UMDNJ’s Core Organization

Selecting Actors and Activities

UMDNJ was New Jersey’s only publicly-funded comprehensive provider of training to large numbers of health care professionals and of services affecting the population’s health. It carried out its responsibilities on campuses and affiliated health centers and hospitals spread over the state. The stresses UMDNJ faced in fulfilling its many roles were placed into a larger and more general context in Chapter 3 by taking into account the multiple and interacting problems facing higher education in the US and the special ones facing the health fields, all mediated by relations with the state. In this chapter we move back to UMDNJ and its place in New Jersey to confront the complexity of its organization and governance. By translating the general problems of medical education into the experiences of one medical center, we can begin to isolate those features that contributed to UMDNJ’s vulnerability to corruption. Once the specific analysis is completed in this and the following two chapters, translation can move in the opposite direction, using UMDNJ’s experiences to illuminate processes of institutional corruption affecting higher education in general.

Although organizational theorists and students of higher education (e.g., Birnbaum 1988; Kerr 2001; Tolbert 1985; Cohen and March 1986) demonstrate that there is no single best way to describe a university’s organization and governance, they agree on the importance of distinguishing between the university’s principal functions. I follow their guidance by focusing on the administrative and academic positions that were at the core of how UMDNJ functioned. These are identified as all positions covered under UMDNJ’s name and they are examined with respect to activities and responsibilities, relations with others, and history. History is highlighted to pick up the time when practices were institutionalized, periods of volatility, and the identity of incumbents who faced or contributed to either. By not imposing any expectations, the description that follows allows the contours of relationships to emerge from the data.

I have chosen to distinguish the University’s core from its larger network by placing the Board of Trustees into the network because it was the principal oversight agency. This results in emphasizing the nature of the latter role, distinct from the University’s day to day operations. Omitting the trustees from
the core is a judgment on my part and does not deny the efficacy of more traditional approaches to UMDNJ’s structure, which put the trustees at the top of the organization, found, for example, in the report on the state of the University (Commission on Health Sciences 2004: 108).

Core Actors

**President**

The President was the University’s public face, representing it before the Board of Trustees, other government agencies, and affected individuals and organizations. Within his office, the academic and administrative activities of the University came together. The President was formally hired by the trustees, who were themselves appointed by the state Governor. In practice, the Governor had been the major agent in appointing presidents.

In 1966, in what was still the College of Medicine and Dentistry of New Jersey, a period of initial organization began under the presidency of Robert R. Cadmus, M.D. Major changes came in 1971 with Governor William Cahill’s appointment of Stanley S. Bergen, Jr., M.D.,¹ the person who is always considered the first president. Over 27 years, Dr. Bergen built the University into a multi-campus giant by exerting tight control over its administration and development.

Dr. Bergen’s retirement in 1998 was associated with rumors that Governor Christie Whitman had let it be known that it was time for him to leave. According to a person close to the events, the chairman of the Board of Trustees, who owed his position to the Governor, was instructed to engineer Dr. Bergen’s removal. Although acknowledging that he was not close to the Governor, Dr. Bergen denied that he was under pressure to leave. However, he had been a party to at least one public clash with her in the University’s unsuccessful court challenge that opposed the state for allowing Saint Barnabas Health Care System, located in Livingston NJ, to operate in Newark as the Children’s Hospital of New Jersey (Scott 1998a).

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¹ Dr. Bergen, a New Jersey native, graduated from Princeton and took his medical degree from Columbia University. He became interested in community medicine early in his career, serving as chief of community medicine at Brooklyn-Cumberland Medical Center and then briefly, under Mayor John Lindsay, as vice-president for medical and professional affairs at the New York City Health and Hospitals Corporation. It was from this last position that he was invited to assume the presidency of the College of Medicine and Dentistry of New Jersey (CMDNJ).