RUTGERS
Robert Wood Johnson Medical School

RETIRED FACULTY ASSOCIATION NEWSLETTER

JANUARY 2014 VOLUME VII, NO. 1

UPCOMING RFA MEETING

25 YEARS AT RWJMS, FROM UMDNJ TO RUTGERS: ONE FACULTY MEMBER'S VIEW

Dean Amenta with Class of 2017 medical students

Speaker:
Peter S. Amenta, MD, PhD

Professor of Pathology and Laboratory Medicine
Rutgers Robert Wood Johnson
Medical School

Thursday, March 13, 2014
12:00 pm – 1:00 pm
West Lecture Hall
Rutgers Robert Wood Johnson Medical School
Piscataway

Dr. Amenta recently stepped down after serving as Dean of Rutgers Robert Wood Johnson Medical School for the past eight years.

Please note: this seminar was previously postponed due to inclement weather.

All current and retired faculty, staff and students are welcome to attend. A light lunch will be available. ■

Dean Amenta Steps Down as Dean of Rutgers Robert Wood Johnson Medical School

Brian Strom, MD, MPH, the newly installed Chancellor of the Rutgers Biomedical and Health Sciences, informed the academic community on December 24th that Peter S. Amenta, MD, PhD, has formally submitted his resignation as dean. At a RWJMS faculty meeting on December 30th, Dean Amenta said that he will step down as dean shortly and return to the faculty as professor of pathology and laboratory medicine. Chancellor Strom will announce a formal transition plan in the near future.

Dean Amenta served as dean for eight years during which time there were many significant changes at the medical school. He oversaw initiatives in education, research, clinical care, and community service. Among these were the reorganization of the first and second year medical school integrated curriculum, the growth of the research efforts at the Child Health Institute of New Jersey, the adoption of a nationally recognized medical electronic records system, the expansion of services of the Eric B. Chandler Health Center, and the facilitation of the transition from UMDNJ to Rutgers.

Dean Amenta has been very supportive of the Retired Faculty Association over the years for which the RFA is very thankful.■

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How New Jersey's Governors Created the State's Medical Education System (or, From SHCMD to NJCMD to CMDNJ to UMDNJ to RBHS)

By Bob Vietrogoski

Head of Special Collections
George F. Smith Library of the Health Sciences
Rutgers Biomedical and Health Sciences

[Author's note: This is a short summary of my presentation to the RFA last October. I'm well aware that each of the episodes discussed merits its own full article! My work-in-progress includes a physical and online exhibit of relevant documents in the history of New Jersey medical education, coming spring 2014. I welcome emails (bob.vietrogoski@rutgers.edu) from anyone personally involved in this history!]

The Rutgers/UMDNJ integration of 2013 was extraordinary. By the number of students, faculty, staff, and budget dollars affected, it is likely the largest merger in the history of American higher education. And yet, in another way, it was not extraordinary at all. Like earlier transformations of medical education in New Jersey, it was accomplished with the stroke of the governor's pen. Over the past sixty years, more than presidents, deans, or other administrators, New Jersey's governors have created the state's medical education system.

Four episodes demonstrate the Governor's critical role:

1. The unsuccessful efforts of Governors Driscoll and Meyner to establish a state medical school between 1950 and 1954.

2. The state's acquisition of the Seton Hall College of Medicine and Dentistry (SHCMD) by Governor Richard Hughes in 1964-1965.

3. The merger of the Rutgers Medical School and the New Jersey College of Medicine and Dentistry (NJCMD) to create the College of Medicine and Dentistry of New Jersey (CMDNJ) by Governor William Cahill in 1970.

