GOVERNOR'S CONFERENCE

ON PROPOSED MEDICAL SCHOOL

Room 209
1100 Raymond Boulevard
Newark, New Jersey
Friday, March 1, 1968

BEFORE:

HONORABLE RALPH DUNGAN, CHANCELLOR

Reported by: Henry E. McGrory, Jr., C.S.R.

RECEIVED
SEP 13 1978

Office of the Vice President
for Financial Affairs
CHANCELLOR DUNGAN: Ladies and gentlemen, I want to apologize for myself and my colleagues for being delayed here this evening.

We had a number of items left over from the last meeting which we had not as yet gotten to. Mr. Danzig has just given me a letter which was the subject of discussion the other night, having to do with public negotiations. The first thing we will take up from the left-over business from the last time is the letter which represents the agreement between the housing authority, Mr. Danzig, and the community. It is addressed to me and I will now read it into the record.

"March 1, 1968.

"Honorable Ralph Dungan, Chancellor, New Jersey Department of Education, 225 West State Street, Trenton, New Jersey.

"Dear Chancellor Dungan:

"As a result of the open public negotiations with the community in the City of Newark the following is my understanding of agreements reached pertaining to land use in the Fairmount Urban Renewal Project N. J. R-72 and the Old Third Ward Urban Renewal Project N. J. R-6:

"In order to provide land for the first stage
of the housing program which is necessary to meet Newark's critical housing needs, including those created by the problem of relocation, the Newark Housing Authority undertakes the following:

"(1) To convey no less than 24 acres in N. J. R-72 to public non-profit community based corporations. It is understood that development in this area should incorporate compatible commercial, institutional and educational development, and may include a day care center for mentally retarded children.

"(2) To convey the following parcels in N. J. R-6 to one or several public non-profit community based corporations: 7B, 7C, 8B, 21, 23, 28, 31 and 33. The total acreage in these parcels is 24.02.

"(3) To redesign the following parcels in cooperation with a public non-profit community based corporation: 23, 23A, 24, 25, 26. The total acreage in these parcels is 20.59. The Newark Housing shall secure the cooperation of the City of Newark, the Newark Board of Education, the Boys Club of America, and the Y.M.C.A. in redesigning this area with the objective of making significant additions to Newark's housing supply.

"In order to fulfill this undertaking the
Newark Housing Authority shall obtain releases of the options presently held by Jack Parker.

"The Newark Housing Authority shall convey these parcels expeditiously to community based corporations as soon as these corporations are formed and selected by the broad based community 'umbrella' organization to be established pursuant to other agreements reached in negotiations concerning the New Jersey College of Medicine and Dentistry.

"Sincerely, Louis Danzig, Executive Director."

Thank you, sir. I presume that this document, being the result of a draft that we did the other evening, is perfectly acceptable to the community.

MR. WILLIAMS: I don't like to redo things, but I believe that there are some questions because of the actions of Mr. Danzig. It has come to our knowledge that despite that fine letter some of the parcels—one specifically that I am talking about now—was not and cannot be given to us, in terms of the Community Corporation, because it has already been assigned to a commercial developer. I am referring to parcel 8B. It is bounded by Lincoln Street, Springfield Avenue and Mercer Street.

I want everyone to see this map because it
is a very nice parcel here. We thought we had it but we come to find out this particular developer does in fact have an outright contract to this land.

MR. DANZIG: Who is the developer?

MR. WILLIAMS: I know that it has something to do with retail stores. I cannot tell you any more about it because my source could not tell me any more.

MR. DANZIG: All I know is that I received a letter from your legal defense fund counsel and all I did was take the copy of the letter that I received from Mr. Davidson, add the initial paragraph to it and repeat the exact parcels mentioned. I had faith in Mr. Davidson and the negotiating committee that they were accurate. I said to Mr. Davidson before this meeting that it would be subject to such errors that may occur committed by you.

MR. WHEELER: The burden of accuracy is on the part of Mr. Danzig.

MR. DANZIG: This is your letter to me which is dated February 27. What is the problem?

MR. WHEELER: I repeat, the burden of accuracy as it relates to the parcels within this area is
on Mr. Danzig.

MR. DANZIG: The burden of accuracy falls on the writer of this letter for the community.

CHANCELLOR DUNGAN: Just a moment, Mr. Danzig.

MR. DANZIG: Please, Chancellor. The question is one of faith and confidence. I had faith in this group. They sent me a letter. They outlined the parcels. If they omitted one, let them say they want it included and I will include it.

CHANCELLOR DUNGAN: It is in the letter, Mr. Danzig.

MR. DANZIG: I called off that parcel as part of that which I fully intended to see to it that it was given to the community. The group here named the parcel in that letter. I merely took the letter of the group and transcribed it in the letter to you in accordance with your agreement.

CHANCELLOR DUNGAN: It is in the letter.

MR. DANZIG: In what letter?

MR. WHEELER: In the letter that bears your signature.

MR. DANZIG: Then, what is the problem?

CHANCELLOR DUNGAN: Mr. Williams suggests that that parcel has already been transferred to a commercial developer.
MR. DANZIG: I have asked who the developer is.

MR. WILLIAMS: I can't claim to have the knowledge of all the particulars that you have. In good faith I confronted you with that question. Perhaps you can tell us who the developer is.

MR. DANZIG: We have conveyed the land.

MR. WILLIAMS: This land will not go to a commercial developer?

MR. DANZIG: Do you want to test all the items in the letter?

MR. WILLIAMS: I am testing this one. This land will not go to any commercial developer. Will you agree with that statement that this land, parcel 8B, will not go to any commercial developer?

MR. DANZIG: I will agree if 8B is in the letter.

CHANCELLOR DUNGAN: 8B is in the letter.

MR. DANZIG: Why should it even be brought up?

MR. WILLIAMS: Because we were afraid that this letter means nothing.

MR. DANZIG: Then, you have no business asking for the letter.

MR. WILLIAMS: If you say this land is not going to anyone else, we will take your word for it.

CHANCELLOR DUNGAN: I must say that I don't
know how much further we can go.

MR. WILLIAMS: I was concerned with that particular parcel because if he can do it with that one parcel he can do it with everything.

CHANCELLOR DUNGAN: Do I assume then that everyone is reasonably satisfied?

MR. DANZIG: I am not willing to abide by the term "reasonably satisfied." This is the agreement. If this is the agreement, it is the agreement, not reasonably satisfied.

MR. WHEELER: May I see the letter again.

MR. DANZIG: This letter is between me and your counsel. Why do you remain silent, sir?

MR. WHEELER: Item two, under the paragraph "In order to provide land for the first stage of the housing program which is necessary to meet Newark's critical housing needs, including those created by the problem of relocation, the Newark Housing Authority undertakes the following", and then under that, number two: "To convey the following parcels in N. J. R-6 to one or several public non-profit community based corporations: 7B, 7C, 8B--".

The question that Mr. Williams offered dealt with 8B. Your answer to this question was a no
with some embellishments. All we are saying is that we stand by the letter that has your signature on it.

MR. DANZIG: You don't stand by the letter, I stand by the letter that carries my signature.

MR. WHEELER: We also do.

MR. DANZIG: I think this is getting to be downright ridiculous.

CHANCELLOR DUNGAN: I don't think we have to take this one any further. I am satisfied that Mr. Danzig said that these parcels, including 8B, will be conveyed to the Community Corporation.

A VOICE: I understand in the letter that there are to be a number of community non-profit corporate groups. You indicated that in prior agreements that some discussion had been held around these groups. What in fact does that mean, that section of the letter?

CHANCELLOR DUNGAN: The section with reference to the umbrella groups selected or formed, that simply means that by a process yet to be determined, acceptable to Mr. Danzig since he has the responsibility for conveying the land, that there will be a broad based community group which will approve the land reuse proposed. That doesn't
interfere at all with the commitment which Mr. Danzig has made to reserve these parcels for housing and related developments.

MR. DANZIG: There is one other word that needs to be addressed to, and that is "within a reasonable time."

CHANCELLOR DUNGAN: You mean the umbrella group.

A VOICE: That was the basis of my question. Has there been a pre-determined method of procedure of developing the umbrella group?

CHANCELLOR DUNGAN: No, there has not.

All right, may I suggest then that for the rest of the evening, so that everybody knows what the scenario is, that we treat the following topics in this order, subject, of course, to the approval of the group. I think we have already taken up the question of land use covered by this letter. There is a question which has been under discussion out of these meetings on the refinement of the original memorandum that we presented some time ago with respect to employment on the construction site. We now have a document which I think is substantially agreed to but I think we should review it before we go on.
Thirdly, we would like to handle the health services, community health services question, which has not been treated in detail in these large meetings, but on which there has been extensive discussion among technically competent people from the medical school, as well as the medical school people.

Finally, we have the issue which is fundamental in the Woodcorn letter, which is the question of representation within the Model Cities structure of the community.

MR. STERN: May we ask that everyone who speaks please identify himself so that the record will be clear.

CHANCELLOR DUNGAN: Let us, if we may, proceed to the question of an approval of the document here which will represent the agreement regarding the construction, or employment on the construction site.

MR. DAVIDSON: The negotiating team met on Wednesday and prepared its proposal. This proposal was then submitted to State Treasurer Kervick. He commented upon it and then this draft was prepared.

CHANCELLOR DUNGAN: I think rather than read this in detail, I think everyone should take the
opportunity to read it and then we will instead of reading it through just comment on it, if it needs comment.

MR. WHEELER: We will have Mr. Davidson make the presentation.

MR. DAVIDSON: I would like to indicate the changes that were made.

CHANCELLOR DUNGAN: And their significance. Mr. Davidson, would you like to comment on it?

MR. DAVIDSON: This statement is being incorporated into the record without having been read?

CHANCELLOR DUNGAN: It is.

"V. Medical College Construction
A. Objective:
A major objective to the community and federal, state and local governments is expanded opportunities for minority group employment on the medical college construction site. Achievement of this objective requires significant representation of minority groups in each trade, with at least one-third of all journeymen and one-half of all apprentices in each trade being drawn from minority groups.

B. Steps to be Taken:
In addition to vigorous enforcement of Title VII of the U.S. Civil Rights Act, the President's Executive Order 11246, and New Jersey Executive Order 21, the following steps shall be taken:

1. Formation of a review council composed of community representatives, union officials, contractors, state and federal representatives to conduct pre-contract award reviews, to review union-contractor bargaining agreements, to coordinate recruitment and referral efforts, and to review compliance. The council shall establish minority group representation standards in conformity with the objectives stated above. The majority membership on this council shall be composed of community representatives. The pre-contract award review process will require all contractors and sub-contractors to submit projected manning (manpower) steps with racial breakdowns and union contractor bargaining agreements to the review council. If these projections do not meet the minority group representation standards established by the council, contractors will be required to undertake an affirmative program designed to meet such standards. The affirmative action program will be incorporated in the
construction contract and all sub-contracts.
Failure to carry out the affirmative program will constitute material breach of contract. Affirmative programs must include at least the following:

(a) A concerted effort to recruit qualified craftsmen using all available community resources, including the Joint Apprenticeship Program, the New Jersey Public Employment Service, the UCC and minority group publications. Recruitment will be focused particularly on craftsmen working in related trades or in non-union jobs. Where necessary, on-the-job training will be provided to enable craftsmen to make any necessary transition from one related trade to another. A convenient mechanism must be established so that such craftsmen will be graded by and introduced into the trade unions. In the event of union resistance, contractors—with the full support of the State Government—will hire such minority group craftsmen directly and assign them to the medical school construction site. Such craftsmen will be paid prevailing union rates, including the case equivalent of fringe benefits.

(b) Immediate pressure by contractors and the state and federal government to enlarge existing apprenticeship classes, or to open new classes, in
order to provide maximum opportunities for minority groups in accordance with the Bal Harbour Declaration.

(c) Immediate development of pre-apprenticeship training programs, at pay commensurate with apprenticeship rates, with guarantees by contractors and unions that persons who satisfactorily complete training will become registered apprentices and will receive employment with the contractors. This provision is in recognition of the fact that there are many young people who can become qualified craftsmen but who cannot now meet formal apprenticeship requirements for entrance. MDTA Multi-Skill Centers shall be one of the agencies providing apprenticeship construction training programs.

2. The review council shall formulate an affirmative program to assure that a substantial number of contracts are placed, to the fullest extent possible, consistent with state and federal law, with minority group businessmen. Contracts and sub-contracts shall be divided into small parcel bids so as to assure equitable distribution of contracting parcels. The State shall assure that small minority group businessmen will have
adequate assistance in acquiring bonding, where required, in order to undertake and complete contractual relationships. Additional technical assistance shall be provided by the State to minority group businessmen to enable them to bid effectively.

3. The designation of full-time compliance officers in the Department of the Treasury to police and enforce the medical school construction integration program. These officers shall be selected with the advice of the review council."

MR. DAVIDSON: The statement as agreed to by Treasurer Kervick omits one sentence in the proposal sent to him on Wednesday, which is that on the statement of objectives there was a concluding sentence which read, "To assure continuing and expanded opportunities for minority group employment, the Federal Government, State of New Jersey and the City of Newark shall apply these minimal standards and procedures to all publicly financed construction in Newark."

Mr. Carballo might better explain the reason for that omission from this statement.

