UPCOMING RFA MEETING

“NEUROSURGICAL CONTRIBUTIONS TO ANESTHESIA IN THE EARLY 20TH CENTURY: CUSHING AND EISBERG”

Speaker:
Peter Carmel, MD
Professor of Neurological Surgery at Rutgers New Jersey Medical School, founding Chair of the Department, and Past President of the American Medical Association

Friday, December 5, 2014
12:00 pm – 1:30 pm
Clinical Academic Building, Room 3405
Rutgers Robert Wood Johnson Medical School
New Brunswick

All current and retired faculty and staff are welcome to attend. Lunch can be purchased at CABFARE, the Clinical Academic Building cafeteria.

My Time as Dean

By Peter S. Amenta, MD, PhD

During the winter of 2014, I was asked to speak at the Retired Faculty Association (RFA) Forum on a topic of my choice. I thought that a retrospective of my time over the last quarter century here at Robert Wood Johnson Medical School (RWJMS) and our principal affiliate Robert Wood Johnson University Hospital (RWJUH) made the most sense. I based this decision, not only on my 25 years of service, but also because I had just completed almost 8 years as dean, after serving as chair of the Department of Pathology and Laboratory Medicine for 10 years, chief of the RWJUH Laboratory Service for 12 years, residency program director for 11 years, and senior vice president of medical affairs and chief of staff at RWJUH for 4 years. We had also just moved into Rutgers, after our longtime home of UMDNJ was integrated into our State University. So, on March 13th I presented my talk to the RFA, with a number of faculty, staff, students and family in attendance. In summary, my main message was that regardless of your individual vantage point(s) over the last quarter century, we would all have to agree that we were witness to and participated in a remarkable transformation of our school and academic health center, providing a strong foundation for it to ultimately enter into the top tier of academic medicine.

I want to thank the RFA for that invitation. I was honored to be able to present my views on the progress our institution made during that period of time. I was also asked by the RFA to provide an article for its newsletter summarizing my time as dean at RWJMS, which I supply here.

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Becoming the Dean
To begin with, I had no thoughts or aspirations of becoming a dean prior to 2006. That year, one of my colleagues strongly suggested to me that it would be a logical next step in my career path. Therefore, while serving simultaneously as the RWJMS chair in the Department of Pathology and Laboratory Medicine and the RWJUH senior vice president of medical affairs and chief of staff, I did begin to consider that possibility for the next phase of my professional life. I actually began along this path rather unexpectedly, when our dean of 11 years, Hal Paz, asked me to become the senior associate dean of education. I agreed to accept the position. However, before I could enter that office, Hal was recruited to Penn State as the new Chief Executive Officer of the Milton S. Hershey Medical Center, Penn State’s senior vice president for health affairs and dean of its College of Medicine. He informed me of the likelihood of his move to Penn State in March of 2006 and that he (along with others) was recommending to the university administration that I become the interim dean. Shortly thereafter, I was asked by Dr. Bruce Vladeck, the interim president of UMDNJ, to serve in that capacity and did so beginning April 24, 2006.

The position at Penn State opened when their dean, Darrell Kirch, MD, was selected to become the next president of the Association of American Medical Colleges (AAMC), succeeding the retiring Jordan Cohen. I was fortunate to have met Darrell for the first time approximately 4 years prior to his AAMC appointment, while he was the dean of the Hershey Medical School and I was being recruited to become their chair of pathology. Obviously, I remained here at RWJMS and in 2006 with the retirement of Dr. Cohen, the selection of Darrell as the new AAMC president, and Hal being chosen as dean at Hershey, I became the seventh dean of RWJMS in 2008. Thanks go to the entire administration and Board of Trustees of UMDNJ who guided us through those turbulent times and allowed me the opportunity to become dean. Denise Rodgers is deserving of special mention due to the depth and breadth of her service to UMDNJ, including her roles as senior associate dean of community health at RWJMS, the president’s chief of staff, executive vice president of clinical and academic affairs, and the last president of UMDNJ.

The Challenge at Hand
As anyone who was here at the time will remember, 2006 marked the beginning of a very tumultuous and difficult era for UMDNJ and RWJMS. There was, of course, the appointment of a federal monitor to oversee UMDNJ, as a condition of a deferred prosecution agreement with the federal government. Legal matters presented themselves at UMDNJ campuses leading to the university-wide oversight by the federal monitor. In addition to that oversight, we were also facing a number of other significant challenges here at the school, which impacted all of our mission areas. Some of the more notable issues we were confronted with included: a focused site visit by the school’s
From left to right, yours truly (then interim dean at UMDNJ-RWJMS), Harold Paz, MD (chief executive officer of Penn State Milton S. Hershey Medical Center, Penn State's senior vice president for health affairs and dean of its College of Medicine), and Darrell Kirch (president of the AAMC). This photograph was taken at the AAMC annual meeting in Seattle in 2006 at our school’s alumni reception, with all of us relatively new to our positions.

