HOW RUTGERS MEDICAL SCHOOL BECAME CMDNJ

by

Ron Morris, M.D.

[RWJMS Retired Faculty Association Editors’ Note: Dr. Morris is Emeritus Professor at UMDNJ-Robert Wood Johnson Medical School. Prior to his retirement, he was Distinguished Professor of Pharmacology, served as Associate Dean for Research of RWJMS and briefly as Acting Vice President for Research of UMDNJ. This article is based upon presentations made at the RWJMS Retired Faculty Association on May 22, 2009. A timeline depicting significant events surrounding the transfer of RMS to CMDNJ is presented at the end of this article.]

When I joined Rutgers Medical School (RMS) in 1967, I had been attracted in large measure by the personality of the Dean, DeWitt Stetten Jr., by the fact that the medical school was an integral part of a great public University and by a magnificent scale model of a 400 bed university hospital to be erected on the Piscataway Campus.

Within three years most of these attractions were gone. Dean Stetten had resigned. The Rutgers Medical School was no longer part of Rutgers. The 400 bed teaching hospital vanished and was to be replaced by a 120 bed teaching hospital far from the campus. Moreover, we were now joined in a shotgun wedding with New Jersey College of Medicine and Dentistry, a school of previously poor reputation located in Newark, for reasons that we didn’t understand. From the point of view of most of the faculty and students this was the result of a monstrous and malignant breach of faith by the State of New Jersey, engineered by the recently elected Governor Cahill and his obedient henchman, Ralph Dungan the Commissioner of Higher Education. The faculty and students lobbied hard to prevent these events, but were not successful.

When the Executive Committee of the RWJMS Retired Faculty Association asked me to lead a discussion on “How Rutgers Medical School Became CMDNJ,” I said yes, because although I had lived through the events of our becoming the College of Medicine and Dentistry of New Jersey (CMDNJ), I really had no clear idea of why this had happened, and I was fascinated by the opportunity to figure it out. Fortunately, Dean Stetten had written an autobiography that provided a framework for understanding what had occurred. Chapter XI of the autobiography entitled “On the Banks - The Good Years”, and Chapter XII “On the Banks – The Bad Years” were especially useful (http://history.nih.gov/research/downloads/DeWittStettenMemoirs.pdf). Also helpful were a history of medical education in NJ by Bob Trelstad, http://www2.umdnj.edu/pathweb/njmededhx/index.htm, and the record of the legislative hearings on Assembly bill 1059 creating CMDNJ, which can be found at http://www2.umdnj.edu/pathweb/njmeded hx/1970hearingrltanote1059.htm.

War, Riots, Church, and State

This story of how Rutgers Medical School became part of the College of Medicine and Dentistry of New Jersey (CMDNJ) unfolded over 16 years from 1954 to 1970. It involved Rutgers University, Seton Hall University, the Catholic Church, the Vietnam War, Jersey City, a terrible riot in the city of Newark, and a number of fascinating personalities, among them Mason Gross, then president of Rutgers, Governors Hughes and Cahill of New Jersey, Ralph Dungan, the NJ Commissioner of Higher Education, DeWitt Stetten, Jr., the founding dean of Rutgers Medical School, and two high executives of Johnson and Johnson, George Smith, former chairman of the Board, and Robert Wood Johnson II himself. So how did New Jersey’s two medical schools come into existence, come into conflict and end up as one institution?
Here’s the short version of what I think happened. In the 1960’s NJ had two medical schools, the young Seton Hall Medical School in Jersey City and the brand new Rutgers University Medical School in Piscataway. In 1965 the Seton Hall Medical School came close to being disaccredited. Rather than being closed, it was purchased by the State of NJ and renamed the New Jersey College of Medicine and Dentistry (NJCMD). Two years later it was moved from Jersey City to Newark. In 1967 the Newark riots occurred, focused the State’s attention on Newark’s need for economic stimulus and engendered a central role for NJCMD in Newark’s reconstruction. In the mid-1960’s two prominent political events occurred that inclined the State government to punish what it perceived as an arrogant Rutgers University. These were “the Genovese affair” and the black students’ takeover of a Rutgers building in Newark. The Vietnam War also decreased the availability of NIH money to fund two medical schools, and the State of NJ found itself unwilling or unable to pay for the development of two medical schools. Because Newark was a priority issue, the State handled this problem by fusing the two schools to create CMDNJ which was centered in the city of Newark and dominated by Newark and Essex county concerns.

Prior to 1954 students had to leave the state of New Jersey to secure medical training. Because NJ had no medical school of its own, other states made it difficult for New Jersey residents to be admitted to their publicly supported medical schools. In 1954 two competing plans arose to provide for medical education in NJ. The Catholic Archdiocese of Newark initiated plans to start a medical school at Seton Hall University in Jersey City. Similarly, New Jersey put a proposal for a 25 million dollar bond issue to fund a medical school on the election ballot. The archdiocese fought the bond issue proposal vigorously. On the Sunday before Election Day a pastoral letter asking the faithful to vote "nay" on the bond issue referendum was read from the pulpit in every Catholic Church in New Jersey. Not surprisingly the bond issue was defeated. As the single medical school in the State of New Jersey, the Seton Hall College of Medicine and Dentistry enrolled its first class of 80 students in 1956. The clinical facilities for the school were provided by an arrangement with the Jersey City Medical Center. The school lasted until 1965 when after a series of disasters including the deaths of the Seton Hall’s President and the first Dean of the medical school, it fell into financial and educational disarray.

