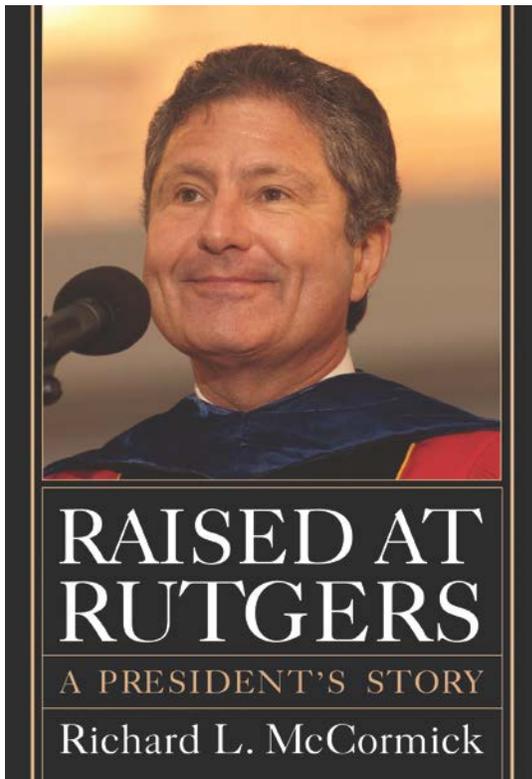


UPCOMING RFA MEETING



Speaker:

Richard L. McCormick, PhD

President Emeritus and
Board of Governors Professor of History and
Education
Rutgers, the State University of NJ

Friday, February 20, 2015
12:00 noon – 1:30 pm
Dean's Conference Room
Rutgers Robert Wood Johnson Medical School
Piscataway

All current and retired faculty, staff, and students are welcome to attend. Lunch will be available, and contributions for the lunch may be made at the meeting.

“RAISED AT RUTGERS:

A PRESIDENT’S STORY”

By Richard L. McCormick, PhD

At the February 20, 2015 meeting of the RWJMS RFA, Dr. McCormick will read passages from his book, ***Raised at Rutgers: A President’s Story*** (New Brunswick, NJ: Rutgers University Press, 2014), that concern Robert Wood Johnson Medical School and will lead a discussion of some of the events it recounts.

The passages shown in this newsletter have been excerpted verbatim from Richard L. McCormick’s book. All of them concern Rutgers’s quest to reclaim Robert Wood Johnson Medical School (formerly Rutgers Medical School) and, ultimately, to integrate within Rutgers most of the University of Medicine and Dentistry of New Jersey.

The paragraph on the following page, drawn from Chapter 1, “Six Scenes from a University Presidency,” concerns Governor Chris Christie’s Task Force on Higher Education, chaired by former Governor Thomas Kean. McCormick and Phil Furmanski, Rutgers Executive Vice President for Academic Affairs, met with Kean during the summer of 2010, early in the work of the task force.

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Although Governor Christie’s charge to the task force did not mention medical education, it was widely assumed that the report would address the subject of New Jersey’s troubled health sciences university, UMDNJ, which had been revealed in recent years to be badly, even corruptly, managed. As federal prosecutor for the district of New Jersey, a position he held from 2002 to 2008, Christie had been directly involved in the efforts to clean up UMDNJ. He was known to be highly familiar with its problems and was even thought to be dubious about its continued existence. In our meeting with Governor Kean, Phil Furmanski and I felt no need to mention UMDNJ’s troubles; they were widely known. We concentrated on the benefits of bringing into Rutgers what we regarded as the best part of UMDNJ and the missing piece of our New Brunswick campus, RWJMS. The medical school was located adjacent to Rutgers facilities in both New Brunswick and Piscataway, and some of it was actually *on* our property. For

decades, its faculty and ours had collaborated in education and research. Phil’s background in biology, and especially in cancer research, fit him well to join with me in making the case. The two of us tag-teamed it with Kean, just as we did in so many situations and on so many subjects during our eight years together. New Jersey needed a first class, university-based health science center, we said. Practically every top medical school in the country was part of a major comprehensive university, and, although Rutgers and RWJMS already had a long and successful record of collaboration, independently the two were unable to fully exploit their combined strengths. If joined together, however, they could enable New Jersey to take a leadership role in the biomedical sciences, with major benefits for education, health care, and the state’s economy. We gave Governor Kean plenty of examples of these opportunities. In the months ahead, Phil and I would return again and again to the themes we articulated that day. Kean agreed with us about the benefits of attaching Robert Wood Johnson Medical School to Rutgers, but he wondered aloud what do to with the rest of UMDNJ, especially the parts of it that were located in Newark and were so important to that city. Kean’s prescient concern, to which Phil and I did not then offer a solution, reverberated continuously throughout the next two years — until the question was given a surprising and definitive answer in June of 2012.

* * * *

The passage below, drawn from Chapter 3, “A Difficult First Year as Rutgers President,” describes the 2002 report of the Commission on Health Science, Education, and Training, familiarly known as the Vagelos Report. Governor Jim McGreevey strongly supported the recommendations of the report.

