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Mr. HENRY AMOROSO (President, Cathedral Health And Human Services Foundation): Hi. I'm Henry Amoroso. At Catholic Health and Human Services and our affiliate hospitals, Saint Michael's Medical Center, Saint James Hospital, Columbus Hospital, we are proud to support quality public television that educates viewers about critical health issues affecting their patients and their families. Thanks for watching.

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STEVE ADUBATO, host:

Welcome to CAUCUS UP-CLOSE. I'm Steve Adubato. I am thrilled to be joined in the studio by Andrew Silow-Carroll who is the editor in chief of New Jersey Jewish News.

Good to see you.

Mr. ANDREW SILOW-CARROLL (Editor-In-Chief, New Jersey Jewish News): Thank you.

ADUBATO: Andrew, let me ask you. People may not be familiar with the newspaper. What is it and why does it matter?

Mr. SILOW-CARROLL: Started right here in downtown Newark. It now covers counties around the state, five editions. And we cover, you know, articles and news of interest to a Jewish community.

ADUBATO: Give me a for instance.

Mr. SILOW-CARROLL: It's somewhere between your local synagogue and church bulletin and the Journal of International Affairs because we cover New Jersey Jews and we cover Israel and world Jewry. So it's always this tension between the local local and national and international news.

ADUBATO: Yeah. There's another news organization on the broadcast side, you know who they are, their slogan is "fair and balanced." We are fair and balanced. Fair and balanced?

Mr. SILOW-CARROLL: We like to think so. The Jewish community itself has a broad range of opinions on politics, on policy, on Israel, on New Jersey. And we try to reflect a lot of that. So in that sense, yeah, we try not to be a voice for any single constituency within the Jewish community.

ADUBATO: But health care issues are important.

Mr. SILOW-CARROLL: Right, very much so.

ADUBATO: But are we talking mainstream health care issues that affect everyone across the board? Or do you cover health care issues that disproportionately impact the Jewish community?

Mr. SILOW-CARROLL: There are some disproportionate issues. One would be Jewish genetic diseases.

ADUBATO: Play out for folks who may or may not be Jewish who want to know about it.

Mr. SILOW-CARROLL: Same as the--Ashkenazi Jews are Jews from Eastern Europe, had a very narrow gene pool, a lot of inmarriage. As a result, there was genetic diseases carried through including the most famous being Tay-Sachs.

ADUBATO: What is Tay-Sachs?

Mr. SILOW-CARROLL: Tay-Sachs, it's an autoimmune disease. It's slowly disappearing because of great genetic testing and marriage counseling and all that other kind of stuff that keeps, you know, the gene pool fresh. And there's Canavan's, there's Gaucher's. These are all diseases and there's a wide network of testing and interventions.

ADUBATO: All autoimmune diseases?

Mr. SILOW-CARROLL: For the most part. Yeah. Don't ask me to be an expert on these because...

ADUBATO: But how do you get that information, though? I mean, you're not an expert, but how does your newspaper set it up so they get that information?

Mr. SILOW-CARROLL: You tell it often through the philanthropies that are working hard on this stuff. So if there's a fund-raiser for, you know, a Tay-Sachs foundation, that becomes news. If there's new research being released. Women, breast cancer in women. There's certain genes that track very closely with the Jewish community.

ADUBATO: Are there really?

Mr. SILOW-CARROLL: Yeah.

ADUBATO: So it's interesting. We cover--we've done so many programs related to breast cancer and we found that different--it's interesting. African-American women face certain issues.

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: And I'm never sure, Jewish women as you're saying...

Mr. SILOW-CARROLL: Right.

ADUBATO: ...face certain issues. But I'm curious how much of that has to do with culture, where you are, where you live, how you live, as opposed to genetics.

