



Notes from the Pandemic #9

June 22, 2020

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Dear DCI Colleagues,

I am amazed to see that nearly a month has passed since you received *Notes on the Pandemic #8*. Since then our lives have all been turned upside down by the horrendous murder of George Floyd on May 25 and the extraordinary outpouring of shock, dismay, righteous indignation, all timely expressions of the demand and urgent need for change. These sentiments have been expressed across the United States as well as globally and, of course, one can only hope that we may have reached an inflection point in the need for reform. In tandem, and importantly, they need to address the roots of racism, especially toward Black Americans, that has been so sadly evident in our nation from its inception. The underbelly of racism and slavery through US history is documented by Harvard historian and Journalist Jill Lepore in *These Truths. A History of the United States*.

Our DCI Community has lived through many other past reckonings and moments when we felt that the time for change had come, only to witness those moments shattered by the next unspeakable acts of violence and brutality. Of course, we are all hoping that a moment of true change has arrived but also realize that there is so much more to be done. As we note on the DCI website: “*As a community of leaders committed to making the world better, the Stanford Distinguished Careers Institute abhors the racism, especially toward Blacks, that has been a tragic fabric of the US from its inception. The continued tragedies and abuses to Black Americans must end now. As a community committed to social justice, we will do all we can to lead positive change individually and as a DCI Community.*” I am grateful that [James White](#) (DCI 2018), reached out to me to indicate his interest in forming a group of DCI Fellows and Alumni who are willing to collaborate to develop innovative approaches to address racism, inequities and social justice. If you are interested in working with James, please reach out to him directly at: jdw2020@dcf.stanford.edu.

These horrible events have been unfolding in the midst of the pandemic, which has been moving to a new phase, some of which is surrealistic. As I write these words, the WHO, Johns Hopkins Coronavirus Resource Center, CDC and others report that the number of cases of COVID are continuing to rise albeit not in a uniform manner. Countries like New Zealand and Taiwan, that exercised rigorous public health practices coupled with national leadership, have contained or even “eliminated” SARS-CoV-2.

A recent study by DK Chu et al “*Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID 19: a systematic review and meta-analysis*” that was published in the ***Lancet Online First*** on June 1, 2020 reported that across 29 unadjusted and nine adjusted studies, a strong association was found between the proximity of the exposed individual with the risk for infection. In over 172 studies, social distancing of at least 1 meter (3 feet 3.37 inches) is associated with a large reduction in infection and social distancing that is 2 meters (6 feet 6.74 inches) is even more effective. Although direct evidence is more limited, the use of masks adds additional protection and in high risk situations, eye protection may provide additional benefit. But social distancing is clearly effective.

Two other studies (S Hsiang et al “*The effect of large-scale anticontagion policies on the COVID-19 pandemic*” published online in ***Nature*** on June 8, 2020 and R Stutt et al “*A modelling framework to assess the likely effectiveness of facemasks in combination with ‘lock-down’ in managing the COVID-19 pandemic*” that was published in the ***Proceedings of the Royal Society*** on June 10th conclude that face masks and social distancing are effective and that their adoption in 6 countries could have delayed or prevented 62 million infections. This is through modeling, but it is an important observation.

Depending on where you are in the world – or in different states or cities in the US – policies and practices of social distancing are highly variegated. States like Texas, Arizona, Florida and many in the South, where re-opening happened before index milestones were achieved, are now seeing surges of infection. Compared to most of the EU nations, where infections have declined, the US tells a different story. Worse is the fact that the nation’s leader(s) has been conveying that the pandemic is ending, and regrettably, the public health task force the provided data-based information earlier in the pandemic has been largely silenced. These confusing and disjointed messages confuse and polarize individuals and communities – and risk lives. At the same time, outside of politics, it is also notable that infractions of social distancing are increasing across the US as months of containment and summer weather is breaking down the restraints that guided behavior earlier in the pandemic. The obvious concern is that this is adding a surge to the first phase of the pandemic which may become even worse if a second wave takes place in this next winter. That still remains an important threat.

