UPCOMING RFA MEETING

ON THE ROAD TO AND FROM THE ELECTION OF 2020

Gerald Pomper, PhD

Gerald Pomper, PhD, is Board of Governors Professor Emeritus of Political Science at the Eagleton Institutes of Politics of Rutgers University. A specialist in the American elections and politics, he authored or edited over 20 books including Passions and Interests, Elections in America, Voters’ Choice, and Ordinary Heroes and American Democracy, a Pulitzer Prize nominee. Now beginning an analysis of U.S. politics since 1960, his most recent book is The New York Times on Critical U.S. Elections. Educated at Columbia and Princeton, he taught abroad at Tel-Aviv, Oxford and Australian National Universities. Prior to ‘retiring’ he chaired political science departments of the University and Livingston College.

Web site:https://www.polisci.rutgers.edu/cb-profile/gpomper

Where: Dean’s Conference Room, Piscataway
Date: June 14, 2019
Time: Noon

All retired and current, faculty, staff, and students are welcome to attend.

Lunch is available for a $10 contribution at the meeting.

Attendees who have not obtained retiree parking privileges, NOW NEED TO REGISTER online to park for this event. Parking is available in lots B and C, located off Hoes Lane West.
ELECTION RESULTS

Officers and Committee chairs elected by emailed ballot have a three-year term ending December 2021

All members are encouraged to volunteer to serve on committees or serve as editor of the Newsletter

RWJMS RETIRED FACULTY ASSOCIATION

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http://rwjms.rutgers.edu/faculty/retired-faculty-association/about-us

ACKNOWLEDGEMENTS

I thank David Seiden, Paul Manowitz, Eckhard Kemmann and Gordon Schochet for editing/proof-reading and Marie Kleeman for production. Ruthe Geardino provided valuable assistance throughout the year.

CLIMATE DAY: MARCH 1, 2019

On March 1st, the Retired Faculty Association heard a talk on the status of climate change science with regard to sea level rise from Robert Kopp, PhD, director of the Rutgers Institute of Earth, Ocean and Atmospheric Sciences. He is a lead author of the United States’ Fourth National Climate Assessment and the Intergovernmental Panel on Climate Change’s Sixth Assessment Report, as well as the book *Economic Risks of Climate Change: An American Perspective*. Dr. Kopp wears several other hats, including being one of the directors of the Climate Impact Lab, a collaboration of more than two dozen climate scientists, economists, data scientists and policy scholars, working to bring Big Data approaches to the assessment of the economic risks of climate change.

Media attention to climate change waxes and wanes. Dr. Kopp spoke to us during a week when “climate” was receiving high visibility in the media. It was a week when the President announced he was convening an “expert” committee."

Also, Washington Governor, Jay Inslee, announced his presidential campaign identifying fighting climate change as his signature issue. Democratic candidates have generally been as silent on environmental issues as Republicans.

Also on March 1st, David Wallace-Wells: *Uninhabitable Earth: Life after Warming* was published. The New York Times reviewed it under the title “Apocalypse is Now.”

RFA SPEAKER, MARCH 2019

ROBERT KOPP, PhD

(Notes were compiled by Dr. Gochfeld and reviewed for accuracy by Dr. Kopp.)

“The Planet is running a fever,” Dr. Kopp began. There are various metrics of climate change. We have weather data going back to the late 1800s showing the earth is getting warmer, no surprise to anyone (Figure 1). [ed note: That’s almost 140 years of data with about 34 of the last 39 years warmer than any of the preceding 100 years]. (continued on page 3)
We can look back beyond weather records. As water freezes it traps whatever gases are currently dissolved in it. Using ice cores we can examine the CO₂ concentration at various points in time. The longest core thus far contains water that froze 800,000 years before present.

