



ORAL HISTORY PROJECT

Barbara Barlow, MD

**Interviewed by
Suzanne Boulter, MD**

April 10, 2008
New York, New York

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PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

Suzanne Boulter, MD

Dr. Suzanne Boulter is a graduate of Harvard Medical School and did her pediatric training at Boston Children's Hospital. Following residency she held a one-year fellowship at the Family Health Center at Harvard followed by a fellowship in adolescent medicine at Boston Children's Hospital. Currently she is Adjunct Professor of Pediatrics at Dartmouth Medical School and holds a faculty position at the NH Dartmouth Family Medicine Residency Program in Concord, NH. In addition to teaching family medicine residents Dr. Boulter also participates in multiple local and statewide child and teen health initiatives. Nationally she chairs the American Academy of Pediatrics Oral Health Initiative and serves on the editorial boards of *PREP Audio* and *Pediatric News*.

Interview of Barbara Barlow, MD

DR. BOULTER: This is Dr. Suzanne Boulter and it is April 10, 2008. I'm interviewing Dr. Barbara Barlow at the Columbia [University] School of Public Health in New York City, and it's about 9:00 am.

Dr. Barlow, I'd like to start by asking you some questions about your background, and growing up, and your family. So can you tell me a little bit about where you were born, and something about your parents and your siblings?

DR. BARLOW: Yes. I was born in Lancaster, Pennsylvania. My mother was a school teacher and my father an industrial engineer. I had one sister. My father died when I was 16, so my mother was our sole supporter from then on. Lancaster was a great place to grow up, and actually my experience in childhood really influenced exactly what I did with my life. My father was injured in World War I, and he wanted to be a doctor. He was a pre-med, but he wasn't well enough when he came back from the war to go on to medical school. So from the time I was a little, wee girl — and there were no sons, so I was the oldest child — he would say, "You're going to be a doctor when you grow up." Actually, when I was really little, like four or five, I would get his college textbooks out and sit in the living room and play I was in medical school. So I had that planted in me at a very young age.

Also growing up in Lancaster was interesting, too, because we didn't see children getting injured. In my whole growing up, I knew of one person from Baltimore, who was a teenager, who was in a car crash, and only one child hit by a car — in my whole growing up. So when I became an adult and came to New York City and saw what was happening to children, it made a huge impression on me because it was so different from the way I grew up. So that really influenced me to look at ways to prevent injuries.

DR. BOULTER: Now, did your father die unexpectedly?

DR. BARLOW: Yes, he had a stroke.

DR. BOULTER: Wow.

DR. BARLOW: Yes.

DR. BOULTER: He must have been quite young.

DR. BARLOW: He was 57. He had a stroke and died in 24 hours. My mother stayed home with us when we were little for the first five years, and then went back to teaching. My mother was a real inspiration, because here she was, much younger than he, and a young widow with two little girls, and

really no money. She decided that she needed to go back to school. She got her BA [Bachelor of Arts] originally from Columbia Teachers College, Columbia University Teachers College [Teachers College, Columbia University]. Everything comes around in a circle.

DR. BOULTER: Yes.

DR. BARLOW: So she went back to school and got a master's in psychology, and then did all the work for her PhD [Doctor of Philosophy] in clinical psychology. She never wrote a thesis, but she did all the course work, and then became a guidance counselor, instead of just a regular line teacher. She became a guidance counselor in the local junior high, then in a high school, and then she became a professor at Millersville State University [Millersville University], and was in charge of the guidance clinic, and was a professor of psychology. She also then taught classes at Franklin & Marshall [College] in Lancaster.

So I had this wonderful example of a woman who took hold of life after a horrible tragedy for her, and recreated herself and made her family secure. She always said to us growing up, "You can do anything you want. It doesn't matter that you're a girl. You just have to work harder than everyone else."

DR. BOULTER: That's really impressive, because in those days both fathers and mothers didn't really look at their daughters as being potential doctors.

DR. BARLOW: Right. Well, you'll see as we go along that the culture of that time also slowed me down in where I was finally going, because I was brought up in a culture in Lancaster where it's very conservative. Women got married after college, and they stayed home and had children. So I didn't go straight to medical school. I went to graduate school first. And that was influenced by everything around me. But then I had the little voice in my head that I really wanted to be a doctor, and I should try.

DR. BOULTER: Wow.

DR. BARLOW: So it's a funny long story. My mother said to me that because we really had very little — we had a house, but we didn't have any money — that if I wanted to go away to college, I would have to get a scholarship. So the first thing I did was, I applied for a scholarship for the local private school. It was a country day school, and I got it, and it was a full tuition scholarship. When I went there — this was so motivating — the headmaster had me in his office and said, "Well, most of the girls here have been going to this school since first grade, so you'll find out that although you were an A student in public school, you're probably going to be a C student here. So don't be worried about it, your past education." Well, you know, that's like waving a red flag in front of a bull, and I said, "No way will I be a

C student, because I was always this grade A student. I will not be a C student!”

So I started at a very young age, in ninth grade, staying up at least one whole night a week to make sure that I knew everything. I memorized my books, and I drove my teachers crazy because when I wrote examinations, I would — all our examinations, really, were essay exams, not true-false or anything else — fill out *five* exam books [chuckles] for every test. And they said, “You’re driving us crazy. It’s too much. Don’t write so much. Don’t give us the whole book back.” I graduated first in my class. And there was no way that I would be a C student. So I got the headmaster’s prize for doing the best of my whole class.

Then I wanted to go away to school, and my mother said, “If you get a scholarship to college, you can go away. Otherwise you have to stay home and go where I teach, because it would be very inexpensive.” So she wanted me to go to Wellesley [College], and I wanted to go to Vassar [College]. Because growing up, being told by everyone, “Oh well, you just go to college, and then you get married and have children,” I wanted to go to somewhere where I could be smart and it wouldn’t matter. So I wanted to go to an all-girls’ school, so I only applied to all-girls’ schools. I applied to Smith [College], Wellesley, Vassar and [Mount] Holyoke [College], and I got scholarships at all of them.

DR. BOULTER: Wow.

DR. BARLOW: Full scholarships. So my mother wanted me to go to Wellesley, but I wanted to go to Vassar, because they were graduating, for all of history, women who really made their mark on society, and were really bright, and were feminists really. From a very early part of the college, they graduated a lot of feminists, even before it was popular to be a feminist. So I went to Vassar. But in going to Vassar, I majored in psychology, like my mother. There was no pre-med at Vassar then, so I couldn’t take the pre-med courses. There was no such thing.

So when I finished, when I graduated, I received a prize for my thesis from Vassar, a monetary prize, so I went to Boston, worked, and took the pre-med courses at BU [Boston University] and Harvard [University]. And I took the Graduate Record Exams [Examinations (GRE)] and went to Columbia [University]. I had a full government scholarship to go to Columbia. I don’t remember what they called those scholarships, but they not only paid tuition and books, they paid for my apartment and my food, everything.

DR. BOULTER: Wow.

DR. BARLOW: So I went to graduate school at Columbia in psychology. I finished my master's, and I thought, *I don't want to teach psychology. I want to be a doctor.* So I said, "Self, you want to be a doctor, so apply." Well, I had never had biology really, and I had only had the lecture part of biochemistry. I hadn't had a lab. And I had to take the MCATs [Medical College Admissions Test]. I did terribly on the MCATs, but I didn't have the courses. I was in the midst of graduate school full time, and I didn't have time to just take the books and learn the stuff that I didn't have, the courses I didn't have. I applied to one medical school. I applied to Albert Einstein [College of Medicine of Yeshiva University] because it was a new medical school, and they set themselves up to take people from unusual backgrounds, not just a typical person who went through school, graduated and went to medical school.

So I went for my interview, and it was very funny. It was Lou Fraad [Lewis M. Fraad] who interviewed me. He's a wonderful pediatrician. He said, "You know, you have terrible MCAT scores." I said, "Yes, but look at my graduate school scores. I have all A's, and I never had the courses, so I could hardly do well in the MCATs. I had to take them because everyone required me to take them. Let me come to medical school, and you'll never be sorry. I'll be a perfect student. You won't be sorry. I really want to do this."

So I waited and waited. I waited to find out whether they were going to accept me or not? I didn't get a letter, and I knew what the date was when it was the last day that you could accept to go after they sent out the letter. So I called the school, and I said, "I know this is the last day, but I didn't hear from you one way or the other. I didn't hear yes or no." And they said, "Well, we sent you a certified letter, and the postman said that he didn't know you, and it came back." If I hadn't called that day, I would not have gone to medical school.

DR. BOULTER: Wow.

DR. BARLOW: So I ran right over [chuckles] and put down my little deposit, and that's how I went to medical school. And it was really wonderful because every day I would pinch myself when I got up and say, "I can't believe it, I'm really going to medical school." I loved it. There were a lot of youngsters who came, who had come straight from college, who had studied like crazy in college, who really had no life and no experience, and now they were in medical school. It was much harder than it is now. We were going to classes from dawn-up to six or seven at night, even after the second year. We started to have to work nights in the hospital, as well, so many of the students were so miserable. It was really hard.

Usually if I talk to people who want to go to medical school, I suggest they do something between college and medical school. Take an MPH [master of

public health], do something else, because they've worked so hard to get into medical school because it's so hard to get in, that usually they have very little in the way of a social life or very few experiences. Then they go to medical school, and it's so hard, and then you go to residency, and it's even worse. So I think it was really good that I went to graduate school before I went to medical school.

So then I'm going through medical school, and I thought that probably I wanted to be a neurosurgeon, because in graduate school I had studied the limbic system and stress. I thought that would be interesting, and it would go along with what I had studied. I was not in clinical psychology, but in experimental psychology with the [B. F.] Skinner pigeons' pecking bars. Then I started my clinical rotation, and I saw the neurosurgical patients, and I decided that I wanted to do something that was more positive, because they were so sick, and often the surgery didn't help.

So I decided, well, I'm a girl, so I'll go into something that I should go into, like, not pediatrics or OB [obstetrics], but internal medicine. So I'm going through my rotations, and I felt that the internists really were very poor at diagnosing surgical problems. So I decided I didn't want to be a *dumb* internist, and that I would need to know surgery very well before I started an internal medicine residency. So I took —

DR. BOULTER: Wait a minute. Let me figure this one out. To you, it looked like the internists were —

DR. BARLOW: Were misdiagnosing surgical problems.

DR. BOULTER: Okay. So you decided to do surgery.

DR. BARLOW: Surgery rotation as an extern —

DR. BOULTER: Okay.

DR. BARLOW: — so that I could really learn surgical diagnosis, so I would not be a *dumb* internist.

DR. BOULTER: That is an interesting concept.

DR. BARLOW: [Laughs.] Well, that's what I thought.

DR. BOULTER: Okay.

DR. BARLOW: So I took a surgical externship, and they did me in. They let me operate. So I was a fourth-year medical student, and I was doing exploratory lops [laparotomies], and I was doing appendectomies, and I was

operating. I did maybe 30 or 40 cases. And then I said, “I don’t want to make another decision just because I’m a woman.” Because I had delayed medical school because I thought I couldn’t do it, and women really couldn’t be doctors. Not even my college let you be a pre-med. So I had already applied for the match in internal medicine, and it was late. It was the senior year. I went to the head of surgery. I told him the story, and I said, “I really want to be a surgeon. I love it. I want to be it. I’m not going to be happy unless I’m a surgeon. Take me.” Then they had 35 interns, and they had a pyramid, so you went down to three chief residents, and it was six years. So I said, “If I’m no good, you can get rid of me. You just carve me out of the program, and I’ll go do something else. I’ll do internal medicine or emergency medicine.”

He was very funny. He said, “Women shouldn’t be surgeons. What are you doing? This is the craziest thing I ever heard. You can’t even go in the OR [operating room] in Montefiore [Medical Center] —” which was an associated hospital “— because the head of surgery there said he didn’t want any ‘damn women’ in his OR except for nurses.” And so I said to him, “Dr. [David W.] State, you know me very well. You know, I was your extern. I’ve been a medical student here. Just give me a chance.” So he did. He gave me a position, and I dropped out of the [internal medicine] match. And that’s how I started surgery. And I really liked it.

We worked every other night, so we worked Monday, Wednesday, Saturday, Sunday, Tuesday, Thursday, Friday, and also all days. So for that period, that six years, I have absolutely no idea about the music, the plays, the books that were published, movies, nothing, nothing, because all we did was work. We ate in the hospital. We worked. And I loved it. I never minded it at all. I think that our current residents, really, maybe they have a more normal life outside the hospital. But I don’t think the training is as good, because this was total immersion, and all you thought about were your patients and surgery. You got so much experience because you were literally living in the hospital. We all had our own rooms. They did our laundry. We ate all our meals there. I mean, our whole life was learning how to be a surgeon.

So when I was ready to finish that — my mother was starting to think that I would never stop going to school, actually — I decided that I wanted to be a pediatric surgeon, because I had trained at Jacobi [Medical Center] and Lincoln [Medical Center] — Jacobi in North Bronx, Lincoln in the South Bronx — for surgery. We had all this trauma, gunshot wounds and stab wounds. It was the day of heroin without methadone, so it was a very violent time. I would tell my mother what I was doing, and she would ask me why didn’t I come home? She was very fearful because I was working in these situations.

We had gangs invade the hospital, and we'd have to barricade ourselves in the OR, because they wanted to finish somebody they had tried to kill, and we were trying to save. It was a really, really violent time. They made a movie about it, actually, called *Fort Apache [the Bronx - 1981]*. That was the time. In one street in the South Bronx, Fox Street, no one ever lived beyond the age of 35. We didn't have paramedics or EMTs [emergency medical technicians], and when there was a shooting, we would send the interns out in the ambulance. They would lie on the floor of the ambulance until the shooting stopped, and then go out and drag the people who were wounded into the ambulance and bring them back. It was a very strange time.

DR. BOULTER: Wow.

DR. BARLOW: It's a long time ago. It was a lot of fun. It was like a MASH [mobile army surgical hospital] unit, really, both hospitals. Lincoln, even more than Jacobi in the North Bronx.

DR. BOULTER: Before we get off your training, do you mind if I ask you a couple of clarifying questions?

DR. BARLOW: [Laughs] Sure.

DR. BOULTER: Because this is incredible information. If you were applying to college now, would you still go to one of the all-women's colleges, do you think?

DR. BARLOW: Yes, but there are few all-women colleges anymore. Vassar is co-ed now.

DR. BOULTER: Right, but Wellesley and Smith are still all women.

DR. BARLOW: Yes, yes, I'd go to an all-women's college.

DR. BOULTER: Holyoke. You would.

DR. BARLOW: Yes. It probably isn't as important now, but when I was young, really women were supposed to be barefoot and pregnant, even after they had a college degree. My college roommates, they all got married, stayed home and raised children. Then when their children were gone and they had an empty nest, they went back to school and got graduate degrees and started to do a career.

DR. BOULTER: Great. And were you young for your class as you went along? How old were you when you started medical school, for example?

DR. BARLOW: Let's see, I just turned 22 when I finished college, and I spent a year in Boston, taking courses, then on to Columbia grad school and then I started medical school in July 1963, when I was 26.

DR. BOULTER: Okay, so you were actually one of the —

DR. BARLOW: I was old.

DR. BOULTER: — older members of the class.

DR. BARLOW: Yes, yes. That was nice.

DR. BOULTER: And was that a good thing?

DR. BARLOW: Oh, yes. It was a good thing. It was a very good thing to be more mature, really.

DR. BOULTER: Right. And I hear a lot of confidence when you speak about how you got to where you wanted to be. And you've mentioned your mother telling you that you could do whatever you wanted.

DR. BARLOW: Yes, that's very important, from the time I was a small girl.

DR. BOULTER: Okay. Were there other ways that you became so confident back at a time when women were, as you said, expected to be barefoot and pregnant? What shaped you into the person —

DR. BARLOW: I really think that you're shaped very young. My father was telling me from the time I was a little girl that I was going to be a doctor. I didn't see any women doctors around me, but he said, "You're going to be a doctor." So my father was telling me this. And my mother was telling me, telling us both, "You can be whatever you want to be. It doesn't matter whether it's an all-male thing or whatever. You just have to work harder than they do." That's how we were brought up. And then, of course, when my father died when I was 16, I had a lot of responsibility because my mother was commuting to Philadelphia to go to graduate school. That was me at home, cooking — and my sister — so I had a lot of responsibility when I was younger.

DR. BOULTER: But you didn't feel put upon or abandoned?

DR. BARLOW: Oh, no.

DR. BOULTER: In any way?

DR. BARLOW: Oh, no. Not at all.

DR. BOULTER: You felt very supported.

DR. BARLOW: Yes. Oh, totally.

DR. BOULTER: Even though your mother physically wasn't around.

DR. BARLOW: Totally. I also had a big surrounding family, aunts and uncles. Both my parents came from big families.

DR. BOULTER: And the other family members, all your aunts and uncles, did their children pursue careers the same way you did and push the envelope?

DR. BARLOW: No. My father was the first person in his family to go to college, and my mother was the first person in her family to go to college in the recent generations. Her great-grandfather was president of Haverford [College]. But her grandmother — my grandmother's parents — the father, who was a college graduate, died very young of an injury, and so my great grandmother, who was uneducated, was left to raise the three little girls. So after that, nobody went to college until my mother. My mother worked and sent her younger brother to college, so he got to college. But for most of my family, some of them went to college, some of them didn't. My mother tried to get everyone in the family, both sides, to go to college, all my cousins. They didn't all. Maybe 75 percent did. She sent one cousin to college. She paid for her to go because her parents both died when she was about 14.

DR. BOULTER: Wow. So education has always been the only important thing, or the most important thing in your family?

DR. BARLOW: Absolutely.

DR. BOULTER: So that was one of the biggest drivers for you.

DR. BARLOW: Absolutely. I mean, I was brought up where every day we came home from school, and we went through everything we did. My father would sit at the dining room table with me, and he'd do the math part, my mother would do the other part, and this was just our whole life — education.

DR. BOULTER: Now, staying up all night one night a week may have been a harbinger to your surgery training.

DR. BARLOW: Maybe. I did that in medical school, too.

DR. BOULTER: But that's kind of unusual, so were your parents accepting or supportive of that? Did they know you were staying up all night?

DR. BARLOW: Well, this was in high school. My mother was too busy going to graduate school to know I was staying up all night. I had my own room.

DR. BOULTER: Because I think most parents would think, you know, that that was a little unhealthy.

DR. BARLOW: No.

DR. BOULTER: Maybe it wasn't.

DR. BARLOW: No. I did it in medical school, too. Medical school was easy for me because I was used to working very hard.

DR. BOULTER: Were you kind of one of those sneak bookers, so that people didn't know you were staying up all night, and people didn't realize?

DR. BARLOW: No, no, not really.

DR. BOULTER: No.

DR. BARLOW: Even when we were little tiny girls, we would go to the library every week and get a whole stack of books to read. My mother put words on the blackboard, every day new words, so we would learn new words, so we would learn the dictionary. That's just how we lived. I would read at night until I got tired, and then go to sleep. So we finished all those books every week, my sister and I.

DR. BOULTER: Do you think people live that way anymore?

DR. BARLOW: No. I really fear for children now, because I don't think they have that cohesive family structure that prepares them for life. I really don't. I live in a small town in New Jersey. I live three doors from the high school, and I watch the children, and I think, *No, there is no support system.* Their families are all working. Both parents are working. It's a very expensive town, and their parents are working in New York City, so they're in town alone all day, and I don't think it's good.

DR. BOULTER: Well, you speak about the tremendous family support you had, and yet you lost your father at a very young age.

DR. BARLOW: Yes.

DR. BOULTER: So that's pretty amazing that his influence on you was so incredible that you carried it through your whole life.

DR. BARLOW: Well, I think that the most influence is given to a child in the first young years of life, that what's set then, it's set.

DR. BOULTER: And can't be changed?

DR. BARLOW: Well, I don't know.

DR. BOULTER: That's a rhetorical question. I don't know the answer to that one, either.

DR. BARLOW: No one has the answer to that.

DR. BOULTER: Okay. Can you go back and talk about when you first finished your training, what happened then, and how you started your career?

DR. BARLOW: This is very interesting, because I wasn't finished then. I was finished with general surgery, but I decided I had to be a pediatric surgeon.

DR. BOULTER: Okay.