The Clinical Mission

Despite the myriad of issues facing us, it was readily apparent that with our considerable financial challenges, we were required to quickly address the mission area which was providing the largest component of revenue to our medical school, that being our faculty practice plan, the University Medical Group (UMG). Protecting, and more importantly growing this revenue stream, was essential to continuing to provide high quality care to our patients, securing our financial strength and to the success of all the missions of our entire Academic Health Center (AHC). This strategy was supported by data from a number of consultants that we had the opportunity to work with, as well as from the AAMC. The AAMC data continues to show the relative importance of clinical revenue, which comprises approximately 50% of all the revenue of many U.S. medical schools. At the same time, we were being forced to look to the future in anticipation of the oncoming, transformative changes to the U.S. Health Care System at large. Our position as a faculty practice in 2006, without radical change, would have left us poorly positioned to deal with the changes that were clearly on the horizon. To accomplish these goals would require that we enhance collaboration among the clinical departments and affiliate institutions; improve the efficiency of and access to the faculty practice; digitize our electronic health record; modernize our outdated revenue-cycle infrastructure; renegotiate managed care contracts; add new clinical
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services; and pursue new entrepreneurial ventures by providing services to other hospitals and institutions statewide. We took on these challenges and achieved considerable success. In doing so, the clinical practice which is now Rutgers Robert Wood Johnson Medical Group experienced significant growth.

I firmly believe that of all the progress made in this regard, the most important was the markedly improved culture of cooperation and collaboration among the faculty and the clinical departments. It allowed for the development of a new business model for the faculty practice, allowing for the creation of an integrated/multispecialty practice plan from what was a siloed, federated one. The integration allowed for cross-training of staff among the departments, assuring a more even coverage of the practice. It allowed for a new “funds flow” model to enhance group interaction, transparency in our managed care contracting, and overall improved oversight of the practice. The latter led to improved patient scheduling and follow-up, patient precertification and authorization, as well as for the addition of new phone and triage systems, which in sum improved our delivery of care. I also believe it was essential to the successful implementation of our new EHR and revenue-cycle technology.

As noted, it was apparent that the medical school’s in-house billing/revenue-cycle operation was inefficient and outdated, as was our partially implemented EHR. After an extensive analysis, a contract was established with General Electric Healthcare (GEHC). It should be noted that we did not have the capital resources available to purchase a more established “turn-key” system and the GEHC products were in a very early stage of development. We were well aware that numerous organizations had failed with implementation of multiple EHRs in their practices, an outcome we could not have tolerated due to what would have been an accompanying disruption of our delivery of patient care and our revenue stream. Ultimately, it required our building the new EHR and revenue-cycle systems in partnership with the vendor, virtually as an alpha site, which carried considerable risk. Again, to do nothing would have eventually proven to be an even greater risk to the entire AHC.

Today, not only are both the EHR and revenue-cycle systems in place, in addition, a new business intelligence system, contract compliance program, insurance verification, a transaction editing system, electronic prescribing, and electronic charge capture are all functional, with Patient-On-Line and Physician Referral capabilities under development. More importantly, with our EHR functioning well, our efforts at continuous quality improvement were facilitated by medication recall notification, identification of drug-drug interactions, the highlighting of appropriate preventive services, and patient visit summary modules, all available to the practice. We were so successful with this implementation that we received the virtual maximum of incentive payments from the American Reinvestment and Recovery Act (ARRA) associated with EHR “meaningful use”, recognizing our practice as an early adaptor of this technology. Again, this was accomplished with a minimum of capital investment when compared to the resources expended by other medical schools. Further, this system is now available for use by other clinical practices in the newly established Rutgers Health System.

The cooperation among departments also led to new clinical programs being developed, such as minimally invasive surgery, a joint maternity program between Family Medicine and Obstetrics and a new hospitalist program between Family Medicine and General Internal Medicine. There were other significant cooperative advances in the practice including, a new trauma program; development of a Transcatheter Aortic Valve Replacement (TAVR) program; and laser-based and other state-of-the-art interventions for complex neurosurgical diseases. During this time, the CINJ also initiated a personalized medicine program for the prevention and treatment of cancer.

Our managed care contracts required considerable attention and provided an opportunity to enhance our reimbursement from major third-party payers. We were successful and favorably renegotiated virtually all of those contracts, contributing substantially to the revenue stream of our medical group. Again, our collaborative group approach to contracting was essential to those successful negotiations.