RMS – The Incubation Years

Meanwhile, Rutgers University resumed planning for its own medical school under a new president, Mason Gross, who was appointed in 1959. In 1961 a grant of more than $1 million was provided by the W. K. Kellogg Foundation to enable Rutgers to establish a medical school, and in the next year Rutgers Medical School was chartered as a two-year basic science institution offering the master of medical science (M.M.S.) degree. Richard J. Hughes, a Democrat, who supported the medical school at Rutgers, was re-elected governor of NJ in that year. And in the same year DeWitt (Hans) Stetten, Jr. was approached as a possible Dean for the new medical school. In Stetten’s words “Probably everyone who has gone through medical school has…considered how he would run a medical school if given the opportunity. I had some rather positive notions that I wished to put to the test, and I was therefore interested in the overtures from Rutgers. However, when I visited New Brunswick, I learned to my dismay that what the committee had in mind was far less than I had anticipated. … They felt that subjects such as anatomy, biochemistry, physiology, and microbiology could be taught by faculty already on hand. All that was needed was to add departments of pathology and pharmacology to complete a two-year basic medical sciences school as an excrescence on their biology department. This plan was what might have been expected from a committee on which there was no physician and, in my opinion, left a great deal to be desired. ......As I learned subsequently, the committee explored its
proposal with several other candidate deans and received negative responses from all.

“……….When they invited me back to New Brunswick in 1962, the proposal was entirely different. It was now agreed that a free-standing, two-year medical school with its own faculty accountable to its own dean was a reasonable first step. It was clear to me from the beginning that two-year schools, if they are any good, do not stay two-year schools, but grow to become four-year schools as soon as they can establish their clinical teaching facilities.”

DeWitt Stetten was appointed founding dean of the Rutgers University School of Medicine in 1962. This was a remarkable recruitment. Dr. Stetten not only had an outstanding academic record but was well connected to the power structure of academic medicine. He had received his B.A. magna cum laude from Harvard. His M.D. was from P & S, and a Ph.D. degree (in Biochemistry) from Columbia. He did his internship at Bellevue in New York City. He was on the biochemistry faculties of Columbia and Harvard Universities before he became Chief, Division of Nutrition and Physiology of the Public Health Research Institute of the City of NY. Subsequently, he joined the National Institutes of Health (NIH) to become Associate Director in Charge of Research and Chief, Section on Intermediary Metabolism of the National Institute of Arthritis and Metabolic Diseases. He was also a coauthor of a widely used medical biochemistry textbook (White Handler Smith and Stetten). He was a person of exceptional abilities and at Rutgers he was working for a high quality boss.

His description of the President of Rutgers reflects on both Mason Gross and himself. “Mason Gross was a great man by any standard. He had served Rutgers as professor of philosophy, as provost, and now as president. His personality dominated both the faculty and the board of governors. His intellectual interests were both wide and deep. He was extremely well read, being a judge of the National Book Awards, and he had fine taste in art as well as in music. He was a better than average performer on the piano, and supported by his friend Julius Bloom, then director of Carnegie Hall in New York, he provided to Rutgers an exceptionally fine series of musical events. He was, in addition, a man of enormous charm, great wit, and a temper quick to be aroused and quick to subside. It was while serving under Mason Gross that I became impressed with my personal requirement for job satisfaction - that my immediate superior be someone whom I could thoroughly respect.”

But, he also tells us, “Mason was initially profoundly ignorant of the affairs of medical schools. He had never visited one, and one of my first functions was to commence his education. He was a fast learner and soon came to appreciate the costliness to a university of the operation of a proper medical school. From the very start, it was my intention to create in New Brunswick an absolutely first-class institution. This was an unfamiliar notion in New Jersey where excellence, particularly in public educational institutions, was not appreciated. It was, I believe, my insistence upon quality which first established a good relationship between Mason Gross and myself.”

A second person helpful to the medical school was Robert Wood Johnson II. In Stetten’s words, “One of the citizens of New Brunswick to whom I was introduced very early was Robert Wood Johnson, former chairman of the board of Johnson & Johnson ….The General, as he was widely known… was considerably my senior, a dignified and exquisitely courteous gentleman who had definite opinions on most topics. General Johnson took an immediate interest in the prospect of a new medical school in his town of New Brunswick….He was on intimate terms with all recent governors and most of the high officials of the state. For these reasons he was a valued friend of our school.” Unfortunately and significantly, “It was his opinion that the school would never be able to have a teaching hospital of its own.” This was because he had historically strongly supported St. Peter’s Hospital and Middlesex Community Hospital, the two New Brunswick hospitals, and saw no need for a competing hospital. But coming back to the word quality, Stetten goes on to say, “One feature about General Johnson which I must stress is that he, as did Mason Gross, responded sympathetically to the notion that if there were to be a medical
school at Rutgers it had to be the best one that we could possibly build. He was one of the few voices in the state of New Jersey that spoke out loud for quality.”

