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Interview: Dr. Fred Jacobs and Dr. John Petillo discuss various health-care initiatives affecting the state of New Jersey  
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STEVE ADUBATO, host:

Welcome to another very special edition of CAUCUS Up-Close, where we talk with some of New Jersey's most interesting and compelling personalities. I'm Steve Adubato.

Now today, we'll talk with two leaders who are at the forefront of health care in the Garden State. Later on in the program, we'll be joined by the president of the University of Medicine and Dentistry, Dr. John Petillo.

But first, meet Dr. Fred Jacobs who is the commissioner of the New Jersey Department of Health and Senior Services.

Good to see you, Doctor.

Dr. FRED M. JACOBS (MD, JD; Commissioner, New Jersey Department of Health and Senior Services): Thank you, Steve. Thanks for having me.

ADUBATO: We should make it clear, you are the commissioner of Health and Senior Services...

Dr. JACOBS: Right.

ADUBATO: ...right?

Dr. JACOBS: Right.

ADUBATO: Some people think that you're--jeez, he's been a doctor for how many years?

Dr. JACOBS: Since 1962 actually. Thank you.

ADUBATO: Pulmonologist?

Dr. JACOBS: Yes, pulmonary.

ADUBATO: So you finally get into this position.

Dr. JACOBS: Right.

ADUBATO: So he's the commissioner of Health. He can do whatever he wants, because he's the number one person. What's the reality?

Dr. JACOBS: Well, that would be nice. You do have a chance to make a

terrific impact, though. I mean, it is, in reality, the best job I've ever had. First of all, the staff--this is a big department. I mean, we have 2,200 employees, a huge budget and a lot of programs. So to think that one person goes in, it's like turning the Titanic around in the Hudson River. I mean, it really is hard to do. But there are things around the edges, and particularly program initiatives, that you do have a lot of impact.

ADUBATO: Like?

Dr. JACOBS: Well, looking for leadership. For instance, we are going to have this new initiative on postpartum depression, which we'll probably spend some time on. The initiative on access to health care in the federally qualified health centers, or so-called primary family health-care centers, in New Jersey. The new 340B drug discount program which is...

ADUBATO: What does that mean, 340B?

Dr. JACOBS: This is a federal program that enables those individuals who are registered for care at a family health center to get very deep discounts on drugs and pharmaceuticals. They're able to actually afford the drugs. So this is a great thing. We just had a press conference today in Jersey City with the governor on that particular issue. There's that. There's so many programs that are involved with the pediatric issues. We have child care. We have issues regarding asthma in children. We have issues regarding continuity of care...

ADUBATO: Right.

Dr. JACOBS: ...for the medically underinsured or uninsured. All of those things, any one of those things, you could spend your whole year on.

ADUBATO: Not to mention bioterrorism.

Dr. JACOBS: Not to mention bioterrorism. Now bioterrorism, of course, is, I guess, job one...

ADUBATO: Right.

Dr. JACOBS: ...because it needs to be addressed, it needs to be done. And I think the risk with bioterrorism--well, there's actually a couple of risks. One risk is that you don't do it well enough. And the other risk is that you get focused on it so much, you don't do anything else. So you got to find a balance in terms of bioterrorism. And we are going to do a lot with bioterrorism, and we're going to have this federal exercise, you know, about in April, called TOPOFF 3, Top Officials 3.

ADUBATO: What does it mean?

Dr. JACOBS: It's a...

ADUBATO: Beyond the jargon.

Dr. JACOBS: It means that there will be an exercise lasting six days which will involve New Yo--excuse me, New Jersey, Connecticut, the United Kingdom, Canada and the District of Columbia in an exercise that will be sequenced and really the scenario written by Homeland Security. We're going to have an event in New Jersey, a bioterrorism event involving pneumonic plague.

ADUBATO: Do you actually play out a scenario whereby bubonic plague occurs...

Dr. JACOBS: Yes.

ADUBATO: ...and those--all the problems associated with it play out, and what happens?

Dr. JACOBS: Yes. We're going to have thousands of volunteers. This is going to be epicentered in Union and Middlesex County. Every hospital in the state of New Jersey's going to be involved in the play in one form or another. And I know only so much, because I'm going to be involved in a, you know, leadership position...

ADUBATO: Right, making decisions on the spot.

