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STEVE ADUBATO, host:

Welcome to another edition of CAUCUS Up Close where we talk with some of New Jersey's most interesting and compelling personalities. I'm Steve Adubato. On this program, we'll meet two leaders in New Jersey's health-care industry. Later in the program, we'll talk with Dr. Robert Rigolosi, president of the Medical Society of New Jersey. But first, meet Mike D'Agnes, president and CEO of Raritan Bay Medical Center in Perth Amboy, which is currently celebrating its 100th anniversary. Good to see you, Mike.

Mr. MICHAEL R. D'AGNES (President & CEO, Raritan Bay Medical Center): Thank you, Steve.

ADUBATO: Now 100 years, but you've only been there for the last...

Mr. D'AGNES: Eighteen months.

ADUBATO: ...18 months. And we should let folks know we're going to run some exterior shots and interior shots of Raritan Bay. Describe Raritan Bay and how is it different from other hospitals out there?

Mr. D'AGNES: Well, Raritan Bay is a teaching hospital and yet we're a community hospital. So we have a residency program in internal medicine. We have a School of Nursing. We have two campuses. We have the Perth Amboy campus and we have the Old Bridge campus. So we go under the name of Raritan Bay Medical Center, but actually two separate hospitals. We're an independent hospital, and yet, we're part of the Robert Wood Johnson Health Network. So in that sense, we get the benefit of both the network and yet the independence of the community hospital.

ADUBATO: Describe your market, Mike. Where is it?

Mr. D'AGNES: Our market primarily is Old Bridge, New Jersey, Marlboro, East Brunswick, Sayreville, South Amboy, Perth Amboy, Parlin area of Middlesex County, the Woodbridge--the towns in Woodbridge. We service about 150,000 in our market area--our primary market area.

ADUBATO: Mike, you know, I've--I've done some work with--with the hospital. I've done some communication seminars and I've gotten to

meet some of your people, and--and the--one of the things that really strikes me is the longevity of some of your staff. Is it Kay McCormack?

Mr. D'AGNES: Kay McCormack.

ADUBATO: Kay McCormack I met on--in one of the seminars. She's been there 52 years. She runs the School of Nursing.

Mr. D'AGNES: Right, started in 1950.

ADUBATO: Well, she's not one of the only--now--well, she may be there the longest, but Raritan Bay has a history of folks working there a very long time. Atypical in the industry?

Mr. D'AGNES: I think hospitals, you tend to find some longevity. Ho--however, at Raritan Bay, I think it's certainly more so than I've seen. We've got 45 percent of our employees who've been there 10 years or longer, which means th--only 55 percent are really--that's where most of the turnover is, in the other 55 percent. But we probably have 25 percent, 30 percent over 20 years at the hospital. That's excessive. It really is. And it makes for a real family, family atmosphere, and that's what we have.

ADUBATO: But--but, Mike, while there is a--as you describe, a family atmosphere on one end, on the other end, there's got to be a bottom-line atmosphere, and c--fierce, competitive environment, fair to say?

Mr. D'AGNES: Yes.

ADUBATO: You come up to this. You have 25 years' experience in hospital administration. You have an accounting background, finance background, but you said to me, you--we were talking about managing, you said the danger by managing by numbers is what?

Mr. D'AGNES: Well, you manage through the numbers, and yet, you really manage people, and you have to be very careful and cognizant of that. You're managing employees. You are providing for patients. You're working with physicians. So your view may be through the numbers, but you have to be very careful not to manage by the numbers.

ADUBATO: Yeah. Yeah. But at the same time, the bottom-line orientation, the bo--bottom-line focus has to be there.

Mr. D'AGNES: Absolutely.

ADUBATO: And how--let me--let me--let me try it this way. Give me the--give me the two or three biggest challenges you have right now that are--that stand in the way of you being this people-oriented leader with these bottom-line concerns?

Mr. D'AGNES: Probably the biggest challenge is predictable revenue. From year to year in hospitals, expenses--well, expenses used to be predictable, but that's not so predictable any longer with labor shortages that we deal with. So the major challenges are predictable revenue, since we rely on governmental sources for such a significant portion of our revenue.

ADUBATO: What governmental sources?

