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STEVE ADUBATO, host:

The University of Medicine and Dentistry of New Jersey is the nation's largest public university in the health sciences. I'm Steve Aduato. Joining me to discuss its cutting edge research and the current state of higher education in the state of New Jersey is nationally renown physician and scientist, UMDNJ president, Dr. Stuart Cook. Good to see you, Doctor.

Dr. STUART COOK (President, UMDNJ): Good to see you, Steve.

ADUBATO: Now let's talk a little bit about your background before we talk about some difficult challenging policy issues regarding higher ed and the university's position in that. Let's talk a little about your background. How did you come into this position as president?

Dr. COOK: I'm an academic neurologist. I've been on the faculty of New Jersey Medical School and UMDNJ for 32 years. I came via Columbia Presbyterian Medical Center and been here for a long time.

ADUBATO: Let's describe the job for those who say, 'Jeez, what does a university president do?' Is it largely about fund raising, doing business, and not so much about academics?

Dr. COOK: It's a little bit of everything. I think you--you serve many constituencies. There's a--an academic constituency, a faculty constituency and you have to meet the needs of the faculty and ensure that the academic programs are of the highest quality. There's a--in a state university, a political constituency. Consumer groups that are interested in health care in higher education. There's a political constituency in--in the Legislature and the--and the governor's office. There are many--there are alumni, there are students' groups. So you serve many masters in a--in a presidency. Obviously, you have to make sure that the university is--is doing well and that it--it is raising funds. That's an important part of the job.

ADUBATO: Let's talk a little bit about what the University of Medicine and Dentistry really is. Describe it. How expansive?

Dr. COOK: Well, the university is--is a young university. It's only 32 years old.

ADUBATO: That's young?

Dr. COOK: That's young for a university when you compare it to some of the European universities that have been in existence for 500 or 600 years. And even in the United States, if you look at Harvard and Johns Hopkins and--they've been around for a long time, which has allowed them to mature and grow. New Jersey really came relatively recently on the health care scene, in part, I think, because there were medical schools and dental schools in New York and Philadelphia. So we've only really had an organized health science program and academics since 1971.

ADUBATO: Doctor, let me--let--let me try this. Because, you know, I want to talk about the proposed restructuring of higher education in just a moment. But I want to take advantage of your expertise as a physician and a researcher. You--you wrote an article recently in the May 2003 edition of a publication called New Jersey Medicine entitled "Eliminating Health Disparities." The basic premise in this piece is that there is a huge dispa--disparity between the way blacks, whites and Hispanics are treated when it comes to health care, and the impact that that has on the quality of their health. Talk to us about that. What's the problem?

Dr. COOK: Well, I think there are many problems. Some of them are related to the fact that we have 41 million uninsured people in the United States who fall, in many instances, through the safety nets. I think that that piece of it could be cured with a--with a--a universal health coverage program.

ADUBATO: Back up, Doctor.

Dr. COOK: OK.

ADUBATO: Because, you--you know, as soon as you say that...

Dr. COOK: Right.

ADUBATO: ...the reaction on--on the part of many watching, and my reaction is, wait a minute, time out. Didn't we go down this road before? Wasn't that, in fact, what Bill and Hillary Clinton proposed in the early 1990's, and it, you know--many people believed that the nation--or many in the nation said, 'No, we don't want that. That's not what we want in the United States.' Is that what happened?

Dr. COOK: Well, I--I--maybe--I mean, I think that was the problem with maybe trying to do too much too soon. The fact is that the United States spends 14 percent of gross national product for health care and, if you look at World Health Organization outcomes, we don't do very well. There are countries like Cuba and Third World countries, some of which do better than we do in certain elements of health care. It's like we have two countries in one. We have the

haves and the have-nots. And I think when one looks at that you find that's the explanation for the health care disparities...

ADUBATO: The have-nots--excuse me--are disproportionately black and Hispanic.

Dr. COOK: I--I think poor people who have--don't have insurance, the working poor who are not covered, don't have the insurance and don't have as much access to--to the health care system as--as others. It's not just economics, but that's certainly a part of it. I don't think we do enough preventive care in the United States, and--and that's partly education and--and access and trust of the health care system. So it's a complicated thing and--and the--the fact is that for 14 percent of gross national product we should have much better outcomes. I think we're capable of much better outcomes.

