Upcoming RFA Meeting

“FOUR MISCONCEPTIONS ABOUT DRUG DECRIMINALIZATION”

Douglas Husak, PhD, JD
Professor II, Department of Philosophy, Rutgers University

Friday, April 26, 2013
12:00 pm – 1:30 pm
Dean’s Conference Room
Robert Wood Johnson Medical School, Piscataway

“I am interested in the connections between moral philosophy and the substantive criminal law — especially decisions about criminalization and the moral limits of the criminal sanction. This latter interest has led me to critically examine the rationale for drug prohibitions.”

All current and retired faculty and staff are welcome to attend. Lunch will be available, and contributions for the lunch may be made at the meeting. Please RSVP to Nancy Stevenson (732-572-5023; e-mail: stevenso@umdnj.edu) by Monday, April 22, if you plan to attend and wish to reserve a lunch.

Integration Update

Rutgers University and schools of UMDNJ will be merging as of July 1, 2013. The two universities have very different policies with regard to retired faculty. The RWJMS Retired Faculty Association Executive Committee has contacted Christopher Molloy, PhD, Interim Provost for Rutgers Biomedical and Health Sciences, and strongly recommended that the policies of Rutgers University be applied to current and future retired UMDNJ faculty after the merger to allow for a fair and equitable treatment of UMDNJ retired faculty. Dr. Molloy has acknowledged receipt of the RFA’s request and responded that he will get back to the RFA after the request is reviewed.

The differences in policies of the two universities are shown below.

1. Awarding of the Professor Emeritus Title

   A. Rutgers University Policy
   “To qualify for the Emeritus designation, full-time professors must meet any one of the following criteria: retire with a minimum of 10 years of university service, or have a minimum of 5 years of university service plus a sufficient number of years in a professorial capacity with an accredited university or college totaling at least 10 years. Designees will receive an Emeritus certificate from the president.”
   (continued on page 2)

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1. Awarding of the Professor Emeritus Title
   B. UMDNJ Policy
   “The history of emeritus designations at UMDNJ is consistent with a highly selective set of criteria under which only a small percent of retiring or retired faculty receive this title for service at the University of the highest distinction...The Bylaws also require a process of recommendation and approval beginning within the school and progressing to the President and the Board of Trustees.”

2. Application for Grants by Professor Emeritus Faculty
   A. Rutgers University Policy
   Rutgers faculty with the Professor Emeritus title may apply for grants.
   B. UMDNJ Policy
   UMDNJ faculty with the Professor Emeritus title may not apply for grants.

3. Benefits of Retired Faculty
   A. Rutgers University Policy
   Retired faculty receive a number of benefits that include free parking, tuition remission, special rates for athletic events, receipt of ID cards, and access to the credit union (see http://rfa.rutgers.edu/rfa-pppweb.html).
   B. UMDNJ Policy
   UMDNJ does not offer the same benefits offered by Rutgers University to its retired faculty.

UMDNJ Pays $4.65 Million in Sex Bias Settlement

More than five years ago, ten female New Jersey Medical School faculty members filed a lawsuit against UMDNJ alleging that UMDNJ salaries for female faculty who were promoted to full professor were lower than those of their male faculty counterparts. Furthermore, the faculty members alleged that the salaries of female faculty members who were hired at the full professor level were lower than men hired as full professors. According to The Star-Ledger, the case was settled out-of-court through mediation for $4.65 million to the plaintiffs in December 2012. The ten faculty members who filed the lawsuit are Betty-Jean Wagner, PhD, Sylvia Christakos, PhD, Ellen Townes-Anderson, PhD, Christine Rohowsky-Kochan, PhD, Helene Hill, PhD, Gudrun Lange, PhD, Patricia Fitzgerald-Bocarsly, PhD, Muriel Lambert, PhD, Barbara Fadem-Chenal, PhD, and Pranela Rameshwar, PhD.

