

What's Behind a Name: The Kaufman Prize of the Canadian Geriatrics Society



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ABSTRACT

The Kaufman Prize has been given by the Canadian Geriatrics Society for nearly 30 years, but few Society members are aware of who Kaufman was or why the Prize was named after him. They are equally unclear about the objectives established for the Prize and how successful it has been in achieving them. This paper reviews the history of the Kaufman Prize and the eponymous A.R. Kaufman. The original objectives of the award were to encourage clinical research in geriatric medicine and to foster research interest in medical residents. Over the years the Prize has allowed the Society to both recognize and encourage excellence in age-related research among trainees. With the renaming of the Prize, now would be an opportune time for the Society to review both its objectives and its format.

Key words: Kaufman Prize, Alvin Ratz Kaufman (1885–1979)

INTRODUCTION

At the founding meeting of the Society in 1981, it was announced that “the Kaufman Foundation of London [sic], Ontario promised to contribute a sum of \$5,000.00 to be used for the Society’s educational purposes.”⁽¹⁾ In 1982 at the first regular business meeting, Dr. R.D.T. Cape

...reported the donation of \$5,000.00 [which would be equivalent to a bit over \$11,000 in 2011] from the A.R. Kaufman Foundation which was earmarked for the CSGM’s [Canadian Society of Geriatric Medicine, the former name of the Canadian Geriatrics Society] endowment fund for the furtherance of the objectives of the Society.⁽²⁾

The A.R. Kaufman Charitable Foundation was created in 1973 by Alvin Ratz Kaufman (see following section) and based in Kitchener, Ontario, his home town. After his death in 1979, the Foundation gave away its remaining assets of a bit less than a million dollars over the next 5 years to support

projects that would have interested Kaufman and/or his wife. Its largest donation was \$665,000 to help with the building of the A.R. Kaufman Family YMCA in Kitchener.⁽³⁾ By 1985 the Foundation was inactive.⁽⁴⁾

At the 1983 business meeting of the Society, Dr. Cape

...proposed that the endowment fund be used to provide for an essay or a report on a modest research project by a postgraduate trainee or undergraduate medical student, and C. Gryfe proposed that the Society should pay the expenses of the successful candidate to present the work at the annual scientific meeting of the Society.⁽⁵⁾

By September of 1984 it had become the “Kaufman prize—a prize open to any trainee in a Canadian postgraduate medical training program.”⁽⁶⁾ Who was eligible for the Prize varied over the years. It eventually evolved into a \$1,000 award for the presentation deemed the best by a panel of judges given at the annual scientific meeting of the Canadian Geriatrics Society by a trainee in either a geriatric medicine or care-of-the-elderly residency program.

Alvin Ratz Kaufman (1885–1979)

Kaufman, a wealthy industrialist, was an interesting if controversial figure. In 1908 his father, Jacob Ratz Kaufman, founded the Kaufman Rubber Co. (later renamed Kaufman Footwear) in what was then Berlin (now Kitchener), Ontario to produce rubber footwear for both the domestic and foreign markets. After Jacob’s death in 1920, A.R. Kaufman became president of the Company, a position he held until 1964 when, at the age of 79, he became Chairman of the Board. The Sorel line of winter sport/work boots was its most successful product. In 2000, long after Kaufman’s death, the Company filed for bankruptcy. He played an active role in the city of Kitchener. Kaufman served as chair of the city’s Planning Commission for 36 years and was a generous supporter of the local YMCA/YWCA, staunch member of the Zion Evangelical Church congregation, and on the founding Board of Governors of the University of Waterloo.

A.R. Kaufman believed in family as well as city planning. He was best known in his lifetime for spending over half a million dollars to support birth control through the Parents' Information Bureau, which he founded during the Great Depression.^(7,8) Rather than using clinics, nurses employed by the Bureau went directly to the homes of women to explain birth control. Supplies subsequently ordered from the Bureau, typically “[contraceptive] Jelly, Nozzle [applicator] and Condom”, would be mailed directly to them.⁽⁹⁾ One of his field workers, Dorothea Palmer, was arrested in Eastview (now Ottawa's Vanier neighborhood) for her activities but acquitted in a landmark judgment.^(10,11)