DR. BARLOW: Because I was tired of working so hard on people who went out and got themselves injured, shot and stabbed by doing bad things. There was a very good pediatric surgeon at Einstein, who also died young. And I thought, *I want to take care of children, because what happens to them isn't their fault. They're born with problems. It's not their fault. They get injured, but it's really not their fault.* So I decided to be a pediatric surgeon. Now, that was really a huge problem.

DR. BOULTER: [Laughs.] I can't imagine.

DR. BARLOW: There were maybe 14 people a year who went into training in pediatric surgery. There were very few programs. It was a new specialty. It wasn't really new. People used to concentrate in it. But in terms of a fellowship, a two-year fellowship, it was new. But I decided I needed to do that. So I applied in Philadelphia to [C.] Everett Koop, and I applied to Dr. [Thomas V.] Santulli here. I had a lot of support from the pediatric surgeons at Einstein. I did a lot of surgery with them, and they really, really supported me, and told me I could have a job when I finished, too, in their private practices, if I wanted. And I was just lucky. Maybe a lot of things are luck along the way, but nobody was really interested in training a girl. There were a few girls who were trained during the Second World War.

DR. BOULTER: In pediatric surgery?

DR. BARLOW: In pediatric surgery, yes, a few.

DR. BOULTER: So you weren't the first.

DR. BARLOW: I wasn't the first.

DR. BOULTER: Nationally.

DR. BARLOW: But in terms of Columbia, New York-Presbyterian Hospital now, they had never had a chief resident who was a woman in any specialty, including pediatrics. So I applied. They interviewed me. The interview was very funny. They asked me if I was going to have children. Then they asked me if I was married and my husband got sick, would I stay at home and take care of him. All questions that totally related to me being a woman. And so I didn't think they'd give me the position. But they wanted this surgeon who was finishing general surgery at Columbia, and he decided that he didn't want to do pediatric surgery, so I got the job. I was the first woman, and Dr. Santulli didn't know what to do with me.

DR. BOULTER: [Laughs]

DR. BARLOW: Because he was really very strict, and he would curse out the male residents and everything, but he was an Old World gentleman. He was Italian, and he was an Old World gentleman, and he couldn't curse at me. He would get so upset when I was stubborn in the OR that he would have to go out and have a cigarette and just leave me there, doing the operation.

DR. BOULTER: Whoa!

DR. BARLOW: It was really funny. I had very good training in pediatric surgery during my general surgery at Einstein, so there were a lot of ways that I liked to do cases that I felt were better than the way that he did cases, and I'd insist that he look at the way I had been trained in some cases. I was very presumptuous.

DR. BOULTER: I think so!

DR. BARLOW: When I was an intern in general surgery, I had a patient that had severe injuries and lots of gastric fistulas and intestinal fistulas. He was very sick. I took such good care of him, and I got him in shape for another operation. The head of surgery was doing this operation, and I scrubbed in. He started to do something that I knew absolutely wasn't

going to — that this patient could not survive what he was about to do. I got very upset, and I said, “This is not something that’s going to help this patient.” He was swinging flap over the fistulas. That doesn’t work. I was an intern, and I said to him, “I’m not going to stay here and scrub-up and watch you kill my patient. Why don’t you call and get help from somebody?” And I scrubbed out. I don’t know why he didn’t fire me. I mean, I was an intern. I wasn’t even guaranteed to be a chief resident.

DR. BOULTER: And so what happened? Did he continue?

DR. BARLOW: He got help, and the patient died anyhow. He did what he wanted to do.

DR. BOULTER: This is what I’m trying to understand, how you felt you could always do what was right, and pushed ahead.

DR. BARLOW: I did no matter what. I had the same thing happen to me when I was in ped [pediatric] surgery training. They had this patient who just was throwing up his formula, a baby, and wasn’t tolerating anything. We had independent privileges because we were finished with general surgery, so I was ordered to go put a gastrostomy tube in this baby, through the abdominal wall, so that they could put the formula in there, so he would stop throwing up, and they could get a special formula into him. And I said, “I absolutely will not. If you want it, you do it, because I think that when you put this gastrostomy in, he’s going to throw up this formula anyhow. It’s an experimental formula. I think it’s the formula’s problem and not the baby’s.” So I refused to do the case. Now, they could have fired me, too, but I absolutely refused to do the case. They put in the gastrostomy. The baby threw up anyway. There was something wrong with the formula. Then they found out what was wrong with it.

DR. BOULTER: But I’m trying to understand what made you have the confidence and the ability to challenge the system so much as a woman —

DR. BARLOW: Well, I was lucky that I didn’t —

DR. BOULTER: — who was a pioneer.

DR. BARLOW: [Laughs] I was lucky I didn’t get thrown out.

DR. BOULTER: I mean, I think that’s absolutely incredible.

DR. BARLOW: Well, I was also brought up very religiously.

DR. BOULTER: What religion?

DR. BARLOW: I was brought up a Presbyterian.

DR. BOULTER: Okay.

DR. BARLOW: I'm a Lutheran now, because my mother went back. She was a Lutheran, brought up Lutheran, and she became a Presbyterian when she married my father, and then when he died she went back to the Lutheran church, and we all went with her. But I was brought up very religiously, and I was brought up not to do anything that's wrong, that whatever the consequences are, you don't do what's wrong. My mother was very strict, and she always told us, "Never do anything that's wrong, that you know is wrong. You will make mistakes, but if you know something's wrong, don't do it. And never do anything that'll ruin your life." That was in terms of growing up as an adolescent, so I was always a designated driver. My friends all got drunk. I didn't drink, but I drove them to the parties and drove them home, throwing up outside the car. My mother totally trusted me not to do anything that would damage the family or myself.

DR. BOULTER: So a strong family, but also strong religious background helped to make you?

DR. BARLOW: Yes, because if you're brought up that way, even if something bad happens because you've stood up for what's right, it's okay. But nothing ever happened. I was preposterous. I think now, since I have residents in training and my attendings can't stand it when a resident stands up to them, I don't know how I made it. [Laughter] I don't.

DR. BOULTER: Could you give us some more stories about your training times?

DR. BARLOW: Yes. In terms of doing orchidopexies for children with undescended testes, I was taught a beautiful new way at Einstein on how to do it. When I came to Columbia, they were very unprogressive in terms of change. They were doing an orchidopexy, putting a rubber band through the testicle, putting it to a thing on the leg, and strapping the legs together, and keeping the kids in bed for a week. And then, of course, a lot of the testicles went back up, because all they did was put a rubber band through and pull it down. I was taught to dissect out the whole thing, dissect out the testicle, and the vas and vessels, make a pocket in the scrotum and put it in, under no tension, and the kid could go home the next day.

So I looked at what they were doing here as barbaric, and it didn't work well anyhow. So this was one of the operations that I made Dr. Santulli look at. I said, "Let me do one. I'll show you how easy it is to do and how successful it is, and how the child can go home the next day." And so he let me teach him. The head of urology there then, Dr. [John Kingsley] Lattimer, who was

president of the American Urological Association, forbade me to do that operation. He not only forbade me to do the operation there, but when I went to Harlem [Hospital], he called the head of surgery and told him, “If she does undescended testes there, I’m going to blackball her.” When I went to Harlem, the head of surgery told me about the letter and showed it to me, and he said, “Dr. Lattimer is very powerful. What should I do with this letter?” I said, “File it.”

When he was out of town at meetings when I was a resident at Babies [Hospital], I taught all his fellows in urology how to do an orchidopexy the new way.

DR. BOULTER: [Laughs]

DR. BARLOW: Isn’t that something? I was very preposterous.

DR. BOULTER: Have you ever been fired?

DR. BARLOW: Never. It’s incredible.

DR. BOULTER: Never.

DR. BARLOW: The only time I got fired was when I was an adolescent, and my aunt ran the ladies’ lingerie department in our big department store in Lancaster. I had to work from the time I was 12. I worked in all sorts of jobs. She said, “We’re having a sale, so you can come and work.” I so screwed up the cash register that I got fired the first day.

DR. BOULTER: [Laughs] By your aunt.

DR. BARLOW: Yes, so I knew that this was nothing for me. I could not work in a store and do a cash register because nothing balanced, and it was my fault, and it was true.

DR. BOULTER: Wow.

DR. BARLOW: But that’s the only time I got fired.

So let’s see, there are so many things. I always believed in breastfeeding, and I believed it was very important. As I was doing my rotations at Columbia, no one was breastfeeding. So what I used to do was, since I was there on weekends and the attendings weren’t there, I would get my mothers to start breastfeeding their babies, the ones that had congenital anomalies. The attendings went crazy. They said, “We don’t know how much they’re eating. How can we follow how much they’re eating when we can’t measure it in a bottle, and they’re being breastfed?” And they were embarrassed. They

didn't want to go in the room. The ladies were breastfeeding. I said, "Weigh the baby, and we'll find out how much the baby is eating. Count the diapers."

Actually, that's when I started to do my research in necrotizing enterocolitis. I looked at these babies that were getting necrotizing enterocolitis, and they were all being formula fed. I thought about how at home in Lancaster on the farm, sheep got bloats and calves got sick if they didn't have mother's milk. So I looked at this and said, "I think this disease is because they're not being breastfed. If we could breastfeed our preemies or give them breast milk, it would decrease our incidence of necrotizing enterocolitis." So that was my first year as a fellow here, and I did the necrotizing enterocolitis research on the little baby rats. I established a rat room here and one in my apartment.

DR. BOULTER: [Laughs.] What?

DR. BARLOW: Yes.

DR. BOULTER: [Laughs.] You're kidding!

DR. BARLOW: No, no, because they had to be fed around the clock. I hand-fed the baby rats. I milked the mother rats for breast milk, and I hand-fed the little baby rats by gavage — mother's milk for one group, and formula for the other. And then I published the paper on necrotizing enterocolitis, which is the most quoted paper in all of pediatric surgical literature.

DR. BOULTER: What year did it get published?

DR. BARLOW: In 1974, I think.

DR. BOULTER: Wow.

DR. BARLOW: Yes, the American Pediatric Surgical Association [APSA] reviewed all the literature for all the papers in ped surgery, and mine is the most published, and it's also in classic citations.

DR. BOULTER: Wow.

DR. BARLOW: Now, I published the paper, and then I did several other studies that I published, too, but I published the model. The model is still being used. People who do all sorts of research use the model of gavaging rats for all sorts of research, and necrotizing enterocolitis research, still. Henri [R.] Ford, who's at LA Children's [Childrens Hospital Los Angeles], is still using the model, and several other people have told me they are, too. Dr. Santulli wrote in one of those throw-away medical journals about the

research because he got a lot of publicity, and he said he sent me to the lab, that it was *his* idea, and *he* sent me to the lab. He had no knowledge of what I was doing until I had the results. He never set foot in the lab. He just said, “Go to the lab and do a project because you have to write a paper.” He had no clue. I was furious. I took the journal in the middle of a conference and threw it at him. I said, “What do you mean by saying it was your idea? You knew nothing about what I was doing until I had the results.” I refused to talk to him for about a month.

DR. BOULTER: Wow. But you must have made peace.

DR. BARLOW: Oh, yes. He has died now, but we — yes, I loved him. I loved him, but I was so furious.

DR. BOULTER: Academic elitism, perhaps?

DR. BARLOW: Yes.

DR. BOULTER: Wanting to take the credit for —

DR. BARLOW: The other attending there said to me, “Don’t feel bad. You realize you’ve extended his academic career by ten years because this was such an important discovery, that breast milk was protective.”

DR. BOULTER: Wow.

DR. BARLOW: So anyhow, there were lots of incidents like that. When I rotated through neonatology, I was on one night, and they came in from one of the little hospitals around with this little tiny baby that was really a miscarriage, but was still alive. I named the baby Samantha. The mother didn’t want her. The mother was an adolescent, a Jewish adolescent from Riverdale, and her parents didn’t know she was pregnant. She didn’t know either, and they didn’t want anything to do with this baby. This baby was very small and alive. So I named her Samantha, and I had one of my mothers that I had taught to breastfeed bring me breast milk every day for this baby. Her husband would bring it in when he came to work, a big thermos jug of breast milk. The hospital made me go to the IRB [institutional review board], because they said feeding breast milk was experimental.

DR. BOULTER: [Chuckles.] What?

DR. BARLOW: I’m serious. I’m serious. I had to get approval to give the baby breast milk because they said that was experimental.

DR. BOULTER: So that was the mid 1970s?

DR. BARLOW: Yes. Well, 1973 or 1974.

DR. BOULTER: Was it because it was someone else's breast milk?

DR. BARLOW: No, it was anything. To feed this preemie breast milk. No. Nobody was breastfeeding. They didn't have a breast milk bank. But I had done my research on rats, and I knew that breast milk would protect this little baby, who grew up fine. She got out of the nursery, and I helped find her adoptive parents, Jewish parents in New Jersey, who couldn't have children. I haven't heard about her, maybe, in the last ten years or so. She'd be all grown up now. But she was an A student in school.

DR. BOULTER: No kidding.

DR. BARLOW: Yes. And she was a very, very tiny preemie. I'm sure it was breast milk.

DR. BOULTER: You're probably right. So you finished your training.

DR. BARLOW: I knew when I finished my training, I thought I wanted to be a medical missionary maybe. But I knew that I didn't want to do private practice. I didn't like the business of medicine at all. What I wanted to do was, I wanted to do something that was needed, so I thought, *Well, I can be a medical missionary.* They offered me a job back at Einstein in private practice and the public hospital, a joint job. I didn't want to do that. I didn't want to do private practice.

So I went to Harlem and interviewed. Harlem Hospital is a Columbia hospital, and I figured I could still keep doing my work in the lab with my rats, as well, if I stayed as part of the Columbia family. So I interviewed at Harlem, and it was wonderful, because people really wanted to have a pediatric surgery department. They had 500 children waiting for elective surgery, and the pediatric surgeons who covered there would only do emergencies. The children didn't have insurance, or didn't have proper insurance, so they weren't going to get operated on anywhere else, either. And they said, "Come. We'll help you. Whatever you need, we'll all help you." Now, the head of surgery did not want me hired. He didn't.

DR. BOULTER: Jealousy or —

DR. BARLOW: I don't know.

DR. BOULTER: — didn't want a woman?

DR. BARLOW: I'm a white woman. He was a black man.

DR. BOULTER: Okay.

DR. BARLOW: I don't know why. I mean, he was a wonderful man, but I don't know. He did not want me hired. So the head of pediatrics said to the dean, "If he won't hire her, we will in pediatrics." And so Dr. [Harold P.] Freeman said, "Okay, I'll hire her," because he didn't want a surgeon to be hired by another department. But they would have hired me. So I built a department there. We have four pediatric surgeons. Took us a couple of years.

Oh, when I got there, there were, like, six people who rotated calls, covering for pediatric emergencies and newborn emergencies. They were hard to get in, they didn't follow their patients, and I didn't like what they were doing. So I said to Dr. Freeman, "I have to get rid of these people, and I need to hire another full-time pediatric surgeon who's well trained, who will devote himself to the hospital. I can't have these people who are neglecting their patients and not coming on time." So he said to me, "Barbara —" He was used to me by then. "— do whatever you want. Just don't involve me."

So I thought and thought. So what I did was, I told them all that I really appreciated their help for the last couple of years, but I needed a full-time pediatric surgeon, not somebody part time that did a little coverage. If any of them wanted to apply for the job, they were welcome. And they were welcome to keep covering, but I couldn't pay them anymore, because I had to use the money that they were getting to hire a full-time person. Well, of course, five of them said, "Fine. We don't want to work." The one pediatric surgeon, a very wonderful man, worked for a couple of years without getting paid.

DR. BOULTER: Wow.

DR. BARLOW: Then I hired the person who trained after me at Babies [Babies & Children's Hospital of New York – in 1998 became Morgan Stanley Children's Hospital of New York-Presbyterian Hospital, part of Columbia University Medical Center]. It was really good, because he actually, I think, wanted to come. He's still with me, but he does private practice, too. He had a very good offer in Florida, and Dr. Santulli blocked it. I'll never know why he did, but I was glad he did, because I said, "It's okay. He can come work with me," which he did. We knew each other when we were general surgery residents. We rotated through some things together. He also had an extra year of endoscopy training, which was wonderful, because that was just the beginning of when they started to do endoscopy for children. Dr. Santulli wouldn't let him do endoscopy for children. He didn't believe in endoscopy. It was very new, and change is slow up here. This is a very inbred, slow, conservative institution. So when

Raj [Rajinder Gandhi] came and joined me at Harlem, the doctors uptown would send the patients, their private patients, to Harlem to get endoscoped, and we'd send them back.

DR. BOULTER: Wow.

DR. BARLOW: Yes, it was just the beginning, and it was very exciting. And so then I built the program.

DR. BOULTER: You never trained in pediatrics per se?

DR. BARLOW: No.

DR. BOULTER: Interesting. And you probably learned all the pediatrics that you needed through your pediatric surgery training.

DR. BARLOW: Yes. I'm not a pediatrician.

DR. BOULTER: Interesting. Yes.

DR. BARLOW: No.

DR. BOULTER: It's amazing.

DR. BARLOW: And I've been there ever since.

DR. BOULTER: That probably was pretty unique, having patients referred to Harlem Hospital for procedures.

DR. BARLOW: Oh, it was. It was wonderful. [Laughter] But then very quickly they decided they needed to learn how to do endoscopy on kids, which they did.

DR. BOULTER: So how big is the pediatric surgery department now?

DR. BARLOW: There are four pediatric surgeons, and we cover Metropolitan Hospital [Center] as well. Harlem Hospital has become part of a network. The city hospital system is forming networks to decrease costs of administration. So Lincoln Hospital in the South Bronx, Metropolitan Hospital in East Harlem, and Harlem Hospital are in a network.

DR. BOULTER: So how many cases a year are done at Harlem Hospital?

DR. BARLOW: Oh, probably about 300. It's small. I have one full-time attending, and three attendings that have private practices — well, that are

in private practice together. They are all master surgeons. They are wonderful.

DR. BOULTER: Do you do surgery anymore?

DR. BARLOW: Not any more.

DR. BOULTER: Do you miss it?

DR. BARLOW: No. No, I don't miss it. I mean, it's very exciting, and all new cases are exciting, and the trauma cases are exciting, too. But I can't do everything, and then when the [Harlem Hospital] Injury Prevention Program started in 1988 and it grew, it took a lot of time. Then what happened was that in 1999, the head of surgery at Harlem went to be head of a small private hospital, and they said he couldn't do both. He had to give up being director of surgery at Harlem. So they asked me would I be interim director of surgery. At first I said no. Then the attendings, many of the attendings I had trained, because they went through the residency program and then they came back as attendings, begged me to take this, to take it as an interim director.

So I made a whole list of things I wanted. I said I don't want the salary. What I wanted was the ability to build the department. I wanted to replace the equipment, and I wanted to computerize the department, and I had a list of people, the positions I needed. I said, "I'll do this until you say no to me. If you say no to me, I'll retire." So they signed it. And they didn't say no to me. It's very hard right now because we're in a budget crunch, and it's a whole new ballgame, but I never applied for the job. They were supposed to search for the director of surgery, but in 2000, they sent me a letter. They had sent my CV [curriculum vitae] to everyone in the hospital, and then sent a letter out saying I was appointed permanent director of surgery.

DR. BOULTER: Permanent?

DR. BARLOW: Yes, permanent. I said to them, "Excuse me, but I didn't apply for this job." And they said, "But we gave it to you anyhow." So I have been director of surgery. I have all the surgical services: ENT, vascular, thoracic, neurosurgery, general surgery, pediatric surgery, urology, the whole thing. When I took that, when that happened, I couldn't operate anymore, because I also have a national program [Injury Free Coalition for Kids]. I have to tell you how the national program happened. Since the program is in 44 hospitals across the country, I couldn't do my job for the grant, my job for the hospital in terms of surgery, and operate. What I was doing was I was operating, and then if I had a patient that didn't get out of the hospital, and I had to go give a lecture or had something else to do, it would make me crazy. So I gave up operating.

I also told them when I took this job permanently that I wasn't going to operate anymore or take call, because I could not do all these things, and I was not going to be a bad doctor. I said, "If you don't like that, that's fine, because I didn't ask to have this job." So they said, "Fine."

DR. BOULTER: How about the administration and the politics of being chair?

DR. BARLOW: It's agonizing. It is agonizing because I'm very stubborn, as you can see.

DR. BOULTER: Right, and your tendency to push the envelope.