The Medical History Society of NJ

The Medical History Society of New Jersey will hold its annual spring meeting on Wednesday, May 1st, 2013 at 3:30 pm in the Nassau Club of Princeton, 6 Mercer Street, Princeton, New Jersey. The following are among the program highlights:

“The Evolution of the UMDNJ-NJMS Institute for the Public Understanding of Health and Medicine” - Jacob Lindenthal, DrPH, PhD

“Francis Xavier Dercum: A Renaissance Man” - Dina Patel, UMDNJ-NJMS; Kenneth Swan, MD (mentor)

“What History? How Today’s Anti-Vaccine Movement Ignores the Past” - John Abrams, MA

“Picturing Health: Medicine & Art” - Roxanne Cammilleri, BA (Art), BA (Psychology)


Questions: Please contact Sandra Moss, MD, program chair at 732-549-5843 (sandra.moss3@verizon.net)
Donald Dubin, MD: Since the death of my wife Ann in April, I have had more time for leisure activities and health issues of my own. New knee (implant) and lens (cataract surgery) facilitate daily golf and walks; perhaps squash soon. Have been volunteering weekly at nearby hospital, Alta Bates Berkeley 'Tele Care,' phoning former inpatients to make sure that they are OK and occasionally to give advice. [Free medical advice worth every penny].

Marsha Jessup, MS in Medical and Biological Illustration: My first year of retirement was spent overseeing a long researched, house remodel and redesigning its surrounding landscape. Basically, a mid-60s split level home was converted to an updated craftsman style (“Prairie Lite”) house to complement a Japanese influenced landscape. A front sun room and rear garden room were added to “bring the outside in,” prompting the creation of a four season garden. Lifelong interests in art and nature, that fueled my career in medical/scientific illustration & animation, are now driving the creation of 3D living environments (gardens) that change over time. My most ambitious garden design project was designing a swimming pool to look like a pond in a Japanese landscape. Now, I am growing cold hardy Ice Angel Camellias that bloom in late winter. Their dark pink blossoms and glossy dark green leaves perk up a bleak winter day and punctuate the occasional snowy landscape with a bit of color. The blossoms retain their color, even when coated with ice and/or snow. Growing frost-proof tropical plants (e.g. gardenias, hardy oleander, palms, etc.) which are bred for colder climes, is a more recent interest.

When I am not working in the garden, I travel or selectively consult - in that order. My favorite winter destination is Sanibel Island in southwest Florida, where the bird watching never disappoints. Most memorable travels include trips to: India, Alaska, the Canadian Maritime provinces, the Pacific Northwest, and the US southwest. I have enjoyed visiting potters in their pueblo studios, collecting some pottery, and driving from the Grand Canyon to Sedona. Visiting mask and totem carvers in Alaska was also a real treat. India remains the highlight of my travels - for its art, crafts, antiques, stone sculpture, regional cuisines, palaces, temples (especially the BC era cave temples with frescoes and sculptures), stone observatories with mega scale astronomical instruments, natural scenery, and many artisans I met (including generations of stone sculptors lining a street in one south Indian town). Seeing and collecting art and crafted objects from other cultures and across time are integral to my travels.

I consult with healthcare communications and e-Learning/simulation companies. Experiences with one multinational e-Learning/simulation company opened a unique window into the educational and technical segment (28%) of the $multi-billion “global animation and interactive game market.” Companies in India’s IT and software services chamber of commerce, that dominated global business process outsourcing (BPO), now plan to replicate their successes in this market. Every major U.S. animation company has production and on-the-job training facilities in India because of lower labor costs there.

I was invited to give a presentation on medical animation at the chamber of commerce’s annual Animation and Game Industry Forum in Hyderabad, India. The multinational company I consulted with is a member of this chamber of commerce. It has sales offices across N. America, the UK, Europe, the Middle East, and Asia. It has production facilities in Mumbai and a simulation division in Amsterdam. The VP I worked with relocated to NJ, from Sidney, to launch a Global Health Division targeting the Bio-Pharma industry and hospital networks. Her company had just completed a Second Life (virtual reality) training project for medical students in a UK teaching hospital. When she learned that her animation staff in Mumbai lacked the life science background to compete with North American medical illustrators and animators, she asked me to teach anatomy to them. This did not work out because only medical students can take courses in Indian medical schools, which poses an interesting opportunity for an enterprising U.S. university especially with the increasing interest in life science communications. (continued on page 4)
News from Afar
(continued from page 3)

The Howard Hughes Medical Institute recently invested $60 million to establish a life science education film production company with global interests. It already provides free life science education media and a Biointeractive section on its web-site. Harvard now offers a Biovisualization grad degree with courses in 3D modeling & animation for molecular/cellular biology and related scientific communications. Some U.S. Communications schools are partnering with medical schools to create health communications degrees.

