:00 AM, and we'd see 30 to 40 patients before surgery began at 7:30 AM. Then we'd make rounds in the afternoon. The workup of all these patients was in the hospital. Therefore, Sunday afternoons were particularly busy. It didn't matter whether you were on call or not. Everybody had to come to the hospital on Sunday to admit patients. It wasn't uncommon to come in on a Sunday afternoon when you weren't on call and admit 12 to 15 patients, do histories and physicals—get everything set up for the next day.

**WCR:** *What time would you usually go home when you were not on call?*

**JFA:** If we were not on call, in my recollection, we were here until 5:00 or 6:00 PM, sometimes into the evening. If there was a surgical case on your service, you were expected to take care of it whether you were on call or not. We didn't pass around cases.

**WCR:** *When you weren't on call, you usually left at a reasonable time.*

**JFA:** At a fairly reasonable time. We were expected to take

care of the patients on our service. Night call was not as rigorous—every fourth, fifth, sixth night. Even when we were on call, the emergency room was fairly busy, but we mainly did general surgical cases and not much trauma.

**WCR:** *How many operations did you do in the 5 years of training at BUMC?*

**JFA:** It was well over 1000. We had to keep a paper log of all our cases, and we categorized them as A, B, or C. The C cases were those we actually did, and of course during the fourth and fifth years there were a lot more of those. The A cases were early cases we participated in as a pure assistant. The B cases were in the middle, where both the resident and an attending did the case, with the resident doing substantial parts of the case but not operating independently. We got a ton of experience, but most of it, at least during the first 3 years, was under direct supervision. Some staff surgeons were much more comfortable than others letting the residents do most of the cutting and sewing.

Dr. Allen Crenshaw was one of those who taught more by example. He was truly ambidextrous. One morning he did 2 gastrectomies back to back: he did one of them right-handed and the other one left-handed. He didn't make a big deal out of it. It didn't matter to him which side of the table he stood on. You couldn't tell the difference whether he was operating right-handed or left-handed. But Dr. Crenshaw was not one inclined to hand the instruments to the resident. He was a quiet master surgeon. I learned a lot from him by watching him. The residents who gained the most out of the BUMC training program were those who could acknowledge that there was as much to be learned by watching somebody as there was by actually doing the operation themselves.

**WCR:** *Dr. Larry Hollier told me that during his fellowship with Jesse Thompson he never did one case, but during that year he became a real surgeon. When he went back to New Orleans, he knew how to operate. How did you decide that you wanted to do a fellowship in vascular surgery?*

**JFA:** I had been intrigued by cardiovascular surgery when I was a medical student in Houston. I didn't realize when I came to Dallas that cardiovascular surgery was done any differently anywhere than it was in Houston. When I came to BUMC I was surprised to find that there were cardiac and thoracic surgeons (Don Paulson, Ben Mitchel, Maurice Adam, Peter Thiele, Richard Wood, Hal Urschel) who did very little vascular surgery. Virtually all of the vascular surgery was part of the general surgery training program, and that was about all these surgeons did. In year 2, I had my first exposure to Ken Hempel and the "Vascular II service." That service, in contrast to Dr. Thompson's service, fit my style more. I enjoyed Dr. Thompson; he was a master vascular surgeon, and he did vascular surgery exclusively. Ken Hempel and Gene Wheeler and their group did about half general surgery and about half vascular surgery. On that service, it was high volume, the surgeons all operated fairly quickly, and they were very good technicians. It was common on that service to do a gastrectomy, a colectomy, a carotid endarterectomy, and an aortic aneurysm all on the same service on the same day and come back the next day and do a thyroid and an aortic bypass and a mastectomy. It was a wide array. That attracted me. And then Ken and I really hit it off as friends. We connected. Probably a year or two into my residency, Ken began talking to me a bit about the possibility of

doing a fellowship in vascular surgery and coming back after that to work with him. I began working in that direction.

