Michael Aron: It's the morning of May 10th, 2011. We're at the Eagleton Institute of Politics at Rutgers. I'm Michael Aron of NJN News. We're here for the Thomas H. Kean Archive of the Center on the American Governor. We're going to continue our series of discussions with people who worked closely with Governor Kean. This morning, we're going to talk to Rick Goldstein. Rick was commissioner of Health from 1983 to 1986. He is and has been, for the last ten years, the CEO of the New Jersey Council of Teaching Hospitals. Good morning, Rick.

Richard Goldstein: Good morning, Michael.

Michael Aron: Where did you grow up?

Richard Goldstein: Cleveland, Ohio.

Michael Aron: Cleveland. And your bio says you went to Case Western Reserve University.

Richard Goldstein: Yes.

Michael Aron: Then to med school?

Richard Goldstein: Exactly. Ohio State in Columbus, Ohio.

Michael Aron: Then to Harvard for architecture?

Richard Goldstein: Well, first, there was the military. I was in the United States Air Force for a couple of years.

Michael Aron: Vietnam?

Richard Goldstein: I was in Vietnam many times.

Michael Aron: Did you serve during the Vietnam War?

Richard Goldstein: Well, yes, during the Vietnam War, I was a flight surgeon based in Charleston, South Carolina, and we had a worldwide mission. We had what they call a military air lift command back in those days but they were flying the C-5A, those were huge, huge airplanes. They also had the medical evacuation responsibilities. Other planes had been converted into flying ambulances so I spent a fair amount of time flying in and out of Vietnam.

Michael Aron: Performing surgery on people?

Richard Goldstein: Just because you have the word surgeon in the name, there were lots of titles. Flight surgeon was responsible for the care of personnel that flew. Really taking care of people that have an environment where the barometric pressures are changing so it could be a submarine, airplanes. But these situations affect human performance and it's important that the physicians and the people that do these jobs have an understanding of how that works.

Michael Aron: So after the military, you went to Harvard?
Richard Goldstein: After the military, I went to Harvard.

Michael Aron: A guy with a medical degree goes for an architecture degree? That is unusual.

Richard Goldstein: Yeah, it’s happened a couple of times but it is unusual.

Michael Aron: Why did you do that?

Richard Goldstein: Well, the goal was to improve the therapeutic environment of hospitals. They were a mess then, they’re still a mess now, really. But it seemed to me that I could help deliver more medical care by changing the efficiency of the environment and making the spaces that people worked in more therapeutic. That would be a better contribution than simply seeing one patient at a time.

Michael Aron: So you finished getting that degree in ’75, I think?

Richard Goldstein: I think so, yeah.

Michael Aron: How did you come to be the Health Commissioner of New Jersey eight years later? What happened in the intervening period?

Richard Goldstein: Yeah, that’s a really weird. I agree with you. There was no expectation. There was no planning for this kind of a thing. But it turns out, oddly enough, that I had the right skillset for the job. I mean, that really is fascinating. The commissioner’s job in New Jersey, which has both a Public Health component and a hospital component. In the hospital component, the issues in those days were capital expansion or certificate of need. They were building like crazy and so to have an individual who’s familiar with the construction from soup to nuts, from space programming to design development to construction, et cetera, and how that whole industry operates was really very helpful. I also had the public health training by virtue of being a physician and working in those kinds of environments. So I was uniquely suited and I also had a very special interest in management. Many of my clients were not only hospitals. We had worked for many for profit organizations such as XM Research and Engineering. We planned the facility in Clinton, New Jersey, the firm that I had founded. So, in those environments, it was just my own interest. I was very interested in how management got things done and I became kind of like an anthropologist of management as to how different organizations behaved. They all behave differently. It eventually became clear that it was a leadership issue, that whoever was at the top of the pyramid was going to set the culture and that culture behaved differently in different organizations. So when I had the opportunity to join the Health Department, I was saying, "Hey, this is a whole new environment. I can’t wait."

Michael Aron: Well, what did you do between ’75 and ’83? You make reference to a company?

Richard Goldstein: Yeah. I started my career working for a consultant firm in New York City and they were in the business of planning hospitals. They weren’t in the business of designing hospitals, the architects weren’t going to design them but, before they get designed, somebody had to tell the architect, well, what do you want built? That question is a complicated question to answer because it eventually gets into how many operating rooms do you need, how many beds do you need, how big should your laboratory, how big is X-ray. It’s a complicated environment and the architect needs to know what the
client wants built. So a consultant is usually retained in advance of the architect and so that's what that firm that I joined did and it gave me an opportunity to get a bigger picture of how the hospitals were put together.

Michael Aron: What was the name of that firm?

Richard Goldstein: E.D. Rosenfeld Associates.

Michael Aron: Did you stay with it until your appointment...

Richard Goldstein: No, no, I was there a couple of years. I was young and aggressive and anxious to get on with it so I formed my own firm, actually, with Bill Parker.

Michael Aron: Bill Parker is a mutual friend of ours.

Richard Goldstein: That's when we hooked up. He was teaching architecture at Columbia and he later brought me in to be an instructor in that program but we formed a firm called GPR Planners Collaborative. The G, P, and R stood for the three founders of the firm, and it was our goal to do hospital planning and design consultation. We didn't necessarily want to produce architectural working drawings. We figured other people could do that. But we wanted to conceptualize what the project would look like and assist the architects in laying it out so that it would make good sense and work efficiently.

Michael Aron: Where was that firm located?

Richard Goldstein: We were in White Plains at the time. It turned out, in an interesting twist of fate, that we got a project, actually, I think it was the XM project, was the first one, which was a laboratory project. They liked the philosophy of our firm, which was very scientifically organized. We did projections because we were in the hospital environment. How many CBCs did you do, how many patients did you see, how many urines did you collect? So, when it came to the research environment of Exon, they were all scientists and they all liked the fact that we had methodology to project the space needs. They had worked in a building. They converted every space into laboratory. There was no men's room left, no ladies' rooms left, everything had been converted and they always kept growing, growing and growing. So they wanted somebody that could project the amount of space that they would need well into the future. As a result of that project, we became known as the firm to go to for laboratory planning and design. That was a good news/bad news story. We did these projects, animal laboratories for Mobil Oil and Abbott Labs and all over the country. We were flying, you know, we'd do three presentations a day. I mean, we were just everywhere. But the problem with it was, I had no particular interest in laboratory planning. It was not a good use of my skillsets at that time. It was just too focused and laboratories, when you really got into studying, weren't that interesting anyway. There were only three or four possible designs and you were done. You just had to decide how wide the corridors were, whether you're going to put a human being in it and whether or not you wanted drawers and you were basically done. There wasn't anything else to think about. So I had to move on. I just- we were terribly successful but this isn't why I'd gone through all this training, to do that. So I elected to move on and while I was in the process of moving on is when things changed. What changed was that I happened to meet Phil Kaltenbacher. Phil had been a very close friend of the governor. They had traveled together in the car when they came to the state house and I think Phil had a divorce and was staying at Governor Kean's house or some attachment to the house. So I happened to meet Phil at a dinner party and we were simply chatting. He learned something about me, et cetera, we got along nicely.
and that was that. But it was a surprise when, two months later, I got a call to say, "Hey..."