MR. CARBALLO: (Beginning of statement could not be heard.) It was then felt that the
objectives as stated in A should be related to
the steps that were going to be taken to make the
objections a reality and, consequently, limited
to the medical school.

CHANCELLOR DUNGAN: To put it differently,
we are not competent to make that kind of a
commitment.

MR. WHEELER: Does it require a competency,
Chancellor?

CHANCELLOR DUNGAN: I would be perfectly able
to make that commitment as a matter of principle,
but I can't enforce it. As I pointed out early
in these hearings, the State cannot enforce by
contract as this document provides, every public
contract that is let out in the City of Newark,
because the State does not let those contracts out.

MR. DAVIDSON: But it could for every State
contract.

CHANCELLOR DUNGAN: That's right. That goes
without saying, Mr. Davidson, that the commitment
of Mr. Kervick on the medical school construction
relates to this commitment with respect to all
State contracting anywhere in the State.

MR. WHEELER: Based on what the Chancellor
has just said, wouldn't it be wise to incorporate
it in the nature of principle?

MR. MOORE: Go even farther than that, have all State contracts include that language.

CHANCELLOR DUNGAN: It goes without saying.

MR. WHEELER: Again here, I await your judgment in the matter, Mike, having spent all the work and time on this document.

MR. DAVIDSON: I would like to see the State committed to these procedures regarding all of its contracts.

CHANCELLOR DUNGAN: You understand, Mr. Davidson, the particular procedures we have discussed in this document are merely appropriate to the particular construction project we are talking about. The principles that are involved here, that is, a representative group to monitor the thing, are certainly in Mr. Kervick's mind. I know, because we talked at great length about them.

MR. DAVIDSON: The second change between the proposal and the statement as finally acceptable to Mr. Kervick is in part three on the second page.

MR. WHEELER: Mike, before we move to that, are we going to accept the thrust in principle that should be added to this?
MR. MOORE: It is not a principle, the State has agreed that they would accept this terminology on all State contracts.

MR. WHEELER: Fine, but I am asking for the principle to be extended beyond just the State.

CHANCELLOR DUNGAN: I don't think the State can do that.

MR. MOORE: The State cannot commit anyone else.

MR. WHEELER: They can advance the principle that others can look upon.

MR. MOORE: Commit the State to the terminology itself. Let's do it jointly.

MR. WHEELER: I thought it was to be re-inserted based on Chancellor Dungan's statement, and all I was doing was addressing myself to Mike in terms of adding the idea of the principle.

MR. MOORE: As long as the State is included in the terminology in actuality and principle as a leader for the others.

CHANCELLOR DUNGAN: As a matter of fact, I think it should be pointed out that this particular document, like many others that we have discussed here, is a rather historic one. This is the first place that I know of where we have set down and
implemented the declarations of not only the State
government but the Federal government and some of
the other people that are involved in construction
employment.

MR. DAVIDSON: The second change was in part
three, a description of the compliance procedures
as to a designation of compliance personnel. The
proposal had read that these compliance officers
shall be selected by the community representatives
on the review council. The language which was
agreeable to the State was that these officers shall
be selected with the advice of the review council.

Again, I think Manny perhaps might state the
reasons for the change.

MR. CARBALLO: The justification there is
in terms of the requirements of the State law under
civil service. The appointments are made on the
basis either of examination or other civil service
procedures and the appointments are made by the
Civil Service Board, technically speaking.

Consequently, this power could not be delegated
to a citizens group. It was the matter of
establishing the principle of the advice of the
community on the persons to be designated as
compliance officers.
MR. WHEELER: Manny, isn't it a fact that the New Jersey Civil Service is a certifying agency rather than a technical appointing agency?

MR. CARBALLO: Not for State employment.

MR. WHEELER: What is the difference, Chancellor?

MR. STERN: It holds the examination or otherwise states the qualifications for all State positions.

MR. WHEELER: I am aware of that. Now, where does the procedure start for the person to be appointed?

MR. STERN: It depends on the Civil Service Commission, on the category.

CHANCELLOR DUNGAN: Sometimes it starts with the agency and sometimes it starts with the Commission.

MR. WHEELER: In what instances does it start with the Commission?

MR. STERN: Examinations.

MR. WHEELER: Now, you are coming down my highway. They run an examination for a compliance officer, which is part of the State responsibility. Somewhere within State government this compliance officer must function under some department. Who
appoints this compliance officer? I am not talking about certification after the appointment has been made or the fact that after the examinations have been taken, the Civil Service body announces that one, two, three, four or five have passed.

MR. STERN: The State agency affords whatever the regulations are of those who qualify.

CHANCELLOR DUNGAN: But, Mr. Wheeler, under the terminology that was amended here, the advisory group would designate the person to serve as the compliance officer, and that would be impossible under the Civil Service law.

MR. WILLIAMS: What he is saying is that after the formal proceedings, there has to be some unwritten rules to allow you to pick between A and B and C. We want to be able to apply our standards to pick A and C.

MR. STERN: If you are talking about the exercise of the discretion of the appointed agency after the Civil Service rules have been complied with, that's all right.

MR. WILLIAMS: We can get people that can pass the test, that's no problem. We mean after the test, do we get to pick the people?

MR. STERN: There is more that goes into this.
There are veterans' preferences.

MR. WHEELER: That is all under the Civil Service responsibility in terms of arriving at the final rank of the persons who have taken the examinations.

MR. STERN: All we are trying to do is say to you that the reason the thing has got to be changed is because of the recognition of the Civil Service laws of the State which apply. After that, as to that point you are addressing, there is no problem, I don't think, in terms of exercising discretion of the community.

MR. WILLIAMS: All we have to say is "In compliance with Civil Service regulations."

CHANCELLOR DUNGAN: That's right.

MR. DAVIDSON: Then, "Selected by the review council in compliance with Civil Service regulations."

CHANCELLOR DUNGAN: Right.

MR. DAVIDSON: For the record, let me read item number three in full.

"3. The designation of full time compliance officers in the department of the treasury to police and enforce the medical school construction integration program. These officers shall be
selected by the review council and in compliance with Civil Service regulations."

MR. MOORE: By the community representatives in compliance with.

MR. CARBALLO: By agreement, the representatives constitute a majority of the review council.

MR. MOORE: All right.

MR. DAVIDSON: I would like to just make one stylistic change that was recommended to us. In subparagraph A of item one, it reads now: "Where necessary, on-the-job training will be provided to enable craftsmen to make any necessary transition from one related trade to another."

I think it just reads more clearly if we drop the "Where necessary," and start the sentence "On-the-job training will be provided".

MR. WHEELER: Just delete "Where necessary".

CHANCELLOR DUNGAN: There are a few other stylistic changes, like the first sentence of paragraph three doesn't have a verb, but we can fix that, I assume.

MR. MOORE: In addition, Chancellor, on the seventh line in A after the word "provided", add "by industry, labor or government," and then continue the sentence.
MR. WHEELER: Will be provided.

MR. MOORE: Yes, by industry, labor or government, and then continue the sentence.

MR. CARBALLO: That's all right.

CHANCELLOR DUNGAN: Do I take it then with those stylistic and substantive changes that we can consider this matter acceptable?

MR. WHEELER: Just one moment. Anything else, Mike?

MR. DAVIDSON: No.

MR. WHEELER: We are home.

CHANCELLOR DUNGAN: Does anyone else have any comments about this far-reaching document?

MR. DAWKINS: Walter Dawkins. Under B on the first page, I believe, in part it says, "Formation of a review council composed of community representatives", etcetera. Has the machinery been set up for the formation of such a council?

CHANCELLOR DUNGAN: No, sir, it has not. Presumably, the initiative on this will be taken by the treasurer, who is after all responsible for doing the contracting.

MR. WILLIAMS: Maybe it should be with the Joint Apprenticeship Program.

CHANCELLOR DUNGAN: Perfectly all right. We
then can consider this piece of business completed and we will move on to the next one.

MR. WHEELER: Chancellor, I would suggest for the press you indicate that on this, this represents substantial agreement in an aspect of the seven conditions as we move toward meeting the timetable.

CHANCELLOR DUNGAN: I hesitated to use the term "substantial agreement."

At this juncture in the proceeding, Mr. Wheeler will read a letter which he wants to put into the record.

MR. WHEELER: I would hasten to point out, Chancellor, that a xerox copy of this letter will be turned over to Mr. Danzig of the Newark Housing Authority. It is a letter that I have received.

66 Leslie Street, Newark 8, New Jersey. February 5, 1968.

"Dear Mr. Wheeler: I know how extremely busy you are trying to solve the many problems of our city. I admire you for your untiring efforts on behalf of your people. I am writing you concerning one family hoping that you may help them and me or perhaps advise us for the future.

"After forty and a half years of service
teaching in Newark, I decided to think of retirement for June, 1968. I had my home in which I lived for 35 years listed for sale. In August of 1967, a very fine family came to me about the house. After a couple of visits, they decided they wanted the house. We settled on a price that they could meet. Plans were made for the closing for September 20.

"This family lives at 170 Bruce Street, the area set aside for the permanent home of the medical school. They were given the idea that they were to be put out by October 1. They had accepted the city offer and, as I understand it, all papers were signed for the transaction. Mortgage requests had been approved and papers signed and everything settled for the September closing. The city did not come through with the payment for the property. We were all informed that payment would be made as soon as the Federal government came through with funds for the city. As you well know, there has been long drawn-out controversies over the medical school and relocation of the families.

"I am not questioning that, the problem is what is going to happen to this family. They are ready and anxious to move. They tell me all
families on welfare are out. Most of the homes in the area, especially their block, have already been torn down. Only three or four are left. Their house has been damaged by the demolition work that has gone on around them. They hesitate to make repairs which would be costly on a house that is going to come down, but yet, they have to stay until the city gets ready to pay them. Their insurance has been tripled because of the conditions surrounding their home and the vandalism that takes place in the neighborhood. They feel this is money they would prefer to spend on their new home.

"It is almost March 1. They have been waiting almost six months for the city to keep its promise to them. They find it very difficult to understand why they are left almost alone in this block and all the others are out. They are troubled because they are afraid they will lose this house which they want so much. They feel they are holding me up, and their daughters are disturbed about their living conditions. They are pressing their parents to do something. Young people can be so impatient.

"I am writing to you, Mr. Wheeler, because I
know you are extremely interested in relocating families in the proper living conditions. Here is one family who has a place to go but cannot because the city has not kept its promise to them. If you know of any way this matter can be settled for them or where they can go to get assistance to speed up the settlement for them, I know they would be most grateful. I would be deeply indebted to you also because I would know how to plan for myself. I am giving you the name and address of this family so that you can communicate with them personally or send someone to them that can help.

Mr. and Mrs. Robert Burse, 170 Bruce Street, Newark. Phone, 643-5477.

"I sincerely hope your efforts in the medical school crisis will soon bring about a settlement that will bring peace and prosperity to our troubled city and keep employment and good health facilities for our people. You will have accomplished something of which you should be justly proud. I hope you will be able to relieve the frustration of this family who are so anxious to live in their new home.

"Most sincerely, Miss Dorothy D. Kitchen, 373-8175."
When I directed this to Mr. Danzig, it was purely from a point of view of his being knowledgeable as it relates to the problems in the city.

CHANCELLOR DUNGAN: The issue represented, which is a very serious issue and I know there are a number of people in this room who are faced with the same problem, has been discussed at least four times during the course of these hearings. Therefore, I suggest we put that letter in the record. We thank Mr. Wheeler for bringing it to our attention.

As we have expressed before, we are completely sympathetic with the plight of the people who are in the 46 acre tract. I agree with Mr. Danzig that this is not his fault, not his business at this point. The 46 acres is not urban renewal land.

MR. DANZIG: May I have a copy of that letter so that we can address ourselves to the hardship cases first when this becomes a project as soon as these negotiations are over.

CHANCELLOR DUNGAN: I think that is what Mr. Wheeler's purpose was in reading the letter.

We now have before the floor the health services to the community and the college. I am
Ladies and gentlemen, Dr. Sullivan of the medical school has participated with the community group in developing this paper. We have not considered it heretofore although it has been rather extensively considered in sub-group sessions. I think it might be a good idea if we went through at least in major sections, perhaps paragraph by paragraph, to be sure that everyone is clear on what the document sets forth.

MR. CURVIN: Could you just present it? I don't think everybody has a copy.

DR. SULLIVAN: I don't think it is really necessary to read everything in it, but essentially, broken into two parts, part one is a set of general principles which points out that the community and the college have a common interest in the quality of medical and dental education, and that it is recognized that the college is being developed as a national, State and local resource for public health.

Related to this are a number of specific issues. Number one is that in the college Department of Preventive and Community Medicine, will be a permanent working committee made up of
laymen from the community, which will include representatives from poor and disadvantaged sectors of the community, as well as representatives of a variety of other major consumers of medical and dental services, such as unions, business and industry, those who are major purchasers of health services through prepaid health plans and so on, they would be involved in a committee which with the faculty and students would be responsible for developing a variety of programs to improve the public health services available to the community, to increase accessibility, to increase quality, and to generate new ideas. They would be involved in the design, the supervision, the review and the rewriting of applications for presentation to foundations, to fund-granting agencies, that would support demonstrations and research projects in the community.

These are a variety of the programs that might be here and they are not exhaustive nor are they the only ones we might undertake. This is just off the top of our heads. I am sure there will be other innovated ideas that will be developed such as the following:

Training for the community's population of
the ghetto to provide early referral and counseling services in the neighborhood where they live.