**WCR:** *How did you choose Memphis to do your vascular fellowship?*

**JFA:** Rachel and I were quite comfortable here. The vascular training at BUMC was excellent and as good as it was anywhere. I was perfectly fine staying at BUMC and doing the fellowship with either Dr. Hempel/Dr. Wheeler or Jesse Thompson/Don Patman. At the time, Rachel and I had 2 young boys, and the thought of leaving for a year, turning around, and coming back seemed kind of silly. But, both Jesse Thompson and Ken Hempel encouraged me to get a different experience. "You're good at what you do, you've got the skill set, you're going to be good at this, but go learn from somebody else," they said. I looked at 2 or 3 different places. Jesse Thompson connected me with Dr. H. Edward Garrett in Memphis. (Ken also knew him because Ken had done some of his training in Houston.)

**WCR:** *He was the one who did the first coronary bypass?*

**JFA:** That's right. I went to Memphis, interviewed with Dr. Garrett, and it was much like my interview with Dr. Sparkman. The Baptist Hospital there was a whole lot like BUMC, and I felt that as soon as I walked in. The administrator of the hospital at that time was Mr. Joe Powell, who was Boone Powell, Sr.'s brother and Boone Powell, Jr.'s uncle. It was a comfortable environment.

**WCR:** *It was a huge hospital.*

**JFA:** Yes. Actually, it was the largest nongovernment hospital in the country at the time. Dr. Garrett was the chief of cardiovascular services. The program had much of a Houston flair to it. Ed had been in Houston as one of Dr. DeBakey's right-hand guys. He did not have Dr. DeBakey's personality. He was a pleasant, no-nonsense guy. In Houston, he had contracted hepatitis C and almost died from it. He ended up laying out for a year with severe hepatitis. Finally, he came back from that and realized that either he didn't want to or could not work at that place for his career. His wife also was from the Memphis area, I believe. At any rate, he came to Memphis and became the premier cardiovascular surgeon there. His first love, however, was not cardiac but vascular surgery, and that's what Jesse Thompson had shared with me. He said, "He's world renowned as a cardiovascular surgeon and actually did the first coronary bypass operation" (although Dr. DeBakey gets credit for it); he said, "He'd be a great guy to train with." That was good enough for me. That's how I got to Memphis.

**WCR:** *Did you enjoy your fellowship?*

**JFA:** I enjoyed it a lot, and it was a good choice for me. Ed challenged me. We worked well together. He had a lot of the same personal characteristics that Ken Hempel had—easy to work with, very efficient, very technically sound. He wasn't terribly flashy. He moved along when operating. He simplified operations. He cut out little steps that he didn't think were necessary. He clearly had the experience.

The surgeons in his generation got to be good vascular surgeons (Ken told me this) by doing redos. With all due respect to Drs. Michael DeBakey and Denton Cooley, they didn't do the hard redo cases. Dissecting out old scarred blood vessels was hard work. The young guys did all of the redos. They had to be good technicians and learn to work safely around blood vessels and not be intimidated by bleeding. It was a good experience.

Ed challenged me to write with him. We wrote a chapter in a book together (I actually wrote it; he signed off on it) about the management of ruptured abdominal aortic aneurysms. I learned from that.

I cornered him one day while we were driving somewhere in his car. He didn't work much off the main campus, but we had one case to do at one of the peripheral hospitals in Memphis, about 30 minutes away. I said, "Tell me about that coronary bypass case in Houston." He didn't like to talk much about himself, and I sensed that. He said, "Here's how we did it." Basically, it was a surgeon's dream. The patient had a clot in his left anterior descending coronary artery, and Dr. DeBakey wasn't anywhere around. He said, "This guy's going to die; we can't get him off the table." He said, "If it were a leg, I'd take a vein out and hook it to the aorta and run it down to that artery on his heart and bypass the obstruction." That's what he did. They hauled a vein out of the patient's leg and did a bypass. It wasn't planned at all. The patient came off the pump and did well. They had reacted to a circumstance and did something, namely, a bypass, that came instinctively. That started coronary bypass surgery, as I understand it!

**WCR:** *You had finished all of your surgical training by 30 years of age, and you were not required to serve in the armed forces?*

**JFA:** When I started Baylor College of Medicine, the Vietnam War was beginning to wind down. A lot of my classmates had enlisted in the Berry Plan, and many had gotten drafted. The Berry Plan to get medical school deferment was an option, but the trade-off was the obligation on the other end. I made a choice not to sign up and took my chances.

