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CIANJ Means Business: A Conversation with Chairman of the Board Richard W. Abramson

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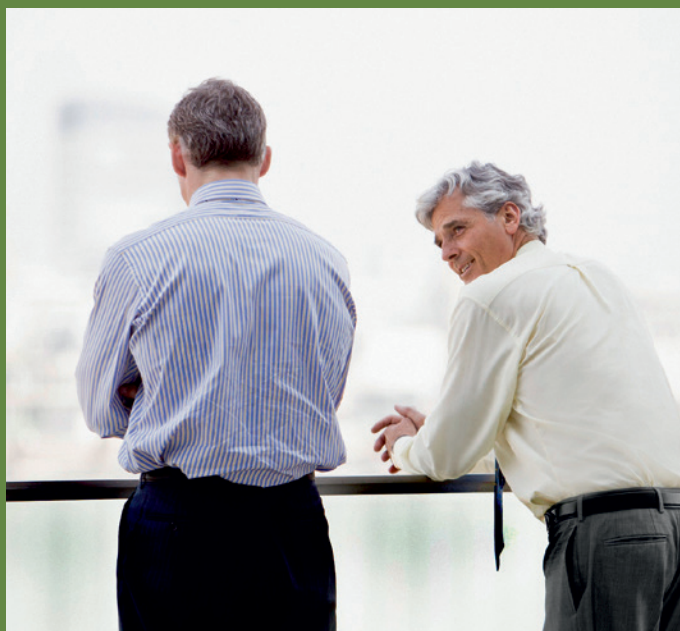
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New Jersey's Expanded Role in the Logistics of the Global Supply Chain Will Fuel Economic Growth

Carrying goods such as fall/winter clothing, pharmaceuticals and furniture bound for retailers in the bistate region, the massive container ship *CMA CGM Brazil* will support businesses in New Jersey.

By Anthony Russo
President, CIANJ

The ultra-large container ship *CMA CGM Brazil*, with a maximum capacity of 15,072, 20-foot equivalent units (TEUs), is wider than a football field and the length of more than four New York City blocks. In September, it became the largest vessel

to call on the Port of New York and New Jersey (PANYNJ) and any U.S. East Coast port.

Carrying goods such as fall/winter clothing, pharmaceuticals and furniture bound for retailers in the bistate region and beyond, the massive container ship is part of the logistics and supply chain that is expanding opportunities in the Garden State and the surrounding region.

The *CMA CGM Brazil*—167 feet wide and 1,200 feet long—was built in 2020 and arrived in North America from Southeast Asia via the Suez Canal. The ship's recent arrival at the Elizabeth-Port Authority Marine Terminal showcases the port's ability to handle the world's largest container ships, a result of recent Port Authority investments such as the Bayonne Bridge Navigational Clearance Program and the Harbor Deepening Program.

The Bayonne Bridge project increased its vertical clearance to 215 feet, while the dredging project deepened the shipping channels to 50 feet. The project raised the clearance under the crossing from 151 feet to 215 feet, allowing ships as large as 18,000 TEUs to travel under it to port facilities in Newark, Elizabeth and Staten Island. Following the raising of the bridge, one of the port's major shipping lines—CMA CGM—began a new service to the port using primarily 14,000 TEU vessels.

Combined, the improvements along with significant additional investments by all of the port's terminal operators allow the PANYNJ to welcome the next generation of ultra-large container vessels, which use newer and more

environmentally friendly technology, have more sustainable designs and help reduce emissions by carrying more containers with fewer vessels.

The PANYNJ handled 7,471,131 20-foot equivalent units (TEUs) of cargo in 2019, breaking the previous annual record of 7,179,788 TEUs set in 2018. In 2019, the port also handled 5,231,418 loaded TEUs, surpassing the loaded imports handled by the Port of Long Beach in California, elevating the PANYNJ to No. 2 in the nation for the first time in two decades.

The port also set a record for cargo handled by rail, moving 664,987 containers, up 3 percent over the previous record set in 2018. Cargo growth was bolstered by a 2.6 percent increase in imported goods compared with 2018 levels.

According to a recent study by the New York Shipping Association, the port supports 400,000 jobs, a 35 percent increase over the 296,000 jobs reported four years ago. The port also is responsible for \$25.7 billion in personal income and \$64.8 billion in business income.

The South Jersey Port Corporation (SJPC) is key to South Jersey's economy and growth at

the Paulsboro Marine Terminal (PMT). PMT is the first new marine port on the Delaware River in the last 50 years. Since its opening in 2017, more than four million tons of imported steel slabs have moved through PMT, creating jobs and opportunities for the region. The second phase of construction of PMT is scheduled for completion in 2021.

SJPC is also prioritizing infrastructure needs across all of their terminals, including Balzano and Broadway Marine Terminals in Camden and Salem Marine Terminal in Salem. The plans include rehabilitation of existing buildings and replacement of older buildings—incorporating modern facilities that can handle more cargo. The port is also looking at the use of solar energy to help attract new clients looking to boost sustainable practices in their operations.

In addition, SJPC recently announced a \$6 million grant to implement improvements to the rail system at the Joseph A. Balzano Marine Terminal to provide seamless dock to rail capacity. These improvements will expand the capability to easily move products like steel, cocoa beans, wood and project cargo. 📌



The *CMA CGM Brazil*—167 feet wide and 1,200 feet long—was built in 2020 and its recent arrival at the Elizabeth-Port Authority Marine Terminal showcases the port's ability to handle the world's largest container ships.



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CIANJ Means Business: A Conversation with Chairman of the Board Richard W. Abramson

CIANJ's mission is to make the state a better place to live and work and is committed to advancing free enterprise.

By Diane C. Walsh
Contributing Editor

Richard W. Abramson took over as chairman of the Commerce and Industry Association of New Jersey (CIANJ) two years ago with his mind set on rebranding its magazine, *COMMERCE*, and creating a new digital version.

Little did he know that history would have other ideas for his legacy.

COMMERCE is CIANJ's flagship publication and it brings news, best practices and feature stories to members, their clients and key New Jersey business leaders. Abramson wanted to expand its scope with a dynamic new electronic product.

He tapped board members for their input by establishing a special committee. He stoked the magazine staff's enthusiasm and drew on the advice of industry consultants. Finally, in April, the first sleek digital issue of *COMMERCE* was delivered to thousands of in-boxes.

The expertly designed digital publication was the perfect complement to its well-respected print sister. Abramson's pride is easily apparent to anybody who talks with him. He wanted it to be his legacy. Abramson expects, however, he will be best known as the CIANJ chairman at the helm during the height of the COVID-19 pandemic.

Like so many businesses, CIANJ was upended by COVID-19. The restrictions imposed to curb the spread of the deadly virus left CIANJ unable to host its popular networking and educational programs. It struck at the organization's core—live meetings and events for its members.

"I didn't want the organization after more than 90 years to go under on my watch," Abramson frankly admitted. He and Anthony Russo, the president of CIANJ, quickly recognized the dire reality and kept in contact almost daily to devise a survival strategy. "We talked through every scenario and possibility. Together we devised plans to adapt and restructure," Russo said.

They pivoted the organization from in-person to virtual events. It kept CIANJ relevant

by providing value to members. CIANJ also concentrated on keeping members apprised of news and developments from Trenton and Washington, D.C., while making certain that state and federal leaders heard the concerns of the business community.

CIANJ's leadership team modeled various scenarios and reduced costs where appropriate without sacrificing member services. Abramson said CIANJ's early decisions have well positioned the organization to survive the pandemic.

Abramson's commitment to CIANJ goes back to 1984 when he started his career as an attorney for the Cole Schotz P.C. law firm. His mentor, Ed Schotz, assigned him to one of their biggest real estate clients, Reinauer Realty Corp. It was headed by B. Franklin Reinauer II, who coincidentally was a former chairman of CIANJ.

Through Reinauer, Abramson got involved in CIANJ's inner workings. As he was building his practice, Abramson said he fell away for several years. But then the former president, John Galandak, persuaded him to renew his ties to CIANJ. Abramson has now been active for more than 15 years.

Abramson is a Jersey guy. Born in East Orange, he grew up in Livingston before settling in Franklin Lakes to raise his family.