Released in mid-October 2002, after rumors of its contents had been circulating for a month or more, the commission report was bold, farsighted – and exasperating. It recommended creation of “a single New Jersey research university system” comprising all the schools

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and programs then within Rutgers University, the University of Medicine and Dentistry of New Jersey (UMDNJ), and the New Jersey Institute of Technology (NJIT). Within the overall system, tentatively named the University of New Jersey (UNJ), there would be three universities, each having “significant academic and administrative autonomy.” In Newark, UNJ-North would include all of the elements of both Rutgers and UMDNJ that were located in that city, as well as NJIT; in New Brunswick and Piscataway, UNJ-Central would encompass everything that belonged to Rutgers and UMDNJ within those communities; and finally in Camden and Stratford, UNJ-South would similarly embrace all the elements of Rutgers and UMDNJ situated there. UNJ-North and UNJ-Central would be fully comprehensive research universities, each having (most of) the broad range of disciplines, including medicine, that are commonly found within such institutions. UNJ-South including the Stratford-based School of Osteopathic Medicine, would be a rather smaller and less comprehensive university and, because Camden and Stratford are eleven miles apart, would be somewhat geographically challenged. In contrast, campuses of the Newark and New Brunswick/Piscataway universities would be geographically proximate if not completely contiguous. The system as a whole, which was modeled on the highly regarded University of California, would be headed by a chancellor, whose office would be located in the state capital of Trenton and who reported to a board of regents. Each of the three universities would be headed by a president who reported to the chancellor. The report placed great emphasis upon the synergies that would be obtained within each of the three universities by associating the health sciences with all the other academic disciplines and upon the economic as well as educational benefits for the people of New Jersey. Finally, the commission report called upon the governor to appoint a task force on review and implementation to work out the many details of the far-reaching transformation it envisioned.

The document, authored by Roy Vagelos and released to great fanfare, was visionary and superficial, sweeping in its breadth but startlingly neglectful of many critically important

considerations. For one thing, the report had little to say about academic fields other than medicine, and, even in regard to medicine, the report, though its title included the words “education” and “training,” was nearly silent about the actual production of physicians. Would there be more of them or fewer, and in what ways would they be better or worse? If you were a student or a faculty member in the arts, humanities, social sciences, law, engineering, agriculture, or business, the report had practically nothing to say about whether and how its recommendations would affect you. It is tempting to speculate about the reasons for these and other gaps in the report. As its name suggests, the commission was initially charged by the governor to study “medical and allied health care education” in New Jersey and to focus on UMDNJ; then somewhat belatedly the commission expanded its work to develop recommendations far transcending its original spotlight on the health care fields and to cover Rutgers and NJIT, as well. Originally expected to complete its work by December 2002, the commission evidently speeded up its deliberations in order to finalize and publicize its product prior to the appointment of the new Rutgers president. The report bore the unfortunate imprint of both of these midstream decisions. Most important, there were mountainous problems with the content of the commission’s recommendations, about which significant questions immediately arose. To achieve its admirable goals in education and research, why did there have to be such vast and inevitably controversial changes in the structure and governance of the universities? How would New Jersey, which had never been disposed to provide adequate funding for even a single comprehensive research university, now find it possible to afford three such institutions? How much would it cost to implement the commission’s recommendations and realize its goals? Over the course of the year ahead, as discussion and debate over the report proceeded, these core concerns about structure, governance, and funding were endlessly reviewed but never resolved.

For all its limitations, however, the Vagelos report was a major force to be reckoned with and received extremely serious consideration by hundreds if not thousands of higher education professionals, business leaders, and

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government officials. It was probably the most pervasive single subject of newspaper coverage in New Jersey from September 2002 through December 2003, and was widely noted around the country. There were any number of reasons why a flawed report gained such traction, but the place to start is with its two talented, driven protagonists: Governor Jim McGreevey and Dr. P. Roy Vagelos. Still in his first year as governor and still highly popular at the time he released the report, McGreevey was boundlessly energetic and ambitious. The proposed reorganization of the research universities constituted his most dramatic and conspicuous policy initiative, and it focused attention in an arena that had not seen any significant state governmental activity since the higher education advances of the Tom Kean era back in the 1980s. McGreevey made it abundantly clear, in both public and private, that he wanted the report's recommendations to be enacted. The governor's partner in this endeavor, Roy Vagelos, was even more talented and accomplished, a truly distinguished biological scientist, and for many years CEO of Merck & Company, the New Jersey-based multinational pharmaceutical company. During Vagelos's time at the helm of Merck, *Fortune* magazine named it year after year "the most admired company in America." The designation was deserved. Vagelos drew upon his own considerable scientific experience to engineer a true transformation at Merck by swelling the pipeline of research-based pharmaceutical products and bringing many of them successfully and remuneratively to market. He also became an international humanitarian hero for his decision to donate unlimited amounts of Merck's drug Mectizan to combat a dreaded disease called river blindness, which afflicted tens of thousands in Africa. Through Merck's generosity, river blindness was practically wiped out. The advancement of health science education in New Jersey could not possibly have had a more distinguished and respected leader than Roy Vagelos.

