

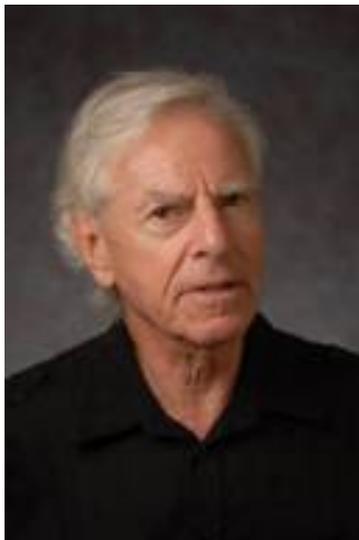
# ROBERT WOOD JOHNSON MEDICAL SCHOOL RETIRED FACULTY ASSOCIATION NEWSLETTER

JANUARY/FEBRUARY 2016

VOLUME IX, No. 1

## UPCOMING RFA MEETING

**“THE VIETNAM WAR’S INCONVENIENT TRUTHS”**



**Speaker:**  
**H. Bruce Franklin, PhD**

The John Cotton Dana Professor of English and  
American Studies, Rutgers University

Friday, February 26, 2016

Noon – 1:30 p.m.

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.

## ANNUAL REPORT OF THE RFA PRESIDENT

**By Eckhard Kemmann, MD**

**Robert Wood Johnson Medical School  
President, Retired Faculty Association**

Dear Friends and Colleagues,

I would like to submit my last report as the  
president of the Robert Wood Johnson Medical  
School-Retired Faculty Association. The  
organization had been established in 2008, and  
after its first president, Bob Sheldon, retired in  
2010, I had the privilege and honor to serve as  
your president for six years. Thank you for your  
trust. I enjoyed doing this. I am retiring and I do  
believe in rotational leadership.

A lot has been accomplished. We have regular  
meetings on a quarterly basis where we get  
together as “old” friends and, due to the diligent  
work of the program committee, benefit from the  
presentation of guest speakers on exciting  
topics. Also, the executive committee meets  
typically each quarter as well to discuss our  
“business.” Thanks to Paul Manowitz and  
Michael Gochfeld, we have a regular quarterly  
newsletter, and you can see all issues in the  
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**RWJMS RETIRED FACULTY ASSOCIATION**

**Officers**

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 Michael Gochfeld, MD, PhD, Vice President  
 Paul Lehrer, PhD, Treasurer  
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 Mary Swigar, MD

**RFA Newsletter Editors**

Michael Gochfeld, MD, PhD  
 Paul Manowitz, PhD

**RFA Website:**

<http://rwjms.rutgers.edu/faculty/index.html#>

**The President's Annual Report**

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archives of our web site. Indeed, the newsletter is a document of our activities and accomplishments.

The RFA has established itself as a venue to express the interest and opinions of retired Robert Wood Johnson Medical School faculty in meetings with the dean, representatives of the administration of Rutgers, AAUP, and at the newly created Retired Faculty and Staff Association of Rutgers. Our role grew and became perhaps more important when the welcomed merger of Rutgers and legacy institutions took place. Our position has been clear: we like to see that all retired faculty of the Rutgers family are treated equally and fairly. This year, we got the assurance that the issue of the emeritus status will be solved in a uniform fashion following the Rutgers model. We also like to see that our retired faculty have opportunities to stay productive for the benefit of the medical school. Further, we have

experience in the retirement process that we like to share with faculty approaching or going through retirement.

The RFA differs from most retirement organizations in that it is organized as a charitable organization (by the way, I will be happy to continue filing the annual state and federal reports in the future). As such we support RWJMS students in their travel expenditures when they participate in the "Global Health" program that is run by Dr. Javier Escobar.

RFA will only continue to be successful if retired people or those going into retirement participate. Primarily this role falls on those who live close by and can participate in meetings and as officers, but I call also upon those persons who live afar, but I call also upon those persons who live afar to support the organization, not only by paying the annual dues (still only \$15), but also by supporting our students in the Global Health Program, and by letting us know how and what you are doing, or writing an article for the newsletter. We like to hear from you.

