

A CLOSER LOOK AT MR. FIX-IT



Bernie Sarrel

Bernie Sarrel is the man on campus who plans, manages, and fixes anything and everything. **BY MARY ANN LITTELL**

As director of Planning and Management Services at NJMS, Bernie Sarrel oversees the day-to-day operations of most of the buildings on the Newark campus. So what exactly does he do? Ask him and he laughs good-naturedly. “No two days are alike,” he says. Employees come to him for help if their offices are too hot or too cold, if they need room for new equipment, even if the roof is leaking. They call if they want

to move people or when their departments demand extra space.

And some requests are more unusual, says Sarrel. Recently, an employee complained about bedbugs in the workplace. “She spotted a bedbug on her colleague and wanted me to do something,” he states. “So we brought in an exterminator.” Another incident involved parking—a “hot button” on the Newark campus. “Someone sent me a

dozen photographs of holes in the Norfolk Street parking deck,” he says. “He was right—they were pretty big. So we’ll get them fixed. It’s like I said: Every day is different.”

Sarrel knows the Newark campus like the back of his hand—as well he should. He’s been here 37 years. Originally from Rockaway, Queens, he grew up in Green Point, Brooklyn. “Both of those places are on the water,” he says. “That’s why I’m a beach person.” He graduated from Columbia University and also holds a Master’s degree in hospital administration from Cornell. Before going to work, he served in the Peace Corps and spent two years in central Africa providing services for tuberculosis. When he returned to New York, he worked first in administration at St. Vincent’s Hospital, and then at the New York City Health and Hospitals Corporation. “My boss there was a gentleman named Stanley Bergen,” he says, referring to the former UMDNJ president. “He brought me to New Jersey.”

Sarrel started at UMDNJ [then called the College of Medicine and Dentistry of New Jersey (CMDNJ)] in July 1971. “I’d never been to Newark before,” he recalls. “The first event I attended was the groundbreaking for the main facilities on the Newark campus. There wasn’t much here, just a construction site.” He held a variety of administrative positions at the University before becoming Director of Planning and Facilities Management at NJMS in 1978.

Since then, Sarrel has seen the Newark campus expand in every direction. With the help of his team (Noreen Gomez, program assistant, and Judith Baginski, project coordinator), he oversees several facilities, including the Medical Science Building, the International Center for Public Health, parts of the Administrative Complex Buildings, the Doctors Office Center, the UMDNJ-New Jersey Medical School/University Hospital Cancer Center and the Ambulatory Care Center. “We make sure the buildings are maintained properly and inspected regularly,” he says. “Utilities, ventilation, tele-

phone installation and maintenance also come under our jurisdiction. I don't supervise the people who fix things and keep the place running, but I work with their supervisors to be sure everything is done."

Sarrel also manages the space in these buildings to accommodate new activities and programs. "Probably half of my time is spent supporting the work of our researchers, who are very important to us. Because our research has increased, I'm often called in to find ways to improve and expand their facilities. A new piece of equipment may need additional electrical power or a new water supply. Special lighting, heating or cooling systems might be needed. There are always problems to solve."

Some of these problems are small, persistent...and furry. Sarrel admits to an "occasional problem with mice in some of our buildings. It used to be much worse, when we had construction going on. Yes, we sometimes have housekeeping issues, but overall, our people do a good job, particularly in this economy, when everyone is expected to do more with less."

Sarrel's family has ties to the University as well. His son worked at NJMS for several years, doing research on pediatric AIDS and TB. His daughter obtained a Doctor of Physical Therapy (DPT) degree from UMDNJ's School of Health Related Professions and works as a physical therapist in the Maplewood school system. Sarrel lives

in Millburn, but spends as much time as he can on Long Beach Island, NJ, at his home on the bay. "I'm still a beach person at heart," he says. "I've been on the beach all my life, except for the two years I was in the Peace Corps. I have a small sailboat, and I'm on the water all the time. My wife and daughter play tennis, and we're big supporters of the Long Beach Island Arts Foundation."

Sarrel says he has no immediate plans to retire, and notes that as much as he's given to the university, it's given him back more. "I know a few people who have worked here longer than I have, but not many," he says. "I like this place, I like the people, and I like the work I do." ●

A CLOSER LOOK INSIDE THE MS PUZZLE

Two medications were used for multiple sclerosis but which one was better at limiting the formation of "black holes" in the brain? **BY JILL SPOTZ**

A **PIECE** of the complex puzzle of multiple sclerosis (MS) has been solved by researchers at NJMS. Led by Stuart D. Cook, MD, professor of neurology, a research team discovered that one MS medication, Betaseron (interferon beta-1b), is more effective than Copaxone (glatiramer acetate), in limiting the formation of chronic "black holes," or lesions, in the brain caused by this elusive disease.

The BECOME trial (Betaseron vs. Copaxone in MS with Triple Dose Gadolinium and 3-T MRI Endpoints) is a continuation of other research which involved these same two FDA-approved drugs. Cook explains, "We were interested in utilizing a very sensitive MRI technology. The 3-Tesla MRI could provide clearer images and along with the use of additional contrast material, gadolinium, offer better visualization." The BECOME trial was the first and largest trial to rely on this sensitive

MRI technology and compare the two drugs. Cook's findings were published online in the *Journal of Neurology, Neurosurgery & Psychiatry* last August.

Results surprised even the researchers. When patients, who were randomly assigned to the two groups, received Betaseron, 9.8 percent of their new lesions converted to chronic black holes—with duration beyond a year. For the Copaxone group, this conversion rate was 15.2 percent, meaning that Betaseron might play a stronger protective role in the brain tissue of MS patients. "This was unexpected," explains Cook. "Data on Copaxone suggested that the medication had a protective effect which had not been demonstrated for Betaseron. But, in our study it was the other way around. We also learned that MRI lesions are common. Regardless of which drug the patient was taking, 80 percent still had active MRI lesions, despite being on protective drugs."



Because 75 patients were being closely monitored each month, the study allowed Cook and fellow investigators Diego Cadavid, MD, assistant professor, neurosciences, and Leo Wolansky, MD, professor, neuroradiology, to learn more about the natural history of lesions and black holes. In the progression of active MS, inflammation occurs and the blood brain barrier breaks down. Founding chair of the Department of Neurosciences, Cook served as President of the UMDNJ from 1998 through 2004. He says, "Although we learned a lot about the effectiveness of medications and the natural history of MS lesions, we have a tremendous amount of material to cover." ●