Dr. JACOBS: ...as real as it can be. So if I knew how the scenario is supposed to unfold, that wouldn't be very real. You're not going to know this in a real attack.

ADUBATO: No one knew 9/11 was going to play out the way it did.

Dr. JACOBS: Exactly. So I tell my guys--I have the best people in the world around that table. I'm sure I do. The people in the Department of Health and do this kind of stuff are absolutely fantastic. And if I'm going to have to make real-life decisions and advise the governor on real-life decisions, I want them to be real-life. So--and I expect we'll make a lot of mistakes, 'cause if we don't make mistakes, it means, to me, the exercise was badly designed.

ADUBATO: And mistakes are to be learned from.

Dr. JACOBS: Exactly. And that's the purpose of the exercise, to go through this, understand what we're doing, stretch and test all of our...

ADUBATO: Right.

Dr. JACOBS: ...various, you know, resources, and then find ways to make it better. It has to be better than it is.

ADUBATO: Let's do this. I mentioned before, you mentioned before about Governor Dick Codey. As we do this program, Governor Codey delivered his State of the State address...

Dr. JACOBS: Yes.

ADUBATO: And as we speak, the state of the budget's coming up.

Dr. JACOBS: Yeah.

ADUBATO: One of the issues--we actually got to sit down with Governor Codey. We're not going to run the clip, 'cause I want to try to save some time here, but let me just say this. In that interview that we did with Governor Codey, he talked extensively about depression.

Dr. JACOBS: Yes.

ADUBATO: Postpartum depression, which his wife, Mary Jo Codey, suffered from...

Dr. JACOBS: Yes.

ADUBATO: ...which she had two boys. It's a very personal thing for him, because he doesn't want others to suffer from it. What exactly, from a policy and programmatic point of view, are we talking about in terms of the governor's initiative with respect to postpartum depression, and what is the department's role?

Dr. JACOBS: We have a number of roles. Number one, I think people should understand, there's already a statute on the books in the year 2000 that authorizes the commissioner of the Department of Health and Senior Services, as well as the state board of medical examiners and the state board of nursing, to get out in front of this and have a bunch of regulations, discussing how...

ADUBATO: What is it?

Dr. JACOBS: Of the issue of postpartum depression. Now let me answer the question.

ADUBATO: Sure.

Dr. JACOBS: The question is: What exactly is the role of the Department of Health in the overall awareness of this problem, and how can we have a beneficial effect on those individuals who may be suffering from it? So we're going to have a three-pronged effect. The governor asked me to lead an educational program. We've already had the first organizational meeting. We'll have it rolled out by July 1st. We're going to look at professional education. Doctors who see patients, particularly women, during their pregnancy or even before they get pregnant, need to be knowledgeable themselves, not just doctors, but nurses, clinicals' nurse...

ADUBATO: Medical professionals.

Dr. JACOBS: Medical professionals of all kinds. They're going to have to know enough about this so to be able to educate patients that such symptoms could occur. We need to have a screening device set up so that inpatients who have just delivered a baby or about to deliver a baby, tools can be used, questionnaires, screening devices, so that we can identify those patients at higher risk. And then there needs to be a public awareness campaign.

ADUBATO: What does a public awareness campaign really mean?

Dr. JACOBS: It means that women, particularly families--I think it's not so much the women who are going to have the baby. They're probably clued in with their obstetrician. But their husbands, their sisters, brothers, families, extended families need to know that when a woman is suffering from the symptoms of any kind of depression--and they don't necessarily have to be sadness. It could be tiredness and anxiety and feelings of self-worth and problems with regard to, 'I don't think I'm capable of taking care of the baby.'

ADUBATO: Right.

Dr. JACOBS: Those symptoms arrive...

ADUBATO: For fears that a woman--as Mary Jo Codey was so courageous in saying, her fear that she could potentially hurt her child...

Dr. JACOBS: Right, yes.

ADUBATO: ...the family knowing about that means what for the woman?

Dr. JACOBS: It means, first of all, that they'll understand that this is a problem that needs to be identified and can be very effectively treated. So that they need to be aware that these feelings are not nothing. They don't just go away when they're, you know, serious.

ADUBATO: Right.