Mr. D'AGNES: Medicare, federal government, Medicare, Medicaid, which is 50/50 state and federal, and then the state of New Jersey for our uncompensated care or Charity Care payments.

ADUBATO: We should make that clear, Mike. What that means is folks who come into the hospital--say people come into Raritan Bay, they get treated in the emergency room. They can't pay. Who pays?

Mr. D'AGNES: Well, the state of New Jersey. We all pay. We pay through our--our taxes, and essentially, the state of New Jersey has a wonderful system of paying for those who can't pay for themselves. You can access any hospital in the state of New Jersey, you can't be turned away. And yet, if you qualify for uncompensated care, you can be treated not just in the emergency room, you can be admitted, you can be seen in our clinics on an ongoing basis, and the hospitals are paid a portion of that through funds through the state, through the...

ADUBATO: What do you mean a portion? Who makes up the other end?

Mr. D'AGNES: Well, the hospitals are forced to deal with that. Theoretically, the deficit from Charity Care--and Charity Care pays us--if you were to take a look at the care we provide at Medicaid rates, Charity Care pays us about 75 percent of what Medicaid would pay us, which is considerably less than our cost. And theoretically, that's to be paid by other payers, made up by other payers--commercial payers, federal payers. It's a very difficult proposition.

ADUBATO: OK. Go back, because I interrupted you. You were talking about some of the other challenges. Those are big ones, the--dealing with the government, the Medicaid, Medicare piece, the uncompensated Charity Care piece. What else?

Mr. D'AGNES: Well, then you have the situation that's brought about by competition. On the commercial payers, you have to ensure that you are in all the managed care networks, that you're able to attract physicians who admit patients from those managed care networks, and yet, you compete with other hospitals for physicians and for patients. In the last eight or nine years, competition amongst hospitals in New Jersey has been extreme for patients and for physicians.

ADUBATO: Some people say competition is good. You say?

Mr. D'AGNES: I say it's good. I think that that's what works in the

American marketplace. It's a free market system, and I think competition brings about better outcomes. It keeps you more focused and more targeted.

ADUBATO: But the managed care piece of it that you mentioned, I mean, you talk to the average person out there, Mike, I mean, you know, they're telling you all the time they're concerned about the lack of choice, they're concerned about who's in the network, which physician's in the network, which physician is out of the network. How do you guy--how--as a leader, the CEO of a hospital, how do you deal with the managed care piece of it, given the fact that it's not going away anytime soon?

Mr. D'AGNES: Well, you're forced to deal with it. You can't ignore it. What you need to do is you need to make sure that you negotiate good contracts with the managed care companies and that the cost of delivering the product, the cost of delivering care is within line with the price of the--the product that you've negotiated. You're forced to work within those parameters. If your costs are higher than--than the price that's in the--the payment plan, be it Aetna or Blue Cross or Cigna or any of the payers, then you're going to run at a--at a deficit, and I've already said there's deficits from federal payers, there's deficits from Charity Care. You really need to look to the managed care and the commercial environment to help support the other deficits. And you--and you need to make sure that you are working with employers.

I think one of the best ways that we can compete is to reach out to employers, to find out what their needs are, to find out--a--and obviously, they want to control their health-care costs. So to the extent we can work with them to be in the network of the managed care plan that they provide, I think it helps direct their employees to physicians on our medical staffs, and then those patients are admitted to our hospital.

ADUBATO: Health-care costs, Mike--again, the pendulum goes back and forth here. But right now as we speak, we're doing this program in the later--latter part of May 2002, health-care costs are going back up again. Because?

Mr. D'AGNES: Because health care is a labor-intensive business. We run a hospital 24 hours a day, seven days a week, 365 days a year. People have to be there, whether we have patients or we don't have patients. Seventy percent of the costs of a hospital are labor and benefits. So when you have that kind of an ingredient--we don't have materials costs the way a manufacturing company would have, and we've got it on an intense basis. We're going to talk about the 100th anniversary of the hospital. The hospital--the doors opened 100 years ago. They never closed. How many businesses stay open for 100 years without ever closing for a night, a weekend, a holiday? They never close. Three shifts a day--that makes us 300 years old, if you were to compare us with the average eight-hour business. That's a very

expensive proposition. And you're taking care of people. You need to have sufficient employees to take care of the patients in the bed. Whether they are paying or they're not paying, they need to be...