At every board meeting in the past two years, Abramson surprised the audiences by sharing his research about things quintessentially New Jersey—like the fact that the New Jersey Pine-lands is one of the few places where cranberries grow naturally; or that 57 million pounds of blueberries are grown here.

During his tenure, Abramson also focused on diversifying the board, recruiting more women and younger board members to steer the association's future. He is very proud of the caliber of speakers CIANJ has brought to members, including former governors, top business executives, leading educators and hospital administrators. He only regrets that these programs were not recorded and made available for others. Maybe that's an idea for his successors, he said.

Abramson got his undergraduate degree at George Washington University in Washington, D.C., and he earned his juris doctorate at the



Richard W. Abramson, Esq., a member of the law firm Cole Schotz P.C., has served as CIANJ's chairman for two years.

University of Miami School of Law. After he completed his schooling, he returned to his native state. But his four children do not plan to raise their families in the Garden State. He said they, like many of their generation, do not see opportunity here and he faults state leaders. "They hear it, they acknowledge it, but there are no pro-business initiatives to draw them," he said.

He is also "upset watching New Jersey's economy crumble" in the pandemic. The business leader said it is disturbing to see neighboring states, like New York, roll out plans to reopen more businesses while New Jersey lagged behind for months. "We won't know the long-term effect for a year or two. It's depressing," he said. "This was a great opportunity for New Jersey to attract business away from New York."

Continued On Page 10

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Richard W. Abramson is a past recipient of CIANJ's prestigious Outstanding Volunteer Award, which he received from then-Chairperson and current Board Member Tracy Straka, executive vice president at Creamer Environmental, Inc.

Continued From Page 8

Some businesses, like his law firm, which had invested heavily in technology and made it easy to work from home, adapted to the pandemic's constraints without a loss of productivity. Others were not as lucky. For instance, in the real estate market, Abramson said there is a "big pause in development." Many commercial projects are on hold because of questions over permits, costs and even the likelihood of tenants, he said.

Uncertainty is causing businesses to tighten their belts and Abramson expects there will be less discretionary spending. It could mean a loss of membership dues and sponsorship dollars to CIANJ and other business groups. To counteract the possibility, the chairman said CIANJ must expand its footprint beyond its concentration in Northern New Jersey. Abramson also believes it is imperative to recruit younger members. "The challenge is to get young professionals who share the passion that we have for free enterprise," Abramson said.

CIANJ's affiliate, the Foundation for Free Enterprise, goes into the classroom to teach the importance of capitalism. Abramson said CIANJ should examine strengthening its ties to the foundation. The incoming chairman, Bill Hanson, the president of NAI James E. Hanson, is a former chairman of the foundation. Abramson said no one is better suited than Hanson to take on the task. 📌

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New Jersey R&D Consortium Creates Mobile Medical Care Units to Address COVID-19

Rather than moving patients out, these shipping-container-made units can meet the needs of hospitals and patients on-site.

Compiled by John Joseph Parker
Contributing Editor

In response to the extreme challenges to clinical capacity posed by the COVID-19 pandemic, three New Jersey institutions—New Jersey Institute of Technology (NJIT), University Hospital in Newark and The Tuchman Foundation—are collaborating in a unique partnership on the development of modular, mobile medical care facilities to be deployed to areas of surging disease outbreaks and other disasters, as well as to regions that lack healthcare infrastructure.

The modules, constructed in Woodbridge, New Jersey, are fabricated from 40-foot-long repurposed shipping containers. They have been tested for their effectiveness as triage centers in a series of staged patient-care simulations conducted by medical personnel at University Hospital.

The units include customizable internal environments that can be configured for various medical applications, including clinical point-of-care services and the testing and treatment of communicable and non-communicable diseases. They are easily transportable for rapid deployment and can be staged horizontally to create larger clinical field operations sites with effective patient separation and management.

As shipping containers, the modules can be deployed rapidly and re-deployed regionally, nationally and internationally within existing commercial intermodal networks.

"All of these units are standard and can be moved to a particular area when there is an urgent need," says Martin Tuchman, CEO of the Tuchman Group and chairman of The Tuchman Foundation. "They can be sent to any place in the United States, Canada and Mexico in a matter of days. In areas where the hospital system is overwhelmed, rather than shipping patients out of the affected area, we can ship containers into the area to meet the needs of the patient population."

NJIT provides architectural design, management and technological know-how. Julio Garcia Figueroa, an architect and university lecturer in the NJIT Hillier College of Architecture and

Design, is the principal designer. Officials at NJIT's Martin Tuchman School of Management are overseeing project management.

University Hospital, the state's only public hospital and Northern New Jersey's only Level-1 trauma center, is the consortium's medical partner. The hospital is responsible, among other aspects, for input and feedback on the units' internal configurations, clinical use and regulatory requirements. The clinical team running the simulations—physicians, nurses, technicians and infrastructure support personnel—will assess the efficacy and efficiency of workflows in the modules in order to continuously refine them.


The Kingston New Jersey-based Tuchman Foundation, established by Tuchman Group CEO Martin Tuchman, supplies his company's deep experience in shipping and logistics. The foundation, a nonprofit corporation that supports research on healthcare, including diseases and cures, provided initial funding to develop the prototype.

The prototype was constructed by Woodbridge, New Jersey-based Integrated Industries Corp., a company that provides intermodal services including container and chassis modification, fabrication and storage services. The two demonstration units at University Hospital were staged one in front of the other with a

central corridor connecting them, and include a registration/triage area, a patient waiting room and two testing and examination rooms.

The group's phase-1 prototype will focus on simple healthcare provisioning, including initial COVID-19 point-of-care examination and testing. A potential phase-2 model would address increased healthcare complexity with an airborne infection isolation room required to treat and manage critical patients.

Garcia Figueroa designed the initial units to create a workflow around patients who had potentially been exposed but displayed no symptoms, by creating enough space throughout them to safely admit, test and examine patients.

The prototype's designers worked closely with Tomas Gregorio, chief innovation and technology officer at University Hospital, as well as with a group of emergency physicians, nurses and hospital operations experts. The team members contributed their experience in managing COVID-19 patients at the hospital and in additional tented structures set up on the facility's grounds to manage patient overflow during the height of the pandemic surge in the New York-New Jersey region. 



"All of these units are standard and can be moved to a particular area when there is an urgent need," says Martin Tuchman, CEO of the Tuchman Group and chairman of The Tuchman Foundation.



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Taiwan's Response to COVID-19: Lessons Learned and How the Island Nation Took on a Global Pandemic

With 23.7 million people, Taiwan had only 490 COVID-19 cases and seven deaths.

By Diane C. Walsh
Contributing Editor

The rapid and strict unilateral actions Taiwan took to protect its population from the deadly COVID-19 virus were discussed at a special virtual program hosted by the Commerce and Industry Association of New Jersey (CIANJ), the New Jersey Taiwanese Chamber of Commerce and the Taiwanese Consulate.

CIANJ and the Taiwanese chamber are drafting an agreement outlining the partnership they are forging to help their respective business members grow and succeed. Jimmy Shee, president of the Taiwanese chamber, said his members include insurance firms, hotels, restaurants, distributors, management consulting firms, as well as others focusing on imports and exports.

As a sign of goodwill, the chamber donated thousands of masks to New Jersey hospitals and nursing homes, including Bergen New Bridge Medical Center, a CIANJ member. CIANJ President Anthony Russo thanked Mr. Shee for donating another 5,000 surgical masks to the association for distribution among its corporate members.

Masks, isolation and quarantine are the most powerful tools against COVID-19, said Dr.

Chunhuei Chi, director of the Center for Global Health at the College of Public Health and Human Sciences at Oregon State University. He was the key speaker at the program on the Taiwanese strategy. Taiwan was the first nation to provide universal access to surgical masks, giving no excuse not to wear them, the professor noted.

Dr. Chi said Taiwan's response was rooted in its devastating experience with the SARS (Severe Acute Respiratory Syndrome) outbreak in 2003. Initially in April of that year, Taiwan had 29 cases and no deaths. But by June the number of cases climbed to 680 and the death toll reached 81, according to information provided by the U.S. National Library of Medicine. "We decided to never again face a new pandemic unprepared," Dr. Chi said.