Lastly, I'd like to thank the officers of the organization, Michael Gochfeld, Ron Morris, Paul Lehrer, and especially Paul Manowitz. Paul, without your support I could not have done this, thank you. A big thank you goes to Ms. Ruthe Geardino and Ms. Marie Kleeman, whose administrative experience and insightful suggestions have aided the RFA throughout my tenure. ■

**Professor Emeritus/a Promotion Criteria and Benefits**

Since the integration of UMDNJ and Rutgers University, the process for promotion of retired Rutgers Robert Wood Johnson Medical School faculty to Professor Emeritus/a has been clearly established and the resulting benefits enumerated.

Rutgers University Policy (section 60.5.3, Other Academic Titles and Definitions of Academic Titles, dated July 1, 2013) issued by the Rutgers University President states, "Professor Emeritus/a is a title restricted to persons who retire after having served in a full-time professorial capacity at this University ten years or more, or as a full professor at this University for at least five years, plus a sufficient number of years in a professorial capacity in another accredited university or college to make a (continued on page 3)

## Professor Emeritus/a

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total of at least ten years. The titles associate professor emeritus/a or assistant professor emeritus/a are not used, all persons entitled to the Emeritus/a designation being "promoted" to Professor Emeritus/a at the time of their retirement."

On June 11, 2015, at a meeting of the Rutgers Retired Faculty and Staff Advisory Council, Karen Stubaus, PhD, Rutgers Vice-President for Academic Affairs and Administration, stated that there is a single policy for criteria for appointment of retired faculty members to Professor Emeritus/a status that applies to all Rutgers faculty regardless of whether they are legacy UMDNJ or legacy Rutgers. Years of service at UMDNJ count towards meeting the minimum requirement. In agreement with Dr. Stubaus, Ms. Ilyssa DeCasperis, executive director of the AAUP-BHSNJ, stated in an email dated October 29, 2015 that Rutgers recognizes years of UMDNJ service for Professor Emeritus/a status.

Under present custom and practices at Rutgers, a faculty member does not need to apply for Professor Emeritus/a status. Faculty titles of professorial rank include assistant professor, associate professor and professor. Instructor, assistant instructor, and lecturer (associate professor) do not qualify. The process of Emeritus/a appointment can only be initiated after the employee's retirement is processed in the system.

A side letter of agreement between the AAUP-BHSNJ and the Rutgers administration effective August 13, 2015, stated, "Faculty designated Professor Emeritus will receive all benefits associated with that title."

Ms. Lisa Bonick, Executive Director of Rutgers Academic Labor Relations, provided a list on November 20, 2015 showing on this and the following pages of retired faculty benefits.

These "are brief summaries only and no promise of any kind is made by virtue of any statement in this document. The benefit plans available at Rutgers and the provisions of those plans will continue to be determined by law, contract, and University policy."

## Athletic Events

Contact the Ticket Office at 732-445-2766 for special rates to Rutgers University-New Brunswick Scarlet Knights athletic events. For information on Rutgers Scarlet Knights Athletics, visit the website.

## Bookstores

Rutgers bookstores are open to the public. For more information, call 732-246-8448 in New Brunswick, 973-353-5377 in Newark, or 856-968-1200 in Camden.

## Bus Transportation

Retirees are eligible to ride the Campus Bus System in the New Brunswick area. Call 732-932-7817 for more information or visit the Transportation Services website.

## Defensive Driving

The Rutgers University Department of Fire and Emergency Services offers a National Safety Council defensive driving course that provides an auto insurance discount to drivers who successfully complete the program. The discount remains in effect for three years and is renewable by retaking the course. Check with your auto insurance company to ascertain the amount of savings. To register, call 732-445-4902.

## Dining Halls

Retirees may use the university dining halls by presenting their Retiree Photo ID Card. For information about dining services, visit the Dining Services website.

## Email Account

Retirees with at least 10 years of pension-credited service at Rutgers University may be granted access to a guest email account, which includes a listing in the Rutgers online directory. In order to establish a guest email and NetID, retirees must be sponsored by a full-time Rutgers faculty or staff member. For access to the online application, sponsoring departments should contact the Retired Faculty and Staff Center (848) 932-3580.  
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## Professor Emeritus/a

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### Golf Course

Retirees may use the Rutgers golf course by presenting their Retiree Photo ID Card. Reduced rates are available during the week. Call 732-445-2631 for more information or visit the website.

