UPCOMING RFA MEETING

“MURDER IN THE ICU: HOW CHARLES CULLEN WAS BROUGHT TO JUSTICE & OTHER TALES OF MEDICAL DETECTION”

Steven M. Marcus, MD
Professor Emeritus,
Rutgers New Jersey Medical School

Friday, Oct. 13, 2017
Noon – 1:30 p.m.
Dean’s Conference Room
Rutgers Robert Wood Johnson Medical School
Piscataway, New Jersey

All current and retired faculty, staff and students are welcome to attend. Lunch is available for a $10 contribution at the meeting. Attendees may park without a parking permit in general parking in lots A, B and C, located across from the medical school on Hoes Lane West.

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upcoming Speaker Oct. 13-Steve Marcus</td>
<td>1</td>
</tr>
<tr>
<td>Richard Marlink: Investing in Global Health</td>
<td>2</td>
</tr>
<tr>
<td>Class of 2016 Demographics</td>
<td>6</td>
</tr>
<tr>
<td>Paul Manowitz: The New Rutgers Club</td>
<td>6</td>
</tr>
<tr>
<td>Alex Guerrero’s Lecture on Lottocracy</td>
<td>7</td>
</tr>
<tr>
<td>Dr. Strom’s Town Hall on Strategic Plan</td>
<td>11</td>
</tr>
<tr>
<td>Dr. Barchi’s “Momentum” Event</td>
<td>13</td>
</tr>
<tr>
<td>In Memoriam: William Moyle</td>
<td>14</td>
</tr>
<tr>
<td>Global Health Fellowship Fund</td>
<td>15</td>
</tr>
<tr>
<td>Membership Application and Donation Form</td>
<td>16</td>
</tr>
</tbody>
</table>
About Dr. Marcus’s talk October 13, 2017 “Murder in the ICU, How Charles Cullen Was Brought to Justice” (continued from page 1)

Dr. Marcus, the medical director of the NJ State Poison Information Center, heard of a strange group of fatal overdoses in a hospital’s ICU and started the process which culminated in the arrest and jailing of the most prolific murderer in NJ history. Learn how he helped piece together the investigation, and what he would do in the future.

Dr. Marcus’s recent book, “Medical Toxicology: Antidotes and Anecdotes,” was published by Springer (March 2017).

Richard Marlink, MD, is the director of the new Rutgers Global Health Institute. A pioneer in both the virology of HIV and control/prevention of AIDS, Dr. Marlink explains the evolution of his interest in global health and why it is such an important investment for the university and a promising career for students.

My introduction to global health came when I was finishing my hematology/oncology fellowship at Beth Israel Deaconess Medical Center in the mid-1980s in Boston. During that fellowship, and after co-organizing the first AIDS care clinic in the New England region with Jerry Groopman, I was trying to learn the ropes in virology and molecular biology as a part of Max Essex’s laboratory group at Harvard. Our laboratory group, along with Senegalese and French collaborators, discovered the first evidence for the (continued on page 3)
Global Health  
*(continued from page 2)*

existence of a new human retrovirus, HIV-2, a second human AIDS virus with apparent origins in West Africa.

As a clinician, I was able to make a difference in Senegal then, helping to set up clinical care, to create a research cohort comprising hundreds of women sex workers in Dakar who had been infected with this new human retrovirus, and to care for them and their families. I discovered that even a small investment of time and money can go a long way when helping those in need in low-resource settings. I became hooked on creating solutions to help people in such settings. Long story short, I have conducted clinical, epidemiological and implementation research throughout Africa since 1985, and I have built long-term partnerships—and, along the way, deep friendships.

A “Grand Convergence in Health”

The goals of global health efforts arguably had their origins in the 1946 Constitution of the World Health Organization (WHO), which stated, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Other WHO and international compacts have since declared health as a human right, concerning which all governments and institutions responsibly involved in the international community have certain obligations to fulfill.

Global health resides at the intersection of this acknowledged right to health with the reality that in much of the world, there exists an extreme lack of equity in access to health services and, in many areas, an absence of the social or environmental conditions that would promote health.

More than two decades ago, global health goals were framed in terms of quantitating health “needs” worldwide in the 1993 World Development Report. In addition, the United Nations agreed upon the 2000 Millennium Development Goals, many of which directly involved ambitious health-related goals to help address these needs. Advancements over these past two decades toward achieving such goals, along with concerted international efforts to develop *(continued on page 4)*
Global Health  
(continued from page 3)

innovative financing mechanisms and programs against AIDS, tuberculosis and malaria; to create access to lifesaving and disease-eradicating vaccines; and to build large, on-the-ground health interventions have all created a new world of optimism.