Demonstration of family-centered approaches to the establishment of physical and mental health.

Decentralized services for ambulatory patients in the neighborhoods where they live to provide easily accessible and timely health services.

The development of career ladders and the training for work in all aspects of public health.

The possible demonstration and evaluation of something which we call hospital-oriented group practice, which would also be developed in neighborhoods adjacent to the college.

What we have in mind here is the possibility that medical-dental groups, or neighborhood health centers, which is another name which has been used in other places where a similar idea has been developed, and also under OEO legislation which might be the kind of program that could be reached here for support, that neighborhood health centers which would be managed and operated by the neighborhood could be affiliated with the college and its hospitals, and that these might be initially developed as joint demonstrations where community and college were to join together.
Subsequently, as they became stronger and some of the bugs were worked out, eventually the community would take these over and operate them entirely as a community venture.

Demonstration and testing of immediate care, psychiatric "first aid" stations, if you will. They are a kind of "walking" emergency clinic for the mentally disturbed and problems of this sort.

A point in which the college is interested but which is not really what the college can have a great deal to do with is the idea that under the provisions of Federal guidelines there are certain basic provisions set up for comprehensive mental health planning. Under the current program, this is the function of the Hospital and Health Counsel of Metropolitan Newark. The observation made here is that since the advent of the college, urban renewal, and increased citizen participation have created new problems and also offer new resources so that the rule and organizational structure of the regional planning counsel should be reviewed and brought up to date.

A quote from the comprehensive health planning guidelines quoted here which may be worth reading is: "The majority of the membership of the board
of directors or advisory council must be consumers
of health services broadly reflecting geographic,
socio-economic and ethnic groups in the area.

"No person whose major occupation is the
administration of health activities or performance
of health services shall be considered a consumer
representative. This requirement also excludes as
consumers all persons engaged in research or
teaching in health fields."

So, again, the emphasis here is on majority
representation by the community.

Another point here is a separate local health
council, which is in a sense concerned with a
smaller area than the metropolitan Newark area,
and is concerned with the Newark City proper.
A similar health council with similar majority
community representation should be established
to review and plan for physical and mental health
needs of Newark City proper.

Another point is that the college plans to
assume the full administrative and professional
responsibility for the operation of Martland
Medical Center, the Newark City Hospital. The
college plans to manage the hospital as an integral
part of the teaching and health service complex
that is proposed to be established there. Until the college is able to actually, legally assume the right and responsibility to go into the hospital and carry out the necessary surveys and reviews that are required, it is difficult to really spell out exactly the detail of programming that has to be done there. We do have some immediate ideas as to the kinds of things that should be done, however, and we can list these. There are immediate improvements that are required.

One improvement is a prompt increase in the quantity and quality of out-patient facilities and services. I might point out that we are very mindful of the current pattern of say counting out 60 people in the out-patient services and saying, "Gee, that's all we can handle today, the rest of you go home." We would move to change that immediately.

Secondly, an improvement and consolidation of emergency services in the hospital so that they are in one place and not scattered around the hospital. Cleaning and painting of the hospital building. A replacement of the x-ray department and complete renovation and replacement of that.
Installation of the nurse call system so that the patients who are in bed don't have to either shout for the nurse or send somebody for help. A repair and replacement of a variety of furnishings, beds, chairs and other things of this sort that are in disrepair. Mattresses need to be replaced.

The college would intend to undertake this. We would need to undertake an inventory to determine what diagnostic laboratory facilities and therapeutic equipment is needed. We would expect to modernize the diagnostic laboratory facilities and the therapeutic equipment. We would establish a social services department. We intend a complete revision of the medical records system so that we can actually provide for continuity of care.

Without an adequate medical records system, it is impossible to really provide continuity of care, and we see this as being critical.

Finally, as I say, this is not an exhaustive list, but some suggested for an immediate change in overhaul of the business and management system so that it would be handled efficiently and as economically and well-administered as possible.

To finance such improvements, the college is planning an intensive campaign to obtain funds.
In order to obtain some necessary diagnostic, therapeutic and laboratory equipment, the college plans to provide for some of these needs through rental-lease agreements.

Frankly, the extent to which the Martland Medical Center will be brought up to standard and to really be modernized and additional services be put in there is limited by the design and structure of the present building. Therefore, we feel very strongly that a 272-bed hospital, the teaching hospital which would be built in close proximity to the Martland Medical Hospital, will provide services for patients who have special medical and surgical needs, and will be available to patients in the Newark community precisely on the same basis that they will be available to patients and other residents of New Jersey.

The question of affiliation is one that has concerned us and both groups here. Everyone who has been involved with this has been concerned with affiliation. The affiliation with both hospitals will be linked to faculty appointments. There are two kinds of appointments which will occur here. One of these is a full time or part time teaching position. The other kind of faculty
appointment is a clinical non-paid, voluntary appointment. Both types of appointments will be available to physicians in the community regardless of ethnic or color considerations.

Finally, the college proposes to develop programs which are designed to stimulate interest in the health profession among pre-college aged students, high school students, and for young people from ethnic groups who have been restricted from such opportunity and interest. Furthermore, the college proposes to develop a scholarship program for Afro-American, Puerto Rican, and other minority ethnic group youngsters who have been prevented from studying medicine or dentistry because they don't have the money to do it.

Now, the next section here, only two sections of it are related to the business of training and employment in the medical school complex. We felt that a great deal of the material that had been in that earlier memorandum that you put out, Chancellor Dungan, followed here, so that the first two points we touched upon but the rest of them we felt were still applicable and there was no need to duplicate that.

The medical college and the State have said
that they will insure that employment and training opportunities associated with the medical college are utilized to the fullest extent to benefit the Newark community. There are four categories of employment that we see coming to Newark from the point of view of the medical college at this point.

First of all, there will be personnel needs, we feel, in the Martland Medical Center. Again, we are unclear at this point as to exactly what those personnel needs will be. It will be necessary for us to review this, and division heads would have to develop Manning Tables. Those Manning Tables will spell out precisely what the needs will be. We expect there will be some which will arise from retirement. We expect there will be some that will arise from terminations, and there will be also some jobs which come because of increases in services.

The second category of jobs will be those which are vacancies which we feel will probably arise in September, or whenever the college actually moves to Newark to the interim facilities. These vacancies will be caused by those employees who are currently with the college either in East Orange or in Jersey City, employees who will not
want to transfer with the college when it comes to Newark, but would rather stay in their home area.

We also see similar vacancies coming in 1970 or 1971 when the dental college moves from Jersey City and East Orange to Newark.

Finally, there will be personnel needs which will develop as the new facilities and the permanent facilities are built. To give just a little idea of what those numbers will be, there will be approximately 2,600 persons who will be in health and allied-health professions when the college is in full operation. We estimate that around 1,500, perhaps 1,600, of these people will be created in the college by the new construction.

Now, it should be recognized that this development of the 2,600, and the development of the 1,500 people or jobs, is not going to be something that comes all at once. We expect that in September, depending on some of these factors that I talked about in the Manning Tables and in the vacancies which may arise, and factors which contribute to those vacancies coming, that it may be that there will be as many as 30 to 110 jobs that will be available in 1968. Continuing from that time through until the college is completed,
established and permanent facilities are built and the positions are filled, then there will be an increase through this up to 2,600 people, or the 1,500 people who would be in new jobs created by that construction. Finally, the college is committed to the idea of a career ladder in jobs wherever we possibly can develop them. The idea here is that we feel that a person should be able to come in at an entry level job, and through training which should be provided by the college and in-services training, also training which might be taken in the community in the junior college or in-training programs outside, that the people coming in at entry level jobs should be able to progress through to higher level jobs, more responsible jobs and, consequently, to higher paying jobs.

In this connection, we are currently ready to hire a training coordinator. This would be his primary responsibility. We are conducting interviews now and would expect to move on that, I would say, within the month we should be moving on this aspect.

Are there questions on this?

"II. Health Services and the College of
Medicine and Dentistry.

"A. General Principles."

"1. It is recognized that the New Jersey College of Medicine and Dentistry is a national, state, and local public health resource in which the highest possible quality of medical-dental education and related health services must be established and maintained.

"The community and college have a common interest in such quality and are pledged to work to achieve these objectives.

"2. To insure the national, state, and local concerns are considered and handled effectively, representatives of all three levels must be appropriately and continuously involved in the process of policy development, and in planning, implementing, and reviewing programs.

"3. Some of the most serious problems facing the United States in the coming years are likely to be associated with increasing urbanization and life in the inner city. One of the prime reasons for locating the college centrally in Newark, was to confront some of these problems and to provide a base for interaction so that medical-dental education and research adequate to the tasks of
the future might be developed. The college welcomes citizen involvement and participation. It proposes to broaden and increase the opportunity for active, long-term participation by the community.

"B. Specific Issues.

"1. The college has established a Department of Preventive and Community Medicine. As part of the activities of this department a permanent working committee of laymen from the community will be established. The committee will include representatives from poor and disadvantaged factors of the community, as well as representatives of a variety of other major consumers of medical-dental services, such as unions, business and industry. In cooperation with faculty and students of the college, this committee will have responsibility for developing, planning, organizing and supervising new projects and programs to improve the quality, accessibility and effectiveness of medical-dental services to the community. Through the Department of Preventive and Community Medicine the community will be able to develop support and participation from the entire program of the college.

"Programs which might be developed by this committee are illustrated by the following:
"(a) Training for the community's population of the ghetto to provide early referral and counselling services in the neighborhood.

"(b) Demonstration of family-centered approaches to the establishment of physical and mental health.

"(c) Decentralized services for ambulatory patients to provide timely and easily accessible general health services and family planning centers.

"(d) Development of career ladders and the training for work in all aspects of public health.

"(e) Demonstration and evaluation of hospital-oriented group practice in neighborhoods adjacent to the college. Medical-dental groups or neighborhood-health centers managed and operated by the neighborhood and affiliated with the college and its hospitals might be developed as joint demonstration projects and subsequently taken over entirely as community ventures.

"(f) Demonstration and testing of immediate care psychiatric 'first aid' or 'walk-in' clinics.

"(g) Demonstration programs concerned with maintaining continuity of care and transitional management of problems in returning home.

"2. A sound comprehensive plan for provision
of health services in the Newark area must be developed. Under the provisions of the federal guidelines for developing comprehensive health services this is the responsibility of a regional health-care planning counsel. Currently this responsibility has been assigned to the Hospital and Health Counsel of Metropolitan Newark. Since the advent of the college, urban renewal, and increased citizen participation have created new problems and offer new resources, the rule and organizational structure of the regional planning counsel should be reviewed and brought up to date.

"The majority of the membership of the board of directors or advisory council must be consumers of health services broadly reflecting geographic, socio-economic and ethnic groups in the area.

"No person whose major occupation is the administration of health activities or performance of health services shall be considered a consumer representative. This requirement also excludes as consumers all persons engaged in research or teaching in health fields."

"3. A separate local health council with similar majority community representation will be
established to review and plan for physical and mental health needs of Newark City proper.

"4. The college plans to assume full administrative and professional responsibility for the operation of Martland Medical Center (Newark City Hospital). The hospital will be managed as an integral part of the teaching and health service complex established by the college. A thoroughly adequate review and listing of necessary changes, priority for action and ways of financing improvements can come only when the college has the legal right and the responsibility to inquire into each aspect of hospital management and procedure. At the present time, however, the college contemplates the following as immediately required improvements: A prompt increase in the quantity and quality of out-patient facilities and services; improvement consolidation of emergency services; replacement of the x-ray department; cleaning and painting of the hospital building; installation of a nurse call-system; repair and replacement of furnishings (e.g., mattresses); inventory and modernization of diagnostic laboratory facilities and therapeutic equipment; establishment of a social services department; revision of
medical records system; overhaul of business and management systems.

"To finance such improvements the college is planning an intensive campaign to obtain funds from private sources (individuals and foundations) and from whatever public funds that can be made available. In order to obtain necessary diagnostic, therapeutic, and laboratory equipment, the college plans to provide for some of these needs through rental-lease agreements.

"5. The extent to which modernization and additional services can be carried out in the Martland Medical Center is limited by the design and structure of the building. However, the teaching hospital of 272 beds in close proximity to Martland Medical Center will provide services for patients with special medical and surgical needs and will be available to patients from the Newark community on precisely the same terms as to all other residents of New Jersey. The department chairmen in the medical college will be responsible for their particular disciplines in both hospitals, and their faculty share this responsibility. Recruitment of outstanding scientists and physicians to serve in these
capacities can be completed as soon as it is clear that the college has a permanent home and can undertake these responsibilities. The college is committed to the maintenance of the best possible patient care whether the patient is under treatment at Martland or in the teaching hospital.

"6. Affiliation with both hospitals will be linked to faculty appointments. Faculty appointments will be of two kinds:

"(a) Teaching appointments which are salaried by the college and may be either full or part time positions; and

"(b) voluntary, non-paid clinical appointments.

"Both types of appointments will be available to physicians in the community, independent of ethnic or color considerations.

"7. The college will develop programs designed to stimulate interest in health professions among pre-college aged young people from ethnic groups who have been restricted from such opportunities and interests. The college will seek to develop a scholarship program for Afro-American, Puerto Rican, and other minority ethnic group youngsters who are prevented from studying
dentistry or medicine because of lack of money.