I am circulating a proposal for a new Life Science Visualization & Communications graduate degree developed by two colleagues who chaired Biomedical Visualization & Communications graduate programs and have extensive experience in writing and administering NIH and NSF grants. They have since operated for-profit healthcare communications companies with high-end computer animation capabilities. The proposed degree requires a one-year residency to complete the life science courses. Second-year courses will be delivered online, which could reduce student travel and housing costs and attract students from across the globe. Preliminary discussions are in progress with a School of Communications at a Washington, D.C. based university that is developing interdisciplinary degrees (related to law, health, finance, sports, etc.). The school is partnering with the university’s College of Medicine to offer a Health Communications degree in fall 2013. The university has global partnerships, a strong interest in offering more online degrees, and views research through an interdisciplinary lens.

Michael J. Leibowitz, MD, PhD: Since retiring from RWJMS, Sharon and I have moved to Roseville, CA, on the outskirts of Sacramento, and about 2 hours from our son and daughter in the Bay Area. We enjoy getting to see our kids and granddaughter much more often. The climate here is great, with four seasons, but winter only lasts for two months and it rarely hits freezing. The snow-capped Sierras are visible nearby, but it never snows here. There are lots of wilderness areas nearby for hiking, and even in our neighborhood it is common to see hawks, hummingbirds, great blue herons, etc., as well as the occasional jackrabbit and coyote.

I am now professor of medical microbiology & immunology at the School of Medicine of the University of California-Davis, where I am continuing to pursue my research interest in malaria and working to develop new graduate training programs. I continue to enjoy teaching medical bacteriology to second-year medical students at the St. Luke’s Medical Center campus of Temple University in Bethlehem, PA, where I am a visiting professor.

I have continued to pursue my interest in increasing diversity in the biomedical science workforce. I continue to serve on the Minorities Affairs Committee of the American Society for Cell Biology, where I am working on various projects including their annual Junior Faculty and Postdoctoral Fellows Career Development Workshop. Last year I was appointed distinguished visiting professor at Universidad del Este in Carolina, Puerto Rico, and enjoyed spending eight weeks there working with faculty and administrators to promote their success in publication and competing for funding for their research and education programs. I am currently serving as an external advisor for NIH training programs at Universidad del Este, University of Puerto Rico, and Long Island University. I also lecture on responsible conduct of research, scientific writing, and various career development topics at schools throughout the U.S. and Puerto Rico.

I have also started to work as an education/career development consultant and grant writer, in collaboration with several colleagues from other institutions.

But, in spite of the above activities, I am at least semi-retired. We have done some traveling in the Sierras and Lake Tahoe, and the deserts of California and Nevada, as well as vacations in Florida and Mexico. This year, we plan a cruise to Alaska, a vacation in Hawaii, and travel to Lassen Volcanic Park and redwood country in California. I’ve been in touch with many of my former students, and am proud of their accomplishments. I’m sorry to not to have been able to attend any Retired Faculty Association events, but hope to see friends from NJ when we can get to the East Coast or when any visit California.
PHOTOS OF THE MONTH

The RWJMS Retired Faculty Association invites all retired faculty and staff to submit their interesting and pertinent photographs with original content (no copyrighted or trademarked material) for publication in this newsletter. Photo will be selected for publication in each newsletter. The photos should be of such quality that the printed version will have 300 dpi (dots per inch). Send the photos as an email attachment to Manowitz@umdnj.edu.

Photographs & caption provided by Marsha Jessup

“Working in my Japanese style garden is one of my favorite hobbies. My latest passion is growing cold hardy camellias and gardenias. The red camellias bloom in the snow and thrive with ice laden blossoms. A bit of color is always nice on a bleak winter day.” Marsha Jessup
Yayasan Bumi Sehat: Birthing Center for Indonesia’s Working Poor

By Rajiv Arapurakal

[Editor’s Note: The RWJMS RFA is sponsoring a Global Health Fellowship Fund. Rajiv Arapurakal, a fourth year medical student, was supported financially through the RWJMS Office of Global Health. Although the RWJMS RFA did not sponsor Mr. Arapurakal, the article is included here to give the RFA newsletter readership an idea of the kind of experience the RFA hopes to support in the future.]