And, moving forward a few decades,

4. The integration of UMDNJ's components into Rutgers and Rowan Universities by Governor Chris Christie in 2013.

Governors Alfred Driscoll (1947-54) and Robert Meyner (1954-62)

Plans to create a state medical school in New Jersey developed during the administration of Governor Alfred Driscoll. In 1949, the Medical Society of New Jersey pressed Driscoll to establish a committee to study the need for a medical college in New Jersey. In 1950, this committee was expanded by the state legislature to become the New Jersey Medical College Commission. The 22-member commission reported its findings on March 5, 1951, declaring that "the need for a medical college is great and is growing." According to the commission, a state medical and dental school would benefit New Jersey's students, who could stay within the state; doctors, through postgraduate training and continuing education; hospitals, by supplying homegrown residents and interns; businesses, from a skilled, educated workforce and from economically stimulating research; and finally, the public, who would benefit from regionalized health services and medical research advances. (With variations, the reasons articulated in the 1951 report have been

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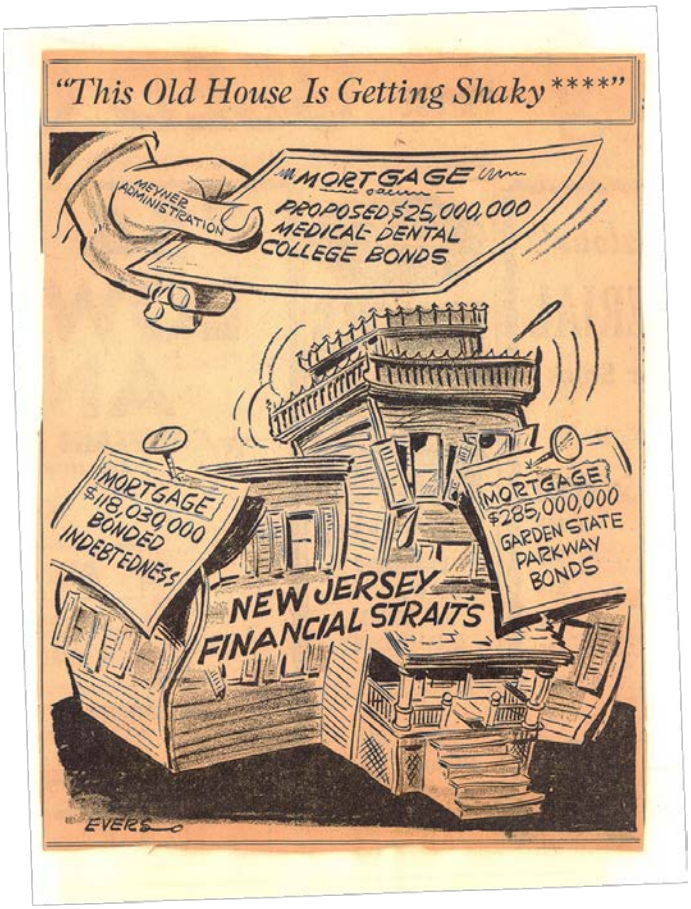
http://rwjms.umdnj.edu/faculty/retired_faculty/about.html

NJ Governors and Medical Education (Continued from page 2)

employed in all later transformations of medical education in the state.) The commission report proposed that a $25 million dollar bond issue could provide funding for a state medical and dental school.



The commission report and subsequent site visits led to consideration of New Brunswick, Newark, and Jersey City as possible locations for the new school. However, under Governor Driscoll, no bond issue was presented to voters. Meanwhile, the site evaluation process may have helped to motivate Jersey City Medical Center physicians to develop an affiliation with Seton Hall University and establish the Seton Hall College of Medicine and Dentistry, which was incorporated in August 1954.

One of the commission's members was State Senator Robert Meyner, who unexpectedly won the 1953 election for Governor. In his first year in office, Governor Meyner vigorously promoted a $25 million dollar medical-dental school bond issue. The measure went before voters in November 1954. Opponents presented the medical school as expensive, unnecessary, and likely to lead to tax increases. The measure was defeated, 718,020 to 565,878. No state school would be competing with Seton Hall's new venture.