This is not to say that return to work or school is not warranted but rather that it must be done safely and be evidence-based. The Centers for Disease Control and Prevention has revised its “[Considerations for Events and Gatherings](#)” which are meant to supplement state and local rules and regulations. Within that context the CDC defines increasing risk as follows:

- **Lowest risk:** Virtual-only activities, events and gatherings.
- **More risk:** Smaller outdoor and in-person gatherings in which individuals from different households remain spaced at least 6 feet apart, wear cloth face coverings, do not share objects, and come from the same local area (e.g., community, town city or county).
- **Higher risk:** Medium-sized in-person gatherings that are adapted to allow individuals to remain spaced at least 6 feet apart and with attendees coming from outside the local area.
- **Highest risk:** Large in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart and attendees travel from outside the local area.

These risk categories extend to a range of settings, including colleges and universities, and thus have informed how return to school and work policies are being formulated in different settings – some of which are at best considered experiments. The CDC guidelines provide considerable information on promoting health behaviors that reduce spread of SARS-CoV-2, help maintain healthy environments, maintain health operations and prepare for what to do if someone becomes ill.

Another helpful review was published in the June 18 issue of the *New England Journal of Medicine* by Mark Barnes and Paul Sax entitled “*Challenges of ‘Return to Work’ in an Ongoing Pandemic*” that included a helpful table (see below).

Potential Policies to Reduce Transmission.*

Table 1. Potential Policies to Reduce Transmission.²

Policy	Description
Less expensive	
PPE and masks	Mandated, monitored use of masks and PPE
Personal hygiene	Frequent hand washing or sanitizing; avoid touching eyes, nose, and mouth; good respiratory hygiene
Self-diagnosis	Comprehensive checklist of symptoms that each worker considers before leaving home
Distancing and no large groups	Social distancing at work where possible; staggered and reduced-duration shifts and staggered lunch times or breaks
Workspace cleaning	Frequent workplace deep cleaning; hygiene zones with mandatory sanitization checkpoints in between
Employer screening	Temperature measurement and symptom screening on entry
Redesigning workspace	Remodeling of workspace to ensure greater spacing between employees; improved air filtration and ventilation; touch-free handles and interfaces
Telework	Encourage telework when possible
Segmenting workforce	Encourage self-deferral and telework for persons at higher risk (advanced age or coexisting conditions)
Travel limitations	Discourage travel unless necessary; deploy appropriate infection-control practices and PPE while traveling
Smaller transport methods	Limit use of mass transit when possible; encourage carpooling or use of personal vehicles
More expensive	
Tracing	When available, use public health authority; if unavailable, conduct contact assessment directly and encourage testing and treatment referrals
Testing	Employer-administered or employer-contracted testing for work location determinations, with periodic retesting

* Revised and used with permission from the Massachusetts High Technology Council.⁴ PPE denotes personal protective equipment.

M Barnes, PE Sax. N Engl J Med 2020. DOI: 10.1056/NEJMs2019953



These workplace policies are similar to those being embraced by universities, including Stanford. On June 3, the President and Provost issued a [broad statement on academic planning for the fall quarter and 2020-21 academic year](#) that delineates policies particularly focused on undergraduate education but with clear extension to all segments of the university, including DCI. The impact of this policy has led us to conclude that for the safety of our DCI Community and the overall DCI experience, it is necessary to delay the start of the 2020 DCI Class until the fall quarter 2021. This has been a difficult and impactful decision – and I will have more to say about that later in this communication.

Thank You to Kathy Gillam - Our Inaugural DCI Executive Director

I have had the honor of working closely with Kathy Gillam, PhD, for 18 years at Stanford and we have all been fortunate to have had Kathy as the Inaugural Executive Director for DCI. Much of our current success is attributable to her knowledge, skills and commitment. Kathy has been a member of the Stanford University community since 1984 and has served the university in a number of important and distinguished capacities that have won her the respect of faculty, staff and students.

Kathy began her work in the Academy as a faculty member in the Department of Biology in Johnston College at the University of the Redlands in 1977 where she was awarded tenure in 1983. Her interests focused on education (she became Director of the Johnston Center for Individualized Learning) and then academic administration. This became her focus for the next 36 years.

At Stanford Kathy has held a number of important senior administrative roles in two Schools and in the Office of the Provost. Since 2013 she has played an important role as the senior administrative leader of a new program, the Distinguished Careers Institute. In each of these roles she has been highly successful and has won accolades from colleagues and supervisors.