He developed a timeline of Taiwan's action, noting that late in December 2019, it was conducting inspections of airline passengers arriving in Taiwan from Wuhan, the epicenter of the virus.

The professor attributed Taiwan's success to several factors: development of a "legal framework" to implement mandatory quarantining; use of precision contact tracing; advanced planning, which included extensive training of healthcare professionals; and the ability to use advanced information technology.



Masks, isolation and quarantine are the most powerful tools against COVID-19, said Dr. Chunhuei Chi, director of the Center for Global Health at the College of Public Health and Human Sciences at Oregon State University.

There was never a shutdown of the country's economy. Instead, the professor said Taiwan focused on protecting lives and the approach protected the economy. For example, Dr. Chi said restaurants continued to serve patrons indoors; but strict protocols were enacted. Extra measures were taken to disinfect the premises. Capacity was reduced to half, transparent plastic shields were installed, the temperature of every guest was taken, disinfectant was readily available to use on hands and every restaurant registered the customers' names and times that they dined for contact tracing, if necessary.

Schools were not closed, either. As an alternative, partitions were installed as safety measures. Every county was also responsible for preparing huge care packages of food and provisions for people who were required to quarantine for 14 days. These steps and many others resulted in the British media praising Taiwan as the "gold standard" in COVID-19 response. 📌



Taiwan was the first nation to provide universal access to surgical masks, giving no excuse not to wear them.



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Do Vaccines Under Development Have a Shot at Preventing COVID-19 Infections?

Creating a safe, effective vaccine for COVID-19 is complicated, and the time to market is uncertain.

By Francis Collins, M.D.,
Director, National
Institutes of Health

Here are excerpts from a conversation between National Institutes of Health (NIH) Director Francis Collins, M.D., and Anthony S. Fauci, M.D., director of NIH's National Institute of Allergy and Infectious Disease (NIAID)—one of the leading figures in the nation's response to the COVID-19 pandemic.

Dr. Fauci was appointed director of NIAID in 1984. He oversees an extensive portfolio of basic and applied research to prevent, diagnose and treat established infectious diseases such as HIV/AIDS, respiratory infections, diarrheal diseases, tuberculosis and malaria, as well as emerging diseases such as Ebola and Zika. NIAID also supports research on transplantation and immune-related illnesses, including autoimmune disorders, asthma and allergies. The NIAID budget for fiscal year 2020 is an estimated \$5.9 billion.

Dr. Fauci has advised six presidents on HIV/AIDS and many other domestic and global health issues. He was one of the principal architects of the President's Emergency Plan for AIDS Relief (PEPFAR), a program that has saved millions of lives throughout the developing world.

Now, he is a leader in the worldwide battle against COVID-19 and in the race for a vaccine. Here are his thoughts on the days ahead and the healthcare crisis we are all facing.

Dr. Francis Collins: *Where are we with the COVID-19 vaccine efforts that have been moving forward at unprecedented speeds?*

Dr. Anthony Fauci: Although timetables are given, whenever you're dealing with a vaccine's development, there's never a guarantee that your candidate will be both safe and effective. So, there's always the big question mark. However, assuming that there will be one, and maybe more, safe and effective vaccines, here's

where we are with the timeline. There are multiple candidates using different platforms—several of which the United States government and the NIH are involved in, helping to facilitate the development—either directly or indirectly—with our sites.

If things go the way it looks like they're going, one of these candidates will enter phase 3 trials. Other candidates will sequentially come in. We hope as we go along that by the end of this year, or the beginning of 2021, we will at least have an answer whether the vaccine, or vaccines, are safe and effective. If so, we are now working with the companies to start making doses before we even know whether it works or not. So when we get to the winter in the early part of 2021, we will start to have a large number of doses that people will be able to use if it turns out to be safe and effective.

"We will get a vaccine," says Dr. Fauci. "We will get therapies for early disease and for late disease. We will get through this."

Dr. Francis Collins: *Does that mean if one of those vaccines doesn't turn out to be safe and effective, you just have to throw out all of those doses that were made?*

Dr. Anthony Fauci: Unfortunately, yes. But that is a financial risk. That is not a risk for safety, nor is it a risk for scientific integrity. And I think that's what the general public needs to understand. The risk we're taking is to gain months so that we will be able to have it ready. And, if we lose, we're only losing money.

Dr. Francis Collins: *Suppose this all looks really good and you have a vaccine that's safe and effective, and we start immunizing people. How long will that protection last when you've got a vaccine? Are you going need to take it again?*

Dr. Anthony Fauci: We do not know the answer to that. You can assume that you're going

to get protection at least to take us through this cycle. When you look at natural infection, it's anywhere between six months to a year. We're going to assume that there's a degree of protection, but we have to assume that it's going to be finite. It's not going to be like a measles vaccine. So, there's going to be follow-up in those cases to see if we need a boost. We may need a boost to continue the protection. But right now, we do not know how long it lasts.

Dr. Francis Collins: *And do we know whether people who got natural infection with this virus SARS-CoV-2 can get re-infected? Are there cases where people really got better and then got sick again?*

Dr. Anthony Fauci: There are no documented cases where people got better and actually got sick again in the sense of virus replicating. They were able to do PCR (a test to detect the virus's genetic material) of what was likely viral fragments that showed up on PCR. The idea of relapses, I wouldn't be surprised if there's a rare

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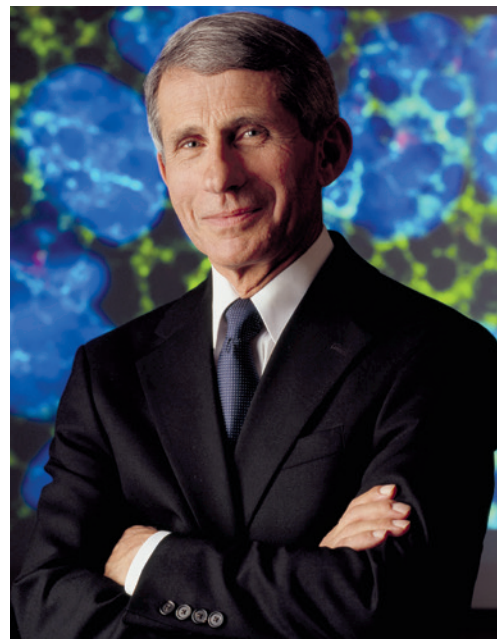


Photo Courtesy of NIH

Leading the charge against a pandemic, Anthony S. Fauci, M.D., is director of NIH's National Institute of Allergy and Infectious Disease.



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COVID-19 Report

Continued From Page 16



(L-R) Dr. Fauci, Bill Gates and Dr. Collins met to discuss a vaccine for COVID-19. Gates is financially supporting these efforts through the Gates Foundation.

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Photo Courtesy of NIH



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COVID-19 Report

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case of an individual who went into remission and relapse. But I can say with confidence that it is very unlikely.

Dr. Francis Collins: *So, you're saying this is a pretty good virus for a vaccine to work. It has the ability where natural infection does seem to be protective. It doesn't seem to mutate too rapidly, compared to other viruses?*

Dr. Anthony Fauci: That is fair. It's an RNA virus. And, as we know, RNA viruses mutate but the functional consequence of that mutation so far doesn't look to be impressive.

Dr. Francis Collins: *People are feeling like this is never going to come to an end. The uncertainty and the anxiety are weighing on them. And many people have seen loved ones fall ill, or even die. Is there ever going to be a better time for us?*

Dr. Anthony Fauci: I can say, as a public health person, as a scientist, it will end. We will get through this for absolutely certain. We've already suffered through a lot of pain—a lot of economic and personal pain and inconvenience. But it will end. It will end because the public health efforts will succeed ultimately. And science will get us through this. We will get a vaccine. We will get therapies for early disease and for late disease. So, the only message that I think we can jointly tell the American public and the global public is that we will get through this. 🦋



Getty Images/Stockphoto

Dr. Fauci said, "We are now working with the companies to start making doses before we even know whether it works or not. So when we get to the winter in the early part of 2021, we will start to have a large number of doses that people will be able to use if it turns out to be safe and effective."