### Learning Resource Center

Retirees can take advantage of all Learning Resource Center services, including tutoring for college courses, assistance in developing time management, and other academic strategies, free of charge. For more information, call 856-225-6442 (Camden), 732-932-1660 (Cook/Douglass), 732-932-1443 (College Avenue), or 973-353-5608 (Newark).

### Libraries

Retirees may use their Retiree Photo ID Card to obtain library privileges. Emeritus faculty have access to electronic library databases. [Editor's note: Library administrators have stated that Emeritus faculty have access to electronic journals, including remote access.

### Osher Lifelong Learning Institute

The Osher Lifelong Learning Institute at Rutgers University (OLLI-RU) is for individuals over 50 who are looking for an opportunity to expand their horizons, learn in an engaging environment, and meet new friends. OLLI-RU offers noncredit education that is stimulating, friendly, and informal and there are no tests and no grades! You will be part of a learning community that is full of diversity, insight, wisdom, intellectual and cultural stimulation, and friendship. For additional information, visit the OLLI-RU website.

### Parking

All retired Rutgers-New Brunswick faculty or staff members are eligible to receive a Retiree Parking Permit at no cost. To obtain the permit, you must present Transportation Services with a Rutgers Retiree ID Card or a letter from your department chair/director verifying retirement. Retiree permits received must be renewed every two years, at which time any and all citations received must be paid before receiving the new

permit. Please call 732-932-7744 for more information. Newark and Camden retirees should contact their campus parking office: (Newark) 973-353-1818, (Camden) 856-225-6137.

### Recreational Facilities

Retirees may use recreational facilities by presenting their Retiree Photo ID Card. A user fee may apply for some activities. For more information call 732-445-0462, (New Brunswick), 973-353-5474 (Newark), or 856-225-6197 (Camden).

### Retiree Photo ID Card

To obtain your Retiree RUconnection Card, your retired status must be verified by University Human Resources in the HCM system. For more information, please contact the RFSa, visit the RUConnection Card Office website, or send an email to [retireecenter@hr.rutgers.edu](mailto:retireecenter@hr.rutgers.edu).

### Rutgers Club

Memberships are available for all retirees (currently \$25 per year). Special events are held before and after certain RU games. For more information, call 848-932-7139.

### Rutgers Faculty and Staff Assistance Program

Services are available upon presentation of the Retiree Photo ID Card. Call 848-932-3020 or visit the Faculty and Staff Assistance Program website for more information.

### Rutgers Federal Credit Union

Retirees may retain their accounts in the Rutgers Federal Credit Union and may join even if not previously a member. For more information, call 732-932-7645 (College Avenue), 732-445-3050 (Busch), or 973-353-1353 (Newark) or visit the credit union website.

### Senior Citizen Audit Program

This special program was created by the Rutgers University Board of Governors to permit retired New Jersey residents, age 62 or older, to attend courses on a space-available, noncredit basis. There are no tuition costs for auditing courses. For more information, visit the University Relations website.  
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## Professor Emeritus/a

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### Tuition Remission

Retired employees may qualify for tuition for their children if they retired from a full-time, regularly appointed legacy Rutgers position under the terms of a university retirement program after 25 years of Rutgers employment, or after attaining age 60 with a minimum of 10 years of Rutgers employment. Consult the University Policy Library for details.

### University Condolence Fund

This special fund made up of voluntary contributions, is used to express sympathy on the passing of active or retired employees. In addition to sending memorials to honor and remember the deceased, the university flag on Old Queen's Campus is flown at half-staff and a sympathy note on behalf of the university community is sent to families. Notification of a colleague's death and information on arrangements for the service may be made by calling 732-932-5661. ■

## NEWS FROM AFAR

### Reflections

By Richard C. Reynolds, MD  
Dean, Rutgers Medical School, UMDNJ  
1978 - 1987

Friends and colleagues often ask about my four separate health care roles of nine to ten years each. Why did I move from one job to another? Which one did I prefer? Why did I choose a particular job? I still ponder these questions and have no clear answers. I don't believe that I actually failed at any one, but each yielded episodes that made me face my own inadequacies. There never was a time I was free from emotional highs or depressing lows. I never lost my love for the profession of medicine or my admiration for colleagues and students. My own perspective towards medicine did change over my five decades as a participant.

### Private Practice

I was determined after I completed my residency in internal medicine to start a private practice. My colleagues at Hopkins thought this "unwise" and encouraged me to "stay on." It was a watershed time in medicine. New technological ventures and progress in the science of medicine were breathtaking, and they were taking place in medical schools and teaching hospitals.

