

**SERIES:** Caucus: New Jersey with Steve Adubato  
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STEVE ADUBATO, host:

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STEVE ADUBATO, host:

In the last 20 years researchers have identified at least 30 new infectious diseases, including AIDS, Ebola and more recently, SARS. I'm Steve Adubato. Here to talk more about the threat to public health is world-renowned expert on infectious diseases, Dr. Leon Smith.

Good to see you, Doctor.

Dr. LEON SMITH Sr. (Infectious Disease Expert): Good to see you, Steve.

ADUBATO: Now a few months back, I have to tell you, I'm sitting there Sunday night, you know, waiting for our show to come on, and there you are on "60 Minutes," you and your family.

Dr. SMITH: You saw it.

ADUBATO: Of course. Millions of people saw it. For those who didn't see it, set it up for us. Why did "60 Minutes" come to see you? What was the premise of that story?

Dr. SMITH: Well, the premise of the story is the tort reform needs of New Jersey, and I'd been trying to get some national celebrities to get involved and get some national press on it. So I wrote a very long letter, and Mike Wallace said it was the best letter he'd ever received. So I get a call on the phone. He said, 'This is Mike Wallace.' I said, 'You're kidding.' He says, 'I want to see you,' and that's how it all started. Then he sent his producer up from Texas to interview us. We had dinner at Tulipano's. And then we went...

ADUBATO: Just to let everyone know that Tulipano's is a very nice Italian restaurant in northern New Jersey. We're seeing it in a lot of states. It's actually in--is it in Cedar Grove?

Dr. SMITH: Cedar Grove.

ADUBATO: Cedar Grove, New Jersey...

Dr. SMITH: Yeah.

ADUBATO: ...and so that's where the deal was cut.

Dr. SMITH: That--the deal was cut there by the producer, and then he invited us to his favorite restaurant in New York, another Italian restaurant, where he's a regular participant.

ADUBATO: Mike Wallace.

Dr. SMITH: Mike Wallace. And he came in with his lovely wife. He has a great, great wife. She was a producer of "Face the Nation."

ADUBATO: Right.

Dr. SMITH: And we just hit it off, and he invited our kids to come.

ADUBATO: Yeah. Give me that--because at first, I'm thinking Leon Smith's going to be on "60 Minutes," but it winds up being about you and your children.

Dr. SMITH: Well, he was going to put a face on tort reform.

ADUBATO: Well, you--you say 'tort reform,' Leon, as if everybody knows what that means. Explain what that is.

Dr. SMITH: Well, tort reform--there's a major crisis in this country. As we speak right now, in New York state, the doctors are--are marching. We marched last week and we marched before. They--the premiums for doctors have gone off the wall. I have a son...

ADUBATO: Medical malpractice premiums.

Dr. SMITH: Medical malpractice premiums. They keep going up and up and up, and some states have caps; means that you--you--the tor--the patients who have any kind of address have only a certain amount of money they can get for pain and suffering. And now the premiums keep going up and up and up, and so it has--something has to be done about it. You can't--the doctors cannot make a living. For instance, my doc--my son, who's chief of OB at St. Barnabas Hospital, high-risk pregnancy, if he delivered babies, he would have to pay over \$200,000 a year to deliver ba...

ADUBATO: Two hundred thousand dollars a year for insurance?

Dr. SMITH: Insurance. And so they stopped delivering babies. They can no longer deliver babies. They had a--see, they're responsible, if you deliver a baby, for 21 years.

There was an interesting young man who I knew as a student many years ago at St. Michael's. He was a resident. He was sued the other day

by a young man 20 years ago because he had a--he was premature, the young man, and had become blind from it. So now, 21 years--20 years later he's suing this resident, who--the--there's no treatment for it even today, but he's being sued. He's got to go through the process. I mean...

ADUBATO: So wait a minute. So doctors--in your case, your son, Leon, 200 grand for...

Dr. SMITH: Two hundred grand.