While the Bureau helped many women get access to contraceptives, Kaufman did not establish it for them to gain control over their sexual and marital relationships. He saw birth control (and sterilization procedures) as a way to deal with what he felt was the excessive fertility of the poor compared to the “better classes.”⁽¹²⁾ A member of the Eugenics Society of Canada, he believed that many social problems arose from this imbalance.⁽¹³⁾

He offered sterilization to his factory workers. The implications of this were noted by Professor J.B.S. Haldane, who in 1938 wrote that

A well-known employer in Ontario during the recent depression offered to pay for the sterilization of a number of his workmen whom he regarded as mentally dull, and several consented. During a time of unemployment it is generally advisable to comply with the suggestions of one's employers.⁽¹⁴⁾

Between 1930 and 1969, reportedly 1,000 sterilization procedures were done on his factory workers.⁽¹⁵⁾ He felt sterilization should be offered to those with a variety of “transmissible disease...[such as] certain types of tuberculosis, epilepsy, syphilis, nerve diseases, heart conditions, kidney conditions, congenital deafness, congenital blindness, etc.”⁽¹⁶⁾

His hope was that birth control would limit the numbers of “the unintelligent and penniless.”⁽¹⁷⁾ He found a kindred spirit in the American journalist and satirist H.L. Mencken. In a letter to Mencken his attempt at levity badly misfired:

I agree that it might be more merciful and cheaper to “have at them [the poor] with machine guns”, but the law has an inconvenient way of insisting on prolonging people's agony. My first reaction when I took some interest in the deplorable state of affairs of some people was to “dump them in the lake”, which is even cheaper than your method. Since my idea was also impractical from a legal standpoint, I decided to do the next best, and to date have through my nurses and cooperative doctors accomplished over 400 sterilizations.⁽¹⁸⁾

While many believed in eugenics and “race betterment through birth control”⁽¹⁶⁾ in the 1930s (though very few to the extent he did or with the ability to act), Kaufman remained a true believer long after most Canadians had rejected these beliefs following the Second World War.^(19,20)

Kaufman was also well known for his opposition to organized labour. Over many years he vigorously opposed unionization of his workforce.⁽²¹⁻²⁴⁾ Kaufman viewed as “burdensome aggravations” workplace practices such as established processes and procedures to deal with grievances. After a 2-week strike in 1937 ended with no gains for the strikers, to teach his employees a lesson Kaufman locked them out for another 4 weeks. During the summer of 1960 he broke a violent 7½-week strike of employees at his Kitchener plant. They had been demanding a 15-cents-an-hour raise. After the strike collapsed, workers who took part had to reapply for their jobs. Some of the strike organizers were not rehired.⁽²⁵⁾

Without doubt Kaufman was an accomplished businessman and made important contributions to his community. In 1965 he was selected Citizen of the Year by the Kitchener-Waterloo Junior Chamber of Commerce. In addition to the city's YMCA, a Kitchener school is named after him. Kaufman was inducted into the Waterloo County Hall of Fame in 1976. On the other hand, contemporaries described him as opinionated, abrupt, impatient, eccentric, old-fashioned, aloof, distant, and autocratic.^(20,22,25,26) Like many, his legacy is a mixed one.

Other than his great age at the time of his death (93 years), there were few connections between him and the geriatric community. He did own the Preston Springs Gardens in Cambridge, Ontario, which he leased to the Canada Synod for use as a Lutheran Home for the Aged. The building had been built in 1890 as a spa when it was called the Hotel Del Monte.⁽²⁷⁾ After Kaufman's death it went through a series of owners before finally closing in 1990.⁽²⁸⁾ The building currently sits vacant and is rumored to be haunted.

PRIZE WINNERS

The first Kaufman Prize was presented in 1984 (see Table 1). Multiple prizes were given out in 3 years while none was awarded in 1985. A total of 30 prizes have been awarded to 27 individuals (Drs. Kenneth Rockwood and Sudeep S. Gill were the two multiple prize winners).