Michael Aron: From whom?

Richard Goldstein: I think it was Phil. I believe it was Phil. I think, at that time, he was chairman of the republican party.

Michael Aron: He was state party chairman. He and Kean had been running mates in the assembly ten years earlier or thereabouts.

Richard Goldstein: Right. They were very close friends. They were very close. So the fella asked if I'd like to be deputy commissioner and I said, "Thank you very much, it's nice to hear from you." And I said, "No, thanks."

Michael Aron: Why?

Richard Goldstein: But I said, "If the commissioner should open up, give me a call back."

Michael Aron: Why didn't you want to be deputy commissioner?

Richard Goldstein: Well, it wasn't on my to do list anyway, to go into government. I mean, I was interviewing, at that time, to join a major architectural firm in St. Louis. I figured I'd get more into design and less into conceptualization and I wanted to work on really big projects. I wanted to work on, you know, the $500 million projects now. I really wanted to take a step away from what I'd been doing. We had been doing some replacement hospitals but they hadn't been huge. It's a different type of company that gets these kinds of projects. So I wanted to work for a company that had a track record of getting these mega projects and that's why I was going to St. Louis and it was during that period of my life that I'd met Phil. Two months later, after he offered me the deputy, he did call me back and say, "Okay, would you like to be commissioner?"

Michael Aron: What did you say?

Richard Goldstein: I said, "Well, let's talk."

Michael Aron: Who'd you talk with?

Richard Goldstein: Well, I had to go in for an interview, as I recall. It seemed to me that, even though it would be a detour of what I wanted to in life, it wouldn't be such a bad detour. It would get my name out there and I could go, after the commissionership, I could go on and keep designing hospitals. So it made some sense.

Michael Aron: How old were you?

Richard Goldstein: I don't know. I have to do the math.

Michael Aron: '83.

Richard Goldstein: And I'm born in '41 so...

Michael Aron: So you were 42 years old.
Richard Goldstein: 42. Yeah, okay.

Michael Aron: Did you meet Tom Keane at some point before you were selected?

Richard Goldstein: I don't recall. I don't think so. I think I met Phil and then I think the next stop was Lou Thurston. I could be wrong.

Michael Aron: Chief of staff.

Richard Goldstein: Yeah, I could be wrong. I mean, it's a long time ago but I think I met Lou and I remember he kept me waiting a long time. I wasn't happy about that. Because he had Herschel Walker in his office.

Michael Aron: The football player.

Richard Goldstein: The football player who had just agreed to sign under some team that was going to play in the Meadowlands or something like that.

Michael Aron: World football.

Richard Goldstein: World football. He was chatting it up with him so I had to wait.

Michael Aron: It's kind of daunting job to walk from no major administrative experience, was it not?

Richard Goldstein: Well, I had knowledge of the Health Department by virtue of the work I'd been doing because the hospitals needed certificates of need. So I had been in the position where I'd be preparing certificates of need for New Jersey hospitals. I also worked on projects in New Jersey. I worked on the Newark Beth Israel project for two or three years when I was with the E. D. Rosenfeld firm. So I had knowledge of the organization, at least the facility side of the organization I had knowledge of and so that didn't really worry me. At that time, the issues, I guess not unlike now, were cost. They were always talking about how expensive it was. But on our watch, we managed to control the costs very well.

Michael Aron: How?

Richard Goldstein: Well, New Jersey, this is one of the accomplishments that people don't tend to talk about as much as perhaps they should. It was an absolutely amazing accomplishment of the Keane administration. Now, it had its roots in the previous administration. Joanne Finley had been the commissioner and, really, she deserved 99.9% of the credit on this. In that administration, the Byrne administration, they had a vision that there's another way to price healthcare. Instead of just pricing it by the piece, they said, let's price it by the diagnosis. So that was a big change in it. So they got various grants and a waiver from the federal government. The federal government wanted to work on this project with them. They developed what became known as the DRG system here in New Jersey.

Michael Aron: Diagnostic Related Groups.

Richard Goldstein: Groups. Right. That's so the pricing would be based- you had an appendectomy and there was a fixed price for that. It became more sophisticated over time. I think there were 471 diagnoses. I don't know how many there are today but, you
know, it grew. It seemed to be an effective way because it gave the hospitals a different 
motivation. Rather than just keep them in the hospital as long as you could and provide 
as many tests as you could, you were getting paid one flat sum of money and so you 
better be well organized and get them out quick. Get all these testing done and get the 
patient out if you had to make a profit on it. So it worked. As a result of it working, the 
federal government said, you know, it's working in New Jersey, it can work for us. 
Medicare, in very short order, converted to the DRG system and still, to this day, this is 
how they run it.

Michael Aron: That is quite revolutionary. In a way, it's the precursor of managed care, 
is it not?

Richard Goldstein: No, no, it wasn't managed care. It was just a pricing system. What 
they're talking about today, which is the modification of it, is bundling. This is very difficult 
to accomplish but the bundling means that the physician fee and the hospital fee are 
rolled into one. So there's a lump sum payment and then the hospital and the physician 
has to work out who gets how much. But they've kept them separate up to this time. 
There have been some experiments and, really, those experiments have been done in 
New Jersey, bundling. When we look at what the Obama plan is, even today, with 
accountable care organizations, it's basically going to be involved in bundling. It's going 
to be not just rolling in the physician's fee but they intend to roll the entire continuity of 
healthcare into that system so that it's the preventive care, it's the physician visit, it's the 
procedure you have, it's the post-op care. There's supposed to be a continuity of care. 
So New Jersey proved that this approach, this billing procedure had validity. While it was 
created by the previous administration, the Kean administration had the responsibility to 
get it up and running and we did that efficiently, effectively so that the federal government 
said, you know, "We like the way this works."

Michael Aron: Who fought back against it?