ADUBATO: So...

Dr. SMITH: ...(Unintelligible).

ADUBATO: So it makes it almost impossible then, you're saying, to actually stay in on the OBC--on the OB-GYN side.

Dr. SMITH: OB-GYN side--OB side.

ADUBATO: What other--what other--what other specialties are particularly...

Dr. SMITH: Neurosurgery's gone way off the board.

ADUBATO: Neurosurgery.

Dr. SMITH: You know, there isn't a neurosurgery--Peter Carmel is chief at the medical school, great guy, great neurosurgeon.

ADUBATO: New Jersey Medical School.

Dr. SMITH: New Jersey Medical School. Wonderful guy. He announced at the rally the other day there is not a neurosurgeon that you can get between the Lincoln Tunnel and his office. That means if you have an accident in the tunnel or on the highway and you have a shift--major shift in the brain, you're going to die.

ADUBATO: And you're--you're putting that on the medical malpractice insurance rates?

Dr. SMITH: They're all--yeah. The neurosurgeons, poor guy, has got--they get hit for--they can't make a living. They can't do it. Your expenses are high. You got the HMOs, the managed care ratcheting down. The poor OB doctor for nine months of care gets barely \$2,000, or slightly more than \$2,000, and they can't make a living. So 25 percent of the obstetricians in the state of New Jersey have stopped practice.

ADUBATO: Stopped.

Dr. SMITH: Stopped. And neurosurgeons are stopping all over. Seven

counties in New Jersey have no neurosurgeons, seven counties.

ADUBATO: Do not have a single neurosurgeons.

Dr. SMITH: And of my dearest friends, Dr. Rod Clemente, a whole family, three generations of doctors, wonderful doctor, is leaving the state of New Jersey. He can't get an assistant and the--the premiums are so high, he's--he's going to go--thinking of going to Kansas.

ADUBATO: But, Doctor, it's not--it's not simply New Jersey. This is a national problem.

Dr. SMITH: That's right.

ADUBATO: President Bush talked about the malpractice crisis in his State of the Union speech a while back.

Dr. SMITH: That's right

ADUBATO: So it isn't New Jersey.

Dr. SMITH: No, it's all--but there are many states that have taken action. California, there's a cap, and there's other regulations and...

ADUBATO: Cap--and I think the cap we're talking about, the one that's allegedly on the table--I'm not sure where it is right now--is in the range of \$250,000.

Dr. SMITH: Yes.

ADUBATO: That's the limit. Now what do you say to the lawyers--the trial lawyers who say to me, 'You've got to be kidding me. How could you cap, how could you limit the amount of money you put on the pain and suffering of someone who's been impacted by a mistake that a doctor's made?'

Dr. SMITH: Well, the thing is pain and suffering is one thing, but they pay for all the other things, all the damages, all the other problems that go with it: the medical care, the loss of revenue from being ill and so on. So pain and suffering is just a disa--kind of depression you might go through. A lot of times it doesn't even really exist. And so then people have to realize that there must be a limit; otherwise, just like a lottery. And also there is so many harassment cases. There isn't--there are very few doctors in the state of New Jersey who now have not been sued one way or another.

ADUBATO: Hm. And so when I'm watching that "60 Minutes" piece, I'm watching you outside the state capital chanting at this rally...

Dr. SMITH: Yes.

ADUBATO: ...with the other docs.

Dr. SMITH: Yes.

ADUBATO: Was there a part of you, Leon--I call you that because we've...

Dr. SMITH: We know each other.

ADUBATO: ...we've known each other a long time and--and...

Dr. SMITH: I'd known Steve when he was in utero, that's how...

ADUBATO: And you also, you know--I've got to say this because it--it happened and--and I could not imagine what our family would have done without you. When our son, Steven, was very small baby, he--he was rushed--we rushed him to the hospital, did not know what was going on. His mouth--he had what was called thrush. He had 104, going on 105 fever. And we were at a particular hospital, they didn't understand what was going on. They reached out for you. You saw him and within 10 seconds you turned to me and you said, 'He has Kawasaki syndrome.'