ADUBATO: You're treated the same.

Mr. D'AGNES: ...they need to be treated and they're treated the same, and they need to be treated accordingly.

ADUBATO: Mike, in--in an effort to put things in a little bit of perspective, we're going to take a look at some of the shots, the 100th anniversary, as we said, for Raritan Bay. Now what are we seeing right there, Mike?

Mr. D'AGNES: That's an old OR back from, I guess, the early 1900s.

ADUBATO: Some of the docs?

Mr. D'AGNES: That's the first medical staff, nursing staff, back into the operating room. You can see the--the staff that's in there. Certainly not a semi-private room that you see there. That's when hospitals had wards and treated patients in--in wards. You didn't need as much staff as you need now...

ADUBATO: Yeah.

Mr. D'AGNES: ...when you were taking care of patients in the wards.

ADUBATO: Let me ask you, because Raritan Bay is celebrating its 100th anniversary, any added significance to not just doing what you do right now, but the road ahead? Do you think about it in a certain way because of the history and the tradition?

Mr. D'AGNES: Absolutely. There's a legacy that's been handed to us of 100 years of excellence, and I've said this in--in speaking to the employees and in speaking to other groups at the hospital celebrating our anniversary, we're privileged to be the ones that are here at the 100 years to begin the next 100 years of--of caring and excellence and to carry on the tradition. If you think about the thousands and tens of thousands of employees and doctors and volunteers and Auxiliaries who have worked at that hospital over 100 years, at this point in time, there's 2,000 of us that take us into the next century. That's a tremendous obligation, and it's a tremendous legacy that we can leave.

ADUBATO: Mike, as you say that, you know, we appreciate, you know, the legacy, we appreciate the responsibility you have, but the other piece of it, as you mentioned, the staff: staff shortages, particularly the nursing shortage. Any prospect for dealing it and--dealing with it in a meaningful, effective way anytime soon?

Mr. D'AGNES: I remain optimistic. Most of what you read talks

about the aging of the population, the aging baby--baby boomers, the fact that the average age of the nurse is getting older and older, and people haven't entered nursing, as many people haven't entered nursing in many years. I believe that over the last couple of years and for the foreseeable future, you're going to see increased wages being put into the registered nurse and the licensed practical--practical nurse. You're going to see a--the workplace being addressed in terms of the type of work that nurses do so that it's raised to a higher level, a more professional level, and that they are, indeed, part of the health-care team. And I believe that you will--we will attract more and more males and females into nursing.

ADUBATO: More men into nursing?

Mr. D'AGNES: I believe so. I think there's a real effort to attempt to bring men into nursing and to not have any kind of gender barriers or any gender bias towards a nurse being male or female.

ADUBATO: We have to make that change, though, Mike, right?

Mr. D'AGNES: I believe so.

ADUBATO: We cannot continue with the status quo.

Mr. D'AGNES: The status quo will be disastrous. If we keep losing more and more nurses to retirement and attrition and we don't bring in nurses at the very beginning of their careers, students out of high school into nursing school, out of the nursing schools into hospitals, I believe that it'll be beyond crisis proportions. But as I said, I remain optimistic, because there's attention being placed to this. The American Hospital Association is addressing or is bringing this to the forefront. J&J has put a lot of money into...

ADUBATO: Johnson & Johnson. Big nursing education campaign?

Mr. D'AGNES: Absolutely, absolutely. And a--that's the right thing to do, to raise awareness. We're seeing--we have the Charles Gregory School of Nursing.

ADUBATO: Right.

Mr. D'AGNES: We can accommodate up to 50 students per year in a three-year diploma school. We're seeing enrollments that probably will reach 50 for the class of September of 2002. That will be the first class in a number of years where we should max out on the enrollments. Now we've also helped by offering scholarships to any of the students who will go to the nursing school, but then give us three years once they graduate from nursing school. But I think you have to have incentives to be able to now break the back of this shortage that's been going on for the last few years.