**WCR:** *You're back in Dallas. It's July 1979. You're starting practice with Ken Hempel and his group. How did it go?*

**JFA:** It went well. I was reasonably busy. I wasn't overwhelmed with cases the first year or so. My practice grew steadily. Gene Wheeler was a character and fun to be around. He was a very good surgeon. He had a somewhat legendary reputation around BUMC. He had operated on my grandmother. He drove a yellow Porsche. Ken Hempel was a wonderful technician, a wonderful surgeon, a great friend, an even-tempered man, and a wonderful role model. Hassan Bukhari was and continues to be one of the best technical surgeons around. Don Hunt, who is no longer in Dallas, was the next-youngest guy in the group. He was about 7 years older than I was. He and I really hit it off together. We had some common interests. Don and his wife were very active in their church, as we were. Don was a very good surgeon as well. Thus, it was a great group of guys to work with and continued to be for many years.

**WCR:** *You had leadership roles in the hospital very quickly after you came back here.*

**JFA:** In the fall of 1990, about 10 years into my practice, I was asked to be president of the medical staff. The term began in 1992.

**WCR:** *You were 42 years of age when you were president of the staff?*

**JFA:** When I came to BUMC as a resident and certainly when I went into practice, the leadership structure of BUMC was different than now. It was a benevolent, tightly controlled leadership structure centered around 4 or 5 key people, including Bob Sparkman, chair of surgery; Ralph Tompsett, chair of medicine; Ziggy Sears, chief of radiology; George Race, chief of pathology;

and Reuben Adams, chief of obstetrics. The executive committee of the medical staff was these 5 people and a few elected chiefs. The 5 worked closely with Boone Powell, Sr., and had for many years directed where the medical staff and BUMC went.

In the early 1980s, a decision was made to involve some younger physicians in medical staff affairs. Around 1982, the medical staff changed its bylaws and created 3 at-large members of the medical board. Paul Madeley, who is currently the president of the BUMC medical staff, myself, and Paul Neubach were the first 3 at-large members of the medical staff. Thus, I got exposed to medical staff leadership as an at-large member of the medical board.

I was involved in committee work and pretty active in the general surgery department. During Jesse Thompson's tenure as chairman of the department, I was asked to serve as head of the monthly surgery morbidity and mortality conference. I served in a leadership role in the department, served on the advisory committee, and began to serve on the quality committee. I developed an interest in retrospective chart review and quality assurance issues.

**WCR:** *How did these activities evolve into what you're doing now?*

**JFA:** In the fall of 1991, Don Hunt, one of my partners, was a member of the nominating committee for the medical staff officers for the following year. My immediate predecessor in that role was Dan Polter, and his immediate predecessor was Zeck Lieberman. When Don called and indicated that the committee wanted me to consider serving as president-elect of the medical staff beginning January 1991, I said, "You've got to be mistaken. That's a job that historically has been held by more experienced people." He said, "No, we talked about that." This was the early 1990s before managed care. The nominating committee said, "We think it's time to downshift. We need elected leadership that represents more of the mainstream of what this medical staff looks like." Previously, it had been sort of an honorary position. The physicians who had preceded me had certainly done a good job, but the issues were changing rapidly. For whatever reason, they asked me to do it and I told them I would.

My intention was to serve the 3 years (1991–1993) and then close that chapter in my life, go back into practice, and continue to do what I had been trained to do until I was 65 or thereabouts. In the summer of 1993, Joel Allison came to work with Boone Powell, Jr., as the chief operating officer of BHCS. When Joel arrived, the only doctors, to my knowledge, that he had any sort of relationship with were Bob Parks and me. Joel, Bob, and I had been students together at Baylor University 2 decades earlier. Joel and I had lived down the hall from one another and had some common friends, although we had not been close friends. He and Bob had played football together at Baylor University. When Joel arrived at BUMC, I was the chairman of the medical staff executive committee and medical board and immediate past president of the medical staff. We spent time together, and I got more involved in various BUMC and BHCS activities.

In January 1994, immediately after I finished my elected rotation, Joel began working with a group of people whom he had hand-picked on the System Integration Action Team. It was a large task force. Some of their activities were those I had been involved with in my role as president and past president of

the medical staff. He asked me if I would continue some of that work. We worked out an arrangement where I'd do that about a day a week or several hours a week and continue to practice. I did that for about 18 months. It became obvious that for the first time in its history, BHCS wanted to consider having a senior medical executive that wasn't there just part time but was there most of the time.