Mr. SILOW-CARROLL: There's a big genetic component. Like I said, especially, I mean, when you talk about Eastern Europe, people with Eastern European roots, the marriage--there was Jews married Jews. Until recently, it

was almost--it was a given. So as a result, genetic--certain genetic traits were carried on. Jews recognize this over the last 20, 25 years and they've really had a lot--you know, they really pioneered, in some ways, the genetic testing.

ADUBATO: Let's talk about aging. Aging is an important issue in the Jewish community.

Mr. SILOW-CARROLL: It's huge. Yeah, it's huge.

ADUBATO: What is the issue and why is it relevant, not just for people who happen to be Jewish, but for everyone?

Mr. SILOW-CARROLL: The Jewish community is kind of, in this sense, is a little bit of the canary in the coal mine because the--we're not aging any faster. That would be impossible. We're aging at a higher demographic rate. More of us are getting--we have more people in the older demographic than the general population. As a result, you can see the pressure on the assisted living facilities, on old-age homes, all the kinds of things that Jewish philanthropic and general philanthropic organizations fund along with state and federal money. So as that money gets a little tighter and the population starts to swell, you see a lot of pressure put on Jewish social service agencies.

ADUBATO: So wait a minute, it's not just--interesting. You're talking about covering it from a community perspective.

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: But isn't what you're describing, the aging of the Jewish population...

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: ...also an issue for the children of those Jewish people who happen to be older?

Mr. SILOW-CARROLL: The care-givers.

ADUBATO: The sandwich generation, if you will.

Mr. SILOW-CARROLL: Yeah.

ADUBATO: How do you do it from a family dynamic? How do you--how does the Jewish News cover it from a family dynamic?

Mr. SILOW-CARROLL: We--a lot of times you tell the story through the agencies that deal with it, Jewish Family Services. Every Jewish community of any size has a Jewish Family & Children's Agency which has teams of social workers, which has intervention programs. Which is doing a lot of work on--with these natural occurring retiring communi--naturally occurring retiring communities.

ADUBATO: A naturally returning...

Mr. SILOW-CARROLL: It's so hard to do. NORC. This is called NORCs.

ADUBATO: Everybody has an acronym, right?

Mr. SILOW-CARROLL: Aging in place.

ADUBATO: Got you.

Mr. SILOW-CARROLL: Aging in place.

ADUBATO: Right.

Mr. SILOW-CARROLL: In other words, you know, you want your mom to stay in the apartment because it's better for her health and all these other things.

ADUBATO: Yeah.

Mr. SILOW-CARROLL: But she needs stuff. She need transportation. She needs home visits. She might need Meals on Wheels. A lot of Jewish Family Services are geared up to do this kind of stuff and they get a lot of federal and state money to do it. Right now we have an issue, and this is an article we did recently, earmarks are under attack in Washington.

ADUBATO: Earmarks, for those who don't know. It's tricky. In the New Jersey legislature, we used to call them the Christmas tree items. You kind of throw them on. A budget bill gets passed, but then certain legislators are able to get certain items added to the budget to go back to their district. Earmarks.

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: How does that relate to what we're talking about now?

Mr. SILOW-CARROLL: So, the new Congress has, you know, declared war on earmarks because it was a symbol of Washington pork.

ADUBATO: By the way, before we go any further. My senior producer Bill Berlin, who you know very well. Bill, you called them not Christmas tree items, you say they're Hanukkah items.

Mr. SILOW-CARROLL: There you go.

ADUBATO: Just to clarify. Go ahead.

Mr. SILOW-CARROLL: That's right. And Kwanzaa. Let's bring it all together.

ADUBATO: Kwanzaa. Let's cover all bases here, go ahead.

Mr. SILOW-CARROLL: So...

ADUBATO: If it's extra stuff.

Mr. SILOW-CARROLL: They are limiting it now in Washington. They want to change the way earmarks are budgeted because they want to cut off the...

ADUBATO: Is that good or bad?