Dr. JACOBS: I really should say that, you know, maybe 70 to 80 percent of women have some transient feeling of sadness or blues after they deliver a baby. It's called the baby blues, and there's a number of other names, and it goes away within a week. I'm not talking about that. I'm talking about the 10 to 12 percent of women who have a serious depression, a clinical depression that may be related to hormonal changes, environmental changes in the family, relationships with their husband that pre-existed the pregnancy. All of those things, that's a serious depression, needs to be identified and needs to be treated and can be treated effectively.

Mary Jo Codey's example, although I'm not saying that she was in this group, about 1 percent of women who give birth have a clinical psychosis, it's so severe, the depression, that the hallucinations and the urges to actually either harm themselves or the baby or both require immediate medical attention, perhaps even hospitalization. That small group is the group which is a medical emergency. The 10 to 12 percent, in New Jersey, that may be 15,000 women a year.

ADUBATO: That's a lot of women, a lot of children.

Dr. JACOBS: Yeah, 'cause there's 110,000 or 115,000 new babies every year in New Jersey.

ADUBATO: So you're going to be leading up that effort...

Dr. JACOBS: Right.

ADUBATO: ...public awareness campaign...

Dr. JACOBS: Right.

ADUBATO: ...helping medical professionals understand...

Dr. JACOBS: Right.

ADUBATO: ...see the signs. This is going to be an ongoing initiative.

Dr. JACOBS: Yes

ADUBATO: By the way, you only have so much time to do this?

Dr. JACOBS: Well, we have--I have to get this done by July 1st, but I'm only in office for as long as Dick Codey's in office. So it's 11 months.

ADUBATO: That's a whole 'nother challenge.

Let me do this, Doctor. We've had a series of discussions in the past about smoking.

Dr. JACOBS: Yes.

ADUBATO: Actually, together with the Medical Society...

Dr. JACOBS: Yes.

ADUBATO: ...of New Jersey, New Jersey Breathes, a not-for-profit spinoff. We've...

Dr. JACOBS: Yes.

ADUBATO: ...partnered in the past and talked about secondhand smoke.

Dr. JACOBS: Yes.

ADUBATO: You've been an expert resource for us. Let me ask you: As commissioner of the Department of Health and Senior Services, what exactly can you do to promote policies that curtail smoking in public places? I mean, the Legislature has to act or not act, but this is a huge issues, is it not?

Dr. JACOBS: This is an enormous issue, and it isn't even a new issue in New Jersey. That's the problem. We're behind the curve on this. As commissioner, I have a responsibility, I have a duty to get out in front of this issue.

ADUBATO: How dangerous is secondhand smoke?

Dr. JACOBS: Well, it's extremely dangerous. People don't really understand that in the United States, for instance, depending on which numbers you believe, the CDC estimates that about...

ADUBATO: Centers for Disease Control out in Atlanta?

Dr. JACOBS: Correct--about 50,000 people die each year from the effects of cigarette smoke, of secondhand smoke, who are non-smokers, who are, themselves, non-smokers. In New Jersey, it's probably 8,000. We have, not only counting that, but it's the workplace environment, where people who work in places where there's a lot of smoking--bars, restaurants, other organizations like that--who, themselves, are non-smokers but who need the job are working there in a smoking environment which is very unhealthy. Chronic bronchitis, heart disease, cancer, pancreatic cancer, stroke are all increased in an environment of secondhand smoke.

ADUBATO: What are you trying to have done? What are you trying to do?

Dr. JACOBS: I want to have a statewide smoking ban effected. I want the Legislature to pass a statewide smoking ban that will prohibit smoking in all indoor public places.

ADUBATO: All indoor public places.

Dr. JACOBS: Correct.

ADUBATO: Restaurants.

Dr. JACOBS: Restaurants, bars, workplaces, so that workers in those places, patrons in those places don't have to go into an establishment and suffer the consequences and the discomfort, by the way, of being involved in a secondhand smoking environment.

ADUBATO: Why don't we have that, Doctor?

Dr. JACOBS: I think that there are bills both in the Assembly and in the Senate. There are political considerations. There are economic considerations. People have genuine concerns about the adequacy of the protections involved. But let me say this. New York City, California, Connecticut, Massachusetts, Delaware, the country of Ireland, the Irish pubs are smoke-free. Italy has gone smoke-free. Cuba has gone smoke-free. Give me a break. I mean, this is the place where they make Cuban cigars. Now you go into a public place in Cuba, it's smoke-free.