Dr. SMITH: You remember that, Steve? Yeah?

ADUBATO: Oh, God, yeah.

Dr. SMITH: That was 10 years ago.

ADUBATO: One of those things I'll never forget. But my point is--well, I guess I just wanted to thank you, you know.

Dr. SMITH: Yeah. You're welcome.

ADUBATO: But the other part of it is I'm thinking the impact that you had on s--the lives of so many. And as I watched you in front of the statehouse, part of me was thinking, 'Jeez, Leon Smith, this world-renowned infectious disease expert, protesting on the steps of the state capital.' Something didn't seem right. Did you feel uncomfortable at all?

Dr. SMITH: Well, I wasn't going to go. You know, I'm against protesting. I never got involved politically. I like to stay with medicine in my own little sphere of influence. I never got...

ADUBATO: Above it all, Leon.

Dr. SMITH: Yeah. But I had to--I had--I had to do something. It--it--the impact--it--I--I--you know, I trained over 6,000 doctors over the years at--at St. Michael, and something was happening. The--the profession was falling apart. People are not going to OB. There--there are 400 vacancies (unintelligible) this year. People are not going to--to neurosurgery and on and on and on. You know,

there--there--the people are going to dermatology or plastic surgery, where they don't have the--the restrictions of HMO and, also, their malpractice premiums are lower. And that's wrong. There--there's something wrong in our s--in our society. People are going to die. People are going to die...

ADUBATO: But these juries are made up of people, Dr. Smith, many of whom are the people you talk about, who need doctors that are saying--they're the ones who are saying, 'This is the amount of money that we should give these people in--in a case where malpractice is being accused--someone's being accused of malpractice.' Are we, as citizens, part of the problem, Leon?

Dr. SMITH: Oh, yes. I think, you know, medicine is so complex, so--that's why we have all these specialties. How do you expect a lay jury to make an assessment on a--a given le--medical p--case? How can they do it? They can't do it. So they...

ADUBATO: Well, they li--they listen to the expert testimony.

Dr. SMITH: Yeah, but the expert testimony--you know these expert witnesses. Many of them are just--they do whatever they--they're--they have to say, you know, for the lawyers. I mean, not all of them. I'm just saying there are some who--who make a living at it.

ADUBATO: Being expert witnesses.

Dr. SMITH: It's an industry. They make an industry--make a living as an expert witness. And that's not healthy either.

ADUBATO: So it really--a layperson--you're saying the average layperson just is not equipped to make this determination as a member of the jury.

Dr. SMITH: I--I think that's absolutely correct. I think it should be specialists, a panel of doctors and judges and some laypeople together--getting together. Now there--there should be also outliers for those crazy, wild cases like at Duke and other places. There--there should be some cases where the--the pain and suffering...

ADUBATO: Excuse me, you're talking about the case of the young 17-year-old girl who got the--there was a blood transplant--transfusion, and there was a mistake made.

Dr. SMITH: That's right.

ADUBATO: And the doctor owned up to it.

Dr. SMITH: It wasn't his fault, but it was his--he's take full--the doctor is in charge of his blood bank.

ADUBATO: One at the blood bank, whoever, there was a miscommunication.

Dr. SMITH: Yeah.

ADUBATO: But what do you say to those, Doctor--and I promise we'll talk about infectious diseases in just a little bit.

Dr. SMITH: Yeah.

ADUBATO: But what do you say to those who say, 'You know, we need to have this current situation because doctors are obsessed with protecting each other. They do not hold themselves to a very high standard. They don't police themselves effectively enough'? You say?

Dr. SMITH: Oh, they do. Matter of fact, the--the control of the doctors in the state of New Jersey is by the medical examiner's office and attorney--under the attorney general. And they do take--do--to do a good job, they need more money to do better jobs. And, also, what happens when a doctor is reported by another doctor? He is sued. I've been sued. I had reported two doctors over the years who I thought needed help, and then I got sued in return. I mean, it--it's absolutely ridiculous.