I had gone to medical school to practice medicine, to cure and comfort patients as best I could. In 1959, I opened a small office in a downtown storefront in Frederick, Maryland. I was only the third boarded internist in this rural county of 50 – 60 thousand inhabitants. The three of us accepted hospital referrals from

surrounding practitioners and saw many in-hospital consultations. We were asked to review most seriously or terminally ill patients to make sure the timing was appropriate for their passage to another destiny.

I had been trained to care for very sick patients and I saw many in Frederick. I also had a large community practice, taking responsibility for ordinary ailments and monitoring chronic illnesses. I noted in time that I enjoyed these patient relationships equally to the care of the dramatically ill. I learned how the local hospital worked. I came close to serving on its every committee. I was chief of medicine during most of my nine years in Frederick.

During my ninth year of practice (1968), I was visited by Joe Johnson and Lee (Leighton) Cluff. We had been colleagues at Hopkins during my residency and fellowship years. Together they had moved to the University of Florida College of Medicine, then a fledgling medical school. Lee was chair of medicine; Joe, chief of infectious disease. Lee offered me the position as chief of a new Division of Ambulatory Medicine and Community Health. He did not tell me he had been unsuccessful for one year in trying to fill this position.

I was flattered, but there was no reason for me to leave Frederick. That summer our family vacationed in the Poconos. I remember rowing (continued on page 6)

## Reflections

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to the middle of a lake. I had a yellow pad on which I had drawn a line down the middle. I made two lists, one for reasons to stay in Frederick, the other for moving to a full-time academic career in Florida. The number of items on the list for staying in Frederick quickly outdistanced the reasons for moving to Florida. I tore up the sheet of paper, and in the middle of the lake, decided to go to Florida.

### University of Florida

My arrival in Florida was friendly but questioned by the more traditional faculty. After all, they believed the best place to teach medical students, train residents, and do research was in a teaching hospital. Nevertheless, I went ahead and established rural clinics staffed by medical students, residents in training, and student nurses during their public health nurse rotation. These clinics were successful teaching ventures with some students reporting years later that they were among their best clinical experiences in medical school.

The Florida State Legislature passed a law mandating that state medical schools must develop departments of family medicine and family practice residency programs. The next day the dean appointed me chair of the Department of Community Health and Family Medicine. So much for search committees! As much as the Florida faculty deplored the state legislature meddling with educational efforts, they accepted my appointment. At least they knew me. This was not the case of the general practitioner community throughout the state. The Academy of Family Medicine convened a meeting with the College of Medicine. They congratulated the medical school for its promptness in starting a Department of Family Medicine, but then moved on to the real purpose of the meeting. How could the medical school have been so insensitive to appoint an internist as chair? And to make matters worse, they appointed an internist who had been trained at Johns Hopkins. Hopkins was no supporter of family medicine. I must give credit to the leaders of family medicine in Florida for they gradually became supportive of the school's activities.

Some private practitioners in Florida looked upon the medical school's presence in

surrounding rural counties as the beginning of "socialized medicine" in Florida. The Department of Community Health and Family Medicine also came under criticism for beginning the first physician assistant program in Florida. The Florida Medical Association appointed a special committee to meet regularly with the dean. The agendas usually focused on the liberal ventures of the department. In part, the agendas were a disguise to determine "what was Dick up to."

Shortly after my arrival in Florida, Emanuel Suter, MD, dean of the school, scheduled weekly, hourly-long meetings with me. It resembled a private tutor helping me to learn the inner workings of a contemporary medical school. Once a week the chair of medicine, Lee Cluff, would drive to one of the outlying rural clinics to make rounds. One of the clinics was established in Mayo, Florida and was quickly dubbed "the other Mayo Clinic."

My acceptance by peers as an equal faculty member was exemplified by my appointment as chair of the Promotion and Tenure Committee. I enjoyed my work at the University of Florida and had no inclination to go elsewhere. The medical school was maturing rapidly, I loved the Florida environment, my family was happy, and I had found a niche where I thought I was contributing to the school's success.