Figure 1. Annual average global temperatures (relative to 1880-1900)

We can see a cyclical pattern. During warm periods (interglacials), the levels went up to about 300 ppm, and at other times it dropped to 180 ppm, and the peaks have occurred at approximately 100,000 year intervals. But carbon dioxide concentrations have steadily climbed since the start of the Industrial Revolution, and in the last decade the CO₂ concentration exceeded 400 ppm for the first time in the 800,000+ year record.

Why or how does climate change raise the sea level? It’s not only about melting ice caps. Other processes contribute.

First, how do we know that sea level is rising? Over the last couple of decades, satellite-born radar flying at known altitude bounces radar signals off the surface (altimetry), using the return time to obtain a measurement of height of ocean to within 2cm. Mapping sea level change over the past 25 years shows a few places with falling sea level, but most places with sea level rise > 1 inch/decade (Figure 2). We also have tide gauges in various places. The Battery Park Tide Gauge has data going back to the mid-1800s, showing a rise of about 1.5 feet.

Global reconstructions indicate that, during the 20th century, global average sea level rose about 6 inches. Studies of various species of fossil foraminifera distribution in coastal marshes, coupled with C-14 dating, have confirmed where mean sea level was centuries ago. Through a combination of measures, it appears that 20th century sea level rise was faster than any time in nearly 3000 years. The rise has been about 0.3 ft already since 2000. The rate of rise has increased from 1” per decade to 1.6” per decade.

Figure 2. Satellite altimetry measures sea level rise since 1992 showing increased rate in past decade.

Glacial melting and calving release ice into the sea. This accounts for about half of sea level rise since 1993, and the ice sheets are our largest concern. If you melted ALL of the ice in montane glaciers it would result in about a 1 ft rise; Greenland ice sheet →23 ft, Antarctic west →16 ft, and Antarctic east →171 ft. But that melt isn’t happening all at once. Concordant with the ice melting, warming water expands to occupy more volume. This contributes about 40% to sea level rise. Another, smaller contributor to global average sea level rise is the pumping of ground water for use by humans, and its subsequent discharge to surface water and ultimately to the sea, contributing about 10% of the rise. Moreover this contributes to subsidence of the land itself, hence also raising sea level.

When the land was covered with ice, the sheer weight of ice pressed down the earth in the center, but forced the edges upward (Dr. Kopp used the analogy of a body pressing down on a mattress). Now as the ice melts the earth is allowed to spring upward, while the coastal edges, now sag downward, creating a relative sea level rise. This contributes about half a foot per century in our area.

(continued on page 4)
(continued from page 3)

Why must this be a New Jersey issue? About 7% of the New Jersey population dwells within 10 ft of mean sea level. A small percentage? Still over a half-million people, and the state’s coast plays a disproportionate role in the economy.

Sea level rise and sea surface temperature increase are not uniform. Water gets moved around the ocean, circulating by ocean-atmosphere interactions. Onshore winds cause water to pile up along the coast. Here in New Jersey we are vulnerable to changes in the Gulf Stream. Kopp then introduced a concept not often discussed. The huge mass of ice at the poles exerts a gravitational effect. As the ice sits in Greenland, its gravitational pull moves water towards it. If that ice melts, it reduces the gravitational pull allowing the water to flow back away from the ice cap and towards our coasts, thereby contributing to rise along our shores.

Climate science models combine all of these processes to project future changes. The models represent our understanding of the physics of the process and the way fluids move around and the way heat is transferred.

A key uncertainty that drives the variation in model results is the range of possible human carbon emissions. Currently, humans emit about 42 billion tons of CO₂ per year. Continued growth of fossil fuels could lead this number to more than double by the middle of the century, while meeting international climate targets requires net-zero greenhouse gas emissions in the second half of this century.