ADUBATO: Easy to sue a doctor?

Dr. SMITH: Oh, easy to sue doctor.

ADUBATO: Should the patient know that he--his doctor--his or her doctor has, in fact, been sued? Should that be something we should know as patients?

Dr. SMITH: I think not being sued is not important. Being convicted is something else. See, what--what trouble that's going on now, you get a claim against you. That doesn't mean you're guilty. Most of...

ADUBATO: It means you've been accused.

Dr. SMITH: Been accused. And, therefore, it's not important, except for the insurance company. They hold it against you. But for an average person, just being accused--you could accuse me of anything by sitting in this room.

ADUBATO: Right. But that's being accused...

Dr. SMITH: But that doesn't mean guilty.

ADUBATO: OK, let--let me--let me do this. W--a minute before the break? Let me try this. On that "60 Minutes" story, it profiled you and your family. Tell folks who your children are and why they were in this story.

Dr. SMITH: Well, our oldest son is an obstetrician, high-risk doctor, well known in New Jersey and one of the--to me, one of the premier guys in the country. And he's got a marvelous group of guys and ladies with him...

ADUBATO: Right.

Dr. SMITH: ...a tremendous group. And they did over se--they have seven--7,000 deliveries at St. Barnabas every year, the best in the state, that and St. Peter's. And then my daughter's a--second--my daughter's a surgeon, a cancer surgeon, and has a Blake--Blackwood Cancer Center in Stamford, Connecticut, again, a very prominent, nationally known woman surgeon trained in Memorial and all those places. And then I have a--another son who's with me in infectious diseases.

ADUBATO: Right.

Dr. SMITH: And he's a--a--he's got a big vaccine he's working on and--and he's doing all kinds of interesting research and he's taken my place at chief of infectious diseases at St. Michael's.

ADUBATO: All of you, medical professions.

Dr. SMITH: And then one more. We have another daughter who trained at Yale, a brilliant young lady who had a baby two years ago and went through the same problem. She had a placenta previa, which is a complex delivery. She was in bed for five months. She obstructed her kidney, the constant pain all through the whole thing, and she--my son's group delivered the baby emergency C-section. We got a beautiful baby; small, but beautiful and smart as they come because of good care. Now that group is not available, so my daughter doesn't want to have anymore children. She's afraid to have anymore children. And that's a problem. Now my son-in-law is also one of the top GYN cancer surgeons in the--in the state, so we've got a whole family of doctors.

ADUBATO: A family of underachievers?

Dr. SMITH: Underachievers.

ADUBATO: Leon, stay right there. When we come back, we'll talk more about the impact that the "60 Minutes" interview's had on Leon Smith, his family. Also we'll talk about the infectious disease issue with Dr. Leon Smith. Stay with us, we'll be right back.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at [info@caucusnj.org](mailto:info@caucusnj.org). And visit us on the Worldwide Web at [www.caucusnj.org](http://www.caucusnj.org).

ADUBATO: Leon, pick up the point you were making off the air. The impact that the "60 Minutes" story has had on you and your family. Go

ahead.

Dr. SMITH: Unbelievable. Unbelievable. The phone calls rang all night long. I p--I--I'll tell you an interesting story. I went to high school in Yonkers. I lost track of my high school friends. I've been so busy, not that I wanted to.

ADUBATO: Yonkers, New York.

Dr. SMITH: Yonkers, New...

ADUBATO: Westchester County.

Dr. SMITH: Westchester County, poor little area. And one of my friends called me and he is now a Supreme Court judge in--in New York state. He went to Howard. He was Africa-American, and we just renewed acquaintance, and we--we just had a wonderful time on the phone. Oh, we just--I just...

ADUBATO: How'd he find you?