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We also extended clinical programs and services of the RWJMS Medical Group, as we had done in Pathology for years, to several of our affiliates, including in the Department of Anesthesiology at Southern Ocean Medical Center of the Meridian Health System. The Division of Maternal Fetal Medicine in the Department of Obstetrics and Gynecology, and Reproductive Sciences initiated services at Robert Wood Johnson University Hospital at Hamilton, Centrastate Medical Center and Somerset Medical Center. The Division of Cardiothoracic Surgery provided cardiac surgery consultation services to a number of hospitals. A partnership agreement between Meridian Health Systems and The Cancer Institute of New Jersey was signed and the Surgery Department provided the director for their trauma program, also by a contractual arrangement. We placed both primary care and specialist physicians into adjacent townships expanding our practice plan, while growing referrals to our main campus in New Brunswick.

Concerning the preparation for our addressing the changes anticipated in Healthcare, many of the initiatives we introduced are bearing fruit today. After several years of planning and negotiation, a new Accountable Care Organization (ACO), Robert Wood Johnson Partners, was established with our principal affiliate, RWJUH. Establishing our EHR was a crucial development allowing for this to occur for a variety of reasons, not the least being assuring the appropriate availability of electronic health information for the participating physicians and the patients in the ACO. Further, our Department of Family Medicine and community Health was successful in leading the charge and establishing A Patient Centered Medical Home Project, as was the Eric B. Chandler Health Clinic. Our medical group also adopted Physician Quality Measure Reporting for the entire practice. In addition, many of our managed care contracts were “at-risk contracts” with payment based on attaining quality-based metrics in the delivery of care, which our group consistently achieved. These initiatives taken over the last several years will provide the foundation for our AHC to support the Institute of Healthcare’s triple aim of enhancing the patient experience, promoting population health, while decreasing the cost of health care.

There was a major effort to establish a Master Payment Agreement (MPA) with RWJUH to align funds flow from the hospital to the medical school for administration and supervision of clinical services and for graduate medical education. The MPA resulted in a new and improved framework for funds flow between the organizations, enhancement of funding to RWJMS for these services and established a foundation for future administrations to build upon. These funds were essential to maintaining the viability of the medical school, while assuring compliance associated with the transfer of such funds. A financial plan with RWJUH to begin to address the issues surrounding women’s and children’s services in New Brunswick was also agreed to.

The Research Mission

Our research mission suffered from the loss of a number of well-established, funded investigators and the constriction of the NIH budget, as well as from the financial challenges of the State, UMDNJ, and the medical school. Nevertheless, considerable success was achieved with the National Institute of Environmental Medicine Center grant for EOHSI being renewed twice, the Cardiovascular Institute being dedicated, the Child Health Institute of New Jersey (CHINJ) being revitalized, and the re-designation by the National Cancer Institute of the CINJ. RWJMS was successful in attaining NIH-ARRA research funds, which totaled more than 15 million dollars over the two years of that program. Seven new basic scientists, five of whom were members of the CHINJ, were recruited and nine new venture capital companies were developed. A blue ribbon panel of scientific experts was established to evaluate the structure of the basic science departments to enhance the future alignment with the school’s scientific and educational programs. We also reorganized our grants office and departmental infrastructure pertaining to grant submission and post award functions to assure improved oversight, while substantially decreasing cost. This latter effort was very successful in balancing improved services across the school.

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Our research efforts resulted in so many key discoveries it precludes a complete listing in the space allotted, but here are some of the many notable contributions:

- **Jeffrey Carson, MD** – Functional Outcomes in Cardiovascular Patients Undergoing Surgical Hip Fracture Repair (FOCUS) study, designed to determine if a higher blood transfusion threshold improves functional recovery and reduces morbidity and mortality in patients with underlying cardiovascular disease (CVD).
- **James Millonig, PhD** – Established an association between the Human Engrailed Homeobox 2 gene and susceptibility for autism and related disorders. These findings contributed to the development of a new genetic test for Autism Spectrum Disorder (ASD), for which he received the Thomas A Edison Patent Award in 2012.
- **Robert Laumbach, MD, MPH** – Examining how elevated levels of exposure to air pollutants, coupled with chronic psychological stress, may contribute to higher rates of asthma in urban communities.
- **John B. Kostis, MD** – Determined early treatment with BP-lowering medications provides a long-term benefit of reducing the risk of mortality from CVD.
- **Smita Patel, PhD** – Defined the structure of retinoic-acid-inducible gene (RIG-1), for the first time to allow researchers to design molecules to activate or inhibit RIG-1.
- **Estela Jacinto, PhD** – The functions of the protein kinase complex mTORC2 were elucidated to be targeted therapeutically for cancer treatment and other diseases.
- **Peter Lobel, PhD** – Pioneered proteomic methods for disease discovery and identified the gene defect in several lysosomal storage disorders.
- **M. Maral Mouradian, MD** – Discovered a therapeutic target (the small RNA molecule microRNA-7) that, when manipulated, may slow the progression of Parkinson’s disease.