DR. BARLOW: Right. I have no intention of doing what I think is wrong. But in order to make people allow you to do what is right, it's a constant fight. There's not an unlimited supply of money, and you have to make really hard decisions. You have to make sure that people who need to retire, retire. This is really important in surgery. And you have to do it in a way that doesn't humiliate them, because they've given long years of service. Men don't like to retire, especially surgeons. And you have to fight for everything you need. Now we're preparing for Joint Commission [Joint Commission on Accreditation of Healthcare Organizations – JCAHO], which is a horror, since we don't know when they're coming, sometime in 2008.

DR. BOULTER: That's right.

DR. BARLOW: So we've been working six days a week.

DR. BOULTER: Wow.

DR. BARLOW: And it's excruciating. The last time they were there was three years ago in October, and we did very well. We always do very well, because, boy, does that hospital come together when somebody's going to look at us, because no one wants to be found wanting. But you know, it's a city hospital and an old building, and it's a real strain to get it together for Joint Commission. But now we don't know when they're coming. Hopefully they'll come soon. But I have a feeling they are going to come in September, and in the meantime we're working six days a week. I mean, they cancelled vacations, they won't let people go. I'm not doing that. We were told by the administration that no one can go away on vacation and everything, but I can't do that. I can't. I can't run a department where people can't take vacations.

DR. BOULTER: Right.

DR. BARLOW: And they can't carry them over. I'm not doing that. So I just let them go on vacation, and I say, you know, "If you get into trouble, I'll take it, because I'm giving you permission. I'm giving permission in writing. Go."

DR. BOULTER: Since they have this change in not letting people know when they were coming, I wonder if the scores have plummeted.

DR. BARLOW: I don't know. I've heard that they have actually walked into hospitals, and in one day walked out because they were finding too much. So I don't know.

DR. BOULTER: I can understand theoretically why JCAHO is important.

DR. BARLOW: I can understand theoretically why they did that.

DR. BOULTER: But I don't know.

DR. BARLOW: Usually in most private hospitals, the doctors don't have to do this. But, of course, we don't have this big staff of people who can look into all these things, so the doctors are working right along with the nurses and the administrators. We just went to a complete electronic record, and the learning curve is —

DR. BOULTER: Enormous.

DR. BARLOW: I have a very stable staff. The whole hospital has a stable staff. Many of my people have worked there for 30 years. They don't come and go. It's a very addictive place. It's really a wonderful place to work, even though we don't have all the things we need. It's a mission, and the people who come there, they don't get paid that much, so they come there for a reason. The reason is they want to help their community. They're really devoted to the community and the hospital. So anyhow, I'll be very glad when JCAHO comes and goes, but I really don't think they're coming until September.

I told the CEO [chief executive officer] I am going to Europe for two weeks, to Poland. My husband was born in Poland during the Nazi invasion, and he's wanted to go back. He's wanted to go back, and he got bladder cancer a year ago. I think he's cured, but he said, "Now I have to go back." So I'm taking him. That's my present to him. I'm taking him to Poland.

DR. BOULTER: Is this your first trip there?

DR. BARLOW: I've never been to Poland.

DR. BOULTER: You haven't?

DR. BARLOW: No. So we're going to Poland. We're going on a Columbia University trip, which is nice, because I don't have to worry about it. They'll take us, they'll pick us up, and they'll take us around. The professors come with us, and they teach us about history, and music and everything. So that's my present to him. And I'm going, even if Joint Commission arrives.

DR. BOULTER: Good for you.

DR. BARLOW: Oh, they can fire me.

DR. BOULTER: I don't think that's going to happen, somehow.

DR. BARLOW: You know, if they fire me, it's good, because really I'm at retirement age.

Anyhow, in terms of developing the program, which is really important, I got there in 1975, and I went straight from my residency to being chief of pediatric surgery at the hospital. So I never had any in-between status.

DR. BOULTER: Judah Folkman.

DR. BARLOW: Yes, right.

DR. BOULTER: Same thing.

DR. BARLOW: Right. I was 37, so I was already old. When I got there, I was horrified. I found horrible injuries to children, things I didn't see when I was here, even things I didn't see in the North Bronx. We had a constant stream of children being shot, and stabbed, and falling out windows in hot weather. It was heartbreaking. As I said, my childhood was important because I never saw people getting injured. I said, "Look at what's happening to the children in this community. There must be a way to get from what we have now, to something closer to how I grew up. We just have to figure out why they're getting injured."

I started working with an epidemiologist up here at the School of Public Health, because I knew I needed data. I established a trauma registry for the hospital, but there are so many hospitals in New York, and so many trauma centers in New York that I needed to have a way to do population-based data. Because if I start doing interventions, and I say, "Look, I don't have this anymore," they'll just say they went to another hospital. So we used state uniform discharge data and medical examiner data, and we set up a population-based injury surveillance system so I had real data. I knew what

happened to every child that got hospitalized from Harlem and from Washington Heights, which is not a good control community, but that's the best I could do. Because as I started to develop programs, of course, people were coming from Washington Heights down to Harlem for the program, so we were sort of blurring lines. But it's all right because I had the city data plus the Harlem data.

When we ran the first data, it was 1984, the 1984 to 1988 data. It took us a while, because we had to clean the data, and the medical examiner was sort of slow, but we got it all. We found out that 65 percent of the children who died of injury went straight to the medical examiner. We didn't even know about them because they were pronounced at the scene. Then we looked at the rates, and our rates in Harlem were twice the rates of this whole city, and twice the national rates, so I had total documentation that there was a huge problem in the community.

I wanted to do something about it, and I started writing grants. Actually, I wrote grants for seven years, and I always got back the same thing: "This is too big of a problem for anyone to change. Forget it. It's a resource-limited community, and you're a small group of people who care about it. Nothing's going to happen." Nobody would fund me.

So we started to do little things without funding. We worked on window falls because the [New York City] Department of Health [and Mental Hygiene] got through window fall legislation [1976 New York City Board of Health] that required people to have window gates in all the windows, except for the fire escape, if children ten or younger lived there. And so using that law, we went into the school system. School health was run in Harlem, by Harlem Hospital. It isn't anymore, but it was then. So we had all these people dedicated to the health and welfare of the children in the schools to work with us, because we didn't have any money, and we didn't have any staff.

We got the landlords to give us money to do this project, because if they had a child fall out their windows, they would get fined, and they could go to jail for six months.

DR. BOULTER: As a result of the law.

DR. BARLOW: Yes, right. So they were interested in getting all the parents to tell them when they had young children in the house. It's changed now, but the law then didn't have the means for how the landlord would find this out. So we went into the schools, and with school help, the fifth graders wrote skits called *Don't Be a Window Fallout* and *Children Can't Fly*. So in all the schools the children did that. Then we sent home to the parents, from the schools, and also from our pediatric clinics, a letter to put in with their rent check that said, "I have a child ten or younger, and I need window

guards.” And within, oh, a very short period of time, a year, our window falls went down by 96 percent.

It’s really great, because with the window guards in place, and you’ll see them all over New York City, you can’t fall out the window, you can’t jump out of the window, and no one can throw you out the window. So it really was a wonderful, effective public health measure to reduce window falls. That convinced me that there’s a way to do it. That if we look at the kinds of injuries we’re having, there’s a way to reduce them. And it’s not something simple like handing out this and handing out that. You have to approach it from multiple angles to see what the problem is.

In 1988, Dr. Margaret Heagarty was head of pediatrics.

DR. BOULTER: I actually knew her. She was at the Harvard Family Health Care Program in Boston. She left a year before I came. I spent the year there.

DR. BARLOW: Yes. Well, she got sick of me whining and complaining and carrying on about the injuries to children. She had been a Robert Wood Johnson Foundation [RWJF], fellow as a younger doctor, so she knew the people at the foundation, and she was very outspoken. I mean, we worked together really well. And she called them up. She called Ruby [P.] Hearn, who was vice president of Robert Wood Johnson Foundation, and said, “Ruby, I have a pediatric surgeon here who’s sick of these children getting injured, and who thinks she can make a difference. Give us some money so she can try.” She went on to say, “Your foundation gives millions of dollars away to poorly-thought-out projects that aren’t even evaluated, and we have the data, and we can evaluate it.”

So the foundation sent me one of their new program officers, who sat with me to help me write a grant that would get by the trustees, because then the Robert Wood Johnson Foundation was only about health care, not health. What I was doing was about health, not health care, and I didn’t fit very well. So he helped me write it, and they gave me a little grant. They gave me \$125,000, so that’s wonderful. As Dr. Heagarty always said, “It’s better not to have too much money. It’s better to have too little money. It makes you work harder.” So I hired women from the community, because I knew that I had to survey the community, find out where things were happening, find out why things were happening. I needed them to be my eyes and ears, to hear the community voices of what people wanted to do, or what they thought would be a good way to approach these problems.

We had to map the community, and we found a startling thing — there was no commercial map of Harlem. The New York City maps cut off at 125th Street. Even the taxi cabs cut off at 125th Street, and I think they still do,

actually. I drive around New York, so I don't take many cabs, but if you get in a cab, look and see. I think they still cut off Harlem.

So I sent one of my staff members down to the city, to the real estate board, and she brought back the real estate maps of Harlem. They're big things, like this. [Demonstrates.] In big rolls. She brought them back, copies of them that they gave us, and we copied and reduced them, and then we made ourselves a map of Harlem. This was before geomapping, so we had pushpins. We had red pushpins for gunshot wounds; we had blue pushpins for stab wounds; we had, I think, yellow for pedestrian injuries. So we mapped it. We stuck them in the map as the kids came in so we could see where the clusters were. Now, the money that they gave me was only enough to hire staff. They didn't give me any money to make a difference. Not unusual.

DR. BOULTER: Mm-hm.

DR. BARLOW: It was wonderful. It was the most perfect thing to do, because I couldn't do anything unless I found partners. If they'd given me all this money, it would have never been so successful. I wouldn't have gone looking for partners. I would have just done it. So I knew I had to find partners to bring resources into the mix. And I had to find people who cared about what happened to Harlem children. So we already had school health. We had everyone in the hospital. Most of the people live in Harlem who work there, not the doctor staff, but the other staff. So all these people were really willing to volunteer or do anything, but we needed people that had funds, and money and other things.

I found that I could get in any door. Actually that was a shock to me. When I give lectures to residents and medical students, I tell them, "You're a doctor. You can get in any door. If you have a problem that you want to fix, and if you have the data, everyone will talk to you. Your mayor will talk to you, your city council people will talk to you, all the commissioners will talk to you. You can get in any door." And that's something I didn't know. I could have probably started doing more, earlier, without any money.

So I got in the door of the Parks Department [New York City Department of Parks and Recreation], the [New York City] Department of Transportation [DOT], the Office of School Facilities [New York City Board of Education Division of School Facilities], the Mayor's Office [New York City Office of the Mayor]. I got to know my elected officials. I learned the community groups. Oh, besides mapping the community, we did picture evaluations of every park and playground, and every school in the community, and showed how they violated consumer product safety standards. Then we sent our pictures and our evaluation, with the injuries, to the mayor, to the Office of School Facilities, to the chancellor, to every principal in Harlem. And we put

an article in the *Daily News*, on the front page, about how the parks in Harlem were dangerous, and the city wasn't maintaining them. One of my staff member's daughters was standing there with her hands full of crack vials, because this was the height of the crack epidemic.

DR. BOULTER: Wow.

DR. BARLOW: **The only people in the parks were drug dealers and homeless. The children were playing in the streets, which is why they were getting hit by cars so often. They were taught to play in streets because the city was setting up play streets. The school playgrounds were sites of open drug dealing during the day, and the parks were full of it, so that there was no place for children. Children will play. There's no way you can stop children from playing. We also discovered that the schools had no music, no art, no extracurricular activities, and they didn't have recess because there was drug dealing on the playgrounds during the day.**

So I knew then that we needed to build safe play spaces for children. We had to get rid of the drug dealing around schools and in parks, because we didn't want to build new playgrounds and do the parks, and then have nice places to deal drugs. And the article in the *Daily News* really got their attention. Henry [J.] Stern, who was then Commissioner of Parks [Commissioner, New York City Department of Parks and Recreation], and was for a long time — he was a good man — was in my office lickety-split, with all his commissioners.

DR. BOULTER: Wow.

DR. BARLOW: **He said, "I don't want anymore articles like that in the paper. I will fix all your public parks with modern equipment." And he took my staff, and he took me, up to the biggest park in Harlem, which is Colonel Charles Young [Park], and already there were a hundred people working on that park. And he kept his word. He fixed all the public parks with state-of-the-art equipment, safe equipment, play areas for little ones, and play areas for big ones.**

But as this was going on, I knew that we would have to find money, private money, or some kind of money, to do the schools, because none of the schools had a playground. They had macadam, or they had a few pieces of broken equipment. Nothing. And we had to do something about the drug dealing, because there's no way that children would go into parks or into their school playgrounds. They wouldn't let them — not with the drug dealers.

So DA [District Attorney, Robert M.] Morgenthau — I don't even remember how I got in the door to him, but his wife was a Vassar graduate. I would send little articles before I appeared. I said to him, "You know, we're

working on the playgrounds, and kids need..." and I told him the whole story. And I said, "I have to get rid of the drug dealers." He said that he had community outreach folk, a whole organization to work on drug dealing, community drug dealing, and he also had the Tactical Narcotic Task Force [New York City Tactical Narcotics Team]. So he said, "We'll work together. We'll work playground by playground by playground, area by area." And he gave us a private number to the Tactical Narcotic Task Force, our own number to the captain, because you can't work on drug dealing with local police.

DR. BOULTER: Yes.

DR. BARLOW: When they're community police, they're really terrified to even get near the drug dealers for fear they'll get killed. We knew where the drug dealers were because the crack vials were all over the place, and we'd see them doing it. So we worked area by area, getting rid of the drug dealers. How they did it was that in New York City there's a law that says that if you get caught buying drugs, they take your car. When we started looking in Harlem, the people who were buying drugs in Harlem were coming from Westchester, and Long Island and the suburbs. They were kids, mostly. Of course, there were local drug users, too, but the big, heavy traffic was coming from outside. Harlem is really easy to get into. You come over the bridge, you go down the drive, you get off at the armory, and you get right back on again, and they were selling drugs. So we would tell the tactical narcotic task force where we needed their help, and they would set up a sting. They would arrest the drug dealers, and then they would act as drug dealers, and as the people came to buy the drugs, they would take the cars. And you don't get them back. Oh, that was very successful. I found out how successful it was because one day my car broke down and had to go get fixed. I called the local taxi company and said, "I need to go into Harlem Hospital. I'm on call and my car is in repairs." And they said, "We're not allowed to take any taxi to Harlem because if anybody gets caught in a drug sting, we'll lose our cabs."

DR. BOULTER: Wow.

DR. BARLOW: I knew it got everywhere. Even the ones that hadn't been arrested started moving out of Harlem, because they knew that there were stings going on.

DR. BOULTER: Where did they go?

DR. BARLOW: Washington Heights.

DR. BOULTER: So they didn't stop the business.

DR. BARLOW: That's another story. That's another story. Anyhow, so we started doing it, area by area by area. You know, the residents were really thrilled to death to get rid of the drug dealers. They'd call us if dealers set up somewhere and let us know where they were. But they were fearful to do anything themselves, as they might be. We really were very successful in cleaning things up. I'm sure we didn't get rid of everyone, but we really cleaned them up from around the schools. At one grammar school, they arrested, like, 25 people in 24 hours — in school hours — selling and buying drugs on the school yard.

DR. BOULTER: Wow.

DR. BARLOW: So then the community formed a group to keep pressure on the police to keep the neighborhoods clean in Harlem, and I haven't had to call them in a couple of years. Maybe the last time I called was for a private school that had people set up a drug den in one of the buildings on the street, and I called for them.

DR. BOULTER: So you still have the connections if you need them.

DR. BARLOW: Oh, yes. Morgenthau is still there, and the community people are wonderful. They put them in another office on 125th Street, but now all the people in the community know whom to call, and they know that they can trust these people. So that isn't a problem for me anymore.

Then we started to work on school playgrounds, and I discovered the school system in New York just has no money at all. Because we were doing pretty well, and our injury rates started going down every year, one of the Department of Health assistant commissioners decided to write a federal grant to model our program in Queens. It was a huge grant. He used our model to get it. I said the only thing I wanted from it was enough money to build one model playground in the school behind the hospital, because the Parks [Department] had already done the Parks playground behind the hospital. I said I wanted to make the whole block a safe block, and show what a difference it would make for the children living in the neighborhood.

So they wrote that into the grant, and I found — I didn't find, one of my staff members found — a playground architect, [Sam Kornhauser]. He had done most of the private playgrounds in upper New York City. He lived on the edge of Harlem, and he was dying to do playgrounds for poor kids. So he said, "I'll hand build them with men from the school community, if you can just find me the money to do it. And I'll design it for free." So he designed our first playground, and it's a model of Harlem. It has the Harlem Hospital, it has Marcus Garvey Park, it has an Apollo Theater, a little stage and everything. It has a police station, a fire station, and the slide is a model

of the railroad bridge over the Harlem River. Very creative. He's published this project, which is a very creative playground.

He worked with the parents, they decided on the plans, and he hired three men from the school family who were out of work. It took a long time, because this is a designer playground. It took nine months. It was like having a baby.

DR. BOULTER: [Laughs.]

DR. BARLOW: But a horrible thing happened. The day we started the playground, this nice assistant commissioner, who I won't name, said he decided that he didn't feel like building the playground. He said, "We're not going to fund the playground." I said, "You must be kidding. We planned it with the parents. The designs are done."

DR. BOULTER: He blocked the money?

DR. BARLOW: Yes, and I went crazy. If you promise a poor community something and you don't deliver, you might as well leave, because they have been given promises forever, and no one keeps their promises. Besides that, Columbia University has studied Harlem inside, outside, upside-downside, published all the problems in the community, the health problems, but rarely has done anything about it. They were enhancing their careers, saying how bad it was in Harlem, but not fixing it.

So I knew I had to build this playground. So I told my whole staff, "For your birthday presents, your Christmas presents, everything else, ask for money for the playground project." Then I wrote a letter to the president of Texaco. My husband worked for Texaco. He didn't want to take it there. He said, "I'm going to get fired." I said, "No, no, take it there. You won't get fired, believe me." I loved that president of Texaco. He was wonderful. He raised orchids, and he really cared about the environment, and he didn't want an oil spill like the *Exxon Valdez*. He was really concerned about the environment.

So I wrote this whole letter about the playground project, and how it was going to have a garden. How could we teach children living in the inner city about ecology and the environment when they've never even seen anything grow? No flowers, no vegetables. So I asked him for money. For as long as he was president of Texaco, he sent \$10,000 every year.

DR. BOULTER: No kidding!

DR. BARLOW: Yes. Now, DA Morgenthau heard about what was happening up there, because his community outreach people heard my sad

story. George [M.] Steinbrenner [III] was then on community service for something. No one can tell me what that was, and I don't remember what it was. When I give lectures around the country, I ask, "Does anybody remember what he did wrong that he had to do community service, and he couldn't manage the Yankees for a year?" Well, DA Morgenthau called him up and told him that he had to give me \$10,000 as his community service, and he sent it by private messenger. Little by little, the politicians gave us a little here and there. The parents had a book sale and a bake sale, and we got all the money. It wasn't paid for by the time we dedicated it, but there was just a little bit left to raise.

DR. BOULTER: So how much did you have to raise for that first —

DR. BARLOW: Not much. It was \$65,000, something like that.

DR. BOULTER: Wow!

DR. BARLOW: So, yes, and Percy [E.] Sutton, who owned WLIB [chairman of Inner City Broadcasting, WLIB's parent company], I guess, or still owns it, had his apartment overlooking the garden. He liked all the flowers that were growing there. He sent a check. *The New York Times* wrote a wonderful article in the Saturday issue, by — I can't remember his name anymore, a very famous person who writes editorials and other things. They took a picture of the playground, and they wrote about this amazing playground project in a city where none of the schools had playgrounds. I got checks and letters from all over, from people who read this article. Then a young man called me, who was managing the Marriott in New York City. He said, "My friends and I will pay for your next playground. Design it. Send us a bill for it." And we did.

DR. BOULTER: Out of their personal funds?

DR. BARLOW: Yes.

DR. BOULTER: Or out of Marriott?

DR. BARLOW: No, personal.

DR. BOULTER: Personal.

DR. BARLOW: Personal. He and all his friends.