New Jersey is behind on this issue. We are not fulfilling our responsibility to the public by not passing a smoke-free indoor air statute. It needs to be done. And it's been a few years already. I think we're behind on this, and there's no real good reason. I understand the politics of it, and I think the politics needs to be worked out by the Legislature and the governor's office. Not my role.

ADUBATO: But your position is clear.

Dr. JACOBS: My position is clear. I'm the commissioner of Health and Senior Services. I cannot do anything but advocate for this position, because to do otherwise would be hypocritical and really shirking my responsibility to the public.

ADUBATO: Commissioner, we appreciate your candor, your directness, and I assure you that we'll continue our effort in trying to analyze and detail this campaign and this issue dealing with secondhand smoke. Thank you, Fred.

Dr. JACOBS: Great. A pleasure.

ADUBATO: Stick around, because up next, your colleague, the president of the University of Medicine and Dentistry, Dr. John Petillo, as CAUCUS Up-Close continues. Stay with us.

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ADUBATO: Joining us now is the president of the University of Medicine and Dentistry, Dr. John Petillo.

Good to see you, Dr. Petillo.

Dr. JOHN PETILLO (University of Medicine and Dentistry): Great being here Steve.

ADUBATO: Listen, let's clarify some things. People--UMDNJ is the acronym, right?

Dr. PETILLO: Yes.

ADUBATO: Most people don't know what it means. Is that fair to say?

Dr. PETILLO: I think so. I think so.

ADUBATO: Why is that?

Dr. PETILLO: I think it has grown so quickly in such a brief history that people identify it by its parts--hospital, medical school, dental school--and never realize the comprehensiveness of this tremendous treasure I think for the state.

ADUBATO: And your background before you came to the presidency: You were the former chairman of the board.

Dr. PETILLO: Yes.

ADUBATO: But before that had many positions in the health-care field in the higher ed world. Describe that.

Dr. PETILLO: I had been chancellor at Seton Hall University for a period of time. Then I had been president and CEO of what is now Horizon Blue Cross. And then I did a few year stint here in the city of Newark working on redevelopment of the downtown area.

ADUBATO: Let's talk about higher ed. Bigger picture, and by that, I should make it clear, disclosure, I've done some seminars in the field of communication at the University of Medicine and Dentistry and gotten to know many of the scientists and researchers; talented faculty and staff there. But I have to ask you, John, this huge massive institution that--again, you're still trying to have people understand what you are, who you are. You've said you are the "health sciences university." What does that really mean to the average person watching?

Dr. PETILLO: I think to the average person, it means that when New Jersey identifies its health needs, we have an obligation by the very charter, by the very statute, we have an obligation to respond to the medical needs in terms of careers, in training health-care professionals, whether it be in the school of medicine, in dentistry or any of the other six schools. It also means we have a obligation to--as an academic medical center, to do cutting-edge research. And the key part that I think that really sets us apart, since we're a statewide system, is that we deliver clinical care to our own institutions and through our university affiliates.

ADUBATO: Clinical care means?

Dr. PETILLO: Actually delivery of service, of caring for patients. Through us and our affiliate hospitals, we did about--we touched two million lives in '03 or '04 period. So we're out there. Many people may not realize when they're seeing a physician that they're seeing a faculty member from UMDNJ.

ADUBATO: You've been very critical of state funding. You said, `Look, we're

not getting our fair share.' Now you don't mean just the University of Medicine and Dentistry, you say higher education in the state is not getting its fair share. Make the case.

Dr. PETILLO: I think the case is from a capacity issue, from a facility issue, depending on the sector, whether it be the state colleges or the community colleges and certainly the research universities, they have all different needs. Some capacity, some facilities. The next eight years will see an enormous growth in the number of high school graduates. They have to have places.

New Jersey still remains as one of the major exporter of students. If you export students, you export a trained work force, so it's an investment that needs to be done now. Clearly understanding--and I'm not making this a political issue, I understand--an economic stance we're in. I'm talking about over the recent history of eight, 10 years, we have not kept pace in this state, we're preparing our young men and women. We are making our public schools becoming inaccessible and that is not healthy in the long run.