### The Education Mission

Without doubt, one of the most enjoyable aspects of being the dean was observing and participating with all of our students as they developed into expert physicians, from the time of their White Coat Ceremony through to Convocation, or as they entered laboratories to complete their graduate and post-doctoral studies. It brings into focus our responsibilities as faculty, staff and administrators to the public at large, graduating 200 medical and graduate students each year. Thus, over an 8 year period more than 1,600 new physicians and scientists were sent into the work-force to build their remarkable careers. Personally, through it all, I greatly enjoyed participating in our students’ education with the Pathology Department in our M1 and M2 course blocks, both as a lecturer and small group facilitator.

Our medical education programs evolved tremendously during this time. We were one of the first schools in the country to institute the Multiple Mini-Medical Interview (MMI) for candidates applying to RWJMS. In the MMI, individual moderators are assigned to ask only one question of each candidate and evaluate their response. This program is designed to bring greater consistency to the interview process and better determine humanistic and other key qualities in our applicants. Further, our new, organ-based curriculum enhanced coordination between the basic and clinical sciences, while continuing to expand our focus on Patient Centered Medicine. The reform continues with basic sciences now being integrated into the “third and fourth” years, along with the establishment of specialty “boot camps” designed to provide medical students with a focused preparation for their chosen residency programs. A Pass/Fail grading system was also implemented for the first and second year medical students. Both the curriculum reform and the Pass/Fail grading system met with considerable satisfaction from the students. It should be noted that the student scores in both Step 1 and Step 2 of the USLME have consistently been above the national average for a number of years, while overall student satisfaction with their educational experience was also above the national average. Of equally (Continued on page 7)
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The 2013 Alumni Scholarship Gala with Edna and me, joining our invited students.

great importance was that our medical students continued to regularly exceed the national average for match rate in their residency matching program. The class of 2012 and 2013 achieved match rates of 100% and 98%, respectively. A great indicator of our success as a school and evidence of the quality of our graduates was supported by their being selected to join nationally recognized residency programs within and outside of New Jersey year in and year out. Our MD/PhD program has also grown dramatically over the years and is producing outstanding clinician/scientists. In addition, we initiated efforts in interprofessional education highlighted by the first PharmD/MD program in the country. With all this success, we were able to attain full accreditation by the LCME for eight years in 2010, after also successfully addressing the two aforementioned focused site visits.

A global health program with a newly appointed associate dean was established, which greatly enhanced the availability of international academic opportunities for our students. Our students and faculty alike can be found participating in programs in countries all over the world, efforts facilitated by our Global Health Office. We also garnered national attention with our global health program’s annual symposium, the latter being attended by participants from schools from across the country.

It was also tremendously satisfying to see our residents’ progress throughout their training programs and either move on to become attending physicians, or specialize even further via fellowships. Our ACGME accreditation was maintained for four years after our 2012 site visit. We are also very proud of our graduate and post-doctoral students and their contributions to all of our mission areas in the school. They are critical partners in the success we experience here scientifically. A number of scientific and student driven symposia flourished at RWJMS including from the graduate school, the post-doctoral and the MD/PhD programs, as well as the one associated with the Dean’s Research Awards that we initiated.

We also successfully worked with colleagues throughout the state. We transitioned out of our (Continued on page 8)
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regional campus in Camden, as the new Cooper Medical School at Rowan University was established. The collaboration and cooperation of the faculty and students from the two medical schools during the transition was commendable. Dean Paul Katz and his colleagues at Rowan University and Cooper University Hospital have done a remarkable job in building a wonderful and innovative medical school in South Jersey. We expanded our long relationship with Meridian Health with a Memorandum of Understanding to establish a new regional campus at Jersey Shore University Medical Center, with a focus on developing primary care practitioners. In addition, the signing of a new Memorandum of Understanding with Saint Peter's University Hospital has the potential to expand our ability to provide even more high quality clinical sites for medical and post graduate education programs, as well as other opportunities for collaboration.

We also made an effort to have some fun while doing the work of the university and the school. I believe that these efforts were very important in building the sense of community and family that led us through those challenging times across both our campuses. We established a field day based on a student request calling it the “Clash of the Classes”, involving all the classes and schools in a variety of competitive events. We initiated a night at the Somerset Patriots ball park, as well as many other opportunities for faculty and students to interact socially. I greatly enjoyed those times with the students on the athletic field, basketball court, golf course and the ballpark. As noted, we also initiated an annual Scholarship Gala which consistently proved to be one of the best nights of the year.

In addition, to the provision of funds for a large number of scholarships, it also served to bring together all of our affiliates and their leadership teams to celebrate our school. All in attendance repeatedly told me how impressed they were with our students.