RMS Faculty and Buildings

In 1963 the first RMS faculty members began to arrive. The first was R.Walter Schlesinger, a well recognized virologist, as Chair of Microbiology. The next was Alan Silverman, as Chair of Psychiatry. This to me appeared to be an unusual second recruitment for a two year medical school until I was enlightened during the Retired Faulty Association meeting by Joan Chase, who pointed out that President Kennedy had made an enormous amount of federal money available to medical schools for construction of community mental health clinics. The RMS community mental health clinic was one of the first medical school building constructed on the Piscataway campus. In subsequent years Drs. Crane, Plaut, Morrison, and Breckenridge, the chairpersons of Physiology, Biochemistry, Pathology, and Pharmacology arrived and after them their faculties, who were housed in makeshift laboratories and offices in a converted U.S. army warehouse at Camp Kilmer. Two rooms of pilot teaching laboratories were constructed in an old Rutgers building on the Busch campus to accommodate our first sixteen students.

A large part of Dean Stetten’s time during his early years at Rutgers was spent raising funds and planning for the permanent physical plant of the medical school. An architect, Jim Goldstein of the architectural firm of McDowell and Goldstein was hired to design the basic science building and the teaching labs. Jim Goldstein and Dean Stetten “visited new laboratories at Stanford, the University of Southern California, and the University of California at Los Angeles. We also visited the extraordinary Holmdel buildings of the Bell Laboratories. Here for the first time I studied a totally glass enclosed building with exterior corridors and windowless rooms, a pattern which we incorporated into portions of the Rutgers Medical School building ...it was my pleasure to point out to Jim that what he had invented was remarkably similar to the Arterial Circle of Willis in mammalian anatomy, depending as it does upon blood supply of two carotid arteries and permitting the secure distribution of arterial blood to all parts of the brain. The eventual plan for the basic medical science buildings for Rutgers University provided two connected components--a research tower about seven stories high, one floor assigned to each department, and a teaching building made up largely of ‘multipurpose’ laboratories so constructed that all the basic sciences except gross anatomy could be accommodated at different times in the older scheme of providing a teaching laboratory for each of the basic science departments. .....The system has worked quite satisfactorily, in part due to the coordination of the uses of the laboratory by a dedicated faculty member, Tom Stevens.”

The Teaching Hospital – Now You See It, No You Don’t

Dean Stetten had also hoped to build a teaching hospital on campus. In fact when I first came to NJ in 1967, there was a model of the teaching hospital in the lobby of the medical school and a full time architect on staff. In Stetten’s words, “It was my intention to erect a teaching hospital immediately adjacent to the basic science buildings, with floor-by-floor connections so as to provide every opportunity for intimate association between clinical scientists and basic laboratory scientists. To provide plans for this highly specialized structure, the firm of Skidmore Owings & Merrill was retained and soon developed very elegant plans indeed. .....Some of the associations between clinical and basic activities were self-evident. Thus, surgical pathology in the hospital was on the same floor as academic pathology in the basic science building. Infectious diseases in the hospital was housed on the same floor as microbiology, and so forth.” Subsequently, the State of NJ withdrew its commitment to provide $40 million toward construction “and our beautiful hospital died as a set of blueprints.” Apparently, the Vietnam War squeezed the NIH budget so
severely that the NIH stopped funding new medical school buildings, and the 400 bed on-campus teaching hospital devolved to a 120-bed, off-campus community hospital in Greenbrook, N.J.

Other factors that worked against construction of the on campus hospital were the antipathy of the local medical community and hospitals. As noted by Dean Stetten, “Invariably the established practice of medicine in the community was more or less hostile to the appearance of an academic medical center in the neighborhood. The local practitioners felt threatened by the proximity of a medical school. They were often offended when the new institution failed to provide them with academic titles, and they were unused to the competition in the quality of medical practice that was provided by a nearby university-teaching hospital...the medical audiences that I encountered in New Jersey had a decidedly negative reaction to the word ‘research.’... Any reference to the biomedical research which might be conducted in this medical school elicited anger and sneers from the established medical practitioners. Curiously, the phrase ‘medical investigations’ was more acceptable, and I therefore schooled myself to try not to use the term "research" but always to call it investigations. The underlying fear, I believe, lay in the prospect of loss of private practice to the professors of clinical sciences who would be imported to join the medical school faculty.”

**RMS and the Community Physicians**

Stetten goes on to say, “One example may suffice to show the kind of reception which the hospitals of central New Jersey gave to new members of the Medical School faculty. The recruitment of our Chairman of Surgery presented peculiar problems. It was obviously not desirable to select a surgeon who would prove peculiarly threatening to the already established practitioners of surgery. We were happy when we found James Mackenzie, who came to us from the University of Missouri as a well-qualified and well-trained cardiac surgeon. ...Local cardiologists welcomed him, since this would permit surgical treatment of their patients in the neighborhood and would obviate the need for sending their patients to Philadelphia or New York as had previously been the custom. The...Anesthesia Department, however, objected strongly. It was pointed out to us that the reimbursement to the anesthetist was much like the payment made to a taxicab--namely, the anesthetist received more for the first 15 minutes of his services than he did for each subsequent quarter hour. It was therefore to his advantage to see many patients requiring anesthesia of short duration rather than a single patient requiring anesthesia for a long period. Since cardiac surgical procedures in general require many hours, the anesthetists foresaw a decline in their hourly income if cardiac procedures replaced the more familiar tonsillectomies which require only a few minutes each. Jim Mackenzie and I were dismayed when his application for surgical privileges was rejected on this basis.”