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Special Focus on Breast Cancer: Diagnosis, Treatment, Technology and Survival Stories

When it is caught in its earliest stage, 98 percent of women with the disease are alive five years later.

Compiled by John Joseph Parker
Contributing Editor

Breast cancer affects one in eight women during their lives and kills more women in the United States than any other cancer—except lung cancer. But more women are surviving than ever before—in fact, more than two million women are breast cancer survivors. *COMMERCE* asked New Jersey's top hospitals to share some survival stories in this special section, as October is National Breast Cancer Awareness Month.



**Atlantic Health System,
Morristown Medical Center**
By Shilpi Gupta, M.D.,
Breast Oncology

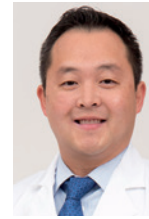
Cancer is a devastating diagnosis. But there is hope and happiness at the end of the cancer journey for a lot of our patients and their families. I still remember this very special lady who I had the privilege to care for during her battle with breast cancer. On her annual screening

mammogram, she was found to have an area of calcifications. She underwent a biopsy and was noted to have precancerous cells. In her case, the management was surgery and close monitoring with mammograms and breast MRIs. After surgery, the final pathology report showed invasive breast cancer which was hormone receptor negative and HER-2 positive. This diagnosis changed the entire treatment plan. She would now receive almost five months of chemotherapy, one year of HER-2 directed therapy and radiation for this cancer. She was distraught and had a difficult time reconciling with the diagnosis, but she completed the required treatments with tremendous support from her family and the entire breast oncology team. And seven years later, she remains cancer free.



**AtlantiCare
Cancer Care Institute, a Fox
Chase Cancer Center Partner**
By Neha Chawla, M.D.,
*Medical Director, Hematology
and Medical Oncology*

As physicians we often have those patients who particularly inspire us—some because of the cancer itself or the outcomes, others for how they decide to address the disease. One of my patients sought care after having a cauliflower-shaped growth coming out of her breast. By the time she came to us, she had advanced Stage III cancer. She had surgery, radiation, and oral chemotherapy and has been cancer free for three years. She's used her experience to become an advocate for the importance of addressing the risks and symptoms immediately. She urges friends and family to have age-appropriate screenings, know the risk factors, be aware of their own bodies and address health concerns/changes without delay. Her mantra that no one should let fear stand in the way of seeking care and/or a diagnosis is a testament to her survival story. It will be key to many others getting life-saving early diagnoses. I am inspired by how she accepted her diagnosis and embraced her treatment. I am grateful for the difference I know she is making for so many who are at risk for breast cancer and other cancers.



**CentraState
Healthcare System**
By Jae Y. Lee, M.D., Ph.D.

After a biopsy confirmed breast cancer, Karen Cohen of Manalapan opted to have a lumpectomy and lymph nodes removed, followed by radiation treatments to prevent the spread of cancer cells. Because Karen's cancer was in her left breast—and close to her heart, we used an innovative new technology called deep inspiration breath hold (DIBH), which decreases radiation to the heart by using breathing to move it away from the breast and out of the radiation field. Limiting radiation exposure to normal tissue around the heart and lungs is becoming an increasingly important goal for breast cancer treatment given the long survival of most patients with breast cancer. Using DIBH, Karen learned how to hold her breath for 20 to 30 seconds, which allowed her lungs to serve as a cushion between her breast and heart. Wearing special goggles to see how long she needed to hold her breath, Karen was able to control the radiation equipment, like she was playing a video game. Karen's last imaging test found no cancer. "I'm one of the lucky ones because my cancer was caught early," she said. "I never felt a lump, so yearly mammograms are so important."



Englewood Health
By Violet Merle McIntosh, M.D.,
Chief of Breast Surgery

When undergoing cancer treatment, having a support system is key in the physical, mental and emotional well-being of the patient. In recent years at Englewood Health we treated two sisters who supported each other through breast cancer diagnosis, treatment and recovery. The older sister was referred to me after noticing a nipple discharge. Upon further screening, we determined the patient had breast cancer, and she had a mastectomy with reconstruction, followed by chemotherapy. For her, the hardest part of cancer treatment was losing

Continued On Page 24



There are several ways to treat breast cancer, but all treatments work best when the disease is found early.

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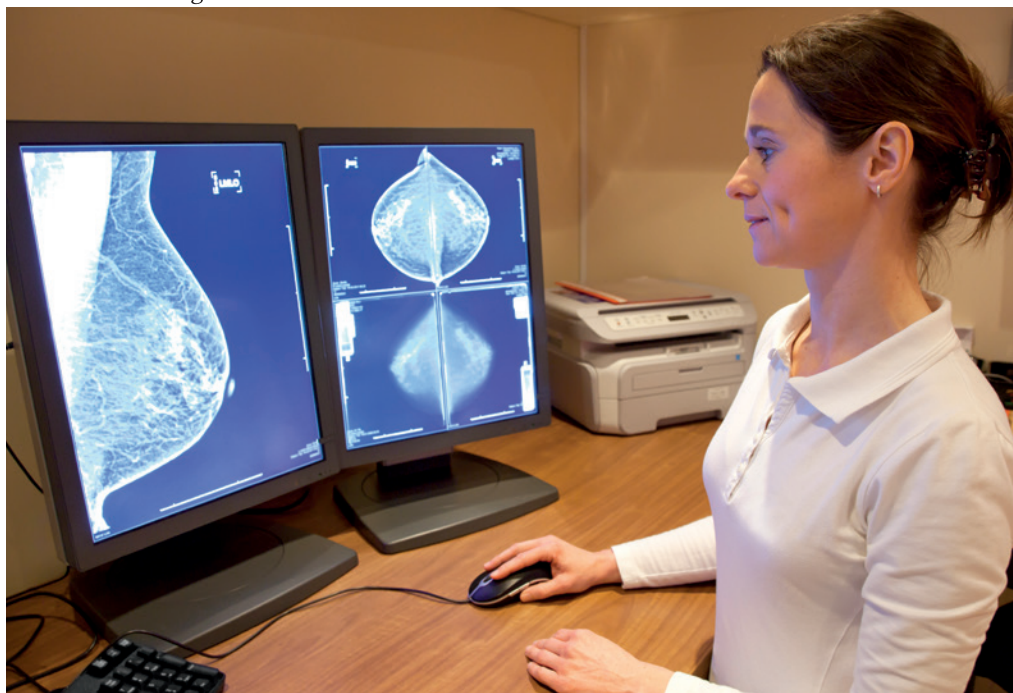
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Cancer Update

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A radiology technician examines a mammography test.

her hair. When her younger sister was diagnosed just after her 50th birthday and faced six-plus weeks of radiation, the patient was able to impart everything she learned during treatment, providing a good example of how to stay strong and focused. As for herself, the patient has chosen not to grow out her hair since treatment. She keeps it short because, as she explains, she is a changed woman and isn't going back to who she was before.



Hackensack Meridian Health, Hackensack University Medical Center

By Tara M. Baliya, M.D.,
*Director, Breast C.A.R.E.
Program, John Theurer Cancer
Center; Attending Surgeon,
Division of Breast Surgery; and*

*Assistant Professor of Surgery, Hackensack
Meridian Health School of Medicine*

When Doris Barnhill, 67, was diagnosed with stage III breast cancer, our team of physicians at the John Theurer Cancer Center at Hackensack University Medical Center recommended chemotherapy, surgery and radiation. Doris began chemotherapy in November 2019. She was set to have her last treatment on April 15, 2020, but on April 10, Doris woke up with chills. A test showed she had COVID-19. Doris needed to have a mastectomy within six weeks of her last chemotherapy treatment, so her procedure was scheduled for May 29. But because Doris was still testing positive for COVID-19, my surgical team took extra precautions and performed the operation in a special negative-pressure operat-

ing room. To protect Doris, her care team and other patients, she went home the same day. A nurse came to her home to care for her wound. By late June, Doris began radiation therapy, which lasted through the end of August. Today, Doris is back to living her life—and her entire breast cancer care team is proud to have been able to safely provide the treatment she needed during the pandemic.



A woman receives radiation therapy for breast cancer.