ADUBATO: Last comment as we get out of this segment, Mike. I was at

Raritan Bay a few weeks ago, and you and I had a conversation about this on the phone recently, and there happened to be some sort of alarm in the building and some sort of scare--whatever. And I was conducting a seminar and--and it really struck me, I was thinking, 'OK, everyone's going to get out right now.' It happened to be a false alarm. And everyone in the seminar said, 'Well, no, we have to go back because there are patients here,' and it struck me--everyone runs out, I think, right. Your people stay there. The patients always come first.

Mr. D'AGNES: Absolutely. The day that you're talking about, I believe it was a bomb scare. And actually, you're not aware of this, but later in the evening, we were at a hospital function for service wards, we had another bomb scare the same day. And you have to respond. You can't ignore it. And our people go to the problem. Health-care workers respond to patients. There are, on any given day, 450 patients in our two hospitals.

ADUBATO: Yeah.

Mr. D'AGNES: They rely on us.

ADUBATO: Well, it says an awful lot about the folks there and what they're made of. And, Mike, we congratulate you and your colleagues on 100 years and I wish you all the best.

Mr. D'AGNES: Thank you, Steve.

ADUBATO: All right. Up next, Dr. Robert Rigolosi, the president of the Medical Society of New Jersey, as CAUCUS Up Close continues.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at talkcaucus@aol.com and visit us on the World Wide Web at www.caucusnj.org.

ADUBATO: Dr. Robert Rigolosi was recently named the 210th president of the Medical Society of New Jersey, the oldest professional society in the nation. Good to see you, Doctor.

Dr. ROBERT S. RIGOLOSI (MD, President, Medical Society of NJ): Thank you.

ADUBATO: Two hundred and ten.

Dr. RIGOLOSI: Two hundred and ten. We started in 1766, and it started at Duff's Tavern in New Brunswick, and there were a group of doctors who--who convened, and they organized a constitution, they organized rules and regulations, and they agreed to meet on an annual basis. And it's been going on ever since.

ADUBATO: We should let folks by--know by way of background, you are a nephrologist, which means you treat to--kidney disease.

Dr. RIGOLOSI: Right.

ADUBATO: And you founded the Holy Name Hospital Dialysis Center in 1969, which does?

Dr. RIGOLOSI: Well, we take care of patients with end-stage kidney disease. These are patients who have no kidney function. Without dialysis, they wouldn't survive. They have to come three times a week for treatments, and we've been doing it since 1969. We were the third center in the state, and at one time, we were the largest community-based hospital centers in the--in the country.

ADUBATO: Doctor, let's talk about some of the most pressing issues that you...

Dr. RIGOLOSI: Sure.

ADUBATO: ...and your colleagues in the Medical Society face. Medical malpractice insurance.

Dr. RIGOLOSI: Right.

ADUBATO: What's the situation? How bad is it?

Dr. RIGOLOSI: Well, it's bad. It's really bad. You know, I--I--I have a colleague at Holy Name Hospital whose insurance last year--he's an obstetrician/gynecologist--was \$40,000 a year. This year, it went to \$110,000 a year. Now it's a four-man practice. So before they do anything, it's \$440,000 that they have to come up with before they even earn a penny. Now on the other end, the HMO is cutting them. The HMO is cutting them--they've cut their--their delivery rate fee to \$900, so they get \$100 a month to deliver the baby, \$900 at the end of the term pregnancy. And on the other end, their insurance rates have gone up to a--an--an astounding \$110,000.

ADUBATO: The math doesn't add up, Doctor.

Dr. RIGOLOSI: No, it doesn't. It doesn't.

ADUBATO: So therefore?

Dr. RIGOLOSI: Well, it's got a choice to make. And--and--and they're going to make it in July. They're going to have to decide if they're going to give up their obstetrics practice and just do gynecology and, of course, the patients that they have now are going to have to find another physician, which is very traumatic for any--any woman who has faith in a--in a physician to do. I mean, it--it's--it's--it's really a bad situation. It's a situation that now is a little--it--it--it's not exactly quiet, but it's going to be shouting soon. We're going to have a march on Trenton on June 13th.

ADUBATO: Medical Society?

Dr. RIGOLOSI: Medical Society and--and new--Concerned New Jersey
Physici--Concerned New Jersey Citizens for Health Care.

ADUBATO: What do you want?