### Rutgers Medical School

During my tenth year at Florida, I was approached by David Gocke, dean of Rutgers Medical School. Middlesex General Hospital, a 400 bed hospital in New Brunswick, had been designated as the medical school's primary teaching hospital. Dave asked me to serve as an associate dean with the responsibility of working at the interface between school and hospital to yield an exemplary teaching hospital and begin the formation of an academic health center in New Brunswick. Neither the medical school nor the hospital was in good shape at the time. The medical school had been traumatized by its absorption into the College of Medicine and Dentistry of New Jersey and had four deans in the recent five years. The 400 bed hospital averaged a daily census of 150 patients, was in precarious economic shape, and its medical staff one year earlier had voted almost unanimously against affiliating with the medical school. Now here was a challenge.

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## Reflections

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I decided to give it a try. Unfortunately, the administrative turbulence at Rutgers Medical School continued. David Gocke stepped down as dean. He called me in May, 1978 suggesting that it would be unwise for me to come to New Jersey. I had already sold my home in Florida and had emotionally prepared myself and family for the move. Later Stan Bergen, president of the College of Medicine and Dentistry of New Jersey, called to say that he wanted me to join the Rutgers Medical School faculty. He would honor any commitment made by the dean in my recruitment. He suggested that he might consider appointing me as acting dean when I arrived.

### Dean of Rutgers Medical School

On July 5, 1978, I walked into my office on the Piscataway campus and began my tenure as acting dean. I had no agenda, no hankering to be permanent dean and scant experience in medical school administration. I would walk into my office each day; I would be available to faculty, students, local physicians and members of the community; I would listen. I did realize that for Rutgers Medical School to evolve into a creditable medical school, it would depend on the efforts of the faculty and the maturation of the teaching hospital. My major task was to create an environment where the faculty could flourish. One year later I was appointed permanent dean.

People ask, "What does a dean really do?" We mumble answers that embrace issues of leadership and management. I say it differently. A medical school dean does everything. During the middle years of my tenure as dean, my secretary, Enid Sternberg, kept a log for three months of how I spent my time.

Looking at this record you would conclude that I mostly went to meetings and worked long hours. But these tables which are included in my memoir (*Medicine and Me: One Doctor's Romance*) do not reveal the range and nature of my work. I spent much time recruiting faculty, particularly department chairmen. When a medical school experiences troubled times, and they all do, the dean must appear upbeat and enthusiastic.

Some examples. I had been dean briefly when a local clergyman expressed his concern about

a parishioner. She had willed her body for medical research and ended up as a cadaver in our anatomy lab. The pastor wanted to know whether she has been buried with proper reverence. It was only then that I learned that our students had organized a memorial service for the deceased who had helped them learn anatomy. We even knew where the remains were buried. The pastor was impressed....I was asked by Stan Bergen, who was responding to a query from the governor, if we could accommodate the New Jersey students who were studying medicine at Grenada when the US invaded the island in 1983....Readers of these remarks will recall the controversy of what Rutgers Medical School, then no longer part of Rutgers University, should be named. I championed honoring William Carlos Williams (1883-1863), writer, poet, humanist and an everyday practicing physician in northern New Jersey. This was not to be. Robert Wood Johnson's name was chosen both by the medical school and the university hospital. The same name applied to both institutions emphasized the inseparable relationship that was developing between them as they adapted to their new roles...My meetings with the administration of Middlesex General Hospital were contentious and agonizingly lengthy, but still constructive. Bill Walsh was then chair of the hospital's Board of Trustees. We often had conflicting ideas and were not bashful in suggesting to the other how he should lead his institution in this merger. We would meet informally to resolve many issues. When I moved to the Robert Wood Johnson Foundation, we became colleagues.

### The Best Game in Town

I have related only glimpses of my life as dean of Rutgers Medical School, but enough, I hope, to explain why I think today this was the best job I ever had. In 1984, I was appointed senior vice president for academic affairs with responsibility for academic oversight throughout the University of Medicine and Dentistry of New Jersey. I continued as dean of Rutgers Medical School (now named the Robert Wood Johnson Medical School). On March 9, 1987, Stan Bergen and I met to discuss my dual role. Stan said, "I want you full-time in Newark." I have always believed that there are time limits for leaders. As an institution changes, the leadership of the past may not work as well in a new environment. I seriously considered Stan's offer. In the (continued on page 8)

## Reflections

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summer of 1987, Lee Cluff, now president of the Robert Wood Johnson Foundation asked me to become Executive Vice President of the Robert Wood Johnson Foundation. One week later I accepted.