This past summer, for my global health elective, I had the great fortune of joining the team at Yayasan Bumi Sehat, literally translated to mean Mother Earth Foundation, in Indonesia. This non-profit birthing center was founded in 1995 by Robin Lim to provide high quality prenatal, postnatal and pediatric care for those who cannot pay for the cost of childbirth. Annually, the team delivers about 700 babies and provides over 17,000 health consultations for children and adults.\(^1\) Their efforts are heartfelt and greatly valued by the local and international community.

Robin Lim was named last year’s CNN Hero of the year; the honor came with a prize of $300,000 toward building larger health clinics. She studied midwifery after her sister and another friend died during childbirth, despite access to western healthcare. Though we didn’t explore details of the individual cases, it was clear that Robin wanted to preserve life, especially when it came to mothers in labor. Her commitment is unparalleled.

She has also grown the foundation’s mission to include sites of unparalleled natural disaster. In Aceh and Haiti, after the recent tsunami and earthquake, the foundation set up prenatal and pediatric care for local families. She recruits globally trained midwives, and now doctors.

Indonesia has the fourth largest population in the world, right after the USA. It is a developing nation, and like many countries, it is still learning how to care for their economically challenged people. The 2012 CIA Factbook reports that Indonesia’s maternal mortality at birth in Indonesia at 220 per 100,000 births, one of the highest in Asia.\(^2\) Ibu Robin is translated to “Mother Robin.” She and her team, along with business and community leaders, believed it was time to formalize their activities to create an institution to provide social services and health education, in order to improve the quality of health for mothers and children through prenatal clinics, labor services and environmental programs for cleaner communities.\(^3\)

In contrast, the CDC reported U.S. maternal mortality rate (MMR) at 21 per 100,000 in 2010.\(^4\) In a report sponsored by the UNFP, UNICEF, and the WHO, the MMR has increased (worsened) by 96% from 1990 to 2008, 12 per 1,000 to 24 per 1,000.\(^5\) This leaves the U.S. ranked 50th in the world. Greece had the best rate at 2 per 100,000. At Bumi Sehat, in 17,000 births there were two maternal fatalities, which might be extrapolated to 12 per 100,000.\(^6\) The details of those cases were not provided to me. Also, keep in mind that these figures do not include mothers who are transported to hospitals for high-risk deliveries. So these numbers are not all equivalent.

Currently in Indonesia, once a woman gives birth, she may ONLY take the child home AFTER the hospital bills are paid. Until that time, the new mother may visit the child for two feedings daily. A CNN article verifies this story.\(^7\) The Jakarta Post also corroborates this policy.\(^8\) As Robin learned of this, she felt even more compelled to step in by employing local midwives to provide free healthcare to expectant mothers and their children. They originally relied on donations from locals and over the years their network of donors has grown significantly. They expanded their offering to Aceh Indonesia after the devastating tsunami that claimed over 200,000 lives and they even developed a clinic in post-earthquake Haiti.

4 CIA Factbook, January 1, 2012
6 Yayasan Bumi Sehat, Self-reported, 2012

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\(^1\) Yayasan Bumi Sehat Materials
www.bumisehatbali.org/
\(^2\) CIA Factbook, January 1, 2012
My experience was eye-opening. Despite being a small operation, they have a relatively well-organized program for interns and visiting midwives. They also have local and international Obstetrician/Gynecologists available on-call. They help the foreign participants to navigate visa requirements from our local embassies and consulates. They also help provide housing by asking locals to rent rooms for modest prices. The team also strongly recommended that interns stay for three or more months to get a full experience. Language classes are available to learn Bahasa Indonesia; it is a relatively easy language to learn, considering that verbs do not require any conjugation. As I have family in the area, I was able to immerse myself in the community, and I was even able to take rudimentary histories from patients within two weeks, with intensive practice. The language barrier also compelled me to read the patient’s body language more closely. Though it is challenging to be efficient with few resources, the Bumi Sehat team provides a clean, dignified experience.