Holy Name Medical Center, Patricia Lynch Cancer Center

By Lynette Mendoza, D.O.,
Breast Surgical Oncologist

My patient, Debbie Schroeder Craddock, was 47 years old when she was diagnosed with early-stage breast cancer during a routine check-up and mammogram. Because the tumor was small, and it was discovered before it had spread outside the breast, she underwent a lumpectomy to remove it, followed by radiation therapy to destroy any residual cancer cells. She is now taking antiestrogen hormonal therapy to complete her treatment and is doing well, two years after surgery. Oncoplastic breast surgery is changing the way many procedures are performed to remove larger tumors and leave the breast as natural in appearance as possible after surgery. For patients who opt for reconstruction following a mastectomy, temporary implants called expanders allow for other cancer treatments—such as radiation therapy—to be completed before a permanent implant is placed. Our medical oncologists are using innovative targeted therapies that stop cancer growth pathways by attacking certain types of tumors. These chemotherapy agents have been shown to decrease a patient's chance of recurrence by up to 50 percent and/or improve disease-free survival. A technique called genetic sequencing helps the treatment team tailor specific therapy for a patient to help them decide whether she would benefit from a clinical trial.

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Cancer Update

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Rutgers Cancer Institute of New Jersey

By Bruce Haffty, M.D., MS,
Chair, Radiation Oncology and
Associate Vice Chancellor for
Cancer Programs

A patient in her late 30s and in the early months of her first pregnancy was facing a second breast cancer diagnosis in 2016. In 2011 she presented with a lesion near her armpit that spread to her lymph nodes. She was deemed cancer free after receiving chemotherapy, radiation and breast reconstruction. She received post-operative radiation at Saint Barnabas Medical Center (SBMC), an RWJBarnabas Health facility. Five years later she had a recurrence in the axilla, which was in the region previously radiated. Because of her complex medical history and pregnancy, she was referred to Rutgers Cancer Institute of New Jersey. After a resection and chemotherapy, she gave birth to a healthy baby boy. Since she received radiation previously, we worked with SBMC and our team at Robert Wood Johnson University Hospital's Laurie Proton Therapy Center—one of only two such centers in the state—to come up with an approach. We decided on proton therapy, a radiation treatment modality that is being used with great success to treat many cancer patients, including those with recurrent breast cancer. She received treatment to the impacted area while radiation was spared to the surrounding tissue previously irradiated. This patient is now cancer free and enjoying a healthy life.



Saint Peter's University Hospital

By Susan A. McManus, M.D., FACS,
Director, Saint Peter's Breast Center

Becoming a breast cancer survivor is difficult in the best of times, but it became even more frightening and challenging during the COVID-19 pandemic since most physicians' offices were closed and hospital operating rooms were limited to urgent and emergency surgery. We treated a woman in her 40s who presented with suspicious masses in both breasts and went on to have biopsies in the Mammography Department at Saint Peter's Women's Imaging Center. After our multidisciplinary team discussed the best course of treatment for her at our weekly breast conference via Zoom, she went on to have surgery, chemotherapy and radiation. Today, as the pandemic continues, she is doing well. Now that is a survivor!



St. Joseph's Health, Wayne Medical Center

By Stephan Dorkhom, D.O.,
Chief of Medicine, Hematology/
Oncology

As a nurse, Kathleen Lane, now age 61, knew she couldn't ignore a visible abnormality on her left breast in 2017. With no family history of breast cancer, and having been diligent about annual mammograms, Kathy was shocked when she learned the diagnosis: stage four breast cancer. Having served

as a nurse at St. Joseph's Health for six years, she knew that's where she wanted to remain for treatment. At St. Joseph's Health, our goal is to provide our patients with world-class treatment close to home while maintaining the best quality of life; this is both an art and a science I pride myself in. All of our patients are treated like family. In Kathy's case, she already was family. After the initial shock, Kathy began accepting her new normal. She conducted research, asked questions and followed all protocols outlined by me and the St. Joseph's team. Kathy's prognosis has significantly improved, and she continues to work throughout her treatment. "I'm blessed by the layers of support around me," she says. "And I'm grateful for every day."



Trinitas Regional Medical Center

By Clarissa Henson, M.D.,
Chair of Radiation Oncology

Digna M. had a routine mammogram in November 2019 and was diagnosed with an early Stage 0 Breast after undergoing a stereotactic breast biopsy in December. She met first with Dr. Adriana Suarez-Ligon, Breast Surgical Oncologist at Trinitas, for breast-conserving radiation and a partial mastectomy/lumpectomy. Then she met with me, post-operatively about radiation treatment—either whole breast radiation standard fractionation for six weeks, hypo-fractionated for four weeks, or partial breast radiation (AccuBoost). Digna chose AccuBoost. When the pandemic hit in April, we visited her via Telehealth to talk about the risks and benefits of delaying radiation for a few weeks. She has diabetes, and we thought it safest for her to stay home until the rates of COVID-19 in the Elizabeth community subsided. She returned for partial radiation for 10 days and did extremely well. With our safety protocols, temperature checks, PPE and screenings for all patients and staff, we all felt safe delivering her care.



Valley-Mount Sinai Comprehensive Cancer Care

By Eleonora Teplinsky, M.D.,
Head, Breast Medical Oncology

As an oncologist at Valley-Mount Sinai Comprehensive Cancer Care, I have the privilege of taking care of people when they are most vulnerable. Last year, I met with a 39-year-old woman who was diagnosed with triple negative breast cancer, which is the most aggressive breast cancer subtype. She was a mom of two young children and struggled to keep working and taking care of her children while also receiving chemotherapy. She suffered from fatigue, joint aches and pains, neuropathy, and "chemo brain" both

Continued On Page 28



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Continued From Page 26

during treatment and afterwards. She completed chemotherapy, surgery and radiation and, with a focus on exercise and nutrition, her symptoms have started to improve. She is currently living and thriving without any evidence of cancer recurrence. 



ProCure Proton Therapy Center's New Clinical Affiliation

ProCure Proton Therapy Center has a new clinical affiliation with Hackensack Meridian Health.




"We hope to work closely with Hackensack Meridian Health's John Theurer Cancer Center to expand our clinical research studies to highlight the benefits of proton therapy," explains ProCure Proton Therapy Center President Tom Wang.

ProCure was the first to bring proton therapy to the tri-state region and remains the only center in New Jersey to offer Pencil Beam Scanning (PBS). PBS is the most advanced form of proton therapy, which utilizes an ultra-narrow proton beam that deposits a radiation dose more precisely within a tumor. PBS allows physicians to precisely "paint" the tumor with radiation, minimizing radiation exposure to healthy tissue and reducing the risk of side effects.

Unlike conventional radiation therapy, proton therapy delivers par-

ticles to the body at lower energy levels, and releases its energy upon impact with the tumor, so there is no "exit" dose—reducing radiation exposure to nearby healthy tissues by more than 60 percent. This is an especially important benefit when a tumor is located near critical organs or structures such as the brain, heart or spinal cord. As proton therapy delivers highly targeted energy or pinpoint radiation with less toxicity, higher doses can be delivered to the tumor safely.

Proton therapy is just as effective as conventional radiation therapy with much less toxicity. Additionally, proton therapy is a treatment option for a wide range of cancers, including pediatric cancers; brain tumors; head and neck cancers; breast cancer; lung cancer; prostate cancer; re-irradiation of previously treated cancers; sarcomas; pancreatic cancers; lymphomas; and esophageal cancers. 



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New Treatments Spur Sharp Reduction in Lung Cancer Mortality Rate in the United States

The effect of immune checkpoint inhibitors on survival is significant, and this improving trend should continue.

Compiled by John Joseph Parker
Contributing Editor

According to a new study, mortality rates from the most common lung cancer, non-small cell lung cancer (NSCLC), have fallen sharply in the United States in recent years, due primarily to recent advances in treatment.

The study was led by researchers at the National Cancer Institute (NCI), part of the National Institutes of Health. The findings were published August 12, in the *New England Journal of Medicine*.