Dr. RIGOLOSI: Well, we want to change legislation. We want to--we
want the legislators to help us put a cap on economic and non-economic
dama--damages.

ADUBATO: Now back up.

Dr. RIGOLOSI: We...

ADUBATO: You want to limit the amount...

Dr. RIGOLOSI: We want to limit that, right.

ADUBATO: ...that juries can come back...

Dr. RIGOLOSI: Right.

ADUBATO: ...in a court case...

Dr. RIGOLOSI: Right.

ADUBATO: ...involving a medical malpractice suit against a doctor to
what?

Dr. RIGOLOSI: Well, we want to limit it to \$250,000 perhaps. We
want to limit the statute of limitations, which right now is really
excessive. It s--it goes on 20 years. So at the end of 19 years,
your--your--your--your--the--the child that was born 19 years ago is
not shooting like Michael Jordan or he--or he's not the most
intelligent in his class, come--they come back with a suit against the
phy--a physician who delivered the baby. You know, it's just--it's
just an unfair situation. And right now, we need--we need help,
desperately need help. And we need...

ADUBATO: How did it get this bad?

Dr. RIGOLOSI: Well, I think it's the jury's awards, jury awards,
a--a lot of frivolous claims. I give you an example, a frivolous
claim. One of my colleagues was recently named in a lawsuit.
Thirty-seven people were named in the lawsuit. Tha--the lawsuit
involved a--a medication that the patient took that he thinks caused
his problem. It--the problem wasn't caused by the medication. It was
caused by his own illness. Now he's suing the pharmacist. He's suing
a--at least 12 doctors, anybody who had anything to do with him, and
what's going to happen is this is going to be a claim on the record of
the physician. Now whether th--now whether that physician is--is felt

to be not liable doesn't matter. He has a claim on his record.

ADUBATO: So what does that mean? Give u...

Dr. RIGOLOSI: It means that--it means that his insurance rates will go up, merely because a claim has been made on his record. Now whether it's a frivolous action or not doesn't matter. A claim was made on his record.

ADUBATO: How does he defend himself? How does he or she defend himself?

Dr. RIGOLOSI: Well, w--he--he...

ADUBATO: And by the way, many who say that people who are making a decision about which physician they're going to see or not see, they have a right to even know if you've even been accused of anything.

Dr. RIGOLOSI: That's right. That's right.

ADUBATO: So what does it really mean?

Dr. RIGOLOSI: Well, it means that the physician has very little defense. He--he can't explain to the phy--to the patient coming to him, 'Oh, yeah, that--that wa--I had a claim against me, but it was thrown out and it was frivolous, and somebody just had an ax to grind.'

ADUBATO: Why can't he explain that?

Dr. RIGOLOSI: Well, he could, but it doesn't matter. His insurance rates are still going to go up, and--and un--and, of course, the--the--the extent of this is--is widespread throughout the country. It's not only New Jersey. It's all the other--it's all...

ADUBATO: Across the country.

Dr. RIGOLOSI: ...it's across the country. So what's happening is malpractice insurers are dropping out of the field. The--in New Jersey, PHICO went bankrupt and they dropped out. That was a Pennsylvania-based company. You've got Zurich and you've got there a--another company that recently--St. Paul...

ADUBATO: Right.

Dr. RIGOLOSI: ...that said that they're not even going to insure or do malpractice insurance anymore.

ADUBATO: So--so--so as we move forward here, Doctor, I want to be clear. Are you saying that the state should step in and take an action? And beyond that, what should the feds be doing? What should Congress be doing?

Dr. RIGOLOSI: Well, Congress has to face this issue. They have to--they have to face the fact that--that this is something that can't continue, that doctors will leave the field, that new--new physicians or the f--medical students will not even choose to go into, you know, these high-risk fields.

ADUBATO: What are they, the--other than...

Dr. RIGOLOSI: Obstetrics, neurosurgery, orthopedics, emergency room, radiology. There is a group in--in--in Ridgewood that--a radiology group that can't even get insurance. They just--they're not insurable. And how do you--ho--what happens? Does it...

ADUBATO: So--so I want to be clear--and by the way, you're based--your practice is based in Bergen County ...(unintelligible).

Dr. RIGOLOSI: My practice is based in Bergen County, yes.