Many of us now believe that a “grand convergence in health,” a term put forth by a 2013 Lancet Commission report, can be achieved in our lifetimes to remedy much of the extreme inequity in health that exists at home or abroad.

Rutgers: Future Global Health Powerhouse

Before I came to Rutgers, I was the Bruce A. Beal, Robert L. Beal, and Alexander S. Beal Professor of the Practice of Public Health at Harvard University’s T.H. Chan School of Public Health and executive director of the Harvard AIDS Initiative. After spending nearly three decades there, I left Harvard, with its well-established global health programs, because I saw so much untapped potential here at Rutgers. With its 250-year history, its size, its quality of programs, and its diversity of strengths, Rutgers—already a global partner with more than 60 countries and with the United Nations—is in a prime position to grow into a true powerhouse in global health.

The creation of the Rutgers Global Health Institute comes at an opportune time in relation to the implementation of the strategic plans for both Rutgers overall and Rutgers Biomedical and Health Sciences. In the university-wide plan, improving the health and wellness of individuals and populations is an integrating theme, and other integrating themes involve educating involved global citizens and addressing inequality both locally and globally. The RBHS strategic plan focuses on the development of signature programs and complementary scientific programs alongside educational and expanded clinical initiatives. All five signature programs—cancer, environmental and occupational health, infection and inflammation, community health and health systems, and neuroscience—have applications within the field of global health, as do all four complementary programs: clinical research, drug development, informatics, and public health.

Since my arrival in July 2016 as the Henry Rutgers Professor of Global Health and founding director of Rutgers Global Health Institute, I have met with colleagues across many disciplines and every campus of the university. The institute also developed and implemented a Rutgers-wide study to gather data about global health activities and interests across the university. This Institutional Review Board-approved study included an online survey of all 8,292 Rutgers faculty and deans, as well as seven focus groups across New Brunswick, Piscataway, Newark and Camden. All of this listening, learning and data gathering revealed that there are many effective programs at the university that improve health for those in need and even more opportunities to create new programs, models and solutions.  
(continued on page 5)
Global Health  
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First, Rutgers has a substantial amount of existing, though largely disparate, global health work. There are global health centers and offices housed within Robert Wood Johnson Medical School, New Jersey Medical School, School of Nursing, and the School of Public Health. In addition, the preliminary data from our online survey of Rutgers faculty points to more than 300 research projects, more than 250 educational efforts, and more than 100 service initiatives in global health across the university.

Second, there are many more units across the university whose work has significant potential to advance global health at Rutgers. For example, we can match the expertise of Rutgers Cancer Institute of New Jersey with the global need for cancer prevention and care. Rutgers Business School could be involved in improving supply chain management to expedite delivery of medication to remote places, and the School of Engineering could develop sustainable health technologies appropriate for low-resource settings. The School of Environmental and Biological Sciences and the Environmental and Occupational Health Sciences Institute could expand their existing work to address health problems caused by climate change, which affects such areas as agriculture, food and nutrition.

Once fully established, Rutgers Global Health Institute will bridge Rutgers’ ongoing global health education, research and service; create new opportunities for interprofessional collaboration; and establish strategic partnerships. It will also serve as a communications hub for global health work across the university, with a comprehensive online resource forthcoming.

**Transforming Lives**

The fight against HIV/AIDS just reached a major milestone. For the first time in history, more than half of people living with HIV are getting treatment. This is according to a new UNAIDS report, which also says that HIV/AIDS-related deaths have been cut almost in half since 2005, and that in eastern and southern Africa, which is home to more than half of people living with HIV globally, new HIV infections have declined by nearly a third. These are just a few tangible, measurable impacts of our global health work in action. Successful global health efforts also create a ripple effect: people whose health needs are met are in a position to become productive, prosperous members of our global community.

I envision a future in which Rutgers not only saves and transforms lives in many of the communities that need it the most, but also one in which Rutgers Global Health Institute sets new standards for global partnership, interprofessional collaboration, innovation and education, with the global health leaders of the future trained right here at Rutgers.