Richard Goldstein: It was removed from New Jersey. Eventually, the legislature 
repealed it. These things need champions. There were sort of tactical errors that just 
were not foreseen in it. One of the elements of that was that the hospitals were required 
to send the bill or include in their bill not just what the DRG charge was but what the per 
diem charges would have been if we didn't have it. They didn't spend a lot of money 
developing systems, cost accounting systems to give them the right answer because it 
didn't matter. The unions felt, every time they looked at a bill that the DRG price was 
always higher than if they were in the per diem. So that's what happens when you see 
two numbers, right? Over time, you say, "I like the lower number better." So, after the 
Kean administration, after a period of time, it just lost support. There weren't champions 
in the government, there weren't people really knowledgeable about it. Frankly, New 
Jersey would have been much better off all these years if they had kept this program. 
Because what this program did, in addition to being a sane billing procedure, the system, 
because it was a total system, allowed for the uncompensated care cost to be ground 
into the bill and spread out over a wider base. So the hospitals were being paid for 
charity care, they were being paid to educate doctors, what we call the graduate medical 
education expenses, so everything was being paid for. So the hospitals, this was a great 
system for them.

Michael Aron: When you joined the department, was DRG in place or...

Richard Goldstein: There was a demonstration project, I think it was in eight or ten 
hospitals at that time. We had to scale it up.
Michael Aron: Did the hospitals resist at the beginning?

Richard Goldstein: There was a movement in America to go competitive. They had to throw out certificate of need, you know, the capital system is going to take it, the marketplace is going to work for hospitals, you know, let's compete, let's get rid of all the rules. So there was a good segment of the hospital industry where the CEO said, "Yeah, we can do this, we can compete." They were wrong. It was a mistake on their part. I think, if they looked back on it, they would much rather have had the DRG system.

Michael Aron: The certificate of need system, if you wanted to build or buy some piece of equipment, you needed the state's approval?

Richard Goldstein: Yeah. There were a lot of rules surrounding as to what the cutoff in the price was or certain types of equipment. They, at one point, early on, they wanted to control the number of CAT scans, you know? It used to be said New Jersey has more CAT scans than Canada. Probably we have ten times as many now. It never worked. It never worked.

Michael Aron: The certificate of need process didn't work?

Richard Goldstein: Never worked. No. They're politically powerful and the wealthy always won. Every time. Every time. They'd put a better case together. I don't know maybe they're more deserving. I'm not- I'm simply saying this but everybody got whatever they wanted. Nobody ever said no.

Michael Aron: Does this system survive to this day or did this go by the wayside?

Richard Goldstein: No, this went by the wayside when they wanted to streamline it and make it more competitive. There are still some programs that have certificate of need but they no longer interfere with-- for example, I think the trauma care system requires a certificate of need. If you want to become a trauma hospital, you have regulations you have to meet. There's some others that still have CN but, in terms of major mission of hospitals, you want to build a replacement hospital, I think you pretty much can do that.

Michael Aron: Were you interested in government and politics before joining the administration?

Richard Goldstein: No.

Michael Aron: Were you interested in government and politics once you joined the administration?

Richard Goldstein: Not really. I always thought of myself as a manager of a health department with a dual responsibility, one to the governor and one to the state of New Jersey, the people, the citizenry. Fortunately with this governor, the two never came into conflict but, with other governors, they clearly have.

Michael Aron: What did you think of this governor?

Richard Goldstein: When people ask me that, I always say Tom Kean's a boy scout. It was like working for a fellow that has the values of a boy scout, very smart man, very thoughtful but he wasn't highly prescriptive in what he asked me to do. It really came down to do the right thing, that good politics is good government. So philosophically, the
politics never entered into what I was doing with the exception, maybe, of the needle exchange program, which, as a health department, we were always in favor of as a mechanism to control the dissemination of AIDS virus. But that was a political issue for them, that somehow giving people needles is going to encourage them to drug addiction or support the habit and, philosophically, that wasn't something that we wanted to be seen as doing.

Michael Aron: So you couldn't get anywhere on that issue?

Richard Goldstein: No. That was a no-no. We were not effective on fluoridation of water. But that wasn't from the front office. They had nothing to do with it. It was just the more we talked about it, the cities would stop fluoridating that were fluoridating so we decided we better get out of that. We weren't helping.

Michael Aron: Was it a good department when you walked in?

Richard Goldstein: Yeah. It was a talented program. Because of the waiver they had from the federal government, a lot of really smart people wanted to work on that DRG project. So the health department, New Jersey was leading the nation when it came to innovation in healthcare, not unlike what Massachusetts has done with healthcare reform a few years ago. I mean, they're just pace setting. New Jersey had that reputation. We were an innovator and, on the Tom Kean watch, we continued that innovation.

Michael Aron: DRG is big. What else was big?

Richard Goldstein: You know, I was thinking about this as I was driving over here. We had just a high number of public health issues to deal with. I don't think that there has been another period like it. We had AIDS. We had asbestos. We had dioxin. We had EDB.

Michael Aron: What's EDB?

Richard Goldstein: Ethylene dibromide. It was a spray that was put on food and all the food had to be washed, all the vegetables that came into this country. It was a way of preserving things when they came in container ships. We were constantly running. It was the public health side that really kept us busy and Carol Golden actually gave my department credit for the governor's second reelection related because he was seen in an ironbound bar with his sleeves rolled up explaining to the people in that bar what dioxin was and why the state needed to get involved and what the plan was going to be going forward.

Michael Aron: What was the health department's role in that?

Richard Goldstein: Well, we worked with DEP but we were going to do physicals on the residents in the area to make certain they weren't toxic from the dioxin. We coordinated with DEP to make certain the ground was going to be clean up, a super fun kind of thing.

Michael Aron: I remember, as a journalist, when dioxin was discovered, the declaration was almost like world war III had happened that day.

Richard Goldstein: Yes.

Michael Aron: It was, "Oh, my god, there's dioxin in the Passaic River in Newark."
People are going to die." The governor immediately came up to Newark, that day, and maybe that was the day he went into the bar, I think it was the day he went into the bar...

**Richard Goldstein:** Yes, yes.

**Michael Aron:** The number of news crews following him was vast.

**Richard Goldstein:** We had briefed him. He knew what he was talking about.

**Michael Aron:** Were you there?

**Richard Goldstein:** Yeah.

**Michael Aron:** You were there.

**Richard Goldstein:** Oh, yeah. It turns out it was an overblown emergency, when you think back on it. It dawned on me it must have been an overblown emergency. I think there was some Russian president who was poisoned with dioxin, you know? His face broke out in hives and pimples and all this kind of stuff but he didn't die. The federal government criteria is one part per billion, right? You know, one teaspoon is going to impregnate the soil, it's going to kill you. I mean, that's what we were dealing with. We tried to reduce that as much as we could because we just felt we were overreacting so we could react intelligently. So we cleaned it up but we didn't go crazy.

