



# UCI Emeriti Association NEWSLETTER

Summer 2020

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George E. Miller

### Past President

James N. Danziger

### Treasurer

Stuart Krassner

### Retiree Liaison

Jill Halvaks

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Richard Frank

Barbara Hamkalo

Judy Horn

Ron Jevning

Kenneth Kraemer

Pamela Lawrence

Susan Lessick

Margot Norris

William H. Parker

Richard Robertson

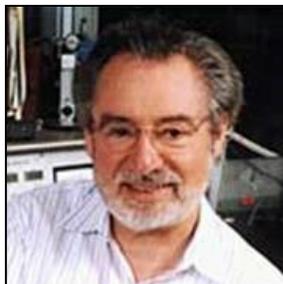
Eric Stanbridge

Jen Yu

### UCI CER Director:

Jeri I. Frederick

## Introduction —George E. Miller, Emeritus, Chemistry



A very brief but warm welcome to thirteen new UCI Emeriti/ae who joined us recently. A modest number, but we trust you all will stay healthy and productive in

retirement. Our Center for Emeriti & Retirees (CER) is the place to go FIRST for all you need to settle into your new role.

We are in unprecedented times in many ways at once! Sending out a newsletter in the summer months is just one of them. Our Executive Committee is also meeting remotely during the summer to try to stay abreast of all issues that may affect retired individuals. You are all welcome to log in – just ask Emil Nguyen ([emil.n@uci.edu](mailto:emil.n@uci.edu)) our stalwart assistant for future dates and times and the Zoom link.

On a positive note, the University of California is set to shortly welcome as its President another ex-chancellor from UC Irvine, Michael Drake. We welcome him and his wife back, not the least as he is one of us – an emeritus!

While there could be much to report on the gloomy side with Orange County on the severe watch list for the COVID-19 virus, the campus is trying hard to stay away from any spike in cases or hospitalizations of students, staff or faculty. I can report that the campus site continues to flourish as an arboretum and wild-life refuge with such a small human population. Landscape and janitorial staff continue to work, so most every place appears tidy and spotless.

### IN THIS ISSUE:

Several of the UCIEA Executive Committee have come forward to share their thoughts

on important issues in the life of retired faculty.

Do you have a colleague or friend thinking about retirement? Please see the update by Bill Parker, our expert on guiding faculty through the process.

Do you have a valid Advanced Health Care Directive? Please see the article from Richard Robertson leader of our newly formed "Late in Life" focus group.

Curious about the "Vaccine to Be"? See the article by Executive Committee Treasurer Stuart Krassner.

Have some time to spare in retirement? Emeriti/ae can make crucial contributions to the Academic Senate – an important part of shared governance at the University of California. Please see Ken Chew's encouragement to "Say Yes" to the Senate.

Feel inspired to share or comment? Please write for our next newsletter! Send your submissions to: [emeriti@uci.edu](mailto:emeriti@uci.edu)

Please let us know if there is any way we can help you in these crazy times. We are interested in any achievements (books, papers published, awards received, volunteer efforts, and so on). We would like to congratulate you on your accomplishments as a "spotlight" on our webpage here: <https://sites.uci.edu/emeriti/emeriti-spotlight/>

George Miller  
President

## The UCI Emeriti Association

c/o: The UCI Center for  
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## A Message from the UCI Faculty Liaison — Bill Parker

The retirement process for employees retiring July 1 has been frustrating for some faculty. Communication with the Retirement Administration Service Center (RASC) has often been slow or even unresponsive. Also, data entry at RASC has sometimes been inaccurate and not easily corrected. Ultimately, most (if not all) issues have been resolved but patience and persistence have been required. The experiences of some faculty this spring highlight the need to begin the retirement process well in advance (at least two months) of the anticipated retirement date, and to personally monitor every step of the retirement process.



William H. Parker

The financial challenges currently experienced by UC may persist for several years. If you are aware of colleagues considering retirement in the next couple of years you might mention to them that now is a good time to seriously explore retirement options. A good place to start is a conversation with me during which we can explore opportunities for continued engagement in academic activities while transitioning to retirement. Such opportunities may include retention of office and laboratory space, recall for part time teaching, continuation as the Principle Investigator on an existing contract or grant, and applying for new or continuing extramural funds. I can be contacted at [william.parker@uci.edu](mailto:william.parker@uci.edu) or (949) 413-5796

## Do I need an Advanced Health Care Directive?

We academicians tend to be an independent lot; we like to feel we are in charge of our lives, able to make our own decisions regarding professional activities, life styles, and health care. But what about decisions for health care when, perhaps due to accidental trauma or progressive degenerative disease, we are no longer able to communicate our wishes?

Modern medicine has made remarkable progress in maintaining life. The usual course of action by health care professionals is to take all reasonable steps to extend life, sometimes even at the expense of quality of life. Is that what we want? We now have the option to plan ahead, to make some of those decisions while we can consider the options awaiting us. One way to accomplish this preparedness is to complete an Advanced Health Care Directive (AHCD). The AHCD is a standard form, widely available, that allows each of us to state clearly the type and extent of medical care we desire to have. Of course, while we still are able to communicate, each of us has authority over our health care choices. It is only

when we are not able to make our wishes known, that the AHCD comes into play.