As long as we are willing to invest the time, money and people, a “grand convergence in health” is within reach, and Rutgers will play a role in making this happen.
**THE NEW RUTGERS CLUB**
By Paul Manowitz, PhD

*Editor’s Note: No sooner did we publish an article calling attention to THE CLUB at Livingston, than a significant revision is required.*

The Rutgers Club, a Rutgers dining/meeting facility, has been relocated from New Brunswick to the second floor of the Livingston Dining Commons in Piscataway near the Livingston Student Center and the Kilmer Area Library (James Dickson Carr Library).

Since its founding 60 years ago, the Rutgers Club was located in a stately white house on College Avenue in New Brunswick. The house on College Avenue is scheduled for demolition as part of the Rutgers Capital Master Plan.

Felicia E. McGinty, EdD, Rutgers vice chancellor for student affairs, stated, “In recent years, operating and maintaining The Club in its current location (in New Brunswick) has proven to be fiscally unsustainable.”

The Rutgers Club reopened for service in Piscataway on Sept. 5, 2017. The new facility has a large dining room that accommodates approximately 120 people, about twice the number at its previous location in New Brunswick.

It has a bar, an elevator and outdoor seating in a balcony area. In addition, The Rutgers Club has the ability to host dining in smaller conference rooms with audio visual equipment. As in its previous location, complete meals are served by uniformed staff.

Faculty and staff may purchase an annual membership to The Rutgers Club for $25 that covers the period from Jan. 1 to Dec. 31.

Those who are currently members will not have to reapply for membership for the remainder of this calendar year.

Students may purchase membership for $5, which covers the five-year period following their entry into Rutgers.

Parking for The Rutgers Club may be found at parking lot 101 on Avenue E of the Livingston Campus. If this lot is filled, additional parking may be found at nearby parking lots 105 or 112. For location of parking lots, see [http://rumaps.rutgers.edu/location/Livingston-campus](http://rumaps.rutgers.edu/location/Livingston-campus).

The Rutgers Club replaced The Club Room that occupied the Livingston Campus space and was described in the previous issue of the *RWJMS Retired Faculty Association Newsletter.* For more information and reservations, please call 848-932-7139 or email rclub@rci.rutgers.edu. Ray Martin is the manager of The Rutgers Club.

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**WELCOME CLASS OF 2021**

Carol A. Terregino, MD, senior associate dean for education and associate dean for admissions, provided the following information about the diversity of the recently arrived class of 2021.

170 students, 55% female
Mean age 23.5

Number coming directly from college: 28%

Dual degree: 5 MD/PhD, 4 BA/MD
1 PharmD/MD

40% White 12% African-American
5% Hispanic 35% Asian

Born abroad: 13%
OUT OF OUR ELECTORAL DARKNESS:  
INTRODUCING LOTTOCRACY

By Alexander Guerrero, JD, PhD  
Rutgers Department of Philosophy

[Editor's Note: A University of Massachusetts Poll (October 2016) asked 1247 millennials, ages 18-35, about their presidential preference among: Barack Obama President for life (39%), random lottery (26%), a meteor strike obliterating humans (23%). Lower numbers chose Hillary Clinton or Donald Trump for President.

It's easy to be glib about a meteor strike, and obliterating the human race may appeal to people who have a doomsday belief. But the favorable rank for a lottery is relevant to our May 2017 speaker, Alex Guerrero, who provides some compelling reasons for change.]

Professor Guerrero asked, “Should we consider using lottery for political positions rather than elections?”

Political institutions have been created for various purposes and, like other technologies, they may need to be improved as the world changes. Our political institutions may be flexible - indeed must be flexible.

Citing Aristotle: “The appointment of magistrate by lot is thought to be democratic and the election of them oligarchic.” (POLITICS Book IV, Chapter IX).

Paraphrasing Winston Churchill: “Democracy is the worst form of government, except all those other forms that have been tried.”

There is ample reason for people to become cynical about our current form of government. The gap between rich and poor is widening. The ratio in annual compensation between a CEO and a worker increased from 42:1 (1980) to 335:1 (2015). Data shows that U.S. productivity has increased steadily, while hourly compensation began to flatten in 1972. Compensation is not in line with productivity. The gains in productivity are not going to hourly workers.

Whether the flaws lie with electoral democracy per se, or with its representation in the United States, where the poor and now even the middle class believe that the rich control both political parties, it is a system that is “fundamentally flawed, “and it is worsening as the disparity between “have” and “have not” widens. Other metrics reflect social failure as well (percent of population in jail; percent of minority children in poverty).