"III. Training and Employment in the Medical School Complex.

"A. The medical college will have a significant impact on the Newark community in providing new employment and training resources in health and applied-health professions. State government will insure that employment and training opportunities associated with the medical college are utilized to the fullest extent to benefit the Newark community. Four categories of employment will be available.

"1. Martland Medical Center personnel needs. Losses created by retirements, terminations, and increased services. Exact numbers required must be established by Manning Tables, developed by division heads when the college takes over.

"2. Vacancies occurring in September, 1968, caused by employees now working in Jersey City and East Orange, who will not stay with the college as it moves to Newark.

"3. Future vacancies in 1970 or 1971 caused by employees now working in the dental college who will not stay with the college when it moves to Newark.
"4. Personnel needs required to staff permanent facilities as they are built.

"B. In full operation the college will employ approximately 2,600 persons in health and allied-health professions. Approximately 1,500 of these professions will be created in the college by the new construction. They range from dietary aid to registered nurse and the complex as a whole will serve as a major source for training health personnel throughout the greater Newark area.

"These total personnel needs will emerge over a three to four-year period. At the beginning, as the college moves to Newark late in 1968, it is expected that 30 to 110 jobs will become available. Thereafter the rate at which remaining jobs can be opened is tied to the construction time-table and the rate at which permanent facilities are completed.

"The College of Medicine and Dentistry is immediately and directly concerned with training programs for the present Martland Medical Center employees and training programs for present and future employees of the College of Medicine and Dentistry. As soon as possible after Martland Medical Center is taken over, Manning Tables will
be developed by division heads. Job classifications, responsibilities inherent in those classifications, standards for performance, and priorities of need will be established.

"The college is committed to a 'career ladder' concept of job development and training wherever possible. That is, jobs will be structured so that an applicant may enter at a bottom rung or an intermediate rung dependent upon prior experience, capacity, etc., and progress through training to a more responsible and higher paid position. The college is preparing to hire a training coordinator to begin this program. Interviews for this position are already in progress. Additional personnel will be hired as they are needed."

CHANCELLOR DUNGAN: I think having made that presentation, Dr. Sullivan, that we might now open it up to, shall I say, a systematic and orderly discussion.

MR. MOORE: On page three, second paragraph, beginning with "The majority of the membership of the board of directors or advisory council must be--". After "be", delete "consumers of health services", and in lieu of that terminology insert "community representatives," and let the paragraph remain as is.
MR. WHEELER: Because the salient language is "community representatives", Federal government notwithstanding.

DR. SULLIVAN: I am perfectly in accord with it. The reason for it is that it is the Federal government language.

MR. WHEELER: It should read, "The majority of the membership of the board of directors or advisory council must be community representatives broadly reflecting geographic, socio-economic, and ethnic groups in the area."

A VOICE: My name is Dr. Levy. I would like to say two things. I am speaking strictly as a physician and individual, not as a member of the school faculty. I defer to no one in my concern for the health needs of the community. I have spent 25 years trying to improve health services and in a non-profit governmental hospital. But, to have the majority membership in a health planning council be non-professional people makes as much sense to me as having the planners and builders of a skyscraper be the people that are going to work in it, instead of the people who are trained to build skyscrapers.

MR. CURVIN: Without spending too much time
responding to that, number one, that is the assurance that is provided by Federal legislation. In fact, the wording there is verbatim from the Federal law.

DR. LEVY: Do you accept all Federal law as providing you with the best benefits? Wouldn't you like to analyze it a little bit and see if it could be improved?

MR. CURVIN: My second point is that I certainly don't agree with you. I think that non-professional people certainly have the ability to organize themselves, and if they don't know the technical matters, they have the ability and the insight to get adequate and competent consultants to explain these technical matters to them. I think perhaps we would not be in the mess that we are in if the majority of all of these agencies that we are dealing with here would be dominated by community people rather than by bureaucrats.

MR. DANZIG: I would like to respond to that facetiously. Mr. Curvin presumes that all people working for the government are not community people and come from another planet.

MR. DAWKINS: I am Walter Dawkins, director of Blazer Corporation.
I don't think he quite understands the language of this paragraph, because if you interpret it that the advisory council would be technical, I don't think that was the basic intent. I say this for Dr. Levy. I think the basic intent of the language here is to make sure that those who are to receive the service are assured that the service they are getting is the best that could be made available by this kind of facility. It has too often been said across the nation that one of the reasons the cities are dying and will continue to die is that those who receive the services don't really know what kind of services they ought to receive until they are dead or half dead. It is quite facetious to believe that the practitioner at all times knows what is best for the man receiving the service. I think that is the intent of this kind of thing.

MR. MOORE: Not only that--since I initiated this thing, I think I am duty-bound to say this much about it--there is an old adage that he who pays the piper calls the tune. It has been quite noticeable that the community has been paying the piper but has yet to call the tune. We are now putting this language in so that there is a complete
understanding as to who is paying the piper and who is going to call the tune.

DR. SULLIVAN: I might also point out that the phrase here is objectionable, and I can understand why, the word "consumers" really refers quite broadly to many things in the community.

Secondly, it doesn't mean that professionals of the sort that you are talking about here, doctors and community health experts, are excluded. In fact, the same paragraphs include a role for them there, as Mr. Curvin pointed out, of consultants and resource people there. It is not just that the community is somehow getting together and excluding, but rather that they have a responsibility for using and also reflecting some of their own information and needs in a constructive way.

CHANCELLOR DUNGAN: Reverend West.

REVEREND WEST: I think this is a dead issue because it has been accepted, so therefore, I would like for us to move forward.

CHANCELLOR DUNGAN: Thank you, sir.

Does anyone have a comment on any other part of the document?

MR. DAVIDSON: One part of this document still
not satisfactory to me is the provisions for financing whatever renovations are necessary to Martland Medical Center. I just don't believe the effort has been made, the same kind of effort has been made, to find financing for City Hospital as has been made to find financing for the teaching hospital and the other educational facilities. I have long been puzzled and have not yet received to my satisfaction an explanation of why the medical college has not included within its application to the Federal government a request for funds to bring the City Hospital up to the standards of a teaching hospital. My impression is that the college decided not to do that in order to have a more attractive application for Federal funding.

If there are any difficulties due to any Federal regulations or technicalities, I think this is the situation in which the Federal government might bend. After all, The Department of Health, Education and Welfare has said that it wants this project to significantly improve health care in this model neighborhood. If it is necessary for HEW to provide the funds in order to fulfill its own standards, I think we can get HEW to do that, but it requires the medical college to first ask
HEW. I am sure the college has been assured of all kinds of community support, but it has to go and it has to request these funds. I don't think it is adequate at this point to say that the college will scurry around and seek whatever funding it can from private resources. This is a major public undertaking. I think we ought to go to the public, even to the State government or HEW and request those funds.

MR. WHEELER: If I may, Mike. The reality of the matter is that the very areas that you talk about ought to be supplementary to the efforts at the various governmental levels, including the State. When you get involved in the business of private sources for fund-raising, this should be hooked up as a supplement and the basic thrust ought to be Federal agencies and State agencies who are committed to this kind of a health facility. It would seem to me that in the best interest of the total project, that the present application before HEW, if it is humanly possible, be amended to include funds for the improvement of City Hospital.

DR. SULLIVAN: May I comment here about this. I think that the positions that you are taking have
been very well stated and I am sympathetic to them, as you know, but I think you don't tell the whole story here. While I am aware of the effective way in which you stated it, I think there is another thing which also ought to be put on the table here, and that is, the Federal law. In the same way in which it was important in the last paragraph to talk about the majority of the membership of the board of directors coming from the community, we reach to the Federal law and the guidelines there as being important. We want to use those. Now, in this instance, we want to shift ground a little bit because the Federal guidelines under which this application has been submitted are very explicit, also, with regard to the type of application that has been made.

Again, I have sympathy for the position you are taking, but I think in fairness we ought to also recognize that what we are asking for and what Mr. Davidson is suggesting here and to the extent what Mr. Wheeler is suggesting things here, also, is asking for a bending of that law and for an exception. If you want to talk about it in terms of an exception to the law under which this application was submitted, that is one thing. If
you want to present it under the idea which I am rejecting at this point, Mr. Davidson, if you want to put it on the basis that the college has been somehow derelict in not making this application, I can't really be comfortable with that.

MR. WHEELER: I think we have a representative from HEW here who was with us at a meeting in the early part of the week. One of the things that he said to us was that he had charged himself with going back to his department and hoping to bring back the kind of information that would shed some illumination on this problem.

CHANCELLOR DUNGAN: I would like to make a comment here about the very well-taken issue which has arisen several times in the course of our discussion, that is, that there have not been, in the opinion of this side of the table, fully adequate financial provisions made to make the Martland Hospital a fully first-class community health facility. Recognizing that, and without being able to be particularly precise about where the funds will come, from whence the funds will come, I am prepared to say that the State will back a two and a half million dollar investment in the Martland Medical Hospital in the first year.
of its operation.

MR. WHEELER: Bravo.

CHANCELLOR DUNGAN: 2.5 million.

MR. WHEELER: That is fine, Chancellor, however, let us hear from someone from HEW because we may be able to pick up another two and a half million.

CHANCELLOR DUNGAN: Certainly, I would be happy to hear the gentleman or lady.

MR. SALINGER: I am not in a position to cough up two and a half million like the Chancellor is.

MR. WHEELER: Just give us some encouragement.

MR. SALINGER: I would think that HEW feels that it is the college's duty to request any change, if that is within the law, to the application and if there are supplemental funds, that they would be advised of that fact.

MR. DAVIDSON: My request to the college is specific, ask for the money. I think between now and the public hearing you ought to make a formal approach to HEW, state the problem, state the financial needs, and request assistance. You may ask specifically what the best way of doing it is, whether to amend this application or have an entirely separate application, but you have to ask
MR. WHEELER: It ought to be done in the form of a letter.

MR. CURVIN: I would like to ask Dr. Cadmus.

DR. CADMUS: I think everybody is trying to be an administrator and is trying to raise this money. We have full time development people. We have full time administration. We know the law as well as Mr. Salinger, and probably not as good as Mike, but maybe in this area we do because at the moment we are following Federal instructions. They did not tell us to amend the application. They have reviewed the application. It is being reviewed in Washington at this present time. There is no mechanism of amending that application.

Now, where we get the money for other programs is a continuing problem of any administrator. It is a problem of getting it from many sources. I do not think it is the proper function of this committee to try to be the thinking of the people who have to get the money, otherwise we will give you this responsibility. We will sit back and just receive it.

Now, I think we have a little bit of misunderstanding here. We have, as Dr. Sullivan
said, a very complex funding problem. The application which has been submitted has been reviewed. It has been partly already acted upon and is water over the dam. It has been over the dam since November of 1967.

We have a new problem. We are still not in Newark. We still don't own the Newark City Hospital. We are in a completely iffy situation. We know that if we take over, we now have something like two and a half million. I would like to say that it is the responsibility of the operating people to find all the sources. We now have this source. We have been working with these people. We have never said we are not going to go to the Federal government, but I think you have to let us figure out whether we want to see this fellow and work something out or write a letter. I don't think the mechanism we have to finance this program for years and years and years can be settled tonight at this table.

CHANCELLOR DUNGAN: I think the point, if I may say so, Dr. Cadmus, is simply that those who do have the administrative responsibility at the school and State level and elsewhere take every avenue that is open to us at the State level or at
the Federal level to make sure that we have a flow of money into this hospital as rapidly as possible. I think the point is well taken.

REVEREND WEST: I would just like to say I detect an air of antagonism. I think tonight we have a marvelous gathering because I see the community and professional persons having a oneness of thought as it relates to what we can do to have a better institution for the total community. I think as we tend to digest this, when we tend to spew it up with negativism, it tends to take out that dynamo which I see here. I would hope and pray that we would not let this prevail because I think we have some wonderful wisdom. If we keep the motions and everything under control, we are going to have that medical school, because I think only an idiot would not want to see it come to Newark.

MR. WHEELER: Chancellor, the whole thrust is merely to suggest that the medical school people, that by a mere letter they can be on record with Newark wanting whatever available funds they have and to use the mechanism for acquiring these funds to ascertain that we will have the best municipal hospital in the country. This is in no way
attempting to usurp the authority of the administrator.

A VOICE: My name is Derek Winans. From the subject that Dr. Sullivan mentioned about the 272 bed teaching hospital, I think he said that that hospital will be open to all residents of New Jersey equally, if I heard him correctly.

CHANCELLOR DUNGAN: That is correct.

MR. WINANS: Since we know something about the hospital situation in Newark at the present time and since we know that people are not able to get into hospitals in Newark—in fact, Mr. Allen over here could not get into any hospital in the City of Newark when he had pleurisy for five days because there were no beds available—I am wondering why it would not be possible for the hospital to have a first come, first serve basis for the people in the City of Newark, and then if there are any others after that—

CHANCELLOR DUNGAN: Sir, if you had been here at one of our previous meetings, we are talking about two facilities. One is the 272 teaching referral hospital, and the other one is Martland Medical, which is basically a community hospital to serve community needs.
MR. WINANS: What happens if Martland is filled up?

CHANCELLOR DUNGAN: If there is room at the 272 bed hospital, I would assume those beds would be available for the community.

