Minutes of Newark Faculty Council Meeting
December 14, 2020

Nancy Cantor
Sherri-Ann Butterfield
Ashwani Monga
John Gunkel
Amber Randolph

Guests:
Tony Calcado
Barry Komisaruk

Alexander Gates, Chair

Fran Bartkowski
John Kettle
Krista White
Tim Raphael
Michael Barnett
Beryl Satter
Gary Farney
Joseph Markert
April Benasich
Jane Gilman
Haesun Kim
Jiahuan Lu
Mary Rizzo
Willie Ray Williams

-Minutes of last meeting approved.

Tony Calcado, Executive VP for Strategic Planning:
-He's leading our COVID-19 action plans. Emergency Operating Committee etc.
-Current state is unsustainable. 1000 laid off staff. 3700 furloughed staff. Loss: $180 million. But now we're planning around the vaccines.
-Vaccines: one is on the market now. Another is expected fairly soon. There are 11 in Phase 3 clinical trials, including a few that will be out in January. There are 55 that are in Phase 1 or 2 of development now. There are still some questions on how long vaccine will last, etc., but they are very promising.
-The issues: 1) Distribution (NJ: wants 70% of eligible population, or 4.8 million people, to get the vaccine. We're slated to get 2.77% of the current doses, prorated nationally). Pfizer's requires two shots. Others might need only one inoculation. 2) Logistics: storage, transportation, refrigeration and administration are all issues.

-There are 3 phases of vaccination. Phase 1 starts tomorrow. Treat paid and unpaid healthcare workers; and then, other essential workers and those at higher risk. Phase 2 (Feb-March): rest of health care workers and high risk people; then, general population. Phase 3: April/ May: finish phase 2; open access for anyone who wants them. Expect to have the vaccines readily available by summer.

Critical Populations: Healthcare workers; those with underlying medical conditions; essential workers; adults at higher risk, and also those from communities disproportionately affected, tribal communities, college/ universities.

Rutgers Timelines: In December: explain vaccine schedules. Jan-March 2021: Develop detailed plans by every department in how to repopulate. Detailed instructional plan for fall semester. Review summer activity plans. Calcado's office will help.

April-June 2021: soft repopulation (10-25% depending on state guidelines).

July-Aug: 2021: Fuller repopulation *as allowable.* It could be as much as 50%.

Sept 2021: Hope to resume campus activities *as allowable*. Again, it could be 25% or 50% capacity. It probably won't be more than that. There will still be masking, hygiene, etc. Safety remains critical.

Q: Re: Vaccinations: are we treated as faculty/ staff of Rutgers, or as citizens of our local towns?

A: Colleges are considered critical, so we will probably get vaccine early.

Q: Do we need a vaccine if we've already had COVID-19?

A: There's no good science on it. If you've had it, you can still get it. The recommendation is that we still get the vaccine.

Q: Will RN be a site for vaccines?

A: I think we should be. I am advocating for that.

Q: Will there be a committee deciding if we can travel on behalf of the university? For example, for Summer Study Abroad?

A: It is happening now. Risk management is investigating it right now.

Alexander Gates:
-We are continuing looking at diversity programs. Last time we looked at LSAMP. This time we're having Barry Komisaruk , who heads the MBRS (Minority Biomedical Research Support)

Program, started by national Institute of Health in 1972. We got our first MBRS grant in 1984. I was asked to coordinate applying for the grant, since I was the only one on campus with a minority graduate student! Some faculty pushed back against it, saying minorities were not qualified! This motivated me, so I applied and got the grant. Eventually I became program director. The mission is to increase number of students entering Behavior and Biomedical research careers. 22% of U.S. are Bk or Latinx; but only 2-4% of scientists in U.S. are Black or Latinx.

I was running my own lab while directing MBRS program full time. Under National Institute of General Medical Sciences. It became diversified into programs for undergrads (Initiative for Minority Student Development, or IMSD. It got blocked by NIGMS because they didn't like word "Minority." So, we changed named to Initiative for Maximizing Student Diversity. Later, they didn't like "diversity," so we changed it to "Development." Today, it is Initiative for Maximizing Student Development (IMSD).

Biology, chemistry, earth and environmental science, neurosicence, nursing , physics and psychology are all participants in the program.

We meet every Monday, free period. Each student presents their research to the group. They each have a faculty mentor. They learn how to clarify hypotheses, methods, findings, implications. They write synopses, do the "elevator talk," develop and present conference-format poster of their research. They learn how to deal with texts, figures, clarity. They learn to explain their work to non-specialists and keep their interest. They are forced to practice, and it's very helpful for them.

They practice their dissertation proposal and defense. For undergrads, we help them prepare graduate school applications and interviews. The grad students advise the undergrads on how to do it. We also bring the alumni back to talk about how they overcame obstacles. Finally, we help them apply for fellowships.

They have to apply to Rutgers first in specific programs. Then, we get them in IMSD.

