

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH JEROME D. GOLDFISCHER

FOR THE

RUTGERS ORAL HISTORY ARCHIVES

INTERVIEW CONDUCTED BY

G. KURT PIEHLER

and

SCOTT CERESNAK

and

JASON GOLDFISCHER

FORT LEE, NEW JERSEY

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TRANSCRIPT BY

SCOTT CERESNAK

and

SEAN D. HARVEY

Kurt Piehler: This begins an interview with Dr. Jerome D. Goldfischer on March 29, 1998, in Fort Lee, New Jersey, with Kurt Piehler and ...

Jason Goldfischer: ... Jason Goldfischer ...

Scott Ceresnak: ... and Scott Ceresnak.

KP: I would like to begin by asking you a little bit about your parents. Your father and mother both emigrated from Eastern Europe.

JDG: That's correct.

KP: From Russia. Could you tell me a little bit about why they came?

JDG: My mother, at the age of fourteen, ran away from Russia because of the *pogroms* [anti-Semitic riots]. She was the tenth of ten children. Her oldest brother and her fifth sister were both in this country and she felt that she had to get away. There were too many people being killed. So, at the age of fourteen, she ran away from Chernobyl and walked across Russia to Austria, and then, somehow, got on a boat to this country, alone. When they were about to dock at Ellis Island, she found out that if you didn't have parents, they would send you back. They didn't want a youngster by themselves. So, there was a mother and father with another young lady about her age. She asked if they would accept her as their daughter when they got off the boat and they said, "Of course." So, she went through Ellis Island with them, and then, she went with her [family]. She was picked up by her brother. Her sister was very upset that she came to this country and she [his mother] ostensibly lived with some mutual friends and grew up that way, as a fifteen-year-old. My dad was from Poland, was visiting his uncle in Austria and was picked up by the Austrian police and conscripted into the Austrian Army, over his protest. He said that he wasn't an Austrian citizen and they said, "You're in Austria--you're an Austrian citizen." He had two weeks of training, and then, went to the front and participated in the only battle in two World Wars that the Italians won, The Eleventh Battle of Isonzo. [laughter] It's a very famous battle between the Italians and the Austrians and it's easy to find out which one, [since] it was the only battle that the Italians won in two World Wars. They apparently decimated the Austrian troops. Five thousand men were reduced to--what?--170-some-odd. My dad was amongst them, was captured by the Italians and brought to Italy. Then, when he was just brought into a prisoner of war camp, they wanted to know if there were any barbers. He figured, "What is there to be a barber?" So, he said, "I'm a barber." [laughter] So, they made him a barber to the Italian officers. At the end of the war, he lived in Italy for about four or five years, in Genoa, and then, came over to this country because his oldest brother was here. So, he came over and met his oldest brother, Willy, and decided to become an automobile mechanic. He went to school and became an automobile mechanic, and then bought a garage in Brooklyn. It was a square block. It had about, I think, fourteen or fifteen bays where they took care of cars. Now, you're talking about the late '20s, during Prohibition, and the only paying customers that he had were the prohibitionists. [laughter] Louis "Lepke" Buchalter was his biggest customer and he said the benefit was, number one, they paid in cash. Number two, he didn't have to pay protection, because, any day, there were always a half a dozen of his men there playing pinochle. [laughter] Any time someone came in to ask for protection--this is Brooklyn, now--they'd see who was sitting there and they'd think he's protected. When Buchalter was killed, my father

went bankrupt. He had no one else. [laughter] His oldest brother was in the needle trade. He then went to FIT and learned the needle trade, became a cutter and a pattern maker, dress maker, and then, worked his way up and, ultimately, owned his own factory and became a dress manufacturer, and then, brought Jason's dad to this country. He was the youngest of the brothers. This is now '39. Eli refused to come over, because he didn't want to leave his motorcycle behind.

JG: I remember him telling me that. [laughter]

JDG: And they finally convinced him that he was going to die like his motorcycle if he didn't come over. So, he reluctantly left the motorcycle and came to this country, just as Hitler was invading Poland.

KP: Eli came from ...

JDG: Eli came from a small city in Poland called Bortniki.

JG: How do you spell that?

JDG: B-O-R-T-N-I-K-I, Bortniki. They called it a *dorf*--ask him. A *dorf* is a village, probably about forty or fifty people in it, and the Goldfishers all came from that area, from the Lemberg area, Lviv area. [Editor's Note: Lemberg is the German name for the Ukrainian city of Lviv. The Polish name for the city is Lwów.] If you read the history of Samuel Goldwyn, who was a Goldfisher ...

JG: How did he get the name Goldwyn?

JDG: He was making films in Fort Lee under the name Samuel Goldfisher. His buddy was a guy by the name of Louie Meirowitz and Louie Meirowitz changed his name to Louis B. Mayer, M-A-Y-E-R, and Goldfisher said, "If Meir can become Mayer, I can shorten my name." He had a partner by the name of Selwyn. So, he changed the name from Goldfisher to Goldwyn. When he came to this country, he came to Gloversville, New York, and sold gloves in Gloversville, aptly named. [laughter] They made gloves and he was a traveling salesman, until he went into the movies, right up the street here. He made the movies in Fort Lee. [Editor's Note: Film producer and studio magnate Samuel Goldwyn was born Schmuel Gelbfisz and later used the surnames Goldfish and Goldfish before adopting the Goldwyn name. He joined with brothers Edgar and Archibald Selwyn in 1916 to found Goldwyn Pictures (a portmanteau of Goldfish and Selwyn).]

JG: Was Samuel Goldwyn one of the brothers?

JDG: No. Samuel Goldwyn was not one of the--yes, he was one of the seven brothers, way back. That's right.

JG: He was ...

JDG: He was a cousin. In the 1840s, 1860s, there were seven Goldfisher brothers and all of the lines, lineage, came from those seven brothers.

JG: How did your mother and father meet once they were here?

JDG: Now, when you have a minority group, they form a ghetto, whether it be a black ghetto, an Irish ghetto, a Puerto Rican ghetto, a Jewish ghetto, right. They were part of the Jewish ghetto in New York and they dated and they met one another through friends.

JG: Did your mother work?

JDG: I think she did. I think she's part of the needle trade, but I'm not sure. I never asked that question. I don't know.

KP: She came over very young. How did she support herself before she met your father?

JDG: Well, she came over at fourteen. She didn't want to talk about it. It was a very, very difficult thing for her, because her sister disowned her, basically. It was a very, very trying thing for her, that the only two living relatives that she had, a brother and sister--the brother was in Philadelphia. He was wonderful to her. The sister, who lived in New York, in essence, disowned her, because she was very, very upset that she left her mother, who was ill. The mother, I guess she was in her forties when my mother was delivered and she was very, very ill, so ill that she gave my mother over to one of her daughters to raise, because the daughter had a child my mother's age. My mother always lived under the thought that perhaps she really wasn't her mother's daughter, that she was the illegitimate daughter of one of the sisters and that's why the sister raised her, but we checked that out very carefully. (Hinda?), who was the sister who disowned my mother, to her dying day said, no, she indeed was--they both shared the same mother. She just went over to the sister because her mother was too ill to take care of her. Her parents lived in Kiev. The sister lived in Chernobyl and she lived --my mother, she grew up in Chernobyl.

JG: Do you have any brothers or sisters?

JDG: I have a sister, Myra.

JG: Oh, Myra, right. How long did you live in Brooklyn before you moved to Bayonne?

JDG: I was born in Brooklyn. We moved to Bayonne at the age of three--Depression, didn't have enough money to pay multiple rents. So, a lot of people moved in together in order to share the rent. So, we moved in with Aunt Bella.

JG: Aunt Bella Rogolf?

JDG: Rogolf, sure.

JG: Is Myra older than you or younger?

JDG: Younger, six years.

KP: What are your earliest memories of Bayonne as a young child?

JDG: It was a fun place to live. It was an integrated community. We didn't know of black or white or Polish or Jewish. Everyone lived next to one another and grew up next to one another and that was it. I drove through there about ten years ago. Have you been to Bayonne?

KP: I have.

JDG: The town is in a time warp.

KP: I noticed that. [laughter]

JDG: It's fifty years older--it's exactly the way it was when I left. The houses are the same; they have new siding on them. I look at the youngsters in the streets and the faces are familiar. I mean, they've got to be children or grandchildren of people with whom I grew up. There are blacks living next to whites, just like there were before. It was a totally integrated community before anyone knew of integrated communities. It was a fun place to be.

KP: I noticed that because, one day, I went to the Bayonne Terminal.

JDG: Port Terminal, yes.

KP: I walked through downtown Bayonne and I went into a drugstore. It looked like they had not changed anything, except some of the actual drugs, since the 1920s or 1930s.

JDG: Same thing.

KP: They had the soda fountain, the shelving.

JDG: It's a time warp. The cars are different, the houses look just like they did forty, fifty years ago. We had fun. I remember, I grew up in Bayonne during the war, during the Depression, and then, during the war, and it was just a fun place to grow up.

KP: What would you do for fun on a typical day as a kid?

JDG: Well, we had teams. We played stickball and football. We had organized teams with jerseys. We didn't have equipment--no one could afford equipment--but we always had jerseys. We just played in leagues against one another, played stickball all the time. I mean, my mother, God rest her soul, never had an intact broom in the house. [laughter] Every time she'd get a new broom, I'd saw the broom off, take the stick. We used to play on 42nd Street. I remember, I was a two-and-a-half sewer hitter. [laughter] You were judged on your ability by the number of sewers that you could hit past. It was a fun, fun existence, I mean, none of this business of, "What am I going to do today?" Your mothers had to look for you at the end of the day to have you come home. We had very, very many close friends. In fact, two of the more infamous of my friends were the Marcus Twins, the two doctors who had an incestuous relationship with one another, from Cornell; remember that?

SC: I have not heard that, no.

JDG: Oh, you've got to read, you've got to read. [laughter] Two doctors, the Marcus Twins, Cyril and Stewart, were gynecologists and lived together and had incest with one another. One died and the other one killed himself. It was a very, very famous story about ten, fifteen years ago, wrote a book about it. There was a movie about it. [Editor's Note: Drs. Cyril and Stewart Marcus, gynecologists at New York Hospital-Cornell, died in July 1975 in an apparent suicide pact. The 1988 David Cronenberg film *Dead Ringers* draws on elements of the Marcus Twins' story.]

JG: Wow.

JDG: Yes, and they grew up in Bayonne, went to Syracuse. They always competed with one another. They were always number one and two in the class. Meanwhile, when we're outside playing, they were in the house studying, [laughter] but Bayonne was a fun place to grow up in.

KP: I know Jersey City had some wonderful movie theaters. Did you go to the movies very much growing up?

JDG: Yes, we went to the DeWitt Theater, 25th Street and Broadway, and went there all the time, used to cost a nickel to get in. [laughter] The bus cost a nickel and outside the theater was a frankfurter stand, Petritis' Frankfurter Stand. (Petritis now has a store next to the DeWitt Theater). The frankfurters were five cents apiece and six for a quarter. [laughter] What we would do is, rather than use the bus, we would walk one way and pool our nickels and buy--you have five nickels, you get six frankfurters--and you'd choose up who got the extra frankfurter. You'd go to the movie and you'd hope that--they always had these old things called "the races"--you'd get a ticket and you'd bet on a horse or a sleigh or something like that. You'd win and you'd win a prize. It was a lot of fun.

JG: As a baseball fan, did you ever go to Yankee Stadium?

JDG: Yes, we used to go. We used to play hooky, [laughter] used to go across to New York, Yankee Stadium and the Polo Grounds, right across the street from one another. So, we went there. We used to go to Ebbets Field, go to New York for a nickel, hop, go to Ebbets Field, watch Dixie Walker, watch all the old [Brooklyn Dodgers], Dolph Camilli, play baseball in Ebbets Field. The ticket was, like, a quarter to get in and, if the guard saw you and he turned his back, you snuck in. [laughter] No one bothered. The truant officer knew exactly where you were going, because you didn't show up at school and there was a good game at the Polo Grounds. He knew exactly where you were going to be. [laughter]

KP: Did you follow the Bears at all? Did you go to Newark Bears games or just the Yankees?

JDG: Well, no, you're talking about Roosevelt Stadium, yes, the old Newark baseball team.

KP: Yes.

JDG: Was one of the greatest minor league baseball teams ever, yes, used to watch them all the time. Yes, it was a great [place], used to go to the fights, some great fights in Roosevelt Stadium.

KP: Are there any fights that you remember in particular?

JDG: I couldn't get in.

KP: Okay.

JDG: Couldn't get in, tried to get in, tried to sneak in, but you couldn't get into the fights. The fights were very, very popular then. What was the name of the guy? There was one guy, [Carmen] Basilio, and [Sugar] Ray Robinson used to fight. We used to listen on the radio all the time, but that was right in Roosevelt Stadium, right outside of Bayonne. It was a fun time to grow up. The war was the war, but it really never hit home; hit our parents hard, because they would get news from Europe and would cry, but they really would never tell us what was going on. The crosspollination of information from parent-to-child in that era is not like it is today. I mean, you weren't told and, if you asked, they said, "It's none of your business."

KP: Sometimes, you would see your mother or father upset.

JDG: Crying, yes.

KP: You would ...

JDG: You knew there was something going on in Europe and there were a lot of killings. Remember, we had a controlled press at the time. We really weren't told everything that was going on. We were told of the stockpiling of men and materiel in Europe and England, but we really weren't told of the horrors of war, because communications wasn't the same as it is today. There was no television, only radio, right, and the newspapers. Newspapers, they cost money. You had to pay three cents or four cents for a newspaper and you didn't have three or four cents. Your parents just didn't have that, that amount of money, so that things were tight, but you didn't really need money, except for the movies. [laughter]

JG: And hot dogs.

JDG: And hot dogs at Petritis'.

KP: You mentioned your father lost his auto repair shop.

JDG: Yes.

KP: He eventually would own a factory. What were the toughest years for your parents, financially?

JDG: Well, the time we moved from Brooklyn to Bayonne had to be, because they went from their own apartment in Brooklyn to living with my aunt and uncle. So, that had to be '33, '34, '35,

somewhere in there. I think he lost the garage in the early '30s. You look in the books, see when Buchalter got machine-gunned. When you find that date, you'll know about the time that it happened. [laughter] I have a book sitting in my library at home called *But He Was Good to His Mother* [a 1993 book by Robert Rockaway] and it's a book on the Jewish gangsters of the '30s. I'll bet Buchalter is in there. I've got to look it up. I'll look it up for you, Jason, but I think it was the early '30s. [Editor's Note: In the 1930s, Louis Buchalter established the infamous Murder, Inc., contract murder network. In November 1936, he was convicted of violating anti-trust laws, but fled while on bail. He later surrendered to the FBI in August 1939 after a long, highly-publicized manhunt. Once in custody, Buchalter was tried and convicted of numerous crimes, including a 1936 murder that led to his execution on March 4, 1944.] I remember, he had to go to night school now. He had to go to school in New York and get reeducated as a dress manufacturer, dress designer, did patterns. You just don't learn that. I mean, that's hard stuff. He was an interesting guy. He spoke about eight languages fluently, yes, and had, literally, a photographic memory. I remember, as a youngster, he had an accountant, Mr. Josephsberg, and he used to bet my father every year. My father had a factory of about 120 people working. Each one had English as a second language. They had to have a first language that my dad spoke and he would speak to them in their native tongue. That's how he kept up. Josephsberg always had a bet with my dad. My dad had to give him the gross for the year and the net for the year. My father was always within a hundred dollars and he had nothing to do with the books. Josephsberg said, "It's amazing. He had in his head who owed money, who didn't owe money, how much came in." [laughter] It was just amazing. For the holidays, my mother, may she rest in peace, she used to have the New Year's cards printed up and she'd sit him down, she'd say, "Sidney, Philadelphia." He'd write out all of the cards for the people in Philadelphia, all the names and addresses, never used an address book. [laughter] She'd say, "Brooklyn," and he'd sit there and write out all the cards, all the names and addresses. I used to sit there in amazement. I mean, he never needed to write down something, any phone numbers or addresses down.