DR. BOULTER: Wow.

DR. BARLOW: So the next one we did was for the School for Pregnant and Parenting Teens, because the teenagers went there with their babies, and

there was no place to go outside. They were closed in all day. So we built a yard, a playground with grass for them to crawl on and everything. That was the second one. That got a lot of attention, too. Then our elected official, [C.] Virginia Fields, who's a wonderful woman and social worker, came to us. The Office of School Facilities came to us and said, "We like this. We think children should play. We agree with you that play is the work of children. We're going to get grant money, and give seed money to schools to do projects like yours, but you have to train them."

So we held training sessions for the schools in Harlem, and I think one in Queens, and one in Long Island, where people came from the schools and heard how we do our playground projects, and how to organize it. They got the grants. The Office of School Facilities got the grants, and they put out a CFP, a call for proposals, to all the schools in the city that they could write for seed grant funding of, I don't know, I think it was \$22,000. It wasn't that much. But \$22,000, and then they could raise the rest of the money to do a playground project.

So my staff went to all our schools in Harlem, I think there are 18 of them, and only eight principals thought children needed to play, only eight. We said, "We will write the proposals for you. You don't have to write anything. We will write the proposal for you." And only eight of the principals thought that they wanted it. We could have gotten much more, because I was on the grants committee accepting the grants, so of course all eight that we wrote for Harlem got accepted. And so we started.

We found a commercial playground company. We had to, because we had this school up in the old polo grounds, and they wanted their playground right away. I said, "I only have \$22,000. I have to raise the rest of the money." And they said, "No, no, we really need it for our little ones, kindergarten size." They only had a small area, because they're right on the edge of the housing project. So they said, "See if you can find a commercial playground company that will build it." We couldn't have built it for \$22,000 with the nine-month activities of a designer program.

DR. BOULTER: Right, right.

DR. BARLOW: So we found Universal Play Systems [Inc.], which we have worked with ever since. It's a woman-owned playground company. We said, "We want to do a community build. We want the parents and teachers to be able to do the labor, to put in the playground, because we want it to be theirs. If it's theirs, they'll take care of it. We don't want to just plop a playground down. And we only have \$22,000 for this project, but we have many more projects coming that we're going to raise money for." So they said, "Sure." It was the first parent-built playground that Little Tikes [Company], which is a national company, had ever done. Now they have

literature on how to do it, and they have our playgrounds in all their books and everything. We visited their factory in Farmington, Missouri, which is a most amazing factory. They give us 10 to 20 percent discount on all our playground equipment.

DR. BOULTER: Wow.

DR. BARLOW: So it was amazing. It was so stupid of us, but we weren't used to doing something so fast. We only had one day planned to build. It was a Saturday so we could all help. We didn't have a rain date or anything, and all the equipment was there. It was shipped to the school from Farmington. Two days before, there was a hurricane coming up the coast, the Atlantic coast.

DR. BOULTER: Oh, no.

DR. BARLOW: It was supposed to hit New York City, direct hit on that Saturday. Well, we were crazy. We said, "What are we going to do? All the equipment is here. We don't have a rain date. It's all arranged." Dr. Heagarty is a very religious Catholic, and she had appointed St. Anthony as our patron saint.

DR. BOULTER: [Laughs]

DR. BARLOW: St. Anthony is not only for funds for the poor and needy, which we needed all the time, but he was a finder of lost things, too. So she said St. Anthony was our patron saint. One of my staff went out to the bodegas and bought us St. Anthony candles, and we lit the candles, and we prayed. It's so amazing. I think I probably lost it, lost the map now, but that hurricane turned around and went down and hit Haiti. It made a whole circle. It went around and hit Haiti.

DR. BOULTER: [Laughs]

DR. BARLOW: We had a bright, sunny day to build the playground. I told this story to one of my program officers from RWJ[F], and she said, "I know that hurricane. I was in Haiti when it hit."

DR. BOULTER: [Laughs]

DR. BARLOW: So we built it. The parents and teachers worked together to do it. Grandparents helped. They did it like a barn raising where I'm from in Lancaster. They had a child care committee that did games with the children in the auditorium and the gym. They had a food committee that served food and drinks to the workers all day. They had a tool committee that got together the tools they needed, extra tools from the

houses. And it went up in one day. That playground is the first commercial one we did, and it is perfect still.

DR. BOULTER: [inaudible]

DR. BARLOW: So let me finish this story.

DR. BOULTER: Yes, on the playground.

DR. BARLOW: This is a good story.

DR. BOULTER: Yes, the hurricane.

DR. BARLOW: Right, the hurricane went around and hit Haiti, and we built the playground. Parents and teachers from other schools came and watched, because no school had a playground, and they couldn't believe that parents and teachers could build it. They were very good. There were a lot of construction skills in the community, and Vanessa [Martelli], who was in charge of the playground build for Universal Play Systems, said that she found people there that she would hire if she did another project.

DR. BOULTER: No kidding.

DR. BARLOW: Yes, because they were really good. They were really good. They did everything. The kindergarten teacher did the post holes for the posts. She was there with a jackhammer, and I thought she was from the playground company, a little tiny woman with long blonde hair. I said to her, "Well, how long have you worked building playgrounds?" She said, "Excuse me, I'm the kindergarten teacher." And I said, "Well, how did you get so strong?" She said that she used to be a camera person for CBS News, and she would have to carry the heavy cameras around all the time, and that she was really very strong.

So anyhow, then we had all the other projects, and our elected officials started giving us money because they had discretionary funds. They started to donate money to the school playground projects in Harlem. Then when we dedicated it, they got to come and get all the accolades for building a playground for the schools. It's better than kissing babies.

DR. BOULTER: Win-win.

DR. BARLOW: Yes, right. And that continues till today. Now, C. Virginia Fields, who was our city councilwoman then, had given \$260,000 for a playground at one of the schools in Harlem that's first grade through twelfth grade, heading towards college. It's a college-bound school. The city's process, School Facilities' process to build a playground is to put it to

an architect. Their architects cost \$75,000 to design it. Then they put it out to bid, which they did, and the lowest bid was, like, \$650,000 to do this playground. So Virginia Fields called me up and said, "I know you're doing these playgrounds all over Harlem. How much do you do them for?" I said, "That one was \$22,000. Most of them are around \$60,000, including the rubber safety surface, which is really expensive." The company gives us this big, deep discount because we're building playgrounds for poor children. So she said, "Well, could you build this playground at PS 200 [Public School 200] for \$260,000?" And I said, "My goodness, of course."

So she had to argue with School Facilities to give me the money. They had already spent \$75,000 designing a playground that would never be built, and they told the school to raise the rest of the money. No way. A couple of thousand dollars, maybe, but no way. So they gave up, and they gave us the money. We built a block-long — what a big playground that is — a block-long playground with the whole map of the United States in the safety surface.

DR. BOULTER: Really?

DR. BARLOW: Right. And so then she said, "Well, I have another school that I did the same thing to. We can't build the playground." So we had another fight. They all came to the school from School Facilities, and the architect came. They had already wasted \$75,000 from that one, too, designing something that couldn't be built. So they gave us the money, and we built a running track, a basketball court, two playgrounds, and we lined the whole street around the school with cherry trees, blooming cherry trees for the money that they couldn't build the playground with.

So from then on, we get money every year. And in fact, two years ago, the Office of School Facilities sent their people here, their lawyers and everyone else, to meet with us. They wanted to know how we build playgrounds so cheaply. So we had Vanessa here, our playground lady, and we told them. Universal Play Systems designs the playground, including all 3-D [3 dimensional] and other designs that we need, for nothing. They give us a deep discount on equipment, and they allow the parents in the community to participate in the design and build of the playground. So they asked her all sorts of questions, and they went back. Then they told us that any money for school playgrounds in the five boroughs was coming to us.

DR. BOULTER: Whoa!

DR. BARLOW: We're getting \$1.2 million.

DR. BOULTER: And they're willing to continue to buy the discounts?

DR. BARLOW: Yes. We're going to get \$1.2 million this coming year for playgrounds in New York City, all five boroughs. We built 110 playgrounds with public and private money in Harlem. We built a playground for every single grammar school. Then we went, and we looked at the pre-schools and these little kids. The new law said the parents had to work, no more welfare and staying home, so all these little daycares sprang up all over. We got a list, and we went and visited them. The children were all sitting in the dark and crowded rooms. They couldn't even go outside because there was nothing out there. So we did playgrounds for all the pre-schools, too, in Harlem. And now we're doing the five boroughs.

DR. BOULTER: What's the usage?

DR. BARLOW: Oh, they're full of children, absolutely full with children. We put sprinklers in where we could. We got the city, where there were water lines for the public parks, to put in sprinklers so that the community wouldn't open the fire hydrants, which, again, puts the children on the streets. So when it's 85 degrees, the sprinklers come on, and if they don't come on, we call them and say, "It's 85 degrees." The kids all go in the playground. The sprinkler's on, they get all wet, and their parents sit there and watch. They're out of the street, and it's absolutely wonderful.

DR. BOULTER: When JCAHO visits, you need to do a little community visit, put them in the car, show them what you —

DR. BARLOW: No, they know. We usually do tell them about this program. Now, we knew this isn't enough. The model is to take the data, educate the community, build coalitions of people who are interested, and not have endless meetings. We only had meetings in the beginning when we needed to get to know and trust each other, but once we were used to working together, we now do all our business on the phone. We rarely have a meeting unless we're doing something really big.

We never make anyone participate in a project they're not interested in. So we have what we call sliding coalitions. There'll be this group of people who are interested in car seat checkups, this group will be people who are interested in playgrounds, and this group of people who are interested in teaching new mothers how to childproof their homes. So it depends what they're interested in.

We knew we had to change the physical environment of the community, which meant the playgrounds. We also found that there were a lot of children being impaled on wrought iron fences in the community. They would be crawling over, and they'd get impaled. The EMTs would cut them off the fence and bring them in with the fence sticking out of them. I wanted to get rid of them around public areas like parks. The community didn't

want to do that. They liked their old wrought iron fences. But I was sick of pulling fences out of children and having children die because of —

DR. BOULTER: What kind of incidence did you see?

DR. BARLOW: Fall out, fall.

DR. BOULTER: The impalement.

DR. BARLOW: Total impalement. I mean evisceration.

DR. BOULTER: No, but what kind of incidence in the community, prevalence?

DR. BARLOW: Prevalence. It was a low prevalence. It wasn't that much. But there were five or six a year getting impaled on these fences. That was enough, because it was a very ugly injury. So I sent a picture of an eviscerated, impaled child to Henry Stern, and said, "I really am sick of this, and I don't think we need these. You'll see them in other places in New York. I don't think we need these sharp pickets around our public parks." He sent the welders up, and they cut them all off. It was wonderful.

DR. BOULTER: That's all it took?

DR. BARLOW: "Ask, and it shall be given unto you." Yes! That's all it took.

DR. BOULTER: Wow. A picture's worth a thousand words.

DR. BARLOW: A thousand words, yes.

DR. BOULTER: Just like the article in the newspaper was what fueled the playground change.

DR. BARLOW: Yes, right, exactly.

DR. BOULTER: It's interesting. So you need the press.

DR. BARLOW: The press has been very good to us. The press has written us up endlessly, endlessly, all of the press. We've been on every television talk show and everything else. We've been on *Osgood File*, I think four times. So the press has been very good, and that's unusual because usually they're not interested in good things.

DR. BOULTER: Exactly.

DR. BARLOW: They're only interested in bad things.

Besides working on the physical environment of the community, we knew that we had to change the social environment of the community for children, because there was nothing free for them to do. The median family income was, like, \$8,000 a year, which isn't enough for anybody to live on, especially not in New York. Now it's about \$14,000. Still isn't. So there was no discretionary money for parents to do something for their children. Then everyone had to go back to work, which meant that at 3:30 in the afternoon the children left school, and their parents didn't come home until 6:00 p.m. So either the parents made their children stay locked in the house watching television and getting fat, or they didn't make them stay in the house, and they were outside getting hurt.

So we knew we had to have free things for them to do, and I thought about what I did when I was a child. I had something after school every single day. My mother was very organized about that. So I decided we needed a Little League, because we now had parks that were being done, but they were being used by adult softball teams from outside the community. No child in Harlem had ever played anything but basketball.

DR. BOULTER: Mm-hm.

DR. BARLOW: So I wrote to Williamsport, and I said, "I think we need a Little League for our new parks." And they said, "Well, there's a couple in the community interested in starting a Little League who have written to us." So I sent my head nurse over to meet them. She's a baseball nut.

DR. BOULTER: [Laughs]

DR. BARLOW: She and her husband play semi-pro softball, and she was really interested in this. So she went over, and she met with them, and she said, "They're for real. They're really good." He was a VP [vice president] at Citicorp, and they were both college educated. They were raising children in a brownstone in Harlem, and their son wanted to play baseball, but the mom wanted him to learn the piano. So he said, "I'll take piano lessons if you find a way for me to play Little League." So they were wonderful. We joined forces with them. We had to fight the Parks Department for field time, because it was all going to the adults. But Henry Stern had a child playing Little League in West Harlem. He heard the parents, and he took away the field time from the adults and gave it to the kids. Then he built them two more fields for the handicapped kids in wheelchairs, and for the little tee ball. Then the parents worked together and raised money from the Shea family, that built Shea Stadium, and built a formal Little League stadium in the middle of Harlem, in one of the parks. Henry Stern put up night lights so they could play at night, and then he

pulled up the macadam in another park and put in a grass ball field. So we have, like, 800 kids playing Little League.

DR. BOULTER: No kidding!

DR. BARLOW: Yes, every kid —

DR. BOULTER: So it's really popular.

DR. BARLOW: Oh, totally. If you go to Harlem on a Saturday, there are little kids in all different colored uniforms all over the place. The hospital supports a team. The teams are all supported by local businesses, which get their name on the shirt. It's basically free. If you don't have any money, you don't pay anything. You pay for your uniform if you can afford it. It's run by the parents in the community, and they're very successful. It's been going on since the very beginning of my program. So now the new people who are running the Little League are the new group of parents, because the [Dwight and Iris] Raiford children are off to college, so it's been handed over to the next generation of parents. They do very well. They got to go to Williamsport for the finals one year.

DR. BOULTER: No kidding!

DR. BARLOW: I watched every game on television. It was wonderful, yes. When they first started to play baseball, since no one had played baseball, I was really afraid someone was going to get hurt. Here we were, injury prevention, and we're sending everyone to play baseball, and none of these kids had ever played baseball. It was so funny, because if they hit the ball, nobody could catch it, and nobody could throw it, so every hit was a home run. They had to limit it to eight home runs, then the the teams changed, or the first team would be up all day. I would go to the baseball games with an EMT crew in an ambulance in case anybody got hurt.

DR. BOULTER: [Laughs]

DR. BARLOW: They finally said to me, "Dr. Barlow, would you stop this? It's okay. Nothing's going to happen." Nothing has happened.

DR. BOULTER: Now, is this encouraging some of the kids who are athletically talented to take the baseball route as opposed to the basketball route?

DR. BARLOW: No, no, no. What the parents are trying to do is not make baseball players.

DR. BOULTER: Okay.

DR. BARLOW: They're trying to make kids that achieve, kids that have positive peer groups and kids that go on to school.

DR. BOULTER: But the end result could be —

DR. BARLOW: Oh, it could be. Yes, it could be. But they weren't. They want big-league citizens, not big-league baseball players. That was the parents' attitude. They're very good, and they control parent behavior very well.

DR. BOULTER: Yes, that's such a problem in the suburbs.

DR. BARLOW: Well, it isn't a problem in Harlem, because if you act out, you can't come to games. That was one of the things that we worked very hard for.

We started an art program [Harlem Horizon Art Studio] in the hospital. I let it be known that I wanted things for children to do that were quality things, and that were free. So this artist [Bill Richards] came to me. He was a practicing, real artist, and he said that he had run a program for incarcerated children when he lived in Philadelphia, and he would love to start our program in the hospital. And he would write the grants. I just had to get him good space.

We convinced our CEO to give us a pantry on the pediatric floor and combine pantries with the floor below. The pantry is right in the corner of the building, so it's two walls of total windows, and it looks out over Central Park and the city. It's beautiful. It's on the seventeenth floor. So he wrote the grants, and he got it funded. He found lots of funders from the private sector in New York, because he has shows all the time and knew lots of people. He is considered an outsider artist, which means he's outside the mainstream. He said that all of his life was trying to get over what he learned in art school, to find his own style, so he didn't want to teach the children how to paint. He wanted the children to find their own style without guidance. He would give them suggestions if they wanted to solve a problem. They all developed their own style. You can walk in the art room and you can know who painted a picture by its style. They're all different. They have very unique styles.

We started having art shows at Columbia and SoHo, in real art galleries and other places. We had art exhibits all over the city. People started to buy the children's art.

DR. BOULTER: No kidding.

DR. BARLOW: Yes, in fact, the most expensive painting was a painting by a child who had had hemiparesis from sickle cell disease. It sold for \$6,000 to the Johnson & Johnson Museum.

DR. BOULTER: Wow.

DR. BARLOW: Yes, and we had some of the biggest art dealers, art collectors, in New York City who have bought their pictures.

DR. BARLOW: So the space is in the hospital.

DR. BARLOW: Right.

DR. BOULTER: But it's not for inpatients.

DR. BARLOW: Inpatients can paint, and outpatients can paint. There are no age restrictions. Five-year-olds paint with twenty-year-olds. That was started in 1990, and it's evolved so that the artist who is running the program now, came as a child to the program.

DR. BOULTER: Wow.

DR. BARLOW: And now he runs it, and Bill's retired. So it's an amazing program. I have in my home in Pennsylvania — which was my parents' house in Pennsylvania — I have on the walls, all the children's art. They're beautiful.

DR. BOULTER: Wow.

DR. BARLOW: So that is another program we have.

Then we started a dance program [Harlem Hospital Dance Leadership Program]. A young woman [Françoise Brooks] came to me. She had just graduated from Howard [University], and she was a pre-med. Her father was a surgeon in the hospital, and her mother, Marie Brooks, is a very well-known children's dance director in Bedford-Stuyvesant [Restoration Corporation's Restoration Dance Theatre], doing cultural dances from around the world. So Françoise came and said she didn't know whether she really wanted to be a doctor, or whether she wanted to teach dance. So she said, "Maybe if I teach dance in the hospital, it would be a perfect combination." So on weekends we take over the auditorium, the day room and everything, and she runs dance programs. The children dance, like, 12 hours a weekend. It's not like an hour dance thing.

DR. BOULTER: Whoa!

DR. BARLOW: They have to try out. They have to maintain a B average. They get tutored if they really need any help. They learn all sorts of dance: jazz, tap, ballet, toe, cultural dances. And they travel. She's totally hooked into the dance world because of her mother. They have been to South African and learned South African children's dances. They have been to Europe multiple times. They've been to England, they've been to South America, they've danced in the Olympics. They've been to the world music festival in the islands. They've danced in the specialty dances along the coast of the Carolinas, and they've been to Canada. She's not making dancers, she's doing the same thing that the Little League parents are doing. She is from the community, she grew up in the community, and she is heading them toward productive lives.

DR. BOULTER: Where does that money come from?

DR. BARLOW: It's all grant money. That's another story. It's not all grant money, but let me finish this.

DR. BOULTER: Okay.

DR. BARLOW: And then I'll tell you where the money comes from.

DR. BOULTER: Okay.

DR. BARLOW: So her performing group, the ones that travel — she realized that public schools were not into this traveling stuff, so she has gotten scholarships to the private schools in New York for the traveling group. They go to private schools, and the private schools realize the benefits of traveling and cultural experiences for children, so she has no trouble traveling with them. And she's been everywhere with them. They are absolutely amazing. They take my breath away.

DR. BOULTER: Really?

DR. BARLOW: They are so good. And she takes them for college interviews. She helps them get college scholarships. She even got one of her boy drummers into [the United States Military Academy at] West Point, which I don't think in the day of the Iraq war is a great thing, but hopefully we'll be rid of that soon.

DR. BOULTER: Right.

DR. BARLOW: But she gets them scholarships. They've all gone now, but in the summer, they come back and mentor the younger kids. She's amazing. She's been with me since 1990. She'll never go away. It's her life's work.