Is that a reasonable inference, Doctor?

DR. SULLIVAN: The answer is no. The reason for it really comes down to two kinds of things. Number one, it is a State hospital, a State facility.

MR. WINANS: That is the only new facility you are bringing to Newark. The hospital is the only new hospital you are bringing to Newark.

DR. SULLIVAN: As a new hospital, that is correct.

MR. STERN: If I could briefly recapitulate this one, the purpose and function of the teaching hospital, which I think has clearly been explained here, is for referrals of various kinds of complex diseases from anywhere in the State that do not meet the normal hospital admission requirements, which is to treat anybody to the capacity of a hospital who is in need of that kind of treatment. This hospital is specifically on a referral basis from the doctor from any point in the State for
people, indigents and otherwise, who cannot be treated because of a specialized need for the services of that hospital.

I think if you are going beyond the point and you are asking the question if there should be at a certain time a tremendous need for hospital beds in Newark and there should be no need for the referral space, I am sure that within the discretion of the administrators of both hospitals that they would not leave beds empty for a long period of time when others were in need. I think if there is a choice that has to be made, a hard choice, that the school would be within its prerogatives to adhere to the policy stated here, namely, to take those complex cases for which the teaching hospital was established.

DR. SULLIVAN: This is very good. We may point out one other thing in this, too. This is a serious need for Newark and for New Jersey. You realize now that a complex case frequently has to go over to New York.

DR. LEVIN: I think we cannot take for granted what you said because in other teaching hospitals this does not happen. There have been incidents like down State where the teaching hospital was not
filled and the other one was refusing people, so I do think there should be assurance, that we should not take it for granted.

CHANCELLOR DUNGAN: Just as a matter of information, is this a terribly serious problem, that there are 50 or 100 patients waiting to get into a hospital and there are 50 or 100 beds empty, or are we talking about a marginal number of five beds in the teaching hospital?

MR. WILLIAMS: I think down State they had about 838 beds, or something like that, and I think about 700 of them were empty. Over across the street, at whatever the municipal hospital was, there was an overflow to the extent of some 100 people. This was in the New York Times article that mentioned it. I think it was in January or December. It was a significant number of people, so it is a problem.

CHANCELLOR DUNGAN: Dr. Cadmus, I think maybe it would be a good idea for you to comment.

DR. CADMUS: I think this is a responsibility of Dr. Pincus. He is in charge of the total hospital beds in the Metropolitan Newark area. There is some 100 beds being added at Beth Israel now. There are new beds at other community
facilities. I think this is Dr. Pincus' responsibility.

CHANCELLOR DUNGAN: I think we ought to get this question fairly precise. I for one would like to know the answer. Let's assume that all the other hospitals within hooting distance of downtown Newark are chock full and so is Martland, and five patients come in in an evening, and of the 272 beds, there are 100 open. What happens?

DR. CADMUS: Let's put it this way: There is no policy that I have ever operated under--and I have operated State hospital institutions for a good long time--in which there will ever be a situation of absurdity and denial. Everything is on an individual basis. It depends on many things. You can never operate a patient care institution on hard rigid policies. You have an intelligent administrator with a big heart who knows what the needs of the people are.

CHANCELLOR DUNGAN: Incidentally, Doctor, I asked that question of you not because I had one slight doubt in my mind that that would be the case.

DR. LEVY: I think this is a beautiful example of health care being discussed from a point
of view of the community by people who don't know what they are talking about.

CHANCELLOR DUNGAN: Dr. Levy, I submit to you that if I were living in this community or any other community where a situation like this existed, I jolly well would want to talk about it, too. I am sorry to take myself out of an impartial position here.

DR. LEVY: It goes on priorities as Dr. Cadmus said. If you were sick, they wouldn't confine you to one side of the street.

May I now say what I started to say. A 275 bed hospital cannot, within the slightest possible surmise of reason, develop all the specialized medical care programs needed in a university hospital today. It cannot have a heart transplant program; a kidney program. These programs will have to be developed in combination between the university hospital and the City hospital. Some of them are more appropriate to the university hospital, and some of them have special units which would be more appropriate to the City hospital.

Do you think, Chancellor, if someone in your family were ill or hurt in an accident that we
would say, "Well, we are specially set up in the City hospital for something else, you go over to the university hospital." Or, if Mr. Wheeler had a kidney problem that we would say, "No, your trouble is in the City hospital."

It has got to be a two way street all day, every day, or you cannot make either one of these hospitals work for education, teaching or patient care. I think the conversation up to that point is just immaterial.

CHANCELLOR DUNGAN: Thank you, Doctor.

MR. CURVIN: I want to ask Dr. Cadmus what kind of cases the hospital would be looking for, what kind of specific cases.

DR. CADMUS: I don't think, Bob, we would work that way. I said the other night when we discussed this--and I thought we had agreed upon it--that by and large in general if you want to go see a doctor, you go to the community hospital whether it be Martland, whether it be Beth Israel, whether it be United. If your doctor says, "I cannot treat you because of lack of facilities, skilled people, my own skill, I want to refer you to this hospital", this will be the person that would go to that hospital.
Now, what Dr. Levy said is exactly right. There will certainly be no duplication of special areas. These have not been worked out. These are programs we have until 1971 to work out. The point is that one institution you go to see a doctor and the other institution your doctor says "I want you to go there because you have seen me but I don't have the answer to your problem".

MR. CURVIN: The other day we were advised that it was hoped that the hospital would pioneer urban medicine and I wanted to know more specifically--

DR. CADMUS: I don't know what that word is. I know medicine in urban people, but I don't think this is a diagnostic category.

DR. SULLIVAN: Mr. Curvin, if you are quoting me, it was college and not hospital.

MR. CURVIN: I would assume you would get the knowledge from the experiences derived from treating patients. It seems to me that if this is really the objective, or one of the objectives of the hospital, it would mean that the hospital would be more intimately related to the specific problems of the immediate community. We would be concerned with some of the immediate health deficiencies that
we have, that we know so well.

DR. SULLIVAN: To answer your own question, if you are talking about it as referral to the extent of the physicians of the community, and to the extent that the college is able to attract back to the community physicians who are alert to these kind of problems, where you begin to develop a network which relates with this hospital and which relates with the complex of services in a hospital oriented group practice, that really then puts an awful lot of this responsibility back on interaction with the community.

CHANCELLOR DUNGAN: May I rephrase the question a little bit. I think the question is will this particular college, in addition to all of its other broad responsibilities in training, pay particular attention to the special health needs of a dense urban situation?

DR. CADMUS: Yes.

A VOICE: I am Dr. Franklin Behrman. I am director of the department of pediatrics, and I have worked in the vicinity of Newark City Hospital for the last two years. I think we have made great strides there in the child care in Newark City Hospital. We havent hit the penultimate yet,
but I think we have made definite strides. I think I might be able to clarify this because I am charged with organizing the care for children at both these hospitals, at the teaching hospital--the university hospital--and the City hospital.

Now, I don't see these as two hospitals. I see these as two buildings within one program. In pediatrics for children, the way I will organize this is to have certain segments in the university hospital. It might be my kidneys expert, my cardiac team. I don't care where the patient comes from. If he comes from Cape May or if he comes from right here in the Central Ward of Newark, if he has a heart problem, he is going to go into the university hospital where the heart team will work with him. If I have my infectious disease department over at Newark City Hospital, which I might, if he comes from Cape May, I will probably send that Cape May patient over to Newark City Hospital.

This is the way I see practically every service being organized. This is one hospital. This is one team. All the rest will be working with the department and with one effort. I see that as no problem whatsoever. This is the only way to make
good medical sense. It is not a matter of keeping beds open for people referred from the outside. It is not only economical, it makes very poor medical sense. I think we are arguing about something that really has no basis in fact.

MR. DAWSON: I would like to respond also to that gentleman who stood up earlier, Dr. Levy, and I would like to say to Dr. Cadmus again that there has got to be a lot of soul-searching done unless we miscalculate the ability of local community people, real soul-searching.

A specific question has been asked a series of times and basic implications have come back, but nobody answered the question. I am going to crystallize a cold-cut example. We are talking about this hospital that may have 270 beds for different kinds of training operations. It may be possibly the best facility in the State, if not the best in the nation if it is constructed new to the best of all possible apparatus. What in fact these guys have been asking is what happens if Martland Medical Hospital is filled to the brim. Then, somebody indicated we don't yet propose to ask HEW for some extra money to bring it up to improved services and render service to a greater
number of the people. That is one thing that
crept in and nobody said anything on that yet.

Now, they say the facilities here are designed
for special type patients, and if Martland Medical
were stacked up to the brim and a man was carried
to the door with appendicitis and needed an
emergency operation, the question I think is in most
of our minds is if there was room to handle that
particular guy in the new facilities, would they
say, "Well, he ain't got a heart case and we can't
handle him"?

A VOICE: The implications are that no, sir,
we won't do that.

CHANCELLOR DUNGAN: Not only the implications,
but the clear statement was yes, the man would be
admitted.

A VOICE: And that there would be no empty
beds available while someone needed services in
Martland.

CHANCELLOR DUNGAN: I would say yes,
substantially.

A VOICE: Nobody said that.

DR. LEVY: We would like to see it a
university hospital complex. If you want to put
a fence around the two of them together, it would
be fine with us.

A VOICE: I think that should be made explicitly clear lest somebody in the community gets confused.

MR. SALTERS: What was that doctor's name?

CHANCELLOR DUNGAN: That was Dr. Slat... He is operating in Martland Medical now, and he is part of the faculty of the college. He is head of pediatrics services.

MR. CURVIN: First of all, I want to express a degree of satisfaction that some of our ideas and suggestions have been incorporated in the proposal. However, there are a number of points which we would like to discuss further. The first one is that the suggestion that the community relate only to the Department of Preventive and Community Medicine leaves some dissatisfaction, or something to be desired on our part. We feel that, number one, we don't know enough about that department, such as what kind of commitments have been made to it, what kind of programs it already is able to launch and mount, and more specifically, what kind of powers will a local health counsel have in relationship to the hospital to that department and the school.
If we could have some response to these questions, I think then we could move on.

DR. CADMUS: May I introduce Dr. James Harkness, the chairman of the department of medicine. He is a medical sociologist acting in this position because we had a department without any personnel. We can't get personnel. Nobody wants to come until they know what they are going to do and where they are going to do it, so a medical sociologist is holding the educational program together for the students. We have a candidate broadly based in medicine who would like to come, providing we can answer some questions.

So, at the moment, we do not have a department. This is a department in which we teach preventive medicine and community medicine to students.

Dr. Harkness, would you want to make any response to Mr. Curvin?

DR. HARKNESS: Only that what you say is correct. We have two staff members. We have full teaching load. I have other responsibilities with the regional medical program. I think, though, we have every intent to move into ambulatory care and other areas like that, but we certainly are not equipped to even plan such a program at the
moment.

CHANCELLOR DUNGAN: I think we ought to crystallize this question better.

DR. LEVIN: I think that one of the problems we have is a problem of priorities. Everything that is said here is very good, but there is no assurance of where the priorities are. This came up initially in the money coming from the Federal government, not only going to the teaching hospital but also I would like to mention that a lot of the demonstration programs, a lot of the things the community is interested in, they are not part of the funding at present. In other words, this is extra. This is why there is all this questioning.

The same thing comes up with this department of preventive medicine, giving the community some power. Is this going to be a large commitment, financial, of the hospital, or is it going to be just a department where we sort of push community needs? It can be either. I am not distrusting, but there is nothing here that says what the commitment is. Is this going to be one of the departments of the hospital and how much of the hospital's budget will be committed to this particular department.
DR. HARKNESS: We have two things. We have a teaching responsibility. We have to teach students what community medicine is, what preventive medicine is. That is a clear responsibility. The Department is not constructed in its first thrust as you would say to develop a community program for the community, but we have an expansive idea about this. I think both Dr. Cadmus and I believe that a medical school has a commitment to the community. Many medical schools do not feel this way.

We were working with our own students last summer with the migrant health group, which got some notoriety which was not meant to be. We didn't do it for that. We have students now who are interested in opening some sort of ambulatory clinic through the Department of Preventive Medicine. This department provides a natural channel for this sort of activity, but it will be a first class complete department. That is what our plans are.

DR. CADMUS: I also may say that Dr. Harkness, when we have been together—we have worked together now for some years at different places—but we first met when he was on the staff of the Department of Community Health of the United States Public
Health Service. This is his background. This is his interest. He knows more about community health and has been at the Federal level. Therefore, we have him here to carry these things out.

I think at this stage of the game we have to set priorities. We don't know what the needs are. First of all, we will have to get the needs. We will have to get the resources. This is not a simple project of just moving in. We are going to have to get two sources of funds. One is the educational source, which is clearly a State board of higher education reportable and budgeted to the Chancellor.

In this respect, we will say that the faculty requested one level. We cut it $1,000,000. We submitted it to Trenton and they cut it another million. This is the level of financing of this department. Not this department, but the total. These are realities. I am not griping, I am merely saying we have an educational program under-financed for the needs which we think we have today. When we get our share, we are going to have to take that money and find out what we can do with it.

As you know, there is OEW, and a number of other foundations. There are programs right in
Newark City Hospital that are funded now, such as
planned parenthood and a number of others. Those
will all be developed. I cannot say at this time
what the priorities are, but when we get competent
people, at least the people that are going to have
to do the work and do the leadership, then we can
get the job done. But, I can't give you any
priorities tonight.