That period from January 1994 to July 1995 was probably the most stressful part of my professional career because I was really trying to do 2 full-time jobs. That "one day a week or a few hours a week" stretched into almost full-time work, and at the same time I was trying to see patients 3 or 4 days a week, had a busy operating load, was staying here late and getting here early, and was driving my wife and kids crazy. I finally concluded that I had to do one or the other most of the time. My assessment at that point was that, as much as I liked doing surgery, I had at least some recognized skills and interest in this other area. Quite candidly, there was probably not a long line of physicians who would have been willing to do what I did or were quite as prepared at that point, even if there were a dozen people who were capable of taking on the role. A lot of it was serendipity and timing. I made the decision that there wasn't going to be one less hernia, one less gallbladder, one less aneurysm fixed because I wasn't there. There were plenty of excellent surgeons around. I would continue to be involved with my surgical partners—take call—but I would substantially cut back on my elective practice, and that is what happened beginning July 1995.

**WCR:** *Have you been happy with your choice? There are not many physicians who can do what you're doing now?*

**JFA:** There are plenty of physicians capable of doing it. I'm not sure that many people are willing to do it, but that's no credit to me. I had to make a decision that this was an important step in my life. I recalled my grandfather's comment when looking at the Wysong Clinic. He said, "That is the most important thing you can do." He didn't say "practicing medicine." I can extrapolate that he meant "health care." I think what he was saying was that medicine and health care are very important.

If you had told me even 10 years ago that I would be sitting here today as senior physician executive of BHCS and involved in health care and medicine in a very different way than hands-on care of patients, I would have said, "You're nuts." The first response that most people have is "all those years of training wasted." Nothing is further from the truth. If it weren't for that training, I'd have absolutely no credibility and wouldn't understand many issues. With all due respect to my administrative colleagues who come from a nonclinical background, it's a piece of experience that they'll never have the opportunity to share in. It changes the way I think about things. Conversely, they have had nonclinical experiences that I'll never incorporate into what I am trying to do. I believe that the leadership model for health care in the future is a dyad—strong clinical leaders strapped at the waist with strong nonclinical leaders.

**WCR:** *I've watched you at a number of meetings since I've been here these 10 years and you're masterful at what you do. There's no doubt about it. John, suppose somebody comes along and says, "We'd like for you to be the chief executive officer of our medical center." Have you been faced with that decision? How would you handle it?*

**JFA:** I've not been faced with that decision. I don't have a clue what I would say. If I believe I'm called and providentially led to do something, I'm going to do it. I literally pulled up stakes overnight in 1983 and left my family to go to India for a month and work in a mission hospital. It was one of the most valuable experiences I have had, but I felt very led from a spiritual and providential standpoint to do that. I don't know why the good Lord would have had me do it; it was a real distraction at the time. It certainly was not financially rewarding, but from the standpoint of experiences, it's probably professionally one of the most important things I have ever done. If I were faced with a decision about moving on, I would cross that bridge when the day came. I'm not out looking for a job, though.

**WCR:** *John, what is your day like now? You are at a lot of meetings. You are seeing a lot of people every day. You are making a lot of decisions that affect all of us. What's your typical day like now? What time do you get up in the morning?*

**JFA:** I generally get up between 5:00 and 6:00 AM. I'm usually at the office between 6:30 and 7:30 AM. Typically, I finish pretty late. The main thing I do is meet and interact with physicians and clinicians on a variety of issues. Doctors, in particular, can meet and talk about things early in the morning or late in the afternoon or into the evening. So the days tend to be long. One of the great disappointments for my wife in all of this has been that the hours haven't gotten any better. I don't have as much night call. I'm not up as much in the middle of the night taking care of emergencies as I once was. I'm working longer hours in total probably than I ever did. I travel more, which is part of my life. I'm gone several days a month, most of which are directly or indirectly related to BHCS activities.

A typical day is a series of meetings—sometimes on specific, single-doctor issues; sometimes on programmatic, strategic issues; sometimes on issues related to the health care system. Much activity is focused at BUMC. We do a lot of work with the medical staff leadership at BUMC. I work closely with David Ballard, Pete Dysert, Carl Couch, and the senior administrative team on a variety of activities. I serve as a resource. You and I were interrupted here a few minutes ago. It was a call from one of our nursing colleagues who needed my input on a specific problem. In this case, it was a 5- to 10-minute call, but it could and might still lead to a series of meetings that may span several weeks. It's hard to put what I do in a box. And I'm pretty comfortable with that. Hopefully, the people I work with and for are also comfortable with it.