“Reduced tobacco consumption in the United States has been associated with a progressive decrease in lung cancer deaths that started around 1990 in men and around 2000 in women,” said Douglas R. Lowy, M.D., NCI deputy director and co-author of the study. “Until now, however, we have not known whether newer treatments might contribute to some of the recent improvement. This analysis shows for the first time that nationwide mortality rates for the most common category of lung cancer, non-small cell lung cancer, are declining faster than its incidence, an advance that correlates with the U.S. Food and Drug Administration approval of several targeted therapies for this cancer in recent years.”

In this study, researchers looked at data for both NSCLC, which accounts for 76 percent of lung cancer in the United States, and small-cell lung cancer (SCLC), which accounts for 13 percent (other subtypes of lung cancer that constitute the remaining share of cases were not covered in this study). In the last decade, new treatments for NSCLC have become available, including those that target genetic changes seen in some NSCLC tumors as well as immune checkpoint inhibitors that help the immune system better attack NSCLC. In contrast, there have been limited treatment advancements for SCLC.

Although death records do not distinguish between lung cancer deaths attributable to NSCLC versus SCLC, the cancer diagnosis records compiled by NCI’s Surveillance, Epidemiology and End Results (SEER) cancer registry program do distinguish between these two

subtypes of lung cancer. Therefore, the researchers were able to estimate lung cancer mortality trends for these specific lung cancer subtypes by linking the lung cancer death records for each patient back to the incidence data for these patients in the SEER cancer database.

The researchers found that, in recent years, deaths from NSCLC decreased even faster than

The rapid decline in deaths reflects both declines in incidence (due in large part to reductions in smoking) and improvement in treatment.

the decrease in NSCLC incidence and the decrease in deaths was associated with a substantial improvement in survival. Among men, for example, deaths from NSCLC decreased 3.2 percent annually from 2006 to 2013 and 6.3 percent annually from 2013 to 2016, whereas incidence decreased 1.9 percent annually during 2001 to 2008 and 3.1 percent annually from 2008 to 2016.

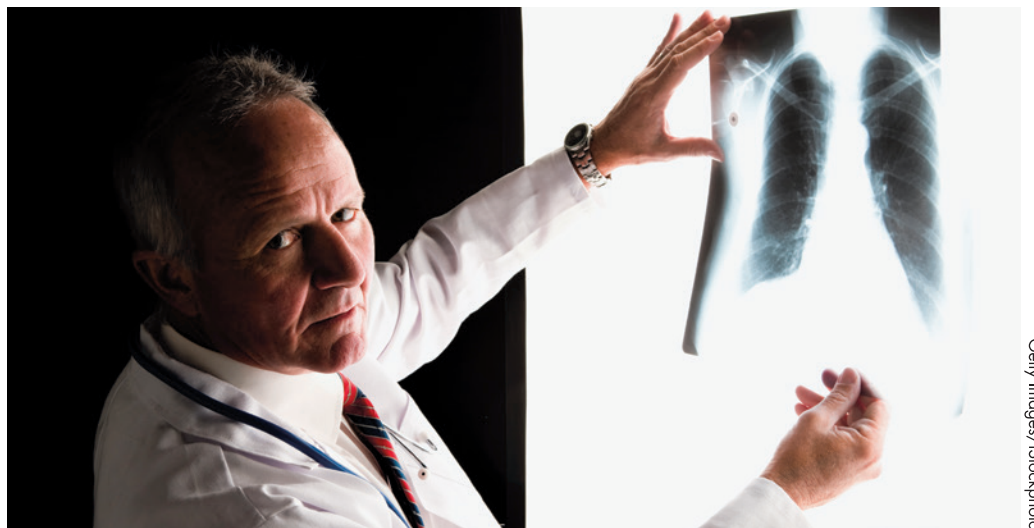
Two-year survival for men with NSCLC improved over this time, from 26 percent for patients diagnosed in 2001 to 35 percent for those diagnosed in 2014. Similar improvement was observed for women. In addition, improvements in two-year survival were seen for all races and ethnicities, despite concerns that the newer cancer treatments, many of which are expensive, might increase disparities.

The researchers had originally considered the possibility that lung cancer screening might help explain the decreases in NSCLC mortality, but their findings suggest that lung cancer screening rates, which remained low and stable, do not explain the mortality declines. Instead, the rapid decline in deaths reflects both declines in incidence (due in large part to reductions in smoking) and improvement in treatment.

In contrast, the decrease in deaths from SCLC corresponded with the decrease in incidence, and two-year survival was largely unchanged. Among men, for example, deaths declined 4.3 percent annually and incidence 3.6 percent annually. Findings were similar among women. The reduced mortality from SCLC over time, therefore, primarily reflects declines in incidence—again, due largely to reduced smoking.

The researchers note that the accelerating decline in NSCLC mortality that began in

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A patient receives radiation therapy for lung cancer.

Continued From Page 30

2013 corresponds with the time when clinicians began routinely testing patients for genetic alterations targeted by newly approved drugs. In 2012, the National Comprehensive Cancer Network recommended that all patients with nonsquamous NSCLC undergo genetic testing.

Subsequently, genetic testing for EGFR (epidermal growth factor receptor) mutations and ALK (anaplastic lymphoma kinase) gene rearrangements—which are targeted by the newer treatments—increased substantially. Because immune checkpoint inhibitors were not in widespread use over the period of the analysis, the authors suspect that most of the survival benefit was attributable to effective EGFR or ALK inhibitors or other advances in therapy. The effect of immune checkpoint inhibitors on NSCLC survival is significant, which suggests that this improving trend in survival should continue.

“The survival benefit for patients with non-small cell lung cancer treated with targeted therapies has been demonstrated in clinical trials, but this study highlights the impact of these treatments at the population level,” said Nadia Howlader, Ph.D., of NCI’s Division of Cancer Control and Population Sciences, who led the study. “We can now see the impact of advances in lung cancer treatment on survival.” 🚀

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Mitigating the Financial Impact of COVID-19: Helping New Jersey’s Healthcare Providers

The consequences of the pandemic put a massive strain on the healthcare ecosystem.



By Gary Bagoff,
CPA,
Partner,
Citrin Cooperator

One of our healthcare clients, a physician practice focused on primary care, was one of the many private businesses that felt an immediate economic impact from COVID-19.

While complying with Centers for Disease Control and Prevention and New Jersey Department of Health guidelines to ensure patient and employee safety, and enabling telehealth visits, the client encountered difficulties with their financial institution when applying for and obtaining loan funding from the Small Business Administration’s Payroll Protection Plan program.

When the CARES Act was enacted, most banks only accepted loan applications for existing customers. Since we have a relationship with an institution that frequently works with our healthcare providers, they readily agreed to help our client. Their funding was approved within seven days of submitting the application, giving our client the critical financial resources to cover expenses for employee payroll, rent and utilities. This allowed our client to

keep their critical frontline workers employed and remain open for urgently needed healthcare operations.

Subsequently, we are consulting our client on their CARES Act Provider Relief Funds eligibility, including significant terms and conditions; fund allocation and deployment; documentation; risk management in creating internal controls; and reporting requirements to the U.S. Department of Health and Human Services. 🚀



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Safeguarding Healthcare Clients: Facing the Financial Impact of the COVID-19 Pandemic

Accountants, attorneys and bankers are key advisors as the virus hurts revenue, limits customer access and shuts businesses.

Compiled by Miles Z. Epstein
Editor, COMMERCE

There is no denying the huge hole COVID-19 has created in the economy, sucking revenue into its ongoing vortex of pain, fear and uncertainty. It's a real-life tragedy and businesses are searching for answers as they deal with a new normal—most often with less dollars than before the pandemic. *COMMERCE* asked accounting firms, banks and law firms to discuss how they are guiding clients through these challenging times.

ACCOUNTING



Marcum LLP
By Mary Antonetti, CPA,
Partner, Healthcare Group

I have had many clients in the healthcare industry who were caring for potential COVID-19 patients while navigating the rapidly changing environment of stimulus money. Large sums of money were given to

healthcare organizations but without proper guidance some of the funds may have to be returned. One specific organization needed funds but was uncertain if it was able to obtain a PPP loan because of its number of employees. Along with their attorney, we were able to help them make the determination they were eligible to apply for funding. At the same time, we helped them navigate their requirements to retain their HHS Provider Relief Funds. Once they received the funds, we have been working with them to properly track and account for the money in order to maximize the use of stimulus funds and any potential loan forgiveness. We have been able to assist them with making important decisions about the use of the funds to both maintain their business and enhance the safety of their organization.