KP: Did your father's business pick up during the war?

JDG: Did very well, yes. Well, it's hard work and he became one of the more sought-after contractors. He had a good factory and good workers and was a taskmaster. Remember, these people worked piecework. They didn't get paid by the hour, they got paid by the garment. He had a system whereby he could tell who did what on the garment, who sewed on the right sleeve, who sewed on the left sleeve. If there was something wrong, it went back to the individual who did the original work, so that if you did it correctly the first time, there was no problem, but, if you didn't do it correctly, you had to redo it. That took time and you didn't get paid for that redo. So, he had a very, very good plant and became one of the more sought-after contractors in New York.

KP: Where was his factory?

JDG: 39th Street.

JG: I know that my grandfather was a tailor, right?

JDG: Eli worked for Dad.

JG: That is what I wanted to ask you.

JDG: Yes. [When] he came to this country, he was a locksmith. He was a locksmith in Poland and Pop took him in and taught him how to be an operator. So, Eli worked on dresses.

JG: How long did he work there for?

JDG: I don't know. I think until the late '40s or '50s. I don't know. They always fought, like brothers. [laughter]

JG: Did he live with you?

JDG: Yes, he lived in my bedroom. He slept with me.

JG: Really?

JDG: Yes, sure, for the first [few years], I think almost until he got married. Until he met Doris, he lived with me, lived in my bedroom. I taught him English.

JG: You did?

JDG: Sure. Well, he came over, he spoke Polish. I didn't speak Polish. [laughter] When you come to this country, you don't come equipped with the language. So, I had to teach him [English]. My father, obviously, spoke Polish, my mother spoke Polish, because it was very close to Russian, and I had to teach him English. He was very bright. Your grandfather was very, very bright.

KP: Did your household speak Yiddish at all?

JDG: I told you, my dad spoke nine languages, so that they spoke Yiddish when they didn't want me to understand. [laughter]

KP: Yes.

JDG: And, when I understood Yiddish, then, they'd switch to Russian or Polish. So, I learned a little Russian and Polish. My father spoke Italian, spoke French, spoke Spanish, a little Hungarian. With my mother, it just was Ukrainian, Russian, Polish; no Hebrew. Hebrew was not the language in the house. Yiddish was.

SC: He learned all nine languages in Poland as a child.

JDG: Yes. Remember, people from certain areas of Europe grow up knowing local languages. If you meet Hungarians, I mean, I don't know of a Hungarian who doesn't speak four or five languages, because they speak Hungarian, they speak German, they speak French. I mean, they speak many languages. He grew up in Poland, so that means, more than likely, he spoke Polish; because they were near Austria, he had to learn German, right. Now, that area was very close to Russia, so, they spoke Ukayinska [Ukrainian], which is a dialect of Russian. He knew that. He

was in Italy, so, he learned Italian, lived there for five years. Once you know Italian, French is very, very easy, if you're prone to languages. Then, he kept up with it by only hiring people with whom English was a second language. You had to speak to him in that. I'd see him go through the factory and he'd speak to people in their native tongue. In fact, I still treat his cutter, Jimmy. He comes here. Jimmy always reminisces that he was born in this country, in order to get the job at the factory, he had to tell my father English was his second language, Italian was his first language. So, he had to talk to my father in Italian, even though he was born in this country. [laughter] Italian was his second language. He learned that at home.

JG: Did your father ever find this out?

JDG: No. I think, toward the end, I think he knew, because Jimmy was more facile in English than anything else, but, like, he wasn't a worker, he was a friend. He was a pal. They worked together for thirty-some-odd years.

KP: How long did your father have the factory?

JDG: Until he retired in the '70s. It's really what killed him.

KP: Retiring?

JDG: Retiring.

KP: It sounds like your father worked very hard.

JDG: He was a hard worker, but he had no other hobbies but work. My mother, may she rest in peace, insisted that he retire. After all, why? everyone else is retiring. Retiring is the fad. I begged him not to. He said, no, he's retiring. So, he sold the factory and he said he has a lot of things that he's going to do. He showed me all the things he was going to do, but he accomplished them all in four months. [laughter] He finished everything up, and then, he started chasing my mother around the house. She said, "This is my house, you get the hell out of here. I don't want you cooking, I don't want you shopping with me. [laughter] This is my house. You find your own things to do." He said, "You made me sell my thing." So, that is usually the beginning of the end, unfortunately.

KP: Did your father's factory have any labor unions representing the workers?

JDG: Yes. My dad, when he started in the needle trade, became friends with a guy by the name of David Dubinsky.

KP: Yes.

JDG: David Dubinsky was in the process then of forming the ILGW and David Dubinsky wanted my dad to work with him. My dad says, no, he's not interested in becoming a union man, but, in spite of his turndown, they remained very, very good friends. The factory, like all manufacturing facilities in those years, was unionized and they were the ILGW. So, my father was always negotiating with the union, but he knew them and they knew him. So, he had very little difficulty

with them. [Editor's Note: David Dubinsky served as President of the International Ladies' Garment Workers' Union (ILGWU), which had been established in 1900, from 1932 to 1966 and helped create the Congress of Industrial Organizations (CIO) in 1936.]

KP: David Dubinsky is such a significant figure in labor history and, also, just in America in that period. They obviously hit it off well.

JDG: He respected him and Dubinsky respected my father. There's always the question of, "What are you going to pay?" dealing with labor people. "What are you going to pay to do a hem? What are you going to pay to do this? What are you going to pay to do that?" and he would say to them, "Listen, this is what I'm making for the dress. I have to make a profit. You hack up the remaining parts and tell me what you want to do," he says, "but you have to understand, I've got to make X amount," and he didn't hide anything from them. They knew that he was going to tell them the truth. He wasn't going to jerk them around. They were doing negotiating with themselves and my father finally said, "Is this going to keep you happy?" and they said, "Yes." He said, "Okay, then, that's the deal. That's all there is to it," but he always said, "If you play it straight with people and don't try to deceive them, you'll have no trouble." So, he never had any trouble, never had any strikes, never had any problems with them. It was just a very nice [situation]. I always heard, he used to say, "I've got [national] union negotiating to do." I said, "What does that mean?" He said, "No, they'll come in," he said, "they're snorers. They want food." So, he says, "You give them food. [laughter] They'll spend two or three days," he says, "and all you do, you call The Famous," there's a delicatessen in the Garment District, says, "You bring them up corned beef and pastrami sandwiches and Dr. Brown's Cel-Ray and they're happy." [laughter] He says, "I don't know what they're going to end up with." He says, "All I know is, I told them what I need. I told them I've got to make X amount of profit. The rest is yours, you tell me," and he said, "and, if you want more, then, you negotiate with the jobber. You find out from him if he'll give you another two or three cents more on a garment and I'll give it to you." That's all, very, very simple.

KP: Did you ever work in the factory at all?

JDG: No. I used to go in on the weekends to play around, always did different things, but I never [worked there].

KP: Growing up, did you ever get any odd jobs?

JDG: Oh, yes, I did a lot of stuff.

KP: What were some of the things you did?

JDG: In Bayonne, there was a place called Palmer Asphalt. They made roof coating and roof cement and I used to work there, with this, all asbestos now, but I used to work. I put the labels on the cans and I put the cans in cartons and loaded the cartons on to trucks. I did that in high school, good training for football, excellent, [laughter] and made some money. I worked as a camp counselor. I worked as a busboy at the Concord. I worked as a bartender at a place called the Lash Hotel in Liberty, New York. I drove a Pepsi-Cola truck a couple summers as a fill-in for guys who went on vacation. That's about it.

KP: That is quite a bit, actually. [laughter]

JDG: Oh, and then, I worked in medical school and I ran a laboratory in Queens. I used to go to school during the day and, at seven o'clock, starting running a laboratory in a hospital in Queens called Horace Harding Hospital.

SC: What did you do in the laboratory?

JDG: Did all the blood counts and blood sugars and BUNs [blood urea nitrogen tests] and EKGs [electrocardiograms], worked from seven at night until seven in the morning, then, went to medical school during the day, got a dollar for every patient whose work I did, unless the patient was done after eleven o'clock--then, I got two dollars. So, we spoke to the doctors in the hospital and said, "Listen, if you want bloodwork done, please, ask that it be done after eleven o'clock at night," [laughter] got double the money. In return, what we would do was--it was a private hospital--they would send people in with chest pain or acute bellies, we would examine the patients in the emergency room. There was no such thing as an emergency room doctor in those years, just a nurse. We'd call them up and say, "Listen, you've got a patient in there with so-and-so and so-and-so. We think they've got such-and-such. Go to sleep, see him in the morning. You don't have to come in now. It's not an emergency," or, "You'd better come in. We think it's something acute," so that I did this in my sophomore, junior and senior years and my internship year. I saw a tremendous amount of acute stuff in emergency rooms.

SC: How did you do a CBC [complete blood count] back then, because I know, today, there are machines that count?

JDG: Stuck the finger, did a capillary tube for the hematocrit, a drop of blood for the hemoglobin, we had a white cell counting chamber. Did you ever see those kits?

SC: No, because I know, now, they have these big machines.

[TAPE PAUSED]

KP: You wanted to follow-up on the lab.

SC: You have really seen, first-hand, the changes in technology in medicine.

JDG: Oh, sure.

SC: Specifically, you mentioned the EKG.

JDG: Yes. Well, the EKG, one; after the First World War, we had the indirect writers, where it would be written on a piece of paper. Before that, it was a photographic process, where they used a string galvanometer with a light beam on a piece of photographic paper. So, you took the EKG today, it was developed tomorrow, it was ferrotyped--that means they put a shine on it--the next day, and then, it was distributed. So, the EKG that was done today wasn't looked at for seventy-two

hours. The era of writing the EKG on a piece of paper, which really is a piece of paper that has a black background and they put wax in front of it, then, they heat the wax and they make the lines on it, and then, the stylus is heated and the stylus melts the wax and you get the EKG, now, it's all electronic, but the same basic [idea]. It's still a thermal label paper, so [that] you get the EKG instantly, but, before I started, in the early '40s until after the war, everything was developed. So, things have changed. For the better, I don't know, but, certainly, they've changed.

KP: You worked as a waiter at, I believe, one of the great Catskill resorts.

JDG: Yes.

KP: Could you talk a little about being a waiter?

JDG: Well, it's exactly as it is pictured in the movies, right. You have a group of people who are out to have a good time, many women, whose husbands would work in the city during the week and they would be up there all week long--they were trying to find some companionship, male companionship, during the week [laughter]--people who'd come up for the weekend to overeat. It was just a potpourri of interesting characters, but the most fascinating part--oh, I also worked, in '41, I was eleven and twelve, in a playhouse in the Catskills. I carried the soda up and down and I cleaned the pastrami heating thing [laughter] and met all of the great acts, comedy acts and Yiddish acts, because they would play in the playhouse. So, I met Molly Picon and Moishe Oysher and some of the comedy guys who were just starting off in the Borscht Belt at a place called the Morningside Hotel in Loch Sheldrake, but you'd be a busboy. The best vignette was this woman who was there for two weeks at the Concord and, every morning, she says, "I like *mien* chocolate milk and I like it *sweet*." So, with chocolate milk, you didn't get it out of a bottle, you took some Hershey's syrup and you put milk in it and you shook it up. You brought it to her and it was never sweet enough, "A little *sweeter*, darling." [laughter] So, you'd go back and you'd put some more chocolate in it. Every day, I'd put in more chocolate and, every day, it wasn't sweet enough and, every day, I'd have to go back. Finally, after about a week, I filled the whole glass up with chocolate and I put a little layer of milk on the top. I put the spoon in--the spoon stood straight up in the middle of the glass [laughter]--and she didn't say was not *sweet* enough. I mean, the people at the table were hysterical. So, it was fun. It was a good life.

KP: I had a colleague once who worked, much later, in the late 1950s, at a hotel in the Catskills. He said it was just phenomenal. At the end of the season, you would get enough tips to almost pay for college.

JDG: Of course.

KP: The work was hard.

JDG: Well, remember, when I went to medical school, the tuition was 750 dollars a year. That was it, and then, they raised it to a thousand, but, remember, 750 dollars was a lot of money, was a tremendous amount of money. So, is it equivalent to what it is now? close, pretty close. *The Daily News* was a nickel. What's *The Daily News* now?

KP: I think fifty cents.

JDG: Fifty cents? all right, so, ten times. So, tuition now is, what, twenty thousand?

SC: Yes, about.

JDG: Oh, by the way, I worked my way through medical school playing the horses. [laughter] I don't know if you want to hear that; I don't mind. At this hospital, this Horace Harding Hospital that we worked at night, we met a nurse who was a private-duty nurse who, while in Florida, working in Florida, had befriended a horse trainer who had had a heart attack. She did a special for him, she special-ed him, stayed with him for seventy-two hours around the clock, unheard of then. He survived and he was grateful to her. Periodically, he would send her a list of horses. He would watch these horses in training and he would see that they were holding the horses back in the races until the odds got higher and higher. He'd say to her, "Play these horses until they win or place, then, don't play them anymore." So, he'd send her a list of ten or twelve horses and she gave us the list. We would place bets with my father, may he rest in peace, who was in the Garment District. There were bookies all over the place in the Garment District [laughter] and we were uncanny. We would win and we'd parlay our bets and win some more and win some more and got enough money to buy a car--I mean, you talk about [winning]--and it reached a point where the bookies wouldn't take our money, because we were that good. They didn't know what was going on. Here, you'd see my friend, Galin and I--Dr. Galin, he's an ophthalmologist now--get up in the morning and quickly run to the local kiosk and pick up the new racing journal, to see if any of the horses were running. My dad suddenly saw what we were doing and he would give us money to bet for him. [laughter] So, now, we were making a bloody fortune, enough to pay our tuition in school. It's now our senior year; we're doing this for a little over two years. We had a bankroll of over two thousand dollars to bet, that we were betting. The horse trainer had died. We had one horse left on his last list, a horse called Pauline Gross. [laughter] Now, Pauline Gross had scratched. You know what a scratch is? A scratch is when they put the horse out to race, and then, at the last minute, they take the horse out of the race. Pauline Gross had scratched about eighteen or nineteen times and, now, we're getting frustrated, because every time they scratch a horse, the next time the horse went up, the odds were getting bigger and bigger. We see that Pauline Gross is running at Aqueduct [Racetrack] the next day, first race. We tried to lay off this two thousand dollars and none of the bookies would take our money. So, I had an old Chrysler and my friend just bought himself a '54 Plymouth with our winnings. So, I said, "Listen, Miles, we have psychiatry first period. I'll go to psychiatry, I'll take notes. You go to Aqueduct. It's our last shot." So, we get up in the morning, the horse hadn't scratched. He gets in the car, goes to Aqueduct, I go to classes. He gets back in the afternoon, long face. I said, "We lost?" He said, "Worse than that." I said, "What do you mean worse than that?" He said, "I got belled out." That means couldn't get the money down in time for the race, first race. "What happened?" He said, "I'm driving down the Van Wyck and get on to the Parkway--I get a flat." I said, "New car?" He said, "I got a flat. I changed the tire, got into Aqueduct, another flat. They wouldn't let me park the car on the side. They made me pull all the way to the back. I ran in; I got belled out. Pauline Gross won and paid fifty-eight dollars for two bucks," [laughter] fifty-eight--now, if we would've put two thousand dollars down, would've gone down maybe to fifty-six dollars--but do you know what that means?