Dr. SMITH: Well, through "60 Minutes." He found out where I was, he called me up and we had a wonderful time. And I--you know, I lost track of all those guys. And here he was, a Supreme Court justice in New York. I was so proud of him.

ADUBATO: And also sorts of other folks reached out as well.

Dr. SMITH: And we--yeah, reached out all over--cousins I'd never heard of, cousins all over the world. Everybody's my cousin now.

ADUBATO: Absolutely. And what impact do you think that the story had nationally? Obviously, "60 Minutes" is an incredible news program. You tell the story--it's not just a profile of your family, but you tell the story of the impact that the malpractice crisis has had on you and--and your family and other physicians. What impact do you think it's had on the debate?

Dr. SMITH: Well, I don't think very much, to be honest with you. I think, you know, it's--it's all about--it's about money. It's about--well, McCain--Senator McCain's been talking about, you know, it's about votes. It's about campaign financing. The Democratic Party's against any tort reform. And...

ADUBATO: Why?

Dr. SMITH: Well, they depend on it for their campaigns. See, without money, you can't run a campaign.

ADUBATO: Let's be more specific, Leon. Seems to me what you're saying is that the trial lawyers disproportionately contribute dollars to Democrats; Democrats are less inclined to do anything. I think

that it's--what you're saying, that might anger the lawyers and one of the things that might anger them is capping the pain and suffering verdicts. Correct?

Dr. SMITH: Well, that's what I understand. I'm not an expert on this, you know, Peter Carmel and Bob Rigolosi could tell you better. But that's my understanding of that, that it's really a financial issue and campaign and--and--and these--these trial lawyers are absolutely brilliant. I have never met smarter people in all my life. They should have gone to medical school instead of being lawyers. They were--they were just bright. They're just so bright.

ADUBATO: But not much of an impact on the situation d--according to you. Let--let's shift gears because even though you've learned an awful lot about politics in the last six months to a year involved in this, the politics of medicine if you will, I introduced you talking about infectious diseases.

Dr. SMITH: Yeah.

ADUBATO: First of all, SARS. We're seeing and hearing a lot about it in the media. What is it and how concerned should we be?

Dr. SMITH: I'm very concerned about it. It's a very vicious virus. It started in a--probably in--in--in the slaughtering area--market in southern China, poor area where they kill rats and turkeys and pigs and anything that they can eat is killed, and the blood is flying all over the place. And that seems to be where--the genesis of it. And this virus in animals is vicious. It destroys the pancreas, the kidney, the brain. So in animals, it--it--in humans, it'll only cause a little cold in the winter time. But the virus changed, the gene structure changed. There are now 29,000 genes in the one molecule and devel--do--done in record time.

It's very different from any other virus they've ever found. At first, they thought it might be a turkey virus, but now it's different than a turkey virus. But it behaves in humans like it does in animals. So we believe it came from the animals. We don't know which one; just like flu. Influenza comes in China from chickens and from pigs because of changes in it. And then, of course, the--the people live so close together in China, it just spread like wildfire. The Chinese kept it under--this is about just after November and then it wasn't reported until March. The poor Italian doctor who discovered it reported to WHO and he died of the disease. He died, Carlos di--died of the disease, Italian--wonderful doctor, great human being. And mo--a lot of people don't know that the nurses and doctors were the hardest hit. They were the ones that died most because they...

ADUBATO: Why?

Dr. SMITH: They had li--highly exposure, these people. And they didn't know what it was. And everybody said, `Well, it might be

Rhinovirus, might be this, it might be that, it might be flu.' And so they--the--lot of those doctors and nurses died of their disease. And then it spread from there to the rest of the world through, you know, airplanes and it--it--you can get it--it can be airborne and it can be droplet form. The virus stays in the stool for weeks, in the stool, so you worry about food; although so far, it hasn't happened through food. What happens, when you put it on a table top, it stays there for days and weeks without--without dying. So it's a tough virus.

ADUBATO: So here in the United States, what degree of concern should we have?