Figure 3 shows three (among many) trajectories of carbon dioxide release, starting from the 2018 estimate of 42 gigatons (billion metric tons/yr). The fossil-fuel intensive scenario reaches 102 GT/yr while the Paris agreement goal assumes that within a year, CO₂ emissions will start to decline to the goal of net zero by 2080. Dr. Kopp did not go into the decisions required to accomplish the about face, nor of the food security and health consequences of failure to achieve that—“That’s a separate lecture,” he explained. Dr. Kopp explained that the climate reports use the term "likely" to mean that there is at least a 2 in 3 probability that conditions will reach a certain level or be within a certain range by a certain date.

How does this effect sea level rise along the Jersey shore? It’s likely to be 0.6 to 1.0 ft by 2030 and in the 1.0 to 1.8 ft range by 2050. That’s the 67% likelihood. But there is an extremely unlikely possibility of getting to 8.3 ft rise by 2100.

The 2013 understanding predicts a 2.4 to 4.5 ft rise by 2100. This understanding was reflected in a 2016 report by the New Jersey Climate Adaptation Alliance, headline results of which are shown in Figure 4. But the state of scientific understanding is evolving rapidly. While projections of sea-level rise for the low emissions scenarios are not much affected by changes in physical understanding, the potential for ice sheet instability – and thus difficult projecting future changes – is larger under higher emissions scenarios. Thus, projections thought extremely unlikely a few years ago may be more probable under high emissions than previously thought.

Dr. Kopp emphasized that decisions we make now have long-term consequences. Some energy facilities were built a century ago. We can expect that facilities we build now, including fossil fuel facilities, will operate for decades. Figure 4 indicates that sea level will continue to rise for the (continued on page 5)
foreseeable future, although estimates get less precise. Moreover, the projected rise by 2030 and even by 2050 are insensitive to emissions. What we do now won’t have dramatic impact until 2100, by which date there is a 1 foot difference in the projection under low and high emissions. And, as previously noted, low emissions reduces the odds of large-scale instability in the Antarctic ice sheet, whereas our evolving understanding of the Antarctic ice sheet suggests that the difference between high and low scenarios could be more like 2-4 feet.

The obvious consequences include that sea-level rise coupled with subsidence is already permanently flooding some coastal areas. Elsewhere nuisance flooding has become more frequent. For example in Atlantic City, New Jersey, there were 2 flooding days/year in the 1950s, but about 21 days/year in the 2000s, a period over which local sea level rose by about 9 feet.

More dramatically, sea level rise worsens storm surge flooding. [People who choose to live along the shore aren’t risk averse to begin with. Are they more likely to believe climate is serious after Sandy? -Ed]. About 18% of the Hurricane Sandy recovery costs are attributed to the human contribution to climate change. And severe storms and hurricanes are projected to become more frequent. Disaster responses varied along the Jersey shore. Some people rebuilt, perhaps raising their houses on stilts as required in some zones.

Other communities sold out, and land was rehabilitated to provide natural “soft” infrastructure such as salt marshes, oyster beds, and even dunes, to mitigate future flooding.

Dr. Kopp introduced several Rutgers-led initiatives addressing the risks of climate change, including the Coastal Climate Risk & Resilience Initiative, the New Jersey Climate Change Alliance, and the Getting to Resilience initiative. The Coastal Climate Risk and Resilience initiative (c2r2.rutgers.edu) trains graduate students to conduct research that both addresses real-world coastal resilience challenges and also yields fundamental scientific insight.

**MATCH DAY 2019**

Matching to residency is one of the great transitions in a physician’s life.

“Residency Match Day (March 15) is Largest in History” reads an e-headline. It would be news if it weren’t the largest, if the pool of residency slots were shrinking, rather than expanding. According to the National Resident Matching Program (NRMP) 38,376 applicants and 35,185 positions participated. The number of available first-year (PGY-1) positions rose to 32,194, an increase of 1962 (6.5%) over 2018. The influx of positions is due, in part, to the increased numbers of osteopathic programs that joined the Main Residency Match as a result of the ongoing transition to a single accreditation system for graduate medical education programs, the NRMP noted.

