



Reflections on the Past Two Decades: Lessons Learned, Opportunities for the Future

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In 2006, I became dean of the school of medicine and public health and vice chancellor for medical affairs at University of Wisconsin–Madison. Even before my arrival, I was profoundly impressed with UW–Madison and very excited to play a role in defining what it meant to become a school of medicine and public health. Thus, my family literally packed our bags and headed west with a sense of anticipation and excitement.

What I found here dramatically exceeded my great expectations. The incredibly talented and dedicated faculty and staff were driven by the Wisconsin Idea. There was a strong culture of collaboration and a fierce tradition of shared governance, characteristics that would foster the creation of a shared vision of the integration of medicine and public health. The students and trainees were extremely bright and hard-working. And Madison was a dynamic, exciting amalgam of a college town and capital city.

What I did not expect was the onslaught of unexpected developments. Some were particularly challenging. All were opportunities for our institution to learn and grow. Several are summarized below, in chronological order, followed

by reflections on the lessons learned that can help guide us into the future.

Looking Back

Integrating Medicine and Public Health

In 2006, we began an inclusive process for defining our vision of what it means to meld medicine and public health in our school. Following a series of town hall meetings, focus groups, and a retreat, we created a “white paper” that served as our initial blueprint for constructing our integrative approach across our missions.¹

While the vast majority of the SMPH community was excited and prepared for our transformation, some groups were not. We quickly learned that the major national public health organization would not consider an application for accreditation as a school of public health because it did not accept our integrated leadership and governance structure. The Centers for Disease Control and Prevention (CDC) accepted applications only from accredited schools of public health or institutions with an accredited preventive medicine residency. Also, within our school, some basic science faculty members were concerned that their key roles would be diminished by our transformation.

The faculty and staff met these challenges head on. We successfully competed for accreditation of our new Master of Public Health (MPH) Program, side-stepping the barriers for accreditation as a school of public health. We created

an accredited Preventive Medicine Residency Program and then competed successfully for a CDC Injury Prevention Center. A task force developed a strategic plan for strengthening the role of basic science in an integrated school of medicine and public health; that plan continues to evolve as our roadmap for investing in vitally important basic science research and training.

Challenges to Biomedical Research, Academic Freedom, and Women’s Health

Legislation was drafted in 2015 that would criminalize the use of fetal tissue in biomedical research. Over the next several years, intense public debates on this issue sparked frightening threats aimed at scientists who utilized this important research approach.² The same legislators who had pushed to criminalize fetal tissue research then developed proposals that would prevent us from offering obstetrics/gynecology residents the optional training in abortion services, and this situation would lead to the loss of accreditation of that residency program. Then, in 2022, the *Dobbs v Jackson Women’s Health Organization* decision by the US Supreme Court effectively ended the constitutional right to abortion and shut down the availability of these clinical services in Wisconsin.

Each of these factors posed serious threats to bedrock principles and traditions, including academic freedom, the doctor-patient relationship, and the pursuit of potential life-saving

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research and patient care. In each case, strong coalitions and partnerships came together in advocating on behalf of patients for a rational, patient-focused approach based on data, rather than political considerations.

COVID-19 Pandemic

At the onset of the COVID-19 pandemic, there were no readily available diagnostic tests; safe, effective therapies; nor vaccines. More than a million people have died from the novel coro-

navirus in our nation, and more than 7 million have perished around the globe.³

This unprecedented crisis sparked heroic action by countless individuals and organizations. Brave nurses, doctors, and health care staff members put their safety and that of their families at risk by serving the public. Public, private, and academic organizations in our state immediately came together, sharing resources and expertise in an effort to develop and make available diagnostic testing as quickly as possible. Unselfish individuals — ranging from cashiers in grocery stores to public health administrators — provided essential services. Effective vaccines and antiviral treatments were developed and made available with record-breaking speed.

At the same time, social and political forces created schisms that undid the initial “we’re all in this together” milieu. Evidence-based public health measures were attacked based on conspiracy theories and fueled by the frustrations and anger associated with the devastating economic and social impacts of the pandemic. Wearing a mask in public was seen as a political statement rather than a protective public health action.

Strong investments in basic and clinical research over the past 50 years enabled the rapid development of life-saving medical tools. Under-development of the public health infra-

Current Attacks on Research, Academic Institutions, and Access to Health Care

In 2025, the executive branch of our federal government has slashed research funding, severely damaging our nation’s medical and public health research infrastructures. Key national institutions — including the National

Institutes of Health, the CDC, and the National Science Foundation — have been devastated. Layoffs and forced retirements have decimated the organizations’ infrastructures and demoralized the remaining staff. Research grants and contracts to universities have been cancelled, putting at risk the lives of patients in clinical trials and the development of promising new treatments. Several of the nation’s most respected universities have been targeted for draconian cuts and restrictions on international students and scholars. As I write this column, the current federal budget proposal could lead to the loss of health insurance for millions of Americans.

Looking Forward

Despite our present challenges, I believe the future of medicine and public health will be very bright if we apply the lessons of the past two decades as illumination for effective ways forward.

Partnerships were critical components in navigating past challenges. Our school’s success in integrating medicine and public health relied on strong relationships with health systems and clinicians throughout the state. The innovative approaches that are creating an expanded, diverse clinical work force—including our rural and urban training tracks (the Wisconsin Academy for Rural Medicine and the

Training in Urban Medicine and Public Health program, respectively) and our pipeline program (Rural and Urban Scholars in Community Health)—have relied on statewide partners for planning and implementation.^{5,6} The successful defense of academic freedom, biomedical research, and comprehensive women’s health training and services reflects our school’s strong partnerships with UW Health, the Medical College of Wisconsin, and our parent university.

Communication is another key for unlocking a bright future for health care and the research that drives innovation. We must explain to our patients and our neighbors the need for increased support for the full continuum of research and access to affordable health insurance for everyone. We must insist that health care policies be based on data, rather than political agendas. If we consistently focus on our patients and the populations we serve, our credibility and effectiveness will be powerful.

Despite the current, unprecedented challenges, I believe there has never been a more exciting time for health care practitioners and research scientists. As I reflect on the past, I look forward to the future with enormous enthusiasm and confidence. And I know that our UW School of Medicine and Public Health (and the future authorship of this column) is in great hands with the arrival of Nita Ahuja, MD, MBA, our 10th dean of the SMPH and vice chancellor for medical affairs at UW–Madison.

On, Wisconsin!

REFERENCES

1. Golden RN. An integrated school of medicine and public health—What does it mean? *WMJ*. 2008; 107(3):142-143.
2. Golden RN. In support of embryonic stem cell research. *WMJ*. 2010;109(6):345.
3. WHO COVID-19 dashboard. World Health Organization. Accessed June 30, 2025. <https://data.who.int/dashboards/covid19/deaths>
4. Golden RN, O’Connor D. The first COVIDecade. *WMJ*. 2021;120(2):162-163.
5. Crouse B, Golden RN. A strategic approach to addressing the rural Wisconsin physician shortage. *WMJ*. 2016; 115(4):210-211.
6. Haq C, Stearns M, Brill J, et al. Training in urban medicine and public health: TRIUMPH. *Acad Med*. 2013; 88(3):352-363. doi: 0.1097/ACM.0b013e3182811a75

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