ADUBATO: But, John, how do you make the case? How do you--and I can call you John--we do go back a long way. How do you make the case? You have a \$4 billion budget deficit that the governor and the Legislature faces--that this state faces.

Dr. PETILLO: Yes.

ADUBATO: And I bet the governor wouldn't disagree with your argument about higher ed. But doesn't that have to be seen in the context of this massive fiscal problem and some might say, 'Well, Dr. Petillo, the timing is not right.' You say?

Dr. PETILLO: That may be so. I'm saying that what needs to be acknowledged that there is an issue and that it needs to be someplace, somewhere in the spectrum of priorities going forward, as opposed to not really getting the prioritization of it over the last decade or so. So it may not be resolved this year, but it may--pieces of it may get resolved next year or in an effort to stabilize the funding for this year. It is a critical issue and it's only going to get worse in the next couple of years unless there's a verbalization and a focus that higher education in New Jersey needs funding.

ADUBATO: Well, wait a minute. Where's that going to come from, John? Because the last time there was a major higher ed issue in the state--you saw in the front page of the Star-Ledger and other major publications in the news--excuse me and the television stations covered it, when this proposed merger out there between the University of Medicine and Dentistry, Rutgers University and New Jersey Institute of Technology. That was the last time there was a big higher-ed issue, which doesn't exist anymore. I mean, that's off the table, right?

Dr. PETILLO: Right. Yes.

ADUBATO: So is it that the only time there is a higher-ed issue is when there's some controversial proposal?

Dr. PETILLO: Well, that issue never addressed higher ed. That addressed research universities.

ADUBATO: Excuse me, was it a mistake to divert our attention on higher ed off in that direction when there are so many other things that you're saying are more important and sustaining?

Dr. PETILLO: I think it could have been. I think the issue of the research universities--the questions were valid questions. 'How are you folks going to work together? How are you going to make this more effective?'

ADUBATO: How do you get the biggest bang for the buck.

Dr. PETILLO: Which is a work force-related issue. How are we going to lure, as research universities, paying businesses, for-profit entities to come to this state to work and interface as they do in Silicon Valley, as they do at Chapel Hill? The real issue is the higher ed, the baccalaureate colleges, the senior colleges and, certainly, the community colleges--although there has been some relief in recent years. But we need to address the basic issue of having accessibility.

Listen, when we went--well, certainly, when I went--first generation went to college, just different names and faces. More difficult names maybe to pronounce, but those same type of individuals are looking and should have access to higher education. They're going to be locked out if we don't have the capacity. If we don't have the quality facilities to train them. They're going to go elsewhere.

ADUBATO: OK. The other issue that was raised, a few weeks back we had you on our sister program "Inside Trenton" with my co-anchor, my esteemed colleague Raphael Pi Roman. We spent a fair amount of time talking about "politics." There is politics in higher ed.

Dr. PETILLO: Politics in every side.

ADUBATO: Exactly. But the other side of this is that you have to be a business person, businessman, businesswoman, but a businessman.

Dr. PETILLO: Yes.

ADUBATO: You are an academic. You have a PhD in the field of...

Dr. PETILLO: Counseling...

ADUBATO: ...counseling.

Dr. PETILLO: ...and personal.

ADUBATO: OK. How much of your job, John, is being a very smart, savvy business person/politician?

Dr. PETILLO: I think a good part of any leadership role, and especially in complex organization, I think there is a true correlation between having those skills to communicate, to provide leadership and the complexity of an organization. I mean, in context, which again, most people don't know, we're 14,000 employees in our institution. We are on five campuses and we have an operating budget of a billion 600 million. That's a very complex organization serving very complex and different needs, depending on the geography of this state, and that's the key. We are a statewide institution. We are not a medical school in Newark and a medical school in New Brunswick or Stratford.

We are a university system. And as a result of that, you're going to be dealing with different communities, political needs, certainly different business structures that you need to get done. And, I think, at this point in history--of your history and just in business we need to be doing alliances.

ADUBATO: You know, alliances--building relationships, partnerships. I understand that, but people out there watching think, 'OK, a university president, I know what he or she does.' In most cases, they don't know. Much of your job is fund-raising.

Dr. PETILLO: Correct.

ADUBATO: Building relationships.

Dr. PETILLO: Yes.

ADUBATO: Five years from now, we will judge your success as the president of this huge institution--How?