One can detect in the tone of these quotes that Dean Stetten, who had come to RMS from the upper realms of academic medicine, had little tolerance or sympathy for these rough and tumble interactions with the local practitioners, nor was he particularly effective in making headway against their prejudices. “As the Medical School and its plans grew and developed, the hostility of the State Medical Society became quite overt. I was invited to address this society at one of its annual meetings, but found myself quite unable to convince the assembled physicians that what we were hoping to accomplish could only be of benefit to them and to their children and would, in no important way, do damage to their present rights and privileges. I had the impression that I made relatively few converts.” One suspects that this inability to talk to the good practicing doctors of New Jersey damaged the prospects of the new Rutgers Medical School.
Nevertheless, the first class of sixteen M.M.S. students entered Rutgers Medical School in 1966. These were a wonderful and unusual group, among them students like Barkley Adams, a former physics professor at Rutgers, and Peter Howley, who went on to become a papiloma virus expert and the Chairman of Pathology at Harvard Medical School. They were eager to learn and a pleasure to teach. In Dean Stetten’s words, “By this time the Department of Medicine was chaired by Clifford Gurney, recruited from the University of Chicago, a gifted man and a wonderful teacher. He and I gave a great deal of thought to the opening exercises of our new educational venture. We decided that since this was a medical school, it would be well to initiate the students at once into the problems of medicine and to introduce the students to the object of medicine—namely, the patient. On the very first day of the first year of our medical school, the students assembled in one of the teaching laboratory rooms and there they were introduced to a man of about 40 years who suffered from sickle cell anemia, a homozygous SS disease. This man was well known in the hospitals of New Brunswick and had, in fact, been kept alive by very many blood transfusions. He was employed as a porter in one of the local hospitals. Cliff Gurney made an elegant presentation of the nature of sickle cell disease. He reviewed its genetics; he reviewed the peculiar cytology of its erythrocytes; he discussed the nature of heme metabolism and the several bile pigments; he even touched upon the apparent intolerance of the plasmodium of malaria toward sickle hemoglobin. The patient thus provided an excellent opportunity to present to the students an indication of the reasons for the study of the several basic sciences: biochemistry, anatomy, genetics, parasitology, etc. Finally it became necessary to present to the students the appropriate diagnostic test. Although the patient had been followed for many years in the hospitals of New Brunswick, there was no electrophoretic scan of his hemoglobin included in his record. We therefore ran this test, and in order to make the presentation clearer to the students, Cliff had secured authentic samples of hemoglobin A and hemoglobin S from friends in New York and had prepared parallel paper strips. He showed to the students the electrophoretic distribution of hemoglobin A with the spot near one end of the paper and of hemoglobin S with the spot somewhat removed. He then showed the electrophoretic pattern that we had just developed on the blood of our patient. Here there was a strong spot at the location of hemoglobin S, but in addition a faint spot clearly visible in the location of hemoglobin A. This was unanticipated and puzzling to the students since they had just been informed that this patient had no genetic information to encode for hemoglobin A. Presented with this puzzle, one of the students, a young woman, immediately saw the resolution of this difficulty and her hand shot up. When called upon to speak, this first day medical student, who might never previously have heard of hemoglobin or of electrophoresis, made an unexpected statement, ‘You can't fool me. That spot for hemoglobin A comes from the transfusion which the patient received last week.’….We continued clinics for the students throughout their first and second years, the subject matter of each clinic being selected with reference to what the students were learning at that time in their basic science courses. In this way, our first-year students were taken to an institution for the mentally retarded and given a clinic on Down's syndrome, after which blood was drawn from the patients and taken back to the school for karyotype studies. Patients with renal disease were presented concurrently with the instruction of kidney function in the physiology course, and the patients were shown congestive heart failure while they were studying the normal circulation. I have long believed that the patient is the prime mnemonic for the medical student and is not given sufficient prominence during those early years in medical school when the burden on memory is so very heavy. I suspect that none of our 16 students in that first class will ever forget the drama of sickle cell anemia.”
How did the students of our tiny two year medical school do in the larger world after their two years of preclinical studies at Rutgers? They did very well indeed. Here is Dean Stetten bragging about his students like a proud father; “We insisted that all of our students, at the end of two years, take what was then Part I of the National Board Examination for medical licensure. We were proud to learn that of the more than 100 schools in the United States, we ranked fifth from the top in the average score achieved for that examination. It was clear that, at least by this standard, we were doing a good job. In no small part, the excellence of our achievement was determined by the remarkably high quality of the students whom we admitted. After two years we placed our students into the third-year classes of various prestigious medical schools. During my tenure as Dean, one-quarter of our graduates were admitted to the third year of Harvard Medical School.”

Seton Hall Medical School

At about the same time as Rutgers Medical School was getting organized, the Seton Hall College of Medicine and Dentistry was running into trouble. As early as 1962 a Survey Team report recommended to the AAMC Committee on Medical Education that SHCMD be placed on public probation. The report suggested a series of alternative possibilities to deal with the school’s problems including that the school go out of business, or that there could be a State takeover of the school, or (ironically) that the school might relinquish its status as an approved four-year school and operate only as a two-year school. Finally in 1965, after its eleven years of existence disaster overtook the Seton Hall College of Medicine and Dentistry. By then it was some $7 million in debt and having great difficulty in maintaining accreditation. Events came to a head when the clinical departments were given an edict to relocate from Jersey City Medical Center within 48 hours. At the last minute the school was rescued by being purchased from the Archdiocese of Newark by the State for $4 million.