When people ask, “Why Trump,” it is a complex phenomenon with no easy answer. Blaming his election on racism, xenophobia, Islamophobia, anti-Semitism, doesn’t reflect the deeper problems that people see and their disillusionment with government and perhaps with democracy itself.

Dr. Guerrero identified five pathologies of electoral representative institutions, (continued on page 8)
arguing that there are alternatives that are not pathological.

**FIVE PATHOLOGIES**

1) Public ignorance undermines meaningful accountability rendering people vulnerable to political capture.
2) Elections focus on short-term outcomes.
3) Ignorance and electoral dynamics play to emotions and entertainment.
4) Elections exacerbate ingroup/outgroup thinking. Elections lead to the selection of the socioeconomic elite (i.e., rich).

Our elected representatives should be the agents acting on our behalf, not their own.

How can we assure electoral accountability? This requires elections that are free and open, regular and frequent; where all can vote; all can run, offering real choices, with all votes counted fairly. This contrasts with the high financial barriers to becoming a candidate, overcoming the political hurdles designed to keep some people from voting, and Gerrymandering districts.

However, even if these issues were addressed, there would still be insufficient meaningful accountability, which requires the electorate to monitor the elected representatives. National ignorance and disinterest thwart accountability.

**First concern:** Ignorance is a CORE PROBLEM, and is perhaps worse in the United States than in many other countries. This takes the form of:

1) “Conduct ignorance”: about what one’s representative is doing,
2) “Issue ignorance”: about particular political issues and,
3) “Evaluative ignorance”: about whether the representative is doing good or bad things in general.

Instead of holding our representative really accountable, we defer to political party as a surrogate for our knowledge. In this way people are easily “captured,” keeping in power people who are effective at capturing rather than governing. Capture leads to pathology. Rather than responding to the world as it is, the institutions respond in ways that benefit those with the power to capture.

**Second concern:** Electoral incentives lead to excessive focus on the short term, so people can run again. For problems with a long-time horizon, such as climate change, this is particularly serious.

1) It is opaque to most people whether actions taken now have solved the problems.
2) It is possible for people to deny the existence of the problem without addressing evidence that is readily available.
3) It is possible for people to suggest that some as yet unidentified solution will emerge.
4) Present costs will be known now but future benefits will not be evident for years.

(continued on page 9)
Lottocracy

(continued from page 8)

Technical, cultural and economic issues are seen first as political issues influencing re-election.

Third concern: The epistemic* problem. Ignorance and electoral dynamics lead to emotional manipulation, exploiting the entertainment value of campaigns. It is easy to manipulate the electorate through emotions (TV advertising) when a person doesn’t have information about a political problem.

Candidates know we are ignorant of policy details and have limited attention span.

*Epistemic refers to knowledge or understanding—knowing the facts of the world as it is.

Fourth concern: Electoral dynamics exacerbate ingroup-outgroup identification. We are ignorant of the policies, but enjoy and understand the drama, scandals and the inspiring speakers. We can comprehend personalities rather than policies. This has serious epistemic consequences. We antagonize the other side and come to view them as the enemy, making it less likely that we will take them seriously as epistemic sources. Expert opinions pass for evidence, and news is filtered through the sources that we choose.

Fifth concern: elections lead to the selection of the wealthy elite. Many people in congress are rich, which gives rise to epistemic concerns—what do they know about other experiences.

STANDPOINT THEORY: What one is able to see, understand and explain is partly a function of one’s social position. What do “they” know and how can they relate to diversity reflected in cultures, occupations, religions, educational status? Diversity is important for epistemic reasons.

“There is something epistemically limited about a legislature composed of people who have no firsthand knowledge of being an engineer, police officer, etc.”

We Need to Improve Our Institutions to Solve the Problem

1. How can we address ignorance?
2. How can we avoid short-term thinking?
3. How can we lessen emotional capture?

Our legislators, composed extensively of lawyers, have little expertise in most of the weighty issues they are called upon to address. We can't expect them to arrive at sound and wise government, even if they weren't driven by deeply held political philosophies. There are few doctors and fewer, still, scientists, so even if they believed in health care for all and climate change, they would be clumsy at arriving at solutions.