So what happened was that we had a really good CEO who loved kids. He actually adopted two of our babies during the AIDS [acquired immune deficiency syndrome] epidemic. When parents were dying, we had extra babies, boarder babies in the house. He was going to go to a bigger and better job, I think in Washington, so I went to him and said, "I know you love kids, and I really need your help. I need you." He was the one who gave me the pantry for the art program.

DR. BOULTER: Okay.

DR. BARLOW: I said, "I need you to put Miss Brooks, the dance instructor, in a salary line in the hospital. I know that hospitals don't have dance instructors, but a lot of hospitals have play ladies and other things. We don't have that. So I want you to put her in the salary line." Which he did, which is wonderful. She's unionized. They can't fire her. She's on the salary line, and we don't have to worry about her salary. And she gets donations from all over for traveling and everything. So that's another program for the kids. She's had 5,000 kids go through that program.

DR. BOULTER: Wow.

DR. BARLOW: I had a young man [Landon Wickham] come to me. I knew his mother because she was a community activist and ran some programs for kids. He came to me, and said he liked the art program and the dance program, but his whole thing was bicycling. He said he would like to do a bicycle program [Urban Youth Bike Corps Project] for young men, because most young men didn't want to paint or dance, although we had a lot of male painters, actually. So I said, "Okay, let's write a grant." So we wrote a grant to [the US Office of] Juvenile Justice [and Delinquency Prevention], and I think it's the only prevention grant ever known to Juvenile Justice.

DR. BOULTER: Yes.

DR. BARLOW: But this was a prevention grant to give young men a positive peer group, and prevent them from becoming delinquent, and keep them in school. It works perfectly. The staff are from the community. I have two staff. One has a master's in education, the other has a BA. During the winter, they go visit all sorts of African-American people who have different jobs, like judges, and doctors, and store owners, so they learn about all the different careers there are. They help them prepare for SAT [Reasoning Test] in the summer. Oh, they also teach manners. We had to teach people. I had to buy Emily Post books for everyone, because when the girls traveled, they ended up in palaces and earls' houses. They had their 12

spoons, and nobody could eat because they didn't know what to eat with. They were used to eating hand-held food.

DR. BOULTER: Oh, my gosh!

DR. BARLOW: So we had to teach them how to eat. We'd take them out to dinner so they would learn the table manners. They taught them which spoon goes where. Also for the boys.

[APPARENT RECORDING GLITCH OR INTERRUPTION]

DR. BOULTER: Okay, we're going to go back and rediscuss your injury prevention work with RWJ, and how you took that from a local program to a national program. Thank you.

DR. BARLOW: Yes. I think that you lost it all before, but we'll try to see where we can pick it up. We had just the Harlem program for six years, and then the foundation said, "That's enough," because we really didn't fit their mission. We were working on health, and they were working on health care. They stopped the grant, and for a year we survived in spite of not having any money, with a lot of help from the hospital and supporting salaries of my staff. Then they came back to us and said that they really liked all the publicity we were getting, they liked our data showing how injury rates were dropping, and they asked if we wanted to spread the program.

So they gave me \$1.5 million to spread the program to five hospitals, which we did, in Pittsburgh, Chicago, Atlanta, LA [Los Angeles] and Kansas City. I don't think I have to go into each of those programs, because I'm not sure it matters, because there are 44 programs, and we will be here until tonight if we go through them all.

DR. BOULTER: [Laughs]

DR. BARLOW: So it worked very well. We had our first meeting in New York City in 1995, and a trauma nurse came from St. Louis, and said that she was tired of seeing — In fact, it was one of her best friends whose child was shot to death because he was wearing the wrong color in St. Louis. They had a really bad, and they may still have, Crips and Bloods problem. She said unless she could work in the community to make things better for kids, she couldn't continue as a nurse. RWJ had given me the whole million and a half in one lump sum and told the university they had to pay me interest. So I had a small pot of interest. I think it was \$25,000. I said she could have that. I couldn't give her any more than that because I had handed out all the other grants. I said she could start a program, and she did, and it is still going strong.

So then we had a re-funding of that grant. They increased it so that we could take on more sites, because we had sites coming on without any funding, joining us from Miami, Philadelphia and other programs that were starting to develop using the same model. We made everyone write the CFP that we made the original hospitals write, because they had to fit the model in order to do it.

So then I think we had nine programs, and in 2000, they made us a national program [Injury Free Coalition for Kids]. They asked if we wanted to be a national program and spread it across the country to 40 hospitals, which is very unusual for the foundation. They develop their own programs. Their program officers do. They look at the health care problems in the country and decide what they want to attack. Then they look for somebody to run the program who is nationally prominent. So this was, like, backwards. But it was a great opportunity. So we said, "Yes, we'd love to do this." We had many hospitals that were working away at trying to develop the model, as well.

I didn't know the people from 40 hospitals. I knew a lot of people, but they wanted it to go out everywhere. In fact, the CFP that we wrote, the call for proposals we wrote, went to every hospital in the country. They just took the American Hospital Association membership, and they sent it everywhere, because there is no really good list of trauma centers. Our model has to be in a trauma center. The site has to have a surveillance system in place, which all trauma centers have. They have to be able to measure the effectiveness of their programs. They develop their programs according to their own community needs and their local data. They do not use national data, because we know the injury patterns are different in different parts of the country. In the south, in the west, children are drowning in pools. I never had a child drown in a pool in Harlem. Just didn't happen. So it's so important to use local data and not national data, and so they have to do that.

The hospital has to commit to double match, either by grants or hospital funds. If they double match the small grants that we give, because we give \$60,000, they'll have about \$180,000. We started our program with \$125,000, and it really is enough to start. We find that you have to build a coalition. Everyone has to have built their coalition and have their surveillance base-line data before they come on board, with support from the hospital.

I was really concerned about reaching out and getting 40 hospitals, but I figured the best way to do that was to reach out to NACHRI [National Association of Children's Hospitals and Related Institutions], which is funny, because I work in a city hospital, and we're not a NACHRI hospital, of

course. We had developed our own website, and I called the webmaster at NACHRI and said, "We have a website for injury prevention. Maybe you would like to link to it, because you don't have anything on your website about injury prevention." They said, "Oh, good." So they linked to us. Then their child advocacy people looked at it and said, "Would you be interested in coming down to talk to us about what you're doing?" So I said, "Sure."

I went to Washington, and I gave them the talk about the injury prevention program, how it developed, and how now we have a grant to spread it to 40 hospitals. Well, this interested them intensely, because they wanted to see it established. They thought injury prevention was something they really wanted to take on in a big way, which they have. And they wanted the grants for their children's hospitals. So they wrote a proposal with me to RWJ to fund a conference, a national conference for NACHRI, where they would pay for three people from 35 hospitals to attend. The hospitals would compete for these grants to come to Dallas and learn how to set up this injury prevention program by my staff, and by the staff from the nine hospitals that were now working on injury prevention.

We were funded, and we did that. We had no trouble spreading the program. They had a huge competition for the 35 hospitals that were funded to send three people there. We had workshops, we had lectures, and we went through the whole thing about how you build it up, how you develop, and how you help the community develop programs for children. I don't run any of the programs. The programs are run by the people who had the idea of what they want to do for children. They design the program, and they're totally invested in the program, which makes the programs very rich. We don't run on volunteers. We write grants and get donations so the people who run the programs are consistent, steady. They need an income, too. If you do run it on volunteers, people get pulled away for their real life and the program is not rich.

So then we took on, over the course of three years, up to 40 hospitals, and people still wanted to join. It's the same as before, when we ran out of funding for funded sites, people still came aboard. We make them write the full CFP, even though they're not getting funded. So we took on the 40 hospitals, and we have hospitals in all ten federal health districts. They're the same as the federal trauma regions, as well.

Now, we have PIs [principal investigators] that are pediatricians, pediatric surgeons, pediatric emergency medicine people, pediatric-adolescent medicine, so they cover all the range of specialties that deal with injured children and trauma. And the doctors don't have salaries on the grant. The grant is basically to support the injury prevention coordinator. This particular grant ended for the sites two years ago.

DR. BOULTER: Is this the \$15 million one?

DR. BARLOW: Yes, we are still funded till the end of 2008, because I always save money. I use the RWJ grant like a bank. If I can get a donation for something, then I save the money on the grant, so we've extended our five-year grant to a seven-year grant by saving money on the grant.

The pediatric surgeons who are on the Committee on Trauma for the American College of Surgeons, which I used to be on, write the trauma standards for the country. The last write of the trauma standards for the country requires all level one trauma centers to have an injury prevention coordinator, whose only job is injury prevention, who is paid for by the hospital, and who uses local data to make a difference in the community. Our model completely. It's now required.

DR. BOULTER: Wow.

DR. BARLOW: So even at Harlem Hospital — we're so poor — they had to hire my injury prevention coordinator on a salary line because it's required. It's a standard for level one trauma centers. In fact, getting that in the standards replaces the RWJ money completely, totally. So we're going right along. Our grant also pays for the annual meeting. In the beginning we started having annual meetings in different cities, but as we grew, it was too much work for the local programs, so we do all our meeting planning in-house.

I have a deputy director, who now is doing more nursing than deputy directing, because we don't have to do quite as much travel. I have an administrator who was sent to playground school, and also got an MPH while working for me, and runs the playground program and our scholarship program. We give scholarships, competitive scholarships, to eight sites. Actually, we're doing nine this year to go to Johns Hopkins [Annual] Summer Institute on Injury Prevention [& Control - Principles and Practice of Injury Prevention]. So we pay for them to do that. They compete for it. She also runs our national playground project, which I'll talk a little bit about later.

Dr. Joyce [C. Pressley], an associate professor of clinical public health who has surveyed all the large databases, is a member of the team. We have data for 32 states, and we can actually look at injury problems and disparities in injury across the whole country, and have near-to-population base data, besides our New York data. So we look at different things. We look at SIDS [Sudden Infant Death Syndrome]. We look at graduated driver licensing laws, and what effect they've had on teen crashes. We look at injury deaths to very young children in different ethnic groups to see what they are. And

we look at the cost of injury across different etiologies. So we have all these huge studies that the sites can use when they write grants for their projects. Many of them now have injury prevention centers, big centers that they've developed based on their initial work with us.

DR. BOULTER: Have you published a lot of the national comparative data on —

DR. BARLOW: Yes, yes.

DR. BOULTER: — injury prevention?

DR. BARLOW: So we've had our annual meeting for the last little while, probably five, six years, in Florida. This will be I think our thirteenth meeting. Columbia gives us CME [continuing medical education] credits, so the doctors and nurses can get CME credits for coming. Of course, these are all academic doctors, they're not private practice doctors. They're all hospital-based doctors, and hospitals give money for them to get CME credits, which are required. So the hospital pays for the doctors to come to the meeting. We pay for all the food, and audio-visual, and everything else. Now we're starting to have sponsors who pay for lunch, which is good, because that saves us money, because we're going to be on our own in 2009, when our RWJ grant ends.

DR. BOULTER: So how many people come to your annual meeting?

DR. BARLOW: About 200.

DR. BOULTER: Great.

DR. BARLOW: About 200. And the nice thing about it is that it is the only place where people across specialties who are interested in injury and injury prevention meet in the same place. We have all the different medical specialties, plus nurses, plus health educators, plus community workers. They all meet together, and they form this terrific network across the country. The sites are writing grants together, because it makes a very powerful federal grant when you say, "We're going to look at post traumatic stress from injury in children and how to diagnose it in the ER. But we're not going to do it in one city, we're going to do it in three cities. We're going to work on ATV [all terrain vehicle] safety, and educating ATV riders or the ATV sellers about preventing injuries on ATVs, but we can do it in three states instead of in one for this project." So they're writing together and getting funded to do projects across sites.

In addition, it's very nice because now they have a whole network of other academic doctors who can write letters of support for their promotion.

There was no way for them to meet these people. They did not know each other beforehand. That's why the program is so important to the people who belong, because they have made a network of people. The abstracts are all competitive for our meeting. They present their abstracts. When we choose the abstracts, we make the agenda, and we choose maybe six of the abstracts that are very strong to write long papers. We publish the abstracts and the long papers in a supplement to *The Journal of Trauma [Injury, Infection and Critical Care]* every year. So they not only get the CME credits, they get to publish their work in *The Journal of Trauma*, which is read by everyone who does trauma in the country.

DR. BOULTER: Wow.

DR. BARLOW: So this has been very good for them academically. So what we're planning to do is, we want a board, advisory board, to write bylaws so that we can convert ourselves into an organization. It was interesting because, like, 30 people volunteered to work on it. We chose ten, and they're working on writing bylaws, because we need to change ourselves into an organization less dependent on grants to achieve permanence. Everyone wants to do that. So they're supposed to write bylaws, and we have conference calls, and they work on that. I try not to say anything, which is hard for me because I say a lot.

We'll vote on the bylaws in December. We'll set up different committees. I hope they make it like APSA. APSA, American Pediatric Surgical Association, is very small. The meetings now are a little larger, but they're small, and it works very well. They don't have a large building and a large staff like AAP [American Academy of Pediatrics]. We're going to be small, because we need everyone to follow the model. There's no sense to dilute the model. It works. It works for everyone.

In Chicago they found that the people who were involved in their program didn't get pregnant, they didn't drop out of school, and they didn't get into trouble with the law. In Cincinnati they reduced the juvenile crime rate tremendously in the communities in which they worked. It works. But it's very labor intensive, and there's no place else that they can share their information. We borrow programs from each other. Nobody is proprietary about their programs. They do the programs, they evaluate them, and other people pick them up.

For instance, they started a program at Harbor-UCLA Medical Center, where Dr. [Carol D.] Berkowitz is, called *Shoot With Cameras - - Not Guns*. They gave cameras to kids in the stressed neighborhoods, and they took pictures of what was good about their community, and what was bad and dangerous about their community. They wrote essays, and they had a demonstration of the pictures and essays in City Hall and all over the place to

get the attention of people who could fix up the neighborhoods. That was borrowed in Philadelphia, and I think a couple of other sites are doing that now. But they borrow from each other. They look at programs.

The first safety store [Johns Hopkins Children's Safety Center] was in Hopkins, in the clinic, where parents could buy inexpensive things to childproof their house, and bicycle helmets, and car seats and everything. Andrea [C.] Gielen at the [Johns Hopkins Bloomberg] School of Public Health evaluated it. It worked very well, so now Cincinnati has a safety store in their ER [emergency room].

DR. BOULTER: What a great name.

DR. BARLOW: Yes, and in Miami they did a fantastic thing. They have a big red bus. It's a safety bus. They got the bus donated. We teach everyone to get everything donated. You only pay for things you can't get for free. They had a bus donated by the bus company. The prisoners in the prison painted it red and built it, in the inside. It has a kitchen, a bedroom, all the different places in the house. It's a safety center where the parents can go to learn about putting away their poisons, about how you put the handles on the stove, about cords being dangerous for strangling babies. It's absolutely gorgeous. Several other sites are looking to raise money to do that. Hopkins did one, too. And in St. Louis.

We didn't talk about Safety City, actually. We should have. I'll tell you about that. It started in Harlem. In finding the coalition members, I found this health educator from the Department of Transportation, who had a federal grant to build a safety street, which is a street where you would take children to teach them street safety. She wanted to put it on Roosevelt Island, and I told her, "No, you have to put it in Harlem, because we can evaluate it. We have ongoing injury surveillance. If you put it on Roosevelt Island, you'll have no way of evaluating it."

DR. BOULTER: Right.

DR. BARLOW: We had already built the playgrounds for the schools, and once you do that, they'll work with you on any project. They love you. So we said, "We need a part of your playground that is just macadam to build a full-size city street, so we can take the children in the community to teach them street safety, occupant safety, bicycle safety." So they gave it to us. The Department of Transportation builds roads for the city, so they built sidewalks and a street, and they put in crosswalks and traffic lights, and they parked cars there during the day so that it's like a real street. All the third graders in the community come there twice a year to learn about being safe on the city streets. They have in-class activities, as well as going out on Safety Street. The school gives them lunch, and they bus the kids there.

They found out that third graders were the ones that were mostly getting hit by cars, because that's the year the parents finally let them walk to school by themselves. So between the education of the third graders and the playground projects, our pedestrian injuries went down by 60 percent. It really made a difference. Mayor [Rudolph W.] Giuliani started cutting youth programs and cutting youth advisory committees in the city. But when we published the data about the reduction of pedestrian injuries in Harlem, he was very interested, because children in New York who have a broken leg or get hit by a car have to be home tutored. They can't go to school on crutches.

DR. BOULTER: Aha.

DR. BARLOW: There's no way they can go to school on crutches. So he said, "Well, this is going to save a lot of money." So he built Safety Street projects in all five boroughs. Actually, we got another one up here in Washington Heights, because the Harlem program couldn't handle the Washington Heights kids. They had too many kids of their own. So the program is run by the DOT. It's supported by the city. The DOT pays for the educators, and all the children go there.

The real beauty of this program is that the projects to protect children are run by the people who developed them. This was the brainchild of Dr. [Ilona] Lubman, who works for the [New York City] Department of Transportation. It's her baby. She designed it. We just support it, helped her find a place to start it, and went and testified whenever she needed about the improvements that were needed. It's really good, because we put together all these resources, did all this work, and with very little money.

Ted [R.] Miller, who's a medical economist, took all the data from our injuries on the cost of treating the hospitalized injuries, and he compared from before our program to after our program. He published his findings, which said that for every dollar we spent, including the money that we spent building playgrounds, we saved \$4 in acute health care costs, and \$85 in lifetime health care costs, since injury often causes disability. So this is really good. For people who don't care about what happens to children, they usually care about money. We can show that doing this type of program in the community to make the whole community safer saves health care dollars.

DR. BOULTER: Absolutely. You know, the only thing that I haven't heard you talk about is that I'm surprised you haven't taken on is guns.

DR. BARLOW: Oh, we took on guns.

DR. BOULTER: Oh, you did take on guns?

DR. BARLOW: Yes.

DR. BOULTER: Did you have any success?

DR. BARLOW: The NRA [National Rifle Association] went after me. Guns were our big problem when we first started the program, when we were at the height of the crack cocaine epidemic. Guns follow drugs.

DR. BOULTER: Right.

DR. BARLOW: So we worked hard on getting drug dealers away from children and away from the community, but we also worked with the New York City Emergency Medical Service to do a program in our junior high schools called *KISS — Kids, Injuries and Street Smarts*. They go in with all their gear. We don't have to do it anymore because it's not a problem anymore. They go in with all their gear. They teach the children how to use the 911 system, that it's anonymous, that when something bad is happening they can call up 911 right away and report it. They tell them how to get safe when there's something coming down on the street that's bad. They tell them about guns, and how carrying a gun puts them at risk of being shot. If the other children know that you pack a pistol, and they have an argument with you, and they have a pistol, they're going to likely shoot you before they find out if you're going to shoot them. So the best thing, the most protective thing is to be known to carry no weapons. We trained probably around 9,000 kids, and we never had any of the kids we trained get shot. But we don't do this anymore, because it's not a big problem anymore in the community.

DR. BOULTER: So gun ownership amongst kids isn't a problem?

DR. BARLOW: What happened with the guns in Harlem is that the kids didn't own them. [Governor Nelson] Rockefeller passed very strict drug laws, so anyone caught with even a small amount of marijuana or cocaine, selling or taking, went away for 26 years to life, with no plea bargaining. What happened then is that adult drug dealers hired children to do all the street selling of drugs, and to carry the drugs between places in the community. So we had children, all under 16, armed by the drug dealers, selling drugs in the street, and moving them around. They had to be armed, because they couldn't have the money and the drugs. They'd get robbed without a gun. And they used their guns. So getting rid of the drug dealing got rid of —

DR. BOULTER: The guns.

DR. BARLOW: — the guns. Handguns are illegal in New York City anyhow. But that doesn't matter. The drug dealers bring them in, up the New Jersey Turnpike from the Carolinas.

DR. BOULTER: So the NRA doesn't like you?

DR. BARLOW: Oh, goodness!

DR. BOULTER: [Laughs]

DR. BARLOW: A terrible thing happened. I came to work one morning, and every news program had a van outside the hospital with their little things up and everything. They grabbed me and took me to the CEO's office and said — I don't remember which paper it is, one of the papers. It wasn't the *Post*, and it wasn't the *Daily News*. Anyway, this paramedic who knew one of my staff members, wrote this article saying that we were handing out NRA literature in the schools.

DR. BOULTER: [Chuckles] What?