The Community Health Mission

Our commitment to the community is exemplified in large part in our partnership with the Community Board of our Federally Qualified Health Center, the Eric B. Chandler Health Center (EBCHC), which is responsible for approximately 60,000 patient visits annually. It is a key resource to our community’s overall well-being. I am very proud our school and the Board cooperated to expand the EBCHC to its offices on Church Street and to the newly built New Brunswick High School, in addition to its main site on George Street. I am equally proud of our students, as virtually every one of them contributes to our community service mission. This is carried out through a number of student-driven community health programs, including the HipHop program, which provides clinical care and education to the at-risk communities we serve.

Our community service effort extended beyond New Jersey. In June 2013 we developed a program inspired by the Joining Forces Initiative. Joining Forces began as an effort between the White House and the AAMC to educate health care providers to become familiar with the conditions and diseases of our military personnel once they return home. The program at RWJMS resulted in the training of 400 such health care professionals. We believe this represents one of the best such programs in the country.

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Philanthropy

We made considerable progress with the Foundation of UMDNJ, as well as with our Alumni Association. The aforementioned Scholarship Gala resulted in more than $700,000 over a 4 year period, providing approximately seventy, ten thousand dollar scholarships for our students. A number of other philanthropic efforts were underway to support the Cardiovascular Institute. Of note was the establishment of a grant and ultimately an endowment in support of the Eric B. Chandler Health Center via the Robert Wood Foundation and others. In addition, two chairs were bequeathed to the school.

Recruitment

A large number of faculty members left the medical school, including some institute directors, department chairs and other clinical leaders, thereby challenging signature programs. We made numerous appointments to address these losses and owe a debt of gratitude to those who stepped forward to deal with the key issues confronting their respective departments and institutes, as well as the entire school. Some of the positions we recruited for were the director of the Cancer Institute of New Jersey (CINJ), director of the Child Health Institute of New Jersey (CHINJ), chair of Pathology and Laboratory Medicine, chair of Pediatrics, chair of Psychiatry, chair of Neuroscience and Cell Biology, senior associate dean for Community Affairs, senior associate dean for clinical affairs, and the associate dean of faculty affairs and development. The latter office designed a number of new faculty development programs that were being implemented. New clinical faculty members were also recruited to repopulate key patient care programs which had been negatively impacted by the aforementioned attrition, including renal and cardiac transplantation physicians, which assisted in attaining United Network for Organ Sharing (UNOS) and CMS certification for those programs; a director of cardiology; a director of maternal fetal medicine (MFM); a pediatric neurosurgeon; new adult neurosurgeons; a general pediatric surgeon; a chief of the trauma service; two pediatric otolaryngologists and a chief of cardiothoracic surgery.

The Children's Campus

When asked, what was the source of my greatest satisfaction during my time as dean, it would be the development of the children's campus here at the Robert Wood Johnson. To me, it represents a lesson in the power of a great vision and persistence that resulted in the most comprehensive academic children's campus in the state. The obstacles facing the establishment of the pediatric campus were considerable, which included financial challenges, as well as many others. However, we now have a full service children's hospital with numerous key specialties and sub-specialty services, wonderful new facilities, including new ORs and essential programs found in many excellent children's hospitals in academic health centers nationally, such as palliative care and child life. Another unique feature of this novel campus is the presence of our other partner, PSE&G's Children's Specialized Hospital, the largest children's rehabilitation hospital in the country. The third and an essential component in the establishment of what is a true academic pediatric campus is the Rutgers Child Health Institute of New Jersey. Without doubt, the relatively recent recruitment of a number of excellent scientists to the Institute was crucial for the growth of the pediatric campus. The CHINJ was virtually an empty building and many other potential uses for it were under consideration. The successful recruitment, over a relatively short period of time, now has the building virtually filled with outstanding scientists making substantial contributions to our understanding diseases of childhood. Support from the Robert Wood Johnson Foundation was critical to this success. In summary, the photographs shown on the following page, tell of the remarkable events that took place from 1998 to 2011, where from what was a large hole in the ground, blossomed a true academic pediatric campus which will prove to be a magnificent regional and national resource.

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Our Move to Rutgers

On my arrival at RWJMS, I learned of our past relationship as a school within Rutgers and that it was generally accepted as fact that it would never be returned to that University. Nonetheless, over the years, there were a number of attempts to do just that, the most serious occurring in 2003 with the issuing of the “Vagelos Commission” report and then again in 2006. Both of those efforts in part concluded that RWJMS should be moved back into Rutgers. Nevertheless, each attempt failed to gain any traction. However, in 2010 and 2011 Governor Chris Christie tapped former Governor Thomas Kean and others to review both the statewide educational programs at all levels, as well as higher education. Yet again, the initial recommendation was to place Robert Wood Johnson Medical School back into Rutgers University, this time along with the School of Public Health. Ultimately, however, it was decided that virtually all of UMDNJ, except for the School of Osteopathic Medicine and University Hospital would be incorporated into Rutgers. Governor Christie signed this legislation into law at Rutgers in August of 2012.