Mr. SILOW-CARROLL: It's bad for agencies that have come to depend on certain earmarks for experimental things in NORCs. So right now, there's a lot of Jewish agencies in the state of New Jersey scrambling to fill a gap, 90,

\$100,000 here and there that was going to pay for programs like Meals on Wheels, which is...

ADUBATO: How does that impact people's lives, though? I mean, go all the way. Not from the service/delivery end in terms of agencies, go to people and their lives. How does it impact their quality of life?

Mr. SILOW-CARROLL: You--especially with the whole NORC issue, people...

ADUBATO: Again, we're not talking about Newark.

Mr. SILOW-CARROLL: Right. NORC.

ADUBATO: We're talking about the acronym that's N-O-R-C.

Mr. SILOW-CARROLL: NORC, natural occurring retirement communities.

ADUBATO: Go ahead.

Mr. SILOW-CARROLL: So the idea is you want them to stay in their homes because that's where they're going to be healthy. But at some point, if they can't get some basic services, they have to start thinking about assisted living. Now that--you know, if you're lucky enough to be able to afford it, that's great. Often, you're not, and then you start going into the state programs and federal programs and that becomes a drain on the state. So the case for NORCs is that they're very--they're cost-effective for a state.

ADUBATO: How long has your newspaper been around?

Mr. SILOW-CARROLL: This is our 60th anniversary, 1947.

ADUBATO: Sixtieth anniversary, good for you.

Mr. SILOW-CARROLL: Started right here in Newark. And...

ADUBATO: And how did that start? Who decided to do it? Where did the money come from?

Mr. SILOW-CARROLL: The Jewish Fund-raising Establishment, what's now called the United Jewish Communities of Metro-West New Jersey Federation, is a community-wide--it's a United Way for Jews, put it that way.

ADUBATO: Right.

Mr. SILOW-CARROLL: And they wanted a vehicle for telling their story. They also wanted a real newspaper. So we were lucky enough to have a fund-raising establishment that founded a newspaper. And they said, 'Tell the real story. Don't just tell our story, but tell the whole community.'

ADUBATO: OK. But the real story, you have journalists working for the newspaper.

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: Now, they're covering health care policies. So if you're talking about health care policy in Washington with the president and what Congress is doing...

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: ...are these people in a position to get access to that information?

Mr. SILOW-CARROLL: Yeah. There's a very big network of Jewish advocacy groups in Washington. We have a Washington correspondent. There's Jewish lobbyists from the philan--from health care, from philanthropy, from just general...

ADUBATO: How to you vet that information?

Mr. SILOW-CARROLL: We have a good reporter who just--who basically looks, you know, interviews them and gets their policy papers. They have teams of people who are doing this because there's a big Jewish self-interest in what goes on in Washington.

ADUBATO: And you have a Web site.

Mr. SILOW-CARROLL: And we have a Web site.

ADUBATO: Say what is it, we'll put it up.

Mr. SILOW-CARROLL: [Www.njjewishnews.com](http://www.njjewishnews.com).

ADUBATO: One more time?

Mr. SILOW-CARROLL: Njjewishnews.com.

ADUBATO: OK. You're covering these issues. They're really important, particularly these health care issues.

Mr. SILOW-CARROLL: Mm-hmm.

ADUBATO: Disproportionally impacting the Jewish community. What kind of problems do you run into?

Mr. SILOW-CARROLL: One of the problems is parochialism. There's a famous, you know, my favorite headline of a Jewish newspaper was "Two Jews Killed in Turkish Earthquake." Right? This is an earthquake that killed 10,000 people, but the story to us is that...

ADUBATO: Two Jews are killed.

Mr. SILOW-CARROLL: Right. You don't want to do that because...

ADUBATO: Why not?

Mr. SILOW-CARROLL: You start feeling very, very parochial, that, you know, things impact upon us worse. So when you're looking to find stories, I'm always saying to people, and I'm almost embarrassed because we have this great story and I say, 'Tell me the Jews are involved, tell me the New Jerseyans were involved.'