Besides the strength that the commission report drew from its brilliant author and its powerful chief advocate, the report also derived influence from its irrefutable insight that New Jersey's three medical schools should not be cordoned

off in a bloated, bureaucratic health sciences university, UMDNJ, but should be integrated with the academic disciplines located within the state's premier public research university, Rutgers. Practically no one who took part in the deliberations of 2002 – 03 disputed the educational, scientific, and economic advantages of such unification. Many of the most distinguished scientists at Rutgers praised Vagelos's vision and offered persuasive testimony that their own teaching and research would benefit from adoption of the recommendations in his report. They knew from direct experience how frustrating, sometimes impossible, it was to collaborate with medical school colleagues in a separate university. Despite opposition to the report from the top brass at UMDNJ, some of that university's best scientists courageously expressed support for it. So did key business leaders around the state. Advocates for the report repeatedly observed that almost every medical school in America was part of a comprehensive research university and that most of the nation's top public and private research universities included medical schools. Though hardly a biomedical scientist myself, I knew from my time at the University of North Carolina and the University of Washington the advantages of bringing medicine into Rutgers, and I drew upon my experiences at those institutions, including the human genome anecdote, throughout the debate over the Vagelos report.

There was one additional reason why the commission report, for all its weaknesses, found support within Rutgers, and that was because its adoption would remedy a terrible and politically motivated decades old injustice: the state's ripping from the University its medical school in 1970. Under the leadership of President Mason Gross, Rutgers Medical School (RMS) had been established in 1962 with a two-year educational program and high hopes for expansion into a full-fledged four-year medical school. RMS recruited an outstanding dean and faculty, admitted its first class of students in 1966, and moved into its new facility at University Heights in Piscataway in 1970. That same year, for sorry political reasons reflecting in part the civil disturbances that had broken out in Newark in July 1967 and in part dissatisfaction in Trenton with Mason Gross, Governor William T. Cahill proposed and compelled adoption of a law

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consolidating RMS with the Newark based, state-owned New Jersey College of Medicine and Dentistry. Together the two schools would form a new entity called the College of Medicine and Dentistry of New Jersey (later to become UMDNJ). Rutgers leaders strenuously opposed Cahill’s legislation, but when the state removed all funding for RMS and transferred it to the new institution, the Boards of Governors and Trustees and the president had to accept the reality that their medical school was lost. Still located on the Rutgers campus in Piscataway, the medical school curiously retained its Rutgers name until 1986, when it became Robert Wood Johnson Medical School. By then it was fully part of UMDNJ, an institution that had proved to be very responsive to the political urges of Newark and Essex County. At last, in 2002 – 03, the Vagelos report presented an opportunity to restore the medical school, widely considered to be the best of the eight schools that comprised UMDNJ, to its rightful place within Rutgers.

* * * *

Both passages below are drawn from Chapter 7, “Getting a Medical School, Concluding a Presidency.” The first paragraph concerns the recommendations for health science education that were contained in the 2011 report of Governor Christie’s Task Force on Higher Education, the body that was chaired by former Governor Kean. The two subsequent paragraphs reflect on the surprising outcome of the 2012 restructuring legislation that mandated Rutgers’s absorption of most of UMDNJ. (Ya gotta read the whole chapter, better still the whole book. ☺)

Just as we had anticipated, the report emphatically recommended returning Robert Wood Johnson Medical School (RWJMS) to Rutgers, the objective that Phil Furmanski and I had placed uppermost in our summer 2010 meetings with Kean and the other members of his task force. Here, too, the report situated its findings in a national higher education context: “Few great research universities do not have a medical school.” In comparison to its peers, the

report said, Rutgers’s ranking as a research university was hurt by the “absence of a medical school.” The University should therefore prepare to absorb RWJMS, as well as UMDNJ’s School of Public Health (also located in New Brunswick/Piscataway), and “to establish a first-class comprehensive university-based health science center.” Such an entity would benefit not only Rutgers but also the health of the state’s citizens and the future prosperity of New Jersey’s preeminent pharmaceutical and biomedical companies. The report went on to say realistically that many additional questions would have to be answered before this recommendation could be implemented, most notably questions about the other academic units that UMDNJ comprised and about the future of medical education in Newark and in South Jersey. Accordingly, the report proposed that an “expert panel should be convened as soon as possible” to deal with “the many complex issues” affecting health science education in the state. Everyone reading the Kean report knew that these issues would be excruciatingly difficult to resolve — and indeed they were.