The midwives themselves have independent spirits which are important, because in each given case, she might have to draw on her autonomy. There are tight guidelines on how each procedure must proceed, but each midwife must have the leeway to make crucial judgments in the moment. In off hours, they teach each other techniques from suturing to discussing how to handle emergent situations, like postpartum bleeding. In the West, many patients readily access information about their own diagnoses or about the basics of nutrition. These clinic patients are often not that fortunate. Much of the local knowledge fund is based on stories handed down by families. The mother-in-law plays a particularly powerful role when it comes to demanding how pregnant woman behave. 

Mr. Rajiv Arapurakal is in the center of the picture in the black T-shirt. Ms. Robin Lim, founder of the birthing center, is to his left with long black hair, red blouse, and red necklace.
Basic nutrition levels are poor, with many choosing ramen noodles with MSG and soy sauce as a staple. Even when access to fresh vegetables is made easy, cheap or free, the individual usually won’t consider changing their diet. According to Bumi Sehat staff, over 90% of women have second or third-degree tear, which is primarily attributed to poor nutrition.

As this is the case, there must always be a senior midwife, defined by logging over 200 deliveries and extensive experience managing third and fourth-degree tears. As they are not a fully functioning hospital, they must have contingency plans in place for potential and eventual complications. The foundation has placed guidelines by which to decide when it is safe to transport patients who require more advanced technology and a wider range of services.

While I was with the team, there was a visiting Ob/Gyn from Italy who sub-specialized in maternal fetal medicine (MFM). He taught me how to use the ultrasound to evaluate both fetus and mother. Other unique experiences included, delivering a baby in a warm water bathtub. The idea is to minimize shock to the baby. Though there is a risk of aspiration, there have been no reports of infants aspirating water during water-births at Bumi. Babies are delivered at all hours, so we were sometimes called in overnight to assist in the delivery.

A few other variations in the culture of childbirth include:

- Skin-to-skin contact within seconds of delivery, before cleaning and drying the child, s/he is placed on mother’s breast and nipple is introduced.
- In the first postpartum seconds, APGAR score, sex, airway are assessed.
- The umbilical cord is cut three hours postpartum. Therefore, the placenta is delivered while still attached to the child.
- Circumcisions are not performed. Families that require it will make arrangements elsewhere.
- All children are assumed to breastfeed; health benefits are provided in-person and written material.
- There is, unfortunately, almost NO discussion of HIV/AIDS, as people are reluctant to be tested and, therefore, no related protocol is carried out.
- Families are always welcome to stay for 24 hours and occasionally longer.

One particular variation is the delayed cord-clamping, which has been validated to some extent by a randomized controlled trial published in the BMJ. Infants whose umbilical cords were clamped after 180 seconds vs. <10 seconds, were noted to have higher ferritin levels, reduced incidence of iron deficiency anemia at four months and required less postpartum phototherapy.9 These children may be followed for further comparison over years and decades.

There are scores of other variations and subtleties. And some of our obstetricians/gynecologists from Robert Wood Johnson Medical School might shudder to observe this process. But I was pleasantly surprised at how my Ob/Gyn professor from Jersey Shore University Medical Center received my stories of the above details. Each culture must adapt to their audience while providing the best possible care. The Bumi Sehat program has evolved uniquely to provide dignity in care to mothers and young people of Indonesia. I am privileged to have joined them.

I thank Javier Escobar, MD, our associate dean for global health, for supporting my elective and serving as advisor for my independent project with this birthing center. I am sure I will visit with them again in the future. The leadership from Bumi Sehat is developing a framework for future medical student participation, so I hope other students will benefit from this experience.

9 BMJ 2011; 343 doi: http://dx.doi.org/10.1136/bmj.d7157 (Published 15 November 2011)
The Plot

By Eckhard Kemmann, MD

My wife and her sister M had always desired to rest side by side into eternity. The cemetery had also been chosen, - a sloping hillside with grass and trees in Montclair where their parents had been interred. Her sister had called us: "We do not have much time any more. They are running out of plots." And so we went, the two sisters and their husbands, all four of us, to look for a plot.