DR. BARLOW: That *Eddie Eagle [Gun Safe Program]* literature. It was a big article. It was a lie. We had gotten the NRA literature to see what they were trying to tell kids. We were not passing it out in the schools. We were doing this other program. So they hid me away, but the school chancellor called me STAT [immediately], down to his office, because they were outside his office, too. I told him, "I didn't do this. It's not the truth." The hospital called the editor of the paper and said that this wasn't true, and the editor apologized. He wanted to take me out for lunch. I said, "No, you're not taking me out for lunch, and I'm never giving an interview to your paper. Ever. Ever again."

So that all got out, and then the NRA knew that I was looking at getting rid of guns and stuff. For a while, I was driving home a different way every day. Then the law society, what is it, the American Bar Association, asked me to be on a panel about guns. They did this big program. I mean, it was very expensive to do. They had different people there. They had lawyers with different opinions, and they had a lawyer who belonged to the NRA. We were discussing guns and the problems of guns, and the lawyer from the NRA turned to me and he said, "So what are you trying to say? Are you trying to say that people shouldn't have guns?" I said, "If you look at what's happening in this country, in our cities, I think we've lost the right to have handguns. I know farmers need their guns, their long guns. I come from a farming community. But I think that we proved that we cannot have handguns in private hands in this country, because people are killing each other." You know, they did this whole program, and that was the end of the

panel discussion, the very last comment, and they never played it on the television. They never put it on. They made it for television.

DR. BOULTER: Wow. Have you ever felt threatened in any other way in the work that you've done?

DR. BARLOW: No. No.

DR. BOULTER: Is that the only thing?

DR. BARLOW: I mean, you don't always make people happy.

DR. BOULTER: Right.

DR. BARLOW: We put in the swings for babies that are like diapers, that they can't fall out of. The old swings had a bar that children got strangled on, and they were metal. The new ones are like big rubber diapers. But I had parents marching into my office, saying, "We have to pick our children up and put them in here. They can't crawl in." I said, "Please. Bear with me. You're supposed to pick your child up and put them on a swing. These are safe, and they won't fall out." And the complaining went away. You know, whatever you do, you're always going to have people who don't like what you're doing.

DR. BOULTER: Right. How did you feel being a white woman surgeon in a black hospital?

DR. BARLOW: Well, you only know you're white if you look in the mirror.

DR. BOULTER: Very interesting.

DR. BARLOW: I've been in Harlem all this time. And besides, they think I'm black. This is very cute. They've told me that, because I have vitiligo — The reason my hair is white, and I am so pale is that I have vitiligo. I have lost all my pigment. They say, "Well, she's like Michael Jackson. She lost all her pigment." But I am actually white. But the rumor in the community is that I'm black, and I have vitiligo and so, just like Michael Jackson, I lost my pigment.

DR. BOULTER: That's phenomenal.

DR. BARLOW: Isn't that funny? Ha ha! I think that's wonderful.

DR. BOULTER: Wow.

DR. BARLOW: I never noticed. But when I first went into Harlem, there was a little old man who would sit outside the hospital every day, and he kept saying to me, “White doctor, go home. Somebody’s going to kill you here.”

DR. BOULTER: That didn’t frighten you.

DR. BARLOW: No. I never had any trouble. And I went in at all times of day and night, even when it was very violent.

DR. BOULTER: So your car never got vandalized?

DR. BARLOW: Well, yeah. On occasion. Not much, not much. And actually, because I was operating on everyone’s children, I knew so many people in the community. I walk down the street — it’s really nice even now — and they come up and tell me, so-and-so that you operated on is now a nurse, or now a doctor, or is in college. It’s really fun. But they know who I am. Even the junkies took care of me. When the snowstorms came and my car got buried, they would dig me out.

We had one man who really didn’t want us to fix his park, because he was running some scam in the park. He was a little threatening, and so I said to him, “We’re not going to move into your park. We just want to fix the equipment so it’s safer for children, and then we’ll be gone.” And I said, “What is it that you would really like us to do for you, and the people you work with in the park?” He said he wanted a health fair. We gave him the biggest, knock-down, drag-out health fair ever seen, with colon cancer screening, diabetes screening, blood pressure screening and balloons for the kids. We did all the safety stuff. And after that, he left me alone.

DR. BOULTER: Wow. So that’s been your methodology over the years?

DR. BARLOW: We find out what works.

DR. BOULTER: Find out what works, and find out what people want.

DR. BARLOW: You have to be flexible, and you can’t do things to people. You have to find out what they want. It’s just like that aid for schools that wanted playgrounds. As soon as some schools had them, the other principals wanted playgrounds. They got them. But, I mean, that was really bad because we could have gotten seed money for all of them, instead of having to start from scratch and find the money for all of them.

DR. BOULTER: It’s amazing to me that you’ve been able to accomplish so much in public health and community health without having any specific training in that area.

DR. BARLOW: I think it's common sense. It's common sense. My mother was a child psychologist. My training background is in psychology, and it was very useful.

DR. BOULTER: In terms of data collection?

DR. BARLOW: No, it's useful in terms of how to negotiate the system and how to negotiate with other people.

DR. BOULTER: If you were going to do your career over again, would you get a degree in public health?

DR. BARLOW: I don't think I had time.

DR. BOULTER: [Laughs]

DR. BARLOW: Maybe it would have been better if I had taken a degree in public health, instead of the psychology, and then gone to medical school. Because I wasn't doing clinical psychology, I was doing experimental psychology.

DR. BOULTER: Mm-hm. But you were so visionary to be collecting data all along, and that really has distinguished your work —

DR. BARLOW: Well, that probably came from graduate school.

DR. BOULTER: — and has given it legitimacy. Did you collect the data on your own, or did you always have other people?

DR. BARLOW: I did all the trauma registry on my own, myself, until we were funded.

DR. BOULTER: Wow. I mean, that's so impressive. From your training as a surgeon, as a pediatric surgeon, to your work, which is really your life's work, in public health and accident and injury prevention. It's quite a leap. It's just very amazing, impressive, completely impressive.

DR. BARLOW: Well, it made common sense to me that I had to fix it, because really what I was looking at was just horrible.

DR. BOULTER: Can you talk a little —

DR. BARLOW: I didn't know that I *would* fix it. You realize that.

DR. BOULTER: Right.

DR. BARLOW: After I got my first grant, I used to wake up in the middle of the night and say, “What if I can’t make a difference?” But then I said, “I have to try, because if I don’t try, I’ll always regret it.”

DR. BOULTER: Mm-hm. Can you talk a little bit about how you see medical students and medical education now?

DR. BARLOW: Well, I have very little exposure to medical students. They have them in medicine at Harlem, but we don’t have medical students in surgery at Harlem. I am exposed to residents.

DR. BOULTER: Okay.

DR. BARLOW: We have a residency training program.

DR. BOULTER: So how do you see the training of the residents now, compared to when you trained?

DR. BARLOW: Well, it took us longer to train, more hours to train, and I think we were better trained. Medicine is very technical now, and yet we’ve shortened the number of training hours that we’re giving to our residents. Yes, they’re more wide awake, that’s true, but I don’t think that being sleepy caused medical errors. I really don’t.

DR. BOULTER: Mm-hm. So how do you think that’s going to impact —

DR. BARLOW: What we’re finding now is that we’re watching what specialties people go into and what people want to do, and they don’t want to do things that are going to make them work like one does if in private practice, where if you’re not in a big group practice you’re on call 24/7. That is not of interest anymore. People are looking to do things like critical care or emergency medicine or radiology, things that they can easily do and have the kind of life that they had as residents.

DR. BOULTER: Right. So what you’re seeing is, because residency is easier now, people aren’t willing to commit all the time in their career lives to —

DR. BARLOW: The whole attitude has changed. Medicine really was a total commitment. Not that that was so great for the doctors’ families, or maybe not even for their lives, but it was a total commitment. Now everyone’s looking to see how they can have it all, and I don’t believe you can have it all. I think medicine is a huge commitment, and if you do it half baked, it’s a shame.

DR. BOULTER: Mm-hm. And how do you see children growing up now, and home lives and family lives?

DR. BARLOW: It's so hard to live now. The economy is so bad, and everyone's working. In my growing up, usually until children went to school, the mothers stayed at home, and that makes a huge difference. Huge.

DR. BOULTER: Mm-hm.

DR. BARLOW: Children that are being brought up by nannies aren't being brought up by their parents, because the nannies are influencing the child in their very formative stages, and I think it's too bad.

DR. BOULTER: Have you been a member of the [American] Academy of Pediatrics for a long time?

DR. BARLOW: Oh, yes, ever since I finished my residency.

DR. BOULTER: And you've participated in many —

DR. BARLOW: Oh, I've talked for the Academy. I've given keynotes. Oh, that was funny. I was giving one of the speeches in the plenary session when the AAP was in San Francisco many years ago. I hadn't seen the agenda, but I was all prepared with my talk about the Harlem program. And guess who spoke before me? Mr. [Fred] Rogers.

DR. BOULTER: I was there.

DR. BARLOW: I thought, *Oh, my heavens! I'm speaking after Mr. Rogers? I'm gonna die!* So when I got up and started my speech, I just said, "This is my neighborhood," and I started talking about Harlem. [Chuckles.]

DR. BOULTER: Mr. Rogers was one of the best speakers, I think, that the Academy has ever had.

DR. BARLOW: He was. He was wonderful.

DR. BOULTER: He was incredible. And he died just two or three years after that.

DR. BARLOW: I know. I know.

DR. BOULTER: Yes, it was just amazing.

So do you think your AAP connection has been one of your most valuable?

DR. BARLOW: Oh, yes.

DR. BOULTER: As opposed to the surgical connections?

DR. BARLOW: AAP is very different than the American College of Surgeons. I was on the Committee on Trauma for the College of Surgeons, too, but the AAP, I think, allows greater involvement of its members in what goes on. I got to know so many pediatricians all across the country from what I did at the AAP. At the College of Surgeons, I've given courses, and I've given talks. It's not the same. So I've always, I think, probably been closer to pediatrics than to surgery. And, of course, in the American Pediatric Surgical Association there are only about 13 surgeons that care at all about trauma.

DR. BOULTER: Really?

DR. BARLOW: That's right. There is not a lot of interest. They're interested in congenital anomalies. They do not concentrate on trauma. You have to get up in the middle of the night. They really don't like trauma. So the group of us who were interested in trauma, and always have been, most of us belong to Injury Free Coalition for Kids.

DR. BOULTER: Isn't that interesting?

Where do you think, if you had a crystal ball, pediatrics is going in the next 50 years, pediatrics as a profession?

DR. BARLOW: I think it's really important. I don't think family practice even comes close to having a pediatrician. I think we'll always need pediatricians. They're the best thing for families. It's a wonderful group to carry messages to families about all sorts of things, and also about injury prevention. The Academy has been really interested in injury prevention, too.

DR. BOULTER: And I think the pediatrician of the future will be someone who carries the messages that you've carried in Harlem much more, because I've been in pediatrics for a long time, and the infections that we used to take care of

DR. BARLOW: You don't have to.

DR. BOULTER: You don't have to anymore.

DR. BARLOW: No, injury is a problem now.

DR. BOULTER: Right, unless more and more parents refuse the immunizations and then —

DR. BARLOW: Then you'll have —

DR. BOULTER: — H flu [*Haemophilus influenzae*] is going to come back.

DR. BARLOW: That's right. You're right. So, no, I always had a better response from pediatricians than from surgeons. If you talk to pediatric residents or pediatricians, they get it. Pediatrics is a preventive specialty, so they get the need to prevent things. When you talk to surgical residents, they look at you as if you had two heads, because they say, "Why would you want to prevent this? This is so much fun. We're doing gunshot wounds. We're sewing up the bowel. We're fixing the liver." Even attendings. I've talked to adult surgical groups where I was sure, by watching their faces, that they were thinking, *She's crazy. She's a surgeon and she cares about this stuff?* So there's a huge difference in a specialty that's a preventive specialty, and one that is a very active specialty in doing things, curing things, cutting things out, fixing them up.

DR. BOULTER: Right. You mentioned that you're at retirement age now?

DR. BARLOW: I'll be 70 in June.

DR. BOULTER: Oh. Do you plan on cutting back on your work at all?

DR. BARLOW: I can't cut back on it. I said I was willing to retire in January, and I went over to the main campus to see what I had to do. I wasn't retiring from this. And they told me I couldn't. This is very interesting. I can't, because I have all these grants. I'm director of surgery, and I don't have a huge, big salary, but my salary is bigger than any grant would ever allow, even federal grants. You cannot work in the School of Public Health unless you're full-time, otherwise, you have no benefits. I suggested that I come here and worked on my grant, and I said, "Well, make the little bit of my salary that's on this grant be my full salary." They said, "No, because you can't reduce your salary, because you could accuse us of age and sex discrimination if you went from this salary to this salary, even though"—

DR. BOULTER: [Chuckles]

DR. BARLOW: I'm serious. — "even though it's a different job."

DR. BOULTER: Wow.

DR. BARLOW: So they said, “You can’t retire. You can retire and just do this, but you’ll lose all your benefits, and when you retire from this, which would be considered a part-time job, you won’t have health benefits in retirement.” Well, that’s that. I mean, I can’t. I can’t. I’m stuck.

DR. BOULTER: It doesn’t sound to me like you feel like you’re stuck.

DR. BARLOW: Well, no. I’ll figure it out sooner or later.

DR. BOULTER: Right.

DR. BARLOW: But this year we have residency review for the surgery program in June, which we’re preparing for. We have Joint Commission. I can’t leave now anyhow. So we’ll get through this year. And I have to re-fund the program.

Now, the thing I didn’t talk about, which is really important, is our relationship with the Allstate Foundation. We’ve had many foundations, and many private citizens, and many family foundations give donations to the program, and in fact on our website, you can go in, and it says, “Donate now.” You press the thing, you go right into Columbia. Columbia has allowed us to be part of their gift giving network on the Internet, so that people can give to us. It comes in through Columbia, and it goes right into our accounts. They don’t charge us for it, and people can give by credit card. They don’t charge us for it. They have been absolutely wonderful. They have been wonderful all along, really. I’m very grateful to them.

But Allstate Foundation, I’m not sure how they found me. I’ve gotten a lot of awards over the years from just about everyone you can think of. Somehow Allstate Foundation found me, and it was quite a while ago. They gave me a leadership award, which I don’t have here because Andre [Zmurek, Dr. Barlow’s husband] made me take it home. It’s beautiful. It’s a big bronze eagle, done by a Native American artist [Allan Houser, 1915-1994], that’s numbered and signed. He’s very famous. They gave me this. They had to send it to me in a crate because it’s too heavy for me to pick up. And they gave me a leadership award with a check for \$25,000.

Now, I give all my awards and all my honorariums to support the program, which has been wonderful over the years, so when I give lectures, it all comes to the program, and it’s helped support the program a lot. When the current president of Allstate Foundation got the job, she asked them, “Whom do you suggest I support?” And they said, “Well, we gave Dr. Barlow a leadership award for injury prevention. We think that’s a good thing. Why don’t you go talk to her?” So I just asked her, like six months ago, “How did you find me?” Because she had never told me how she found me. She just said that

she was the president of Allstate Foundation, and she wanted to come talk to me, so she did.

The first thing we did was this: *Safe at Home and On the Road with Allstate* [kit]. [Shows something.] This was for childproofing the home. [Shows a zippered bag, and sorts through its contents as she continues.] They funded it across all our sites. We had the bag made, and it has smoke alarms; outlet protectors; things to protect the faucet in the tub so that kids don't bang their heads or get burned; choke tubes to show parents that if it fits down there, it can choke them; and cabinet locks. It has all sorts of little things in here. We kicked it off in Chicago with all the Allstate executives.

And this is: "If there's a space this big, a child can go out the window." None of the other cities in this country have window falls prevention laws, although a lot of our sites have tried to get them, because it's a real problem everywhere. In fact, Joyce [Pressley] ran the data for twenty-seven states and for upstate New York versus downstate, where we have the law, and the rate is two to three times what it is in New York, all over the country.

DR. BOULTER: I remember you said that at the AAP meeting once.

DR. BARLOW: Yes, yes. So this was our first thing. They also gave us money to do car seat checkups, so we trained about 30 car seat technicians when we had the annual meeting in Kansas City, which was I guess the second year. So we had these Safe at Home bags made, and we distributed them to all our sites. We gave money for car seat checkups, and we trained car seat technicians at the annual meeting. So they came, and they did the whole training before the meeting, and then we had the meeting. We did that for a couple of years.

Then the Allstate Foundation said that they really liked the playground projects, because they were interested in empowering communities to make a difference in their own communities. They were interested in a way for volunteerism for their employees. If you think about it, insurance company people who work in their communities have the same stress that doctors do. They see the families that they know, and go to church with, and sell insurance to, get in car crashes, their kids killed, and all sorts of things, their houses burned down. So they want to give back, too, for the same reason that doctors want to give back to the community — to make up for the bad things that happen.

So we started that, and we've been doing that for ten years, and we build playgrounds all across the country. Allstate gives us about \$350,000 a year, and we have our sites send in proposals. They compete to get a grant to build a playground, and then they raise extra money if they want to do a bigger one. Wonderful things have happened. Little Rock built the first one in the

historic district, and then they got another one. They had been trying to get their local health insurers to give them money to build a playground for Martin Luther King [Jr., Elementary] School. It's a grammar school they have been working with, and they always turned them down. The minute we gave them a grant for that school from Allstate, the health insurance company matched it and gave them money for a second playground at the same site.

DR. BOULTER: Ah.

DR. BARLOW: So they built two playgrounds. The city was so excited that the city built walking trails, and then built them a huge children's garden. They're even going to have chickens, and they're going to sell the fresh eggs to the gourmet restaurants in Little Rock. Just amazing, amazing things happen with the playground projects.

In Detroit, for a grammar school that had virtually grass and gravel around the school, there was nothing there, we built a playground. A hundred Allstate volunteers came out in a big bus to help, and they raised extra money. They planted the whole school area with trees. They made a children's garden. They put in bushes and flowers. Amazing. The principal cried at the dedication. He had been the principal for so long, and he had nothing for his children. The parents were trying to raise money to get a playground by selling candy bars for years, and they collected about \$500.

The stories are amazing. To do the proposal for a playground, sites have to have the injury data for the community that needs the playground. They have to give us a GIS [Geographic Information System] map that shows where the playground is going. They have to show where other playgrounds are in the community. And they have to have support letters from their community to build the playgrounds, and they are just precious. They send little letters the children write: "I want a playground..." and they say why, with little pictures on them. This [shows document] is a thank-you note from one of our schools here in Harlem for their playground.

DR. BOULTER: Oh, look at that!

DR. BARLOW: It's a Dominican neighborhood, and they wanted palm trees, so we put rubberized palm trees on the supports of the playground. They said, "Thank you for our jungle," and they made that.

DR. BOULTER: Isn't that great?

DR. BARLOW: The Allstate regional people also give \$10,000 to use if the playground needs repairs, or to do health fairs, or to do activities where the playground is. So it's a really lovely process. Allstate now is finding us

other people to help. We're going to do five playgrounds in New Orleans this year. We did one in New Orleans between the [Allstate] Sugar Bowl and the BCS [Bowl Championship Series] Conference last year.

DR. BOULTER: Yes.

DR. BARLOW: We built a playground in the weekend between the Sugar Bowl and the BCS Bowl in New Orleans. It was dynamite. We built it in a community that had come back, they still had houses being fixed. We had so much press, it was unbelievable. We were on all the stations, and the front page on the *Picayune Times* [*The Times-Picayune*]. My staff all go down to help build. They all know how, and they go to help build. We use the same company all across the country, Little Tikes. We know all their reps now. They give us discounts everywhere. This was so exciting to the president of Allstate, and the vice president for community outreach who talked at the dedication, that in the middle of the dedication, with the governor there and everyone else, she said, "And we promise you five more playgrounds." So we have money coming for five more playgrounds in New Orleans.

DR. BOULTER: Holy smoke!

DR. BARLOW: We're going to do it. So we've written the proposal document. I have to go over it today, because it just came back with corrections from Allstate. This CFP is being passed out across New Orleans. The neighborhoods have to fill out the application and get community support, just like we require from our sites. We have a neighborhood organizer that we did a playground with this year, and the playground Little Tikes rep in New Orleans, who is a wonderful woman, I mean, just wonderful, young and committed to rebuilding New Orleans. She got all her friends to come help. She turned out everyone she needed to help build this playground. So, at the dedication, in front of all the news reporters, Allstate said, "We like this project so much, and we want to help the Gulf Coast recover, so we're building five more playgrounds."