As can be seen, diverse subjects and study methods are represented by these presentations. All dealt with older persons or conditions associated with increasing age. Most (28/30, 93%) reported on work done in Canada. Approximately three-quarters (23/30, 77%) have been published—a substantially higher rate than for other presentations given at the annual scientific meetings of the Society.⁽²⁹⁾

CONCLUDING REMARKS

The initial objectives of the Kaufman Prize were “to encourage clinical research in geriatric medicine and to foster

TABLE 1
Kaufman Prize recipients.

Year	Name of Prize winner and institutional home, title of recipient's paper, and reference for any subsequent publication	Year	Name of Prize winner and institutional home, title of recipient's paper, and reference for any subsequent publication
1984	Dr. Kenneth Rockwood (University of Alberta) <i>Prevalence of problem behaviour in long term care</i> Can J Public Health 1989;80(4):302-3	1997	Dr. Roger Wong (University of Alberta and University of British Columbia) <i>Development of a novel tool for the evaluation of audio-visual materials (TEAM) on dementia in the elderly</i> Ann R Coll Physicians Surg Can 2000;33(7):431-6
1985	Not awarded		Dr. Darryl Rolfson (University of Alberta) <i>Delirium in the elderly after coronary artery bypass graft</i> Can J Cardiol 1999;15(7):771-6
1986	Dr. Kenneth Rockwood (University of Alberta) <i>Response bias in an elderly population</i> Age Ageing 1989;18(3):177-82	1998	Dr. Susan Torrible (University of Alberta) <i>Implementation of a delirium protocol in the management of elderly patients with delirium</i>
1987	Dr. Kenneth Rockwood (University of Alberta) <i>Acute confusion in elderly patients</i> J Am Geriatr Soc 1989;37(2):15-4	1999	Dr. David Lussier (Université de Montréal) <i>Is ticlopidine discontinued more often due to side effects in old elderly?</i>
1988	Dr. Kenneth Rockwood (University of Alberta) <i>Elderly patients with non-medical hospital stays</i> J Clin Epidemiol 1990;43:971-5	2000	Dr. Shabbir Alibhai (University of Toronto) <i>Influence of age, comorbidity, and source of efficacy data on optimal treatment choice for localized prostate cancer: a decision analytic view</i> J Clin Oncol 2003;21(17):3318-27
1989	Dr. M. Peter O'Connor (University of Manitoba) <i>Jejunal bacterial flora in healthy elderly subjects</i>		Dr. Gustavo Duque (McGill University) <i>Vitamin D receptor (VDR) expression in bone of oophorectomized C57BL/6 mice: changes with age and estrogen replacement</i> Biochem Biophys Res Commun 2002;299(3):446-54
1990	Dr. Janet McElhaney (University of Alberta) <i>Attenuated antibody response following influenza vaccination in elderly people</i> J Gerontol 1992;47(1):M3-8; Vaccine 1993;11(10):1055-60	2001	Dr. Laura Diachun (University of Western Ontario) <i>The efficacy of experiential learning of geriatric curriculum in the first year medical students at UWO</i>
1991	Dr. Donald Duerksen (University of Manitoba) <i>Clinical assessment of nutritional status in the elderly: is it valid?</i> Nutrition 2000;16:740-4	2002	Dr. Kenneth M. Madden (University of Washington) <i>The effects of endurance and strength training on measures of heart rate variability in healthy elderly female subjects</i> Clin Invest Med 2006;29(1):20-8
1992	Dr. Johanne Monette (McGill University) <i>A challenging diagnosis: polyarteritis nodosa (PAN) in the elderly</i>	2003	Dr. Sudeep S. Gill (Institute for Clinical Evaluative Sciences, Toronto, Ontario) <i>Representation and eligibility of real-world subjects with dementia in clinical trials of dementia</i> Can J Clin Pharmacol 2004;11(2):e274-85
1993	Dr. Amanda Hill (University of British Columbia) <i>Alterations in glucose metabolism in Alzheimer's disease</i> J Am Geriatr Soc 1993;41(7):710-4	2004	Dr. Sudeep S. Gill (Institute for Clinical Evaluative Sciences, Toronto, Ontario) <i>Prescribing cascade involving cholinesterase inhibitors and anticholinergic drugs</i> Arch Intern Med 2005;165(7):808-13
1994	Dr. José Morais (McGill University) <i>Videofluoroscopy of the modified barium swallow: reliability study</i>	2005	Dr. Melissa K. Andrew (Dalhousie University) <i>Incomplete functional recovery after delirium in elderly people: a prospective cohort study</i> BMC Geriatr 2005;5:5
1995	Dr. Barbara Liu (University of Toronto) <i>Vitamin D deficiency in elderly residents of long-term care facilities: interim results</i> J Am Geriatr Soc 1997;45(5):598-603		
1996	Dr. Chris MacKnight (Dalhousie University) <i>Efficacy of the heparin nomogram: the effect of age and frailty</i>		

TABLE 1 Continued
Kaufman Prize recipients.