At Robert Wood Johnson Medical School, 96% of the graduating class matched to a program of their choice compared with a national success rate of 94%. RWJMS has met or surpassed the national rate for the past 13 years. Thirty three students matched to programs in New Jersey (19 to RWJMS). Eighty seven students (46% matched to primary care (family medicine, internal medicine, pediatrics or obstetrics/gynecology). Nineteen (10%) matched to anesthesiology and 16 (9%) matched to emergency medicine.

For details see https://files.constantcontact.com/8c7bcee6201/ef21b48d-aa32-4100-acb3-cc66ccde4c5f.pdf
NEW RUTGERS CENTER ON GUN VIOLENCE RESEARCH  
By Michael Gochfeld, MD, PhD

Rhetoric and controversy and ‘Second Amendment rights’ aside, gun violence is a major public health problem in terms of mortality, disability, and quality of life years lost. Mass murders capture headlines, obscuring the daily toll of homicides, drive-bys, and bystander shootings and suicides that plague communities across the land. No other country comes close in gun ownership or gun violence.

Years ago Congress blocked federal funding on gun safety research leaving states to address the problem(s). The Rutgers Center on Gun Violence Research is one of the Centers addressing this issue, bringing research from multiple disciplines to bear on the causes and cures. After the recent mosque massacre, it took New Zealand only 26 days to pass legislation to ban assault weapons. In this country we have a crisis because our leadership has chosen to do nothing. The states can do this. In many states it is already illegal to sell spray paint to anyone under 18 years of age. Are guns next?

Rutgers approaches gun violence as a public health problem leaving others to deal with Second Amendment issues, hence the center is based in the School of Public Health. The center was inaugurated with a three-day conference in April. Rutgers Biomedical Health Sciences Chancellor, Brian L. Strom, MD, MPH, introduced the conference, acknowledging the co-sponsorship by the Rutgers School of Criminal Justice and Newark Chancellor Nancy Cantor.

New Jersey is the most densely urbanized state in the nation and gun violence falls disproportionately on urban areas, inseparable, perhaps from poverty, drugs, gangs. There are over 100,000 gun-related events annually in the U.S., including 500 firearm deaths per year in New Jersey, mainly homicides.

“There are known but underutilized approaches to prevention, but new approaches are needed as well. Laying the groundwork for evidence-based policy and practice.” The term “evidence-based” was used frequently during the morning, emphasizing the research focus of the center.

Dr. Strom said that at the national level, politics has interfered with prevention, noting that Rutgers is optimally positioned for this research. Gunshot injuries impose clinical, psychologic and social burdens.

Rutgers President, Robert L. Barchi, MD, PhD, introduced the keynote speaker, Governor Phil Murphy. “Our governor has strong views on supporting action in New Jersey, and Rutgers is delighted to respond to that call to provide the basic and applied research. It is a crucial issue that we have to address in a holistic fashion. We have to lead the way for the rest of the country.” New Jersey has been a national leader in many areas. And we need to create a groundswell of public support.

Governor Phil Murphy thanked Drs. Barchi and Strom for their work and commitment for the center. “It isn’t about politics and it isn’t just about guns. It is the search for solution to one of the key public health issues of our time. It is about how we support victims of gun violence—physical and mental. It’s about how we can work together with community groups and law enforcement for preventing problems, rather than mourning after. It’s about finding solutions in non-traditional places. For example, researchers recently reported that increasing green space in urban areas can lead to decrease in guns and violence.”

Behavioral research is needed to the point “Where no one feels the need to pick up a weapon in response to a challenge”. It is 20 years since Columbine and “Over and over we’ve heard a long succession of “thoughts and prayers”. This is not sufficient. Action must be our active principle. “It will still be left to the states to do what needs to be done to invest in gun violence research because the debate in Washington is still at a standstill. We in New Jersey have acted through common sense. We strengthened background checks, limited magazine capacity to 15 rounds, rolled back the previous administration’s dangerous regulations on concealed carry. Next is working on a red flag law that individuals deemed a threat do not have access to guns.”