Paul Manowitz has elsewhere in this newsletter expertly excerpted from my memoir my experiences at the Robert Wood Johnson Foundation. I have nothing to add.

In January 1997, I returned to Florida and became a courtesy professor of medicine both teaching medical students and, what else, serving on committees.

These reflections have gone on long enough. They do provide a sample of this writer's love affair with medicine and his reverence for the profession itself and the colleagues with whom he has worked. Unabashedly, I still conclude my talks by saying that medicine is the best game in town. ■

[Michael Gochfeld, MD, PhD, co-editor of the Rutgers Robert Wood Johnson Medical School Retired Faculty Association newsletter: "Through much of the turbulent 1980s, Dick Reynolds was at the helm of the medical school, steering it through the storm of establishing a relationship with a teaching hospital, in the aftermath of Commissioner Finley's axing of the planned hospital on the Piscataway campus. Dick's memoir mentions his personal role in recruiting department chairs, but he also was involved in recruiting junior faculty. He did homework on interviewees and always knew something about their background or someone from the institutions where they had trained. This helped in attracting reluctant interviewees and also made us feel wanted and welcome. At my interview in 1980, as I contemplated whether the transition from public health practice to academia was timely for my career, he references some passages from a recent book entitled, 'Passages' (Gail Sheehy, 1976), which convinced me to make the shift as part of 'creative change'. I've never looked back. 'Passages' has been identified as one of the ten most influential books of the 20th century---I can vouch for that.]"

## Medicine and Me: One Doctor's Romance

By Richard C. Reynolds, M.D.

*[Editor's Note: Richard C. Reynolds, M.D., has had an outstanding and distinguished career as a physician, academic leader, and philanthropic administrator. He received his undergraduate degree from Rutgers University and his medical degree from Johns Hopkins School of Medicine. He did his residency in internal medicine at Johns Hopkins Hospital.*

*After practicing as a private physician in Frederick, Maryland for ten years, he became the founding chair of the Department of Community Health and Family Medicine at the University of Florida College of Medicine.*

*From 1978 to 1987, he served as interim dean and then dean of UMDNJ-Rutgers Medical School. For the last three years of his tenure as dean, he was also the senior vice president for academic affairs at UMDNJ. From 1987 to 1997, he was the executive vice president of the Robert Wood Johnson Foundation (RWJF).]*

*The passages shown below of his experiences at the RWJF have been excerpted verbatim from his book, **Medicine and Me: One Doctor's Romance**, published in 2014.]*

One summer afternoon in 1987, Lee Cluff, the President of the Robert Wood Johnson Foundation (RWJF), appeared in my office. I was now in my 9<sup>th</sup> year as dean of the Robert Wood Johnson Medical School. During our conversation, Lee invited me to become the executive vice president of the

foundation. I joined the RWJF at a time of transition. Dr. David Rodgers, former dean of Johns Hopkins University School of Medicine, had stepped down in 1986 as founding president of the RWJF and Lee Cluff, then the executive vice president, was (continued on page 9)

## Medicine and Me

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promoted to the presidency. The experience of now working with a young, professional group with backgrounds in health economics, medical sociology, evaluation, public health, health policy, etc. was for me a significant cultural change. This was a continuing experience throughout my nine-plus years at the foundation and it yielded an exciting new dimension to my professional life.

Robert Wood Johnson died in 1968, at age 75. He bequeathed the bulk of his estate (over ten million shares of Johnson and Johnson common stock) to the Robert Wood Johnson Foundation. At that time, the stock was worth \$300 million. At the end of the probate of his estate in 1972, its value had increased to \$1.2 billion. It now, in 2013, exceeds \$9 billion. Immediately, it became the largest single source of private funds dedicated to improving the health and health care of American citizens.

Shortly after I joined the RWJF, I visited seven foundations with assets in excess of \$1 billion. I wanted to learn their processes in soliciting grants, how they evaluated and monitored them, and what their goals were. What was the relationship between board members and the professional staff? Did these foundations limit their annual giving amounts to the federally mandated five percent of assets (this would enable the foundation to exist indefinitely) or would they make awards exceeding the minimal requirement?...Those I interviewed were cordial and responded candidly to my questions. All were able. What I missed was a sense of intensity, passion, oversized ambition, an unfettered commitment to improve aspects of the region, country, or even the world...