Newark Star Ledger-November 3, 1954

Medical school proposal beaten by heavy vote

The Seton Hall College of Medicine and Dentistry, based at the massive Jersey City Medical Center, was established under the auspices of the Roman Catholic Archdiocese of Newark. The first class of 80 students matriculated in September 1956, and the first class graduated in 1960. However, from the start, all was not well. The school ran a substantial deficit, and, despite its name, was legally separate from Seton Hall University, and was always in financial jeopardy. At the same time, the faculty and administration of the medical and dental schools argued with Jersey City politicians over control of the Jersey City Medical Center. Conflict escalated in February 1964, when the chair of surgery was fired from his position by the Mayor of Jersey City and replaced without the school's consent. During this crisis, many faculty members resigned, students protested, 3rd and 4th year students were removed from clinical service at the Medical Center, accreditation was threatened, and the future of SHCMD was in question.

Governor Richard Hughes (1962-70)

In April 1964, Governor Hughes and leaders of the Senate and Assembly appointed a fact-finding committee charged with determining whether the state should take over and operate the Seton Hall College of Medicine and Dentistry. Chaired by George F. Smith, the former chairman of Johnson & Johnson, the committee produced its report on July 28, 1964. It cited the financial and operational problems of SHCMD, but stressed that the school's closure would be "catastrophic and a serious reflection on the State of New Jersey." The committee investigated whether the emerging Rutgers Medical School (RMS), established in 1961, could take over SHCMD. However, the small, new Rutgers school had not yet even begun to accept students, and RMS Dean DeWitt Stetten was opposed to any such takeover. The fact-finding committee recommended that the state purchase the assets of SHCMD for $4 million and continue its operation under state control.

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NJ Governors and Medical Education (Continued from page 3)

Legislative action in the fall of 1964 authorized the acquisition of SHCMD. Governor Hughes signed the "New Jersey Medical and Dental College Act of 1964" on December 22, 1964, a contract with Seton Hall was signed on May 3, 1965, and the institution's name was officially changed to the New Jersey College of Medicine and Dentistry (NJCMD).

Governor Hughes strongly supported state higher education, and a recent biography of Hughes has a chapter entitled, "An Education Governor." In addition to the acquisition of SHCMD and the move of the school to Newark, Hughes supported Rutgers in general, the fledgling Rutgers Medical School, the county college system, and the creation of a Board of Higher Education.

Governor William Cahill (1970-74)

In the 1969 gubernatorial election, Republican congressman William Cahill defeated former Governor Meyner by a landslide. Governor Hughes had made many promises to various higher education institutions. Now Governor Cahill faced the financial implications of these promises.

Governor Cahill acted quickly on medical education. He took office on January 20, 1970, and just over three months later delivered a "Special Message" on "Education for Better Medical Care" to the State Legislature on May 4. In the "Special Message" he stated, "How medical education should develop in the future of New Jersey is a problem of awesome complexity." Emphasizing the taxpaying public's needs, Cahill reviewed the history of the two existing medical schools from a financial perspective, citing the state's $6 million dollar contribution for a basic science building to the Rutgers Medical School in 1962, and the "financial rescue" of SHCMD in 1965. Cahill said that with the "simultaneous development of two medical schools," "we have been trying ever since to cope with the consequences of this decision." He quoted the financial need of "$246 million to implement the capital plans for both schools, of which $173 million is not currently available." Cahill did not believe in supporting two schools governed separately, and pushed for legislation establishing "one Board of Trustees responsible for the supervision of medical and dental education in New Jersey." Assembly Act A-1059, the "Medical and Dental Education Act of 1970," sought to accomplish Cahill's goal of a unified medical education system.

Rutgers students and faculty vehemently opposed this legislation, none more so than Rutgers Medical School Dean Dewitt Stetten, who considered it "catastrophic." But A-1059 passed the state legislature and was signed into law by Governor Cahill on June 16, 1970. Dean Stetten resigned two days later.