We currently have 2 students doing postdocs at the NIH; 2 at Harvard, one at Yale Medical school. We have graduates at U of Cambridge UK, Mayo Clinic, Rockefeller, etc. We have faculty in tenured positions, including at Yale.

Our track record is excellent. At RN, graduation rate is 65% (versus national average of 49% ) for undergrads. For RN MBRS undergrads, graduation rate is 97%. For RN MBRS grads (of the 108 Ph.D.'s we've had), the graduation rate is 94%!

$600,000 a year is what it costs.

Q: Can we scale this to Humanities Ph.D.s?

A: Barry is happy to talk about it.

Q: In our program we have both IMSD students and non-IMSD students. The former are great – very motivated.

Gates: We might get Dept of Ed grants that cover more than sciences.

Butterfield:
Anyone who wants to be on campus regularly this spring will be tested weekly. This is non-negotiable. Tony Calcado's slides will be available next week. Finally, although 1000 staff have been laid off, there have not been layoffs on our campus. Most of those laid off (about 600) were dining hall workers from NB. Also people whose grants expired.

Luis Rivera, Psychology Dept:
"Implicit Biases: Lessons from my lab and my year in Congress"
-Rivera is a social psychologist focusing on implicit social cognition, leading to biases, stereotypes, etc. He looks at the effect on those who are targets of the biases. In Congress I looked at intersection of algorithmic biases and artificial intelligence.
-In implicit biases, the core is thoughts – learned associations. They are automatic (quick and uncontrolled). They are unaware or unconscious. They are socio-cultural (ex: Black men as criminals). Most Americans have this strong association. These associations then influence judgments and actions.
-We can see implicit bias even among children as young as 4! They run contrary to our explicit biases or egalitarian intentions and values. Implicit biases make better sense of intergroup relations than explicit biases do. You can see them in interpersonal relations, resource allocations, and in brain activity (the part of the brain that detects threats).
-We don't know of *any* long-term interventions or trainings that work to lower implicit bias. We do have some promising correlates, such as interpersonal contact. The more you have friends/ family from different groups, the lower your implicit bias against them.
-It helps to acknowledge that one has implicit biases. Then you can consciously work against them.
-There are some short-term interventions that help, including exposure to individuals from out-groups that have been admired/ successful in society. Biases are lowered among those who had previously had low contact with the outgroup (ex: study of attitudes towards gays and lesbians).
-We are researching STEM inequalities, with Gates and LSAMP. National Science Foundation and EF+Math are funding two projects. We are studying how to recruit and retain students from underrepresented groups. Mostly we are focusing on mentorship. Who is it working for and how can it be make it scalable? Even for those without NSF funding?
-We are studying Newark middle-school students studying math. Trying to work with teachers at the schools so they don't have implicit bias when teaching.
-We're also working on health disparities. Systematic but preventable differences in poor health care (HIV, diabetes, hypertension, coronary heart disease, anxiety and depression.

To what extent do implicit biases aggravate these health disparities? Obviously, structural factors matter (environments where individuals born, live and work). Some neighborhoods have less access to fresh food, more exposure to pollution, etc.
-Identity is a reliable predictor of health problems. The more implicit bias a student is exposed to, the more anxiety (in a study done on Muslim students at RN).
-For Latinx and Black children in Newark; when they are in implicit bias conditions, they have a preference for unhealthy foods (versus when they are in controlled context without implicit bias).
-I spent a year in Congress working on policy and legislation related to biases in Artificial Intelligence. I worked in Sen. Rom Wyden's office (US Senator from Oregon). He wanted to know more about AI and bias. I found article: "millions of Black Americans are affected by racial bias in health-care algorithms." When Black and white patients are compared, they have similar risk scores, but Black patients had higher rates of chronic conditions. The biases are baked into the algorithms.
-I addressed these issues through legislation. We wrote to health care companies, including CVS, and brought these problems to their attention.
-Sen. Wyden is on Finance Committee, which has jurisdiction over Dept of Health and Human Services. I helped Wyden lay out an agenda to address racial health disparities.
- We sought funding for training professionals, providing affordable and quality healthcare, and supporting more scientific research on disparities.
-Diversity Equity Inclusion (DEI) is a theme we can get funding for.

Q: How could we implement these findings on our campus? Could there be a test to see if we have less implicit bias at RU-N versus, say, in RU-NB?

A: We can work on this at the departmental level. Ex: Psychology: we talk about DEI with faculty, graduates, undergrads and staff all present. I'd also like to see classes focusing on these issues. Each department should think about how DEI can be incorporated into the curriculum. Can it be formalized? Also include and promote students in this research.

-As for diversity at RN: diversity alone isn't enough to remedy bias. We need equity and inclusion as well. That means extending more power.

Butterfield:
-Student, faculty and staff all want a campus climate survey on bias. Students feel that faculty are the biggest obstacle as far as implicit bias goes. We have to be prepared to act on what we learn.

Gates:
-Luis Rivera is willing to help groups or departments that want to address DEI.

Minutes by Beryl Satter