SC: Big money.

JDG: Big money, yes. [laughter] So, that was the saga of Pauline Gross and our horseracing. Then, many years later--I had forgotten the whole thing--Joan and I were in Acapulco, at the Acapulco Princess. We had checked in and we had dinner. Then, we're walking around, trying to get the lay of the land, and there were some meeting rooms in the back. There was obviously a meeting going on. So, we're just walking, looking around, and, suddenly, I hear, "Pauline Gross." I look at Joan, my wife, and Joan looks at me and I said, "Did you hear what I heard?" She said, "Yes," and we hear, "Pauline Gross," again. So, we go and we open the door to this conference room. Here's hundreds of people having dinner and there's a main table and there's a speaker. The speaker's talking about Pauline Gross and who's the speaker but my buddy.

----- END OF TAPE ONE, SIDE ONE-----

JDG: A meeting. I had no idea he was there and he was recounting the story of Pauline Gross.

KP: At this eye meeting.

JDG: At this eye meeting in Acapulco, that's right. He became a Professor of Ophthalmology at New York Medical College and was the featured speaker at this eye meeting. So, those were the jobs I held. I had a lot of interesting jobs.

JG: It sounds like you did not really need a job. [laughter]

JDG: Why? Well, I got married. At the middle of my first year of residency, I had the grand total of about four hundred dollars in the bank and we were just living on what I was making as a resident, which was thirty bucks a month, and what Joan was making as a teacher. The reason I know how much I had [is] because I was going to go into service in July and we had to go on vacation. So, I took all the money that we had in the bank and we went down to Florida. We looked in *The Wall Street Journal* and there were always ads for people who wanted their cars driven down to Florida. So, we found someone who had a brand-new Cadillac and we drove the Cadillac down to Florida, saved us plane fare, and went into a hotel. So, I mean, with all that money that we made, we had to spend it. There were no scholarships in those days, there were no student loans, all right. I tried to get scholarships to college and couldn't get it. I was interviewed a half a dozen [times]. I was interviewed for Yale, I remember. The guy said to me, "What was your mother's maiden name?" No, "What was your mother's name?" I said, "Goldfischer." He says, "No, her maiden name." I said, "It was (Bernstein?)." I said, "If you want to know if she was Jewish, yes, she was Jewish." That shot my scholarship at Yale.

KP: It was pretty clear there was a quota.

JDG: Oh, of course. There was no doubt. There was no doubt, same thing with Harvard. I mean, there was no way to get a scholarship. There was no scholarship money at all, no state money at all, so that if you didn't pay your tuition, that was it, but it didn't exist, so, we didn't miss it. There were a few scholarships you knew that you could apply for, but Italians and Jews never got them, never got them at all.

SC: Why did you choose Rutgers?

JDG: Ah, good. I wanted to go to Drew.

KP: Funny you should mention that; I went to Drew as an undergraduate.

JDG: I was going to go to Drew as an undergraduate, okay. We had a friend who was a lawyer/optometrist and he says, "Drew is a very nice school, but, if you want to go to medical school, you may do better at Rutgers. It just has become a state university," or was in the process of becoming a state school, it was '47, "and you may do better at Rutgers." So, in July, I applied to Rutgers for admission in September and got accepted. So, I didn't go to Drew. I gave up my acceptance at Drew and, in those years, I think Rutgers worked on a trimester basis. The tuition was eleven dollars a credit. [laughter] Well, I took twenty-two credits, twenty-one, twenty-two credits, every trimester. The whole tuition was maybe a thousand dollars, and so, it really wasn't all that much, but, in our terms, in terms of earning capacity, it was a lot of money.

KP: Backing up just a little bit, how observant were your parents growing up? For example, did they keep a kosher household?

JDG: Yes, absolutely.

KP: What about the holidays?

JDG: Observed them all, yes. We were not *shomer Shabbos* [strictly observant on the Sabbath]. Dad had to work. We had three *Levi'im* [descendants of the Levi who assist in services] in the temple, my father, may he rest in peace, another man who had a store and me. I had to be in *shul* [synagogue] every Saturday, which I detested. [laughter] Well, I was playing football. I mean, how the hell could you play football and go to *shul*? but I had to go there to have the *aliyah* [readings from the *Torah*]. So, I would go there. As soon as the *Levi aliyah* was over with, I'd quickly scoot out through the Hebrew school. The woman who worked in the kitchen always had a little bowl of *cholent* [stew] for me. I'd quickly knock it down, I'd run out with--I had my football equipment sitting in the Hebrew school. [laughter] My Hebrew school teacher's name was Mr. (Katz?). He used to say, "Goldfischer, *du willst* to be a bum," [laughter] and used to go out and play football, but we weren't [observant], other than [that]. Orthodox Jews, in those years, were not observant in the way that Orthodox Jews are observant now. It was different. We belonged to an Orthodox community. Conservatism didn't truly exist then, but people were Orthodox in a sane, call it (moderate?) fashion, all right. They traveled because they had to travel. You didn't travel, you didn't eat, that simple. On the holidays, I mean, you walked two miles to *shul*, there's no two ways about it, but, if it wasn't a holiday, wasn't Saturday, most rode because they had to ride. They had to earn a living. If you didn't work, it was different. My dad, may he rest in peace, drove on Saturday to go to work. When he went to *shul*, he walked. That's all there is to it.

KP: It sounds like your parents and your family was fairly active in the synagogue and in the Jewish community.

JDG: Yes. He was very active in Bayonne and here. He built the temple in Cliffside, was

intimately involved with that. You live where?

KP: I live in Metuchen right now.

JDG: There's a Hebrew home in Jersey City and, in those years, my dad was involved with that. When we moved to Bergen County, he was driving around and found an old motel that was in bankruptcy in River Vale and went down to Jersey City and said, "Listen, I found this motel. It can be picked up for a song. You ought to buy it and warehouse it," and they said, "Why?" He said, "Someday, you're going to want a branch in Bergen County and that would be the perfect location." They said, "Well, there are no Jews in Bergen County," and he said, "I'm Jewish and I live in Bergen County." [laughter] He says, "People will migrate up." So, he convinced them. They bought it and they mothballed it. Now, that River Vale property is the major part of the Hebrew home. In fact, they're expanding right adjacent to it, kind of dwarfed the Jersey City part. So, he was very active, exquisitely active.

KP: How did your parents feel about Zionism in the 1930s, before the war?

JDG: Before the war. Shamai.

JG: Okay.

JDG: Okay, my grandfather, his great-grandfather [to Jason], died when he was forty-one. As best I can tell, what happened was, he managed a grain grinding mill. In those years, they ground the grain with a big stone, weighed a few tons and they moved it around and around. On a Friday afternoon, the stone ran off the track. It was too late to put back on again. They figured they'd do it on Monday. On Sunday, my grandfather decided to do it himself and tried to lift the stone up himself. From what I can guess medically, he popped a hernia, it strangulated and he died, okay. The owner of the mill was now faced with a widow with ten small children. He treated our grandmother as if our grandfather still was alive and working for him, continued the salary and everything else, until the kids grew. My dad and Eli played with the owner's daughter. This is now turn of the century; now, twenty, thirty years later, Hitler is raising his ugly head. My dad is in this country and gets a hold of the young lady whom he used to play with and said, "Listen, you've got to get out of here, get out of Poland." He funded her leaving Poland and going to Israel with her husband and they had a child, Shamai.

JG: Wow, I never knew what the connection was with Shamai.

JDG: Yes, that was the connection. So, Shamai is our adopted cousin. So, Pop was funding people as best they could--remember, you're talking about Depression time--but he was sending money to Europe to get people, to get them out, to bribe people to let them out to Israel or bribe them to let them out to this country.

KP: It seems like your father and your family had a good sense of what was going on in the 1930s. I have interviewed a lot of people who were not as aware or they did not put it all together.

JDG: Yes, he knew.

KP: He knew.

JDG: He got letters. Many members of the family died early, in the late '30s, early '40s. So, they knew. They got postcards, they got letters. They were told what was happening and he used to listen to Rabbi [Stephen S.] Wise, over the radio, and he used to say, "That man either isn't telling the truth or doesn't know what's happening." So, it was interesting. If you read, there's a book called *Beyond Belief*, which is a series of newspaper clippings and it shows that, indeed, we did know, but, instead of being front-page news, it was on page twenty-seven, that sort of thing. No one would believe it. [Editor's Note: Deborah Lipstadt published *Beyond Belief: The American Press and the Coming of the Holocaust, 1933-45* in 1986.]

KP: You mentioned that, often, your parents would be crying, and then, they would not tell you anything. When did you have a full sense of what was going on?

JDG: Long after the war was over.

KP: During the war, you did not have a sense.

JDG: No.

KP: It sounds like you had a sense that your parents were helping people, relatives, but ...

JDG: Never knew why. I mean, they were sending old clothes and money over, but the full impact of this really didn't hit until I was an adult. They [said], "It's none of your business." "Why?--a crooked letter," that was the standard answer. "Pop, why?" "It's a crooked letter." [laughter]

KP: Could you talk a little bit about your elementary school and your high school? You mentioned playing football.

JDG: Yes.

KP: You seem to have gotten to know the truant officers, now and then, because of some beautiful days like today.

JDG: It's hard. I remember the third grade, I remember the fourth grade, I remember the teachers involved, but the rest of it's a blur until high school, went to a tough school. Bayonne was a tough community, a very, very difficult community, had, in retrospect, excellent teachers. A lot of my classmates went to jail, took "the easy life," and some of us were able to get out and to get into a profession. I just had a fiftieth high school reunion six months ago, a lot of old people there, [laughter] very, very distressing.

KP: Wait until you go to the Old Guard Reunion. [laughter]

JDG: But, it was fun. Football was not as organized as it is now. I was recruited in those years by a guy by the name of Vince Lombardi [later college and NFL coach], who was the coach at St.

Cecilia's in Englewood. He was looking around for kids to play for St. Cecilia's and wanted me to come up from Bayonne to St. Cecilia's to play football at St. Cecilia's. I said, "Coach, it's very flattering. My father would kill me." So, he said, "Why?" "Jewish boy, playing?" He said, "He'll never know." [laughter] You're talking about, now, '42, '43, and here's a guy who's already recruiting, all during the war, high school ballplayers to play for St. Cecilia's.

KP: It did not matter that you were Jewish.

JDG: Made no difference to him. I was a tough kid, I was a tough football player and he wanted me to play for St. Cecilia's. I was a very, very rough kid.

KP: Did you ever get into fights?

JDG: Oh, yes, all the time, but I was very strong. I played at Rutgers. I played 150-pound football. I was light, but I was a tough, hard-nosed kid. The fights were, you fought, but you fought with your hands, you didn't fight with anything else. It was just boys playing around. There was nothing malicious about it. I found out, for the first time, about fights when I was a medical student at Bellevue. We had to ride the ambulance. We always rode with residents and there were always two residents there and one of them had a gun. He had it in his belt. When they stopped in the streets, the guy with the gun stood in there with his back against the ambulance and his hand on the gun while the other guy took care of the patient. I mean, that's when I first learned that people can be fairly bad, because, in those years, they were fighting with knives. They would take the metal--garbage pails were metal then, with metal covers--they would take the covers off and cut the bevel off and use it as a shield and razor-like thing, so that the doctors had to protect themselves. You had the same disagreements as you have now, but without guns or knives or anything else.

KP: What about anti-Semitic taunts? Did you ever get taunted in your neighborhood by kids?

JDG: "Dirty Jew," "dirty spic," "black bastard," I mean, these were terms. It was terms. I mean, it didn't exist only for Jews.

KP: It was pretty universal.

JDG: It was pretty universal. You would get the bigotry that existed in the families echoed in the children and they really didn't know what the hell they were talking about, understand. The Irish kids were "micks." So, you never called them a "mick" until they called you a "Jew," because you knew that that was the answer when the words showed up, understand, but was it malicious? no.

KP: It sounds like it was really malicious for the first time for you when you applied for scholarships.

JDG: Oh, then, you knew that, because people didn't like other people, that's all, but, again, communications were different then than it is now. My parents weren't overly concerned about that aspect of what was happening, so, I never paid attention to it.

KP: There was a lot of *Bund* activity in New Jersey. Do you remember any of that growing up in

Bayonne?

JDG: None in Bayonne. It was up here in Bergen County, in Sussex County, but the German *Bund*, to my knowledge, didn't exist in Bayonne to any extent, but we knew what was going on up in Sussex County, Vernon, in New York City in the 80s, but that was it. [Editor's Note: The German-American *Bund* was an organization of Nazi sympathizers. One of the largest followings developed in New Jersey, centered at Camp Nordland in Sussex County. The German-American *Bund's* headquarters was located in the Yorkville neighborhood in Manhattan.]

KP: You did not know anyone in the neighborhood.

JDG: No.

KP: Did you know about the organization the Minutemen [an anti-Nazi Jewish group] growing up?

JDG: No.

KP: What did your parents think of Franklin Roosevelt?

JDG: They loved him. They loved him. They thought that he could do no wrong and to say anything wrong about the man was akin to sacrilege. [laughter] Now, we know that that wasn't necessarily so.

KP: Yes, but, at the time ...

JDG: At the time, he was the greatest. You're talking about a group of people who had a Socialist bent, right.

KP: Even though your father was a successful businessman, he still had ...

JDG: Still, they had some Socialist leanings. The ILGW was Socialist, The Workmen's Circle, that was part of that, was a Socialist type of thing. He didn't like Communism.

KP: However, definitely Socialist.

JDG: Oh, Socialism, absolutely. Some members of our family were card-carrying Communists. He wouldn't talk to them. I mean, that was bad. Communism was bad; Socialism was okay. They knew that Stalin couldn't be trusted.

KP: Some in your family thought he could be.

JDG: Yes, yes. They changed.

KP: Yes.

JDG: Very, very quickly--Sidney--but changed.

KP: It is inevitable for me to ask anyone who grew up in Hudson County in the era of Frank Hague; admittedly, he is more identified with Jersey City, but ...

JDG: Knew Frank Hague, knew of Frank Hague very much. How do you know Frank Hague?

KP: You cannot talk about the 1930s and 1940s without talking about Frank Hague.

JDG: Frank Hague was a benevolent dictator. He was the Mayor of Jersey City. You couldn't get anyone to say a bad word about the man. He gave back--he took, but he gave back. For every dollar he took, he would give a dollar or two back to the community. No one ever needed a job there, didn't have a job, no one ever needed medical care who didn't get free medical care, right. For years, the garbage was collected by horse and buggy, because you had more people that you could put on the public payroll. So, I can remember, into the '50s, that the garbage in Jersey City was collected by horse and buggy.

KP: Into the 1950s?

JDG: The '50s. Now, listen, my cousin's grandfather was a recipient of much of Hague's beneficence when he took sick. Hague, [he] liked him so much that he voted for him about nine years after his death. [laughter] That's how fond he was of him, and then, yes, he built this magnificent hospital named after his mother. It was one of the best OB hospitals in the world. The Margaret Hague Hospital was *the* hospital for obstetrics, certainly in this part of the country, and one of the best in the world. It was all through Hague. So, he did a lot for Jersey City and his son-in-law, [Frank H.] Eggers, who followed him, did a lot for the city, hasn't been the same since then. [Editor's Note: Democratic politician Frank Hague served as the Mayor of Jersey City from 1917 to 1947 and as Vice-Chairman of the Democratic National Committee from 1924 to 1949. His political machine dominated Hudson County and played a major role in shaping the state and national political scene in the 1920s, 1930s and 1940s.]

KP: In fact, one of the doctors I have interviewed said that that medical center played a key role in directing the evolution of medicine in New Jersey and the medical school.