ADUBATO: You keep talking about outcomes. Be more specific. In terms of infant mortality, what is the disparity?

Dr. COOK: Well, you know, black infant mortality is--is much higher than--than white infant mortality.

ADUBATO: Three times the rate of whites. Black infant mortality, according to this article...

Dr. COOK: Yes.

ADUBATO: ...you wrote it--is almost three times that of whites?

Dr. COOK: That's correct.

ADUBATO: Has that been the case for a long period of time?

Dr. COOK: Well, I don't know how long it's been that way. I suspect it has been that way for a while. And--and there m--are perhaps multiple reasons for that. Adequate prenatal care. Going to a physician at appropriate intervals. Diet. Other things might come into it. But the fact is we--if you take perinatal mortality in itself, that's a very complex area and there are a lot of studies that have been done in that and it--there's no simple solution. But--but clearly, adequate prenatal care, controlling blood pressure, making sure the diet is appropriate, that no medications are taken--avoiding, you know, drugs that could be dangerous to the fetus. All have to be looked at. But--but we don't have a clear answer for that. There are other disparities which--where we have a much clearer answer.

ADUBATO: AIDS? HIV?

Dr. COOK: Su--well, we have clearer an--that's much more common in certain populations. African-American and, p--s--possibly, Hispanic populations. But there are things like, for example, vaccination rates in kids. I mean, that's 100 percent correctable. It's just

access, people trusting their--the doctors, having availability of physicians and nurses to--to give these treatments. There's no reason why we can't reach virtually 100 percent vaccination rates as they do in Cuba.

ADUBATO: Why don't we, Doctor?

Dr. COOK: I think it's access, affordability, that--that the--they don't have--there aren't individual physicians, primary care physicians, that--that you have where everybody in the population knows who their primary care doctor is, can afford to go to that doctor. There's distrust of--of physicians in certain segments of society. I think we need role models that go out into the community that are trusted. I think we need to train more Hispanic and African-American physicians and nurses and educate the public about the--the need to--to take these preventative measures.

Pros--cancer is another example. You know, we need to have screening. The same thing for prostate cancer and anti-smoking programs, screenings for glaucoma.

ADUBATO: Prevention and education.

Dr. COOK: Tho--those are really the key. A--af--access, affordability, education; those are the--the main things.

ADUBATO: Well, let me try this, Doctor. Let's talk about the issue that a lot of folks are reading about in the paper these days. Trying to make sense of this proposed restructuring of higher education. There was a commission that's been studying this issue.

Dr. COOK: Yes.

ADUBATO: Actually, Dr. Roy Vagelos sat in that chair just a few months back. Dr. Roy Vagelos is the former CEO of Merck...

Dr. COOK: Yes.

ADUBATO: ...and who is heading up that commission. He made the case for why merging, or consolidating, the University of Medicine and Dentistry, Rutgers University and the New Jersey Institute of Technology, NJIT, was a really good thing for those three institutions. For the state of New Jersey it would just make us stronger, greater ability to seek government grants, research grants, and just make sense all the way around. And you say?

Dr. COOK: Well, we're--we're very supportive of trying to improve higher education in New Jersey. There is no national model that's the best model. Individual states have looked at restructuring their higher education operations and have done very disparate things. Oregon, for example, had a comprehensive university where the health science component was part of the general university. Looked at New

Jersey's model of UMDNJ and broke them apart to create a health science university and a comprehensive university. They looked at all the other states, and--and the pros and cons of--of all of these different models, and--and selected that model. In Texas, there was an attempt to take the health science university and combine it with the comprehensive university, and it was decided it was too expensive to do that and that they had an adequate model as is. So there are different models that one can look at, and I--I think there's not--not a preferred model, as I said. I--I think one has to at what you have and the cost-benefit ratio of--of what you're trying to do.

ADUBATO: A lot of folks who look at the si--situation say, 'You know, there's a California model...'

Dr. COOK: Yes.

ADUBATO: '...of the university system, or a university system, that makes a lot of sense for New Jersey.' You say?

Dr. COOK: Well, I think there are a lot of pros and cons of the California model. I think the New Jersey model, as proposed by Dr. Vagelos, is to have geographic universities.

ADUBATO: What does that mean?

Dr. COOK: Well, to have a university--comprehensive university, say, in Newark...

ADUBATO: Right.