What am I good at? I think I communicate pretty well. I've learned to be a better listener. My surgical training uniquely conditioned me to think through and deal with complex issues to help piece together the solution. I think I tend to see the big picture and how things fit together.

When I look back on my Baylor administrative career, I want to give special credit to Jerry Bryant, who retired from Baylor 2 or 3 years ago. Jerry took me under his wing early in my career. Jerry and I went to San Francisco in the mid 1990s to a Peter Senge systems thinking conference. Peter Senge wrote the book *Fifth Discipline, the Art of Systems Thinking*. After I read that book and went to the systems thinking conference, the whole notion around systems and systemic thinking clicked. Everything really is connected to everything else. Jerry Bryant taught me that.



**Figure 10.** Children Justin, Laura, Rebecca, and David at Laura's high school graduation, 2003.

*BUMC Proceedings* is a good example. It may be a small little dot on the map relative to the overall BHCS budget, but *BUMC Proceedings* has a very strategic and important role that we should not do without. It's a great enhancer. It's more than just a small department with 2 or 3 employees.

**WCR:** *It's great to hear you say that. Tell me about your family.*

**JFA:** Rachel and I are blessed with 4 kids, 2 older boys and 2 younger girls (*Figure 10*). David just turned 30. He was born 3 months before we moved to Dallas in 1973. He practices law here in Dallas. His wife, Marian, is a nutritionist. They've been married 2 years and are expecting their first child.

Our second son, Justin, and his wife, Sherrie, live in Gainesville, Georgia. She teaches school, and he works for Regions Bank there.

Our oldest daughter is Rebecca, who was born a month after I started in practice. She teaches second grade at a private school in Fairfax, Virginia. She is not married, but there is this one guy who always seems to show up at our house when she is in town!

Our youngest daughter, Laura, graduated from Highland Park High School in May 2003. She, as did the older 3, is going to Baylor University. My sister and my brother also went to Baylor University. We didn't push any of our kids in that direction, but each one chose Baylor University. Rachel and her 2 sisters also went there. Obviously Baylor University is part of the genetic makeup of our family.

We have just built a log house in Fraser, Colorado, and over the fourth of July weekend we all met there and opened it (*Figure 11*). I don't play golf. I like to fish, but I don't fish much. If we have a hobby now, it's Colorado in general. We try to get up there for long weekends several times a year.

**WCR:** *Where do you fly in?*

**JFA:** Denver. Fraser and Winter Park are on the other side of Berthoud Pass, about an hour west of Denver. It's just south of Rocky Mountain National Park. It's great.

**WCR:** *You still don't get home until rather late?*

**JFA:** Most evenings I get home between 6:00 and 7:00, but about 2 nights a week, a meeting runs to 7:00 or sometimes 8:00 PM. I'm probably out of the office on average 2 or 3 nights a month. I'm involved with several outside organizations, and I have some time commitments with those.



**Figure 11.** At their log home in Colorado, 2003. Top row, left to right: Laura, Rebecca, Justin and his wife Sherrie, David. Bottom row: Rachel, John, David's wife Marian.

**WCR:** *You have a major role at your church?*

**JFA:** We're involved in the Park Cities Baptist Church. I don't have as active a leadership role as I once did. We attend church now on Saturday night. That was an experiment that started 2 or 3 years ago, and we volunteered to do it. Now you'd have a hard time getting me to go to church anytime but Saturday night.

**WCR:** *What kind of service is held on Saturday night?*

**JFA:** It's very informal, with a contemporary style of worship. It's held at our church in the gym. Our pastor, Jim Denison, preaches the sermon. It's all very casual, and we can come in jeans or shorts. No one wears a coat and tie on Saturday night. The music is very contemporary and upbeat. I still prefer the Sunday morning-type music. The thing we've really gotten addicted to is the schedule. Now on Sunday mornings we sleep in. Sunday is a real day of rest.