We're going to be very busy, because we have to go down and meet the neighborhood groups to choose, because it takes a big commitment. You can't just put down a playground. We don't do that. The neighborhood really has to be involved, and participate, and want it, and work on it, and own it, the project.

DR. BOULTER: So do you see the Allstate connection as being a permanent one?

DR. BARLOW: Well, I hope so. I mean, I told Allstate Foundation that I can't do this unless I have support for my national office. We're not that

expensive, so we have a proposal in for them to take over as our main sponsor starting in 2009, because we spend \$500,000 a year.

DR. BOULTER: Mm-hm. So that will replace some of the RWJ —

DR. BARLOW: It won't replace it all, but we don't need it all, because you must realize that we save money and have spread a five-year grant to a seven-year grant without any trouble, and now we're trying to make sure we spend it all.

DR. BOULTER: That's great.

DR. BARLOW: We'll do the five New Orleans ones, probably over three years. We're not going to do them all at once, but we have to do them just before the Sugar Bowl, because Allstate supports the Bowls.

DR. BOULTER: Ah. So do you, yourself, have to travel a lot?

DR. BARLOW: I travel all the time. But I haven't been traveling because of Joint Commission. But I can't stay not traveling for very long, much longer.

DR. BOULTER: Right, right.

DR. BARLOW: I'm going to have to go, and they're just going to have to let me go. They can replace me if they want. It's all right.

DR. BOULTER: Do you enjoy the traveling?

DR. BARLOW: Oh, yes. I take my husband with me. He's retired, so it's wonderful. I now have all the comforts that men have when they have an at-home wife. I have an at-home husband.

DR. BOULTER: Ahh!

DR. BARLOW: He learned how to cook. He loves it. He cooks, he buys the food, he goes to the cleaners and the drugstore, and he takes care of the cars. He gets them serviced, and he fills them with gas. When I come home from work, all I do is I clean, because he hates to clean and do the wash. But other than that, he does absolutely everything else, and he travels with me. So I take him with me wherever I go, unless I'm going one day back and forth, then it's not worth it.

DR. BOULTER: It sounds wonderful. How many years have you been married?

DR. BARLOW: Twenty-seven

DR. BOULTER: That's wonderful.

DR. BARLOW: It's very good. His daughter moved back home. She's a lawyer, and she got divorced, so she moved back home. We gave her the second floor of the house. He takes care of her, too. We were away for, like, five days, and she said, "I didn't realize how much he did for me. I didn't know how to get everything done by myself." He makes us breakfast, he packs lunches for both of us, so we take our lunch with us to work. He does everything. It's wonderful. He does all the finances, pays all the bills. He's an accountant by training, so he does all the bills. I don't even know what bills I have. I told him, though, he better really show me. I used to do it all myself, when I was by myself. Because if anything happened to him, I would die!

DR. BOULTER: You'd be lost.

DR. BARLOW: Totally lost. I mean, we had these friends where the husband died, and the wife doesn't even drive the car anymore. That's not good.

DR. BOULTER: Sounds like you've got a wonderful guy.

DR. BARLOW: Oh, he's wonderful. He's wonderful.

DR. BOULTER: Is there anything else that we didn't cover? I think it's been pretty complete —

DR. BARLOW: I think so.

DR. BOULTER: — everything that you've been able to share with me.

DR. BARLOW: I think so. I could probably talk forever.

DR. BOULTER: Very, very incredible.

DR. BARLOW: When I give seminars here at the School of Public Health, they give me three hours.

DR. BOULTER: Wow. And we've been — is it 12:30 p.m.?

DR. BARLOW: I don't know. Yes, it is.

DR. BOULTER: That's about right.

DR. BARLOW: **That's right!**

DR. BOULTER: [Laughs]

DR. BARLOW: **That means you got it all.**

DR. BOULTER: Okay, I got it all.

[End of interview.]

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PERSONAL DATA:

Barbara Barlow, M.D.
 Born: 6-20-38
 Lancaster, Pa.
 United States Citizen

ACADEMIC TRAINING:

College:	Vassar College	BA	1960
Graduate School:	Columbia University	MA	1963
	Albert Einstein College of Medicine	MD	1967
	Licensure: New York, New Jersey		

TRAINEESHIP:

Bronx Municipal Hospital - Albert Einstein	
Surgical Internship	1967-1968
Surgical Residency	1968-1972
Surgical Chief Resident	1972-1973
Babies Hospital - Columbia Presbyterian New York, New York	
Pediatric Surgery Fellowship	1973-1975

BOARDS:

National Board Certification
 American Board of Surgery
 Special Competence Pediatric Surgery
 Pediatric Surgery Recertification

PROFESSIONAL ORGANIZATIONS AND SOCIETIES:

American Academy of Pediatrics
 American College of Surgeons
 American Pediatric Surgical Association
 American Association for Surgery of Trauma
 Association of Women Surgeons
 New York Academy of Medicine
 New York Surgical Society
 New York Society for Pediatric Surgery
 American Public Health Association
 American Surgical Association

ACADEMIC APPOINTMENTS:

Assistant Professor Clinical Surgery Columbia University College of Physicians and Surgeons	1975
Associate Professor Clinical Surgery Columbia University College of Physicians and Surgeons	1982
Professor of Clinical Surgery Columbia University College of Physicians and Surgeons	1988
Professor of Surgery Columbia University at Harlem Hospital	2002
Professor of Surgery in Epidemiology Columbia University in Mailman School of Public Health	2004

HOSPITAL APPOINTMENTS:

Chief of Pediatric Surgery Harlem Hospital Center New York, New York	1975
Interim Director Surgery Harlem Hospital Center New York, New York	1999
Director of Surgery Harlem Hospital Center New York, New York	2000 - present

HONORS AND AWARDS:

Alpha Omega Alpha	1966
Lancaster Country Day Distinguished Alumna Award	1988
Special Recognition Award. School District 5	1990
Herbert Cave M.D. Staff Award. Harlem Hospital Center	1990
Harlem Hospital Auxiliary "Caring Award"	1990
Community Health Care Award. Johnson and Johnson	1991
Merit Award: Public Health Association of New York City	1991
Parent's Magazine "As We Grow Award" Art Program	1992
Mary Goldson Service Award. Columbia Community Service	1992
Access to Care Award. Johnson and Johnson	1993
Access to Care Award. Johnson and Johnson.	1994
Nova Award. American Hospital Association	1995
Health Education Award. New York State DOH	1995
Leadership Award. Johnson and Johnson	1995
Health Education Award - Healthtrac - SOPHE	1995
Wm B. Johnson Award. St. Joseph's Hospital. Patterson, NJ	1995
Lifesavers Public Service Award. U.S. DOT- NHTSA	1996
Safe Communities Partnership Award. U.S. DOT	1996
Surgeon's Award for Distinguished Service to Safety	1996
National Safety Council and American College of Surgeons	
Second Century Award. Friends of Harlem Hospital Center	1996
Fellow Achievement Award. American Academy Pediatrics	1997
Doing Art Together Award . Metropolitan Museum Art	1997
National Association Public Hospital Award	1997
American Trauma Society. Distinguished Achievement Award	1998
Community School District 5: Renaissance Women Award	1998
Allstate Safety Leadership Award	1998
Children's Mercy Hospital, Kansas City. Centennial Award	1999
Distinguished Alumni Award	
Albert Einstein College of Medicine	1999
Arnold P. Gold Award	
Columbia College of Physicians and Surgeons	1999
Hospital Association of New York. Community Health Award	2000
Alma Dea Morani M.D. Renaissance Woman Award	2001
Foundation for Women in Medicine	
David E. Rogers Award. Assoc. of American Medical Colleges	2001
Distinguished Career Award . American Public Health Association.	
Injury Control and Emergency Health Services Section	2001
Dean's Distinguished Award in the Clinical Sciences. Columbia University	
College of Physicians and Surgeons	2003
Sloan Public Service Award: Fund for City of New York	2003
NYC DOH Award for Excellence in Epidemiology	2003
St. Christopher's Foundation Award	2005
Humanitarian Award – Defining Moment Foundation	2006
Jack and Louis Rudin Award NYAM and GNYHA	2008

HONORS – KEYNOTES AND NAMED LECTURESHIPS

Barlow, B. Building a Safe Community. *Shephard Memorial Lecture*. Montefiore Medical Center. Bronx, N.Y. March 12, 1997

Barlow, B. Building a Safe Community. *Keynote*. Great Lakes Injury Prevention Conference. Akron, Ohio, April 17, 1998.

Barlow, B. Building a Safe Community. *Keynote*. Pennsylvania State Wide Injury Control Conference. Harrisburg, Pa. September 16, 1997.

Barlow, B. Building a Safe Community. *Keynote*. Texas Pediatric Society Annual Meeting. Austin, Texas. September 20, 1997

Barlow, B. Building a Safe Community. *Keynote*. California Injury Control Annual Conference. San, Diego, Ca. October 6, 1997

Barlow, B. Building a Safe Community. *Keynote*. National Meeting for State Committee of Pediatric Emergency Medicine Chairs. American Academy of Pediatrics. Naples, Florida December 14, 1997

Barlow, B. Building a safe community. *Keynote* Emergency Medicine Course Children's Hospital of Philadelphia. Philadelphia, Pa. November 4, 1998.

Barlow, B. Pediatricians and Firearm Violence - a call to action. *Keynote*. Firearm Injury Prevention Train the Trainer conference. American Academy of Pediatrics. Chicago, IL, March 15, 1998.

Barlow, B. Building a Safe Community. Annual *Joseph A. Gilmartin Pediatric Lecture*. Mercy Hospital. Pittsburgh, Pa. April -28, 1998.

Barlow, B. Building a Safe Community. *Templeton Lecture*. Medical College of Va. Richmond, April 30, 1998

Barlow, B. Building a Safe Community. North Texas Chapter of the American College of Surgeons. Annual Meeting. *Harry M. Spence Endowed Lectureship*. Dallas, TX February 19, 1999

Barlow, B. Building a Safe Community. *Ballantine Lecture*. Hershey Medical Center. Penn State University. Hershey, Pa. May 6, 99.

Barlow, B. The Surgeon's Role in Injury Prevention. *Fitz Oration*. American Association for the Surgery of Trauma. Boston, Mass. September 17, 1999

Barlow, B. The Surgeon's Role in Building Safe Communities. *Burlington Northern Visiting Lectureship* in Trauma. Southwestern Medical School and Parkland Hospital. Dallas, TX February 23, 2000

Barlow, B. Protecting our Children – injury prevention in today's world. *Keynote* Maternal and Child Health Coalition of Greater Kansas City Provider's Conference. Kansas City, Kansas. July 13, 2000.

Barlow, B. Building a Safe Community – Injury Free Children.

Albany School of Public Health. *Live Satellite Conference Broadcast* for New York State. Albany. August 17, 2000.

Barlow, B. Building a Safe Community. *Keynote* National Association of Children's Hospitals and Related Institutions Annual Meeting. Philadelphia, Pa. September 25, 2000.

Barlow, B. Building a Safe Community: Advocating for Children. *Keynote*: California Annual EMS-C Conference. San Diego, Ca. November 9, 2000.

Barlow, B. Developing Community Based Injury Prevention Program. *Course*. Harvard School of Public Health. Boston, Mass. December 7, 2000.

Barlow, B. Building a Safe Community. *The 7th William B. Kiesewetter, MD Memorial Lecture*. Children's Hospital of Pittsburgh. Pittsburgh, Pa. March 15, 2001.

Barlow, B. Injury Free Coalition for Kids – Building Safe Communities. Safe USA National Conference of CDC Injury Prevention Center. *Keynote* and Live Internet . Atlanta, Ga. December 4, 2001.

Barlow, B. The History of the Injury Free Coalition for Kids. Partners in Prevention. National Association of Children's Hospitals and Related Institutions. *Keynote*. Dallas, TX. April 19, 2002.

Barlow, B. Harlem Hospital and the Injury Prevention Program. *Keynote*. 10th Anniversary Conference of the Injury Prevention Center at the Center for Disease Control. Boston, Ma. June 19, 2002.

Barlow, B. Building a Safe Community. *The David L. Chadwick Endowed Lectureship*. The 17th Annual Child and Family Maltreatment Conference. San Diego, Ca. February 7, 2003.

Barlow, B. Building a Safe Community. The Injury Free Coalition for Kids ® *Keynote*. John M. Templeton Jr., Pediatric Trauma Symposium. Children's Hospital of Philadelphia, Philadelphia, Pa. March 15, 2003.

Barlow, B. Building a Safe Community – the Journey from Harlem to Injury Free. *Dean's Distinguished lecture in Clinical Sciences*. Columbia University, College of Physicians and Surgeons. April 10, 2003.

Barlow, B. Building a Safe Community – Injury Free. *David E. Smith Lectureship*. St. Christopher's Children's Hospital, Philadelphia, Pa. November 21, 2003.

Barlow, B. Building a Safe Community. Ronald W. Cooke lecture. Connecticut Children's Medical Center. Hartford, Conn. April 20, 2004.

Barlow, B. The Journey to Injury Free. Frederick Douglass Stubbs Lectureship. National Medical Association Annual Meeting. New York, N.Y. July 25, 2005.

Barlow, B. The Journey to Injury Free. American College of Emergency Physicians. Advanced Pediatric Emergency Medicine Assembly. *Keynote*. New York, N.Y. April 17, 2007.

IMPORTANT INVITED PRESENTATIONS: SYMPOSIUMS, CME COURSES, NATIONAL AND INTERNATIONAL MEETINGS:

Barlow, B., Children shooting children. American Academy of Pediatrics Plenary Session. San Francisco, Ca. October 1988.

Barlow, B., Children shooting children. Injury Prevention. The Seriously Injured Child: A Comprehensive Approach. Miami, Children's Hospital Trauma Course. Miami, Fla. November 1989.

Barlow, B., Harlem Hospital and the Injury Prevention Program. National Pediatric Trauma Conference. Ann Arbor, Mich. September 1989.

Barlow, B. Who will the traumatologists be? The Future of Pediatric Trauma Care. National Pediatric Trauma Conference. Ann Arbor, Mich. September 1989.

Barlow, B., Pediatric trauma in the inner city. Development of an injury prevention program. Southeastern Trauma Symposium. Atlanta, Ga. November 1990.

Barlow, B., (1) Overview of violence and penetrating trauma in children (2) Injury prevention programs. Symposium on Pediatric Penetrating Trauma: Victims of Circumstance. Cardinal Glennon Children's Hospital, St. Louis, Missouri. September 1991.

Barlow, B., Strategies in Urban Injury Prevention. American Academy of Pediatrics. Spring Meetings. Plenary Session. New York, N.Y. April 1992.

Barlow, B., 1. Playground Safety. 2. Developing Urban Coalitions. Safe Kids 2000. National Pediatric Trauma Conference. Washington, D.C. May 1992.

Barlow, B., Controversies in initial management of the injured child. Institute for Trauma and Emergency Care, N.Y. Medical College, Valhalla, N.Y. June 1992.

Barlow, B., Management of Major Pediatric Trauma. The 11th Annual Symposium on Trauma. Violence in our Streets. Update 1992. Lincoln Hosp. Bronx, N.Y. November 1992.

Barlow, B. Keeping Kids Safe: Strategies for Preventing Violence and Injury. Workshops: Harlem Hospital Injury Prevention Program and panel on Reaching Hard to Reach Populations. Surgeon General's Conference. Maternal and Child Health Bureau. Columbia, Md. November 1992.

Barlow, B. Urban trauma. National Conference on Pediatric Trauma. Indianapolis September 1992.

Barlow, B. Inner City Injury Prevention. Georgia Safe Kids Trauma Symposium. Athens, Georgia. February 1993.

Barlow, B. Violence Prevention in Central Harlem, The R. Adams Cowley National Trauma Symposium. Baltimore, Md. March 1993.

Barlow, B. Injury Prevention - Does it really work. American College of Surgeon. Committee on Trauma. Point and Counterpoint Trauma Symposium. Atlantic City, N.J. May 1993.

Barlow, B. Harlem Hospital's Injury Prevention Program. Nassau County Medical Center Annual Trauma Symposium. Great Neck, N.Y. May 1993.

Barlow, B. Advocacy for Children - injury prevention. Regional Head Start Annual conference. New York Hilton. New York, N.Y. January 1994.

Barlow, B. Childhood Violence - intervention and prevention. Trauma Symposium. Children's Hospital of Buffalo. Buffalo, N.Y. March 18, 1994.

Barlow, B. Harlem Hospital - Preventing Injury. Long Island Department of Health Symposium on Pediatrics. Long Island, N.Y. June 8, 1994.

Barlow, B. The Harlem Hospital Injury Prevention Program - development and evaluation. New York State Department of Health. Conference on Injury Control. Albany, N.Y. June 10, 1994.

Barlow, B. Developing inner city coalitions for injury prevention. Delaware State Injury Prevention Conference. Dover, Del. July 13, 1994.

Barlow, B., The Harlem Hospital Injury Prevention Program: organization and outcome. St. Mary's Hospital Trauma Symposium. Waterbury, Conn. September 23, 1994.

Barlow, B., Harlem Hospital's Injury Prevention Program reaching out to Pittsburgh. Pittsburgh Public Theater Trauma Symposium. Pittsburgh, Pa. September 30, 1994.

Barlow, B. 1. Violence and Prevention of Violent Injuries. 2. Harlem Hospital Injury Prevention Program - building coalitions. Symposium Medicus Conference on Pediatric Emergency Medicine. Jamaica, W.I. October 3-7, 1994.

Barlow, B. Developing community coalitions to prevent injury to children. Nassau County Medical Center. Great Neck, N.Y. Trauma Symposium. November 4, 1994.

Barlow, B. Keeping Kids Safe. Plenary talk. Midwest Regional Childhood Injury Prevention and Control Conference. Kansas City, Mo. August 17, 1995.

Barlow, B. The Surgeon's Role in Injury Prevention. Chicago Trauma Society. . Chicago, IL September 8, 1995

Barlow, B. Violence Prevention in the Inner City. American Academy of Pediatrics. Plenary Talk.. San Francisco, Ca. October 16, 1995.

Barlow, B. Injury Prevention using Community Coalitions. Trauma Symposium. University of New Mexico. Albuquerque, N.M. December 1, 1995.

Barlow, B. Injury Prevention in the Inner City. Emergency Medical Services for Children National Conference. Plenary Talk. Washington, D.C. February 1, 1996.

Barlow, B. 1. Urban Violence. 2. Community based injury control. Wichita Trauma Symposium. Wichita, Ks. May 16-17, 1996.

Barlow, B. Community Based Injury Control. APNA Annual Meeting. San Diego, Ca. May 18, 1996.

Barlow, B. Building Safe Communities. Plenary Talk. Moving Kids Safely Conference. NHTSA U.S. Department of Transportation. Tyson Corners, Va. June 11, 1996.

Barlow, B. Injury Prevention. What Works, What's Feasible. What is the Surgeon's Role. Post Graduate Course 5. Multidisciplinary Decisions in Trauma Care from Infancy to Elderly. American College of Surgeons. San Francisco, CA, October 1996

Barlow, B. Building a Safe Community. World Health Organization and Karolinska Institute International Conference on Traffic Safety. Brussels, Belgium November 21, 1996.

Barlow, B. Building a Safe Community. Robert Wood Johnson National Conference on Sport in Society. Boston, Mass. June 3, 1997.

Barlow, B. Prevention - the Best Medicine. Pediatric Trauma Update. Post Graduate Course. American College of Surgeons National Meeting. Chicago, Ill. October 16, 1997.

Barlow, B. Prevention - The Best Medicine. Annual Pediatric Emergency Medicine and Trauma Symposium. Knoxville, Tenn. October 22, 1997.

Barlow, B. A Virus Called Firearms. American Academy of Pediatrics National Meeting. New Orleans, La. September 1, 1997.

Barlow, B. Adolescents and Violence - are we doing enough. American Academy of Pediatrics National Meeting. New Orleans, La. September 1, 1997.

Barlow, B. The Power of One. Safe America Center for Disease Control Conference. Washington, DC, November 20, 1997.

Barlow, B. Building a Safe Community *keynote* and Workshops on Playground Safety. Great Lakes Injury Prevention Conference. Akron, Ohio, April 17, 1998. .