**Michael Aron:** Governor Kean says some of his cabinet were complete strangers to him. Were you one of them?

**Richard Goldstein:** Absolutely. Absolutely. He must have interviewed me. I do recall the interview, it's coming back to me now. We did interview in his office or in that cabinet room that was next to his office. He asked me about healthcare and what the issues were and that sort of thing. We had a very pleasant conversation and he was satisfied. He had used a search firm to fill all these other positions and so, after the current commissioner had resigned, there was an opening. Suddenly, this became a new story, the search for a health commissioner, right? Nobody in state was going to be acceptable because somebody knew that they weren't good, you know? Didn't matter who it was. If you were in state, you weren't going to be acceptable.

**Michael Aron:** Why? There have to have been leaders in healthcare...

**Richard Goldstein:** Just the way it was back then. There was nobody in New Jersey that was going to be acceptable to some constituency. The doctors would blackball him or the hospitals, him or her, whatever it was. So he had to be from out of state, really, to come in. Because of that, there was a big drum roll and I was on the cover of the Star Ledger and, you know, for a health commissioner, you know? We're back page news at best and yet, in New Jersey, it was a big deal, my coming on board.

**Michael Aron:** Do you think he was concerned about you?

**Richard Goldstein:** I have no idea. Should have been. <laughs>

**Michael Aron:** Let's talk about AIDS for a second. You said that the AIDS epidemic was just...
Richard Goldstein: It was just getting started. Back in 1983, ’84, you know, they were just identifying the virus. I hired a deputy commissioner, Jack Rutledge, who eventually succumbed to the disease and very quickly. This was before all these retroviral agents were available. He got the job because they knew he’d be focused on that issue.

Michael Aron: He had the disease when you hired him?

Richard Goldstein: Apparently, yeah.

Michael Aron: Did you know that?

Richard Goldstein: No. Didn't know that. But it went quick. It was a very tragic death.

Michael Aron: What did the health department do to stem the spread of AIDS?

Richard Goldstein: It was mostly an awareness program back then and the tension was in the schools because it wasn't really well known how it was spread. There was evidence that you could culture it from tears and saliva, these kinds of things so, naturally, people felt, oh, kissing will spread it. No indication that kissing does spread it.

Michael Aron: You mean, in those days, it wasn't known that it was simply sexually transmitted?

Richard Goldstein: Right. There was a lot of misinformation about it. When I had to tell the parents that a child who was positive was still going to go back to kindergarten and be mainstreamed, it met with quite a bit of opposition because young children bite. This was a lot of tension back in those days. There were auditoriums filled with angry people over the Health Department’s position to mainstream.

Michael Aron: Who was in the front of the auditorium, you or the governor?

Richard Goldstein: Me.

Michael Aron: Yeah?

Richard Goldstein: Oh, yeah. You know, it went with the job. It was a Health Department issue. We wanted to do needle exchange but there were a whole bunch of things around privacy, you know, because this was, like, a fatal diagnosis back then. So if you’re going to do testing and set up a registry, why do that unless you have something to offer people? So there was a lot of debate about what the right strategies were going forward, recognizing there was no treatment at that time.

Michael Aron: Tell us about asbestos. What was known at that point in time?

Richard Goldstein: Well, there was quite a bit known. Asbestos had been around for centuries, I suppose. The researchers at Mount Sinai would get the most credit for identifying which asbestos fibers cause the most disease and asbestos associated with a smoker is a fatal combination, leads to rapid formation of mesotheliomas, which is a fatal lung disease. John Mansfield had been a company in New Jersey that was in the business of making asbestos products. They were used primarily in pipe wrapping, in boiler plants and a variety of spaces where heat and/or fire were concerns. It had great properties in terms of being used for those things. It was also found in ceilings, soundproofing, I mean, it was everywhere in our environment. The crisis came in the
Kean administration when-- first it started, I think, with the schools, that the federal government had allowed for some money to be spent for schools to investigate whether or not they had an asbestos problem but they weren't paying for any removal of asbestos at that time. They were just, you know, "Do you have it?" So it turned out they all had it and the parents were very upset once it was discovered and they didn't want it in their buildings and they wanted it removed forthwith. So it became a certain funding problem. The problem for the health department was the training of the workers that would be removing it because an industry started up, as funds became available, for schools to remove it, the contractors would go in and take it out. They were hiring really college kids just wearing shorts, completely exposed, no masks, no nothing, you know, no proper techniques and that they would put it into a bag and throw it out. That was their system. The unions first became aware of it, the pipefitters union or steamfitters union. They felt that they should have a lock on this work, that they were the only ones qualified to deal with it and they brought in a video to show the college students, you know, being abused, really, by the contractors.

Michael Aron: Brought it into you?

Richard Goldstein: Brought it into the governor. I was invited to a meeting in the governor's office and we watched this video and they're making the case, appropriately so, that this is the wrong thing to do, you can end up killing these people that are removing it. It's getting in the air, everything is wrong about this and there is a proper way to do it. So they were right but we didn't want to give them the total lock on the market. We figured that what we needed to do was set up training programs in the health department and train workers in how to properly remove it and have the contractors get certified that they were doing this properly. So that was the route we took.

Michael Aron: You would think that that could be a DEP project, not a Health Department project, removing of a toxic substance.

Richard Goldstein: We were involved. I don't remember, at this date, the interface of the departments on that but I assume I worked with Bob Huey on it and his team, that we were working as a team.

Michael Aron: You think the Department did an effective job of getting asbestos out of the schools?

Richard Goldstein: Well, I don't-- that wasn't my issue, as to whether or not we got an effective job out. I was interested in keeping the workers healthy and I think we did that. I assume that, with the testing, they did, in fact, get the asbestos out. It was never a danger, by the way. Let's understand this. It's not a danger as long as it sits there not moving. So if it's been glued or wrapped around a pipe, it's fine. It's not going anywhere. It's only when you want to work on that pipe that you take off the asbestos wrap that you put it in the air.

Michael Aron: So removing it from a building was more dangerous than...

Richard Goldstein: Absolutely.

Michael Aron: ...having it in the building?

Richard Goldstein: Absolutely. Absolutely. Which is why we tried to slow it down but
Michael Aron: I see here on the list of the issues that you put on your bio that you dealt with the most during these years, something called the hospital of the future project. What is that?

Richard Goldstein: Well, that was my architectural background. I had to spend a little bit of time on that and Bill Parker was my assistant commissioner for facilities. So we went over to the financing authority and we said, "We have a project, you know, you folks fund all these construction projects and we'd like to work on the hospital of the future. What should it look like, how do we in build flexibility, all the issues involved in developing a modern, physical plant." So we did that. We produced some papers at conferences. We explained to the world what it could be like.

Michael Aron: And are the hospitals today anything like the hospitals you envisioned?

Richard Goldstein: No.

Michael Aron: How so?

Richard Goldstein: There's a different planning process. It's very personal how a hospital decides how to expand, what architect to use. It's not like there's just one body of information that we all go to and say, "Here's the way to do it."