According to Dean Stetten, “The State offered Rutgers the opportunity to take over the school. This proposal was put to me shortly after I moved to New Brunswick. I knew nothing of the financial problems of Seton Hall Medical School at that time, but I had been told by many friends of the very poor quality of this educational venture....Several friends on the accreditation liaison site-visiting team had spoken to me about the extraordinarily poor condition of Seton Hall Medical School as an academic venture. In fact, it was common gossip in medical education circles that Seton Hall was in a poor way. I therefore made a number of inquiries and finally reported to Mason Gross that I personally could not encourage Rutgers University to accept any responsibility for this struggling medical school, that I certainly had not come to New Jersey in the expectation of creating a medical school in Jersey City, a community with a history of political corruption that was scarcely exceeded anywhere in the country. I was pleased to find that Mason Gross had, on the basis of his own explorations, come to exactly the same conclusion. Rutgers University therefore declined the suggestion that it assume any responsibility for Seton Hall Medical School.”

That this was a correct decision was shown by the fact that these troubles continued from the arrival of the first class in 1956 far into the future even after the Seton Hall College of Medicine and Dentistry (SHCMD) became part of CMDNJ. According to Dean Stetten, “Whereas visits by the liaison committee were usually made to each school every five or more years, the deep concern which this committee felt toward Seton Hall Medical School is revealed by the fact that it paid visits to that campus in August 1951, March 1955, November 1956, February 1958, December 1959, March 1962, January and October 1963, March and September 1964, March 1966, May 1967, February and July 1968, March 1970, and November 1971. Clearly, this was a school with a serious accreditation problem.”
Following the State’s rescue of the SHCMD, its name was changed to the New Jersey College of Medicine and Dentistry (NJCMD), and the clinical facilities and the third and fourth year students were temporarily redistributed to Newark City and the East Orange Veterans Administration Hospitals. Although the faculty would have preferred to move the medical school to the 138-acre Dodge estate in suburban Madison, this possibility was trumped by an offer of 185 acres adjacent to Newark City Hospital (subsequently renamed Martland Hospital) from Mayor Hugh Addonizio for the construction of a new NJCMD campus.

A key question at this point is why, despite the fact that the school was a financial and educational catastrophe, even unwelcome at its primary hospital in Jersey City, did the state feel obliged to rescue it? Governor Hughes appointed a committee chaired by a former president of Johnson and Johnson, George Smith, to determine whether the State should assume responsibility for the school. This committee gave a glowing report of the school’s accomplishments and recommended that the State should take it over. In response to the committee’s report Robert Wood Johnson II in a remarkable letter to George Smith (quoted in the Stetten memoir) said bluntly, “This is a black day for New Jersey medicine. I have read with care your sales portfolio in support of Seton Hall offered to the joint informal session of the Legislature. I find it unfortunate. The result of your Commission’s work, thorough and tedious as it has been, is to have created a Catholic-Protestant situation, an unnecessary schism between the congested areas of Hudson, Bergen, Essex and Passaic counties with the remainder of the state, and neither of the highest possible standard….. It was and is my view that Seton Hall should be phased out, fulfilling the moral obligation to its present students.”

The Politics of Unification

Why then did the State of NJ purchase the Seton Hall Medical School? I believe the reasons were for the most part based on political considerations. Governor Hughes, running for reelection in 1965, was undoubtedly sensitive to the political power of the Newark archdiocese and needed the state’s Catholic vote. Understandably, he undoubtedly felt little freedom to do anything other than help the archdiocese. Probably of equal importance was the fact that Seton Hall Medical School had been producing 80 M.D.’s every year since 1954. If the school had been phased out, the Governor would have been seriously vulnerable to the accusation that he had allowed the only fully functioning medical school in his state to collapse. Moreover, looking toward the future New Jersey would have had to wait another nine years before seeing its first thirty two M.D.’s graduate from Rutgers Medical School. Who could fault the Governor’s logic?

One person certainly could and did. In a letter he wrote to George Smith, Dean Stetten elaborated, “The enormous stress which your Commission places upon the continuity of the production of physicians in the State of New Jersey during the next six or eight years is, in my opinion, a shortsighted view. Some discontinuity at this time is a small price to pay for the achievement of high excellence in medical education over the many decades to come. Basically, my objection to the proposal contained in the paper of May 13 is that it is merely an expediency and loses complete sight of the long-term objectives…..” However, expediency clearly overrode all considerations of the quality of the institution to entrain the fuse of the time bomb that would lead to the RMS and the NJCMD eventually being plucked from their universities to be conjoined as a new institution, the College of Medicine and Dentistry of New Jersey. In my personal opinion this political decision to rescue Seton Hall Medical School set back the proper development of quality medical education in New Jersey for a very long time.