**WCR:** *What time is the Saturday night service?*

**JFA:** It's at 6:00 PM. For many years, Rachel and I worked with the high school youth. We taught their Sunday school for 12th graders, 10th graders, and young married adults as well. Since we have been going on Saturday nights the past 2 or 3 years, we have been working with young singles, which has been a lot of fun. We've gotten to know some medical students and doctoral students from Southwestern Medical Center and students from Southern Methodist University. They are at a very interesting and challenging time of their lives. We've enjoyed it.

**WCR:** *That lasts how long?*

**JFA:** The service lasts until about 7:15 PM, and then we walk across the street to the Corner Bakery at Preston Center and meet with our young singles group for another hour. We're usually out by 8:15 to 8:30. We may then go to a movie. Sunday as a nice, restful day gets us ready for Monday.

**WCR:** *How are you and Rachel going to adjust to your home without kids in it?*

**JFA:** I don't know. Ask me in a year. Rachel is very active



Figure 12. With wife, Rachel.

(Figure 12). She's involved in church and community activities and has lots of friends. She works with internationals at our church and teaches English as a second language in another group. The Colorado project has kept us busy. She's invested a lot of time there. Neither one of us, Rachel in particular, tends to sit around just twiddling our thumbs, though we enjoy our private time and we still enjoy one another. She's much more disciplined than I am about exercise. We'll spend some time exercising together, visiting, and reading. We like going to movies. We have a few close friends that we hang out with on weekends and nights. That's our lifestyle.

**WCR:** *Is there anything, John, you'd like to talk about that we haven't covered?*

**JFA:** The only other component of my life that we've not touched on has been my involvement as a member of the board of trustees at Catholic Health Initiatives (CHI), which is a very large health care system based in Denver. That has been a very interesting experience.

**WCR:** *How did you get involved in that?*

**JFA:** Through a fellow named Howard Zuckerman, PhD, a faculty member at the Center for Organized Delivery Systems and a CHI board member. I had gotten to know Howard when I participated in the center's program on BHCS's behalf. CHI is a Catholic organization that is 7 years old. Howard asked me if I would be interested in being a board member; CHI had a lay-religious board and a physician member was rotating off. I mentioned to Joel Allison that I might be interested in serving if

he was willing to let me commit the time to it, and Joel said, "By all means." I didn't hear from Howard for several months, and then in the fall of 1999, Sister Esther Anderson (no relationship) invited me to interview. I was then asked to serve on the board. It has been a wonderful experience.

The complementary experience at BHCS on both the operational side and the medical staff side and my role at CHI in a governance capacity has broadened my experience. Probably few other people have similar experiences: still practicing medicine, serving in a senior administrative role in a large medical center, and serving a governance role in an organization like CHI. I'm currently chairing their strategic planning committee and will be going on their executive committee July 1, 2003.

**WCR:** *Is that over all the Catholic hospitals?*

**JFA:** CHI is the fifth-largest hospital system in the country. Most of the very large not-for-profit health care systems in this country are Catholic: CHI, Catholic Health West (CHW), Ascension, Catholic Health East, Catholic Health Partners. The largest number of not-for-profit community-based hospitals in this country are still faith-based, and the largest number of those are Catholic. They have tended more than the other faith-based, community-based hospitals to aggregate in larger masses. Ascension is the largest. CHI is number two, about a \$6 billion organization with facilities from coast to coast. They are scattered, and many are small, rural facilities. St. Anthony's Hospital in Denver is probably the largest flagship facility. Culturally, it is different from Baylor, but in many respects, it is similar. It is a nationally based organization as opposed to being a regional health care system like BHCS. It's given me a new respect for our own trustees at BHCS and the responsibility they have. It has also helped me understand the appropriate balance between the governance structure and the administrative structure and how that optimally should work. My role as an operator and administrator at BHCS probably has made me a more balanced board member at CHI.

I am also chair of another board, the Henry Blackaby Ministry, which is based in Atlanta. I met Henry Blackaby about 10 years ago. He is quite a prolific writer and teacher in the Christian literature area. That takes a little time, but I enjoy it.

So I'm active at BHCS, with CHI, with Henry Blackaby, with home, and with church. My personal faith, which is the foundation of everything, is what really drives me. Again, I don't wear that on my sleeve, but that's what makes me tick.

**WCR:** *John, it's been a pleasure. Thank you for talking to me and therefore to the readers of BUMC Proceedings.*

**JFA:** Glad to do it. Thank you.