Michael Aron: So were you wasting your time engaging in an academic exercise?

Richard Goldstein: Perhaps. But we felt good doing it.

Michael Aron: How were your relations with the Hospital Association when you were commissioner?

Richard Goldstein: I think they were basically friendly, as I recall. I don't really recall that we had any major issues. I mean, we were doing the DRGs and there would be issues that would affect all the hospitals like rebasing, you know, redoing, shuffling all the numbers, making them, instead of 1978 numbers, using the 1982 numbers, these kinds of things. But I don't recall any battles with HA.

Michael Aron: How about the Medical Society?

Richard Goldstein: The Medical Society was a different animal. They still are. They have never represented all the physicians. They represent a subset of physicians and then that subset, to me, are physicians that like to go to meetings and make points and talk. But they were always interested in the private practice of medicine and that was their focus, that was their interest and they were not interested in social experiments to improve efficiency or do things differently or organize differently. They were happy with whatever the system was and any changes were going to be bad. That was their point of view and still is.

Michael Aron: Who did you interact with in the governor's office? The governor? Who did you plug into? Who did you have communication with?

Richard Goldstein: Well, there was a reasonable camaraderie throughout the administration, throughout the cabinet. I was a few months late in joining them so, you
know, I always felt I was a little behind the curve. I became closest to Bob Huey initially because we shared a room up at the great ________________ of the Playboy club when the governor had his first retreat. So Bob was very helpful to me. I had been in the military and, when you join, at least in the air force, I'm sure they all work the same, there would be some kind of a master sergeant or a warrant officer to say, "This is the way it works." This is what you can do, this is how we do it, these are the rules, et cetera. Aside from an indoctrination that you got with the air force, your chief master sergeant knew exactly how to order supplies and whatever needed to be done. But each department in the government functioned differently. That was a major surprise to me because my people would say, "You can't do this," and Bob Huey's people were saying, "Yes, you can." So I wanted his people. So, you know, that's kind of how I learned the ropes. In terms of the formal office, there were a number of people that had a certain interest in healthcare from time to time, Ken Merrin [ph?], the long-range planner, had some interest. Greg Stevens, at times, his interest wasn't in health, his interest really was what's ever in the newspaper creating a problem. That was his interest.

Michael Aron: How about the governor? Was he interested in health? Health issues?

Richard Goldstein: Not really dramatically so. Really not very much. When I got there, there was a huge urgency regarding hemodialysis doctors. It was on the front pages and they just wanted it to go away.

Michael Aron: What was the issue, can you explain it?

Richard Goldstein: I don't really remember. I do remember how we solved it.

Michael Aron: Go ahead.

Richard Goldstein: But I don't remember what the issue was.

Michael Aron: How'd you solve it?

Richard Goldstein: But we solved it by saying- whoever was complaining, this group of physicians, nephrologists, I guess, that were upset, we met at some, all of them, we met at some bar in Princeton and we basically said, at 10:00 at night, "We're not going home until this thing is done, until we have a deal." We just stayed on until we got a resolution, you know, and that was it. They all signed off on it and we went on our merry ways.

Michael Aron: Did the fact that Kean was focused on education and other issues mean that you had more freedom?

Richard Goldstein: I think it did. I think it did. We had a wonderful time running it. There was very little interference with what we were doing. It worked very well. But I always got to see the governor. That you kind of learn every administration is different so, I mean, I don't know how it works currently. But I would see the governor when he was between speeches because he would go from one environment into another in a car with a driver, state trooper was driving him. I had a driver in those days, I don't know if they still do but I had a driver so we'd just go to point A. When he finished his speech, I'd get in the car with him, we'd go to point B, my car would follow, and we'd have our conversation and I'd say good-bye. So I had plenty of access. It was a technique that worked very well.

Michael Aron: Say that again. When he was giving a health-related speech?
Richard Goldstein: No, no, any speech. Just his schedule.

Michael Aron: If you needed to see him...

Richard Goldstein: That's how I would see him.

Michael Aron: ...you would see him in the car.

Richard Goldstein: That's right.

Michael Aron: Your car would take you to his car.

Richard Goldstein: Right.

Michael Aron: You would get the half hour between...

Richard Goldstein: Exactly.

Michael Aron: On the road.

Richard Goldstein: Which was all I ever needed. Explain to him what's going on, what the issues were, laid him out what the options and asked for direction. So we got these things done quickly.

Michael Aron: Were they good exchanges?

Richard Goldstein: Absolutely. He was focused. I mean, there was no question. When we were sitting down for these issues, he was focused. I don't really remember specifically which issues I went to him like that but these things do happen.

Michael Aron: Did you work on any issues that are still resonating today?

Richard Goldstein: Yeah, they've never changed.

Michael Aron: They've never changed?

Richard Goldstein: They've never changed.

Michael Aron: What are the issues?

Richard Goldstein: Well, today, the issue is, for me, in my current position as a physician supply, that's the main issue and that's gradual medical education funding, how we train physicians, it's the mix of doctors. We have a very- we're number one in foreign physicians, physicians that have been educated and are international medical graduates.

Michael Aron: Why are we number one?

Richard Goldstein: Well, that's an interesting question. It's not like there's an easy answer to it but I think the answer is that is that-- first of all, there are about 18,000 medical students in this country that we graduate every year. I believe there are about 24 or 26,000 residency slots so the American graduates fill up those residency slots, leaving a capacity for others. The rest of these slots are filled by physicians that have graduated overseas, over in the Caribbean. They can still be Americans but they've
Richard Goldstein Interview (May 10, 2011) Page 15 of 24

gone overseas. So, as we produce more doctors from medical schools, by the way, I just want to point out, it does nothing for the physician supply in our country, it only means we're more American and less foreign but why is New Jersey so foreign? It's my opinion that these American graduates desire to go into the best teaching hospitals that they can find around the country.

Michael Aron: And those are out of state?

Richard Goldstein: And, apparently, those aren't here, not in sufficient numbers. That really gets back to the reputation of the teaching hospitals and the reputation starts at the top at UMDMJ on down. We do have some amazing hospitals here but, in terms of being on the map nationally as the place to train in cardiology or whatever, apparently, we don't really enjoy that kind of reputation so we get the foreign medical graduates. Now the foreign medical graduates are the best and brightest of the countries they come from. We are not getting an intellectually weaker physician but we are getting a physician who culturally may not be exactly the same as New Jerseyans. So I don't know...

Michael Aron: Although New Jersey...

Richard Goldstein: Is highly diverse.

Michael Aron: ...is very diverse.

Richard Goldstein: Yeah. But these people are diverse differently. You know, a lot from Pakistan, a lot from India. That's just how the thing has shaped up. So how do you change that? You change that by recruiting better teachers, better instructors, by putting more money into the graduate medical education system.