In 1967, concerned about the rising costs of higher education, especially the cost of building a new campus in Newark for the NJCMD, New Jersey established a new administrative structure, the NJ Board of Higher Education. Ralph Dungan, former U.S. ambassador to Chile, was
appointed the first Chancellor of Higher Education. Here are Stetten’s views on Ralph Dungan: “Dungan, when asked his profession, quite candidly stated that he was a ‘pol.’ He had served on the staff of Senator John Kennedy and subsequently had been named Ambassador to Chile. He had left this position hurriedly when it was averred that he was serving the CIA. He was selected as Chancellor of Higher Education in the State of New Jersey, a position to which, in my opinion, he brought remarkably few qualifications. He had all the charm which one associates with a politician of the so-called ‘Irish Mafia,’ but his credentials in the field of higher education were not impressive.” More plainly spoken, he had none.

The years of the mid 1960s were a period of political instability characterized by the Vietnam War, the Newark Riots, the assassination of Martin Luther King, the black protest movement, and political agitation against the war, intensified by the fact that there was a military draft. There were some serious political incidents at Rutgers, which although handled well by the administration, put Mason Gross and the University in a negative political light and enabled the state to take punitive action against the University. Here is Stetten’s description of the first of these incidents, the Genovese affair, which occurred in 1965, a year before RMS accepted its first class of medical students: “The Vietnam war was in progress. On the main campus of Rutgers University the students were, at least occasionally, deeply aroused. This arousal was further stimulated when a member of the history faculty (Eugene Genovese), at a public gathering, stated that he hoped that the North Vietnamese would win. This statement, which was made outside of the classroom, brought a howl of protest from legislators and alumni and calls for his ouster. I am proud and happy that Mason Gross withstood this wave and insisted that every member of his faculty enjoyed the privileges of free speech and that Dr. Eugene Genovese would, under no circumstances, be separated. An active campaign, which led to the slogan ‘Rid Rutgers of Reds,’ was started on a statewide basis, but ultimately died out due to the calm governance by Gross.” Another event that dimmed Rutger’s luster in the eyes of the state politicians occurred two years later when a group of black students occupied a campus building in Newark. This incident was also handled skillfully and peacably by Mason Gross and his provost Richard McCormick but their handling of the situation again left Rutgers vulnerable to political retribution.

The Newark Riots

Perhaps the most influential political event of this era was the Newark riots, caused in part by the clearing of the Newark central ward in preparation for construction of the CMDNJ campus. As reported almost hysterically and to some extent erroneously by The New York Times,

Special to The New York Times:

Newark Riot Deaths at 21
As Negro Sniping Widens;
Hughes May Seek U.S. Aid

New Blazes Flare
Fire Captain is Killed - Governor Scores `Insurrection'

NY TIMES, NEWARK, Sunday July 16, 1967 -- The Negro districts of Newark erupted again last night and early this morning. Four persons were killed during the night, bringing the total to 21 as the fighting went into its fifth day.

Incensed by the slaying of a white fire captain by Negro snipers, Gov. Richard J. Hughes said he was considering an appeal for Federal help in capturing the terrorists. Two Negro women were killed in clashes between snipers and the National Guard and the police, and a looter was killed.
as he ran from a store. Terrorists ranged outside the ghetto and gunfire - including bursts from machine guns - resounded in downtown Newark. There was a renewed outbreak of arson. A guardsman was critically wounded. Although most of the [firing?] was concentrated in Negro areas, the police reported sniping in every section of the city. The police used so much ammunition that 20 cases of rifle cartridges were borrowed from nearby Union City. Criminal Insurrection' Governor Hughes, who earlier said that the thousands of militia and policemen appeared to be gaining control of the streets after three days of turmoil, took a more pessimistic view in a midnight press conference. He indicated that he would ask for Federal marshals. ‘This is a criminal insurrection by people who say they hate the white man but who really hate America,’ Governor Hughes charged.

The Newark Agreements

The riots and Martin Luther King’s subsequent assassination in 1968 focused the State’s attention on minority issues and the corresponding urgent need to improve the economic situation of the city of Newark. The clearing of housing on the site needed for construction of the NJCMD campus in the Central Ward was a significant cause of the anger in the Newark community that led to the riots. As a result in 1968 an historic accord, known as the Newark Agreements, was negotiated between NJCMD, the city of Newark, the State of New Jersey, and the Newark Community (see http://www.umdnj.edu/comreweb/pdf/Newark_Agreements_of_1968.pdf). In this agreement the NJCMD agreed to accept primary responsibility for the city's public-sector health care services, to step up recruitment of minority students, to employ as many city residents as possible and to give the Community a voice in shaping the school's goals.

In 1970 RMS dedicated its newly constructed teaching and basic sciences building designed by Jim Goldstein on the University Heights campus, enabling RMS to enlarge its next entering class to 32 students. In January of the same year William T. Cahill, a Republican, became governor of NJ. Governor Cahill’s ideas about medical education were different from those of his predecessor. On May 3 of that year Governor Cahill declared that community health care must have priority over research and the training of specialists. To this end he asked the state legislature to approve the consolidation of RMS with the NJCMD under a separate governing board for the specific purpose of delivering a continuing supply of general practitioners to city clinics throughout the state. This would require the removal of RMS from its University setting in Rutgers to begin a new life within a new and untried institution called the College of Medicine and Dentistry of New Jersey (CMDNJ, later to be renamed UMDNJ). In his 1965 letter to George Smith, Robert Wood Johnson noted, “Little degree of intelligence is required to forecast that in the years ahead the Legislature will apportion a certain maximum fund for medical schools, which through simple political arithmetic will be divided equally hence giving less than the full support required to either.” What he did not foresee was that the consolidation of RMS with NJCMD in 1970 would have the additional effect of bringing RMS under the thumb of the Newark Community and the Essex county political system.