Barlow, B. Injury Prevention: Getting Started. Pediatric Trauma Symposium N.J. Committee on Trauma of American College Surgeons. RWJ Medical School. New Brunswick, N.J. April 21, 1998.

Barlow, B. Preventing youth violence. Oak Harbor Trauma Conference. Oak Harbor Naval Air Base. Oak Harbor, WA. July 23, 1998.

Barlow, B. Building a safe community. National Health Promotion Conference: SOPHE. San Antonio, TX May 20, 1998

Barlow, B. Building a safe community. New England Satellite Trauma Conference. Emergency Medical Services for Children. University of Vermont. Burlington, Vt. October 2, 1998.

Barlow, B. Preventing adolescent risk taking. Annual Meeting American Academy of Pediatrics. San Francisco, Ca. October 19, 1998.

Barlow, B. Building a Safe Community. Alumni Lecture Albert Einstein College of Medicine Bronx, N.Y. April 13, 1999.

Barlow, B. Identifying Community Needs: The Harlem Hospital Experience. American Academy of Pediatrics Spring Meeting. Chicago, Ill. April 19, 1999

Barlow, B. Building a Safe Community. Connecticut Committee on Trauma of American College of Surgeons Trauma Symposium. Foxwoods, Conn. April 21, 1999.

Barlow, B. Playgrounds. The Harlem Hospital Experience. Illinois Playground Conference. Chicago, Ill. April 23, 1999.

Barlow, B. Building a Safe Community. Jacobi Trauma and Emergency Medicine Symposium. Bronx, N.Y. June 16, 1999.

Barlow, B. Violence Prevention in the Inner City. Video Conference for Riley Children's Hospital. Indianapolis, In. August 12, 1999.

Barlow, B. Injury Prevention Spreading the Message. North Shore University Hospital Trauma Symposium. Manhasset, New York. August 7, 1999.

Barlow, B. Building a Safe Community. Valley Children's Hospital Trauma Symposium. Fresno, Ca. September 29, 1999.

Barlow, B. Building a Safe Community. Pediatric Emergency Medicine Symposium. Ft. Lauderdale, Fla. April 15, 2000.

Barlow, B. Injury Prevention for the New Millennium. 10th Anniversary Conference. Trauma – the decade past and the decade to come. Robert Wood Johnson Medical School Symposium. New Brunswick, N.J. September 15, 2000.

Barbara, B. Building a Safe Community. State of Vermont Annual EMS Conference. Burlington, VT. April 1, 2001,

Barbara, B. Building a Safe Community. State of Connecticut Annual Safe Kids Conference. Hartford, Conn. April 5, 2001.

Barlow, B. Injury Prevention Does Work. Midwest Trauma Society 15th Annual Conference. Wichita, KS. May 11, 2001.

Barlow, B. Building a Safe Community. Foundation for Women in Medicine. Philadelphia, Pa. October 12, 2001.

Barlow, B. Building a Safe Community. Southwest Injury Prevention Conference. London, Ontario, Canada. October 18, 2001.

Barlow, B. Injury Free Coalition for Kids. Day in Trauma Symposium. Ontario Trauma Coalition. London, Ontario, Canada. October 19, 2001.

Barlow, B. Partners in Prevention – Building an Injury Free Coalition. Washington, D.C. NACHRI's National Advocacy Meeting. November 9, 2001.

Barlow, B. Injury Free Coalition for Kids – Building Safe Communities. SafeUSA National Conference of the CDC Injury Prevention Center. Lecture and live internet. Atlanta, Ga. December 4, 2001.

Barlow, B. Harlem Hospital and the Injury Prevention Program. 10th Anniversary Conference of the CDC Injury Prevention Center. Boston, Ma. June 19, 2002.

Barlow, B. Injury Free Coalition for Kids – Building a National Program. American Academy of Pediatrics Annual Meeting. Boston, Mass. October 21, 2002.

Barlow, B. Building a Safe Community - The Injury Free Coalition for Kids. Detroit Trauma Symposium, Detroit, MI. November 15, 2002.

Barlow, B. The Journey to Injury Free. Women's Pediatric Society of Puget Sound. Annual Lectureship. Seattle, WA. December 4, 2002.

Barlow, B. Creating a Community Wide Injury Prevention Program. Center for Community Health Partnerships. 2004 Seminar Series. Columbia University, March 25, 2004.

Barlow, B. Pressley, J. Childhood and Adolescent Injury due to falls from buildings and structures in the U.S. Ethnic Disparities and a best practices approach to reduction. Safety 2004. World Injury Prevention Conference. Vienna, Austria. June 9, 2004.

Barlow, B. The Journey to Injury Free. EMSC Region 5. Wisconsin Dells, Wisc. October 18, 2004

Barlow, B. Injury Prevention – what programs work. Miami Children's Hospital Pediatric Post Graduate Course. Miami, FLA. January 3, 2005.

Barlow, B. Healthy Youth Today promotes Productive Leaders. Legislative Breakfast. State Office Building. New York, NY February 26, 2005.

Barlow, B. Injury Free. American Academy of Pediatrics. National Injury Prevention Group. Elk Grove Village, Chicago, IL March 18, 2005

Barlow, B. The Journey to Injury Free. 9th Congress of the World Federation of Societies of Intensive and Critical Care Medicine. Buenos Aires, Argentina. August 30, 2005.

Barlow, B. The Sacred Bundle. 10th National Conference Injury Free Coalition for Kids. Ft. Lauderdale, Fla. December 3, 2005.

Barlow, B. The Journey to Injury Free. *Keynote*. Injury Prevention for the Ages Conference. Toronto, Ontario, Canada. March 7, 2006.

Barlow, B. The Journey to Injury Free. 60th Anniversary Lecture and Providence video conference. IWK Children's Hospital. Halifax, Nova Scotia, Canada. May 17, 2006.

Barlow, B. Building Coalitions for Injury Prevention. 9th Annual Connecticut Trauma Conference. Foxwoods. Ledyard, Conn. March 29, 2007.

Barlow, B. Beyond the Practice Walls: Decreasing Morbidity and Mortality. Determinants of Child Health Course. National Meeting American Academy of Pediatrics. San Francisco, CA. October 26, 2007

Barlow, B. Identifying and Addressing Community Health Problems. National Meeting American College of Pediatrics, San Francisco, CA. October 27, 2007.

SPECIAL APPOINTMENTS:

American Board of Surgery - Site visitor for Residency Review Committee	1988-1990
Pennsylvania Trauma System Foundation: Trauma Center Reviewer	1987-1992
American College of Surgeons: Trauma Program Reviewer	1989-1990
American Academy of Pediatric Task Force. Adolescent Assault Victim Needs Committee Pediatric Emergency Medicine	1994 1994-2000
Consultant to Association of Emergency Medicine Physicians on Injury Prevention,	1995
American College of Surgeons: Committee on Trauma Pediatric Surgery Liaison	1992-2002 2000-2002
American College of Physicians: Gun Violence Project	1995
New York Surgical Society: Treasurer Vice President President Council Member	1990-1994 1994-1995 1996-1997 1997-2000
American Pediatric Surgical Association Trauma Committee Chairman Credentials Committee Nominating Committee	1983-1991 2001- 2003 1988- 1991 1982 -1985 1988-1989

Advisory Committees:

Child Passenger Safety Program – Trauma-link Children’s Hospital of Philadelphia Philadelphia, Pa.	1999-2005
--	-----------

Harvard School of Public Health Injury Prevention Center Advisory Board Boston, Ma.	2000-present
Center for Community Health Partnerships Columbia University – Health Sciences New York, N.Y.	2002-present
Foundation for Women in Medicine Philadelphia, Pa.	2002-present
National Child Traumatic Stress Initiative - EMSC Children’s Hospital of Philadelphia	2002- 2007
National Center for Medical-Legal Collaboration Family Advocacy Advisory Board Boston Medical Center	2006-present

FELLOWSHIP AND GRANT SUPPORT:

Co-principal Investigator

Tufts University National Pediatric Trauma Registry. U..S. Dept. of Education Grant #G-008300042,	1988-1998
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Principal Investigator:

Robert Wood Johnson Foundation

Prevention of Injury to Children of Central Harlem	\$ 241,000	1988-1990
Renewal	\$ 299,000	1990-1992
Dissemination	\$ 1,143,102	1994-1998
Institutionalization	\$ 3,156,991	1998-2001
Nationalization	\$15,000,000	2001-2008
Obesity Prevention Synergy Grant	\$ 630,000	2006-2007
Obesity Prevention Capacity Building Grant	\$ 53,813	2006-2007

National Institute of Health National Center on Minority Health and Health Disparities	\$6,000,000	2003-2007
#MD00206 P60 Carasquillo (PI) Core on injury to elderly in the Center for the Health of Urban Minorities.		

OTHER GRANTS:

Rudin Foundation	\$ 275,000	1989-2001
New York State - Manhattan Delegation	\$ 42,000	1989-1992
Columbia University Community Service	\$ 148,510	1989-2001
Drexel, Burnhan, Lambert	\$ 45,000	1991-1993
American Academy of Pediatrics Chapter 2	\$ 1,000	1991
W. T. Grant Foundation	\$ 25,000	1991 and 1999
Texaco Foundation	\$ 70,000	1991-1997
Johnson and Johnson	\$ 97,500	1991-1997
New York State Disability Mini-Grant	\$ 20,000	1992-1993
New York State Injury Prevention Service Contract	\$ 152,000	1992-1995
Charles Lawrence Keith and Clara Miller Foundation	\$ 75,000	1992-1999
Juvenile Justice Delinquency Prevention Contract	\$ 471,000	1993-1997
New York State Violence Prevention Contract	\$ 628,000	1993-2000
Kern Foundation	\$ 40,000	1997-1998
Heron Foundation	\$ 95,000	1997-1999
Open Society Institute	\$ 70,000	1998
Dolan Foundation	\$ 25,000	1999
Allstate Foundation	\$ 100,000	1999-2000
Allstate Foundation	\$ 200,000	2000-2001
Allstate Foundation	\$ 300,000	2002-2003

Allstate Foundation	\$ 320,000	2004
Allstate Foundation	\$ 320,000	2005
Allstate Foundation	\$ 320,000	2006
Friends of Harlem Hospital – Seniors Project	\$ 25,000	2006
Allstate Foundation	\$ 150,000	2006
Allstate Foundation	\$ 345,000	2007
Allstate Foundation – Teen Driving	\$ 105,000	2007
Allstate Foundation	\$ 355,000	2008

DEPARTMENTAL AND UNIVERSITY COMMITTEES

Harlem Hospital Center:

Tissue Committee	1978-1989
Operating Room Committee	1975-present
Medical Board	1979-present
Quality Assurance Committee	1987-1999
Executive Committee Medical Board	1999-present
Search Committee Psychiatry	2000-2001
Executive Staff Committee	1999-present
Search Committee Psychiatry	2003-present
Search Committee Obstetrics	2005-2006
Search Committee Rehabilitation	2006-2007
Search Committee Pediatrics	2006-
Search Committee Associate Medical Director	2007-

Columbia College Physicians and Surgeons:

Search Committee Anesthesiology	1990-1991
Surgery COAP	1999-present
Search Committee Medicine	2001-2002
Search Committee Urology	2003-2004
Faculty Council Executive Committee of the Faculty of Medicine (voting member)	2003-2007

TEACHING EXPERIENCE: ACADEMIC COURSE LECTURES:

Barlow, B. Community involvement in injury prevention. U.S. Health Care II Course. City College of New York Medical School. March 2, 1994.

Barlow, B. Designing prevention activities for an inner city community. Preventive Medicine and Public Health. Columbia University School of Public Health. March 10, 1994.

Barlow, B. Community approaches to injury prevention. Columbia University School of Public Health Child Health PH P8628 March 18, 1996.

Barlow, B. Building a safe community. Injury Prevention Seminar. Center for Advanced Study of Public Safety and Injury Prevention. SUNY School Public Health. Albany, N.Y. December 4, 1996.

Barlow, B. Community approaches to injury prevention. Columbia School of Public Health Course. April 7, 1997.

Barlow, B. Development of community based child injury prevention programs. John Hopkins School of Public Health. Course on the spectrum of Child and Adolescent Injury. September 19, 2000.

Barlow, B. The Injury Free Coalition for Kids. Harvard School of Public Health. Injury Prevention Course. December 7, 2000.

Barlow, B. Building a National Program to Reduce Childhood Injuries. Seminars in Epidemiology. Columbia University, Mailman School of Public Health. April 25, 2003.

Barlow, B. Injuries are not Accidents. PH8628. Public Health Aspects of Child Health, Columbia University, Mailman School of Public Health. February 12, 2004.

Barlow, B, Davidson, L. The importance of building community coalitions, to promote and sustain change. Seminar P8629. Family and Population Health., Columbia University. Mailman School of Public Health..March 29, 2004.

Barlow, B. Injury Prevention. Public Health Aspects of Child Health. Columbia University, Mailman School of Public Health, September 30, 2004.

Barlow, B. Coalitions used to Build a Safe Community. Public Health Aspects of Child Health. Columbia University, Mailman School of Public Health.. October 27, 2005.

Barlow, B. Development of the Injury Free Coalition for Kids. Public Health Aspects of Child Health. Columbia University, Mailman School of Public Health. December 6, 2007.

OTHER PROFESSIONAL ACTIVITIES:

Publication reviewer:

Journal Pediatric Surgery, Pediatrics, Pediatric Emergency Care, Archives of Adolescent Medicine, Journal American Public Health Association

Consultant:

Department of Health and Human Services:

Maternal Child Health Bureau: Grant reviewer	1990
U.S. Congress OTA panel on Safety in Schools	1994
NYS Board of Regents panel on Safety in School	1994
Injury Prevention and Managed Care White Paper Panel:	
Emergency Medical Services for Children Dept Health and Human Services	1998

PUBLICATIONS:

Peer Reviewed:

Barlow, B., Santulli, T.V., Heird, W.C., Pitt, J., Blanc, W.A., and Schullinger, J.N. An experimental study of acute neonatal enterocolitis; the importance of breast milk. *J. Ped. Surg.* 9: 587-595, 1974.

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Harlem Hospital Today. Injury Prevention Program.
Paragon Cable. New York, NY Juan Dandridge, Producer.

1989

Injuries are Not Accidents. New York City Department of Health. New York, NY John Day, Producer.	1990
Harlem Hospital Injury Prevention Program. Paragon Cable. New York, NY Roz Sparks, Producer	1991
Prevention of Violence with District Attorney Morgenthau. Paragon Cable, New York, NY	1991
Harlem Horizon Art Studio. Good Morning America. Channel 7. New York, NY	1992
Inside the Law: Children and Guns. American Bar Association	1993
Community, Compassion and Caring. Johnson and Johnson. New Brunswick, NJ	1995
Injury Prevention in the Inner City. Midwest Regional Childhood Injury Control Conference. NHTSA Kansas City, Mo.	1995
Injury Free Coalition for Kids – Allstate Award Video. Washington, DC	1998
Injury Free Coalition for Kids National Video. Kansas City, MO	2000
Injury Free Coalition for Kids in Harlem. New York, NY	2000
Injury Free Coalition for Kids – National Library of Medicine. Changing the Face of Medicine. McNeil Lehrer Productions.	2003
Injury Free 10 th Annual Meeting Video - December Annual Meeting	2005

INVITED LECTURES

Barlow, B. Development of a community wide injury prevention program - a model for community action. New York State Medical Society Injury Prevention Committee. Lake Success, N.Y. December 1990.

Barlow, B. Injury Prevention and Pediatric Trauma in Harlem. New York Pediatric Critical Care Society. New York, N.Y. May 1993.

Barlow, B. Harlem Hospital Injury Prevention Program. New York Academy of Medicine. New York, N.Y. April 1993.

Barlow, B. Intervention to reduce youth violence. New York Academy of Medicine. Committee on Public Health. New York, N.Y. March 7, 1994.

Barlow, B. Community coalition building to prevent injury to children. Community Symposium. Poughkeepsie, N.Y. April 22, 1994.

Barlow, B. Injury prevention - the physician's responsibility. New York Academy of Medicine. New York, N.Y. July 18, 1994.

Barlow, B. Injury Prevention in Harlem. York Trauma Center. York, Pa. July 3, 1997.

Barlow, B. Safe Kids in Harlem. Lancaster Safe Kids Annual Meeting. Lancaster, Pa. August 9, 1997.

Barlow, B. Building a Safe Community - the Mission of the Trauma Center. Morristown Trauma Center. Morristown, N.J. August 20, 1997.

Barlow, B. Injury Prevention in Harlem. St. Joseph's Trauma Center, Patterson, N.J. September 4, 1997.

Barlow, B. Building a safe community. Children's Mercy Hospital. Community Affairs Committee. Kansas City, Mo. August 17, 1998.

Barlow, B. Building a safe community. John Hopkins Grand Rounds Pediatrics and Pediatric Surgery. Baltimore, Md. November 11, 1998.

Barlow, B. Injury Free Coalition for Kids. Children's Mercy Hospital, Kansas City, Mo. Annual Staff Meeting. January 21, 1999.

Barlow, B. Building a Safe Community. Children's Medical Center of Dallas. Dallas, TX February 17, 1999.

Barlow, B. Building a Safe Community. Alumni Lecture Albert Einstein College of Medicine Bronx, N.Y. April 13, 1999.

Barlow, B. Building a Safe Community. University of Miami Medical School. Jackson Memorial Hospital. Miami, Fla. May 25, 1999.

Barlow, B. Injury Free Coalition for Kids –Safe Play Spaces. Children's Mercy Hospital Public Health Conference. Kansas City, Mo. March 24, 2000.

Barlow, B. Injury Free Coalition for Kids. A Mission for Mercy Hospital. Pittsburgh, Pa. March 27, 2000.

Barlow, B. Partners in Change. Working together with the Community. Dallas Children's Medical Center. Dallas, TX. March 30, 2000.

Barlow, B. Involving the community in Injury Prevention. Medical College of Virginia. Richmond, Va. April 10, 2000.

Barlow, B. Building a Safe Community. University of Miami. Jackson Memorial Hospital. Miami, Fla. March 13, 2000.

Barlow, B. Building a Safe Community. Northern Manhattan/Generations + Executive Staff Conference. New York, N.Y. September 28, 2000.

Barlow, B. Injury Free – Building a Safe Community. Mt. Sinai Hospital. New York, N.Y. December 12, 2001.

Barlow, B. The Injury Free Coalition for Kids. Pediatric Grand Rounds. Children's Hospital of New York, New York, N.Y. March 22, 2002.

Barlow, B. Building a Safe Community. Pediatric Grand Rounds. Children's Hospital of New Jersey. Newark, N.J. June 12, 2002.

Barlow, B. Building a Safe Community. Children's Hospital of Seattle. Department of Pediatrics and Pediatric Surgery. Seattle, WA December 5, 2002.

Barlow, B. Injury Free Coalition for Kids. Pediatric Grand Rounds. University of Massachusetts Medical Center. Worcester, Mass. April 4, 2003.

Barlow, B. Building a Safe Community – Injury Free. Rhode Island Hospital. Pediatric Grand Rounds. Providence, Rhode Island. October 17, 2003.

Barlow, B. Healing through Art. Healing Arts Symposium sponsored by the Mayor of New York City. New York University, NY July 31, 2003.

Barlow, B. Healing through the Arts. Goldwater Hospital. New York, N.Y. October 21, 2003

Barlow, B. Children Must Play. St. Christopher's Children's Hospital. Pediatric Grand Rounds. Philadelphia, Pa. November 20, 2003.

Barlow, B. Building a Safe Community – the Journey to Injury Free. Children's Hospital of Alabama. Birmingham, AL. April 29, 2004.

Barlow, B. Building a Safe Community. New York City Department of Health. New York. October 14, 2004.

Barlow, B. Injury Free Coalition for Kids. Robert Wood Johnson Foundation. Vulnerable Populations. Princeton, NJ. November 15, 2004.

Barlow, B. The Journey to Injury Free. Nassau County Pediatric Society. Garden City, NY, April 11, 2005.

Barlow, B. Injury Prevention – the Journey to Injury Free. St. Joseph's Hospital, Patterson, N.J. November 3, 2005.

Barlow, B. The Journey to Injury Free. University of Iowa. Iowa City, Iowa. May 1, 2007.

Barlow, B. The Development of the Injury Free Coalition for Kids. Faculty Meeting Epidemiology, Mailman School of Public Health. October 19, 2007.