It was snowing when we arrived. We saw the general manager, a friendly Irishman, who seemed to like golf as attested by a number of balls on the floor in his office and a patch of plastic green near the wall. We may have disturbed his game, but he did not mind the interruption. How many people come by looking for a plot? "We like to be side by side," M explained. Perhaps on the West Lawn? That's where our parents are resting. A pair of plots was still available on the West Lawn, and we trotted out, stamping through the snow to inspect them. "Watch out for the stones, they are slippery!" A fatal fall at this occasion would not have been funny. The two plots were all the way up, against the fence of the property. My wife felt uncomfortable to be forever so close to the traffic. The manager offered another site, "next to the church." We took the car to get there, but it was not far. The plots were also at the border of the property, but a little bit larger, and protected from the outside by a thick hedge. Indeed, the church was close. They were designed to be marked by slanted stones. "Easy to find", both sisters were happy.

We drove back to the office. Well the office, - - no computer, no printer, no credit cards, just an old IBM electric typewriter on the desk and a huge fireproof box to contain all the records. “This plot, if you buy it, belongs to you into perpetuity.” No taxes, no maintenance fees (“We cut the grass”). The stone would be extra, and, of course, the cost of the interment.

So we bought the two plots, #118 and #119, and the checks were made out. The sisters now, "Which one do you like?" – “I like to be on your right side.” Thus #118 is ours.

You can’t be somber when dealing with this, so some jokes were inevitable. The plots belong to us now, - so how about making some use of them before the final rest? We could place a lounge chair there and take in the sun in the summer, or perhaps have a little picnic to enjoy the peace of the place. All Soul’s Day would be the right time. But my brother-in-law had to interrupt, "What about eminent domain?" -"?" - “Montclair University is right across the street. Some day they will need space for more parking.” - A likely proposition, we had to agree. And so it may be, in a hundred years or so, this all may be paved over.

Postscript: This little story was written to remind you to plan ahead. There are a number of steps you are well advised to take while you are of sound mind. Of course, you should have a Last Will, a Living Will, and a Power of Attorney, and tell somebody where to find it. You are the best person to write your own obituary. The website of the Retired Faculty Association of Rutgers University has an excellent section about estate planning and related matters with detailed and useful information. Please view: http://rfa.rutgers.edu/ This website compiled by Dr. Todd Hunt is really worth studying.
In Memoriam
Irwin Pollack, MD

Our friend Irv Pollack died on January 6, 2013 after many years of treatment for a combination of blood cancers. He was 85.

Irv was a distinguished neuropsychiatrist who also held a PhD in psychology and became a leader in the area of traumatic brain injury. He joined the faculty of RWJMS in 1968, was chair of the Department of Psychiatry from 1972 to 1986, and then founder and dynamic and beloved director of UMDNJ's Center for Cognitive Rehabilitation, which he led until he retired in 1998.

We last saw Irv and his wife, our friend Barbara Callaway Pollack, at their summer home on Joe's Pond, in the Northeast Kingdom of Vermont, this past July. Looking as handsome and deceptively young as always, Irv was a gracious and energetic host, the twinkle in his eye and his sense of fun intact. The house, pristine and jewel-like, held half a dozen stunning sculptures Irv had made over the years, only a small representation of his prolific and impressive artistic talent. In October, they made their annual trek back to their house in Oro Valley, Tucson, Arizona, where they remained despite cultural misgivings because Irv was adamant that his last years be spent in sun.

Irv is survived by Barbara, three sons, Nathaniel, Joshua and Jonathan, and three grandchildren. He was predeceased by his first wife Lois Gomes Pollack, a pediatric nurse whom he met while he was a medical student in Vermont.

Among Irv's passions were Philadelphia, baseball, Baltimore, and Lewes, England, where he and Barbara had lived while co-directing the Rutgers Study Abroad Program in Great Britain and Ireland. For many years, his Highland Park home was decorated with a huge replica of the 15 star Ft. McHenry / “Star Spangled Banner” flag that greeted visitors as they walked in the front door. But the years in Baltimore could not shake his love for the Philadelphia Phillies, and 1983 was a difficult year for Irv when the Orioles defeated the Phillies in the World Series.