JDG: Yes.

KP: That very much could have been ...

JDG: Well, Seton Hall took it over.

KP: Yes.

JDG: And Seton Hall loved it until they stopped making money. The Archdiocese loved it as long as it was a money-maker. Once it stopped being a money-maker, they dropped it like a hot potato, but, at the same time, because Rutgers wanted a school and because Rutgers was in New Brunswick and because the Archdiocese wouldn't let go of Jersey City, they built the medical school in Piscataway. Now, you had two separate schools, and then, the Archdiocese abandoned Jersey City

and New Jersey had to take it over by default, but the medical center was superb.

KP: You were fairly young when Pearl Harbor took place. Do you remember where you were?

JDG: Yes. I was on East Houston Street in a rumble seat--remember, the old cars used to have a rumble seat--and my folks took us over to a place called Russ and Daughters, which is still there. It's one of the best appetizing stores in New York, on East Houston Street. We used to go in there, we used to buy Moosabec sardines, because I liked sardines. The only place you could get the Moosabec sardines was in Russ and Daughters. Myra and I were sitting in the rumble seat and there was no glass window separating us. This was a soft-top type of thing--it was a hardtop, with a soft [side?] and it had a plastic window that [was] held in place with buttons, right--and the radio was on. There was a flash that said, "The Japanese have bombed Pearl Harbor." My mother said to my dad, "What does it mean, Sidney?" He says, "Pay no attention to it. It's that damn Orson Welles again. He's fooling around again," all right. [laughter] So, I remember Pearl Harbor very, very well. [Editor's Note: Orson Welles broadcast an adaptation of H. G. Wells' *The War of the Worlds*, set partially in Central New Jersey, on the radio on Halloween Eve of 1938. Many listeners believed the Earth was being attacked by extraterrestrials. Japanese forces attacked the American naval base at Pearl Harbor, Hawaii, on December 7, 1941, thrusting the United States into the Second World War.]

KP: Were you or your parents taken in by Orson Welles?

JDG: My father must've been. I didn't know who Orson Welles was and I didn't know who Orson Welles was for many years, but I remember him saying, "It's that damn Orson Welles again." [laughter]

KP: When did your father, and the family, become convinced that it was, in fact, for real?

JDG: I think when Roosevelt went before Congress, two days later, and gave his now famous speech declaring war that we knew that Pearl Harbor was for real, but, until then, no one believed. Then, a lot of my friends started disappearing. A lot of the kids I played football against started disappearing and signing up in service. A lot of them were fourteen, fifteen. They said they were a year or two older and signed up in the Navy. The Navy would always take kids without really looking at ages.

KP: You, in fact, knew people who were fifteen who got into the service.

JDG: Oh, sure, sure.

KP: It was not that uncommon then.

JDG: Very common. A lot of them never came back, but a lot of them were just a year or two young and they just forged their age and that was it.

SC: Could you foresee a conflict in the Pacific before Pearl Harbor?

JDG: Paid no attention to it. It was not part of anything. We just knew that Hitler was doing some terrible things in Europe, but nothing [elsewhere]. I mean, my granddaughters now, every morning, watch the news for two hours, between six and eight in the morning. If I want to know what's going on in the world, I just ask them. They watch CNN and *Good Morning America*. Rebecca watches every day. She is unreal.

JG: How old is she now?

JDG: She's eight and she knows everything. It's frightening, but that didn't exist for us. The mass communication was terrible then and, again, we lived in a totally propagandized world. We live now in a propagandized [world]. Do you think for one minute that you're told what's really going on, even though we have a reasonably open press? Really, we don't what's happening. Much of what we get is sanitized before we get it.

[TAPE PAUSED]

JDG: The information that we get is sanitized before we get it. Occasionally, you get some stuff that's going through, stuff that's going on with the President. There's a lot of material that has never gotten published or has been published and has been taken off the stands. We think we have a free society, but we really don't. The question is, "Is it correct or is it not correct?" How do I know? [laughter] I really don't know. I'll be on the radio next Sunday, talking about HMOs, and you're really not given the correct information, because the insurance industry is a multi-billion-dollar industry with big lobbying and they're not allowing the truth to be published.

KP: I cannot resist, because my wife and I have not been happy with our HMO. What is the truth?

JDG: Well, as I said the last time I was on the radio, I said, "Fifty years ago, six million people were walked to their death and all they heard were the strings of Wagner being played. Now, sixty million people are slowly walking to their death. The only difference is, no Wagner," and that's true. The insurance industry wants you dead the first day of any illness. As long as you're healthy, they want you, but get sick and they want you dead. If you can't die the first day of the illness, they want to make it as difficult as they can for you to get proper care, because they want you to die. I don't fault them, because, if I were the insurance industry, I would think that way. The government wants you dead. Above a certain age, they want you dead. Why? You've already paid Medicare, paid into Social Security. Your monthly or your quarterly funding for Medicare barely pays for the postage for the stuff that they send to you. That means that as long as you stay healthy, you're fine, but get sick, they want you dead. They'd rather that you die early, without getting sick, get into an automobile accident or something. In addition, once you die, above a certain amount that you've managed to squirrel away, between fifty and eighty percent goes to the government in estate taxes. So, if you look at it from another point of view, once you hit above the age of fifty-five or sixty, every dollar that you spend, between fifty and eighty cents comes out of the government's pocket. So, they want you dead--wrong? no, if I were the government, I'd think that way. It's the only logical way to think. Your doctor, on the other hand, wants you to live. Why? You're an annuity to him, right. You're an annuity. Not only are you an annuity, the healthier you are, the easier it is for the doctor to make his money, doesn't have to work, doesn't have to think. So, he's going to do all he can to keep you healthy and to get you better faster, so [that] he doesn't have to work as hard.

So, now, the question is, "Who the hell are you going to even listen to? Are you going to listen to the television advertisements and the newspaper advertisements?" If they were doing so well, they wouldn't take out multi-million-dollar ads on television and multi-million-dollar ads in the newspapers saying how good they are. I mean, when was the last time you saw a superb surgeon or a superb cardiologist take an ad in the newspaper and say, "Come to me." He doesn't have to do that, right.

KP: In fact, I think you are even suspicious when they do that.

JDG: That's right, but why aren't you suspicious of the insurance industry? I mean, since when is Blue Cross and Blue Shield really interested in stuff? They're not interested in that. They're just interested in sucking people in. It's a Ponzi type of operation. What's happened is, people have given up, by default, rights that they had through the years when they contracted with doctors. Now, what's happening is, since they've given up those rights, they now want Congress to rewrite the rights that they've given up--perfectly ridiculous. I mean, "We want to have a mammogram done every year." Well, you could've had a mammogram done every year. The only reason you didn't have it done every year is because the insurance company said no. What right do they have to say no? Problem, people want something for nothing and they think that they're entitled to medical care for nothing and you get what you pay for. If you pay nothing for something, you get nothing. A guy by the name of Albert Schweitzer, many years ago, was working in Africa with the natives, trying to make them healthy, and he found out that they wouldn't listen unless they brought him something for his free care. They had to bring him a piece of fruit, something that they carved. They had to give the doctor something in return for information, because, if they didn't, they wouldn't take the information seriously. When I was in service, I was made Chief of Medicine of a large Air Force hospital in Las Vegas, had about ten or fifteen thousand retirees in the periphery of Vegas in those years, plus, a large TAC [Tactical Air Command] base. So, we had a big medical service. I noticed at the clinics, you came there at seven-thirty in the morning, there were people lined up outside of Quonset huts, fifteen, twenty, twenty-five deep. I said, "What goes on?" They said, "Well, these are the clinics." I said, "They're all like this?" They said, "Yes." I started checking some of the charts and many of these people really didn't have to be seen. It was silly, but they got free care. I decided to charge twenty-five cents a family per day. For twenty-five cents, you could go to as many clinics as you wanted to, one clinic or ten clinics, but you had to pay twenty-five cents. That money was used to buy television sets for the enlisted personnel in the hospital. In the Air Force hospital in those years, television sets were found in the rooms that the officers were in. If you weren't an officer, you go in our bay ward and there's no television. So, I used that twenty-five cents to pay for television sets. [laughter] Two-thirds of the people attending clinics disappeared, two-thirds. They didn't have any more illness, but two-thirds of the people that used to go to the clinics stopped going, for about eight months. Then, the Surgeon General's office found out about it. They called me and said, "What are you doing?" and I told them. They said, "Well, you can't do that." I said, "Why not?" [laughter] I said, "Show me where it's written that says I can't charge twenty-five cents." I said, "I'm not taking the money myself. I'm giving it back to the hospital." I said, "Look, we bought about ten television sets already." They said, "You have to cease and desist." I said, "I won't," and they threatened me with a court-martial. They said, "Doctor, you're heading for a general court-martial." I said, "I will not change unless you give me written orders to change." They said, "What?" I said, "Yes, you want me to stop charging twenty-five cents, you send me an order." So, in those years, you'd get fifty-some-odd copies of orders.

You never got one copy of an order. [laughter] I have, in my 201 file at home, which is your medical file, fifty-some-odd copies of an order that says, "Cease and desist charging twenty-five cents for clinic visits." Soon as I stopped, the clinics got right back to where they were before, people lined up all over the place.

KP: It was clear that a lot of the people ...

JDG: Didn't need anything, nothing wrong, nothing wrong. They used it as almost like a social type thing and that's what's happening with Medicare and with the HMOs. If you don't pay, you get big lines in doctor's offices and you're getting crappy care. A doctor can't see fifty, sixty people in a day, hard enough seeing twenty people, ten people in a day, but fifty, sixty people in a day, you barely have time to say hello. So, people are getting terrible care and it's a shame. It's an absolute shame. The problem is that, in any given year, only three percent of people with health insurance use it to any extent, so that the complaints that you hear are coming from a small segment of the population that's being covered. Now, if it were a different three percent every year, people would very soon figure out what was going on, but, unfortunately, people who get sick have a tendency to stay sick. So, a lot of that three percent is repeated every year, but those who have to use HMOs very rapidly find out that it leaves a lot to be desired. The doctors who practice with HMOs, at one time, many of them are very, very good, but they can't maintain the level of competence that they had seeing that many people a day and trying to figure out how to screw the HMO, because what happens is, the HMOs, they have MBAs sitting there and their job is to work forty hours a week trying to figure out how to screw the doctors. The doctor may have two, three, four hours a week of free time--he's going to try to figure out how to screw the HMOs. He ain't going to win. He's got the cards stacked against him. So, instead of reading journals, instead of going to conferences, instead of going to meetings, discussing interesting things and interesting patients, he's trying to figure out how he's going to screw the HMO. [laughter] It ain't going to work, not going to work at all.

KP: Going back to World War II, how did the war affect your life? You mentioned some of the people you played football with went off to war at an early age. Did you take part in any scrap drives, bond drives?

JDG: I knitted afghans.

KP: You did knit.

JDG: Oh, yes, we made afghans. We bought bonds, right. The Port Terminal was the hub through which all troops and materiel went out of the country and they came in via train, so that the tanks and the jeeps and all of the howitzers and everything else came into the Port Terminal on flat-bed trains. We could see it traveling down. We made a living out of it, because they were held in place with two-by-fours, and then, when the trains went out, the materiel was gone, but the two-by-fours were on the trains. So, what we used to do is jump on the flat-beds, throw the two-by-fours off on the side of the railroad tracks, and then, come back and pick the two-by-fours up and sell them to lumberyards. [laughter]

KP: Lumber was scarce.

JDG: Lumber was scarce during the war. So, we made a nice piece of change as kids selling the lumber. In fact, do you remember [film comedy duo] Laurel and Hardy?

KP: Yes.

JDG: Stan Laurel was the thin one. His son was a kid that we called "The Mad Russian," because his mother was Russian and he was a very wild kid. He partook in this activity with us, jumping on the trains and throwing the two-by-fours off. He jumped off the train the wrong way and lost his leg, jumped into the course of a train running in the other direction and had his leg amputated. That's how the war affected us. We made money on the two-by-fours. Also, I can remember people selling nylon stockings in the street and selling bootlegged Army fatigues and shirts and stuff on the street.

KP: While the war was going on?

JDG: While the war was going on, sure.

KP: What about rationing?

JDG: I can only remember we had the rationing of gasoline, where you had "A," "B" or "C." Recreational driving was an "A" and you were allowed only a certain amount of gasoline and everyone had the ration books. That's about the only thing that was rationed, to my knowledge. We never had any problems with food or anything else.

KP: Do you remember any black market in Bayonne? You mentioned some of the bootleg stuff.

JDG: Just the bootleg stuff, but we didn't call it black market, we just [said], "There's Mr. Fox again, selling the bootlegged nylon stockings on the street," [laughter] but that was it. I was too young.

KP: Did your father have defense contracts during the war?

JDG: No.

KP: He did not make any government clothing.

JDG: No, made women's clothes only.

KP: During the war?

JDG: During the war, yes.

KP: Did he ever have any problems with supplies?

JDG: I have no idea. All I know is, he worked about eighteen hours a day.

KP: He was busy then.

JDG: He was busy. He was busy, but his work was mainly for females.

SC: You mentioned your father spent five years in Italy. How did he feel about Mussolini?

JDG: Never asked him; just reading a book on Mussolini, by the way. Have you read anything about Mussolini?

SC: Not much.

JDG: I have some books in the back of my car, I can share the titles with you, very interesting man, especially the way he died.

SC: His rise to power.

JDG: Rise to power. He was very good for the country. He made a mistake in following Hitler, but he really was--he was like Hague was in Jersey City--he was a beneficent dictator, but just happened to join up with Hitler at the wrong time. He did a lot for Italy and died the same way that Hitler died, died with his mistress, was shot with his mistress and hung in the square with his mistress. I'll tell you, I'm just in the middle of a book, *The Last Days of Mussolini*.

KP: Were you ever a Boy Scout?

JDG: Yes. I was a Cub Scout and a Boy Scout. I had master badges, master this, master that, used to go camping in the woods, got eaten up by the mosquitoes. [laughter]

KP: Where was your Boy Scout troop? Was it sponsored by the synagogue?

JDG: I don't remember.

KP: What rank did you make in the Boy Scouts?

JDG: I was pretty high up there, I had ...

KP: Life Scout?

JDG: No, not quite, but what happened was, again, football interfered with it. My folks were pushing me into Boy Scouts and I was pushing for football.

KP: It sounds like you really enjoyed your football days.

JDG: I enjoyed the football and I enjoyed baseball. I just didn't have time for the other stuff.

KP: What about any clubs in high school?

JDG: They almost didn't exist in those years. I'm sure they had debating teams and they had a law club, I remember, but, again, I was all-consumed with sports.

KP: Where did your interest in medicine come from? When did you think you wanted to be a doctor? Why?

JDG: My mom tells me that since I was five or six, I always wanted to become a doctor. I don't know why. At about that time, I had a mastoidectomy. I had severe pain and developed mastoiditis on the left side. Now, whether it was that experience or that doctor that did it or not, I don't know. I really don't know, but she said that I always wanted to become a doctor.

KP: It sounds like, from your earliest memory, you wanted to become a doctor.

JDG: Yes. I know a lot of people wanted to become firemen and policemen, this sort of thing--I wanted to become a doctor.

KP: You actually became a doctor.

-----END OF TAPE ONE, SIDE TWO -----

KP: This continues an interview with Dr. Jerome D. Goldfischer, March 29, 1998, in Fort Lee, New Jersey, with Kurt Piehler and ...

JG: ... Jason Goldfischer ...

SC: ... Scott Cerasnak.

KP: Could you talk about your experiences at Rutgers, beginning with your first semester and your first experiences with moving into the New Brunswick area?