By combining the New Jersey College of Medicine and Dentistry and the Rutgers Medical School into a single administrative entity, A-1059 established the structure under which New Jersey medical education operated for the next four decades. Under this new structure, Governor Cahill approved the appointment of Dr. Stanley Bergen as president of the College of Medicine and Dentistry of New Jersey (CMDNJ) on July 1, 1971.

Other Governors (1974-2010)

Under President Bergen and his successors, what became UMDNJ grew to encompass eight schools on five main campuses. During these years, governors continued to shape the medical education system. Under Governor Brendan Byrne, the School of Osteopathic Medicine in Stratford was established in 1975, and in 1981, the College of Medicine and Dentistry of New Jersey became the University of Medicine and Dentistry of New Jersey (UMDNJ). Under Governor James McGreevy, Dr. P. Roy Vagelos, the former chairman of Merck, served as chair of the New Jersey Commission on Health Science, Education, and Training. This commission produced a 2002 report proposing a radical reorganization of Rutgers, UMDNJ, and NJIT into a single statewide research university system called the University of New Jersey, and divided by campus geographically. However, this plan did not gain traction in the state legislature. Later, Governor Jon Corzine reassessed the Vagelos Report's recommendations, but did not advance this plan. Governor Corzine did oversee the founding of New Jersey's first non-UMDNJ medical school, the Cooper Medical School of Rowan University (CMSRU) in Camden, which was chartered in 2009 by executive order. CMSRU admitted its first students in 2012.

Governor Chris Christie (2010-present)

In 2005, Chris Christie was the United States Attorney for New Jersey during a period of corruption and scandal at UMDNJ involving, among other misdeeds, double-billing of Medicare and Medicaid, and a make-work job given to a state senator. Christie oversaw the establishment of a Deferred Prosecution Agreement and a Federal Monitor for UMDNJ. His impressive record of fighting corruption (over 130 convictions, no acquittals) was featured in his 2009 campaign for governor. While New Jersey's governors have

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NJ Governors and Medical Education (Continued from page 4)

influenced the medical education system, in Governor Christie's case, the medical education system influenced who became governor!

Governor Christie Signing NJ Medical and Health Sciences Higher Education Restructuring Act

Soon after taking office, Governor Christie focused on higher education. He convened a New Jersey Higher Education Task Force in May 2010, chaired by former Governor Thomas Kean. That December, the Task Force's report called for UMDNJ to be "fundamentally transformed." Christie then established the University of Medicine and Dentistry of New Jersey Advisory Committee, chaired by Dr. Sol J. Barer, in May 2011. The Committee's report of January 25, 2012 included proposals for integrating parts of UMDNJ with Rutgers. Because earlier proposals such as the Vagelos Report had not come to fruition, Christie was asked what was different this time. "It's me," he responded, declaring, "I've made my commitment on this." The Governor's efforts culminated in the New Jersey Medical and Health Sciences Higher Education Restructuring Act, which he signed into law in August 2012. As of July 1, 2013, most of UMDNJ is now integrated into Rutgers University.

From SHCMD to NJCMD to CMDNJ to UMDNJ to RBHS

In 1910, Dr. Abraham Flexner's famous report, "Medical Education in the United States and Canada," codified what became the dominant model of academic medical education: medical school, university, and hospital, working in collaboration. To prepare his report, Flexner visited all 155 medical schools in North America. But at the time, there were none in New Jersey. Instead, the state sent its medical students to New York, Philadelphia, and elsewhere, for almost two centuries.

Over the last sixty years, New Jersey's governors acted to create a state medical education system. Today, what was UMDNJ has been given a fresh start after nearly a decade of uncertainty about its future, and Rutgers University has now become a comprehensive public university with robust health sciences schools.

With Rutgers Biomedical and Health Sciences and the Cooper Medical School at Rowan University, New Jersey medical education's struggle for structure (and the cycle of governor, committee, report, and legislation) has stabilized. The benefits of medical education within the state have been known since the early 1950s. The 2013 integration holds the promise that these benefits can be fully realized. ■

My "Retirement" in Rwanda

By John G. Crowley, MD

[Editor's Note: Dr. John Crowley recently spent eight months in Rwanda to help train physicians, develop medical programs, and practice medicine. Below are some of the highlights of his experiences there that he described at the Retired Faculty Association meeting on October 25, 2013.]