The subsequent integration effort, led by Chris Molloy of Rutgers University, resulted in hours upon hours of planning by innumerable groups of dedicated faculty and staff, the transfer of thousands of grants and contracts from UMDNJ to Rutgers, seemingly endless meetings with lawyers, consultants, with numerous correspondences addressing issues with our respective accrediting bodies. However, what was accepted as impossible by some became a reality, as we moved into Rutgers University at midnight July 1, 2013. A number of us celebrated this event at Catherine Lombardi’s restaurant in New Brunswick on the evening of June 30, 2013. The next morning, as shown on the following page, a celebration was held in the Great Hall in the research tower in Piscataway with President Barchi and the governor on hand. Our school, our University and the entire state of New Jersey now have an opportunity to develop an even greater presence nationally and internationally, bringing these two excellent institutions together, as we enter the Big Ten.

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The photograph on the left shows the governor signing into law the legislation on August 22, 2012. The photo on the right is of the great hall on July 1, 2013 welcoming us back into Rutgers.

Conclusion

In summary, our efforts over those seven plus years during my time as dean served to reorganize, strengthen and position the medical school to better address the evolving health care environment. From a school facing legal and numerous other challenges in 2006, by 2013 it developed new platforms to accelerate the growth and success in each of the respective mission areas. We restructured the foundation of our clinical practice, bringing state-of-the-art patient centered programs and clinical information technology platforms to the AHC and the entire state, to better address the emerging health care changes. We made seminal scientific contributions and restructured our basic science program to better serve our new medical school curriculum and align our scientists according to their area of expertise. We addressed our challenges to accreditation; assisted in the continued development of our new institutes; grew our community service mission; expanded our venture capital efforts; grew philanthropy; and participated in the massive and historic transition into Rutgers.

I am extremely proud of what was accomplished within our school, of having played a role in the merger with Rutgers, and serving as dean as we rejoined our former parent university. We now have a wonderful opportunity for a truly spectacular future. I am confident that this merger will benefit the entire AHC for decades to come. I believe this optimism was evident even in 2010 in my comments to the LCME site visitors during our full accreditation review. I was asked in my dean’s meeting with them, “What was the one thing that I wanted them to appreciate during their evaluation of our school?” Without hesitation, I told them, “I would expect them to clearly see the remarkable excellence, strength, commitment, and resilience of the faculty, staff and students who comprise this organization.” During the closing session of their review, they reported that these characteristics were clearly on display. As a result of those efforts, we received a full eight years of accreditation.

While space does not allow for me to acknowledge all those individually who participated in these efforts, I must point out the importance of the contributions of my administrative team; the chairs; the faculty, staff and students; our hospital affiliates; institutes; and our community physicians for their role in the successes highlighted above. Further, I can’t thank all of you in the RWJ community enough for your hard work, the excellence you bring every day to your positions, your loyalty, commitment to the school, and collegiality. You made it the best job that I ever could have hoped for. In addition to thanking my Robert Wood Johnson family and friends, I must thank my own family, my daughter Katherine, my son, Peter, my new daughter-in-law, Christen, my new grandson, Sebastian, and, of course, Edna. They have always been there for me, providing the support that allowed me to take on the positions that I have been honored to hold. Equally important, they contributed to my being able to maintain my sense of humor through it all. None of this would have been any fun or even possible without them.

In summary, I was and remain very proud to have served as your dean and I wish you all the best in our new home.
Sandra Moss, MD: My “afar” is the nineteenth century. My interest in the history of medicine was sparked by Paul de Kruif’s *Microbe Hunters*, published in 1925, still inspirational in the 1950s and ’60s, but almost unreadable now. (*Microbe Hunters*, which inspired generations of future physicians, didn’t work on my two boys—I read it aloud to each of them, but they resolutely pursued the humanities.) As a medical resident, I stumbled across *Original Descriptions of Disease*, a little gem by clinician historian Ralph Major (he also wrote the physical diagnosis textbook we used as students in the second class at Rutgers Medical School back in 1968–69).

Somewhere along the line I discovered the Medical History Society of New Jersey—my intellectual home since the late 1980s. As past president and, for the past two decades, program chair, I have had the opportunity to invite and host many national luminaries in the field of medical history. They always seem pleasantly surprised at our vibrant New Jersey society, which attracts some sixty to eighty practitioners, academics, pharmaceutical industry folks, archivists, and assorted guests to our two annual meetings.

While still an internist at the former Rutgers Community Health Plan, I edited an in-house journal and included my own historical vignettes in each issue—no one told me I couldn’t publish my own stuff. I’m not sure anybody read my vignettes, but I learned a lot. Beginning in 1990, I did a number of historical articles for *New Jersey Medicine*, the now defunct journal of the Medical Society of New Jersey. I found my first story close to home—the identification in the early 1970s of clinical babesiosis by doctors at St. Peter’s Hospital, with a key consultation by RMS gastroenterologist Gordon Benson (his name, along with those of investigators called in from the CDC, was on the paper published in *NEJM*). A fellowship in nephrology prompted me to interview most of New Jersey’s intrepid dialysis pioneers (and one remarkable patient), which led to a pair of articles, also in *New Jersey Medicine*.