Nisivoccia
By Deirdre Hartmann, CPA,
Partner, Leader,
Healthcare Group

In January, before the full impact of COVID-19, our client was the surviving entity in a merger transaction. Everything was going well



until the height of the shutdown in March. It became clear that, depending on the length of the closures, the success of the practice could be in jeopardy. Together, we began brainstorming options to increase cash flows. Unfortunately, the SBA Payroll Protection Plan (PPP) program was not an option, due to the affiliation rules and the number of employees. However, due to our in-depth knowledge of the employee retention credit, we were aware of a safe harbor that existed for acquired businesses. Fortunately, they qualified under the safe harbor criteria and received the credit. This helped them retain employees and helped solidify their future. Currently, we are providing clients with monthly cash flow analysis, helping them plan as they navigate the current environment. This information is crucial as they manage their businesses and return to full operation. It has definitely been a challenging year, and we will continue to work with our clients to help them succeed.

Continued On Page 36



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Withum

By Domenic Segalla,
Healthcare Advisory Principal

With the onset of the pandemic, hospitals and healthcare providers were facing a huge financial crisis. Costs were increasing due to the demand for PPE and additional staff, while revenues were decreasing from the temporary postponement of all elective surgical procedures. This combination of increased costs and decreasing revenues had a direct negative impact on the respective entities' cashflow. The Provider Relief Fund (PRF) of the CARES ACT provided up to \$175 billion of funds for disbursement, segregated into different tranches. Our client was a standalone urban hospital eligible for CARES dollars that needed assistance to determine if receiving and maintaining the dollars made sense—based on the restrictions outlined in the attestation that must be executed upon receipt of the PRFs. We advised, discussed and outlined in detail how PRFs are to be utilized, what expenses and lost revenues can be subsidized and, most important, how to track, account for and support the PRFs to allow for accurate and timely mandated reporting of spending. Based on the great advice we provided our client, they kept the funds, signed the attestation and had a significant increase in cash on hand to alleviate some of the short-term financial burdens they endured.

BANKING



Peapack-Gladstone Bank.

By Douglas L. Kennedy,
President and CEO

We have a client that is not a healthcare client, but COVID-19 pushed his business into a new space to support the healthcare industry in a profound way during the pandemic. We were approached by a party rental client early on, who conveyed that he was nearly ready to close his business due to COVID-19. He had shut down one office in New Jersey and went from 18 fulltime employees to six. Our bank was able to help him secure a PPP loan in order to keep his business open because he was deemed an "essential business" during the pandemic. Why? His rental business provides the outdoor tenting and propane heating for COVID-19 testing facilities within the state. He is responsible for seven total locations. Receiving the PPP funds allowed him to hire back his employees and continue working while he waited for payments from the testing facilities. He is now back fully staffed. In a fun twist, our client's balloon business literally soared because of all the drive-by birthday celebrations—he couldn't keep

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Accounting, Banking & Law

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enough in inventory prior to receiving his PPP loan. But now he's helping keep spirits high, too.



TD Bank

By Dan Croft,
Head of Healthcare Practice
Solutions Group (HPSG)

TD Bank's HPSG is working closely with our customers to help them navigate the challenges associated with COVID-19. Specifically, at the start of the pandemic, we offered our customers financial relief through loan payment deferrals and the SBA's Paycheck Protection Program (PPP), as TD was one of the top six PPP lenders nationwide. Although many of our dental, optometry and medical customers were forced to close or only allow emergency procedures from mid-March to mid-May or early June, as a trusted advisor, we helped them prepare to pivot and transform their operations once they were able to fully reopen. This included considerations like increased customer communications, safety and sterilization protocol, implementing contactless check-in and payment processes, rescheduling appointments and rehiring staff. We developed a HPSG COVID-19 Questionnaire to help practice owners think through their COVID-19 rebound strategy. This question-



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naire allowed practices to feel confident they had a winning COVID-19 strategic plan in place for fully reopening and ensuring that patients were prioritizing visiting their office once again. Practice owners who were in the middle of buy-

ing, selling or expanding their practice when the pandemic hit were able to use this questionnaire to allow us to continue to support them and close on their business loans.

Continued On Page 40

Leadership is Not A Popularity Contest

We all want to be liked and have a lot of friends.

Yet, when it comes to real leadership, the desire to be popular and overly friendly can get in the way. Following are some tips for remaining focused on your responsibilities as a leader without getting caught up in a popularity contest:

Don't be afraid to make tough decisions. Go out of your way to seek opportunities to make tough decisions so it's clear to your team that it is more important for you to be a leader than to be well liked.

Set a goal and work backward from there. If you want to meet a specific deadline on a project, for example, press employees to keep their eye on the ball until that goal is reached. Limit the water cooler banter while working on the project and when the job is done.



STEVE ADUBATO'S

LESSONS IN LEADERSHIP

Keep socializing to specific situations. This could include lunch or after work, or, in a COVID-19 world, virtual cocktail hours. Invite employees to be social with you only at certain times, rather than making the workplace into a social gathering.

Don't hold back. When it comes time to review an employee, use that time to be honest and constructive in your criticism. To not do so is cheating the employee and the organization.

Don't try to be a stand-up comic. There is a fine line between being funny and being crude. Use caution when joking with employees. It is up to you as the leader to maintain a level of professionalism within the organization without being a stiff.

Steve Adubato, PhD, is the author of five books including his latest, "**Lessons in Leadership**". He is an Emmy® Award-winning anchor with programs airing on Thirteen/WNET (PBS) and NJTV (PBS) who has appeared on **CNN**, **FOX News** and **NBC's Today Show**. Steve Adubato's "**Lessons in Leadership**" video podcast with co-host Mary Gamba airs **Sundays at 10:00 a.m. on News 12+**. For more information visit www.Stand-Deliver.com



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Accounting, Banking & Law

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LAW



Greenbaum, Rowe, Smith & Davis LLP

By James A. Robertson, Esq.,
Chair, Healthcare Department

The COVID-19 pandemic has challenged our firm's healthcare clients in a way unlike anything I've seen in my 30-year career. Many have literally been fighting for their economic lives, while simultaneously protecting their employees with safe work environments and serving their communities with access to high-quality healthcare. At the outset of the pandemic, we were peppered with a barrage of employment questions relating to workplace standards, acquisition of PPE and employee furlough strategies. Progressing into the spring, financial assistance under the federal PPP loan program and grants under the CARES Act became a primary focus, along with regulatory issues associated with adopting a virtual telehealth business model as a means of providing medical care. Throughout the summer and now, as we face the seventh month of the pandemic, we provide guidance on safely reopening business

operations for routine patient care and elective surgical procedures. We also assist in restructuring business arrangements to account for reductions in revenue and to prepare for a possible second wave. Having witnessed our clients' response to the pandemic up-close, I am confident that they are well-prepared and will be here for our communities—pandemic or no pandemic.



Norris McLaughlin, P.A.

By Lana Ros, Esq.,
Member

My healthcare clients faced difficult decisions about providing medical care while also complying with Governor Murphy's "Stay at Home" order. Many clients faced the prospect of conducting layoffs/furloughs or the challenging transition of their practice to telehealth, all while staying flexible enough to adjust to the rapidly changing directives, seemingly coming from all directions. I worked closely with them to help implement customized plans to address legal and compliance issues, including transitioning their practice to a telehealth platform, amending employment agreements to help secure a PPP loan or establishing protocols to use that loan without sacrificing forgiveness eligibility.



Continued On Page 42

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NPZ Law Group, P.C.


By David H. Nachman, Esq.,
U.S. Managing Attorney

An immigration and nationality law firm with a national and international presence, NPZ recently assisted foreign national researchers, scientists and doctors to enter the United States to meet the needs of healthcare facilities during the COVID-19 pandemic. The closure of many consulates and grounded airlines thwarted efforts of healthcare workers considering U.S. employment-based immigrant and nonimmigrant visas. NPZ advised healthcare workers, scientists and researchers to seek eligibility to enter the United States when they had skills considered to be in the "national interest" (National Interest Waiver). NPZ's U.S. and Canadian immigration lawyers routinely assist their corporate healthcare clients to obtain foreign national medical and researcher staff to supplement the healthcare worker shortage in the United States.