ADUBATO: That's your hook.

Mr. SILOW-CARROLL: Yeah. And by the time you narrow it down, sometimes you

feel like, on the other hand, it's also--we find many, many ways to do it.

ADUBATO: It's important that you have that perspective.

Mr. SILOW-CARROLL: Right. I mean, you have to remember your audience. We're a niche publication. Like, you know, and there's ethnic groups that are dozens of ethnic papers in the state. There's dozens of specialty papers in the state.

ADUBATO: Sure.

Mr. SILOW-CARROLL: You've got to find your niche.

ADUBATO: I just was reminded, speaking of niches--I just like saying that word here--on public television, we cannot put your Web site directly on because it is a dot-com, but if you logon to our Web site which will be up on the screen as I'm speaking right now, it will be linked to your Web site.

Mr. SILOW-CARROLL: OK.

ADUBATO: Thirty seconds. The most rewarding aspect of this work with Jewish News for you is?

Mr. SILOW-CARROLL: Is making a community feel like a community. People from a lot of different cultures, a lot of different, you know, a lot of different parts of the state can come together around some of the issues that we cover. And...

ADUBATO: You enjoy this?

Mr. SILOW-CARROLL: Very much so. Oh, it's terrific.

ADUBATO: It comes across, and your passion for it is clear and all of us benefit by understanding what you're doing.

Mr. SILOW-CARROLL: (Unintelligible)

ADUBATO: Thank you so much, Andrew.

Mr. SILOW-CARROLL: Thank you. It was a pleasure.

ADUBATO: Appreciate it.

Stay with us as CAUCUS UP-CLOSE continues right after this. We'll be right back.

Great job.

Mr. SILOW-CARROLL: That was good. Thank you.

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

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proud to support education in our communities; Qualcare Inc., a local managed care company covering 550,000 New Jersey residents; and Verizon Communications.

ADUBATO: There she is, Dr. Michele Blackwood. She is the founder and medical director of the Connie Dwyer Breast Center at Saint Michael's Medical Center.

Good to see you, Doctor.

Dr. MICHELE BLACKWOOD, MD, FACS (Founder And Medical Director The Connie Dwyer Breast Center, Saint Michael's Medical Center): Good to see you, Steve.

ADUBATO: Now full disclosure. We should let everyone know that your dad is Dr. Leon Smith.

Dr. BLACKWOOD: Yes, he is.

ADUBATO: Prominent physician and researcher on so many levels. Describe the rest of your family because you're overachievers, aren't you?

Dr. BLACKWOOD: That's a loaded question. Some of us would think more than others. Well, we have four out of the five kids are doctors. My oldest brother is a maternal-fetal medicine specialist at Saint Barnabas, Leon Smith Jr.

ADUBATO: Yeah.

Dr. BLACKWOOD: Stephen Smith is an infectious disease specialist at Saint Michael's.

ADUBATO: Just did a program with him on the avian flu, go ahead.

Dr. BLACKWOOD: Right. My sister's a radiologist. My brother-in-law's a GYN oncologist at Saint Barnabas. So our family dinners are pretty interesting.

ADUBATO: I would say so. And the whole idea, it's interesting. When I've talked to your dad, Leon, so many times, and obviously, your family was also profiled on "60 Minutes," a lesser program with Mike Wallace, but in all seriousness, when I was watching that special on "60 Minutes" about you and your family, I thought, what a committed family when it comes to not just medicine and research and the clinical side of things, but helping people. Is that a part of the way you grew up?

Dr. BLACKWOOD: Huge part of the way we grew up. My dad and mom actually founded the first free clinic here in the '60s in Newark at the Queen of Angels Church in the basement. And as kids, we had no baby sitter, so my parents would put us in the basement and we'd play on the typewriters.

ADUBATO: What did you see?