The Cultural Divide

Needless to say, the new governor was not regarded as a friend by Dean Stetten or by the RMS/Rutgers community. As Stetten reports with scorn in his autobiography, “I met with Cahill only twice. On one occasion he and members of his cabinet visited our medical school to receive a briefing on our budget request.… he asked why members of the Rutgers Medical School faculty could not spend substantially full time in teaching medical students. In vain I tried to explain to him that members of medical school faculties have many other tasks and responsibilities: they
must take care of patients; they are expected to conduct research ...and above all, they must
perform as scholars in order to be qualified to serve as first-class teachers. These activities
interested Governor Cahill not at all. He commented that he was not opposed to research, but he
saw no reason why it should be conducted by faculties of medical schools. He saw in our plans an
tempt to create a Harvard Medical School on the Raritan and objected to the fact that so many
of our two-year graduates completed their medical training at Harvard. He told me that New
Jersey did not need doctors such as were produced at Harvard; what it needed were doctors who
knew how to take out tonsils. I realized that it would be futile to explain to this Governor that
New Jersey already had a plethora of that kind of doctor. He suggested drastic reductions of
faculty-to-student ratio, and when I protested that we might lose our accreditation under such
circumstances, he responded, ‘Who needs accreditation? I am a graduate of a non-accredited law
school, and look at me.’ I bit my tongue to avoid making the obvious response.”

The legislation needed to accomplish the consolidation of the two NJ medical schools was
rushed forward with great haste, giving Dean Stetten and Mason Gross little time to organize their
defense. A bill (Assembly bill 1059) was prepared, and nine days after the governor’s
announcement on May 13 a legislative hearing on the bill took place. There was repeated expert
testimony concerning the significance and importance of housing medical schools within
universities. Nevertheless, despite the reasonableness and power of this testimony, the governor
was able to bring sufficient political pressure on individual legislators to gain the votes needed to
gain his objective. On June 16, the Medical and Dental Education Act of 1970 which removed
RMS from Rutgers University and created CMDNJ was signed into law by Governor Cahill. The
effect on RMS was immediate. Two days later, on June 18, Dean Stetten resigned his Deanship
and returned to Bethesda as the Deputy Director of the National Institutes of Health. The
Chairpersons of the Departments of Medicine, Biochemistry, and Psychiatry and many RMS
faculty also resigned. James Mackenzie, the Chair of Surgery at that time, told us at the Retired
Faculty Association meeting that he too had resigned and, having been recruited (as Jim said at
the meeting, “bad news travels fast”) to a faculty position at the University of Michigan, had
bought a house in Ann Arbor, when he received a telephone call requesting him to meet with
Governor Cahill. At this meeting the Governor said that if he would accept the Deanship of RMS
the State would agree to build the promised on-campus teaching hospital. Thus James Mackenzie
became the second Dean of RMS. Unfortunately, Governor Cahill only served one term, and his
promise was not honored by the next governor.

Reflections and Interpretations

How was it possible that the future of medical education in New Jersey could be decided by
an administration that was so deeply ignorant about medical education? If we are to believe Dean
Stetten’s anecdote about Governor Cahill, and I see no reason not to, the Governor didn’t even
realize that medical schools needed to be accredited in order for their graduates to be licensed.
Nor did Ralph Dungan, his Commissioner of Higher Education, have any significant education
experience, and certainly none directly related to medicine.

To some extent I think the outcome was related to the low self image New Jersey
traditionally has had of itself. To emulate Harvard, i.e. metaphorically to strive to be the best, was
not part of the culture of the state government. Nor did the State appear to understand that in
addition to training doctors modern medical schools train the medical investigators whose
research cures disease. But in fact it was neither parochialism nor ignorance that led the state to
create CMDNJ, but rather the enormous expense of funding two medical schools at the same
time, each of whose campuses were expected to cost the State about $200 million. Moreover,
because the Newark Agreements written after the riots had obligated the State to build a school in
Newark, the administration had to find a way to prioritize the development of the NJCMD. They did this basically by putting RMS under the control of Newark.

That there was a difference in the relative academic quality of the NJCMD and RMS at that time was of little issue. In 1970 the State administration could not have understood that millions of dollars of NIH funding would go preferentially to those schools that were scientifically and academically most competitive. A comparison of the relative yearly NIH funding of the University of California’s medical schools with that of the CMDNJ schools illustrates the long term financial effects of the State’s opting for expediency rather than quality. In hindsight it is easy to criticize Governor Hughes’ decision to save the SHCMD and Governor Cahill’s decision to create the CMDNJ. But it is also clear that at the time these decisions were made they seemed unavoidable and eminently reasonable, at least from a political perspective.