Dr. COOK: ...with engineering, with law, with medical sciences, with liberal arts. That's a comprehensive university. There are different--there are pros and cons of doing that. New Jersey--the--the con is that you--you know, in New Jersey you have a relatively small geographic state. And does it make sense to have a--a--a major comprehensive university in Newark and one 30 or 35 miles away in New Brunswick? Unlike California, where you're talking about 200, 300 miles away for these--for these universities. There's a lot of expense to merging and restructuring universities. A lot of this money goes for rebooting the computer system so they're compatible, for signage, for stationary, for changing the culture. And--and that costs a lot of money in--generally, and...

ADUBATO: The argument is it saves money over time.

Dr. COOK: Well, I don't think you'll save any money if you have three universities to start with--Rutgers, NJIT and UMDNJ--and end up with three geographic universities. They all have to have presidents and financial people. So in this particular model, I don't see any--any--any savings. I think it's going to be very expensive. There are people who are expert in--in restructuring and evaluating health care--academic systems across the country. One of them wrote a

book in 1993, published by Johns Hopkins Press, which said mergers are the way to go, restructuring and mergers. But then, last year, they wrote a rebuttal in the Jour--the Chronicle of Higher Education saying we were wrong and that, just like restructuring and mergers don't work in--in the corporate world most of the time, and just like they don't work most of the time in hospital systems, they don't work so well in higher education. And that the thing--we really need our--to encourage cross university collaborations. And that's the cheapest way to do it. It leads to, perhaps, the same end point with much less investment of monies to do it. And we think that that--we support the governor. We think he's on the right track. We support Vagelos--Dr. Vagelos in looking how we can improve higher education. I would just differ personally myself in--in suggesting that there are other ways to do this which will be much less expensive and which will achieve the same outcome.

ADUBATO: I'll tell you what we'll do, after we come back from this very short break, Dr. Cook's going to explain to us his view of what the higher ed situation should look like in New Jersey. And by the way, folks watching up in the New England area, there's an effort going on in Massachusetts to do something very similar. More with Dr. Stuart Cook right after this. Stay with us.

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ADUBATO: Doctor, just pick up what you were just saying right there. You were saying right as we were gone during a short break that there's a potential to polarize different institutions. How so?

Dr. COOK: Well, I--I think that we are very fortunate to have three statewide universities--research universities that have the opportunity to do things, ma--economize on--on scale by doing things that cross the whole state. For example, UMDNJ, we three univer--we have multiple campuses in--in Newark and Brunswick, Piscataway and Scotch Plains and Stratford and Camden, and we have three medical schools. We can do things, for example, that would be very expensive to do at each campus and might lead to mediocrity on each campus vs. having one world class program that we have present on the three campuses. And what we found is that the legislators in both Trenton and--and in Washington tend to be supportive of that model. So I can go to a certain congressman and say--I can go to Donald Payne in Newark and--who has a broad view of...

ADUBATO: Congressman from the 10th Congressional District?

Dr. COOK: Yes. And--and he will be very supportive of us doing things in New Brunswick. And I think...

ADUBATO: Even though he doesn't represent New Brunswick.

Dr. COOK: Right. Even though he doesn't rep...

ADUBATO: He represents the Newark and surrounding areas.

Dr. COOK: Right. But he's--he's--he's a congressman and there are others as well who look at the bigger picture and say, `I want to do things for New Jersey, not just--I want to do things for Newark, but...

ADUBATO: Right.

Dr. COOK: ...I want to do things for the state and the country and for the world. And I'll give you another example. On the other side of the aisle would be Rodney Frelinghuysen who is in Morris County and he will do things for Newark. And--and--and we've had many examples of where this ability to--to use all of the monies and--and resources the university to create Centers of Excellence has worked. One is our University of Behavioral Health-care Program, and they're the largest in the United States. It's bringing investments of money from Eli Lilly Company, a pharmaceutical company in Indiana, to the state. We have 1.2 million lives covered by our--this mental health program which covers all the universities and it makes available to the pharmaceutical industry huge numbers of patients for drug trials. We have our s--new School of Public Health. The university has eight schools, three medical schools, a dental school, graduate school, biomedical sciences, nursing school and the public...

ADUBATO: Got a lot of schools, Doctor.

Dr. COOK: Yeah, I lose track of them.