Dr. BLACKWOOD: I saw my mom and dad caring for immigrants and poor people, people who were very grateful to have any sort of medical care. You know, back then, there wasn't even Medicaid. So these people had nowhere to go. And my mom, who's a nurse, and my dad, obviously, a prominent physician...

ADUBATO: Sure.

Dr. BLACKWOOD: ...offered their services. My dad came to Newark only to spend a year and ended up spending over 40.

ADUBATO: And has changed the lives of so many. He continues to do that. Talk to me about the Saint Michael's initiative. Talk to me about the Connie Dwyer Breast Center. What is it and why is it so significant?

Dr. BLACKWOOD: It's so important, Steve. What happened was I talked to my father and I had a breast center up in Connecticut and we had our average tumor there was .8 centimeters, which meant that most of the women there had stage one breast cancer and were going to be cured.

ADUBATO: Sure.

Dr. BLACKWOOD: Interestingly enough, at Saint Michael's, when I came here three or four years ago, 75 percent of the breast cancers were being diagnosed in the indigent population at stages three or four.

ADUBATO: Why?

Dr. BLACKWOOD: A lot of reasons. One is education. Many women in this community didn't believe that you could catch breast cancer early. If you had cancer, you died of it, which is obviously not true. Two is financial. If you can't pay for food on the table, how are you going to pay for a mammogram and why is that significant? Another reason is if you have a mammogram and it shows something, what can you do about it if you have no money? Third thing is, there's a lot of social barriers to coming in out of the cold, I call it.

ADUBATO: Are there also religious barriers?

Dr. BLACKWOOD: A lot of religious barriers. We go to a lot of churches and speak to women. There are over 400 churches here in Newark. And we've reached out to churches and hairdressers to try and get women to talk about what we're doing. Our breast center is a comprehensive breast center that offers free of care if needed.

ADUBATO: Free of care. By the way, before you go any further, Connie Dwyer?

Dr. BLACKWOOD: Connie Dwyer, Bob Dwyer, amazing family. They've been touched personally by breast cancer. And they committed to giving us quite a bit of support, both financially, emotionally and their friends, to making the Connie Dwyer Breast Center a really viable place. It is a vibrant place. We now have 90 percent of our breast cancers last year look like they were diagnosed at stage zero and one.

ADUBATO: All right. Go back again. This is really important because in all the programs we've done and we work very closely with the Susan G. Komen Breast Cancer Foundation, the North Jersey affiliate, they're our partners. For 10 years now we've been doing breast cancer programs. It's never enough. Talk to people about why, what you just said, that 90 percent figure and when the diagnosis takes place, why it's so significant.

Dr. BLACKWOOD: Right. Well, finding breast cancer early, like many cancers, makes it much more amenable to therapy. Meaning that we can probably cure breast cancer if we catch it at stage zero, which means early, early detection. And that has to do with mammograms and getting a breast exam. The

other interesting point is that if you come into the mammogram--take that back. If you come into the breast center...

ADUBATO: Right.

Dr. BLACKWOOD: ...and have your mammogram and we find something, we can biopsy it the same day.

ADUBATO: Same day.

Dr. BLACKWOOD: Same day.

ADUBATO: Has that always been the case?

Dr. BLACKWOOD: It's never been the case.

ADUBATO: So the whole idea--I hate to call it one-stop shopping because you're not shopping here, but that is what it is.

Dr. BLACKWOOD: This is a one-stop comprehensive place. You can come in and be assured that you're going to see a radiologist at some point.

ADUBATO: Right.

Dr. BLACKWOOD: Or a surgeon at some point. So we have all the components. We have a whole team to take care of a patient if she has any sort of abnormality.

ADUBATO: And Doctor, you said, the quote you gave our producer was quote, "It takes a team to kill breast cancer." Obviously, it's a play on the village raising a child. You really believe that, that it takes a team.

Dr. BLACKWOOD: It absolutely takes a team.

ADUBATO: Someone says, 'Look, it takes a great oncologist.' You say?