When I retired from RWJMS after 40 years as a vascular surgeon, I decided to join the Clinton Health Access Initiative in Rwanda. For me this was an opportunity to give back to the less fortunate. Since leaving office, President Clinton has maintained a great interest in the country, partly because of his regret at not intervening to stop the genocide that occurred in the spring of 1994 while he was President. At the request of the Rwandan government, he initiated a seven-year program to train local doctors in the academic disciplines and to upgrade their medical education programs. Recruitment of physicians for the programs was through a number of US medical schools. I replied to an ad in the American College of Surgeons journal placed by the University of Virginia. The screening

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My "Retirement" in Rwanda (Continued from page 5)

process was efficient and done mainly by phone and email. Three months after first applying, I was on my way.

My wife and I had never been to Africa, and so it was quite a change for us when we arrived in Kigali in August of 2012. After an eighteen-hour air flight, we were met by local workers who helped us with accommodation arrangements, money exchange and visas. We then met a number of other physicians and nurses and attended a three-day orientation seminar that provided us with the details of our jobs and provided us with information about the organization of medical services in the country.

I was assigned to the University Hospital in Butare which is in the south of the country and houses the University of Rwanda and the country's only medical school. There I spent most of my time teaching medical students who were in their third and fourth years. I found them to be neat and polite but rather silent. They were used to being lectured to and not expected to ask questions. Although many had laptops, with some exceptions, they barely used the Internet. Most of their surgical information came from Hamilton Bailey's Textbook of Surgery (2012 edition). Each student was provided with a copy, and there were copies available in the library. This was the most up-to-date material in the library, and the shelves were filled with pre-2002 texts and journals, largely discards from U.S. hospital libraries. There was a separate computer room which was well equipped but not yet connected to the Internet.

One of my major problems that I encountered in Butare was related to the lack of functional infrastructure. Running water was not always available in the OR; electricity was spotty which would lead to cancellations; one outage lasted for two weeks. A CAT scanner was set up while I was there that would have been the second one in the country. However, when it was tried, the electrical grid did not have enough power to support it. The hospital director and the department chiefs were all well aware of the deficiencies. I found these men to be well educated and highly motivated people who knew how to correct things but were unable to garner the funds to do so.

Private versus Public Medical Care

Later during my stay in Rwanda, I worked in the King Faisal Hospital (KFH) in Kigali, a private hospital not connected with the medical school. Here I found a clean and modern hospital of 130 beds. They had a CAT scanner, the only one in Rwanda, and no problems with water or electricity. The operating rooms were clean, and sterile technique was impeccable in contrast to Butare where the odd window was left open to cool things down. As there is almost no peripheral vascular disease in Rwanda, I spent most of my time doing access work for dialysis patients. The only unit in the country is situated there. The reason for the contrast in conditions between the two hospitals at which I worked is that KFH is a private institution. The power and the prestige lay there, which is the exact opposite of the situation in the U.S. where academic institutions reign supreme.

I found that the Rwandan physicians were dedicated and hard working. Health insurance covers 95% of the people. I liked the system. Minor medical complaints are treated by a village health worker. The next step up is a health center which is the equivalent of our doctor's office. Above this is one of the 30 district hospitals, then five provincial hospitals. Next are the two teaching hospitals in Butare and Kigali followed by KFH where patients need to be able to pay the private rates. Daily charges run about $200 of which the patient pays 10%. The rates are lower in the teaching hospitals and covered by insurance. Those who are too poor to pay are treated and their costs written off. However, if they are referred say for a CAT scan, they have to pay for transportation and 10% of the cost of the study. If these funds are not available, they are out of luck. To show a standard, GP's earn $9,000 and surgeons $20,000 annually. These are salaries paid by the government, but I suspect that the single private group earns a lot more.