* * * *

Only a remarkable constellation of men and women and circumstances made possible such an outcome. By 2012, thanks to a stream of advocates stretching from Roy Vagelos to Tom Kean, a statewide consensus had formed in favor of restoring Robert Wood Johnson Medical School to Rutgers. But that could not be accomplished without corresponding decisions concerning the rest of UMDNJ and, in the minds of some people, the rest of Rutgers. For reasons that lie deep in South Jersey — and in our state’s culture of “want something, gotta give something” — a plan was hatched to make Rutgers relinquish its Camden campus to Rowan in return for getting the medical school from UMDNJ. Through a breathtaking sequence of developments that could not have been foreseen, that plan was thwarted. First, the Rutgers- Camden community, led by Chancellor Wendell Pritchett, rose up to declare that it would not be cast out of the University; it would do whatever it had to do to preserve itself as part of Rutgers — and it did. Next, the Board of Trustees changed the calculus of decision making within the University by vehemently rejecting what they saw as a political scheme to

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change the nature and character of Rutgers. Not a medical school or anything else, they said, justified the loss of the Camden campus and the University's historic autonomy. The trustees' principled stand proved to be the decisive episode in the saga. Next, in true New Jersey fashion, a handful of individuals, led by Chris Christie and Ralph Izzo and with George Norcross in the mix, gathered in private to try to craft a legislative package they could all live with, and they succeeded. Fortunately, as it turned out, Governor Christie seemed not really to care very much about the details of how higher education was organized in South Jersey. But fortunately, too, he *did* care about reuniting medical education with the rest of the state university, and he deployed his formidable political skills to get it done.

Do I wish that I had joined the trustees in proclaiming that Rutgers would never give up its Camden campus? Well, sure, with perfect hindsight about the outcome, I can say that I wish I had been on those barricades, too. But back in the moment, when each of us was making our decisions, neither they nor I knew whether saving Camden would cost Rutgers its medical school. Not fundamentally caring whether it did or not, the trustees defiantly rolled the dice — and won. I did care, and, thanks to all the brave and talented souls named above, I and Rutgers also won.

* * * *

These final paragraphs, drawn from Chapter 8, "Reflections on Leading Rutgers," provide some commentary on the outcome and some cautionary observations looking to the future.

The last accomplishment I'll mention is returning Robert Wood Johnson Medical School to Rutgers and bringing in, as well, most of the rest of UMDNJ. I have told my version of that story in the foregoing chapters and will not repeat it here. For almost a decade, leading New Jerseyans, from Jim McGreevey and Roy Vagelos to Tom Kean and Chris Christie, sought some variant of the reorganization that finally gained approval in 2012. They rightly argued that unifying the health sciences with all the

other academic disciplines would improve education, research, health care, and the economy. Phil Furmanski and I had a part in that conversation, too — Phil on the basis of his teaching and research in biology and his experience at NYU, and I on the basis of my observations at the universities of North Carolina and Washington. The decision for unification that finally came in 2012 was owed in part to the high-minded reasons that Phil and I and the others had been citing all along, but, even more, to a remarkable display of political machination and gubernatorial determination. However achieved, the outcome was long overdue and highly welcome. Now Rutgers and New Jersey have a chance to obtain the advantages that can come when medicine, dentistry, and public health are located in the same institution as arts and sciences, business, law, and the rest. This is a great and historic opportunity, but Rutgers will have to make a significant effort if all of its benefits are to be realized in the years ahead.

Several features of the 2012 restructuring act may actually hamper integration of the health science schools with the rest of Rutgers. The legislation provides that all of the elements of UMDNJ that have now become part of Rutgers, together with several academic units, including pharmacy, that were part of Rutgers all along, shall constitute the "School of Biomedical and Health Sciences." That school shall have its own chancellor reporting to the university president, a chancellor who must be a physician and must be based in Newark. Even leaving aside the excessive prescriptiveness regarding the position of chancellor (as well as a number of other academic leadership positions specified in the law), it is troubling that by legislative fiat the units formerly within UMDNJ will constitute their own separate pod within Rutgers, instead of having the Newark components become fully part of the Rutgers-Newark campus and the New Brunswick components become fully part of the Rutgers – New Brunswick campus. For deans and faculty within Rutgers Biomedical and Health Sciences (its new name), the path of least resistance may be to keep the pod intact and aloof, rather than to explore and realize the now limitless opportunities for collaboration with Rutgers's non-health-science schools.

The legislation also provides that state support shall be appropriated separately for each of the University's three campuses and for Rutgers

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Biomedical and Health Sciences. This means, at best, that the fundamental decisions about the institution's budget will be made in Trenton rather than at Rutgers and, at worst, that the different components of the University may now end up competing against each other for scarce state dollars. That, too, would seem inimical to attaining the long-sought goal of integrating the health science disciplines with the rest of Rutgers. I do not know what political interests and considerations lay behind these unfortunate features of the 2012 legislation, but it is not difficult to speculate what they may have been.

Across all the years, whenever discussion arose about various possible plans for restructuring higher education, many people believed, and often it seemed, that Rutgers would have to give up something — perhaps pharmacy, perhaps Newark, perhaps Camden — in order to get Robert Wood Johnson Medical School. In the end, that belief proved unfounded: Rutgers got practically all of UMDNJ and gave up nothing. More precisely, it gave up no part of itself: no campus, no school, no faculty. Slowly appearing, however, is the reality that Rutgers may indeed have lost something of great value, namely a considerable part its autonomy from the state government and from the politics surrounding state government. The intrusive features of the 2012 legislation are a case in point. Senator Stephen Sweeney's avowal in 2013 to pass legislation abolishing the Rutgers Board of Trustees is another straw in the wind. For a third, there are the newspaper reports that political pressures may have shaped the University's response to the Mike Rice fiasco.