How does it work? First, the mechanics. Forms for the AHCD are widely available. For example, a form for California residents can be downloaded from:

<https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>

You do not need an attorney to complete this form. The form will need to be signed by you and either notarized or signed by two witnesses. With signatures, it is a legal document.

Second, a designated health care agent needs to be identified; someone who has authority to speak on your behalf. It can be a spouse, a family member, or trusted friend or associate. This person should be readily available (living nearby), fully aware of your wishes, and have the capability and communication skills to act on your behalf

*Continued on page 6*

# Emeriti Spotlight

*We would like to recognize and congratulate the following emeriti/ae on their continued work.*



## **Professor Emeritus Sid Golub**

Professor Emeritus Sid Golub of the Department of Microbiology & Molecular Genetics has been named the recipient of the 2020 Clinical Translational Scientist Career Achievement Award. [Read more here.](#)



## **Professor Emerita Carrol Seron**

Professor Emerita Carrol Seron of Criminology, Law and Society, is honored with the 2020 Legacy Award from The Law and Society Association. [Read more here.](#)



## **Professor Emerita Dr. Phyllis Agran**

Professor Emerita Dr. Phyllis Agran of School of Medicine - Pediatrics, is named Pediatrician of the Year by The American Academy of Pediatrics. [Read more here.](#)

## **Graduate Student Support - Thank YOU!**

*Your generous donations have nearly accomplished the goal of creating a Graduate Dissertation Fellowship.*

*We are very grateful to those of you who have committed to make this a reality.*

- James Danziger
- Dennis Galligani
- Barbara Hamkalo
- Liza & Stuart Krassner
- Susan Lessick
- David Malament
- George E. Miller
- Jeff Minhas
- Margot Norris
- William Parker
- Moyra Smith
- Jen Yu
- Anonymous Donors

*If you would like to join us in helping Graduate students during these times, you may donate here:*  
<http://connect.uci.edu/donate>

**For more UCI Emeriti Accomplishments see our website:**

**<http://sites.uci.edu/emeriti/emeriti-spotlight/>**

## When the Academic Senate Calls: Say “Yes” - Ken Chew

Make a list of what makes the University of California unique, and almost surely it will include UC’s Academic Senate. Nowhere else among American universities is shared faculty governance so stoutly enshrined and practiced. More typically, when the trustees of the 23-campus California State University system recently voted to institute an ethnic studies requirement, a major question remained: who would define “ethnic studies”? The trustees? The faculty? Or the state legislature?<sup>1</sup> At UC there can only be one answer: the faculty, acting through the Academic Senate. Yet the Senate’s influence goes only so far as its faculty members continue to volunteer their energies. Should the Academic Senate call, here are three reasons to say “yes.”

1. **You offer the emeritx perspective, a stabilizing voice of experience.** You may not have experienced (say) a pandemic but it’s a good bet that you’ve weathered other crises.
2. **We still can’t leave things to the Regents who don’t necessarily understand or love the faculty any more than does the general public.** This past year for example, the Senate contested a new Regents’ order that may soon impose formal end-of-career scrutiny—of morals, among other things—as a condition for assuming the “professor emeritx” title.
3. **Senate action does make a positive difference for our own demographic and for the community.** Because of Senate influence, Irvine last year became the first (and only) UC campus to hire a fulltime accessibility coordinator, charged both with ADA compliance and the promotion of accessibility to programmatic resources <http://accessibility.uci.edu/accessibility/>.

Editor’s note: During 2019-20, Ken Chew served as chair of UCI’s Academic Senate Council on Faculty Welfare, Diversity, and Academic Freedom. He follows the well-established path of many other emeritx Senate contributors

<sup>1</sup>Agrawal, Nina. “Cal State systems votes to require ethnic studies class.” *Los Angeles Times*, July 23, 2020: [http://enewspaper.latimes.com/infinity/article\\_share.aspx?quid=9cb7ecb4-aae4-4f2d-8b3a-dd9eec110be6](http://enewspaper.latimes.com/infinity/article_share.aspx?quid=9cb7ecb4-aae4-4f2d-8b3a-dd9eec110be6)

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### ***In Memoriam:***

Professor Emerita **Carol McDonald Connor** Education May 14, 2020

Professor Emeritus **John I (Jack) Yellott** Cognitive Science – December 20, 2019

*FULL list at our In Memoriam webpage: <http://sites.uci.edu/emeriti/in-memoriam>*

## Thoughts About COVID-19 Vaccine Development



Predicting the future is a rather risky business, particularly with respect to vaccines and pharmacological agents. I spent 14 years as a Board Director for a local pharmaceutical company and personally experienced the unpredictable volatility in the development of new pharmacological agents and vaccines.