Postscript - In 1971 Stanley S. Bergen, Jr., M.D., senior vice president and chief operating officer of the New York City Health and Hospitals Corporation, was appointed President of CMDNJ. In June of 1974 RMS conferred its first M.D. degrees. In 1977 Middlesex General Hospital became the RMS teaching hospital. In 1986 RMS was renamed Robert Wood Johnson Medical School and Middlesex General Hospital was renamed Robert Wood Johnson University Hospital.
HOW DID NEW JERSEY’S TWO MEDICAL SCHOOLS COME INTO EXISTENCE, COME INTO CONFLICT, AND END UP AS ONE INSTITUTION?

http://www2.umdnj.edu/pathweb/njmededhx/index.htm,

TIMELINE OF EVENTS

1954 - Seton Hall College of Medicine and Dentistry, to be located in Jersey City, is incorporated under the auspices of the Catholic Archdiocese of Newark. A State bond issue proposed to fund the construction of a New Jersey medical school is defeated at the ballot box.

1956 - The Seton Hall College of Medicine and Dentistry enrolls its first class of 80 students.

1956 - Rutgers is reorganized as the State University of New Jersey.

1959 - The Vietnam War begins. Mason Gross becomes President of Rutgers University.

1960 - The Seton Hall College of Medicine and Dentistry graduates its first class of M.D.’s.


1961 - A grant of over $1 million from the W. K. Kellogg Foundation enables Rutgers to establish a medical school.

1962 - New Jersey’s first public program of medical education is chartered as part of Rutgers University as a two-year basic science institution offering the master of medical science (M.M.S.) degree.

1962 - DeWitt Stetten, M.D. arrives from NIH as the founding dean of the Rutgers University School of Medicine (a.k.a. RMS).

1963 - The first RMS faculty members arrive. R.W. Schlesinger, M.D. and his Dept of Microbiology take up residence in laboratories at Colgate. In subsequent years they were followed by Drs. Silverman, Crane, Plaut, Morrison, and Breckenridge, the chairs of Psychiatry, Physiology, Biochemistry, Pathology, and Pharmacology, and their faculty, who were housed in laboratories converted from an old army barracks at Camp Kilmer. A teaching laboratory was constructed in an old Rutgers building on the Busch campus

1964 - The Gulf of Tonkin incident occurs. The Vietnam War begins to ramp up.

1965 - At an anti-Vietnam War rally Dr. Eugene D. Genovese, a Rutgers history professor says, “I am a Marxist and a Socialist, and I would welcome a victory by the Viet Cong,” causing hostility against Rutgers from public and politicians, including particularly New Jersey Senator Wayne Dumont, R-Warren, a Republican gubernatorial candidate.

1965 - Seton Hall College of Medicine and Dentistry collapses educationally and financially. It is purchased by the State of New Jersey from the Archdiocese of Newark for $7 million and renamed the New Jersey College of Medicine and Dentistry (NJCMD).

1966 - The first class of 16 students enters RMS in September.

1967 - NJCMD is relocated to temporary facilities in Newark.

1967 – The Newark Riots occur between July 12 and July 17, 1967. The six days of rioting, looting, and destruction left 26 dead and hundreds injured.

1967 – The N.J. Board of Higher Education is established to control and coordinate higher education. Ralph Dungan, U.S. ambassador to Chile, becomes Chancellor of Higher Education
1968 - Martin Luther King is assassinated

1968 - The Newark Agreements, in which the NJCMD agrees to accept primary responsibility for the city's public-sector health care services, to step up recruitment of minority students, to employ as many city residents as possible and to give the community a voice in shaping the school's goals, are negotiated and signed. (http://www.umdnj.edu/comreweb/pdf/Newark_Agreements_of_1968.pdf)

1968 - Martland Hospital is acquired by the State as the primary teaching facility for NJCMD

1969 – Rutgers University’s positive response to Black student demands at Rutgers Newark causes additional public hostility to the University and its administration. New State legislation imposes stricter state controls over how Rutgers can use its funds.

1970 - 1974 William T. Cahill, a Republican, is elected governor of NJ.

1970 – The newly constructed RMS teaching and basic sciences building opens in Piscataway, enabling RMS to enlarge its entering class to 32 students.

1970 - May 3. Governor Cahill proposes a drastic change in medical education in New Jersey, declaring that community health care must have priority over research and the training of specialists. Governor Cahill asks the state legislature to approve the consolidation of Rutgers University Medical School and the New Jersey College of Medicine and Dentistry for the purpose of delivering general practitioners to city clinics throughout the state.

1970 - May 12. There is a legislative hearing on Assembly bill 1059 (http://www2.umdnj.edu/pathweb/njmededhx/1970hearingrltanote1059.htm) which proposes to combine RMS with the NJCMD to form a new entity to be known as the College of Medicine and Dentistry of New Jersey.

1970 - June 16. The Medical and Dental Education Act of 1970, merging RMS with NJCMD, into a new entity with a single board of trustees to be called the College of Medicine and Dentistry of New Jersey is signed into law by Governor Cahill.

1970 -June 18. Dean Stetten resigns to become Deputy Director of the National Institutes of Health. The Chairpersons of the Departments of Medicine, Biochemistry and Psychiatry and other faculty at RMS also resign.

1971- Stanley S. Bergen, Jr., M.D., senior vice president and chief operating officer of the New York City Health and Hospitals Corporation, is appointed president of CMDNJ. Ground is broken for construction of a $200-million campus in Newark.

1972 – RMS becomes a 4-year medical school. Thirty-two RMS students begin their third year.

1974 - RMS confers its first M.D. degrees in June.

1977 - Middlesex General Hospital becomes the RMS teaching hospital.

1986 – RMS renamed RWJMS and Middlesex General renamed Robert Wood Johnson University Hospital.