Physician communication was good and English is the language of medicine and business due to a government proclamation about four years ago. The main reason for this is the political will of President Kagame who wishes to integrate the country into the rest of East Africa which is English speaking. The British and the Americans are officially favored and Rwanda has joined the British Commonwealth.

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My "Retirement" in Rwanda
(Continued from page 6)

John and Marcia Crowley in Akagera National Park in Eastern Rwanda. This animal sanctuary in a wild, remote part of Rwanda contains elephants, giraffes and wild boar. Lake Ihema , in the background, contains crocodiles. Despite that the locals fish there in small boats! The land beyond is Tanzania.

However, the local accent can be difficult, especially over the phone where body language is absent. My wife had great difficulty being understood, and she felt very isolated there. Taxi drivers spoke French and my rudimentary knowledge allowed me to get where I was going. The rest of the populace spoke Kinyarwanda and a translator was required when dealing with almost all patients.

The genocide that occurred in Rwanda between April and July of 1994 has ramifications for medical care to this day. It is estimated that between 800,000 and 1 million people, mainly Tutsis, were killed during the genocide. Included in the number killed were many physicians. Today, a number of leadership positions such as the medical school dean, were filled by Ugandans, drafted to fill spots as there are not enough trained Rwandan doctors. There were many female physicians but these were a step below the leadership group. Women were encouraged to become surgeons and the first two were in the early stages of their residency.

Rwandan "Extracurricular" Activities

Besides my professional experiences at the medical school and the hospitals, I did experience both pleasurable and not so pleasurable "extracurricular" activities. On the negative side, I had difficulties with the diet, in part, because of the lack of edible protein. The available meat was mostly goat and served as a brioche or on a stick. It was very tough and I could not chew it well enough to enjoy it. I developed a dental abscess which I drained myself as dental care was not available. However, an anesthesia colleague was not so lucky and had to be shipped home for treatment, which included general anesthesia and dental extraction. The carbohydrates which were the main staple were very tasty. Potatoes abounded and they were chipped, boiled or sliced. I enjoyed the fried bananas and mystery greens but I sure would have eaten out at a McDonalds if one were available.

Some of my most enjoyable and memorable experiences were in the San Michelle cathedral in Kigali. I think of myself as religious but not particularly so. At first I went to the cathedral because there was little else to do on a Sunday despite the wonderful weather. The church was packed, with everybody in their Sunday best

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My "Retirement" in Rwanda
(Continued from page 7)

including the children. A forty person mixed choir sang the most wonderful music both western and native. It was so beautiful and uplifting - I made sure to be there every week.

There are a number of national parks in Rwanda. The most developed and tourist friendly is Parc des Volcans, which is in the northwest part of the country. The gorillas are the major tourist attraction by far in Rwanda. Visitors are required to hire guides and porters who trek through the jungle to find a family of gorillas. The gorillas are very tame and friendly, and visitors can get very close to them. I was asked not to touch them but they were so close that I could have. The dominant male keeps his distance with a wary look but the young animals are like a bunch of kids chattering and jumping around. Being in the animals' milieu is an extraordinary experience, rather than looking at them through a cage's bars.

Of my experiences in Rwanda, I feel that I contributed something to education and patient care. I write back occasionally to find out about patients I left behind. I am so glad to know that a second wave of doctors has taken our place to continue the work that we started. ■