Kathy's first senior administrative role at Stanford began in 1984 when she was in the Office of the Dean for the School of Humanities and Sciences, initially as Assistant to the Dean and then as Academic Affairs Officer and as Assistant Dean for Faculty Affairs. Based on her excellent performance she was recruited to the Office of the Provost, first as Assistant Provost and then as Senior Associate Provost for Faculty Affairs and Foundation Relationships. In these roles Kathy oversaw policies related to faculty promotion, tenure, sabbatical, retirement and grievances, including new policies that were formulated during her tenure. She played an important role in adjudicating Faculty Appeal procedures. Her performance was highly valued by faculty and university leaders.

My own interactions with Kathy began in 2002 when she moved across campus to serve first as Special Assistant to the Dean (2002-2005) and then from 2005-2013 as Senior Advisor to the Dean. Once a colleague quipped that Kathy was moving to the "dark side," but I always felt that she brought light and enlightenment. She played a major role in reviewing the various appointment and promotion policies at a time when major revisions to the professoriate were made, including the definition of the Clinician-Scholar/Scientist track that included PI status and the establishment of the Clinician Educator track. These changes required careful negotiation with the university leadership including stewarding the approvals through the Academic Council and Faculty Senate for review and approval. Her prior work in the Office of the Provost was invaluable to these reviews and proved transformative to the School of Medicine.

Kathy was the go-to person for leading major new initiatives and staffing important committees. She played a key role in the establishment of Stanford Industry Interaction Policies, addressing Conflict of Interests around highly sensitive issues regarding faculty engagement. These policies became a national standard of excellence in an often-contentious area regarding faculty interactions. She was also instrumental in coordinating important medical center-wide policies regarding industry support for continuing medical education. Once again, the work she led became a national landmark and provided a roadmap for medical schools across the country. Coupled with this were important policies regarding innovative care, focusing especially on the role of surgical and medical intervention procedures in clinical medicine.

Kathy's important work on establishing criteria for Late Career Practitioners (defining criteria for assessment and medical credentialing) was an enormously important and challenging issue that engaged many points of view and ultimately led to policies approved by the medical school and both Stanford Hospital and the Lucile Packard Children's Hospital. Once again, the policies she helped establish became national standards that are still being implemented today by institutions across the country.

While it was not clear at the time she worked on it in 2005, Kathy's role in establishing policies and resources for senior faculty transitions was ahead of its time and anticipated the major demographic shifts occurring in society more broadly. Her work anticipated what has now become the Distinguished Careers Institute which is focused beyond medicine to address life and career transitions for individuals in midlife and beyond.

After completing her work in the School of Medicine's Dean's Office and prior to her role in DCI, Kathy served as Director of the Conflict of Interest Program in the Office of the Dean for Research and also served as Associate Director for the evolving Population Health Sciences program. This effort led to the establishment of a major new initiative within the School of Medicine.

Kathy's broad knowledge of the University, its administrative functions and her work in the School of Medicine and Medical Center, was enhanced by her organizational and communication skills as well as her writing abilities. She contributed in broad ways to staffing key initiatives and she proved a helpful and constructive editor to the Dean's Newsletters that I wrote biweekly during my deanship.

Knowing Kathy's tremendous organizational talents and the high regard in which she is held throughout the university, I was pleased to recruit her as the inaugural Executive Director of the [Distinguished Careers Institute](#) that I founded in 2013. DCI has become an enormously successful program and has enrolled over 200 Fellows and Partners in the six classes that have been enrolled to date. DCI began as a "start-up" and when Kathy began as ED in December 2013, she played a key role involved in hiring staff, overseeing budget, space, and program as well as setting up application and admissions processes and related activities.

Kathy also developed relationships with administrative offices, including the Office of the Registrar, the Academic Operations office of the Graduate School of Business, and the Dean's Office of the Law School to devise new processes to accommodate and enhance the experience of our Fellows and Partners and foster their intergenerational engagement. She also developed and drove outreach efforts to catalyze programs at other higher education institutions nationally and globally based on the principles of DCI.

For over 35 years Kathy Gillam has made continuous and meaningful contributions to Stanford University. These include major initiatives and accomplishments in the School of Humanities and Sciences, the Office of the Provost and the School of Medicine. As a capstone, her leadership in the DCI has created a new, vibrant and important addition to Stanford University. Kathy has been a remarkable citizen of the University and is deeply respected for her collegiality, professionalism, knowledge, commitment and important contributions. A few weeks ago, Kathy received official notice from President Marc Tessier Lavigne that the University was bestowing her with "Emerita" status and recognition, one of the highest honors awarded to distinguished members of the Stanford community on retirement. This is wonderful and well-deserved news.