The restructuring act of 2012 achieved for Rutgers and for New Jersey the long-sought goal of unifying the health sciences with the rest of the state university. But along with the law came two great challenges upon which the future excellence of Rutgers will depend: first, to attain the full benefits of collaboration between and among all the academic units that are now, at last, lodged within the same university; and second, to stave off what appear to be newly aggressive forms of political interference in Rutgers. That will be a tall order for any president. ■

AN RWJMS RETIREE'S EXPERIENCE: LESSONS LEARNED

By Michael Gochfeld, M.D.

It seems that half the people I meet socially today identify themselves as "retired." Sounds simple.

However, for faculty retiring from Rutgers Robert Wood Johnson Medical School, the process is not simple. There are important benefits available to retirees, in addition to the well-known "health insurance" as well as some avoidable pitfalls. These lessons learned are written in my eighth week of retirement---still in flux.

This fall the Retired Faculty Association surveyed RWJMS faculty who retired since the July 1, 2013 merger. There was considerable variability in how much knowledge retirees had before retirement, how much help they sought or received during the process, and where they are now with regard to access to benefits. The six respondents reported a dearth of available information and lack of clarity. Most did not know that they were entitled to an ID card. Some did not know about retaining their University NETID number, their email, and their library privileges. Other issues involving differing benefits between legacy Rutgers and legacy UMDNJ retirees, remain unresolved.

For those considering retirement within the next year, Human Resources is the place to start, and their office is located in the Administrative Services #2 Building on Route 1. If you're old enough to retire, you may remember that as the RCHP building. Otherwise it is just south of Sears. Rutgers Human Resources gives quarterly seminars on each campus, with a well-organized PowerPoint presentation and experienced speaker. These retirement seminars are for legacy UMDNJ faculty and staff, and attendance at one of these sessions is a must (not required, just a "must" about 6-8 months before retirement date).

Useful websites from HR include a checklist, a PowerPoint, and a variety of forms.

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The seminar PowerPoint is at <http://uhr.rutgers.edu/sites/default/files/userfiles/ABPRetirementSeminarPowerpoint-Combined-April%202014.pdf>

A checklist specifying what to do in the countdown months is at <http://uhr.rutgers.edu/sites/default/files/userfiles/ABP%20Retirement%20Checklist-4.22.14.pdf>

The website has abundant information about other resources for the person who knows what they are looking for.

My wife and I attended a retirement seminar, and then had a one-on-one meeting with an HR staff member. Then about a month before retirement we began the paper work. Some of the tasks on the checklist are straight forward, others not so much.

The first challenge was deciding on a retirement date, because the clock counts backwards from that date.

No doubt if I had known my retirement date six months in advance and followed the recommended checklist timetable, retirement would have gone more smoothly. But, I didn't know the date six months in advance.

HR is knowledgeable about financial matters and benefits, but that is only part of the retirement process. For instance, HR did not have information about obtaining a RUTGERS RETIREE IDENTIFICATION CARD and PARKING PERMIT.

Some of the checklist items are:

1. Requesting from TIAA a minimum \$1000 distribution must be done in the last month before retirement and will be credited shortly after retirement.
2. Registering for Medicare Part B was easy enough at the Somerville Social Security office (about a 20 min wait) while there were easily 100 people in the New Brunswick social security waiting room. Once registered, benefit cards arrived within two weeks.
3. A copy of the Medicare part A & B cards must go to the State health benefits office. I had to do this twice, maybe because of crossing in the mail. The HR Person, Karol Martinez, was

helpful in checking that the paperwork had finally reached Trenton and that I and my wife were covered. However, as of week 8 we have not received new benefit cards from Trenton.

4. Life insurance coverage declines after retirement from about 300% of final salary to 60% of final salary. There is an option to keep it level for an additional premium.
 5. Retaining dental insurance (about \$75/month) is another option. I opted out of dental insurance to be listed on my wife's dental plan. Nonetheless, I received dental ID cards and a bill from the State for two people. So a mistake occurred somewhere and is still unresolved.
 6. An HR person recommended that it would be cheaper for my wife who is a legacy Rutgers Professor of Cell Biology and Neuroscience, to register for Medicare Part B and go on my retirement benefit plan rather than continue paying for her Rutgers plan. In a fit of suspended suspicion, we did that. The benefits person assumed that the monthly Medicare fee of \$140 was all that mattered. But a highly paid Rutgers faculty member is billed over \$300 a month for Medicare part B. I have no problem with paying fair share, but we weren't told about it, and the HR person was surprised to hear it, and it turned out to be a financial wash, BUT it left my wife without health insurance for more than a month. Rutgers, oft lamented for inefficiency in the grants and contracts office, cut off her medical and drug benefits the day after she signed the waiver. She was told that she could reinstate her own health plan effective January 1st.
 7. The greatest shock was that the Rutgers IT computer email system kicked me off on the third post-retirement day, without warning (at 3pm Friday afternoon).
- Fortunately my chair and IT head were there to file an emergency request and the account was restored on a Sunday afternoon. But this definitely needs to be addressed in advance.
- Retirees should make sure that the application for a GUEST email account is planned in advance of the retirement date in order to retain the NETID (necessary for email and library access) AND that one's email folders are retained (assuming they are wanted).