Dr. SMITH: Well, right now I think it's under control. First of all, we have great hygiene. We wash--washing the hands is so important. Washing ha--we don't wash our hands enough. And also we probably kiss each other too much, like Europeans now. We all hug and kiss each other. We shake hands all the time. I think people that--we shou--you know, it didn't happen in Japan. Why? Why didn't it happen in Japan?

ADUBATO: Because the culture dictates that you don't touch as much?

Dr. SMITH: You bow, you don't touch, you don't touch...

ADUBATO: Come on, Leon, that can't be the reason why.

Dr. SMITH: Well, I think...

ADUBATO: Because, really not as much kissing and hugging and handshaking?

Dr. SMITH: Oh, I think handshaking is--is the worst part of it all. Oh, yeah, handshaking is...

ADUBATO: Leon, wait a minute.

Dr. SMITH: I think handshaking is the worst. Touching and handshaking--well, Ebola virus is another reason, skin-to-skin, that's how it's transmitted. We--we--we shake our hands to--look, nothing--no one loves to shake hands and kiss more than I do.

ADUBATO: Right.

Dr. SMITH: But I'm concerned about it. I'm concerned that we--we wo--if we do, we should wipe our hands afterwards. There are a couple of people in this country that never get sick, but one of them is a well-known guy. He washes his hands too much. He washes his hands 30, 40 times a day, but he doesn't get sick.

ADUBATO: Is that Donald Trump?

Dr. SMITH: I can't say who it is. I can't say who it is.

ADUBATO: OK. So--so wait a minute, Leon, as we do this program, I'm trying to put--how to put this in context. I've--you've been, like, the sixth person I've interviewed this morning. We're going to lunch in just a little bit, you know--you ne--you need to know about our production day, right?--and we'll be taping more in the afternoon. You're saying that--I mean, I shook hands with everyone who's come in here.

Dr. SMITH: Yes, you have. Just look at me, I hugged you and kissed you.

ADUBATO: In fact, kissed a couple of guests, right? But are you saying, Leon, that immediately af--not only before lunch but after every guest, in between shows...

Dr. SMITH: I--I think--I think we should be more ca--I think before we eat, we should wash our hands. After we go to the bathroom, we should wash our hands. I mean...

ADUBATO: A must.

Dr. SMITH: I mean, people go to the bathroom and--and--and they do all sorts of things in the bath and never wash their hands. It says: 'Only the people that work in a restaurant should wash their hands.'

ADUBATO: Yeah, what's up with that?

Dr. SMITH: That's crazy. Everybody should wash their hands. Washing the hands is the most important thing we do in medicine.

ADUBATO: What does it do for us?

Dr. SMITH: It gets rid of the germs that spread on our hands. We spread it from our hands. We eat with it, touch our n--how many times did you touch your mouth today? You always are doing this. I saw you...

ADUBATO: ...(Unintelligible) do that.

Dr. SMITH: You're always doing that. Look, right now you're doing it.

ADUBATO: And that's--why is that an issue? Craig, why are you laughing in there?

Dr. SMITH: That's an issue. You're putting it near your mouth, your lip. It gets in your gut, it's in the air. Look, I'm not here to scare people...

ADUBATO: Well, b--but our little baby is hacking up, he just happened to be coughing--he's coughing and--and he's kissing and--but he did

cough at me several times this morning and so if--that was after I washed my face. I kissed him goodbye, he's slobbering all over me. And I come here, and someone hugs me, I'm potentially...

Dr. SMITH: Well, you didn't--you didn't get a viral load in you yet. But once you get the disease and the virus load gets up to the density grade, you can transmit it. You probably have immunity or something because you were raised in Newark. I know where you were raised.

ADUBATO: Sow we're tougher?

Dr. SMITH: Tough neighborhood. They're tougher in Newark. I'm serious.

ADUBATO: You think that has something to do with it?