### AIDS

The foundation was early in its recognition of the tragic plight of AIDS patients. At that time a diagnosis of AIDS usually implied a death sentence to the infected patient within six to twelve months. Drugs were sometimes helpful in treating complications of AIDS, but the course of illness was only slightly slowed. The foundation had funded

several support groups for AIDS patients throughout the country.

In Seattle, seven board members met with approximately twenty AIDS patients in a home that served as a meeting place for the group. The AIDS patients were a scraggly group, wasted, feeble, and aware that they would be dead within a year. They had come prepared to tell their stories to the board members. Some had prepared notes to assist in their comments. And what stories they told! Most of the patients were gay men who were already stigmatized and isolated from their families. Many health professionals were not eager to see patients diagnosed with AIDS. The cost of treating their intercurrent illnesses was a challenge to this mostly uninsured group. They expressed gratitude to the foundation for providing the home where they congregated and could help each other by sharing their coping interventions.

As we got up to leave, the board members in their suits, the AIDS victims in their drab clothes that hung loosely on their bodies, began to hug. The patients thanked the board for coming and funding the support group meeting place. The board members tried to find words to tell the group they cared for them. It was a remarkable scene.

### Health Care Reform

President Clinton, early in his administration, followed up on his campaign promises to review health care in the United States and recommend legislation that would foster a system of care that would include coverage for uninsured patients while lowering overall costs and improving quality. To emphasize his personal commitment to this issue, President Clinton appointed his wife, Hillary Clinton, to head the task force responsible for drafting legislation to present to Congress.

The foundation, since its inception in 1972, has always been concerned with issues of health policy. Back then it was assumed by many that universal health insurance was about to happen as a sequel to the enactment of Medicare and Medicaid in 1965. It seemed appropriate in 1993 for the foundation to authorize "conversations on health." Tom Kean, a member of the (continued on page 10)

## Medicine and Me

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Foundation Board and former Republican governor of New Jersey, wrote to Hillary Clinton and invited her to participate. These conversations, which occurred in Florida, Iowa, Michigan, and Washington D.C., were attended by Hillary Clinton, Tipper Gore, and Donna Shalala, then Secretary of Health and Human Services, who listened to regional health care experts and former patients express their views. Some attendees believed that “conversations” were advocating for health care reform being developed by the Clinton administration. A strongly-worded letter from highly positioned Republican leaders declared that the foundation had drifted from education to advocacy by supporting health care reform via legislation. This was interpreted as lobbying, something that under the federal tax laws private foundations, are generally not allowed to do.

Foundation staff were uniform in their belief that the U.S. needed a health care system that provided access for all. This was a basic tenet of the Clinton plan and though the staff did not propose a specific plan it was easy to see how their advocacy for universal access to health care was supportive of the Clinton effort.

I describe this issue because it is a lingering problem that besets any foundation whose effort to improve the public welfare may involve the need for legislative action. This issue consumes considerable staff time trying to advance its mission of improving the health and health care of U.S. citizens and avoiding the appearance of lobbying.

### The Homeless

I am haunted by other memories from my years at the foundation. I discovered that one of our program officers was working with an older, respected internist in Louisville, Kentucky. Each day as Dr. “W” walked from the parking area to his office he would see homeless people sleeping on the sidewalks, huddled in doorways. They were ill clothed and their few possessions encased in plastic bags. The doctor decided to do something for this group, many of whom were troubled with alcohol abuse and mental illness. He established a residence,

The Healing Place, for homeless alcoholics. I was told he had started this program with a grant from a local medical society, a remarkable source of funds for this type of project.

I was impressed with Dr. “W”’s commitment to this program. He had markedly restricted his practice to this habitation effort for homeless alcoholics and accepted, I’m sure, less income from his practice. We were both internists, had a love for practice and whereas I had left practice early on, he was in the process of doing a similar career change much later in life. We became friends beyond the grantor-grantee relationship.

In 1959, when I began my practice of medicine in Frederick, I remember my disbelief that patients actually paid me for my services. They were paying me for work I loved to do. Near the end of my tenure as a senior officer at the Robert Wood Johnson Foundation, I realized I was having a similar experience. I liked going to work at the foundation and I was being paid to do it. Years ago, I read Stud Terkel’s book *Working*. The most poignant point of his many interviews was to relate how few people enjoyed the work they did. I have been lucky.