“I propose the LOTTOCRATIC ALTERNATIVE. The Political Potential of ‘Sortition’** as an alternative to democracy, oligarchy and other systems. I point to historical precedents: Ancient Athens, Machiavelli's Renaissance Italy, and an experiment in British Columbia (see details at alex.guerrero.org).

(continued on page 10)
Lottocracy
(continued from page 9)

**Sortition: In governance means selection of political officials as a random sample from a larger pool of candidates.**

Three features of the Lottocratic System

1) Legislative function is fulfilled by different single-issue legislatures (SILLS, e.g., agriculture, health, transport) rather than by generalist houses. I envision that each of about 25 to 30 SILLs would be populated by about 300 people.

2) Members of these legislatures are chosen by lottery. Their job requires that they hear from experts, activists, stakeholders. Over the course of their three-year appointments, they will achieve a measure of expertise.

3) They will not run for re-election. Persons might or might not be legally required to serve. Fixed incentives (circa $500,000) would attract participants, while obviating the personal-greed factor. Participants would have to agree to monitoring. SILLs would meet twice a year, so the time burden would not interfere with other careers. Deferments would be possible. Random selection would reduce opportunity for corruption or influence peddling. Re-election would be precluded. Eliminating the need to raise funds for re-election, does away with corruption incentives. Regular random rotation, and high incentive pay, would make them unattractive targets for lobbyists.

Moving to a single-issue legislative process allows legislators focus on their issue. Lottery does away with the “horse race” and also with the prolonged, agonizing election campaigns. It does away with political parties and is better with respect to demographic and epistemic diversity because individuals are chosen at random.

It is hard to imagine a democracy without elections, less hard when we know that the nomination/election process is money driven, corrupt and deeply flawed.

How smart would a person need to be to qualify for the lottery? Jury duty and the military draft set a low bar on intelligence qualifications.

As part of the LOTTOCRACY, the SILLs would meet regularly, set transparent agendas, listen to (or even support) experts, consult with communities, deliberate and vote. Once the SILLs are functioning, there will need to be interactions between them, resolutions of budgets, establishing national priorities.

How would we get “there” from “here”? Although the United States has recently demonstrated the weakness of its electoral democracy, it is probably not the place to start building support for LOTTOCRACY.

It would start on a small scale, perhaps using a municipal level as a wedge. Or it might begin with specific committees to address special problems. For a large scale introduction, there are potentially receptive countries—for instance at the transition from post-colonialism or the Arab Spring.

As a philosopher I advance this concept for discussion and consideration and experimentation.

Alex Guerrero, PhD
Chancellor Strom’s Town Hall at Rutgers Biomedical & Health Sciences School of Public Health: The Strategic Plan

Summarized by Michael Gochfeld, MD, PhD

Rutgers Biomedical & Health Sciences Chancellor, Brian Strom, has been making the rounds this spring of the various institutions and centers under his jurisdiction to present the status of the Strategic Plan for RBHS in the context of the Rutgers Master Plan 2030. Rather than one or two large impersonal presentations, the individualized meetings offer faculty and staff the opportunity to engage the Chancellor in Q&A.

The session at the School of Public Health on June 29, 2016, began and ended with Our Shared Goal: “To build one of the best academic health centers in the country with the emphasis on one.” Whereas past strategic plans have been busy-work writing and wishful thinking once completed, the chancellor had specific accomplishments to explain, halfway through the five-year execution of the Plan (2014-2019).

With the incorporation of the components of the University of Medicine and Dentistry of New Jersey, particularly the medical schools, into Rutgers Biomedical and Health Sciences, Rutgers “has evolved into one of the finest research institutions in the country.” Dr. Strom emphasized that the strength of the Strategic Plan lies in the integration of many health sciences and clinical disciplines through interprofessional education across the schools he oversees.

The future lies with “moving away from physician-oriented practice to population health, with an emphasis on prevention.”

Pulling all the schools together under the RBHS umbrella confers an enormous advantage. Referring to his former academic home, he noted: “Penn is the model medical school for 2000. Rutgers can be the model for 2020 with the disciplines working together.”

RBHS has identified Signature programs: Cancer, Environmental & Occupational Health, Neuroscience, Infection/Inflammation, and Community Health and Health Systems (the latter under development). These are supported by Complementary Programs: clinical research, drug discovery, informatics and public health (including global health).

Across these areas are novel educational initiatives to teaching interprofessional education, requiring integration among the RBHS schools and across Rutgers. These initiatives include the development of joint degree programs and professional and continuing education. The merger of the two nursing schools and the appointment of joint clinical chairs for the two medical schools illustrate the approach to unification.