Michael Aron: Were you working on that issue back in the Health Department?

Richard Goldstein: No, that wasn't my issue then. It is my issue now.

Michael Aron: Was there a physician supply issue back in the '80s?

Richard Goldstein: No. No. This has gone back and forth for a number of years and they keep creating commissions. Back then, there were too many doctors. They were putting the brakes on them because there was the belief of, if you have a physician and he sees a patient, he's going to spend money. He's going to work that patient up, whether the patient needs it or not, so one way to control the healthcare budget is have fewer physicians. They order the tests, you don't have one, you don't get the test ordered, you save money and that really was the attitude. The thought back then, by many of the physician entities was that there were too many. Like a trade union, they want to protect the number of docs that are being produced. So they put the brakes on it and they overdid it.

Michael Aron: Is there an under supply today?

Richard Goldstein: Oh, yes. And we can't do anything about it unless we increase the number of residency slots, which are capped by the federal government. So it's not like UMDMJ which may have 350 residents can say, "Okay, let's get 400." Right? They can't. They're stuck with the number they have. Secondly, New Jersey has a retention problem. We'd like to keep 50 or 60% of those that finish the residencies here but, in fact, the latest go-round from the exit surveys, which our organization conducts, is 37% stay, 63% are leaving.
Michael Aron: Are malpractice rates a reason for that?

Richard Goldstein: Sometimes they say that but it's a very small factor today.

Michael Aron: Is it?

Richard Goldstein: Yeah. It used to be, you know, a big blight for New Jersey but there's some 20 companies that are providing it. It's a competitive marketplace. They have tweaked a lot of the laws that surround how attorneys, you know, how you bring a case and expert witnesses so they've made it tighter. It's not the way the doctors would like to see it yet but it's much, much better than all the screaming that took place in Trenton five or seven years ago.

Michael Aron: Right. I remember. There was a lot of that.

Richard Goldstein: Yeah.

Michael Aron: Did you do any work with colleagues in other states when you were commissioner?

Richard Goldstein: I knew the New York Health Commissioner. I made a point of getting to know him, David Axelrod, a very fine human being but he died on his watch. It was very sad. But our problems were very similar so I worked with his office, him. I think that was the only one.

Michael Aron: How about the legislature? Did you get involved with anybody in the legislature? The chairman of the Health Committee or...

Richard Goldstein: I had warm relationships but I wasn't political. I didn't really know much about these individuals or, you know, how the whole thing worked. I didn't know about political bosses, I didn't know anything about, really, what was happening. They were just people. They would tell me what they wanted and I didn't see a complicated agenda. I would try and be forthright and helpful as best I could. I went to China, though, with Chuck Hardwick and John Rousseau. So I got to know those two...

Michael Aron: Assembly speaker and senate president.

Richard Goldstein: I got to know those individuals as a result of that trip.

Michael Aron: What was that trip about?

Richard Goldstein: That was an exchange program. We had a sister state. New Jersey has a sister state in China. I don't remember the name of it but we have it and we had a relationship and there was an individual on the cabinet that maintained these kinds of relationships so we had a Chinese outpost, if you will. So, as a result of that, they set up this trip, it was sponsored, I don't know who sponsored it, who paid for it, maybe Chinese government, and I got to meet the Chinese Health Commissioner and was shown hospitals. I was driven around in a big car that came from Russia, you know, a big black sedan. Everybody was driving bicycles. It was in the '70s now, you know, I mean, sorry, this was '85, around 1985, and things were very different than they are today in China.

Michael Aron: How were their hospitals?
Richard Goldstein: Oh, they were out of another century.

Michael Aron: Really?

Richard Goldstein: Absolutely. They were something, you know, pictures you'd see of the 1880s or something. I mean, they were really strange. It was unbelievable.

Michael Aron: And Hardwick and Rousseau were with you as you toured these hospitals?

Richard Goldstein: They were doing other things. I was doing the health thing. They were doing whatever they were doing but we'd all, in the evening, get together for dinner and banquets. We were toasted, vetted and treated like VIPs.

Michael Aron: Let's talk about Tom Kean a little bit. What was he good at? What was he less than perfect at?

Richard Goldstein: Well, he was good at separating the wheat from the chaff on issues. I mean, he wasn't getting into the weeds on these things. He was taking, you know, a bigger picture of how things needed to work and what would need to happen, you know, when I came to him screaming, you know, "We got this emergency, what do we do?" He was always calm, level-headed, thoughtful, asked the right questions. Sometimes we had to get back to him on whatever information he needed to make a decision. He was careful. He didn't shoot from the hip.

Michael Aron: He didn't shoot from the hip?

Richard Goldstein: He did not shoot from the hip. He was not like our current governor. He did not shoot from the hip.

Michael Aron: Did he have a weakness?

Richard Goldstein: Well, there was different sides to the Tom Kean that I knew. There was the public persona, where he'd stand up and give a speech. And, over time, he really learned to give a great speech. He became someone you wanted to listen to. When he went up on the stage, you just couldn't wait for him to talk. But privately he was rather diffident. He was quiet and thoughtful and I always felt that I had to carry my end of the conversation to keep it going, which was kind of different, you know? Long pauses. So it took me awhile to figure into that, how do we converse when we're not talking about business. When we're talking about business, I'm really just presenting and he's listening and asks a few questions and answers but, you know, when you're sitting with him and there's nothing else going on and you're maintaining a conversation, he's quiet, he's thoughtful.

Michael Aron: You think he was a good communicator?

Richard Goldstein: Yeah. Yeah. Very effective, both on the stage and in person, in a private setting.

Michael Aron: What did you see him as being most involved in? What were the issues that he grabbed hold of?

Richard Goldstein: Well, I know he was very concerned about higher education. He
hung out with the higher education commissioner and he was very much involved in the education of children and higher education as well. I think that was what his forte was, his keenest interest. DEP and the Health Department, we were fighting fires. We were the fire department. I mean, things were just popping all over the place and, as I said, it was dioxin, the EDB, the AIDS epidemic, it just-- you know, it just kept rolling in on us. It hasn't been like that. I figured that was the job but...

Michael Aron: You don't think it's been like that for subsequent health commissioners?

Richard Goldstein: I don't think it has been as bad. We've had some infectious diseases running around that we need to vaccinate people for and they're all excited about bird flu or whatever it is but not-- well, they did have to do how to handle terrorism and emergencies so the Health Department went through a big phase on that with a lot of funding and set up some good systems that are effective without terrorism, actually. So that you can monitor what's happening in emergency rooms and know if people are getting sick, if they all have fevers and, you know, from the communicable disease point of view, you can track what's happening in the public health world in ways that we couldn't when I was there.