ADUBATO: So--so as you look at this, let me ask you, given what you've just described, Doctor, you're an advocate, obviously. The Medical Society is an advocacy group, it's an educational group, research group. Would you advocate a child of yours, a loved one of yours, someone who came to you for advice going into the medical profession, given what you've just described?

Dr. RIGOLOSI: Well, I have a son who's a doctor, and he--he's a--he's a post-graduate year two level. He i--he is a physician. He went to UMDNJ. And yo--you know, it's a great profession. Yeah. I would advise it.

ADUBATO: Still?

Dr. RIGOLOSI: It still is a good profession. It's a--it's--it's--it's wonderful to be able to help someone, to treat someone, to assist them. I mean, it's--it's happened in my career where, you know, someone who was not well, dying or whatever, and you pull them through and then they go on to lead a wonderful life, to have children, and they have a--I mean, it's a great feeling. And it's--an--and it's a wonderful profession. The fact is these--these extra thi--these--these external things that we can't control, that we can't--we don't have much of a say in--for example, the HMOs. They--they really have taken advantage of the physicians. They've done things--they've denied treatments. They've denied treatments that were medically necessary. They've--they've delayed payments to physicians. They've delayed care to their own insurers. We had to take it upon ourselves to sue them, and on May--May 8th...

ADUBATO: The doctors are suing the HMOs.

Dr. RIGOLOSI: Yeah, doctors are suing five major HMOs in New Jersey, five of the largest HMOs.

ADUBATO: What do you want?

Dr. RIGOLOSI: We want them to treat physicians fairly. We want them to be able to negotiate fair contracts. They--they--the contracts now are take it or leave it. Here--here's the--here's the arrangement. If you like it, take it. If you don't like it, don't take it. So a fe--a patient that I followed for maybe 20 years a--and their employer has changed insurance companies, they come back with these--these--these horrendous contracts, which are not--which are acceptable to me. Well, if you don't like it, that's too bad. You're not going to--you're not going to treat this patient anymore. Or you can choose to treat the patient, but the patient will not be covered by their insurance program.

ADUBATO: Doctor, in the couple minutes we have left, you have this lawsuit you talked about against these five HMOs. How united are physicians? Because the other issue I know you wanted to talk about was physician unity. How united are physicians?

Dr. RIGOLOSI: Well, the physicians are united a--aga--in this lawsuit, and they certainly are united in the malpractice issue. They have to be. They have to be because the cause is--is a common cause to all of us. The HMOs are treating doctors across the board badly. I mean--I mean, the--these denial of claims, these medical necessity issues, these pre-certifications--it's not only for me as an internist and nephrologist, it's also for the surgeon, it's even more so for some other areas--emergency rooms or--or--or orthopedics or...

ADUBATO: Excuse me. Is that why the Medical Society has taken this issue on as a cause celebre, if you will?

Dr. RIGOLOSI: Yes, exactly.

ADUBATO: Is that the role of the s--of the Medical Society?

Dr. RIGOLOSI: Sure. The role of the Society is to try to help physicians deal with the issues of the day. You know, I mean, we--physicians have problems all--dealing with all of these issues, with the HMOs, with s--with--with--with malpractice insurance. And it's up to us. We're the voice of the physician in New Jersey. We--it's up to us to--to--to take the step forward to help them. We--and we must do that. Unified, we can do it, you know. I mean, if we can--if we can focus and stay united in our--in our cause, we--it's much better than doing it as an individual. The individual is not going to succeed or has very little chance of success. But when you do it as a group, you're definitely going to...

ADUBATO: A few seconds here, Doctor. You have no regrets about going into this field, do you?

Dr. RIGOLOSI: No. No.

ADUBATO: In spite of everything you just described.

Dr. RIGOLOSI: Yes. It's--it's--it's just--medicine is a--is a fascinating field. I--I mean, i--to--to--to see the discoveries that I've seen in my 32 years of practice is--is just in--it's--it's--it's incredible. Just in dialysis alone, it used to take us eight hours three times a week to dialyze a patient to keep him alive. Now it's two and a half hours three times a week. And it's--it's remarkable. They go to work.

ADUBATO: Doctor, we'll keep talking off the air. I'm sorry. Thank...

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