Our gun permit system dates back to 1966 when Dick Hughes was governor. In New Jersey it is cheaper to purchase a handgun permit ($2) than a dog license. We’ve cracked down on internet ghost gun sales. We can make it clear where the guns used in the commission of a crime come from. (continued on page 7)
No surprise; more than 80% came from out of state. With several other states we are involved in naming and shaming the states whose lax laws contribute to New Jersey violence and naming the manufacturers of the most popularly trafficked weapons. One goal is to hold manufacturers legally and economically responsible. We are in the process of returning New Jersey to our rightful place as a leader in enacting meaningful gun safety laws. For example, our Gun Safety package 2.0 aims to close existing loopholes to make it easier for prosecutors and police to keep illegal guns off our streets. It includes coordinated, evidence-based violence information gathering and intervention.

“Research has its limitations. The notorious Federal Dickey Amendment may have been gutted, but its legacy, the lack of federal funding for gun research is still here. We must undertake the important multidisciplinary research that congress has blocked for 2 decades.”

“This is the first such Center on the East Coast, and I’m proud that it is being led by Rutgers University. We want to deepen advocacy and community organization and partner with the cities as well as other states. Knowledge is power” Disinformation by the Gun Lobby has been their power. In the words of Senator Daniel Patrick Moynihan ‘Everyone is entitled to his own opinion, but not to his own facts.’

An important aspect of the conference opener was the clinical perspective. It is the clinical damage: death, disability, that people feel, and it is clinical research that has improved life-saving and brain-sparing techniques and technology. Dr. Stephanie Bonney, research director of the new Center, is a trauma surgeon in Newark, and sees the results of violence in real time on a day-to-day basis. As Dr. Bonney put it: “We need to replace opinion with undistortable facts. We are not anti-gun. We are anti-bullet hole.”

Dr. Paul Lehrer, RFA Treasurer, was honored March 1, 2019, by the Association for Applied Psychophysiology and Biofeedback.

To Dr. Lehrer: “As the AAPB Board reflects on the past 50 years, we have a serious responsibility to recognize those that have elevated the field to a new standard.”

Congratulations, Paul.

The Robert Wood Johnson Foundation released its 2019 County Health Rankings March 19, 2019. The rankings use state and national data to compare U.S. counties on more than 30 measures across four areas: health behaviors (9 measures), clinical care (7 measures), physical environment (5 measures), and social and environmental factors (9 measures). Measures include access to care, income, and alcohol or drug use. The list ranks counties in all 50 states based on their performance on these health measures relative to the health of
other counties in each state. Morris County heads the current list as the healthiest county in New Jersey. More details are available at http://www.countyhealthrankings.org/

Troubling findings across the board are the rise in low birth weight babies (above 8%) and the continued percentage of children in poverty (up to 20% in some U.S. counties.) Smoking has stabilized at 12%. Morris outperformed Middlesex County (NJ) on almost all 30 metrics, except driving to work alone.

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute in Madison, has shared updated County Health Rankings annually since 2010.

GENE EDITING PARTNERSHIP

Horizon Discovery, a gene-editing company, announced a partnership with Rutgers pharmacology researcher Shengkan Jin, PhD. Gene editing is a novel technology platform, allowing manipulation of DNA in cells such that the A,T,G or C nucleotides can be interchanged without breaking the double-strands, as is done with CRISPR, thereby, avoiding some negative effects. The proposed partnership aims at demonstrating proof of concept. This is potentially transformative for all gene editing technologies, opening opportunities to treat diseases that currently have no cure. The announcement, coming at a time when applications of prenatal gene-editing are under scrutiny, offers the opportunity to see genetic technology in a broader social context.