JDG: Well, I applied to Rutgers late, as I told you, applied in July for a September admission, got admitted. So, I really had very little time to prepare. Freshmen and sophomores did not live on campus. There was no housing, so that a lot of the people in the New Brunswick and Highland Park areas made a very nice living renting out rooms in their house or renting out part of their house to Rutgers students. So, I was fortunate in obtaining an apartment in Highland Park on South Adelaide Avenue and I lived there for the first two years of school and had to walk across the bridge from Highland Park. Piscataway didn't exist. All of biology was given in New Jersey Hall, all right. [laughter]

KP: They had greenhouses then, I think, still, in your day.

JDG: Yes. It was a lovely campus then. The entire bank of the Raritan, as you cross the Highland Park bridge, the entire bank of the Raritan going--I guess that's west, I don't know the direction--was filled with Quonset huts that the University purchased from the Army as surplus equipment. Each Quonset hut had a big pot-bellied stove as you walked in [laughter] and those were our

classrooms. You went from classroom to classroom along the Raritan, for those classes that weren't held in New Jersey Hall. Those who were engineers went to class in the Engineering Building there. The school ended at the Quad, near Hegeman Hall and the big cafeteria that was there. Across the street was the gymnasium and the basketball courts, but that's where the University ended and there were only about six thousand of us. I remember, in those years, not only was it the graduating senior class from high school that attended, but, now, you have a backlog of five or six years of people who went into service and were coming out and going to school under the GI Bill, who were now attending school. So, you're dealing with a lot of sixteen and seventeen and eighteen-year-old youngsters coming out of high school, but, now, you've got a lot of twenty-two and twenty-three and twenty-four-year-old ex-Marines, ex-Navy people, ex-Army people, who are married, with children, who are going to school. They were housed in trailers in Piscataway.

JG: Were there any conflicts between the two groups, the seniors coming from high school and the military men from the war?

JDG: No, really not. It was just difficult, because you're dealing with a heterogeneous group of people insofar as age and experience was concerned. At the same time, a lot of the professors that we had were people who were in the middle of their training, in the middle of their PhD education, who were conscripted and, now, came back and were finishing up work on their master's and PhD, who were our teachers. So, I remember, in biology, I had one gentleman who was a Marine sergeant, hard as nails, had a magnificent sunburn, a survivor of all of the battles in the Far East with the Japanese. This guy was teaching us biology and here was a guy who had seen untold numbers of people killed, had killed himself, and he's teaching a group of naïve youngsters biology. So, for us, it was interesting, because we had no yardstick to compare. For him, it must've been very, very difficult. I vividly remember--you remember, you used to pith the frog? You'd take the frog and you put a needle down the spinal column to destroy the spinal canal, and then, you just get a straight reflex arc setting up. I pithed my frog and my frog was lying there, [Dr. Goldfischer grunts to mimic the frog] and I've got it in my hand. I go up to my instructor, this Marine, and I said, "Is this frog dead?" So, he said to me, "I'll tell you if the frog is dead if you tell me what death is." So, I said, "Death is the antithesis of life." So, he looked at me, he says, "Did I ever tell you the story about the little bird that flew around and around in ever decreasing concentric circles, until, one day, he flew up its own asshole and disappeared?" [laughter] With that, he walked away. To this day, I never found out if that damn frog was dead or not dead, but it was an example of the kind of humor and training that you got from these people, who were unique. It was unique for us.

KP: Do you remember this biology professor's name?

JDG: No. He taught freshman biology.

KP: Did he ever tell you what he had done in the war?

JDG: No.

KP: How did you learn that he was a veteran?

JDG: We knew he was an ex-Marine. He always walked around with his Marine fatigues.

KP: He was still wearing them.

JDG: He didn't have any money and it was cold. You remember, '47, if you check the weather, we had one of the worst winters ever and there was so much snow, it was pathetic. We walked across the bridge from Highland Park--they cut a path--and you could walk across and not see anyone who was walking across on the other side. The snow was above your head, so that that first and second year was cold, was windy, was snowy. Here's a guy who had just gotten out of service and needed something warm to wear. So, he was wearing everything that he had. So, we knew that he was an ex-Marine, but we never--you never got on that level with the teachers, not like it is today, where the teacher is more of a friend to the student. There was always this barrier set up. Only with [James B.] Leathem and [Douglas G.] Gemeroy did we learn that these people were actually human. They would drink beer with us and party with us, but no one else did. There was a dichotomy between student and teacher.

KP: There were a lot of people your age, eighteen, nineteen, coming to college, but, then, there are these GIs.

JDG: Yes. Well, they were separate, because most of the GIs were married and lived separately from us. We knew they existed, we knew that they lived in Piscataway, but they didn't live in the dormitories. Most of the kids who lived in the dormitories were of the same age and, remember, I didn't get to the dorm until my junior year. By that time, you already had established your friends, because your friends were the guys who lived in Highland Park with you. When you moved into the dormitory, you tried to get rooms close to one another, so that you can continue this relationship.

KP: What was your toughest course in college? You talked earlier about how demanding the pre-med program was.

JDG: French. [laughter]

KP: Why was French so difficult?

JDG: Language is very difficult for me.

KP: Despite your family tradition.

JDG: [laughter] Definitely. My sister, my daughters and my grandchildren inherited that propensity--I didn't.

KP: French was really a tough course.

JDG: Oh, still is, still is, thank goodness for DVDs. You know DVD? the digital laser discs, digital video discs. You can get a movie now and watch it in English or in French or in Spanish. So, what I'll do is, I'll watch it in English, then, I quickly switch, so [that] I have English subtitles and I listen to it in French, so [that] I can keep up with my French.

KP: Both Scott and Jason have gone back and read the old *Targums* [the Rutgers school newspaper]. One of the things we were struck by, through the 1930s, 1940s and into the 1950s, is the social world of Rutgers. At least in the *Targum*, it sounds like, even after the war, despite having all these older veterans, there was quite a social calendar. Could you talk about that?

JDG: Yes. Well, there were two levels of socializing. There were the "Barbs" [barbarians or non-Greeks] and there were the Frats, all right. If you were a Barb, you were an individual who didn't belong to a fraternity and you had your own social groups. If you were a fraternity person, then, you associated only with the people in the fraternities. Even in the fraternities, one fraternity might not associate with another fraternity. Most of the women went to school at Douglass, "the Coop." Rutgers was basically a men's school, so that there was no co-ed dorms or anything like that and most of the people in your classes were men. The girls had their own classes. So, really, it was, in essence, an all-men's school. The social calendar was like any social calendar. Transportation wasn't as easy to come by then as it is now. One guy had a car and eight people poached on that car, this sort of thing. It was expensive. So, we had our share of dances and everything else.

KP: Did you go to the various dances? There was a Soph Hop, a Junior Prom and a Senior Ball.

JDG: For junior and senior, went, the freshman and sophomore years, no, Military Ball, went. That was always *the* social event of the calendar year. So, the Military Ball was a very, very fashionable thing. The girls came out in long dresses and the men had their tuxedos or their uniforms. I don't know if that still exists there.

KP: I think the ROTC does something like the Military Ball, but it is not campus-wide. In fact, we do not really have any campus-wide events anymore. That is why, I think, my students are so envious.

JDG: You don't?

SC: No.

JG: We do not.

JDG: Why?

SC: I guess just the sheer size of the school.

KP: Yes, that is why I think they are so impressed.

SC: Yes.

JDG: No. In retrospect, it was one of the best parts of college life, planning ahead for the Military Ball and the dances. It was fun.

KP: They are also impressed by some of the bands that you would get for some of these dances.

JDG: Oh, we had the best bands, oh, yes. Well, again, remember, we saw these bands. They were up here, up the road. Sinatra got his start right up the road here and all the great bands used to play at a place called The Rustic Cabin, which is now an Esso gas station, [laughter] in Englewood Cliffs, but there wasn't a week that went by that one of the great bands wasn't here. I mean, you'd go to the Paramount, you'd see Harry James--what was his name again, the guy with the trombone? Glenn Miller, but they were the only bands available. [laughter] That's what you got and, the band, what would it cost? I think it cost--we once had Tommy Dorsey there, I think he got five thousand dollars for the evening. It was nothing. I mean, you get a comedian today, he's going to cost you twenty-five thousand dollars. We had (Mousey Lawrence?) here in Fort Lee and he did us a favor, came for fifteen thousand dollars. [laughter]

KP: And he was doing you a favor.

JDG: Did this as a favor. I mean, we had the Dorsey Band, had to be about thirty people in the band, plus Dorsey and the singers and everybody else, five thousand dollars. It was fun.

JG: Were you dating Joan at this time?

JDG: Yes.

JG: She did not go to Rutgers.

JDG: No. She went to a school in New York called Drew.

KP: Drew in New Jersey?

JDG: No, New York.

KP: Oh.

JDG: Another Drew.

KP: Okay.

JDG: That was for primary education only, taught K through eighth. She got her degree in primary school education. It was on Fifth Avenue, around Fourteenth Street. Did I say Drew? Was it Drew?--don't hold the name.

KP: You can always change the name.

JDG: Yes, I've got to think of the name. [Editor's Note: The New School is located in the area Dr. Goldfischer described.]

KP: Yes.

JG: Is it still there?

JDG: No. It doesn't exist anymore. They merged, but it was on Fourteenth Street and Fifth Avenue. She was going to school there and I went to Rutgers. Actually, remember, I moved from Bayonne to Ridgefield in my freshman year in college. So, that's when I met Joan, after I started going to Rutgers. I worked in a place called Paramount Photo Studios. I developed pictures and they were across the street from the house and Joan worked there. The first time you'd buy a roll of film, you'd mail it in and they'd give you pictures, plus, a free roll of film. There was always about three or four ads in all the newspapers and there was always a New York City post office box, but it was all the same factory. That was in Jersey. I used to drive the truck over to Jerome Avenue Post Office, pick up all the stuff from all the boxes, bring them over there and develop the films, had this machine [that] used to develop the pictures, and that was it. So, that was another one of my jobs. [laughter] I did that when I was home for the weekend from Rutgers. They were across the street from the house and the man who owned it was a very nice gentleman. He says, "Any time you've got some free time, come on in," and I picked up photo developing very, very quickly. There was no such thing as computers. You had to do it all by sight. You had to read the negative very, very quickly and know what density to use. I became very, very proficient at it. So, anytime I wanted to work, Mr. Scharf let me work.

JG: What do you remember of Ridgefield? My mom grew up in Ridgefield, a small town, a mile square.

JDG: Yes, I lived on the--she lived down below?

JG: She lived up on the hill.

JDG: That's where I lived. I lived on the hill, on Bergen Boulevard. It was one little strip of Ridgefield on top. I didn't remember much, because, remember, I didn't go to school there.

JG: Right.

JDG: My sister went to school there, but, actually, there was no high school then. She went to Englewood, to Dwight Morrow, but it was a good, little town, no taxes; [laughter] still no taxes.

JG: In Ridgefield?

JDG: Yes. The tax rate's probably the lowest in the country. They have Public Service there and I think my dad's taxes used to be 150 dollars a year. The taxes there are nothing, but it was a nice, little community.

KP: Was there any housing discrimination in Bergen County? You mentioned, when your father moved in, there were very few Jews.

JDG: Not that I know of.

KP: Not that you know of.

JDG: Not that I knew of. This house was built by an Italian by the name of Lonzozare and he had no problems in moving in. Next to us were Italians, the one door down were Polish people and we had no real problem.

KP: None?

JDG: No, didn't happen.

KP: You mentioned the Coop very fondly. It sounds like you and a lot of your other friends used to hang out at the Coop sometimes.

JDG: Well, the girls were nice. [laughter] It was the girls and you'd go over there to socialize. Many of them had no transportation. We had the transportation, so, we would travel across Livingston Avenue to get to the Coop and would go to one of the soda fountains there and have some drinks, this sort of thing. It was a nice social break. The girls very rarely came in the other direction, except for the fraternity houses. I mean, they always had women in there. [laughter] They always got into trouble.

KP: You did not join a fraternity.

JDG: No.

KP: Why?

JDG: Even to this day, I don't like that kind of living. I'm a very private kind of individual. I don't belong to a country club or anything like that. I don't like, don't appreciate, that.

KP: In the 1930s and early 1940s, we know there were the three Jewish fraternities and the Gentile fraternities.

JDG: Yes.

KP: Was there a similar segregation in your period, that you were aware of?

JDG: Yes. The only fraternities that we could consider would be the Jewish fraternities.

KP: They were still segregated.

JDG: Yes. Some of them would take in a few Jews, a few token Jews, but, most of the time, you sort of stuck with your [group]--even the medical school. I finally joined a fraternity in medical school, but it wasn't a live-in fraternity, it was more of a philanthropic/educational-type fraternity, but that was Jewish. Even today, that fraternity just now deals in scholarships for medical students and philanthropy and occasional social events. I really wasn't exposed to anti-Semitism or discrimination to that extent. Only in getting into medical school did it really hit and, I mean, just like, "Okay, that's the way it is." Gemeroy and Leathem used to say, "Fellows, don't worry. You

get good marks on these tests, you'll get into medical school. If you don't get good marks, you won't get into medical school. We'll tell you where to apply," and they gave you four or five places to apply and that's it. They wouldn't send letters of recommendation out anywhere else and they were very successful. [laughter]

KP: You have mentioned them already a number of times.

JDG: Yes.

KP: Could you talk about Leathem and Gemeroy? Could you tell me what they taught?

JDG: Yes.

KP: You apparently got to know them fairly well.

JDG: I owe my life to them. I mean, without them, all of us would never have gotten into school. Remember, most universities say, "Listen, we have a medical school with 120 places. You take ten of our students, we'll take ten of yours," understand, and they play off against one another. Rutgers didn't have that. Rutgers couldn't do that. What they could do was, they could go to a place like Chicago or Hahnemann or NYU and say, "Listen, you need some students that are going to raise your marks on national boards. We'll send you our best students; take them." So, in 1948, I believe, Hahnemann was on the verge of being disenfranchised as a medical school and Leathem and Gemeroy said to them, "Listen, we'll send you our top five students--take ten, but we'll send you our top five." So, they took ten and that top five came in, when they graduated, one, two, three, four and six in the school. So, now, they have a lynchpin at Hahnemann Medical School, because Hahnemann knows they're going to send them reasonably good students. Chicago Med had exactly the same problem and, in 1950, they sent to Chicago Med the top five students from Rutgers and they boosted up Chicago. I assume the same thing happened at NYU, because they told me, "You apply to Flower, you apply to NYU and you apply to Hahnemann and to Long Island Jewish." That was it. Now, Long Island Jewish was my request, because I had two cousins who sat on the admissions committee at Long Island Jewish, okay. [laughter] Neither of them was named Goldfischer--they had other surnames, so, I had no problems with that--and I felt relatively comfortable that I'd get into Long Island College. So, I said, "All right." They were priming me to NYU. I got into Long Island College relatively early and they said to me, "Don't take it, hold off. You'll get into NYU," and they were right. [laughter] I got into Flower. I didn't hear from Chicago. Chicago was late in coming in, but I went where they told me to go. They said, "We want you at NYU." That was it.

KP: What did they teach?

JDG: Leathem taught anatomy, cat anatomy, human anatomy, histology, some biochemistry. Gemeroy taught genetics and biochem, all right.

SC: You said they prepared you very well for med school.

JDG: Absolutely. I mean, anatomy and histology were a snap. Biochemistry was a snap, all right.

Human genetics, in those years, no one was teaching human genetics. Gemeroy taught a complete course in human genetics that was absolutely--holds me in good stead to today, I mean. So, I had a very firm--embryology, part of it--I had a very firm background and, when I studied for my national boards in medicine, I used my embryo notes from Rutgers. They were far better than the embryo notes in medical school. Well, remember, [Dr. Frank] Netter's stuff didn't come out until after that and Netter's stuff makes embryology very, very ...