Riker, Danzig, Scherer, Hyland & Perretti LLP

By Khaled J. Klele, Esq.,
Partner, Health Care Practice

It is no secret that many providers do not focus on the business aspects of their practice, so it was very difficult for many providers to address the significant legal and business issues that immediately arose when the pandemic hit and patient volume suddenly and dramatically decreased. In response, we assisted our clients swiftly and proactively. We helped clients transition to telemedicine; monitored the ever-changing federal and state waivers to help clients increase and expand services; drafted reopening plans; and assisted clients in receiving funding through various federal programs. As an example, while the pandemic forced many practices to shutter, we assisted an urgent care center's move to telemedicine so it could continue to service its non-COVID-19 patients. We drafted its telemedicine forms and guidelines and assisted with telemedicine billing issues. At the same time, we helped the client purchase COVID-19 testing equipment that had the appropriate FDA emergency use authorization, which allowed them to quickly begin performing in-person COVID-19 testing. We also drafted COVID-19 testing procedures and reopening and screening policies based on federal and state guidance. With our assistance, the client was able to treat patients effectively and safely and, critically, to stay open during the pandemic. 

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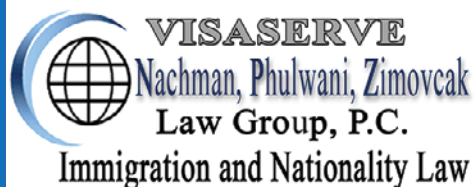
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NJBankers Partners with Rider VET Program



NJBankers President and CEO
John E. McWeeney, Jr.

The Center for Entrepreneurial Studies of Rider University hosted a virtual celebration for the 2020 cohort of veterans who completed Rider's Veterans Entrepreneurship Training (VET) program. Now in its 7th year, VET is a free, seven-week summer intensive that provides veterans with expert guidance on developing a new business concept or growing an existing business.

The VET program was once again offered in partnership with the New Jersey Bankers Association (NJBankers) and the Uncommon Individual Foundation (UIF).

Coursework for the vets covers the how-to's of business plans, market research, operations and financials, helping foster veterans' personal and professional growth through entrepreneurial training. The current class developed feasibility studies of business concepts in the arenas of education, private investigation and adult daycare services. Upon completion of the program, the VET cohort can apply for one year of mentoring with the Uncommon Individual Foundation as they pursue their venture dreams.

Mr. Olufemi Olatunji, one of the graduates of the program stated, "The key things I learned included development and refining

of my business idea, feasibility analysis and [using] a core team [consisting] of a banker, accountant, insurance company and lawyer. Bootstrapping was another important concept. How to structure and fund my business were also important takeaways."

New Jersey Bankers Association (NJBankers) President and CEO John E. McWeeney, Jr. and UIF Managing Director Joe Lopez joined with entrepreneurial studies professor Dr. Mayank Jaiswal to thank the cohorts for their service to our nation and congratulate them on starting their journey as entrepreneurs.

"NJBankers, through our charitable foundation, was proud to once again support the VET Program at Rider University. Our members appreciate the service of these veterans to our country and wish them well in their entrepreneurial ventures," said NJBankers President and CEO John E. McWeeney, Jr.

Rider Veterans coordinator Thomas Reddington and Associate Dean for Graduate Business Programs Dr. Ron Cook noted the 2020 VET cohort is "now part of the Rider family" and everyone looks forward to meeting in the fall to hear about how these business concepts are coming to life. 🍂

STEVE ADUBATO'S LESSONS IN LEADERSHIP

with co-host Mary Gamba



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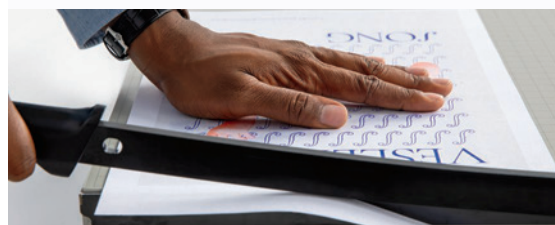
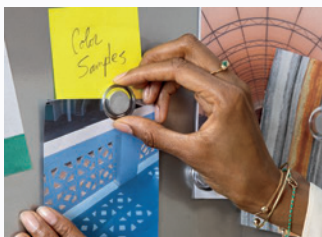


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After Due Diligence, A Road Construction Project is Underway Despite COVID-19

In Monmouth County, crews are hard at work on long-awaited improvements to a nearly two-mile stretch of Halls Mills Road.

Compiled by John Joseph Parker
Contributing Editor

As New Jersey's economy takes continued steps to reopen, a variety of key construction projects are under way. In Monmouth County, crews are hard at work on long-awaited improvements to a nearly two-mile stretch of Halls Mills Road.

Planning for the effort, which goes back decades, has involved significant funding and environmental challenges. With these resolved, the project moved forward this spring.

Project goals are to improve driver and pedestrian safety within the project limits; improve traffic

The \$25+ million project will realign the roadway, introduce new traffic signals and decrease traffic congestion.

circulation and levels of service within the project limits; relieve congestion and increase mobility in the regional roadway network; and replace functionally obsolete and structurally deficient structures.

The \$25+ million project will realign the roadway, introduce new traffic signals and decrease traffic congestion. Two bridges will be replaced as part of the project, which will take about two years to complete.

Worker health and safety remains a high priority: crews are wearing masks, and social distancing protocols are in effect.

"From the beginning, Monmouth County has been committed to bringing this effort to fruition while carefully considering the many stakeholders involved—from community residents to property owners along the roadway, to advocates and regulatory authorities concerned

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ENVIRONMENTAL ENGINEERING & CONSTRUCTION

Continued From Page 46

about minimizing the environmental impact," explains Don DiZuzio, who leads the Transportation Practice at T&M Associates. "It's rewarding to see this project finally take shape."

T&M Associates, a CIANJ member, serves as the project's longtime design engineer and is providing ongoing construction support.

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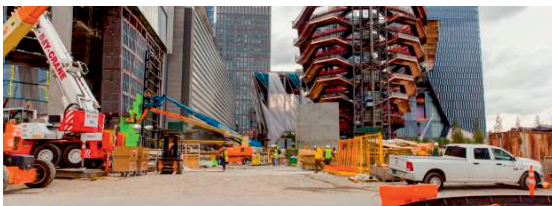
"We're grateful to the many partners, officials and residents who worked together to get this important construction effort off the ground," says Monmouth County Freeholder Director Tom Arnone. "These improvements will make the roadway safer and easier to navigate, reducing collisions while also reducing the potential for congestion. We look forward to keeping the community informed as the work progresses." 📌



"From the beginning, Monmouth County has been committed to bringing this effort to fruition while carefully considering the many stakeholders involved," explains T&M Associates Transportation Practice Leader Don DiZuzio.



FROM NEW YORK CONSTRUCTION REPORT – SUMMER 2020



"CONCRETE WASHOUT SYSTEMS (CWS) HAS PUT A SPOTLIGHT ON THE IMPORTANCE OF WORKER HEALTH AND SAFETY, AND AMERICAN CONTRACTORS RESPONDED BY IMPLEMENTING NEW JOB-SITE POLICIES. SAFETY STARTS WITH OUR SUPERVISORS, THAT MEANS EQUIPPING EMPLOYEES WITH FACE SHIELDS, MASKS, GLOVES, SANITIZING WIPES, PAPER TOWELS, AND MANDATING THEIR USE. CREWS ALSO TAKE EXTRA PRECAUTION IN CLEANING THEIR EQUIPMENT BEFORE A SHIFT AND AFTER EACH USE, AND ALSO DO A JOB-SITE AUDIT TO DETERMINE WHERE EMPLOYEES ARE TOUCHING SHARED SURFACES AND MAKING SURE THOSE SURFACES ARE DISINFECTED REGULARLY THROUGHOUT THE DAY."

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