When we visited last summer, we chanced to watch a television program about the origins of the English Parliament. Suddenly, there were scenes of an annual event at Lewes commemorating a thirteenth-century battle. Irv’s enthusiasm — and pride — were irrepressible. Out came the atlases and history books, and when they would not suffice, he turned to Google, and with that characteristic twinkle, taught us a bit of English history.

In a report to the Retired Faculty Association in 2009, Irv wrote, "In the time since my retirement, now about ten years ago, we have lived in a number of places including Princeton, NJ, Tucson, Arizona, West Danville, Vermont, and Lewes, Southeast England. Overall, my wife and I spent about 2 1/2 years in England functioning as the directors of the Rutgers University's Study Abroad Program in Great Britain and Ireland. During our last year in England, I visited a number of brain injury rehabilitation programs in an effort to compare the National Health Service supported programs with the privately supported brain injury programs in the U.S. The British publicly supported programs were at least as good as those that are privately supported in this country. A not insignificant finding considering the number of brain injured soldiers returning from Iraq."

The Star-Ledger said of Irv, “He was a graduate of Central High School in Philadelphia and served in the United States Navy during World War II. A pioneer in the treatment of traumatic brain injury, Dr. Pollack made fundamental contributions to the development of cognitive rehabilitation therapy. He was a founder of the National Head Injury Association and served on its board for many years. After the war, he attended Temple University on the GI Bill, earning his BS degree in 1950. After graduating from Temple, he earned an MS in experimental psychology at Columbia University and then a PhD in psychology from the University of Pennsylvania. He entered medical school at the University of Vermont in 1953 and received his MD in 1956. His residency training was at the Johns Hopkins University, where he served as chief resident from 1956 to 1958. After an initial appointment at Hopkins, Dr. Pollack served as the founding chair of the Department of Psychiatry at Mt. Sinai Hospital in Baltimore.”

Louise Haberman
Gordon Schochet
The following members have paid their RWJMS RFA 2013 dues.

- David Alcid
- Peter Aupperle
- Gad Avigad
- Gordon Benson
- Bruce and Mary Breckenridge
- Charles and Margaret Brostrom
- Wilfredo Causing
- Jay Chandler
- Jerry Crowley
- Donald Dubin
- David Egger
- Eric Eikenberry
- Michael Gallo
- Lisbeth Haines
- Joseph Kedem
- Eckhard Kemmann
- Sanford Klein
- Linda Kovach
- George Krauthamer
- Michael Leibowitz
- John Lenard
- Harold Logan
- Gordon Macdonald
- Paul Manowitz
- Russell McIntyre
- Virginia Mehlenbeck
- Michael Miller
- Robert Pinals
- Rebecca Puglia
- Susan Rosenthal
- Michael Ruddy
- Alvin Salkind
- Marilyn Sander
- Philip Schiffman
- David Seiden
- Norman Sissman
- Paul Stein
- Victor Stollar
- Marshall Swartzburg
- Arthur Upton
- Gisela Witz
- Gail Zeevak
Retired Faculty Association

If you have not already done so, please send in your 2013 dues. Dues are collected for the calendar year. Also, if you like to support medical students to have an opportunity to participate in the Global Health Program, consider donating to the RFA Global Health Fellowship Fund. Please send your check to Nancy Stevenson. Both contributions are tax deductible as charitable contributions. Thank you.

**RWJMS Retired Faculty Association 2013 Dues**

**Benefits of RFA Membership:**
- Defining, advocating for and publicizing the benefits of retired faculty at RWJMS,
- Fostering ongoing engagement and participation of retired faculty in RWJMS activities,
- Promoting continuing interaction among retirees,
- Providing information and options for faculty considering retirement, and
- Interacting with other academic retired faculty associations (e.g., Rutgers Retired Faculty Association).

Please cut along the dotted line below and return this portion with your payment.

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E-mail address: __________________________________________

Please enclose a check for a donation to the Global Health Program made payable to the “RWJMS Retired Faculty Association” and/or $15 for dues made payable to the “RWJMS Retired Faculty Association” and mail them to Nancy Stevenson, PhD, at the following address:

Nancy Stevenson, PhD
444 Harrison Ave.
Highland Park, NJ 08904

Please include any personal information that you wish to share with others.

Thank you.                                           April 2013