ADUBATO: The bottom line is they all report to you one way or another. Go ahead.

Dr. COOK: But we--but we quite a few. They all report--they all report to me.

ADUBATO: How would this change, by the way? If this restructuring took place, what would happen to all those individual schools?

Dr. COOK: Well, we're coming to that. If I--if I could just ge--stay on the same thing. We have a School of Public Health, which is our newest school. Now that School of Public Health is sponsored by Rutgers University, NJIT and UMDNJ.

ADUBATO: A collaboration?

Dr. COOK: Collaboration. One school, statewide, where you can bring in a critical mass of people so that if you're interested, for example, in disparities or problems in the inner cities, that school can be involved in Newark and--and some of the same problems are in Camden. If you have three different universities, they each might

want their own school of public health. And then you would not have necessarily the critical mass. It would be much more expensive to do it that way. So here's a school--this is the first school of public health in the United States that's multi-university statewide, and it enables them really to bring in, as I said, the critical number of people to do--look at every area of public health.

Another example is our Cancer Institute of New Jersey.

ADUBATO: Headed up by Dr. Bill Height?

Dr. COOK: Bill Height. Now there we decided that New Jersey needed a comprehensive cancer center. We started it in New Brunswick. It's only 10, 11 years old. It's become world class. It's designated by National Cancer Institute as a comprehensive center. Does it make sense? If we had tried to do this on each campus at three different universities, I think--I predict you would have had three cancer programs all competing with each other, and they all would have been good, but would they have been--had a world class program which now can be translated into the other campuses.

ADUBATO: But the part that confuses me here, Dr. Cook, is that I heard many argue that this merger or restructuring...

Dr. COOK: Right.

ADUBATO: ...whatever one chooses to call it, would in fact allow for more world renowned efforts that would be in a better position to compete for large grants, particularly government grants, research grants, as opposed to having UMDNJ, New Jersey Institute of Technology and Rutgers University all competing amongst themsel--y--you--that's the argument.

Dr. COOK: Well, we don't--we don't compete.

ADUBATO: Is that--what's that--that's just an argument that is based on a false premise? You don't compete?

Dr. COOK: We--we--I think we all have missions and we all work together. Rutgers is a comprehensive university. UMDNJ is a dedicated, committed health sciences university, has the expertise in there to be able to put manpower into that. And you have an engineering, you have science university that--that's expert in that area. In this model there's the expertise and the drive in each of these areas and we work together to do joint things. And we have many, many examples of joint efforts. Can we do better? Yes. I told you about the School of Public Health in New Brunswick. We have the Center for Biology at CABM, which is a joint effort of Rutgers and UMDNJ, where we brought the best scientists together that work in--in--jointly. We have joint faculty appointments across these different universities. In Newark we have Science Park, which is a joint effort of the--of the universities in Newark.

ADUBATO: Doctor, one second. Why is it that Dr. McCormick, the head of Rutgers, as well as the head of NJIT--and I could be wrong about this--my understanding is that they are somewhat supportive here of this restructuring. Are--are you the lone voice here of the three?

Dr. COOK: I can't say I'm the lone voice. You know, I--I don't know exactly wh--how they see things.

ADUBATO: They haven't been as critical, let's say.

Dr. COOK: Yeah. I--I'm not so critical. It--I'm just saying that there are alternative ways of doing this, which I think will be much less expensive and will achieve the same outcome reta---maintaining autonomy.

ADUBATO: Have you gotten a reaction, a positive reaction, from the governor and Dr. Vagelos, who heads up the commission, to consider these alternatives?

Dr. COOK: Well, I've suggested these and I--you know, I think these are being talked about by many people now as to--particularly given the budget constraints in New Jersey at this time--can we create models that would encourage, incentivize collaborations across the research universities for the common good, to work with pharmaceutical companies, high-tech companies. Clearly we need to do this. I mean, I think the governor is--is absolutely correct. This is a critical thing to do. We want to have programs like there've been in other states where they don't necessarily have to merge the universities, where they--collaboration is the answer, if you have collaborations for the common good. They've done this in--in many states, in Pennsylvania, in North Carolina, in--in Florida and--and other areas, they--collaborations which--which make a lot of sense.

ADUBATO: Doctor, let me do this. By the way, I should make it clear that we have a--a collaboration--speaking of collaborations, we have collaborated. The Caucus Educational Corporation has collaborated with the University of Medicine and Dentistry to produce a health-care series called Healthy New Jersey...