SC: From what I have heard, Netter is, like, the best book in the world.

JDG: Yes. Well, there's seven books, seven or eight books, but he was an NYU graduate. In fact, my daughter wanted to do medical illustration and she had done five medical movies. She had done the animation for five medical movies before she finished her undergraduate and she wanted to do medical illustration. So, I went down and I introduced her to Dr. Netter, right, called him, introduced myself. He said, "Bring your daughter down." I showed her his work and she laughed, she says, "I can't do that." I said, "Well, if you want to go into medical illustration and you can't approach that, then, choose another field," I said, "because he is the best and everyone is going to use that as a yardstick." So, then, in those years, *Quincy*, you remember *Quincy* was on television?

KP: Yes. [Editor's Note: *Quincy, M.E.* starred Jack Klugman as a crime-solving medical examiner and ran from 1976 to 1983 on NBC.]

JDG: All right. So, she wanted to do forensic pathology. Now, she's in medical school, NYU. So, the medical examiner of the City of New York was my teacher. So, I called him up and I told him my daughter was interested in forensic pathology, could I bring her down to his office? He says, "Bring her right down." She took one whiff of that [laughter] and she switched her field, but Netter was superb. He's no longer doing work. I don't know if he's living.

SC: I am really not sure. I know his books are just the best. [Editor's Note: Dr. Netter passed away in 1991.]

JDG: Hidden behind here--here it is, I still refer to it--this is the heart.

SC: Wow.

JDG: This is the quality of his art.

SC: Now, I think they publish it in one book.

JDG: Yes. They come out monthly, but it's not Netter.

KP: That is the pacemaker.

JDG: Yes, that's the original pacemakers that he put in. You can see how old it is. I have an old pacemaker in my desk drawer.

SC: You still refer to it.

JDG: Oh, yes. Anatomy doesn't change. This is cardiac anatomy, never changes. So, I keep that there to refer to it. Yes, that's the change in pacemakers.

KP: These are all the different types.

JDG: Yes, the bigger through the smaller. I have some more at home, bigger than that. That's the original pacemaker size, from the '60s, going down to the last one is in the '90s.

KP: Wow. They have really changed.

SC: That is incredible.

KP: You mentioned that you actually got to know Gemeroy and Leathem.

JDG: I got to know them as well as you got to know any professor. You got to know them, that they were human beings, that they cared about you, that they truly were teachers who enjoyed teaching, who enjoyed knowing that their students were doing well. Up until then, no one paid attention to you. You were just a student to get in and out of the class. Here were men who were trying to teach you and trying to make sure that you did well and were concerned not only for you as an individual, but were concerned for the University, because it was nice when a student came through saying, "Listen, I want to be pre-med," that they said, "Listen, we got fifty-some-odd, out of sixty, into medical school, even though we don't have a medical school here." So, they really worked for both the University and the student and we owe them everything.

KP: It almost sounds like, once you realized that you could make it through the coursework, you had a real hope, a real expectation, that you could get into a medical school.

JDG: Well, you had to survive the first two years, because we knew, on the basis of experience, that they were not going to graduate six hundred pre-medical students. [laughter] That was a no-brainer. That was easy. We knew that if you got through the first two years and you maintained a better than a "B" average, you had a fighting chance, but, then, you had to hit the junior year and you had to hit the first part of the senior year, because the admissions came through after the first trimester of the senior year. The second, third trimester didn't play a part in your admission, see. So, the planning was, survive the first two years, then, cream the third year and really hit that third year, and then, when you get into the fourth year and you have some more courses with Leathem and Gemeroy, you hit that first trimester, because, then, the letters went out. That was the scuttlebutt and we did that. I remember, when we had our final exams in the senior year, we had cat anatomy, histology, embryology and biochem, those four tests, and we were up for about three straight days studying. We had our study groups and there were four of us in one study group and we would make up questions. We'd study the questions, and then, we'd quiz one another on the questions for each course, trying to predict what would be asked. Each exam was, maybe, a four-hour exam and, by the time the fourth exam was over with, we all had beards. [laughter] We were just dead, but we knew we had creamed those exams like no one had ever hit exams before. There wasn't a question on any of the exams that we hadn't gone over, right. We had gone over it. There's nothing that I said, "What was he talking about?" We knew everything. We may not have gotten it

right. I remember, it was a Friday afternoon and there was a bar, Italian restaurant, right before the railroad station that everyone went to. We went into the restaurant and we sat down. We had some beer. Then, it was about four-thirty, five o'clock and we all decided to eat, because we were dead. We hadn't slept. We all ordered meatballs and spaghetti. They brought these big tureens of spaghetti with meatballs on the top to us, this Stan (Rogers?), was a kid who was half-Jewish, myself, another Jewish boy and Gus Milano, who was a devout Catholic--oh, another, third guy wasn't Jewish, was Protestant--and then, Gus Milano, who was a devout Catholic. I thought, "Jesus, Gus ordered meatballs and he can't eat meatballs, got to eat fish, but far be it from me to say anything." [laughter] I didn't want to embarrass him and Gus is sitting there and I'm sitting facing him. Behind me, there's a calendar that says, "Friday," on the wall. [laughter] So, Gus looks at me and he obviously sees the calendar behind me. He looks down at this tureen of meatballs and spaghetti and looks up at the calendar and blesses himself and says, "Fish," [laughter] and knocked the "fish" off. All four of us got into medical school. Gus had to go to Italy, but got in the University of Bologna, but the other three got into schools in this country. So, four of us got in. It was a very unique experience, but that was our experience with Gemeroy and Leathem.

KP: Did you join any activities at Rutgers? You mentioned playing 150-pound football.

JDG: Played football, played baseball, I caught, was part of the French Club, waste of time, ROTC, which was a club. It was a snap, because all you had to do was shoot a rifle and your mark was dependent upon how many bull's-eyes you hit. I always hit the bull's-eye, so, that was a sure winner. [laughter] What else did I have? That was about it, didn't have time. I always carried twenty, twenty-one, twenty-two credits. We had no limit. I graduated with a BS in biology and a minor in math and a minor in chemistry. I took a lot of courses. So, I just really didn't have time for that.

KP: One continuity between the Rutgers of your day and the current Rutgers is the Corner Tavern. Did you ever go there?

JDG: I wasn't a big drinker. The one time that I remember was after the exams.

KP: After the exams.

JDG: Yes, but, otherwise, no.

KP: We saw in the yearbook that you participated in WRSU [campus radio] your junior year.

JDG: I did that. That's a vague memory. [laughter]

KP: You were going to school, in retrospect, in this unique period right after the war, particularly when you entered in 1947. By the time you graduated, we were in the midst of the Korean War.

JDG: Didn't bother us.

KP: Really? You did not have that notion that you could be called up for Korea.

JDG: No, because the people who went to graduate school got an automatic deferment. As long as you went to any graduate school, you were deferred.

KP: Korea was a distant thought.

JDG: Was a distant--the only time the war hit close was when I graduated medical school. The question was, "Do I go into service after my internship or before an internship or not?" and I joined what was called the Berry Plan [created by Dr. Frank B. Berry, Assistant Secretary of Defense for Health and Medical Affairs from 1954 to 1961]. That allowed you to choose when you wanted to go into service, and then, you became part of a lottery. Most of the people on the Berry Plan would go into service, a few would be extra and they would win the lottery--they wouldn't have to go--but at least you could choose when you went in. I chose to go in after one year of residency and they gave me my choice. So, I was very, very fortunate. Again, I had that unbelievable assignment in Nellis. I was chief--with one year of residency--and, when I finished up my two years there, I was replaced by a boarded internist. That's a guy who had already had three years of internal medicine and passed his boards, a board-eligible internist, a guy who had had three years of internal medicine and hadn't taken the boards yet, and another guy who had had a year of residency. I was replaced by three people, all right, and I was a chief and I only had one year of residency. So, I had an unbelievable experience. I was very, very fortunate.

SC: Why did you choose internal medicine and cardiology?

JDG: I was going to become an oncologist, before anyone knew what oncology meant. My mentor was a gentleman by the name of Dan Laszlo, who was Hungarian, who trained at a place called the Allgemeines Krankenhaus, which was the General Hospital in Vienna. The Allgemeines Krankenhaus was the equivalent of the Mayo Clinic of our day. Dan was the head of a section there at the age of twenty-two, which is unheard of--also unheard of because he was Jewish. You will hear in your studies of a guy named (Aviercau?) and you'll hear in your studies of a guy named Wenckebach. These are all people who had clinics at the Allgemeines Krankenhaus, all right. So, Dan was a superb physician and a superb teacher. When I went into service, I was supposed to come back and be his chief resident for my second year of residency, which is unheard of, but he liked me that much, so, he gave me that opportunity. At the end of my first year in service, I flew back to see relatives and I decided to pay a visit to Dan, to firm up my residency the following year. I came in and he had just diagnosed a brain tumor on himself and said to me, "Jerry," he says, "I won't be here next year." He says, "I'm going to die, and so, choose accordingly." So, I said, "What about Herta [Spencer]?" His wife was also a doctor. He says, "I don't know what Herta's going to do. She may not stay here. She doesn't like New York. She likes Chicago more. Our son is there." So, then, I went scouting around and another mentor was a guy by the name of John [Bernard] Schwedel, who was a cardiologist. So, I went to see him, told him what happened and I said, "I want to go into cardiology." He says, "Okay, come back, do internal medicine, then, I'll get you into cardiology." So, that's how I became a cardiologist, and then, I was going to do pediatric cardiology. I was a whiz at embryology, I was a whiz at the development of the heart, I knew my congenital heart disease cold [laughter]--Dr. Gemeroy and Leathem--and I was going to do pediatric cardiology. I was very good. My mentor then was a guy by the name of Gene (Stollerman?), who was an adult cardiologist, who said, "Listen, no pediatrician is going to send a case to another pediatrician. Go into adult cardiology, do pediatric cardiology, and then, the pediatricians will send

cases to you, because you're not a threat to them." I said, "Okay." So, I became an adult cardiologist. I did a lot of pediatric cardiology, but, by that time, pediatric cardiology as an entity came about and a lot of pediatricians were going into it. Because I wasn't a pediatrician, the chiefs of pediatrics wouldn't let me write orders on the kiddies when they'd go into the hospital. I wasn't about to be responsible for the kiddies but not be able to write the orders. They wanted their residents to write the orders. So, I was very busy, but I decided, at that point, that it was not going to get better, it was going to get worse. I couldn't blame the chiefs. They wanted the pediatricians doing their work. So, I gave up pediatric cardiology and I called all of my referring sources and I sent them to the pediatric cardiologists at Cornell and at Columbia, Mary Allen Engle and Sidney Blumenthal. I was doing my work at Montefiore here, but I said, "You screwed me, I'll screw you." So, I sent all the work away from Montefiore here, and then, concentrated solely on adult medicine. That was it. Montefiore here lost their accreditation in pediatric cardiology, because they didn't have the number of cases that they needed. Then, the chief called me in and said, "I'll let you write orders." I said, "Sorry, I'm happier this way." [laughter] No, I said, "Listen, you screwed me once." I said, "Once a thief, always a thief. What's to prevent you from screwing me again?" He says, "Well, I wouldn't do that." I said, "You're a very honest man, but you're not going to be chief forever. What happens if your successor comes in, he's going to have the same basic philosophy, because it's the correct philosophy?" I said, "You're not grandfathering me." So, I said, "I'm happier doing adult stuff." So, I cut out all the pediatric work.

KP: You mentioned that medical school, in an ironic way, was in some ways easier because of your Rutgers education.

JDG: Yes, because I had the background in anatomy, I had the background in histology, I had the background in embryology and, to a lesser extent, biochemistry, so that those courses were easy for me. So, I had more time to devote to those courses that were foreign.

KP: What was the most difficult course you had in medical school?

JDG: Biochemistry.

KP: That was.

JDG: Yes, biochem, because I didn't have a background in calculus. There was a lot of calculus in those years and I never took calculus in high school and I never took calculus in Rutgers, okay. So, I didn't have that background. So, it made it very, very difficult. I had to learn it on my own. I don't know how much calculus is involved now.

SC: Very, very little.

JDG: A lot then, a lot, a lot of stuff.

KP: I have interviewed a number of doctors from the 1930s and 1940s. In fact, one of the doctors we interviewed was Dr. Norman Reitman.

JDG: A gentleman.

KP: Yes.

SC: A great guy.

JDG: Oh, the nicest man you'll ever meet. He's still alive?

KP: Yes, still going very strong.

JDG: Oh, he's a nice gentleman, just lived past us on Livingston Avenue and part of a group and just a sweetheart, was the doctor for the teams, was the doctor for the football team.

----- END OF SIDE ONE, TAPE TWO -----

KP: One of the things that struck me was, until World War II, doctors could not do very much for you, relative to what now doctors can do.

JDG: Sure.

KP: You earlier had taken out the pacemakers and Dr. Reitman was making the point, about cardiology, that cardiology could do very little for you. Even as a field, it really, until World War II, was not very advanced.

JDG: That's easy. That's very simple. Number one, the EKG machine improved. Number two, we now had cathode ray tubes from the service, radar. There was a hiatus in cardiology from 1929 until the mid-'40s insofar as the heart was concerned. Dan Laszlo had published a paper in 1929 where he had taken a tube, in his own self, and put a tube from his vein and put it into the heart and taken pressure tracings. Now, he's in Vienna now and he wrote this up and he said that he was not going to publish this, because he was afraid that the Germans, who were coming in, would make use of this information. He felt that the heart was too sacred to enter with a tube. So, he never published that, 1929. Subsequent to that, André Cournand, in the mid-'40s, published cases where he put tubes into the human heart and catheterized people, got pressure tracings and everything else and published this. Herta Spencer told me that when Cournand got the Nobel Prize for cardiac cath [in 1956], Laszlo said to her, "Herta, this could have been ours." She had no idea what he meant, because she didn't know him then. When he died, she went through his papers and found that paper from '29 in which he did the same thing that Cournand had done and gotten the Nobel Prize for, but Cournand, in the late '40s, established the first cath lab at NYU, and then, started. Now, at about that time, the group in Boston, the group in Chicago, the group in Minnesota, started doing open heart, started doing heart surgery, especially Dr. (Sistis?) and Dr. (Paul Zoll?). Efforts were being made to manufacture a heart/lung machine, so that by the mid-'50s, they were starting to do people with atrial septal defects and ventricular septal defects. Then, electronics improved itself even more and they started getting more and more knowledge about cardiac kinetics, about catheterization. So, the whole thing took off rapidly. Starting with Cournand to the mid-'50s and late '50s, the amount of information that was obtained was great and, with surgical techniques now, going into the mid-'60s, Dr. [Jeremy] Swan started catheterizing the other side of the heart, the arterial side. [Dr. René Gerónimo] Favaloro showed that you can take veins and put them in arteries and bypass

blocks. This is now '68, '69, and then, bypass surgery came into existence. So, you can see the logical progression and I was fortunate enough to be part of this whole nonsense. We did the first pacemakers in '57, '58, put the first pacemakers in anyone, as a lark. Sy Furman was a surgical resident and I was a cardiology resident and Schwedel, the guy who got me the job, was asked by Furman, "Give me a research project. I've got to do research the first year of surgery. I don't know what the hell to do." He says, "Listen," he says, "this guy in Boston is putting shocks across the chest as a pacemaker, starting hearts up again." He says, "Why don't you see if you can pass a wire into a dog's heart and pass the shock through the wire, directly into the heart, maybe use less current and achieve the same thing?" So, Furman said, "All right." So, we went up to the dog lab and, lo and behold, we passed an insulated wire into the dog heart, if you put a little current into it, the heart would follow and it was a minor current. Then, exactly that time, a guy by the name of Pincus Shapiro came on the scene. He was guy with Stokes-Adams Syndrome. You know what that is? heart block. The heart stops and he kept fainting. Then, the heart would start again and he would be okay. His next-door neighbor was a guy by the name of Wellington Mara, who owned a team called the New York Giants football team. Every time Pincus used to fall down, he'd break his head or break his jaw. So, Mara gave him a Giant football helmet to wear and he gave him a quarterback's helmet, which had one bar across, to protect his nose. Well, in those years, the only one who had a faceguard was the quarterback. No one else had the faceguard. So, Pincus Shapiro came into the hospital. His heart kept stopping and starting and stopping and starting. Here's this guy with a football helmet on with a guard, all right, [laughter] and every time his heart would stop, someone would rap his chest to start the heart again. That was the treatment, hit the heart with your fist. So, Schwedel says, "Listen," he says, "you guys are working in the dog lab, putting these tubes in dogs. Maybe you'll put a tube like that in Pincus, see if it works." We said, "All right." So, we took him up to the lab and we fluoroscoped him, put a tube into his heart and, lo and behold, we could overtake his heart and pace him from the outside, with a pacemaker that was the size of an old-fashioned television set. I have pictures of Pincus in the hospital with his arm out like this and this damn pacemaker pacing him, but at least he wasn't convulsing, wasn't seizing. He got very upset after about two weeks, because his arm was stiff. You passed a tube through the arm. So, we finally passed it through the neck, and then, we got ahold of a company called Medtronic in Minneapolis and they made us a small shocking device, which was about the size of a box of cigars, and we had occupational therapy make a handbag for him with a shoulder strap and put this pace-making device in it. Pincus walked around with a wire in his neck, carrying his pacemaker. That was the start of the pacemaker. [Editor's Note: The first pacemaker operation took place on July 16, 1958, at Montefiore Medical Center.]