Dr. SMITH: The kids in the Caribbean, they get all the measles and chicken poxes, the Caribbean people, because they're isolated on an island. Who's the ones that died of the measles? The poor people in Fiji islands when they got exposed with--wi--when p--missionaries came in. They got all of the diseases. When w--Columbus came to the United States, we--all the Indians were dying of tuberculosis because he brought it with him. There's no natural immunity.

ADUBATO: No natural immunity.

Dr. SMITH: Yeah.

ADUBATO: An--and--but the SARS situation--before you move onto AIDS, I just want to clarify something. The media--we're pretty good at getting people afraid.

Dr. SMITH: Well...

ADUBATO: Scaring the heck out of people.

Dr. SMITH: Yeah.

ADUBATO: But on this one, you sound like you're concerned.

Dr. SMITH: I am concerned about this virus because we don't know much about it. It's new. It'll be with us forever. Once it--it hits man, it'll always be on earth. We're going to have to find a vaccine for it, and some new therapy for it, and we're behind the eight ball right now. But we do have the gene structure, and with that, there's good hope.

ADUBATO: Do we've--have antibiotics?

Dr. SMITH: No antibiotics work; nothing works. They give steroids, I don't think it works. They give ribavirin, I don't think it works. We have to get a--we have to get a vaccine. Some people say Pfizer

has a great drug that may be able to do--but it's only theoretical; that was in science. It's only theoretical. It looks like it may be able to hit the market by...

ADUBATO: You don't buy it yet, though.

Dr. SMITH: No, not yet.

ADUBATO: Well, let's talk about antibiotics. In general, we misuse them and abuse them.

Dr. SMITH: Absolutely. And demand...

ADUBATO: How so?

Dr. SMITH: Demand is so great by the public, you know, people get a flu--like your son gets a--gets ill, yo--your wife is going to demand it of your doctor. If you don't, you'll go to another doctor. And...

ADUBATO: What's wrong with that?

Dr. SMITH: That's wrong because that's the thing that induces resistance. The more you use an antibiotic, the greater the resistance. We now have staph aureus, which is a vicious bug, totally resistant to all known antibiotics. Couple of new ones coming in the pipeline, totally resistant. We have a bug--when I was an intern, we had a--a enterococcus, it wa--we used--we used to put ... (unintelligible) in our mouth as part of the laboratory. You wouldn't do that anymore today. It'd kill you--as a marker to see where it traveled to.

ADUBATO: Right.

Dr. SMITH: Or the enterococ--we never treated it. You just find it in the blood, urine--never treated it. But nowadays, oh, got it. You get it in your bloodstream, you're going to die.

ADUBATO: So what do you say to the patients or the family members of patients who come to you say, 'Dr. Smith, I insist. I want the antibiotic'? You say...

Dr. SMITH: Yeah. Well, it's a--it's a--it's a problem. I feel sorry for the doctors, you know. I'm...

ADUBATO: Well, you--you don't deny them?

Dr. SMITH: Well, you have to--you have to...

ADUBATO: Do you try to educate them and tell them why not?

Dr. SMITH: You try to educate them, too, but I tell you, they--they've been so used to getting rapid cures from antibiotics

that it's hard to--to dissuade them. It--even, you know, someone as bright as you are, you would be very hard to pr--tell you and your wife not to give your son an antibiotic.

ADUBATO: Because I want what I think is instant relief.

Dr. SMITH: You want--you want instant results. That's what's true about society. We want instant satisfaction on everything we do. Our expectations are so great. That's why tort reform is so--a big problem.

ADUBATO: See, look at you, you went back to tort reform, tried to make that connection. Leon, talk to us about AIDS. We do know it's been 20 years--is a fair assessment?--20?

Dr. SMITH: Yes, I came on the air with you some many years ago talking about AIDS.

ADUBATO: Wow.

Dr. SMITH: We used to all--we used to call it GRID, and then we had another name, but we've made great progress with this.

ADUBATO: Where are we?