Dr. COOK: Yeah.

ADUBATO: ...and we're dealing with a variety of issues in that series. But I want to throw something else at you here. You've mentioned budget cuts, all right? Serious. I mean, you've been in this position as president for how long?

Dr. COOK: Almost five years.

ADUBATO: Are the budget cuts that are currently proposed by the McGreevey administration, with respect to higher education, the most serious that you have seen in those five years?

Dr. COOK: We are facing serious budget cuts in higher education. This has--has been going on for the last two years, and--and will continue into next year. And new--New Jersey is not unique in that arena. I think this is a--a problem across many of the public universities in the United States because of the economy, and so--but--but they are serious budget cuts.

ADUBATO: What is it going to mean? If these cuts go through as currently proposed, Dr. Cook, what would it mean, not just for the University of Medicine and Dentistry, but in terms of the health care, the health services, health-care services that, in fact, the university provides to those who are most in need in this state, particularly in urban areas?

Dr. COOK: Well, I think we have a problem of access and capacity in New Jersey. New Jersey's an interesting state. We're number one in the country in terms of supporting K through 12, and we're 41st or 42nd in the United States in supporting higher education, so we--we put all this money into getting our--our--the youth of New Jersey through the 12th grade, and then, all of a sudden, they get to--to the college level and--and we have capacity problems. We have a huge number of students leaving, you know, the state, certainly if you can afford it. You can get scholarships and--and that's fine. But we need to make sure that the poorer students in New Jersey who--who can't leave the state have the chance to get a higher education, and we need to be able to put money into higher ed so that...

ADUBATO: Why don't we do it, Doctor? This has been going on a long time.

Dr. COOK: This is a long-standing problem. I think when the state was--had tremendous surpluses we didn't invest in higher education as perhaps we might have. And now that the economy is--is in difficulty, we have to make cuts on a system that--that--that's already 41st or second in the United States. That's not--not a good thing.

ADUBATO: A bad situation could potentially get worse.

Dr. COOK: Yeah. I mean, we want...

ADUBATO: Well, do me a favor, coc--Dr. Cook.

Dr. COOK: Sure.

ADUBATO: Hold your thought right there. I've got one more quick break...

Dr. COOK: Yeah.

ADUBATO: ...and give you another minute to finish your thought.

Dr. COOK: OK. Thank you.

ADUBATO: More with Dr. Stuart Cook from the University of Medicine and Dentistry right after this. Stay with us.

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ADUBATO: Dr. Cook, pick up the point you were making. I was saying potentially these cuts could make a bad situation worse. Go ahead.

Dr. COOK: Well, I think we--we need to have a long-range plan for higher education. I think the governor is working on that. We--we need to make sure that we invest equitably in higher education so that we--our students have access to--to higher education and don't have to leave the state and--or don't miss out altogether.

ADUBATO: In the minute we have left, let me ask you, you've been in this business for a long time.

Dr. COOK: Yes.

ADUBATO: You come in--into it from a--an atypical, if you will, background--researcher, physician. How confident, how optimistic, are you about the future of higher education in the state of New Jersey and nationally right now? Is it a good time?

Dr. COOK: I think that many states are trying to look at higher education. They see that educating our youth is--is--is essential to the future of their economic well-being. We have in New Jersey a pharmaceutical industry. They need manpower. We need to provide that manpower. I'm optimistic that we will improve higher education in New Jersey. I think there's more recognition of this problem. We're a wealthy state. I think over time we will ri--address this problem and correct it. Just look at UMDNJ, for example. Thirty-two years ago we didn't exist. Now we're the leading usur--research university in New Jersey, ahead of Princeton and Rutgers in a very short...

ADUBATO: Ahead of Princeton and Rutgers?

Dr. COOK: Yes. We are now ahead of Rut--we have a lot of momentum. We're growing research agenda at a--at a much higher rate than the national averages. And I think, given time, we're going to be able to do this. And I think other universities will do this as well.

ADUBATO: On that optimistic note I want to thank you, Dr. Stuart Cook, from UMDNJ. Thank you. Great job.

Dr. COOK: Thank you very much. Appreciate it, Steve.

ADUBATO: Great job.

Dr. COOK: Yeah.