CHANCELLOR DUNGAN: May I make the point here,
and I say this in all frankness to the negotiating
team, that aren't we really in pursuing this line
of inquiry talking about something that is somewhat
premature? Unless there is reason to believe that
somebody has a plan which is going to steer this
whole operation off into another direction, it
does seem to me that maybe we are at least six,
eight, ten months ahead of the game.

DR. LEVIN: Will there be the mechanism for
the community to negotiate? This is really the
first point we want to make. If the mechanism
is set up for the community to negotiate not only
on what is here but on many other things that are
not here, I think if we could agree to this, then
we don't have to go point by point because a lot
of this is just in thin air. If there is no money,
there is nothing.

DR. SULLIVAN: Let me respond to a couple of things here. Dr. Levin is on very sound grounds because she is involved in one of the country's best programs in this regard, but I think I would also pose the question for Dr. Levin as to your programs, how many of them are supported by moneys outside? For example, your neighborhood health center, your human resources development, I suspect that many of these are from outside.

DR. LEVIN: I don't want to talk about my programs. My knowledge of those tells me that if the community does not have a position where they can negotiate, money can go to places where they think it should not go, and that's all they are asking for. I have seen in my position where this was so, where I am at, also, where there are programs, where there is the department that doesn't really function. It has a name and it is there but it just isn't functioning.

DR. SULLIVAN: I am not trying to put you on the spot. What I am saying is that the mechanism we are talking about here is this mechanism of a permanent working committee. While I haven't got it carved out totally for myself in this, I see
myself being very much a part of that committee. I see the committee as writing proposals and being intimately involved in writing proposals. I see them being intimately involved in review. I see them being systematically and regularly involved in the whole activity of reviewing and supervising what is going on. Now, if you have some other kind of things you want to put in there, say them specifically. If I could say it or if any of us could say it, we could say yes, we buy it, but I can't.

I recognize Dr. Leven as an expert in this, and I suspect as an expert you know one of the things we propose to do is very quickly go and visit some of these programs and places where things are going well and discover the things going good and not good, but we will have to develop it. If there are suggestions that you want in here, spell them out with words and we can say yes or no.

MR. CURVIN: The question then comes to more specifically what do you mean by review? You say review. You say participate in writing. We would like to know what real power in terms of decision-making about community programs will such a community council have.
DR. SULLIVAN: I think they can turn it down and say no before it is presented, for example, to the President and before it would go to the board of trustees, or before it would go up for application.

MR. CURVIN: Could you state that in more specific terms.

DR. LEVIN: You state what we want.

MR. CURVIN: We want this council to have a local health counsel that relates to programs developed by the New Jersey School of Medicine and Dentistry to have the responsibility and the power to participate in the development of programs and to rule on their acceptability to the community. We want the representation of this council to be formed on the basis of the same guidelines as stated in the Federal regulations as it relates to community comprehensive planning agencies. In other words, the two paragraphs you have above here would also apply to the development of the local health counsel.

DR. LEVIN: This is for the total medical school, not just for this department. This is all issues that are on here and that are not on here that relate to the school.
DR. CADMUS: I think we are talking about such vague things that I don't know what you are talking about and I can make no commitment. As I said before, we cannot share the responsibility of education and research with the community. We are going to have to maintain that ourselves. Medical care in the community, we will share. We will share it with the community and work with the community, but such matters as curriculum, standards, programs, applications for grants, we cannot put to the community group. That is settled. It had been settled in meetings before here and agreed to.

DR. SULLIVAN: The word was all--

MR. MOORE: All community health services.

DR. LEVIN: Or other programs that are related to community health services. I don't say that the community has to participate in all decisions on curriculum, but some decisions on curriculum do relate to community health services. If you don't have certain curriculum, you cannot provide services and often this happens. They say we cannot run this program because we don't have the internship or we don't have some other training, so I think that programs that are related to services also must be negotiated with the community.
MR. WHEELER: All community health service programs and related areas.

DR. CADMUS: I think we are getting into a terrific semantic business. The word "related" will take you right down to the hip bone connected to the thigh bone business. You can just follow it. Pretty soon we have got to say that educational policies are not negotiable. You can advise us, you can write the letters to your congressmen, you can write letters to the governor, but the point is the faculty is going to determine curriculum. We are responsible for it. We have to be responsible for the educational and research programs.

What we have said is that in these areas where community health in this college is going to participate will be primarily our geographic neighborhood. It may or may not coincide with the Model Cities. We are not going to be able to take care of all of the problems of Newark, the 500,000 people, and during the day some one million people. We are not in competition with these other institutions. We are supplemental to all these other institutions. The community health is a responsibility of the community.
Now, in those areas where we feel the ability to work with the community, we want, need and will use community participations, but this cannot be spread. The responsibility for this institution cannot spread to a community group. It is just that simple.

MR. WHEELER: It is not our purpose to dictate the curriculum of the New Jersey College of Medicine and Dentistry, that is A. B, we are not going to tell them where they are to buy the iron lung they are going to use. C, if they desire to bring a heart transplant case to the teaching hospital, fine, as long as they have the facility for it.

What we are talking about is community health services and related areas. This is not to invade the sacrosanct area of curriculum as passed on by Dr. Cadmus, and this has been made clear to him time and time again. When we talk about related areas, we are not talking about from one bone to the other, but related areas as it applies to community health services, period.

DR. CADMUS: I don't know what he means.

MR. WHEELER: It is the English language.

CHANCELLOR DUNGAN: I think what is meant here, if I may try to interpret, is that the
community group feels that it should have a plug-in to those people who are responsible under law and by any kind of professional standards to indicate to them that "Maybe it would be a good idea to strengthen the department of X which relates to community health needs, don't you think so, Dr. Cadmus?"

DR. LEVY: You mean specifically the faculty staff?

CHANCELLOR DUNGAN: I think it is perfectly legitimate for anybody who has an interest in a hospital supposedly serving their needs to say, "Gee whiz, we have a lot of something, something cases in the department of something, something. It doesn't appear to us to be adequately staffed. Don't you think so?"

DR. LEVY: I grant that freely, but the question was raised here in the same context as the community health planning services that a majority of the people making these decisions would be community representatives.

CHANCELLOR DUNGAN: Not making the decisions. The decisions cannot be delegated to anybody but the board of trustees or the faculty working with the board of trustees as the legal responsibility.
They cannot delegate to a community group or to me.

A VOICE: I am Dr. Carroll of the Department of Medicine. I think it is important to recognize that what we are talking about in the community involvement is exactly what the faculty and technicians who will staff these hospitals are extremely interested in. My colleagues and I have been interested in alcoholism and liver disease over a number of years, and our major problem is lack of community participation in health. If one actually develops a mechanism whereby one is about to care for people on the ambulatory level, it is obvious that our objectives will be realized earlier.

It is also of great importance to point out that with anyone who comes into the hospital it is the duty of the clinician and physician to follow him into the community so that he will remain well. It is our overall objective to discover disease and treat it before it becomes symptomatic. If we adhere to this, then the departments of surgery, medicine and pediatrics must work very closely with people who are affected by these things. This is what constitutes the preventive medicine and
community medicine section.

It would be expected that if the medical school survives and is first rate, that this would be covered in this area with experts who would work with the community so that it leads—for example, in the area that I am interested in, we would want the total community to work on this area, which actually per capita represents the highest incidents of such disease of this nature.

So, I don't really believe that if you have the mechanism set up that one needs to fear any time that the physicians who are charged with education of the doctors for our future health will not be able to carry out this responsibility. I think one has to have faith in these doctors because obviously if this isn't true, we will not be able to turn out good products. I assure you that each one of us will be all too willing and most delighted that the community would help us carry out our mission.

CHANCELLOR DUNGAN: Doctor, may I thank you for that extremely lucid statement.

MR. CURVIN: This is exactly what we want and I think there is some feeling in some quarters that the community is irrational and it doesn't
want good medical treatment and good medical
services. We want the best, too. No one in the
community is going to reject a program or individual
because we want absolutely the best. This is why
we want to participate and have the ability to
influence what the hospital does.

CHANCELLOR DUNGAN: Having gone over these
points, are there any others?

MR. CURVIN: I think that we would like to
make it clear that this has to be a continuing
dialogue.

DR. SULLIVAN: It better be.

MR. CURVIN: We would want to begin working
immediately on the establishment of such a local
health council with the assurances from the
medical school that we will have their full
participation and consideration to work out the
points that we have not yet discussed and considered.

CHANCELLOR DUNGAN: We are going to stop now
for five minutes to give our very hard working
stenotypist a chance to ease his fingers, and we
will come back on Model Cities.

(Brief recess taken.)

CHANCELLOR DUNGAN: Mr. Davidson, on behalf
of the negotiating team, has one final point to
make on the health document.

MR. DAVIDSON: We have been working on the understanding that it may be possible--this depends upon the resolution of a number of other issues before us this evening--to proceed with the public hearing although we have not reached a complete agreement on all of the issues. We are heading in the right direction. We cannot say at this time that the statement on health services is adequate to us. We think it is a start in the right direction but that considerable work has to be done on this between now and the public hearing, if we are able to agree to a public hearing in the course of this evening. As I understand it, a tentative arrangement has already been made with Dr. Cadmus to meet and discuss the redrafting of the statement and strengthening of the protections provided to the community.

CHANCELLOR DUNGAN: Protection against somebody that is trying to harm the community?

MR. DAVIDSON: Protection for the community.

The other point is on financing. I think as much work as possible between now and the public hearing, if we are able to agree to that, should be done in assuring that the financing will be available.
The commitment on behalf of the State is welcome, but it is only part of what I understand is needed to bring the hospital up to the standards that it should be. If the college on its own is willing to approach HEW, then I would think in your summary of this—I assume that you will be reporting to HEW and to HUD describing our discussion—I think you should indicate that we remain dissatisfied about plans for the financing of the Martland Medical Center, and that we believe that HUD should take some initiative in assuring that that financing is available.

CHANCELLOR DUNGAN: HEW.

MR. DAVIDSON: HEW.

CHANCELLOR DUNGAN: I think that summation perfectly well describes the position of this side of the table and; Dr. Cadmus, I would expect that we would be continuing discussions to polish up some of the points on this paper between now and some time in the future.

MR. DAVIDSON: I am sure that even after a public hearing we would have to work on all of these things.

CHANCELLOR DUNGAN: I just didn't want to mention a public hearing. I know what you are
talking about.

Okay, can we now move on then to the next item on the agenda, as I proposed it anyway, and that is the resolution of the community representation under the Model Cities Program.

If I may recall for those who were not here at our last meeting, the understanding that I took from the meeting was that the community would move to a series of meetings to discuss the composition of the so-called ad hoc group which ad hoc group would represent the community with Model Cities until such time as through mechanism not determined at that meeting a broadly based community group could be formed. At our last meeting, we set a meeting--the community in the group did--and I think it was held subsequently.

With that background, I think we can start the discussion.

MR. WILLIAMS: I would like to give a report on what happened Wednesday. Pursuant to the charge that was given us and in conjunction with some statements made by Mr. Malafronte that it would be nice to have a meeting, the community met and decided upon a formula for implementation of the Model Cities task force arrangement. We decided
that there would be five members from the UCC, since it does represent a great deal of people.

Five members of the negotiating team, which is before us here. Ten members elected from the meeting at that time from the floor, and five slots were left open to be filled in by the City as it so sees fit.

We think that this is a just arrangement. We think that this is an applicable arrangement. We think we acted in the time that was given us to try to expedite time so that the medical school could go forward.

This is the report that I joyfully bring before you, Mr. Dungan, so that you may see that we of the community are moving along in full compliance with the salient points of the Woodcorn letter.

MR. WHEELER: Chancellor, I think there is one other aspect that ought to be highlighted here, and that is, that it was the understanding of all parties involved in the negotiations that this ad hoc committee would be preliminary and that in no way would it represent the total broad based community in the organizational compliance with the Model Cities guidelines as it relates to the
total Model Cities program.

One of the most important things that has to be realized here is that this is an effort to meet substantial agreement as it relates to the Woodcorn letter for the sole purpose of ascertaining that the medical school will be erected in Newark. Also, this preliminary ad hoc committee does not in any way begin to represent what will be the total community organization under Model Cities. The purview of our authority as it relates to these negotiations deals primarily with the medical school and the conditions under the Woodcorn letter. At no time do we suppose or do we suggest that we are usurping the authority of the community as it relates to the total broad based community organization.

This effort was designed to ascertain that the timetable for the medical school would be met and there would be no question in terms of the community as we move toward total resolution to bring the New Jersey College of Medicine and Dentistry to the City of Newark.

MR. MOORE: I might further add, Chancellor, that it was also resolved that this ad hoc committee would meet with other community groups
and persons within the ten days between the setting of the hearing and the actual holding of the hearing. We would be in a position to dissolve the ad hoc committee in preference to the more broad based community representative organization.

MR. WHEELER: Chancellor, this is designed to lay to rest any question that there is some effort to usurp total community representation.