“You can expect to see more evidence of RUTGERS HEALTH, which is the new brand for the patient-facing components of Rutgers,” Dr. Strom said. Beyond RBHS schools and institutes, Rutgers Health also embraces the Graduate School of Applied and Professional Psychology and the School of Social Work. (continued on page 12)
Strategic Plan for RBHS (continued from page 11)

Dr. Strom charted the growth of Rutgers Health, which already includes more than 1,000 providers in most of New Jersey’s counties, and he provided some fiscal optimism, explaining that although RBHS had been faced with serious red ink in its early years, increased grant and clinical support have generated a likely surplus for FY2017.

Accomplishments reported included recruiting a dean for the School of Public Health (SPH) and a new Cancer Institute of New Jersey director, with a search nearly concluded for an Environmental and Occupational Health Sciences Institute Director who will also chair Environmental and Occupational Health at SPH. Also under way are searches for the Henry Rutgers Chair of Opioid Addiction Center and a chair of Pharmacogenomics.

Additional initiatives include sponsoring faculty participation in a variety of leadership/management training programs—some lasting two weeks and others two years. [I interviewed two faculty beneficiaries of this training—both very enthusiastic and appreciative.MG]

An important Strategic Initiative focuses on Diversity & Inclusion, exploring “best practices” for recruitment and retention, and recognizing that “diversity is central to our culture.”

Although both Rutgers and UMDNJ had a history of periodic review of graduate programs and departments, these efforts have languished in recent years.

Dr. Strom believes they can be valuable, focusing on future directions and accomplishments, rather than solely on effectiveness of leadership. Moreover, he emphasized that the outside reviewers will serve more as consultants rather than authors of what were sometimes chilling final recommendations.

Dr. Strom closed his formal presentation summarizing the University’s Master Plan (Rutgers 2030), which is comprehensive in scope, covering buildings, land use, transportation and infrastructure. Dr. Strom showed maps of some of the proposed changes for New Brunswick, Piscataway and Newark campuses, including some new homes for RBHS components.

Of particular interest to RFA readers is the plan to consolidate the first two years of the Robert Wood Johnson Medical School from the Piscataway campus to the New Brunswick campus. For more details on the Master Plan and the vision for Rutgers 2030, go to http://masterplan.rutgers.edu/

For more details on the RBHS Strategic Plan, visit: http://rbhs-stratplan.rutgers.edu/ 

REMINDER: You don’t have to actually be FAR AWAY to contribute a note to “News from Afar.” Send to: gochfeld@eohsi.rutgers.edu
THE MOMENTUM EVENT

On May 24, 2017, Rutgers University President Robert Barchi hosted an event celebrating the opening of the spectacular Chemistry and Chemical Biology Building on the Busch Campus. “The university is engaged in a billion-dollar building program,” Dr. Barchi explained, and although excellent research has gone on before, the building program is necessary to support the next generation’s research. More than over 300 people, many of them alumni in chemistry, attended the Foundation’s event. Dr. Barchi stressed the major achievements, advances and prestigious awards. There was a time when the university eschewed attention to rankings, but no longer. Among other laurels, Rutgers is:

* One of the top producers of Fulbright scholars (8th year in a row)
* Winner of the Chicago Mercantile Exchange Group Tracking Challenge.
* Winner of two national debate tournaments (through its Rutgers-Newark debate team.
* Winner of the national College Fed Challenge.

And the list goes on.


RWJBarnabas Health and Rutgers
(STATUS UPDATE)

Sent: Thursday, July 27, 2017
From: Chancellor Brian Strom
To: RBHS Community

With today’s announcement of the letter of intent formalizing a broad-based collaboration between Rutgers University, Rutgers Health Group, and RWJBarnabas Health, we are taking another meaningful step to building a world-class academic health care system in New Jersey. Echoing President Barchi’s comments, this collaboration will truly enhance our ability to provide excellent health professions education, conduct ground-breaking basic science and translational research, and deliver state-of-the-art clinical care for our patients. While seeking close integration, the organizations will remain separate corporations; and Rutgers faculty will remain Rutgers faculty. RWJBarnabas Health clinical leadership will be exercised via a contract with the Rutgers Health Group.