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An RWJMS Retiree's Experience (continued from page 8)

My general conclusion is that any change that benefits the retiree takes many weeks to take effect. Any change that inconveniences the retiree takes place immediately.

Recommendation: when HR says to submit something three months in advance. Do it.

Attend a retirement seminar by HR (at the Route 1 Administrative Building) at least six months before expected retirement date.

Fill out the paperwork AND THEN request a one-on-one consultation with an HR representative.

Follow up quickly to make sure that things have worked as planned.

I think the HR staff is pretty knowledgeable about how the process is supposed to work, and I found them helpful when it wasn't working. But it wasn't working a lot.

With all of these glitches and challenges, it has been a great privilege to be part of Robert Wood Johnson (nee Rutgers) Medical School, and I look forward to continued involvement in the various missions of the School and University. ■

RUTGERS GUEST CARD

[Editor's Notes: Each RWJMS retired faculty member is entitled to a retiree ID card. However, at this time, only guest cards are being issued. The source of the information, shown below was taken directly from the web.]

"Rutgers Robert Wood Johnson Medical School picture identification cards will be made available free to all retired faculty members who request them. An identification card is required to obtain entrance to the exercise facilities at Rutgers University." See http://rwjms.rutgers.edu/faculty/retiring_faculty/index.html

At the present time, Rutgers Robert Wood Johnson Medical School retired faculty members may obtain a guest card by completing an RBHS Intake Form.

1. Go to: <http://pst.rutgers.edu/>
2. Select: Obtaining a Rutgers Guest ID Card

3. Select: http://rbhs.rutgers.edu/istweb/announcements/guestportal_faq.htm
4. Scroll to: How does one get a Guest Account? Individuals who require a Guest account require an Authorizing Agent. This is someone within an RBHS facility (such as a Departmental Chair, Dean or IT Director) who can authorize that the individual should be given Guest privileges. The Guest, Authorizing Agent and Patron work together at the unit level to collect required guest person data for submission to system through a secure form. You can see a sample of the required data on the *Intake Form*. Each campus will have one or more Patrons who can process the request. The Patron will upload information on the form to IST. E-mail messages will be sent to the Patron (to acknowledge the account has been made) and the Guest (to provide instructions on how to log in for their first visit to the Portal).
5. Select: RBHS Intake Form
6. To find a sponsor, return to http://rbhs.rutgers.edu/istweb/announcements/guestportal_faq.htm
7. Scroll to: *How does the Patron get the information to IST?*
8. Select: download list of Authorizing Agents and Patrons for all school units 34kb pdf

Please note: All Guest accounts will expire after **one year** unless one of our University Patrons verifies that the Guest account needs to be extended. ■

RFA ELECTION RESULTS

At the RWJMS Retired Faculty Association meeting of December 5, 2014, the following people were elected to serve as officers or committee members:

Vice-President – Michael Gochfeld

Co-Secretaries – Ron Morris, Paul Manowitz

Members of the Election and Membership Committee – David Seiden, Gordon Schochet

Members of the Program Committee – Gordon Schochet, Mary Swigar ■

NEWS FROM AFAR

ROBERT RISIMINI AND PETER SCHOLZ

Robert Risimini, MD: Well not so far- as I still live in South Jersey amidst the dairy and horse farms of Salem County. I actually retired twice, or very nearly so. I started at Rutgers Medical School in 1978 as a preceptor in the Department of Family Medicine and went through the training to do office precepting in the days of Woody Warburton and Frank Snope. They gave a wonderful course on the subject. The Department then sent 4th year students to my office in Port Norris (on the Delaware Bay) for month-long rotations. I found them free local accommodations, and they accompanied me on my daily office hours, hospital rounds, running of well baby and VD clinics at several sites and CME administration at Millville Hospital.

With the beginning of the Camden Campus in 1984, I moved my practice to the Camden area and precepted and taught in the family medicine program for the next 23 years. I became more and more disillusioned with the way medicine was going and started a series of lectures on the doctor-patient relationship, physician stress, socioeconomics etc. trying to counter the ever more technical detail that the students were bombarded with daily. It finally got to the point that I needed to get out of medicine and announced my retirement for June 30, 2007.

In mid-June, unforeseen events occurred in Camden and next thing you know, I was asked to take on the job of student affairs dean, first by students and faculty in Camden, and then the medical school administration. So much for retirement. I oversaw the graduation of the next six classes and the transition of the Camden Campus from RWJMS to Cooper Medical School, finally getting to retire on June 30, 2013.

The first six months of retirement were very difficult after all of those years, even though I had another life as an antiques dealer. I went back to lecture at the medical school a few times but found my heart was not in it. In fact, my aversion to medicine was more pronounced than ever. Eventually I was able to find enough to excite me - my antique business, the intense study of classical music, a lifelong passion of mine, and most recently, completion of a course at Winterthur Museum, that led to my becoming a docent for the largest collection of American antiques in the world.