To start with, about 90% of potential new drugs fail to achieve Food and Drug Administration (FDA) approval in spite of an expenditure of up to \$100,000,000 and seven years of preclinical, clinical and post clinical testing. It is clear that drug and vaccine development is expensive and highly unpredictable.

There is a set number of steps required to gain FDA approval before a new agent is available for human use. Prior to requesting approval from the FDA to test a potential agent on humans, researchers carry out preclinical studies for possible effectiveness utilizing cell culture and animal models. If the results are promising and, upon FDA approval, Phase 1 studies with a small set of human volunteers are done to measure the physiological disposition of the agent, tolerated dose levels and possible side effects. If the agent is well tolerated at dosage levels thought to be effective, a request to the FDA is done to undertake Phase 2 which involves testing the agent's effectiveness on a predetermined small number of

patients (or volunteers in the case of vaccines). If the results are positive, the FDA will then approve Phase 3 in which a significant number of patients are tested to warrant approval for human use upon positive outcomes. If there are some unanswered questions the FDA may require a Phase 4 study after approval to monitor long term analyses. The FDA is deeply involved in the detailed planning of each clinical phase, even going so far as evaluating production of the test agent.

When it comes to vaccines, there are several major considerations that can affect FDA approval. First, does the vaccine actually protect against infection? What if it does not prevent disease but simply stops people from getting very sick? Second, is the percentage of people protected from disease when given the vaccine significant? In some diseases a protection level under 50% could be quite acceptable if the disease causes serious and fatal illness. Next, how significant are the side effects. Even widely utilized vaccines may cause serious deleterious side effects in a very small number of cases. In some instances the side effects may outweigh the value of disease prevention. Lastly, are there long term negative side effects? Sometimes it takes months or longer to see damaging side effects. Think about the thalidomide disaster.

Focusing on a possible time line for an available, effective and safe Covid-19 vaccine, many health care experts believe that at least several vaccines will be ready for use by 2021. As stated above, given all the points discussed, predicting the future is risky and the possible time line may be problematic. When the AIDS virus was isolated, researchers predicted that a vaccine would be ready within a few years. Yet, after decades of intense research there is still no vaccine. The unexpected very high mutation rate of the AIDS virus has thus far proved insurmountable. Fortunately, so far, the novel coronavirus does not appear to

## COVID-19 Vaccine — continued from pg. 3

exhibit this issue. A different story is found with malaria. After each stage of the malaria life cycle was successfully isolated and grown in cell culture it was estimated that a vaccine would be available within a few years. Fifty years later there is no vaccine in spite of the fact that putative vaccines can result in an immune response. The problem is that the immune response is not protective.

So, let's see what happens in 2021. To help fight the novel coronavirus now plaguing humanity, a new initiative by UC San Francisco physician-scientists, dubbed COVID-19 Citizen Science (CCS), will allow anyone in the world age 18 or over to become a citizen scientist and help advance our understanding of the disease.

—*Stuart Krassner, Professor Emeritus of Developmental and Cell Biology*

## Advanced Health Care Directive — continued from pg. 2

to see that the medical community follows your wishes.

Third, your preferences for health care procedures need to be expressed as clearly as possible. Do you want to avail yourself of all medical measures to sustain life? Or should procedures be limited to pain relief and palliative care? Would cardio-pulmonary resuscitation (CPR) be wanted in case of cardiac arrest? Is a gastric feeding tube acceptable? How about dialysis? If you are no longer able to feed yourself, would you want to be hand fed? These, and many others, are very personal choices that will vary with the individual. But each of us has the right, and the ability, to determine the procedures used for our health care.

Fourth, this form needs to be made available for health care practitioners, including one's own personal physician, local hospitals, and for emergency medical technicians. The completed and signed form can be photocopied and distributed as needed. A very convenient step is to have the form downloaded onto a wallet card, with a QR code linked to the content. Using this wallet format, any health care professional who has access to a QR code reader can quickly access the form and determine your wishes. The wallet forms can be obtained from a commercial vendor; one option is the US Advance Care Registry at: <https://www.usacpr.net/>

Fifth, some additional forms may be helpful. While the ACHD is advised for all individuals (accidents can occur at any age) those facing acute life threatening situations may also wish to have a POLST (Physicians Order for Life Sustaining Treatment) form. The POLST is similar to the older DNR (Do Not Resuscitate) form, but covers broader issues than just whether or not CPR is requested. The POLST form needs to be signed by your physician. If the designated health care agent is not a primary family member, then that person should obtain HIPAA authorization for access to medical records. Forms can be downloaded from:

<https://www.dhcs.ca.gov/services/ccs/Pages/HIPAASCRO.aspx>

So why bother with all this? If you care about how you are treated medically when you are not able to guide the process yourself, then you should make your wishes known, in writing. Perhaps more importantly, making your wishes known will be a tremendous gift for your family. Family members are likely to face questions from health care staff regarding options for medical treatment, but these family may be unsure or may disagree among themselves as to the best option. Let your wishes be known.

—*Richard T. Robertson, Professor, Anatomy & Neurobiology*