### The Richard C. Reynolds Chair

I attended my last Board of Trustees meeting in the fall of 1996. I had already made known my intent to leave and to retire to Florida in January, 1997. The board adjourned to go into executive session. Steve [Steve Schroder, the president of the Foundation] said I need not attend this special meeting. Before the Board adjourned, however, Steve called me to the meeting. He proceeded to announce that the Board had acted to make a grant of \$2 million to establish the Richard C. Reynolds Chair in General Internal Medicine at the Robert Wood Medical School in New Brunswick N.J. To say I was surprised is an understatement. I could not believe that such an honor had been bestowed on me. ■

## *In Memoriam*

### **James W. Mackenzie, MD**



The medical school community was saddened by the passing of **James W. Mackenzie, MD**, former dean and former professor and chair, Department of Surgery, on November 27, 2015. Dr. Mackenzie joined then Rutgers Medical School in 1969 as the first chair of the Department of Surgery, a position he held until December 31, 1996; he also served as chief of the division of thoracic surgery. He served as dean from 1971 to 1975. In 2002, upon his retirement, he was appointed Emeritus Professor and Dean Emeritus. As dean, Dr. Mackenzie spearheaded the conversion of the medical school from a two-year to a four-year program; established a centralized faculty practice plan; and recruited eminent academic physicians and scientists, including several department chairs and division chiefs. He wrote and was co-PI of the first successful National Institutes of Health (NIH) grant in the section of thoracic surgery at the University of Michigan and was PI of NIH grants at the University of Missouri and at Robert Wood Johnson Medical School. He received his medical degree in 1951 from the University of Michigan and completed his residency in general surgery and thoracic surgery at University Hospital in Ann Arbor.

## 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. In calendar year 2015, the RFA members donated \$3,393 for the support of the fellowship fund.

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 West, 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 2015/2016 (**September 1, 2015 – August 31, 2016**) cycle:

|                  |                 |
|------------------|-----------------|
| David Alcid      | Joyce Orenstein |
| Peter Aupperle   | Norman Sissman  |
| Michael Gochfeld | Nancy Stevenson |
| Norma Greenfield | Marian Stuart   |
| Eckhard Kemmann  | Mary Swigar     |
| John Lenard      | Paul Smilow     |
| Paul Manowitz    |                 |

### RWJMS RETIRED FACULTY ASSOCIATION MEMBERSHIP

The members listed below have paid their RWJMS RFA dues during the 2015/2016 (**September 1, 2015 – August 31, 2016**) cycle.

|                    |                     |                 |
|--------------------|---------------------|-----------------|
| David Alcid        | John Harrigan       | Rebecca Puglia  |
| Peter Aupperle     | Richard Harvey      | David Riley     |
| Barbara Brodsky    | Eckard Kemmann      | Marilyn Sanders |
| Charles Brodstrom  | Paula Krauser       | Gordon Schochet |
| Margaret Brodstrom | George Krauthamer   | Peter Scholz    |
| Edward Browning    | Paul Lehrer         | David Seiden    |
| Wilfredo Causing   | Michael Leibowitz   | John Semmlow    |
| Joan Chase         | John Lenard         | Norman Sissman  |
| John Crowley       | Gordon Macdonald    | Paul Smilow     |
| Donald Dubin       | Paul Manowitz       | Frank Snope     |
| David Egger        | Russell McIntyre    | Nancy Stevenson |
| Eric Eikenberry    | Virginia Mehlenbeck | Marian Stuart   |
| Stephen Felton     | Ron Morris          | Mary Swigar     |
| Herbert Geller     | Joyce Orenstein     | Alan Wilson     |
| Michael Gochfeld   | Barbara Pollack     | Gisela Witz     |
| Norma Greenfield   |                     |                 |



# Retired Faculty Association

If you have not already done so, please send in your **2015-2016** (September 1, 2015 – August 31, 2016) 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 2015-2016 (September 1, 2015 – August 31, 2016) 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, Ph.D., at the address shown below.

Global Health Program (indicate dollar amount) \_\_\_\_\_  
 RWJMS RFA Dues (\$15) \_\_\_\_\_  
 Total Amount \_\_\_\_\_

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

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

January 2016