And perhaps the nicest part of retirement is being in touch with over 100 of my former students, sharing in their marriages, the births of their children, their fellowships, appointments, and promotions to wonderful positions in excellent hospitals. Retirement the second time was the charm. ■

Peter Scholz, MD: It is hard to believe that it has already been over a year since I have retired from Rutgers Robert Wood Johnson Medical School (September, 2013). Time does fly when you are busy.

In planning for retirement my wife Nan and I had decided to relocate to Northeastern Florida where Nan was originally from. The first months were filled with downsizing, selling our NJ home and moving to Ponte Vedra Beach (outside of Jacksonville). We bought an older home and spent the first year working on the house, pool and driveway. We are thoroughly enjoying the setting on the golf course even though I do not play golf. Looking over the lagoon with its egrets, osprey, storks, ducks, geese and even an occasional eagle and watching the golfers playing dressed in shorts while seeing the Northeast inundated with snow on TV last winter reminded us that we had made the right decision to move south. Nan and I have turned into regular birdwatchers.

During our last year in Princeton our son-in-law had accepted a job in Hong Kong and moved his family, including our only granddaughter Scarlett, half way around the world. Barely settled in Florida we packed our bags for our first trip to Hong Kong in October of last year. Knowing how much we like to travel, our daughter Adrienne planned an excursion to Thailand while we were in Asia. We spent a week in Bangkok, the Venice of Asia, sightseeing. A boat trip exploring the capital through its canals was most memorable. Ultra-modern high-rises next to old temples and luxury homes side by side to abject poverty formed unforgettable contrasts.

This July our second granddaughter Lillie Josephine arrived the day after the 4th of July,

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News from Afar: Peter Scholz

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giving us another reason to return to Hong Kong. We spent six weeks with our girls. This allowed us to experience Hong Kong more like residents than simple tourists.

Having grown up in Europe with an education in classical Greek, Latin and history, I had developed an interest in archeology from a young age. What a surprise when I stumbled on an opportunity to pursue one of my retirement goals in Jacksonville. While attending the crowd funding event “One Spark” last fall, I ran into the Cowford Archeological Research Society, a local group of archeologists and volunteers. Cowford is the name of the original settlement at a narrowing of the St. Johns River which is now Jacksonville. Their mission is to preserve the rich history of North Eastern Florida and raise public awareness and interest in our area’s history of Native-Americans and European occupations.

Joining this group allowed me to actively participate in archeological surveys and excavations. Between May and September 2014, we tested the area known as Camp Finegan, a Confederate Civil War camp located about eight miles west of present day Jacksonville. Encompassing several hundred acres, it was used as the troop staging area for the Battle of Olustee, which took place on

February 20, 1864. We surveyed the cavalry encampment within the larger site with approximately 100 test excavations (50 x 50 cm, 80-100 cm deep) using a 10 square meter grid.

I am currently in the process of putting together a grant application to the National Endowment for the Humanities to support future preservation projects. I have also joined the Archeological Institute of America and the Society for American Archeology. I also plan to audit a number of Archeology classes at the University of Florida starting this spring.

One of my other goals in retirement is to enhance my photographic skills. I had started last year by taking some courses at the Princeton Art Center. After moving to Florida I joined a photography club in the area. It is a congenial group of professional and amateur photographers. We meet once a month for educational presentations by professionals. The group also organizes one to two photographic excursions/workshops every month that helps hone one’s skills.

Having had a strong interest in medical education during my career, my current plans are to develop simulation methods for medical education. Marsha Jessup and I have had some preliminary discussions about a number of strategies.

LIFE IS GOOD! ■



Peter Scholz and his wife Nan, his daughter Adrienne, and granddaughter Scarlett shown cruising the River of Kings. The Buddhist Temple of Dawn (Wat Arun) on the West bank was one of our stops (right). It was completed between 1824-1851.



In Memoriam – Kenneth Gould, MD**By Theodore Petti, MD, MPH**

[Editor's Note: The RWJMS RFA invited Dr. Theodore Petti, RWJMS professor of Psychiatry, to write a few words about his friend and colleague who recently died, Dr. Kenneth Gould.]

Thank you for the honor of celebrating the life of Kenneth S. Gould, M.D. who died one month short of age 88, on December 8, 2014 at his home in Princeton. Dr. Gould joined Rutgers Medical School in 1970 and rose to the rank of clinical professor of Psychiatry in 1984. He will be remembered by me as a true gentleman and scholar. Ken came knocking on my door shortly after my arrival as the Child and Adolescent Psychiatry Division Director in 2003. He was the first voluntary faculty member to “drop by” and offer his services to assist in our training mission and immediately agreed to run a continuous case conference. What that meant was a weekly commitment to drive from Princeton to meet with our fellows and to discuss individual patients for whom our fellows were providing psychodynamic psychotherapy. At the same time through presentation of didactic material, he provided guidance to allow our fellows to better understand the psychodynamic nuances of psychiatric disorders in children and teens. Ken was so successful in doing this that he was elected the outstanding teacher of the year. His journey to that award really defines this outstanding individual with unending curiosity, a desire to learn, and incredible resiliency.