KP: Which is now so common. It is routine surgery.

JDG: It's a snap. Oh, then, this is now '58, '59, from then until about '64, '65, everyone with a permanent pacemaker had it sitting on the outside and the boxes got smaller and smaller and, finally, they became about this size. I have one in there. You used to hang it on the outside of the patient's neck and that was the pacemaker. [Dr. Goldfischer retrieves a pacemaker.] Pacemaker, Medtronic, right, this is now '66, '65, '64, and you put the battery in here, right. This was the shut off, on/off switch, right. This was the light. Every time that flashed, the heart was beating. The patient, suddenly, we saw them, they'd develop insomnia. I finally figured out why, because they would lie in bed with this thing around their neck and see the light on the ceiling. They'd be afraid to fall asleep, because if that light went out, they were dead, right. So, we had to stop that and we

had to put a dial in that went back and forth, so [that] they wouldn't develop insomnia. [laughter] Then, [Dr. William] Chardack made the first pacemaker, about yea big--I don't have it here, I have it at the hospital--but that was the first one buried and you saw a picture of it in Netter of the pacemaker. Then, they started getting smaller and smaller and smaller, until they're the tiny, little thing now. So, things have progressed. Now, they're putting in pacemaker defibrillators and someone whose heart stops, they'll defibrillate them with the pacemaker. I saw one the other day that's only about yea big, pacemaker defibrillator for both upper and lower chambers. I stopped doing it. I stopped putting pacemakers in, but it's just amazing. The electronics have gotten so minute and the amount of information that the chip holds is so great. That's absolutely fascinating.

KP: Has that been the most interesting work you have done, your work on the pacemaker?

JDG: Oh, yes. I mean, how often does someone get to start something and to see it progress?

KP: It is such an amazing change.

JDG: Of course, of course.

SC: How about advances in pharmacology? You can do a lot more now than you used to be able to do.

JDG: Well, antibiotics were the big thing. Antibiotics are the key. When I started, the only thing we had was--what's the name again, at Rutgers?--Streptomycin. [Editor's Note: Dr. Selman Waksman was a Rutgers microbiologist whose research led to the discovery of streptomycin and who coined the term "antibiotics." He was awarded the Nobel Prize in Physiology or Medicine in 1952.]

KP: Streptomycin.

JDG: I mean, there was nothing else in '47, '48. Penicillin just had hit, but it was rationed by the government, a lot of black marketing of penicillin, but, now, antibiotics are a big, big thing, chemotherapeutics for cancer, also big. I think the problem with the pharmacology is that the hucksters have gotten ahold of it and the stuff costs so goddamn much. You get some poor patient who's on Social Security and every pill that they get costs them between a dollar-thirty and three dollars. If you're unfortunate enough to have two illnesses, you don't eat. You go out and you have to buy cat food in order to survive and the government could care less. Again, they want you dead. So, they don't give a hoot, okay. The patient now joins an HMO, because they get free drugs, and the HMO says, "Come on in, we'll give you free drugs." Then, they say, "Well, you can't have these drugs. We'll give you a generic equivalent to it," understand, and the generic equivalent may or may not be equivalent. Equivalency in government terms is plus or minus twenty percent of the effectiveness of the brand name; no, give me something that's equivalent, give me plus or minus one percent, two percent, but not plus or minus twenty percent, so that many of the generics are terrible. Some of them are okay, because we have such a big leeway with regard to effectiveness that it makes no difference, but it's just a shame so far. So, we made a big progress, but not to the benefit of the patient so much as the benefit of the stock-buying public and of the people who manufacture the drugs. I mean, they're making unbelievable amounts of money. We just have a

new medication for impotence, seven bucks a pill, seven dollars a pill. Now, I don't give a shit what you say, no pill is worth seven dollars a pill; yes, give me an antibiotic that's going to work in three, four days, I'll pay seven dollars a pill for three or four days any day, but not every day of your life. You know what kind of an annuity that is for the drug company? figure twenty-five [hundred] dollars a year some guy's going to pay to keep his dick up; [laughter] think about that. It's terrible. What was the old story about the guy who goes to the doctor because he can't have erections? He says, "What can you do?" and he [the doctor] tells him, "We have injections you can inject in your penis." He says, "I can't do that." He says, "Oh, we have this thing, a vacuum you put on your penis." He says, "I can't do that." He says, "Well," he said, "we can implant a prosthesis." He says, "What's that?" He says, "Well, it's a rod that you blow up with air. You get a big erection, you can keep the erection. Then, you push another button and the air goes out and the penis goes down, a penile implant." So, he says, "That's for me." He says, "Well," he says, "it's not going to happen. What you've got to understand is," he says, "Medicare doesn't pay for cosmetic surgery and that's considered cosmetic surgery." So, he says, "Well, how much is it going to cost?" He says, "Well," he says, "Medicare won't pay for the prosthesis, Medicare won't pay for the doctor's fees, won't pay for the hospital fees, the nurses' fees or the antibiotics. It'll cost you about twenty-five to thirty thousand dollars for the surgery, the hospital costs and everything else." He said, "The prosthesis alone is about six, seven thousand dollars," and he's right. So, he says, "I've got to go home and speak to Becky." He comes back a couple days later and the doctor says, "Well?" He says, "Well, I spoke to Becky and I told her what we were going to do and what it would cost," and the doctor says, "And what did Becky say?" He says, "Becky says she'd rather redo the kitchen." [laughter] So, I just wonder how many women would want to redo their kitchens, rather than having their husbands partake in a seven-dollar a day [pill]. [laughter] I just read this last night in the *Times*.

KP: I have talked to a number of residents who graduated in earlier classes, Dr. Reitman and some doctors from the Class of 1942.

JDG: Yes.

KP: They told a number of tales. You mentioned getting a salary; they remember working for absolutely nothing, except room and board. Could you talk about your experiences as a resident? Then, you would go on to the Air Force.

JDG: Yes. As interns, we got twenty-five dollars a month, plus room and board. As a resident, we got thirty dollars a month, plus room and board, and then, it went up five bucks a month every year that you were a resident. With that thirty dollars a month, you had to buy your food--I'm sorry, didn't get board, you got room, no board. We struck. We went on strike in '55. We wanted to get free food and they said, "Well, we'll give you little books and you could use the coupons from the books." We said, "That's very good for the medical people, but, for the surgical people, we're on every other night. It poses a problem," because, in most medical services, you're on every third or every fourth night, you could make ends meet, but, for a guy who's on every other night, who might really not go home the night that he was off, he couldn't make it. We went on strike for that and, ultimately, got that in my second year of our residency, but we got no money. I was working the other job.

KP: The lab job.

JDG: At Horace Harding, yes. I did that until I went into the service, and then, I had to give it up. [laughter]

KP: You have already talked a little bit about your military service. You decided to take part in this lottery and, in a sense, you got to pick your assignment.

JDG: The Berry Plan; no, I didn't get to pick my assignment. I chose when, at the end of my first year of residency. I didn't choose my assignment. I chose the Air Force and they sent you a questionnaire. They said, "Where do you want to be stationed?" So, I said, "Okay, I want to be stationed," my first choice was Westover Field, Massachusetts. My second choice was Palm Beach Air Force Base. [laughter] They were asking. My third choice was anyplace but the West Coast. So, they gave me Las Vegas, [laughter] which was 288 miles from Los Angeles, the West Coast. I had no idea. It was Nellis Air Force Base, Nevada. I had no idea that it was in Vegas. I didn't even know what Las Vegas was, okay, talking about the mid-'50s. Unless you lived on the West Coast, no one knew what Las Vegas was. I was told Nellis Air Force Base. I found out it was eight miles outside of a town called Las Vegas, Nevada, and they do some gambling in Las Vegas. I had no idea about casinos or anything else. I had no idea how I got that assignment. After about six or eight or ten weeks there, they wanted me to do GI [gastrointestinal] series. I said, "I don't know how to do them." They said, "We'll teach you. We'll send you, temporary duty, to Lakeland Air Force Base in San Antonio, Texas, and we'll teach you how to fluoroscope and how to do GI series and barium enemas on people." I said, "Okay, fine, teach me." So, I went there and we were there for about a week, week-and-a-half, and they had a party. It was a cocktail party, had to be in your blues. It was a formal cocktail party. So, I went there and I was having some drinks. Some guy puts his arm around me and says, "Well, Goldfischer, how do you like Nellis?" and I looked around and it was a two-star general. So, I looked down, this is a guy by the name of General Archie Hoffman. I said, "With all due respect, General, you know my name, I don't know your name." He said, "I'm Archie Hoffman," and I looked at him. He says, "Doesn't that name ring a bell?" I said, "No, sir." He says, "Didn't Bernie talk to you?" I said, "Bernie who?" He says, "Bernie Schwedel," my cardiology mentor at Montefiore. [laughter] So, I said, "No." He says, "Bernie and I were classmates at the University of Maryland." He says, "He told me that one of his residents was going into service and knew that I do all the assignments for the Air Force." He says, "Give him a good job." He says, "I gave you the best damn job I had in the whole Air Force." [laughter] He says, "That, your slot, should have been handled by a boarded internist, but Bernie said you were very good. I took his word for it and, from what I hear, you're doing very, very well." So, I said, "I had no idea." This is the guy who assigned me; he assigns everyone. So, he says, "Well, what do you think of the Air Force?" I said, "With all due respect, General," I said, "off the record?" He says, "Yes." I said, "How can a nice Jewish guy stomach this crap?" I said, "These guys over [there]," I said, "most of them are stupid." So, he says, "Listen," he says, "I do all the assigning." He says, "I'm not going to give myself a bad assignment." He says, "They all answer to me." [laughter] So, that's how I got my Nellis Air Force Base assignment, through Archie Hoffman.

KP: Because of this relationship.

JDG: Because of this relationship between one of the guys who taught me, who knew I was going into service, and he made a phone call.

KP: I am curious--did you ask him where you could have been assigned?

JDG: He had any assignment going in the whole world. He had all these slots opened up. He said the best one that he had was Nellis. Subsequent to that, Herb Dardik, I don't know if you know Herb, Herb Dardik is a world-class vascular surgeon, all right. Herbert trained at Montefiore, was seven years behind me, went to NYU, then, went to Montefiore. He was going into service and Bernie called Archie Hoffman and Hoffman gave him the assignment at Andrews Air Force Base. At that time, Hoffman knew that he was going to go to Andrews. So, he got Herbert directly from residency to Andrews and Herbert spent two years perfecting vascular surgery. His fellow resident was a guy by the name of Floyd Loop, who became Chief of Heart Surgery at the Cleveland Clinic, and Floyd Loop, today, is now the administrator at the Cleveland Clinic. He doesn't operate anymore. Herbert is world-famous with limb surgery, all because of Archie Hoffman and because Bernie Schwedel called him and said, "Listen, I've got this good kid who's a superb surgeon." He said, "Does he like to do research?" He says, "Yes." He says, "I'll send him down there. I want him to do some research," I mean, had him do some vascular research. He's doing--all the work on limb sparring, doing microsurgery to prevent amputation of limbs, is all Herbert Dardik, right. So, that's how things happened, a little friendship and a guy who's willing to pick up the phone and call a buddy of his to do a favor for someone.

KP: In many ways, I am not surprised, because academics works the same way.

JDG: Yes.

KP: It also is a good thing to document. In other words, personal connections and mentors really matter.

JDG: Of course. He had to make that assignment, understand. It made no difference to him who went into that slot. So, as long as someone who was qualified went into the slot, he would much prefer knowing from someone whom he trusted that this is a good doctor, than taking someone who may have had a year or two more experience, but may not be so good, understand. He knew that Schwedel was not about to call him unless he had someone who was different than his usual guy. This wasn't a phone call made at the request of the individual. Bernie Schwedel made very, very few phone calls, but, when he made them, you opened your eyes and said, "Hey, this guy wouldn't do this unless this was unusual." So, we were very, very fortunate. It really shaped our entire career.

KP: Could you talk a little bit about being an Air Force doctor and working within the military system? You already talked about the televisions and the long lines at the clinics and the explicit order.