Year	Name of Prize winner and institutional home, title of recipient's paper, and reference for any subsequent publication
2006	Dr. Manuel Montero Odasso (McGill University) <i>The effect of executive and memory dysfunction on gait performance in a mild cognitive impairment population</i> <i>BMC Geriatr</i> 2009;9:41
2007	Dr. Paige Moorhouse (Dalhousie University) <i>A comparison of the EXIT-25 interview and the frontal assessment battery for the diagnosis of executive dysfunction</i> <i>Dement Geriatr Cogn Disord</i> 2009;27(5):424–8 Dr. George Pope (Mid Western Regional Hospital, Clinical Age Assessment Unit, Limerick, Ireland) <i>The clinical and cost impact from geriatrician review of medication use by dependent institutionalized elderly</i> <i>Age Ageing</i> 2011;40(3):307–12
2008	Dr. Sean Michael Nestor (University of Western Ontario) <i>Association between cerebral ventricular enlargement and apolipoprotein E polymorphisms measured in subjects participating in the Alzheimer's disease neuroimaging initiative</i> <i>Brain</i> 2008;131(9):2443–54
2009	Dr. Tareef Al-Aama (University of Western Ontario) <i>Melatonin for the prevention of delirium in elderly patients: a randomized, placebo-controlled trial</i> <i>Int J Geriatr Psychiatry</i> 2011;26(7):687–94
2010	Dr. Maneesha Khurana (University of Alberta) <i>Antithrombotic therapy in geriatric patients with atrial fibrillation in a rehabilitation hospital</i>
2011	Dr. Donald Doell (Dalhousie University) <i>Catch fallers: critical assessment in a teaching clinic for high-risk fallers</i>

research interest in medical residents.⁷⁽⁶⁾ By 1990 it was felt that there was increasing interest in the Prize.⁽³⁰⁾ The current criteria for the Kaufman Prize only specify what type of trainee is eligible for the award (even here its not clear whether it is restricted to Canadian trainees, trainees in Canadian programs, some combination, or open to international trainees in geriatrics). No explicit direction on scope is provided, but there is an implicit understanding that it is to support excellence in primarily clinical research pertaining to aging and the care of older patients.

There are more than 30,000 scientific prizes in the world, with that number continuously growing.⁽³¹⁾ While some such as the Nobel Prize are well known, most are obscure. They generally do not raise the profile of the granting agency. In some of the publications noted in Table 1, no mention was

made that the paper was based on a Kaufman winning presentation. A recent challenge is the increasing complexity of the research enterprise. When projects are done by groups it can be hard to identify the specific role of an individual. Prizes are not an effective way to attract people into an academic career—young-investigator awards and start-up grants are likely more effective. On the other hand, the benefits for winners are much greater than the appreciated check and certificate.⁽³²⁾ It represents recognition and exposure. Their confidence in the worth of what they are doing is boosted, as it shows that some are listening to and appreciate their work. It can provide encouragement that they are on the right path at crucial points in their careers. Prizes give them and their work credibility. If all awards disappeared tomorrow, research would still be done but something would be lost. In addition to recognizing people, they identify important areas of inquiry, help spread ideas, and stimulate interest.

It's uncertain whether the Prize has encouraged research in geriatrics or fostered academic interest among medical residents. While winning the Kaufman Prize likely did not rank high on the reasons why the research listed in Table 1 was done, it has provided support to Prize winners, helped in the dissemination of their work, and allowed the Society to both recognize and encourage research excellence. The loss of a means to accomplish these objectives would be a major one for academic geriatrics in our country.

CONFLICT OF INTEREST DISCLOSURES

There are no conflicts of interest.

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