Michael Aron: Do we have a good public health apparatus?

Richard Goldstein: I think we do. But I'm not close to it any more and I don't know the people working on it. There have been a lot of budget cuts and I'm not certain at what level the Health Department is currently performing.

Michael Aron: What did you do about the EDB situation? You say it was a pesticide on fruits and vegetables coming into this country?

Richard Goldstein: Yeah.

Michael Aron: How did you deal with that?

Richard Goldstein: Well, people got very excited. You'd have to try to calm the public. That's how you deal with it. You simply say, "Okay, this product is coming in and we're going to wash our foods differently now. We'll make certain they're washed down and the EDB is removed."

Michael Aron: Commercially they're going to be washed down or you better wash them down at home? Which?

Richard Goldstein: Both.

Michael Aron: Both.

Richard Goldstein: Both. It was just common sense. It was just common sense. Alarms go off when these things get reported that they're dangerous but all of the food coming into this country was getting treated with EDB and that was designed to kill germs. So, you know, which way do you want to go on that?

Michael Aron: Did you have much contact with the CDC when you were Health Commissioner?

Richard Goldstein: The Health Departments always do. We're a reporting entity so
that, as we take in the information from our physicians and hospitals on communicable diseases that CDC is tracking, we report it to them. They have a weekly mortality and morbidity report that they put out and we always track everything. We were part of that. It's like an extension of CDC in terms of how the public Health Department's functioning.

Michael Aron: The CDC has a very, very high reputation nationally. Its word is taken as gospel. Rightly so or...?

Richard Goldstein: I think so. I think so. It can be politicized so I'm not certain how well it worked under some of these presidents. But, generally speaking, NIH and the CDC, these are the Excaliburs of American medicine.

Michael Aron: You were in the administration at a time when Tom Kean was running for reelection.

Richard Goldstein: Right.

Michael Aron: What do you remember about that campaign?

Richard Goldstein: I remember he won it in a landslide. Wasn't even close. But I wasn't a political person. I wasn't Roger Bodman in the cabinet. I was a doctor and that's how they saw me and that's what I did and I would give, you know, speeches talking about what the Health Department did and what we were doing. So I was just considered a professional within this cabinet. I was not considered a political person and still don't consider myself a political person.

Michael Aron: He ran against Peter Shapiro. Did you know Peter Shapiro?

Richard Goldstein: Not really. I mean, I must have met him.

Michael Aron: You knew who he was?

Richard Goldstein: Yeah. I'd met him at whatever events that come up on the schedule that you meet people.

Michael Aron: You say you were not a political person. Did you stay in touch with Phil Kaltenbacher, who had brought you into the administration?

Richard Goldstein: He later moved to Florida. There may have been one or two communications over the years but not very much. He moved away.

Michael Aron: Why'd you leave the Kean administration?

Richard Goldstein: Well, it wasn't my plan. It was a diversion from what I intended to do and...

Michael Aron: When did you leave the Kean administration?

Richard Goldstein: After the end of the first administration, after his victory. It was time to move on.

Michael Aron: What'd you do?
Richard Goldstein: I joined a company, an organization that ran healthcare companies. They were infusion care, nursing homes, those kinds of things. It wasn't a good fit for me.

Michael Aron: Where was it?

Richard Goldstein: It was in New Jersey. So I moved on shortly after that and basically started my own consulting company and went back to doing the things that I had done before.

Michael Aron: Was it a difficult decision to leave or was it clear you had served your purpose?

Richard Goldstein: Yeah, well, I was young. It's nice when you're old and take these jobs, you know? You top off your career and that's the end of it but I was still in the middle of my career and...

Michael Aron: Did you want to parlay having been commissioner into something bigger?

Richard Goldstein: Yeah, sure, I would have liked to but that really didn't happen.

Michael Aron: Were they surprised or disappointed when you told them you were leaving?

Richard Goldstein: No, I think they were pleased because Ken Merrin had hired Molly to help them on health issues or whatever it was he wanted to think about.

Michael Aron: Molly Coy?

Richard Goldstein: Molly Coy. And so she was being groomed to come in and follow me.

Michael Aron: Did you know her?

Richard Goldstein: I met her when she came to New Jersey. I didn't know her before.

Michael Aron: She came from California?

Richard Goldstein: I don't remember. I know she went to California. I don't remember if that's where she started from.

Michael Aron: At some point, you became the head of the New Jersey Council of Teaching Hospitals.

Richard Goldstein: Mm hm.

Michael Aron: What is that?

Richard Goldstein: It's a trade association. It's not unlike the Hospital Association except our mission is narrower. We only accept hospitals that have teaching programs in it. So we currently represent about 12 major hospitals. There are only three that are not currently members of the organization. They have been but there are always issues with
members. We also operate the Council of Children's Hospitals, which has all ten certificated children's hospitals as members. We are about to form a third council, which will be the council of minor teaching hospitals since there is now a need to bring them together so that they can have a more focused approach.

**Michael Aron:** You say 12 of the 15 teaching hospitals are part of your association?

**Richard Goldstein:** Of the major teaching hospitals. Major are those that have more than 75 residents.

**Michael Aron:** And there are about 70 or so hospitals total in New Jersey.

**Richard Goldstein:** Right. About 70 total hospitals, about 40 are teaching and about a dozen are major teaching.

**Michael Aron:** Uh huh. Are you Trenton based? Is that where you are?

**Richard Goldstein:** The office is in Trenton. It's an advocacy organization so we testify in front of appropriations and health committees and do those things. We've been very successful, by the way.

**Michael Aron:** How so?

**Richard Goldstein:** Well, the GME on our watch in the last four years has gone up $70 million. So that's a considerable bump.

**Michael Aron:** The GME?

**Richard Goldstein:** Graduate Medical Education funding.

**Michael Aron:** Has gone up $70 million in this climate?

**Richard Goldstein:** In the last four years. And even in this climate, we got a $30 million bump. We'll see if it holds because the Supreme Court issue on funding education is still being grappled with but if the proposed budget holds, we'll have an increase of $30 million.

**Michael Aron:** And we just had a task force, I guess it was Tom Kean's task force?

**Richard Goldstein:** Yes.

**Michael Aron:** On higher education that recommended, once again, what the Vagelos commission recommended five, six years ago?

**Richard Goldstein:** In some form, yeah. Kean's task force really did not study the issue. They simply said, "These other reports make sense to us, this looks like a good idea but we don't have the resources to study it so we're going to recommend another task force take a closer look at it." And that was about the extent that they waded into the water.