News From Afar
Gisela Witz

Gisela Witz, PhD: A major focus of my life since I retired is art – oil painting and reading about the history of painting. I continued essentially where I left off many years ago when I took painting lessons during my post doc. After that I stopped painting since I got too busy with research, my laboratory, students, committees and all the other activities attendant to academic life. Three years into my retirement I started taking painting classes at the Somerset Art Association (now The Center for Contemporary Art) in Pluckemin close to my home. There I lucked out with my teacher, S. Allyn Schaeffer, and continued taking his independent study classes with him at The Visual Arts Center in Summit for five years until he stopped teaching. The last two years of his teaching included painting outdoors where I really learned how to look and see. I like painting flowers, trees, landscapes – my backyard, Blackwater National Wildlife Refuge at the Eastern Shore of Maryland, and Buck Garden in Far Hills. For me, painting is hard work but engaging, often frustrating but also very satisfying when I get it just right. I try to paint what I cannot express in words, what has been called "the other side," and the Spirit of Place with respect to landscapes. I still enjoy doing many of the things I used to do before I retired and I volunteer at EOHSI in the Graduate Toxicology Program. I see some of my students from time to time and keep in touch with many of them. Life is good, and I will continue striving in my painting to get it just right. ■

Gisela Witz, PhD, painting a dogwood tree before bloom in her back yard.

PHOTO OF THE MONTH

The Retired Faculty Association invites all retired faculty and staff to submit their interesting and pertinent photographs with original content (no copyrighted or trademarked material) for publication in this newsletter. One photo will be selected for publication in each newsletter. The photos should be of such quality that the printed version will have 300 dpi (dots per inch). Send the photos as an email attachment to Manowitz@rwjms.rutgers.edu.

Painting by Gisela Witz, PhD, of the Lilly Brook at the Leonard J. Buck Gardens, Far Hills, NJ

THE LAUNCH OF MAJOR BUILDING PROGRAMS AT RUTGERS UNIVERSITY

Rutgers University has embarked on massive building programs on the Newark, New Brunswick, Piscataway, and Camden campuses, totaling $785.5 million of building projects. The major challenge facing the university is to develop funding streams providing the resources, manpower, and womanpower required to sustain the programs to be housed in these buildings.

A significant part of the funding for the construction of these buildings was a result of a higher education bond issue approved by New Jersey voters in 2012. Among the projects that are in various stages of design or construction at Rutgers on the Busch campus are the

Wright Rieman Chemistry and Chemical Biology Building and an addition to the William Levine Hall of the Ernest Mario School of Pharmacy. In New Brunswick, Rutgers
in collaboration with the New Brunswick Development Corporation is planning a $330 million building program on a 10-acre parcel of land on its College Avenue campus. The building program in New Brunswick is scheduled to be completed in 2016 in time for the 250th anniversary of the founding of Rutgers. For more information, visit http://facilities.rutgers.edu/; then select “Status of Significant Projects.” ■

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 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 2013:

- Peter Aupperle
- Jay Chandler
- Javier Escobar
- Norma Greenfield
- Eckhard Kemman
- Sanford Klein
- Paul Manowitz
- Virginia Mehlenbeck
- Paul Smilow
- Nancy Stevenson
- Mary Swigar

RETIRED FACULTY ASSOCIATION MEMBERSHIP

The members listed below have paid their RWJMS RFA 2013 dues.

Errratum: Please note that the April, 2013 issue of the RFA newsletter incorrectly stated that the names listed were those who paid their dues for 2012. In fact, the published list included only names of those who paid their 2013 dues.

- David Alcid
- Peter Aupperle
- Gad Avigad
- Gordon Benson
- Bruce and Mary Breckenridge
- Barbara Brodsky
- Charles and Margaret Brostrom
- Wilfredo Causing
- Jay Chandler
- Joan Chase
- John Crowley
- Donald Dubin
- Norman Edelman
- David Egger
- Eric Eikenberry
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- Paul Stein
- Marian Stuart
- Nancy Stevenson
- Victor Stollar
- Marshall Swartzburg
- Mary Swigar
- Arthur Upton
- Alan Wilson
- Gisela Witz
- Donald Wolff
- Joseph Zawadsky
- Gail Zeevalk

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Retired Faculty Association

If you have not already done so, please send in your **2014** dues. Dues are collected for the calendar year. 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 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).

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

Please Print:

Name: _____

Address: _____

_____

Phone: _____

E-mail address: _____

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.

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
Piscataway, NJ 08854

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

Thank you. January 2014