Dr. BLACKWOOD: Right. And I'd love to tell you that it takes a great surgeon because I'd love to tell you that it only takes me, but unfortunately, it doesn't take me or unfortunately. So I have assembled this phenomenal team. It takes a surgeon, it takes a radiologist, a radiation oncologist, a medical oncologist, all those people. And we have something incredible. We have a nurse that actually helps you navigate through that entire maze of medical and financial issues.

ADUBATO: Why would you need a nurse or any medical or health care professional to help you navigate? Why do you need someone like that?

Dr. BLACKWOOD: That's a good question. The interesting...

ADUBATO: Shouldn't it be pretty simple?

Dr. BLACKWOOD: You would think it would be simple. But what has happened in the past is a woman gets a mammogram. She hears, 30, 40, 50 days later that she needs a biopsy. She now calls up and she needs an extra X-ray and oh, you can't come in for another month. So now you're already talking two or three months down the line.

ADUBATO: What's going on in her mind? The patient's mind?

Dr. BLACKWOOD: Anxiety, fear, the loss of her life. The number one thing that goes through most women's minds is my children. What happens to my children? And that's why we're here. We're trying to make a difference in the lives of women in Newark, the greater Newark area, to make sure that these kids have their moms and their grandmothers here.

ADUBATO: How do you support these women emotionally?

Dr. BLACKWOOD: Every way we can. A lot of prayer, a lot of thought. I mean, we are a Catholic institution. We do add prayer and we do pray for our patients. I thought, interestingly, we have an entire team that meets to discuss every patient anonymously. Pathologist, medical oncologist, the whole team. We all come from different faiths. Hindu, Jewish, Orthodoxy, Catholic, and the amazing part is, when you speak to every one of those individuals, they pray for our patients in their own belief system.

ADUBATO: What's that like?

Dr. BLACKWOOD: And I thought that is huge.

ADUBATO: What's that like for you? Forget about the clinical side, the research side. What's that like for you?

Dr. BLACKWOOD: It touches my heart. It's a huge thing. For me it means that our patients are going to get the best care and they're going to be fine and we're going to help them. Because it's not just us. There's a higher team.

ADUBATO: Now--and by the way, logon to our Web site and we'll guide you to more information about the Connie Dwyer Breast Center at Saint Michael's and a whole range of other important health care initiatives going on that you need to know about. But a couple of other things I want to know about. There's a program called In The Pink. I'm curious about it. It's got a great name. What is it and why does it matter?

Dr. BLACKWOOD: It's a great program. It's actually supported by the Susan G. Komen North Jersey affiliate. And what it does is provides a free mammogram, free breast exam, and a pelvic exam for free for any woman who is uninsured or more importantly, underinsured.

ADUBATO: Do that underinsured thing.

Dr. BLACKWOOD: Under...

ADUBATO: So I've got insurance, what am I worried about?

Dr. BLACKWOOD: You're worried that it won't cover everything. I lot of people have this catastrophic health insurance now that will pay if they're in the intensive care unit. But what happens if they have an abnormal mammogram or a biopsy? That's coming out of their pocket.

ADUBATO: Right.

Dr. BLACKWOOD: And that could be tens of thousands of dollars. Breast cancer care, the entire year, is about \$180,000.

ADUBATO: A hundred and eighty thousand dollars.

Dr. BLACKWOOD: Yes. Now, if this patient needs a biopsy, free. If she's found to have breast cancer and she's legal, we can put her into Medicaid for five years.

ADUBATO: What about--the treatment is not free?

Dr. BLACKWOOD: Yes.

ADUBATO: No, no. The treatment is free?

Dr. BLACKWOOD: Because we put them in Medicaid. It's a phenomenal program.

ADUBATO: And let me ask you something, Michele. So would it be fair to say that some of these patients might not know that they're eligible and be able to quote "navigate," the term you used before, to get into that system, the government supported health care system?