CHANCELLOR DUNGAN: May I make a comment here. I accept everything--

DR. ODUM: Before you make your comment, I would like to ask a question for clarification. I was a little late getting to the meeting Wednesday night. I would like Mr. Wheeler to clarify for me the duties of the ad hoc committee. Is this committee to establish the mechanism for community participation or is it to select the persons who will be the community representatives of the Model Cities program?

MR. WHEELER: The answer to that, Dr. Odum, is that the preliminary ad hoc committee is not in the business of selecting. It will offer its services to facilitate the development of the broad based community umbrella that is so needed to comply with Model Cities, as it relates to Model
Cities per se. However, the function and the creation of the ad hoc committee was designed primarily for the med school with respect to the timetable for the med school. Since we have been charged by some irresponsible people of trying to thwart the progress of the medical school, we come tonight with what we call A-one progress.

MR. DAWKINS: Is it relevant to the establishment of the medical college that you also have as an adjunct to that process the umbrella agent that will participate in Model Cities? Is that a necessary requirement of your efforts?

CHANCELLOR DUNGAN: The Woodcorn letter says that HUD, before it will make the necessary approvals to permit the med school to go ahead, must be satisfied that an adequate and representative group from the community will be attached to the Model Cities program.

MR. DAWKINS: What you are in fact saying is that a basic mechanism for the process.

CHANCELLOR DUNGAN: Correct.

MR. DAWKINS: No more, no less.

CHANCELLOR DUNGAN: That is correct.

MR. DAWKINS: There might be ten such groups willing to participate in this mechanism or in
becoming a part of the mechanism, which would in fact allow you to proceed. Is that basically true?

CHANCELLOR DUNGAN: Yes, I would say that is true. It is conceivable, although I hope it would not happen, that different groups in the community would come up with different kinds of arrangements.

MR. DAWKINS: Which means that it could happen tonight, tonight or any other night, and it still would provide you the leeway to begin your process.

In view of that, I would like to say this first before I read you a letter. There are a number of people in this room and in the City of Newark who scuffled around to do something in Newark from as early as 1960 until this very day, and a host of them are still scuffling to do things where dreams don't come true. I address this to the chairman of the ad hoc committee. Without reservation, it comes from me being an individual of Newark, having been here for 20 years, having given up basic life and limb, indebted to a host of people to try to help the poor. I worked with hundreds of teenagers who presently are in jail and reformatories and a host of other people who had no chance until today.

I say first to the committee chairman that it
will be quite easy, sir, for us in our haste to try to move ahead to drive a wedge into the black community as swift and as sure as we oftentimes are able to betray each other. Lest we make that mistake and create a confrontation in the black community that cannot possibly deal with the elements which propose the change in Newark, I would say as an individual that the process which has been set up is not healthy either for your ad hoc committee, for the community people or for those of us who hope to be representatives in the overall Model Cities development.

I would like to say first as an individual and poverty person, who has gotten almost a million dollars like no black community group in the nation, that I presently live in Newark and that if we are going to provide a united front in the black community from the abstract poor to the socially elite, then we must devise a better means by which we can carry out our getting together.

Finally, I would say to you that this community should not become divided because so many groups are attempting to do something in Model Cities. I don't personally feel that the beautiful job you have done in the negotiating of the medical college
should be hung up in the morass and red tape of Model Cities. I think it should be a process by which a more powerful, a more representative group that can meet whatever foe may exist at the very least and deal effectively with him, should be the vehicle by which we use to deal with Model Cities.

As a consequence of that, I would like to read this letter. I would like to say to you first that I am the president of the Blazer Blue Ribbon Corporation, Model Cities Development Corporation, that began as early as 1961. That developed as a Model Cities program with over 100 persons from this community and has worked for almost a year. Today it has presently submitted almost a million dollars in Federal projects. I don't think you appropriately represented that group that has gotten its papers and has a series of projects pending.

I am also a member of the task force that has become a part of the City's overall effort to deal with the problems of Model Cities with the broad based group. I was elected as a co-chairman to bring this letter before the committee here as a resolution agreed upon and passed by some 34 members,
representatives of agencies, and individuals to present this letter as a part of our discussion. It is addressed to the Ad Hoc Negotiating Committee, Medical College.

MR. WHEELER: I would like to ask a question of Mr. Dawkins. I would like to raise a question and I want to direct this question to the Model Cities regional representative operating--

MR. Dawkins: I thought you were going to ask me a question.

CHANCELLOR DUNGAN: Wait a minute, Mr. Wheeler. I think this gentleman did have the floor and I thought you were addressing the question to him.

MR. WHEELER: I will address the question to him. Mr. Dawkins, are you aware of the fact that the representative of the Philadelphia Regional Office has found the very committee that you purport to represent, called the Task Force, unacceptable to the Philadelphia Regional Office of Model Cities and, in fact, Mr. Dawkins, Mr. Donald Malafronte, who heads the department for the City, was advised of this several days ago and certainly had a responsibility when he called you together to advise you that the very committee that you purport to represent and over which your
signature is attached to a letter flowing from
this group has been deemed unacceptable by the
Model Cities representative out of the Philadelphia
Regional Office and, therefore, on the basis of
that position I would suggest, Chancellor, that
the letter that is about to be read is not germane.

MR. DAWKINS: I would suggest, Committee
Chairman, you don't have that kind of authority.

CHANCELLOR DUNGAN: If I may suggest to Mr.
Wheeler, I think that is a rather unfair statement.
The reason that the regional representative and
HUD rejected that group was not because the people
on it may not have been represented to the extent
that there was a sufficient number on the committee
of the community or some element or some group
from the community, but it was not sufficiently
broad. Therefore, I don't think you should malign
any people on that task force that was set up by
Mr. Malafronte.

MR. WHEELER: It was not my intention to
malign anyone. I simply want to point out that
the very agency he purports to represent has now
been found unacceptable. I am not talking about
individuals and I am not talking about why it was
found unacceptable. I am simply saying that the
so-called task force, the Newark task force of which Mr. Dawkins was a member, has been found unacceptable and, to the best of my knowledge, was to be vitiated. I would like at this juncture to have Mr. Chisholm, who put this into the record, state it again here publicly.

CHANCELLOR DUNGAN: Mr. Wheeler, it is in the record, and I think everyone who has followed these hearings closely knows about it. It doesn't seem to me, however, that it particularly prevents this gentleman or anyone else from writing a letter or making a statement and, therefore, I would suggest that we go ahead.

MR. WHEELER: I have only one thing to say about the letter. The letter is supposed to flow from a body that has been deemed unacceptable by the very authority that passes on this kind of thing.

MR. DAWKINS: May I respond to all of this. If he is my representative, you are going to listen to me as a community person you represent.

The first point I would like to indicate here since you were so able to say that this body was unacceptable to Philadelphia--

MR. WHEELER: I didn't say it, Philadelphia
MR. DAWKINS: I live in Newark and I don't care what Philadelphia says.

CHANCELLOR DUNGAN: Mr. Dawkins, please read your letter.

MR. DAWKINS: I am saying to you that the committee you have in fact set up is no more acceptable than any of the committees because it is not basically broad enough, sir.

CHANCELLOR DUNGAN: I thought that point was made at the beginning.

MR. DAWKINS: I think before we start this business of dividing the community--and I mentioned that earlier that it is quite easy to do it and I will not be a party to it--that before you in fact say it has been eradicated, you ought to get yourself together and work as a team on this thing.

CHANCELLOR DUNGAN: Mr. Dawkins, I would like to make a point.

MR. DAWKINS: Sir, you have not cleared him on this and it will be prejudiced and certain people will be slandered.

CHANCELLOR DUNGAN: Mr. Dawkins, I think it is quite clear--

MR. DAWKINS: The letter is addressed to Mr.
Wheeler, chairman of the ad-hoc committee.

MR. WHEELER: I am not the chairman of the committee, I am just a member of the negotiating team but I accept the responsibility as the letter is addressed to me.

MR. DAWKINS: I am trying to say that we have a team in the community that has long been working together. I fought for the medical college before the riots.

MR. WHEELER: We are all in the same boat.

MR. DAWKINS: Then, I want us to propose another kind of process. We hold in the highest esteem your recent negotiations with the representatives of the Newark medical college. We are in basic agreement with those elements of negotiations where the community is to participate in housing, recreation, construction, job training and job opportunities, and other areas of meaningful community involvement.

In regard to the medical health negotiations, we feel certain your ad hoc committee has received some outstanding accomplishments for our community. However, we take exception to the idea that you should expand your negotiations to cover the Model Cities project to be sponsored by the total
Newark community.

First, we do not feel that your ad hoc committee is broad based enough to adequately represent the total Newark community as it pertains to the black, the Latin and the white community.

Secondly, we feel that unless such a broad based group which has as its representatives persons mainly familiar with the massive socio-economic problems of the total City, any further efforts on your part to negotiate the Model Cities project would ultimately result in failure for which all of us would share the responsibility.

Therefore, we, the Newark Model Cities Task Force, composed of both individuals and community agencies, representatives, both volunteers and appointees, having influence with and serving some 100,000 or more Newark residents, take exception to your attempt to either disband or your refusal to acknowledge our legitimate status as representatives in our attempt to assist Newark in developing its Model Cities project.

We consequently invite you to join the task force as we cannot and will not agree to your negotiating for us or in our stead. We further wish to inform you that our task force is both
open-ended and open for expansion and could in fact become a nucleus of a broad-based community counsel of which numerous groups could be and would be invited to participate.

We further indicate that we propose to initiate immediately a draft to seek out Model Cities target area residents who will be invited to join the task force in order that they may possibly for the first time in their lives be able to make policy decisions which will reverse their lives and the lives of future generations yet unborn in target area, poverty-stricken communities.

Finally, in having received our authority, basic authority, from the mayor of the City of Newark, the Honorable Mayor Hugh J. Addonizio, who in the final analysis, Mr. Wheeler, will be responsible to the Federal government for the Newark Model Cities project, and having been publicly announced as the official Model Cities task force, we feel deeply hurt that you would in any way consider negotiating the Model Cities concept in our stead.

In the final analysis, we feel confident that your determined efforts in establishing substantial areas of agreement which now make it
possible for the medical college to relocate in Newark, that for this you deserve from us a real show of appreciation. Having achieved this goal, consequently, we feel that your committee has served its basic function.

This comes from the task force representative groups, some 34, of which I have the list that is broad based enough to include the most stalwart, militant groups and what some of us call the lesser militant groups, and it represents the organization which I started in.

CHANCELLOR DUNGAN: As I understand it, Mr. Dawkins, on the basis of Mr. Wheeler's initial statement on this question, the task force is not undertaking to negotiate for the community with the Model Cities project. Is that correct, Mr. Wheeler?

MR. WHEELER: It is my understanding that the task force has to be deemed unacceptable.

CHANCELLOR DUNGAN: I am sorry, I didn't mean to say task force. I mean the ad hoc committee.

MRS. EPERSON: Chancellor, I would like to answer Mr. Dawkins.

Mr. Dawkins, I want to publicly thank you for helping us in our trouble with the medical
school and I thought that that episode brought us all together as never before in our lives. One thing it did do, it brought cohesiveness with it.

Now, after the fight of the rebellion, you know perfectly well it was you who sat up on the top of the fence and went back to the mayor's group who had ill treated us all through the thing. Because of Model Cities, not us, but you, we didn't go away from you but you pulled away from us, so don't say we are going to do anything that will cause us to break up anything. If you had stayed with us, you would have been right up here with us because you are a dynamic fighter, a wonderful speaker and all this, but I can't see you or any other dissidents of Newark or any place else taking advantage of what people have to have, which is homes to go into, so I want to talk about some houses right away and I don't give a damn who builds them.

MR. WILLIAMS: You are in error in two ways.

MR. DAWKINS: Straighten me out.

MR. WILLIAMS: I shall do that. Number one, you directed your attention to the ad hoc committee, as you refer to it, meaning the negotiating team. By no means is the negotiating team setting itself
up as the person or as the group of persons to set
up the task force for Model Cities. You see, you
weren't at the meeting on Wednesday. There were
approximately 150 people there voicing their
opinions. We did in fact seek out for a broad
base and we did in fact get a broad base.

Secondly, you are in error by saying that you
represent the task force. You may perhaps
represent yourself as an individual on the task
force, however, you cannot represent an entity
which does not exist.

Now, recognizing that perhaps you do have
some right as an individual on the former task
force, a right to express his grievance, I would
say that you perhaps can then say "What is going
on?" Then, I direct you to Mr. Malafronte. because
Mr. Malafronte here last Wednesday suggested a
meeting. We did but comply with Mr. Malafronte's
desires.

As a member of that former task force being
in direct contact with Mr. Malafronte, and being
as close as you are with Mr. Malafronte, I would
think that you would have known about that meeting
on Wednesday. There was adequate notice here.
There was adequate notice in the newspapers.
Somehow, 150 people found their way to the meeting, took it upon themselves to exercise a little bit of democracy and came up with the group that is going to do a job.

I don't think I have to say any more to you.

MR. DAWKINS: I am demanding that I have the opportunity to respond to that. Before you castigate my image, young fellow, I just want you to know a few things before we have to take back things we say. The most celebrated man in the Newark riot is a student of the Blazer project. Now, you figure who that man is. I am asking you a question. You said something to me earlier, and Malafronte, nor you nor anybody else has the right to do away with an agency that represents a community, and whether you like it worth a damn, I have represented a part of the community for a long time.