Please join me in thanking Kathy Gillam for her many important contributions and in particular for her leadership in guiding DCI to its current excellence. Thank you, Kathy!

I had hoped to announce Kathy's successor at this time, but we are still restrained by the Provost's hiring freeze. We do have an outstanding candidate identified. I do very much hope that we will have a resolution of this in the near future.

What Comes Next for DCI 2020 and 2021

It is just a little over a month since [we announced the 2020 DCI Cohort on May 11](#). When we extended admission offers to this class at the end of February, we expected they would be starting this fall quarter. After the University leaders announced the academic plan for the fall quarter and 2020-21, we determined that it is preferable to make the difficult decision about delaying the start of the 2020 DCI Class until fall quarter 2021. This was based on two factors. First, we want to do our best to protect the personal health and safety of our DCI Community as our highest priority. Secondly, we want to do all we can to make sure that a DCI experience is as meaningful as possible. We believe this requires presence on campus, having access to courses, events and activities and especially access to each other.

The University's academic plan has largely focused on undergraduate students and notes that graduate and professional education will move forward at near full capacity this next academic year. While DCI Fellows and Partners are registered as non-matriculated graduate students, their educational program is a mix of undergraduate and graduate courses. That makes DCI a hybrid between graduate and undergraduate education – which has been one of the wonderful features of the program – but which impacts our decision about DCI during the next academic year.

Without repeating all of the details of [the June 3 message from President Mark Tessier Lavigne](#), several issues impacted our thinking about when to begin DCI during the 2020-21 year. Specifically, the intention of the University is to have about half of the undergraduate students on campus each quarter, favoring new and transfer students in the fall quarter and seniors in the spring quarter. The quarters will be more compressed, starting earlier in the year and running through summer quarter. While there will be some in-person classes, much of the undergraduate teaching for 2020-21 will be done online. Those classes that are in-person will be small and will follow social distancing policies, including face coverings that further impact social connection. Likely the classes that will be available will have quite limited enrollment and, given the limitations for matriculating undergraduates, the opportunities for DCI Fellows to participate in those classes would likely be extremely limited. Even though the university is working hard to make its online offerings of a more consistent high quality, we continue to believe that online offerings, even if excellent, limit the full value of the DCI experience. Coupled with this is that social gatherings, including seminars, athletic events, and performing arts will all be limited or cancelled through this year of uncertainty.

And then there are the health concerns. Undergraduate and graduate students are vulnerable to SARS-CoV-2 but the morbidity and mortality in this age group are much lower than for older individuals, including a number who would be in the 2020 cohort. As you know, cases of COVID-19 continue to rise globally as well as in a number of areas in the US (as of June 21st, there are 2,267,387 confirmed COVID-19 cases in the US and 119,846 deaths). The hope that cases would fall with warmer and more humid weather has not yet materialized. As noted above, coupled with this are the concerns that a second wave will emerge in the late fall

and winter of 2020-2021 in tandem with the annual flu season, where the possibility of co-infections (Influenza and SARS-CoV-2) remain a possibility.

We held a highly productive Town Hall meeting with the 2020 DCI Class on Friday, June 19 and discussed thoughts we have been working on to create a *Pre-DCI Program* that would help connect the Fellows and Partners to each other and Stanford. We also discussed the fact we also have a number of individuals already admitted to the 2021 DCI Class who expect to begin in the fall quarter of 2021. Accordingly, we will need to address ways of preserving the community for both of these classes. We have also been in touch with the DCI 2021 Class and will host a Town Hall meeting with them on Wednesday, June 24. Once we know the aggregate number of Fellows and Partners from the DCI 2020 and 2021 Classes who are planning to participate in 2021, we will be able to plan the best ways to optimize the experience for the Fellows and Partners, individually and collectively. And we will also be opening applications for DCI for future years in September 2020!

It won't surprise you to know that the decisions we are now making have important implications for DCI. As you know, we are a fee-based program and, while we receive a number of in-kind benefits from the University, we are responsible for all of our expenses (from infrastructure charges to the University to salaries and benefits for our outstanding DCI staff and payments for everything needed to support the program). A delay for a year, without incoming revenue, has significant implications for DCI. Obviously, this too requires considerable planning and we will need to make some adaptations and accommodations to sustain the DCI into the future. We value and appreciate your support.

As I have said on other occasions, these are unprecedented times and we are all doing our best to navigate them. Thanks, and stay well.



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