“FREE BACK BRACES” From Medicare for Chronic Pain: What Kind of Scam Is It
By Michael Gochfeld, MD, PhD

It begins in various ways, most recently with a call from pleasant-voiced Nancy or an urgent-sounding, “Our records show you have chronic pain”. The offer is a free back brace (or some other part) from Medicare with the promise “it doesn’t cost you a cent”. After the hundredth time or two of ignoring the admonition, “Don’t Hang up,” I decided to follow-up. After being transferred to a “pain expert” at Chronic Pain Services, the information requested was simple enough, part of the body, date of birth, and Medicare number. But the Aetna Medicare number didn’t seem good enough. “Don’t you have a red, white and blue Medicare card? I’ll need that number.” That number turns out to be a social security number. When I said I didn’t want to give her that number she hung up. Medicare actually does pay for braces when prescribed. I had assumed this was simply another financial scam like extending my car warranty, or paying off student loans, with Medicare (and therefore all of us) as the victim. Now it appears to be a novel identity theft scheme targeting us old (or older) people.

NEWS FROM NOT-SO-AFAR: THE MEDICARE OUTPATIENT OBSERVATION NOTICE
By Michael Gochfeld, MD, PhD

I recently spent 30 hours in a local hospital for a serious GI ailment with obstruction. I spent 9 hours in the ER, including a CT scan. And was then admitted (or so I thought) for rehydration, before switching from NPO to a liquid diet and then solid diet. If I couldn’t tolerate liquids, a surgeon explained, and was still obstructed, surgery would likely be required. I thought both medical and nursing care were excellent, and my recovery was smooth, hunger returned, I tolerated liquids, and then a soft diet, and I was anxious to go home. The doctors agreed, and I was discharged that very afternoon, after one midnight on the ward.

As I packed my meager belongings, and ate solid food for the first time in 72 hrs, the discharge coordinator presented me with a paper, informing me that the hospital had downgraded me from an inpatient to an observation status. She pointed to a Medicare rule that inpatient status requires two midnights in the hospital. As an “observation” patient, Medicare part A doesn’t apply, and Medicare B (if you have it) kicks in. For those of us who do have Medicare part B, the most serious outcome would be that if a skilled nursing facility is (continued on page 9)
required, Medicare only pays after a 3 day (2 midnight) minimum hospital stay. I had urged the doctor to discharge me emphasizing how “fine” I felt.

I thought that this information on observation status would be more useful to a patient if it were presented on arrival in the Emergency Room, rather than on discharge.

“There ought to be a law,” I thought. Indeed, there is a requirement that the hospital makes this information clear to patients, but the requirement doesn’t kick in until 36 hours, by which time it is moot.

**RUTGERS DAY- APRIL 27, 2019**

Predicting the weather for Rutgers Day is always a challenge. The morning dawned gray and chilly and organizers breathed easier with no rain in sight. But the high winds brought different problems. Brave vendors were setting up when the winds began, challenging various attempts to secure booths, posters, banners, and exhibits.

More than a dozen departments and medical school programs took part in this year’s Rutgers Day, bringing a blast of fun and informative exhibits despite the windy weather.

Approximately 94,000 people attended the event. The medical school featured hands-on robotic, laparoscopic and even JELL-O brain surgery; hands-only CPR set to a tune of your choice; the opportunity for teddy bear check-ups; and information on a wide variety of health topics, including genetics, developmental disabilities, pathology, and nutrition. They were also included as part of Rutgers Health’s "Passport to Health" raffle, along with other Rutgers Biomedical and Health Sciences facilities, including Rutgers Cancer Institute of New Jersey, and RWJBarnabas Health’s Robert Wood Johnson University Hospital in New Brunswick.

Medical school tables were located on the university's College Avenue and Busch campuses.