Now, Chancellor Dungan, you told me a moment ago that there could be no eradication of any group that existed and I don't know why he takes it upon himself to finish it off. I never knew, and there are a host of people here including Latins and blacks who don't know, and nobody has that right including Malafronte. When you say I
am close to him, I am close to every man in this City and I have scuffled for all of them a long time. You can call that what you choose.

I would like to know who has the authority to eradicate a representative group that has scuffled to get that first damn thing headed into Washington. We said it was not what it ought to be and took it before the community at West Kinney Street School and fought over it, saying it wasn't right.

MR. WILLIAMS: First of all, I think you are a redevelopment agency of the United Community Corporation. The UCC has more representatives on that select committee because we recognize that it does in fact represent a broad group of people such as yourself, and we made sure such delegate agencies, such representatives that UCC might see fit to put on this task force could be a part of it.

MR. DAWKINS: Maybe I am asking the wrong question, because we don't need any wedges, we don't need to be at each other's noses. I want some answers. If you give me positive answers, I am satisfied. That is why I have taken a back seat. I want to know if the UCC feels it has adequate representation for agencies such as we, a
representative group that was part of the other
task force. If they feel satisfied that that is
the case, I am satisfied, too. I don't think we
should start here hatcheting each other.

REVEREND WEST: I think, Walter, a person I
have a lot of respect for, has really taken out
of my mouth what I want to say. There are people
here tonight that would probably tell me to sit
down and shut up, but I still see the medical
school which I think that we need to have. I
believe that we all make errors. I don't believe
that any of us are complete authorities on any
given topic. I don't think anybody in this room
is really insincere as it relates to bringing the
best to Newark. I see a confrontation that the
devils of those who are negative toward progress,
who would take something like this and use it
to destroy that which we all, regardless of race,
color, creed or national ancestry, would want to
have here.

I think that there are two sides to this coin.
It is true we might be taking different avenues,
but I believe that in some kind of way we can
harmonize this, and the thing I have been tossing
and turning with from night to night is this entity
that we are talking about, a catalyst for a broader base. Someone might argue that the catalyst is not broad enough to bring about that solidarity that we are all seeking. This is the point.

Excuse me, Mr. Dungan, I have a lot of respect for you.

CHANCELLOR DUNGAN: Please continue, Reverend.

REVEREND WEST: I still have respect for Mr. Dungan, so what I am trying to say is that I believe that we have got to come to this point. If we solve this point, then we can move forward. If we cannot solve this point, then I believe that nobody will prosper. You know we have the extreme, we have the right and wrong on both sides of the fence.

The intent is good, so how do we harmonize and blend it to make it applicable to bringing about the institution and the other things for our community? I pray that no one will use this to sabotage that which we so vitally need. There are some things that I disagree with, but it is like the man that says I have been married ten years and never had a fight with my wife. I said, "Man, you're not married." So, I am saying this is healthy, but let us move forward.
A VOICE: I would like to say that I see a lot of faces tonight that were at the meeting Wednesday night. I myself was at that meeting. I am a member of the umbrella group. There were a lot of groups there of different organizations, and there were some 19 people's names entered in for nomination. There could have been more for anyone that wanted to attend. The notice was in the paper. I read it myself in the paper. No one was omitted. The door was not closed. The door was open to everyone that wanted to attend.

Actually, I see no reason for an argument of why this person or that person was chosen. The people that were nominated were voted upon and this is how they were derived from that meeting.

MR. MOORE: Chancellor Dungan, as it relates to the seventh point in the Woodcorn letter, I feel we have reached substantial agreement and I am prepared to say that we call a public hearing on the 46 acres beginning tonight. Let the onus fall on all those persons in the community who do not want the medical school, to say that we do not have substantial agreement.

CHANCELLOR DUNGAN: The motion as I understand it relates to a point which we brought up earlier
in these meetings when we thought we had gone fairly far with respect to relocations, housing, employment and whatever. The motion substantially, as I understand it, Mr. Moore, would permit Mr. Danzig to advertise for the hearing which would be held in ten days, assuming that the arrangement would be satisfactory to HUD, which has to finally approve it. We have Mr. Chisholm here, who is a representative of HUD, and I would like to inquire whether under these circumstances we are prepared to go ahead.

Let me first be clear that the group that came out of the Wednesday night meeting, as Mr. Wheeler pointed out, will be the catalyst for the construction of a broader based organization, eventually to be the Model Cities group.

MR. WHEELER: It will be a total representation.

MR. DAWKINS: I would like to ask a question. When you say the basic catalyst, that has nothing. I mentioned earlier you don't have substantial agreement to move on with the medical college. That may be one of the catalysts that has nothing to do with other catalysts.

CHANCELLOR DUNGAN: I would say, Mr. Dawkins, that this is my understanding. As I tried to point
out the other night, this is a matter between the Model Cities administration, the Federal government. My own view is that if certain groups in the community--and I agree with Mrs. Eperson, I hoped that this would never occur--find it impossible to move with the majority of the community, then there is a certain freedom to move in. But, if nothing comes out of this hearing, and I say this in all sincerity, I would hope for the solidarity of the community in the face of all of its problems.

MR. DAWKINS: I move Mr. Moore's motion.

CHANCELLOR DUNGAN: Mr. Chisholm, does the mechanism that has been outlined here for the establishment of a representative Model Cities group, are the terms satisfactory, the mechanism adequate, from your point of view?

MR. CHISHOLM: I gather that part of the motion put by Mr. Moore--may I clarify one thing before I go further. The decisions with respect to all Model Cities matters are not just HUD decisions. They are decisions of a range of Federal agencies including OEO, including HEW, including the Department of Labor. All of those departments and others review the programs. They review, as a matter of fact, the citizens'
participation portion of the Model Cities program. When we address ourselves to the Newark citizens' participation vehicle, we do it on behalf of the total establishment. If, as a matter of fact, the people in this room accept it as a catalyst and as a temporary mechanism for moving forward to a subsequent reconstruction of the Model Cities vehicle for Newark, I think we are prepared also to accept it.

CHANCELLOR DUNGAN: That, I take it, constitutes formal acceptance by the Federal government of this mechanism for the purposes of giving Mr. Danzig approval to advertise as soon as possible, is that correct?

MR. CHISHOLM: If it is acceptable to this group, that includes the City as well.

CHANCELLOR DUNGAN: We have a motion on the floor to accept this mechanism. Mr. Malafronte, do you want to comment?

MR. MALAFRONTŽE: If it is acceptable to the community, it is acceptable to the Model Cities program.

A VOICE: Mr. Counsel, I would like to say that I am Jenny Lemon. I have an association in the City of Newark. From the very beginning, our
organization has supported the Blazer program. I have served as vice president of that organization and still am a trustee. I want to go on record that our organization wants to be involved in this committee on a total basis.

REVEREND SHARP: I am hoping that we will leave here with the understanding that the Model Cities program cannot belong to any one group, and that one group cannot tell another group that it cannot share, and that each group in the City ought to want the other groups to be in it, and that the catalyst agency here will serve to bring together and to invite us to come together to work with the City to bring the medical school here and to rebuild the City.

I don't think we leave with any bitter taste because you cannot take over the City and Harry Wheeler cannot either, but we can work with Mrs. Lemon or anybody else.

REVERED PERRY: Mr. Chancellor, I would like to say this on behalf of this committee and the meeting on Wednesday evening. The committee itself did not really determine the number that was to serve nor the persons that were to serve on this committee. The question was asked by the young man
that moderated the meeting as to how many shall we have. We reached this conclusion that we would find out how many groups we had there. We found out we had about 31 different groups. We were trying to keep the number as small as we could, where they could work together, but they explained as plain as they could that what they would do is set up the mechanism and they would invite all the rest of the group to come in and be a part of it.

A VOICE: Chairman, my name is Matos. I am from the counsel of Puerto Rican organizations. I am trying to put some Spanish in here. It is very tough for Puerto Ricans here in Newark. I attend some of these meetings, but there is so much "Spanglish" spoken here that it is tough. I would like that as president of the counsel of Puerto Rican organizations to receive some information what it is all about, because I go to a meeting and I don't know what it is all about. I would like any committee or any organization to contact us, the counsel for Puerto Rican organizations, so we could send our representation to this organization.

CHANCELLOR DUNGAN: I am sure that will be the case, sir.
REVEREND SHARP: There is a member of the Puerto Rican counsel on the committee.

MR. WHEELER: Mr. Gonzalez, and there will be more.

CHANCELLOR DUNCAN: The motion before the floor by Mr. Moore is seconded by Mrs. Eperson and Mr. Dawkins.

MR. DAWKINS: With the understanding, sir, I can take insults from all of us, but I am saying to you again that I move the motion Mr. Moore made with the understanding that you reach substantial agreement with or without this committee, but I accept it as it is per se until such mechanism comes about that triggers over all participation.

CHANCELLOR DUNCAN: The substance of the motion is that approval is given by the negotiating team to Mr. Danzig to advertise for the hearing which will occur within ten days. All those in favor say aye.

All those opposed no.

Hearing no objection, the motion is passed.

We will include in the record those agreements pertaining to relocation and housing construction. There being nothing further, we will consider the hearing closed.
"IV. Relocation

"In recognition of the fact that Newark's housing resources are limited, the following procedures will be used to assure that all families and individuals dislocated by the medical center project will be satisfactorily relocated:

"1. The State of New Jersey pledges that demolition and construction on the 46 acre site will be staged in such a manner as not to displace any family until satisfactory relocation accommodations are found for each family and individual so displaced.

"2. The State of New Jersey, through the Department of Community Affairs, will provide a rent supplement program for all families who could not otherwise be relocated. Through the Department of Institutions and Agencies, the State will insure that local and county welfare departments meet their full obligation under existing welfare law and regulations to relocate welfare recipients and standard housing at full economic rent.

"3. The State of New Jersey will accelerate its assistance to community based housing corporations in order to create additional relocation resources in the manner indicated in
Part VII below.

"4. The Newark Housing Authority will accelerate its leased housing and rent supplement programs under existing authorization and will seek additional commitments of leased housing funds as soon as possible.

"5. A relocation review board shall be formed consisting of one member from HUD, one member from the Department of Community Affairs, and one member selected by the citizens group to be formed under VII.

"The review board shall be given full access to dwelling inspection records, the records of complainants appearing before the board, any plans, proposals, contracts, leases, etc., and supporting documents which are pertinent.

"If the review board finds that the relocation practices followed and adopted by the Newark Housing Authority adversely affect any individual to be displaced or evicted, or threatened with the displacement or eviction as a result of the construction of the medical school, they will refer him to the appropriate state or federal body for administrative or judicial remedy and assist the complainant in the presentation of
his grievance.

"6. The State Division of Civil Rights will participate on an active basis in the relocation process and insure that all state and federal legislation pertaining to housing is scrupulously enforced.

"7. The above provisions will be made terms of the contractual agreement between the medical college and the city of Newark, and between the city and the federal government."

"VII. Housing Construction:

"1. A Community Housing Council shall be formed within 30 days. This Council shall be broadly representative of Community organizations and individuals concerned about housing in Newark.

"2. A task force of representatives of HUD, the State Department of Community Affairs, the Newark Housing Authority and the members of the Citizens Housing Council shall be organized promptly upon the formation of the Citizens Housing Council. The majority membership on this task force shall be composed of representatives of the Citizens Housing Council. The task force shall prepare a housing program designed to produce sufficient housing to meet the demand created by projected
dislocation in Newark, as well as to add significantly to Newark's supply of low and moderate income housing. This program shall be used as guidelines for federally and state assisted housing programs in Newark. The task force shall report within three months of its formation.

"3. The Newark Housing Authority agrees to meet with the Citizens Housing Council periodically to:

"(a) Review the status and disposition of parcels in urban renewal projects in execution, and

"(b) Review the priorities and direction of urban renewal in Newark, particularly with regard to the need for greatly increased housing construction.

"4. The Newark Housing Authority agrees to convey to non-profit community-based housing corporations land designated in Louis Danzig's letter of March 1, 1968 to Chancellor Dungan.

"5. In order to facilitate responsible planning and analysis by community groups, the Department of Community Affairs pledges to:

"(a) Provide to such community groups as have received an option on urban renewal land
'seed money' for planning and development of working drawings, specifications, etc.;

"(b) To provide resources for the overall evaluation of Newark's housing program in the form of consultants, planners, and any funds reasonably necessary;

"(c) To have the New Jersey Housing Finance Agency process applications for State funds from community groups with dispatch.

"6. All parties concerned will give due consideration to mixed use construction, e.g., housing over schools, institutional facilities, and/or commercial uses.

"7. The United States Departments of Housing and Urban Development and Health, Education, and Welfare pledge to encourage their component and subsidiary agencies in the fields of housing, health, and education to proceed with all possible dispatch in processing applications from community and community-related groups for federal funds for these purposes.

"8. Both HUD and the Department of Community Affairs will review and act upon all urban renewal and housing proposals from the City of Newark in such a manner as to bring about a greater
commitment of available land and resources to housing construction."

CERTIFICATE

I, HENRY E. McGRORRY, JR., a Certified Shorthand Reporter of the State of New Jersey, do hereby certify that the foregoing is a true and accurate transcript of the proceedings as taken by me on the date and at the place hereinbefore set forth.

Henry E. McGrorry, Jr.
Certified Shorthand Reporter of New Jersey

DATED: 3/26/66