Negotiated over the past year, the letter of intent will serve as a guiding document as we develop detailed agreements to fulfill the ambitious goals of this relationship. In particular, I would like to thank Senior Vice Chancellor for Finance and Administration Kathy Bramwell, Senior Vice Chancellor for Clinical Affairs Vicente Gracias, and the Office of General Counsel for their tireless and diligent work in bringing this arrangement to fruition. In addition, we have a true partner in Barry Ostrowsky, President and CEO of RWJBarnabas Health, who sees our true potential to exceed our aspirational peers in the national academic health care establishment.
IN MEMORIAM
William "Bill" Ralph Moyle, PhD
by Eckhard Kemmann, MD

William Ralph Moyle, "Bill," age 73, passed away on July 13, 2017, at Robert Wood Johnson University Hospital. Bill was born in Dayton, Ohio, grew up in Rochester, New York, and attended Cornell, and then Harvard, where he received his PhD in anatomy in 1970. After two years as a postdoctoral fellow at UCSF, Bill returned to Harvard and became a research associate in 1974. In 1978 Bill was recruited by Dr. James R. Jones to build a molecular science laboratory at what was then the College of Medicine and Dentistry of New Jersey – Rutgers Medical School (RMS). He was promoted to professor in 1990 and remained at the medical school for the rest of his life.

There was an oddity in having Bill work in an OB/Gyn department. Dr. Jones may have initially envisioned a laboratory that would be directed by the chair, but Bill was a free and independent spirit. Enabled by a steady stream of major grants from NIH, he created his own research goals in pursuit of scientific inquiry. Soon after his arrival at RMS, he focused on the structure and function of gonadotropins, primarily hCG. Over time he developed models of gonadotropins, figuring out how they would change their configuration when interacting with the receptor. His contributions to science were published in prestigious journals: Science, Nature, Journal of Clinical Endocrinology & Metabolism, and more.

Due to his expertise, Bill was named a member of the editorial board of Endocrinology and became a member of the Biochemical Endocrinology Study Section of the NIH. However, it is fair to say, that Bill did not aspire to prestigious positions; rather, he preferred his work in the laboratory and teaching. He built up a massive computer ("the biggest at Rutgers," he told me) to analyze his molecular models. He was a gifted teacher and mentor. Bill was as enthusiastic about sharing his expertise with students, residents and fellows as he was passionate about research. His courses about cellular and molecular signaling, molecular biology of the cell and developmental aspects of cell signaling and lectures about gonadotropin structure and function always challenged the audience. For fellows in the department who needed to gain laboratory experience, working with Bill was an essential part of their training.

Bill’s scientific enthusiasm was infectious, sometimes even overwhelming. He loved lively discussions about any subject but mostly about science. When you asked him about his work, he could talk for hours—you had to stay with it, interrupt him from time to time to catch up, or ask questions. Even when a question was “stupid,” Bill might see merit in it, a scientific issue that needed resolving.

Bill was humble, lived modestly, and had a great sense of humor. He lived on River Road, Piscataway, and would usually walk from his house to work, often staying late into the night or coming in on weekends. Bill never retired. He had no interest in human vanity. Bill loved jazz. A self-taught musician he learned to play saxophone, piano and flute. In the last years, Bill became interested in a project helping farmers and fishers in West Africa. He traveled to Senegal, where he met his future wife, Tamara.

Bill is survived by his wife and his three sisters and their families.
Robert Wood Johnson Medical School Retired Faculty Association
Global Health Fellowship Fund

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

You can submit your donation to support the RFA Global Health Fellowship Fund by sending a check made payable to the “RWJMS Retired Faculty Association” and mailing it to

Paul Lehrer, PhD, RFA Treasurer
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.

GLOBAL HEALTH FUND DONORS IN 2017  (current as of Aug. 15)

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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</tr>
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<tbody>
<tr>
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<td>Rob Risimini</td>
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CURRENT RFA MEMBERS AS OF AUG. 1, 2017
Dues for 2017 are DUE (if you don’t see your name on the list).
Dues for 2018 are welcome at your convenience.

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<th>Name</th>
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<td>Avedis Khachadurian</td>
<td>Virginia Mehlenbeck</td>
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Retired Faculty Association

The annual dues period now corresponds to the calendar year. Dues are due now for calendar year 2017.

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.


**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., The AAUP Emeriti Assembly of Rutgers University, The Rutgers Retired Faculty and Staff Association).

Please cut along the dotted line below and return that 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 West
Piscataway, NJ 08854

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