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**News from the Rutgers Retired Faculty and Staff Coordinating Committee**

The highlight of the recent April meeting was a presentation by Antonio Calcado, Rutgers executive vice-president of strategic planning and operations and David Schultz, vice-president for planning and development on the Master Plan for 2030. The RFA had raised the issue of retiree housing at the University, and Mr. Calcado explained that this has been incorporated in the university planning. Options being considered are townhouses and condos, with retired faculty and staff as primary consumers.

The issues of transportation to the train and downtown New Brunswick would be addressed. The university has to consider its relationship with the City of New Brunswick with regard to tax rateable property utilization. Would enough faculty and staff desire to remain in the New Brunswick area to make such a development successful? He invited the committee to collaborate in assembling focus groups. He explained that preliminary designs may be completed within a year.

**Rutgers 2030**

**Volume 1: New Brunswick**

The draft Master Plan is available on the web: https://masterplan.rutgers.edu/reports/rutgers-2030-volume-1-new-brunswick.

**Retirement Issues**

The committee has also set as a priority, working with Trenton to modify retirement rules that requires a retiree to be completely disassociated from the university for at least six months (the time period changes), before resuming any responsibilities or even activities. Aside from being a powerful disincentive for retirement, this jeopardizes existing teaching and mentoring associations.
Obituary: Stanley S. Bergen, Jr. MD (1929-2019)

Source: Rutgers Today (May 2, 2019)

Dr. Bergen, Founding President of the University of Medicine and Dentistry of New Jersey was 89. “Under Dr. Bergen’s direction, UMDNJ became the largest freestanding health sciences university in the country. Bergen, a believer of health care as a basic human right and an advocate for health access and equity, served as president of UMDNJ from 1971 to 1998.” The school’s creation, first as CMDNJ incorporating the former Seton Hall Medical School and then Rutgers Medical School, played an important role in the economic growth of Newark. Bergen championed the need for NJ to graduate its own physicians as well as associated health professionals.

“He was the first senior vice president of the New York City Health and Hospitals Corp. when he was selected by the state of New Jersey to direct the creation of the College of Medicine and Dentistry of New Jersey. The school opened on the heels of the Newark riots in 1967. Under the Newark Agreements of 1968, the college, in exchange for 167 city acres, agreed to accept primary responsibility for the city’s public health care services, step up recruitment of minority students, provide employment and give the community a voice in shaping the school’s goals.

During Bergen’s 27-year tenure, the institution achieved university status in 1981 and grew to eight schools on five campuses, with a major teaching hospital and affiliations with more than 200 health care and higher education institutions in New Jersey. UMDNJ also had one of the largest minority student populations among medical and dental schools nationwide and implemented a long list of community service programs.”

[Editorial Note from Michael Gochfeld] The Rutgers Today announcement provides additional details on Dr. Bergen’s illustrious career. Also, I have a fond recollection of one of my first encounters with Dr. Bergen. I was introducing him as a speaker to a group of faculty and students, and ended my introduction with “Stanley, the floor is yours.” If Dr. Bergen looked askance I failed to notice it at the time and he made no comment.

Two days later I received an inter-office memo (pre-email) thanking me and the department for the invitation to speak. “I especially appreciated the informal environment.” It was clear, he didn’t.

Dr. Bergen always wrote an acknowledgment memo for papers published, or a stern reprimand if a newspaper article identified a Rutgers Medical School faculty as “Rutgers University.” We were supposed to learn to make sure that any reporter got it right. He found this particularly irksome, and was eventually successful in changing our name from “Rutgers Medical School” to “Robert Wood Johnson Medical School.” He wasn’t at all amused when reporters continued to refer to Dr. So-and-so “Professor at the former Rutgers University Medical School.”
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.

Retired Faculty Association

The annual dues period now corresponds to the calendar year. Dues are due now for calendar year 2019.

RWJMS Retired Faculty Association 2019 (January 1, 2019 – December 31, 2019)

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 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) _____________ RFA DUES ($15 for 2019) _______

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