Medical History in New Jersey

With a few stellar exceptions, medical historians have shamefully neglected New Jersey—no Harvard, no Hopkins, no Mayo Clinic, no Cushing, no Osler, no Mayo brothers—not really on the out-of-state radar at all until Rutgers Medical School/UMDNJ penetrated the national consciousness in recent decades. But in fact, New Jersey has lots of medical history from Colonial times and up through the twentieth century—none the less important for being, well, provincial. Fortunately for me, many of the nooks and crannies of New Jersey’s medical history remain unexplored. There’s a lot more to the history of health and medicine than the triumphal biographies of bygone “great doctors.” The experience of illness (for example New Jersey’s vicious diphtheria, yellow fever, and polio epidemics) is an important field of inquiry. Medical education has its own unique American history; New Jersey’s puzzling tardiness in this endeavor has proven an intriguing field for historical investigation.

In 2011, I published *The Country Practitioner: Ellis P. Townsend and His Brave Little Medical Journal* about a forgotten and short-lived journal out of Burlington County. My second book, *Edgar Holden, M.D., of Newark, New Jersey: Provincial Physician on a National Stage*, is now “in press” (sounds lovely, but the back and forth over issues of formatting has been both tedious and frustrating). Both these books were published by Xlibris, one of the better subsidy (i.e., “vanity”) presses. I’m not going to make it in the academic history press—but that’s okay. I have some hopes for a third book, developed from my master’s thesis, about a forgotten piece of cardiovascular technology called the sphygmograph. My first book found its way (courtesy of me) into local archival collections, where I shall similarly sprinkle copies of my forthcoming book. All this is unremunerative (in fact, shockingly negatively remunerative), but deeply gratifying and intellectually and emotionally rewarding. I confess to getting a

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buzz from seeing my name in library catalogs and databases such as the National Library of Medicine’s "pubmed," atop articles in magazines and journals, and on the cover of books (even if they are from Xlibris). As for research, I love interacting with archivists and spending long days in dusty archives.

First Woman President Of the American Osler Society

In 1995, I was attending a meeting of the American Association for the History of Medicine in Pittsburgh—very academic and a bit rarified. I wandered down the hall and into a tandem meeting of the American Osler Society, an organization for clinician historians. What a joy! Since then, I have attended their annual programs (the most recent in Oxford) and given a number of talks. In what I think was something of a conscious exercise in effecting a changing of the guard, I was elected the first woman president in 2012. I make it a point when I give talks at the meetings to "push" New Jersey whenever I can reasonably (or even unreasonably) do so. For my Osler Society presidential address in Tucson in 2014, I looked back at the way New Jersey practitioners honored their professional brethren in bygone centuries. Doctors who died young of infections contracted in the line of duty were remembered as "martyrs to the profession." Those who conducted themselves with distinction were "an ornament to the profession." Today, we are inundated with walls of plaques and yards of newssprint and entire editions of New Jersey Magazine proclaiming Top Docs and Super Docs (can Totally Awesome Docs be far behind?) anointed by soulless public relations firms with opaque protocols.

Over the years, I have been privileged to give talks at the annual Cowen Lecture at the Rutgers School of Pharmacy, various New Jersey history symposia, state and national medical history society meetings, the College of Physicians of Philadelphia (I’m a "fella," which gives me access to the College’s wonderful history library), and a number of community education programs. I discovered the RFA as an invited guest speaker and found yet another intellectual home.

While still working, I began to take courses—one at a time—at the Rutgers Newark/NJIT joint program in the history of technology, the environment, and medicine. By the time I completed my master’s degree (2005), I had a much better understanding of academic historians—what they are interested in, the language they use, and the way they work. I have recently become a reviewer of medical history books for Choice Magazine (capsule reviews for university librarians charged with purchasing books for their collections). Some of the books Choice sends me are highly specialized and very academic, but I am pleased to find that I can navigate the texts and do justice to both the authors and the librarians.

While I have the podium, may I recommend a collaborative effort by the American Osler Society for your bedside table? It’s called Doctors of Another Calling: Physicians Who Are Known Best in Fields Other Than Medicine and is a very readable (if somewhat pricey, though nothing accrues to the physician contributors) multi-author volume featuring chapters on the likes of St. Luke, Che Guevara, John Keats, Arthur Conan Doyle, Anton Chekhov, Roger Bannister, David Livingstone, and some thirty others. Actually, the book should be called Doctors and One Dentist of Another Calling, as my chapter is about Doc Holliday, a well-trained dentist who made his name along with Wyatt Earp at the O.K. Corral and similar venues before dying of tuberculosis at age thirty-six. The gunslinger/gambler part was fun (not to mention Doc’s sometimes lover, Big-Nose Kate), but reading nineteenth century dentistry texts was terrifying and definitely not for sissies.

