

Early in 2020, just before the Covid pandemic, the Senate Executive Committee, as well as segments of the broader academic community, became aware that Biomedical and Health Sciences Chancellor Brian Strom was intent on merging our two medical schools into one. About a year earlier in January of 2019, Chancellor Strom organized and charged a committee called the “Future of Academic Medicine (FAM)” Committee. It was encouraged to consider a range of options including complete integration into one singly accredited school. The report of the FAM committee makes clear that such an option was considered, but was not chosen as our way forward.

Notwithstanding the absence of virtually any advice from members of the medical academic community and notwithstanding the absence of any concrete plan on how such a merger would be accomplished, Chancellor Strom asked the Senate Executive Committee to endorse the merger. The Executive Committee declined to provide such an endorsement and instead initiated its usual procedure for advising on such issues.

Because of the onset of the pandemic the entire merger issue was held in abeyance. But recent information indicates that the intent to merge is about to be reactivated. This development impels us to describe the level of opposition to a merger and the reasons for this opposition.

A survey conducted by the NJMS Faculty Organization about a potential merger received almost 250 responses. Two-thirds of the respondents indicated clear opposition to a merger, while fewer than one-fifth indicated some level of support. Here are some of the reasons that help explain the significant opposition of the faculty and of the broader community to a merger.

1. **The merger of two public Medical Schools appears to require state legislative review and approval.** Throughout most of the 20th century, changes to medical school structure, function, and location were accomplished only through legislation. The current approaches to a merger, appear to be an attempt to bypass the legislature. Additionally, a merger could contravene legally binding commitments in current state statutes that enshrine the commitments to the community memorialized by the Newark accords.

2. **To protect the interests of the community, any merger must maintain the prior commitments to the City of Newark, must preserve current services, and must invest in future programs to enhance the quality of education and clinical care.** The recent pattern of relative funding of the two medical schools indicates the absence of such commitments.
3. **Covid-19 Pandemic** – New Jersey continues to deal with COVID-19 patients and the pandemic is not likely over. It is very difficult to consider rationally a merger in these parlous times.
4. **A merger of NJMS and RWJMS could weaken University Hospital (UH) at a critical time.** By law, New Jersey Medical School is its chief partner. A medical school merger would alter the relationship between Rutgers and UH and likely hinder University Hospital's rebirth under its new CEO, Dr. Elnahal's leadership. New Jersey Medical School should not diminish its support of University Hospital and divert scarce time, money, and resources to another merger at a time when University Hospital is still in a critical phase of rebirth
5. **A look at the recently consummated practice agreement between Robert Wood Johnson Barnabas Health (RWJBH) and Robert Wood Johnson Medical School raises concerns about the impact this agreement would have on NJMS and provides insight into a driving force for a merger.** The recently released Integrated Practice Agreement between RWJMS and RWJBH shows that a private health system now has unprecedented control over key aspects of our revenue and governance. Barnabas Health has complete control of clinical money, which makes up the bulk of medical school revenue. The medical school can invoice only for time, equipment, and space. This arrangement makes the medical school dependent on a private corporation for resources.

In addition, the CEO of RWJBH will determine the salary bonuses for RWJMS/NJMS Interim Dean Robert Johnson. Since Dean Johnson is a member of the University Hospital board, which is independent from RWJBH, there is a potential conflict of interest.

RWJBH will also have a substantial role in determining how departments are run. Key amounts of chair compensation will come from

RWJBH. The chairs themselves cannot be reappointed unless there is “RWJBH approval.”

The Chancellor is currently in talks to create a similar agreement with Barnabas Health for NJMS. No faculty, students, staff, or community members have been consulted on any of these arrangements. Clearly a merger would facilitate the consummation of such an agreement. The result would be one medical school that has transferred a significant fraction of its governance to a private health system.

6. **There has been no meaningful consultation with the students at either medical school.** It is not at all clear that a merger would benefit students.
7. **The community has a vital stake in the future of NJMS and UH.** Any changes that might significantly impact the medical school or the hospital, must be carried out with full transparency, consultation, and indeed legislative oversight. So far those key components have been sorely lacking.