Dr. Gould served in the Navy during World War II, then attended and graduated Phi Beta Kappa from New York University in 1948 and Alpha Omega Alpha from its Medical school in 1952. He completed a pediatric residency, then fellowship in pediatric hematology and practiced as a pediatrician for a number of years before completing a general psychiatry residency and fellowship in child psychiatry in Philadelphia and psychoanalytic training at the Philadelphia Association of Psychoanalysis. Ken had a thriving private practice in Princeton, was actively involved in training medical students, and training and supervision of psychiatry residents. Along the way he served on the staff at Princeton Medical Center, was a consultant to the Adolescent Unit at Trenton Psychiatric Hospital, Carrier Clinic, and a number of State and local agencies. He served as President of the New Jersey Council of Child Psychiatry, President of the New Jersey Psychoanalytic Society, and Counselor to the New Jersey Psychiatric Association. He was also elected a Distinguished Life Fellow of the American Psychiatric Association. All of this highly productive work came to an abrupt stop when he suffered an unusual stroke that left him with some difficulties in speech articulation and motor movement.

As a model of overcoming adversity, Ken slowly and steadily recovered and though he did not return to his psychiatric practice, he did return to teach medical students and our child and adolescent psychiatry fellows. In 2003, he and his wonderful wife of many years, Audrey, endowed the Gould Lecture Series in Molecular and Cellular Medicine held at the Child Health Institute of New Jersey, and he donated his highly valued complete set of *The Psychoanalytic Study of the Child* to the Medical School. Always the avid teacher and consummate student, Ken was unable to make the trip from Princeton to Piscataway due to a neurological motor disorder problem but he kept up on advances in the neurosciences and strove to understand how psychoanalysis fit into modern psychiatry and child development. His spirit of empathy, a positive life view and search for knowledge will be greatly missed. ■

Robert Wood Johnson Medical School Retired Faculty Association Global Health Fellowship Fund

The RFA is sponsoring medical students to learn, help, and teach in foreign countries, a potentially life-changing experience under the aegis of the Global Health Initiative of Rutgers Robert Wood Johnson Medical School. The RFA is helping to support summer programs or international electives for medical students and is asking you to consider adding your support to this effort. All funds go to help the students without any deduction for administrative expense.

You can submit your donation to support the RFA Global Health Fellowship Fund by sending a check made payable to the "RWJMS Retired Faculty Association" and mail it to Paul Lehrer, PhD, Department of Psychiatry, Rutgers Robert Wood Johnson Medical School, 671 Hoes Lane, Piscataway, NJ 08854. All contributions are tax deductible as charitable contributions. The RFA is a 501(c)(3) tax-exempt organization.

The following people have made donations to support this fellowship in the 2014/2015 (**September 1, 2014 – August 31, 2015**) cycle:

- Michael Gallo
- Eckhard Kemmann
- Avedis Khachadurian
- Paul Lehrer
- Parameswara Malathi
- Paul Manowitz
- Phillip Schiffman
- Leonard Sciorra
- Nancy Stevenson
- Donald Wolff

RWJMS RETIRED FACULTY ASSOCIATION MEMBERSHIP

The members listed below have paid their RWJMS RFA dues during the 2014/2015 (**September 1, 2014 – August 31, 2015**) cycle.

- Stephen Felton
- Michael Gallo
- Boris Ivovich
- Eckhard Kemmann
- Avedis Khachadurian
- Paul Lehrer
- Harold Logan
- Paul Manowitz
- Robert Pinals
- Phillip Schiffman
- Leonard Sciorra
- Donald Wolff



Retired Faculty Association

If you have not already done so, please send in your **2014-2015** (September 1, 2014 – August 31, 2015) dues. Also, if you like to support medical students to have an opportunity to participate in the Global Health Program, consider donating to the RFA Global Health Fellowship Fund. Please send your check to Paul Lehrer. Both contributions are tax deductible as charitable contributions. Thank you.

RWJMS Retired Faculty Association 2014-2015 (September 1, 2014 – August 31, 2015) Dues

Benefits of RFA Membership:

- Defining, advocating for and publicizing the benefits of retired faculty at RWJMS,
- Fostering ongoing engagement and participation of retired faculty in RWJMS activities,
- Promoting continuing interaction among retirees,
- Providing information and options for faculty considering retirement, and
- Interacting with other academic retired faculty associations (e.g., Rutgers Retired Faculty Association, The Rutgers Retired Faculty and Staff Association).

Please cut along the dotted line below and return this portion with your payment.

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Please enclose a check for a donation to the Global Health Program and/or for dues (\$15) made payable to the "RWJMS Retired Faculty Association" and mail the check to Paul Lehrer, PhD, at the address shown below.

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Paul Lehrer, PhD
 Department of Psychiatry
 Rutgers Robert Wood Johnson Medical School
 671 Hoes Lane
 Piscataway, NJ 08854

Please include any personal information that you wish to share with others. Thank you.

January 2015