My husband Robert, a Rutgers chemistry professor, not only paid my way through Rutgers Medical School and the final two years at Mt. Sinai in New York, but he supported my plan to retire early from practice in order to pursue my interest in the history of medicine. Bob pursues his own literary avocations in the fields of Sherlockiana, baseball history, and philately.

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News from Afar: Joseph Zawadsky
(Continued from page 13)

Joseph Zawadsky, MD: It is hard to believe that I have been retired for 15 years!

I was raised in a family where my parents only knew three words—Education, Education, Education. My brother graduated from Rutgers University and then earned his PhD in philosophy from Harvard University. I went to Princeton University and then to the College of Physicians & Surgeons at Columbia University. My sister attended Smith College.

After finishing my education at Columbia Presbyterian, I joined the Air Force in 1956. My wife, Lynn, and I went to Washington, D.C. and met with General Berry, head of medical personnel. He was very gracious and asked where we would like to be stationed. We said Germany since we felt it would be a good experience for the children. He said the Air Force was no longer sending families with children overseas. He took down a map of the United States and said there was an air base in Homestead, Florida. We said, “Fine, thank you,” and left. This was a Strategic Air Command Base. I was assigned to the hospital. On occasion, I would fly as the fourth man in a B-47 bomber. I remember on one trip we were coming back from North Africa, over the Azores, when one of the flight captains said he was having some problems and asked for advice. The commander said, “Burn off your fuel, empty your bomb bay, and land in the Azores.” The pilot’s reply was that he could not do that since he had purchased a Volkswagen auto, and it was in the bomb bay. The command was: “Empty the bomb bay!” I could imagine the startled fisherman sitting in his boat and seeing a Volkswagen coming down from the heavens!

After discharge from the Air Force, I went home to South River and opened a general practice. After a couple of months I was visited by a representative of the medical society and two doctors. They said that the wooden sign, which a patient had made for me, was illegal and had to be removed. The letters were four inches in size and they should only be two inches! Interesting how things have changed since that time.

In 1961, Dr. Harrison McLaughlin, professor of orthopaedic surgery at P&S, called and asked what I was doing. I said general practice and delivering babies. He said he wanted me to come back to P&S. He had an orthopaedic residency slot available for me. I had to let him know my decision in two weeks. Lynn and I thought about it for a short time and answered, “Yes.” I closed my general practice, and we moved to New York City with our four children. After I finished my residency in 1964, we moved to Princeton and I started my orthopaedic practice in New Brunswick.

When Dr. James Mackenzie asked me to establish an orthopaedic residency program, I was very fortunate to have people who were enthusiastic and ready to help: people like Sister Marie de Pazzi at St. Peter’s Hospital, Harvey Holzberg, and Stephen Jones at Middlesex Hospital. They all said yes to every request I made in establishing the orthopaedic residency program. Doctors Leddy, Coyle, Tria, Rineberg, and Laufer made it possible for 74 residents to graduate and they all passed their board examinations.

Living in Princeton, I was an orthopaedic surgical consultant to Princeton University during the tenure of three University presidents, four athletic directors, and five football coaches. I also served as orthopaedic consultant to the Institute for Advanced Study in Princeton.

Boating, golf, and fishing have always been my favorite recreational activities. I had a 46-foot Hatteras boat and two adults and six children in a boat of that size meant you bonded very quickly! We took boat trips down to Florida via the Intercoastal Waterway, ninety miles offshore in New Jersey, and trips to various New England ports. We have a home at the Ocean Reef Club in Key Largo, Florida, a great place for golf, fishing, and doing nothing during winter months.

Our summers were spent at our home in Mantoloking. We had an oceanfront home which acted as a magnet for family gatherings in the summer. Unfortunately, Sandy completely destroyed our home. All my diplomas, research papers, and library were all lost. The ocean has not been very kind!

I continue to read my medical journals and am able to discuss medicine with my son, Mark, who is an orthopaedic surgeon practicing in Washington, DC.

LIFE HAS BEEN GOOD! 

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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.

The picture of Eckhard Kemmann is taken on the southern side of the High Atlas, Morocco. The land is red, dry and barren, except where there is a little river coming from the mountains and ending in the desert. The road leads to Timbuktu, 52 days away in the old days by camel. Now it cannot be travelled as the border to Algeria is closed, and the situation in Mali is unclear and unstable.

Photograph and caption provided by Eckhard Kemmann, MD
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 the 2013/2014 cycle:

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Retired Faculty Association

If you have not already done so, please send in your 2015 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 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).

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

November 2014