Dr. SMITH: Well, we have great drugs, wonderful, wonderful drugs. You can't believe the success--well, you see Magic Johnson. How many years has he been--I remember Imus putting me on his show talking about--about Magic Johnson.

ADUBATO: Would you have predicted that from Magic Johnson?

Dr. SMITH: No, I would not. I thought he would have been dead by now. I really did.

ADUBATO: So even you're surprised.

Dr. SMITH: But he had the right doctor. His doctor did something that was ahead of the curve. His doctor put him on an antiviral drug early. It kept the immune system up and got his T cells, immune system good and sh--they did the right--that doctor did the right thing for him.

ADUBATO: OK. Well, there are millions of people--Bill, what did you say?--in Africa, the Caribbean and in Russia, who do not have access to the medication you're talking about--and China as well. They're dying?

Dr. SMITH: Yes. They're dying.

ADUBATO: Is there a way to...

Dr. SMITH: But there--the president has allocated a lot of money to Africa and...

ADUBATO: Yeah, he surprised many by doing that.

Dr. SMITH: Yes.

ADUBATO: That's a good thing.

Dr. SMITH: That was--you know who did that?--was Senator Frisk. He's a great guy, by the way. Senator Frisk.

ADUBATO: Senator Frisk...

Dr. SMITH: Watch out for this guy. He's on time.

ADUBATO: Who is the current leader of the Senate...

Dr. SMITH: Of the Senate. He's a doctor.

ADUBATO: He's a doctor.

Dr. SMITH: A cardiac surgeon. He's saved many people's lives in the Senate and on the road. This is a winner, boy, I'll tell you. We got a great guy.

ADUBATO: S--so if the federal government, in fact, wanted to have an impact in these other countries by doing the kind of thing that the president has done here, what, in fact, are we really talking about?

Dr. SMITH: Well, we have to get--we have to set up clinics. We have to get drugs for them. We have to educate them. The most important thing in--in this is the patient take the drugs on time, because if you don't, you induce resistance.

ADUBATO: What does on time mean?

Dr. SMITH: It means--every drug has its own half life, you may have to take it every six hours, 12 hours, even get up during the night to take it. The patients that do well take it on time. They don't get--they--they don't get resistance--resistance to the bug--to the antibiotic--the antivirals. So if you take it on time, you'll do well. The problem with people in Newark in--that use drugs, they don't take it on time. So you've got 30 percent resistance.

ADUBATO: Man, do me a favor. Hold your thought right there. I'll go to this last break, we'll give you a chance to finish up your point. More with the one, the only, world renowned Dr. Leon Smith. Stay with us.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at [info@caucusnj.org](mailto:info@caucusnj.org). And

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ADUBATO: Dr. Smith, pick the point you were making. You were saying in Newark, I think you meant in urban areas regardless where drugs are used...

Dr. SMITH: I did say Newark. Newark has--has got it under control. We've got the best clinics in the country here, St. Michael's is one of the largest in the country, and they get great care, marvelous nurses, marvelous staff, and our patients are doing well. We used to have 30, 40 patients in the hospital all the time. Now if we have five or eight, we're--it's a lot. So we keep them as outpatients, but they're working, they're functioning, and they're doing well. The problem is, is the drug user. The drug user doesn't take his drugs on time and will induce resistance.

ADUBATO: Doctor, in the 30 seconds we have left, your greatest professional satisfaction after 41 years is?

Dr. SMITH: Just being a doctor, serving mankind as best I can.

ADUBATO: No regrets.

Dr. SMITH: I'd do it a hundred times over. I love it more than ever. I should retire by now. Most of my colleagues are retired.

ADUBATO: We--we won't let you to retire.

Dr. SMITH: But I won't ever, ever retire. I just love it so much.

ADUBATO: Well, we love having you, and--and, Doctor, I can tell you on behalf of everyone here at public television, you continue to do a tremendous public service and you've educated so many of us. And don't stop, we need you. Thank you, Leon.

Dr. SMITH: Thank you. We washed--shake hands, wash them.