**Michael Aron:** Do you have a position on whether, I guess it's moving the Robert Wood Johnson Medical School out of UMDMJ and into Rutgers? Am I saying it correctly?
Richard Goldstein: Right. Interesting story because it started at Rutgers in the first place and they didn't want it, Rutgers gave it up and gave it to what became UMDMJ. In many parts of the country, medical schools are attached to the universities. When Rutgers gave it up, it was just...

Michael Aron: When did Rutgers give it up? '50s? '60s? '70s?

Richard Goldstein: When Stan Bergen came around.

Michael Aron: Late '60s probably.

Richard Goldstein: Probably in the late '60s, '70s. It was a new organization really, I mean, fundamentally, and it takes 100 years to grow a medical school, to build a reputation. Harvard Medical School is well over 100 years old. So it's not something you snap your fingers and say, "Okay, let's form a medical school and things will be great." It takes a long, long time. So Rutgers had had a medical school. It wasn't going well, I guess. They gave it up. UMDMJ was formed. It had a different name back then but it was formed. It prospered under the leadership of Stan Bergen. He was just an incredible- he was one of the New Jersey greats in terms of what he accomplished. He built this thing from nothing to the largest healthcare educational university program in the country because he put in nursing schools, dental schools, osteopathic schools, and I mean he just did an amazing, amazing job. So they were prospering. UMDMJ was doing great but things became-- his strength wasn't in management, per se, and, when he left, he apparently didn't leave a good management team behind and things kind of went awry to some extent. Anyway, so they had built a whole campus, a medical school, out in Piscataway and were very close to Rutgers and so, over a period of time, that school developed a relationship with Robert Wood Hospital, which changed its name to Robert Wood, it had been Middlesex County Hospital before that but changed its name, and they started doing extremely well, brilliantly so. They helped reversed the out migration to New York. This was under the leadership of Harvey Holzberg. He grew this thing like you wouldn't believe. So it became very successful and, of course, now Rutgers takes a look at this thing and says ooh, so that's what's going on. I mean, you know, Rutgers would like to have that piece and somebody else would like to pick up University Hospital and, as a result of the investigations and the prosecutors and all that craziness that went on, nobody went to jail, by the way, no wrongdoing was found...

Michael Aron: You're talking about at UMDMJ?

Richard Goldstein: Yeah.

Michael Aron: It's the current governor took over on behalf of the federal government when he was U.S. Attorney?

Richard Goldstein: Right. So what do you think that did to the reputation of UMDMJ and its ability to attract the top physicians and its ability to attract the top students?

Michael Aron: What did it do?

Richard Goldstein: It hurt it. It hurt it. They left. They left. The best and the brightest left because they were highly desirable...

Michael Aron: Is that why people are talking about reconstituting it at Rutgers, so it can get a fresh start?
Richard Goldstein: No, no, no. It's because the people at Rutgers want- Robert Wood is considered the gem of it. So that's why they want it.

Michael Aron: Will your association take a position on the issue?

Richard Goldstein: No. Well, we cannot. We cannot. UMDMJ is a member, they're all members, and that's the thing about a trade association. There are some issues you just can't touch.

Michael Aron: Will you keep going with this for awhile? With the trade association?

Richard Goldstein: Yeah. I'm having fun so it's an interesting job. It really is very much like being in the Health Department all over again.

Michael Aron: How so?

Richard Goldstein: Well, we wrote the physician manpower study, which the Health Department ________________. We're making the recommendations of how to improve the physician supply. We're doing the resident exit surveys. We're effective in getting the board of medical examiners to ask survey questions now when physicians get relicensed so we can accurately count how many doctors we have in the state. We never knew. Just because they renewed their license didn't mean they were practicing. So we need to know, you know, are you practicing? How many hours per week? What is your practice? What do you do in your practice? You know, those kinds of questions so that we can plan accordingly. When do you plan to retire? We need information about the physician workforce. So now we're getting it.

Michael Aron: And how do you look back on your three years in government?

Richard Goldstein: It was an interesting period for me. On a personal basis, I had a great time. In terms of the benefit to the state of New Jersey, I think we did a pretty competent job. The prices were stabilized. There were no nursing strikes or anything happened. I mean, we ran an efficient, effective healthcare system and a lot of the problems diminished. The public health side was exciting but we dealt with all those situations as they came up. So I had no particular agenda when I went to the Health Department. I just went in there cold. It is now my view that, when you take those kinds of jobs, you need to sit down on the first day or the first week and say, "There are three things I intend to get done before I leave," because you will be crushed by the daily inbox. You will never have time to go back to what can easily be important things. So I think you need to be very clear on what you intend to accomplish in these positions and you can't have more than three. That's it. You need to schedule a creative plan to go about doing those three things while you're doing everything else.

Michael Aron: Have you encountered Tom Kean much over the years?

Richard Goldstein: Yeah, we bump into each other, oddly, from time to time. I ran into him once in New York City. Another time, we took a train back from Washington together not too long ago, sat together for a couple hours. So, yeah, and we see each other at various events, you know, he's always being honored and whatnot and I try and attend those when he's being honored.

Michael Aron: Anybody else from the administration that you are in touch with?
Richard Goldstein: I talk to Roger Bodman from time to time because he's still involved, he's political. I think that's about it.

Michael Aron: How do you regard Tom Kean's eight years as governor?

Richard Goldstein: Well, he's clearly New Jersey's most popular governor. And, you know, that all stems from character and integrity. Those are the qualities that ultimately count. That's what the man has, you know, just throughout his body is character and integrity and a pleasure to work with, to be with, to hang with.

Michael Aron: What should the people of New Jersey remember him for?

Richard Goldstein: Well, you know, in this highly charged political environment, as far as I'm concerned, it makes sense to be a moderate. The extremes get nothing done. All they do is yell and throw bombs at each other. If you want to get something done, you got to get it done in the middle and you got to bring both sides together. He had a split government. That was probably very helpful to him, that the legislature was a different party. At least one of the houses, as I recall, was different.

Michael Aron: In his second term, one of the houses was different. In his first term, they were both democrat.

Richard Goldstein: Yeah. You know, when they're all the same party, you get to run the table and that can lead to very bad government. When you control everything, you know, you don't need to listen to anybody. You just do whatever you want. So a split government can get a lot done but I guess the way it works nationally is that there seems to be something built into it that, in the primaries, that you run to the extremes. When you get the extremes in the government, you don't have anybody in the middle and the thing can't work. So it's a problem America hasn't quite figured out how to solve yet.

Michael Aron: So he was...

Richard Goldstein: He was a moderate.

Michael Aron: He was a moderate.

Richard Goldstein: He was absolutely a moderate.

Michael Aron: And it was about character and integrity at bottom?

Richard Goldstein: Absolutely.

Michael Aron: All right. Let's leave it there.

Richard Goldstein: Thank you.

Michael Aron: Thank you.