Dr. PETILLO: I think several ways. One, that the university functions as a university on an integrated way with faculty sharing. And two, with clinical delivery services having centers of excellence that are...

ADUBATO: Centers of excellence, meaning people around the country saying, 'Hey, they do that really well.'

Dr. PETILLO: That's--yes. But having it in Jersey. So, for example, the Cancer Institute in New Jersey, which is ours.

ADUBATO: Which is down in New Brunswick headed up by Dr. Bill Hait.

Dr. PETILLO: Bill Hait.

ADUBATO: Right.

Dr. PETILLO: Fabulous man, and Mary Todd--fabulous. That is the center of excellence for cancer. Center of excellence for bioterrorism that the commissioner mentioned will be in the northern part of the state. For geriatric care and child abuse, two institutes down in the Stratford. We don't need to duplicate this.

ADUBATO: That's all the way down in south Jersey

Dr. PETILLO: Yes. Outside of Camden and Brighton.

ADUBATO: Right. Right.

Dr. PETILLO: So those centers of excellence will be there but they'll service the entire state. That's one way they'll do it. I hope the other way is that they will see that I've been able to move the endowment up for the university to ensure stability going forward.

ADUBATO: Explain what endowments really are.

Dr. PETILLO: Endowment is really through philanthropic activity where the university has funds and money available to them to endow professorships and scholarships for its students. We need to make medical education reasonable

and accessible. We are seven highest--seventh highest in the country in terms of public, medical and dental education.

ADUBATO: What do you mean seventh high--I mean, how high the costs are?

Dr. PETILLO: Tuition is. Tuition.

ADUBATO: Tuition. But in terms of government funding for higher ed, we are near the bottom.

Dr. PETILLO: Yes, for the overall system of all state colleges.

ADUBATO: So let me ask you. As you're talking about doing these things and judging your success in five years, some have argued in the profiles--and there have been many written about you--that you not being a medical doctor as opposed to a PhD and those of us who have a PhD we know it's more impressive to have a PhD. That's a joke, folks.

Dr. PETILLO: Correct.

ADUBATO: In all seriousness, you run a medical institution.

Dr. PETILLO: Yes.

ADUBATO: Has it gotten in the way yet?

Dr. PETILLO: No. And again, I would correct, it's not a medical school, it's a dental school. It's a nursing school.

ADUBATO: But it's perceived, John, by many as a quote, "medical school."

Dr. PETILLO: Well if we were to manage by perception, then UMDNJ would not be the force that it is. UMDNJ would not be as high as it is in NIH rankings in terms of federal funding for research. So you don't manage by perception. And, I guess, I get more aggressive on it that I think--that is distracting people from what UMDNJ is. It's not about John Petillo. Frankly, the faculty leaders, the elected faculty leaders were the ones who, unbeknownst to me, sent a letter--signed a letter to three medical schools and dental schools saying, 'We want John Petillo to be the president.'

ADUBATO: The medical people, the scientists, the researchers.

Dr. PETILLO: All three of the medical and the dental, leadership, all science research clinicians, too.

ADUBATO: You have not found it--get in the way. You have just--it has not been an issue to date.

Dr. PETILLO: Not at all.

ADUBATO: Well, let me try this. The other side of this equation, which is very interesting, is that, you know, you're dealing with this massive place and some people might say, 'You just can't get a handle on it, it's too big.' In about the 40 seconds we have, how the heck do you get a handle on how big it is?

Dr. PETILLO: If handle means having control and micromanaging, you don't

because it won't grow. It flourished the way it did because there was autonomy at the local levels, the deans. Those are the professionals. Those are the ones. The getting control of it is through a strategic direction that we'll all be held accountable to our board and to the people of this state...

ADUBATO: So let the Cancer Institute be the Cancer Institute.

Dr. PETILLO: Exactly. You let it flourish. Give people--my job is to be on the front line playing blocker and to move the crowd down the field. It is not mine to control every play. We need the experts in their field out there to let it grow, to let it flourish.

ADUBATO: Dr. John Petillo, I want to thank you so much.

Dr. PETILLO: Thank you.

ADUBATO: You have a very challenging job and we are proud to be your partners in public television education. Thank you so much, John.

Dr. PETILLO: Thank you, Steve.

ADUBATO: Good job.

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