Dr. BLACKWOOD: It's a very, very fair question. Happened to me yesterday. A patient came in. She and her husband both working. He lost his job two weeks ago. She needs a biopsy. I sent her to our In The Pink program. I'll doing the biopsy next week. If it's cancer, she will have Medicaid for five years. I had another patient, more interestingly, a working lady for 30 years. Husband has diabetes. She does not have health insurance through her job. Many women don't have health insurance in their job because of the lower wages and the employers don't give it to them.

ADUBATO: Sure.

Dr. BLACKWOOD: So if they're cleaning houses or doing some other type of job where they don't receive insurance, we send them to our In The Pink program. This patient had her mammogram, her breast exam and her PAP smear. We found stage zero breast cancer. She had her...

ADUBATO: The earliest you can find it.

Dr. BLACKWOOD: The earliest you can find it. Curable. Had a lumpectomy. Had her radiation. She's absolutely fine three years later. And we put her into Medicaid. Interestingly enough, not related to the breast cancer, she developed diabetes. Her diabetes care, she is now getting excellent care because she's able to see a physician.

ADUBATO: So, and by the way, if you logon to our Web site, the In The Pink initiative will also be in there. And people wonder, hey, why do you put this information on the Web site? Number one, we're talking about not-for-profit organizations that are not making any money off this, but are just looking to provide valuable information to get in the hands of the people who need it, access to care they need.

IN the couple of minutes left, I want to ask you, the survival rate of those who come to the center, diagnosed as early as you're describing. How has it changed that it might would otherwise be?

Dr. BLACKWOOD: Before we got here, probably half the women would die of their disease maybe within five years. Now, what we're hoping for, again,

most statistics will take a while to accumulate, is that the women who are now diagnosed at stage zero or one will be cured of their disease.

ADUBATO: You know, I asked you this before about the satisfaction and you've got people praying, but I need to do this because this whole series is predicated not just on the important information that we can put out there, but about people who are making a difference. You said your dad when you were a kid put pressure on all of you to do your best and the worst thing he could say to you is that, quote, "He was disappointed in your efforts." How much did the way you were raised, not just seeing what you saw, but seeing him, his commitment, how much does it have to do with who you are and what you do today?

Dr. BLACKWOOD: I'd probably say almost everything that's happened to me and everything I've tried to accomplish has much to do with my parents. Almost all. He's amazing. I mean, I made rounds with him when I was a teenager.

ADUBATO: Your mom is a doctor, too?

Dr. BLACKWOOD: My mom is a nurse.

ADUBATO: Your mom's a nurse.

Dr. BLACKWOOD: Very caring, very nurturing, very on top of her kids. Knew everything that was going on.

ADUBATO: Could you imagine doing anything else?

Dr. BLACKWOOD: I'm very lucky. I can't imagine doing anything else. I'm very lucky to have found my niche in life.

ADUBATO: And you know, I often say this to my wife, Jennifer, she says, 'Why do you ask people if they love their jobs? Why don't you just ask them if they like their jobs?' I said, 'No, Jen, I think people love their jobs.' Because I obviously love my job. Do you love your job?

Dr. BLACKWOOD: I love my job. I'm very lucky. I love working there. I love taking care of my patients. I love working with my family. I love the fact that Cathedral and Saint Michael's have really backed us. They are so supportive of us and our In The Pink program. We're very lucky. I didn't have any of that where I came from.

ADUBATO: Well, I'll tell you, one of the great things about doing this is you get to talk to people who love their work and more importantly, make a tremendous difference in the lives of others, and you are no exception and you honor us by being with us, Doctor.

Dr. BLACKWOOD: Thank you, Steve. Thanks for having me.

ADUBATO: Thank you so much. Great job.

Dr. BLACKWOOD: Thanks.

Announcer: The preceding program has been a production of the Caucus Educational Corporation, celebrating 20 years of broadcast excellence, NJN public television, and thirteen WNET New York.

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