JDG: Well, we were very fortunate. We had a commander of the base, who was Chief of Surgery, who was an alcoholic. He was more interested in drinking his fifth of scotch a day than he was in doing anything else. He was given a group of doctors, nine of us, who were unique. We came from all different facets of humanity, all different areas of the country, but we wanted to practice good medicine and, for some reason, we got along. I was the only Jewish doctor in the group. There was

a guy from Opelousas, Louisiana, who had one year of OB/GYN training. We had a guy from California, who was a Jehovah's Witness, who had one year of OB/GYN training; not a Jehovah's Witness, a Seventh-day Adventist. We had Joe Verska, was also a Seventh-day Adventist from California, who was a surgeon. We had John Mills, who was going into pathology. So, he did, but he did internal medicine. We had a pediatrician from Brooklyn. We had Chicarelli, who was from Pittsburgh, who was another surgeon, but a diverse group of people, whose wives got along, who lived in the same housing project together, all there for the same reason. Their training was interrupted, they were frightened, they had no money and they had come from good training programs and wanted to do a decent job and didn't really give a shit about the Air Force, all right. [laughter] We could care less. We knew that we were doctors. They gave us the rank of captain, but we were captain for pay purposes only. In essence, we were doctors and we had to wear these uniforms. We wouldn't deface the uniform, but we really weren't spit-and-polish, so that you'd walk out in the morning and your shoes would be dirty. A general from the base would walk by and say, "What's on your shoes?" You'd say, "Blood, sir." [laughter] What was he going to say, "Blood, huh?" We covered one another. You couldn't be on call all the time. So, each one of the nine of us took call once every nine nights. I had to deliver babies. I delivered thirteen kids when I was a medical student and here I am, with dependents and with everything else, delivering babies. My deal with Royal, it was Tucker, who was a gynecologist, was, I'd do a routine delivery. If I had any problems, I would call him and he'd come in. My deal with them was, they'd take care of routine medical problems. If they had a heart attack or something else that they couldn't handle, "Call me, I'll come in." Since we all lived within five minutes of the base, all in the same housing, it was a very mutually beneficial way to practice. They wanted us to march. We hated to march. Who wants to? So, we decided that if we marched, but we did things that they couldn't really do [anything punitive] to us, but didn't like it, they would stop us from marching. So, we all put on different colored socks and we made sure that we were marching out of step. So, one head would be up and one head would be down and one would have blue socks and one with a white sock. They'd stop us, said, "Sorry, we had to be called out of the hospital. We had white socks on." [laughter] So, after two marches, we never marched again, never had to march again, but, then, we were the outcasts of the base. They disliked us for our being individualists. At that time, there's a mountain outside of the base, Carole Lombard Mountain. One of the airplanes, civilian airplanes, crashed in on a Saturday night. The entire medical staff of the hospital was mobilized within five minutes to go up Carole Lombard Mountain to try and help with the rescue operation. The base and the Surgeon General's office found out about it, that this group of non-conformists, on a Saturday night, rounded up a hundred percent of them--we pulled people out of movies, everyone knew where the other one was--and were there within five minutes to go up. They never bothered us again. They knew that we were practicing good medicine. They would look the other way; they didn't care. The one guy who should've cared was the Colonel and he was happy as a lark, because no one bothered him. He just drank his scotch every day. So, we all had great experiences and all, to this day, maintain relationships with one another. [Editor's Note: Dr. Goldfischer may be referring to the crash of United Airlines Flight 736 on April 21, 1958, following a mid-air collision with a US Air Force jet.]

KP: You still stay in touch.

JDG: Oh, sure. I was in New Orleans and called Gene Padgett, whose son--Gene is retired--his son practices in Opelousas, yes, and we went out and had dinner together. We go to California. We go

with the Nehrenbergs or the Tuckers and they're still friends of ours.

KP: It sounds like you learned a lot of good medicine and did many things. Now, a doctor would not deliver a baby unless he was in that area, but you would do this because ...

JDG: I had to.

KP: Yes.

JDG: I mean, as a medical student, I had thirteen deliveries. That wasn't enough. I developed a strep sore throat when I was on OB/GYN and, once you did that, they kept you off the wards. So, all I could do is read. I read the textbook. It was the only textbook I ever read cover to cover in medical school. [laughter] When I took the national boards, I came out number one in the country in OB/GYN.

KP: You read the whole book.

JDG: Read the whole book. [laughter] In OB/GYN, they have rules for everything. There's no thinking. "You see this, you've got to do this," and you just remembered what was in the book and that was it, but, yes, I delivered. People now are too departmentalized and it's terrible. It's absolutely terrible. Some people won't even examine a breast, won't even do a rectal on a patient. I mean, a guy goes to a doctor, you may be a cardiologist, but you've got to check them over completely first, and then, focus on the heart, because the average patient feels that, indeed, you're doing that, you're checking him over, understand. If you don't do a complete exam on the patient, he may think you did it and they may not go to anyone else, so that you really have to know everything before you put yourself into one little cubbyhole like cardiology. Unfortunately, they're not doing that and they're not doing it because they're not getting paid to do it. Most of them are working for HMOs and they say, "Why the hell should I do that? They pay me to be a cardiologist, I'm going to be a cardiologist. I'm going to get them in and out fast," and they miss things. They miss things terribly. It's an absolute shame, but that's the price that patients pay for free medical care, okay. I was very fortunate--I had good training. I had developed good habits all along the line. That training and those habits I developed won't allow me to do anything else. It would be just too foreign to me to do it.

KP: Las Vegas was just another name to you when you moved out there. Now, Las Vegas has a certain aura, particularly from the 1950s, looking back. What did you think about being so close to Las Vegas?

JDG: When we were there, there were eight major casinos. We were part of the Jewish community there. We joined the Conservative [synagogue]. The first year we were there, we went to a Reformed service for the holidays, got in in July, the holidays were in September, went to a Jewish service, turned out it was a Reformed service. There was a guy with a beard who didn't have a *kippah* on, didn't have a *tallis* on, spoke with an English accent. He was the rabbi. Turns out that after the holidays, they ran him out of town. He was screwing around with three other women besides his wife, [laughter] had confiscated [funds], disappeared with about fifty grand in money and had run up big gambling debts. So, he was run out of town. So, we quickly went around and

we found this Conservative congregation that was just finishing a temple, was going to be ready in time for the next holiday. We got there for Yom Kipper and the holiday appeal was given by Sammy Davis, Jr., [laughter] first day of Rosh Hashanah, and then, the Kol Nidre appeal was given by a guy by the name of Jerry Lewis, who had just come back from Miami, where he raised twelve million dollars for Israel Bonds, right. I remember him saying, he said, "I see a representative from each of the major casinos in the audience." He says, "How much is the mortgage?" and someone said, "Two million dollars." He says, "Would each of you contribute 250,000 dollars to pay the mortgage off?" It was obvious it was put up. So, one by one, he said, "Stand up, if you would," one by one, each of these people stood up--that's how I knew there were eight casinos. [laughter] Then, he said, "Okay," he says, "now, what else do we have to do?" Someone said, "We have 120,000 dollars, we've got to build a kitchen." He says, "All right, the rest of us *shleppers* have got to raise 120,000 dollars," and he proceeded to raise 120,000 dollars for the kitchen. So, before Kol Nidre was over with, they had paid the mortgage off and they'd paid for the kitchen that was yet to be built. Shortly thereafter, Elizabeth Taylor married Eddie Fisher. Mike Todd had died in an airplane accident, remember. So, I went to Elizabeth Taylor's wedding, held in the congregation in Vegas [on May 12, 1959]. [laughter] As a guy with one year of residency, I had more training than any of the doctors in town. They wanted me to see consults. So, I got permission from the Surgeon General's office to see private consults, so long as it didn't interfere with my medical duties at the Air Force base. So, I had treated, at some time or other, every owner of every major hotel in Vegas. This is now '57 to '59. All the stuff you used to read in *The Godfather*, I lived through. [Mario] Puzo wrote a very, very authentic book. You remember the movie, *The Godfather*? Remember the vignette of a guy getting shot in the eye? I lived through that. All these were real people. He wrote a very interesting book, but, in 1971, '72, we went back for a visit. By now, I had four daughters--I only had one at that time--and I wanted to stay at a place where no one knew me, because I just [wanted that]. So, we stayed at a place called the Flamingo, which wasn't there when I was there. I went to pay the bill, after ten days living there, and she said, "No charge, Doctor." I said, "Why not?" She said, "Mr. Arbuthnot saw you and picked up the tab," and I said, "But, Arbuthnot is at the Sands." She says, "No, he's here now." So, I couldn't ...

KP: Your efforts paid off. [laughter]

JDG: Many years later, these guys just don't forget. They just don't forget. So, it was fun. Vegas, we were supposed to live there. We had superb offers. I was offered a job at two thousand dollars a month, clear, the taxes paid, to practice there. Russ Sutherland had a group of medical clinics. He had two in Las Vegas, one in Malibu, one in Los Angeles. He wanted me to work for them, doing the cardiology, and he was going to pay me two thousand dollars a month, clear. I'd have my own chauffeur at my disposal, my own plane at my disposal. I had, still, some more training. So, he says, "Finish your training, come on back, the offer's still good. We'll give you more money." [laughter] It was not a place to raise children. It's a very, very difficult environment in which to raise children. So, we decided not to go back.

KP: It seems like there was some temptation. For that time period, that is an astronomical sum of money, particularly with a driver and a plane.

JDG: A plane at my disposal, oh, yes. He'd give me anything, would've given anything. Yes, it was a good time. I treated a guy by the name of Nick the Greek [Nicholas Dandolos] and Nick the

Greek was the original professional gambler. Now, Jimmy the Greek is the guy who got kicked off television.

KP: Yes.

JDG: For saying what he said. He patterned his name after Nick. Nick would only gamble for groups of people who put up a quarter of million dollars or more. He'd play craps for them. He never left the table. His deal was, the only time the table stopped is if he had to go to refresh himself. [laughter] He did his meals at the table and he taught me how to gamble. He always gambled with the house, told me what to do. Subsequent to that, I took care of a man by the name of John Scarne. If you're a gambler, John Scarne was the guru for gambling, *Scarne on Dice*, and John taught me the mathematics of craps. So, I don't gamble.

KP: You did not gamble in Las Vegas.

JDG: I did. I did my share of gambling. I stopped gambling, really, in '71. The last time I put a dollar across the table was in 1971. There are certain "one-armed bandits" that are shill machines. In other words, they have shills that come in and play them, win the jackpots. I knew which were the shill machines at most of the casinos. So, for example, I'm a fanatic with taking care of my cars. I'd always have my cars waxed there every two months. Across the street from the place that did the waxing was a casino. I knew what the shill machine was. So, I'd go in, bring the car in, have it waxed, start playing the nickel machine and I'd end up with more money than it took me to have the car waxed. [laughter] So, every time I'd come home, my wife would say, "How much money did you win today?" I'd give her twenty dollars more than I left with, thirty dollars more than I left with, with nickel jackpots, but it was fun. A lot of the retired people were playing shills there. They'd pay them a dollar an hour, two dollars an hour, to gamble and make it appear as if things were busy.

KP: You mentioned, and I would be curious to put some of it on the record, you said that *The Godfather* and what we look back on, in fact, these casinos were really mob fronts. They were very much run ...

JDG: Yes.

KP: It contributed, in part, I think, to your deciding that this is not a place you wanted to raise a family.

JDG: No, really not, had nothing to do with that. In fact, I would--Bugsy Segal ...

KP: Yes, the name is familiar.

JDG: Bugsy Segal was the one who built Las Vegas and the casinos were run by the mob from each of the cities. Part of the mob was from Brooklyn, part was from Newark, part was from Boston, part Chicago, part Los Angeles and each one had their own casinos. You could walk down the street in Vegas with hundred-dollar bills sticking out of your pocket and know that you wouldn't be accosted. No one would touch you. You knew that the gambling there was honest. When we

first arrived there, there was a dealer--it was at a hotel called the Royal Nevada, had just opened up--they caught a dealer dealing seconds, twice, twice in a row. They closed the casino down. The casino never opened to the day we left. That hotel ultimately reopened, but the Stardust, which was right next door, used it only for overflow. The casino never reopened. That dealer, who dealt seconds, disappeared and was never heard of again. He just disappeared, because they wanted an honest game there. They were skimming twenty percent off the top and giving the rest to the Nevada Gaming Commission, but you knew that it was an honest game as a gambler. A guy by the name of Howard Hughes bought five casinos in the early '60s. When he bought the casinos, he put in a crude computer device at each table, so that he knew how much money was coming in. He didn't trust any of the dealers. They put the money down the slot. He wanted to know how much money was coming in from each table and he gave the gambling industry in Vegas a clean count of money. They noticed that the count from each of these five casinos automatically went up twenty percent as soon as Hughes took over. So, it doesn't take a mental giant to figure out that they were skimming twenty percent. It was a straight twenty percent, right across the board. So, they forced "the mob," quote-unquote, out of Vegas. So, now, they're not there, but, now, you can't walk around Vegas without getting your pockets picked or getting mugged, all right. It's totally dishonest. When we were there, it was very honest. I mean, you could walk in and pay a dollar-ninety-eight for a chuck wagon, which was a hot meal, four choices of hot [meals], eat as much as you want, go into a show, see Joe E. Lewis, see any one of a half a dozen other great entertainers, and all for a dollar ninety-eight. You could start gambling at a crap table, a young lady would offer you a drink. You'd get a drink and give her a silver dollar as a tip, take that drink and walk into a lounge and sit down. They would walk around serving you hors d'oeuvres and you'd watch Harry James or Louis Prima and Keely Smith or Don Rickles, all right, as a lounge show, for nothing, for absolutely nothing. You'd go in, you'd see Danny Thomas at the Sands and the whole thing would cost you, maybe, four bucks, five bucks, for a ticket. For that four or five dollars, you'd get two drinks. [laughter] Now, at this stage, it's much different. We were there two years ago and one of the guys who was there with us had his pocket picked and that's very common. He went to police headquarters, the police headquarters says, "Okay, here are the numbers that you've got to call to stop all your charge accounts." They have everything written on a card, tell you who to call, who not to call, so on, so on. When you're all done, they say, "Okay, we'll find your wallet probably in a day or two. We'll give you a call, but, this way, all the money that's in the wallet will be gone, the credit cards will still be there, but you've blocked them from using them," but this is very, very common; never existed in our day.

KP: Why did you not want to raise a family in Las Vegas?

JDG: Because the life started at eleven o'clock, twelve o'clock at night. Social life started then. People slept during the day. Most of the people worked in the gambling industry. So, you started work at three in the afternoon to nine or ten o'clock at night. You partied after nine o'clock at night. Social events, dinners, occurred at twelve, one, two o'clock in the morning. Then, you went to sleep, because you had to sleep during the day in order to start working again at three in the afternoon.

-----END OF TAPE TWO, SIDE TWO-----

KP: This continues an interview with Dr. Jerome D. Goldfischer, on March 29, 1998, at Fort Lee,

New Jersey, with Kurt Piehler ...

JG: ... Jason Goldfischer ...

KP: And soon to be rejoined by Scott Ceresnak. You were saying that it was really the schedule.

JDG: It was not a place to raise a family.

KP: Your children would never see you if you wanted to have a social life.

JDG: That's right. You couldn't spend time with your children and it really wasn't an environment conducive to raising a family and there were no cultural events there. There was no music, there was no opera. It was all false.

KP: Except for the casinos.

JDG: That was it, that was it. There were two or three hospitals. Remember, in those years, there were fifty thousand people in Vegas. Today, there are five or six hundred thousand people in Vegas. So, it's big.

KP: Vegas was really a small town when you were there.

JDG: Yes, just a small town, yes. Now, there's much more industry there. Even now, I don't know if I'd want to live there.

KP: It sounds like a good reason.

JDG: Oh, sure. Well, have you been to Vegas lately?

KP: I have only been to Reno. I have never been to Vegas.

JDG: Vegas, between the Caesar's Palace and one of the other hotels, has a shopping center, a shopping area, that's enclosed, an enclosed mall with a false sky that clouds move, totally air-conditioned, with the better stores there, Tiffany, Saks, Neiman Marcus, the better restaurants, Wolfgang Puck, restaurants of this genre, the Stage Delicatessen, all right, all in this shopping area. In any given day, they tell me, around fifty thousand people walk through that shopping area. That means that as many people walk through that shopping area today as lived in Vegas in '57 to '59. I mean, that's beyond belief and it was going up more and more and more. I mean, so, the place has really blossomed. It's a fun town.

KP: It sounds like you have very fond memories.

JDG: I do. I'm very fortunate. I'm very, very fortunate that I learned early about the risks of gambling. I learned from the best. I mean, John Scarne and Nick were the best and they said, "Don't gamble." John Scarne once said, he said, "Doc," he says, "the money only goes down that slot, never comes back up." [laughter]

KP: It sounds like, given your experiences with the horses, you needed some convincing.

JDG: Oh, no. The horses, I didn't go to the racetrack and not know the horses. I was given a list of who to play.

KP: Yes.

JDG: It was a no-brainer for me. [laughter] Well, listen, years later, I had my daughters in camp near Monticello and, on the way back home, camp visiting day, we went to the Monticello Racetrack. We got there and I started playing and I lost the first three races. After the third race, I look and there's one of my patients, who I knew had horses. He sees me, he comes over, he says, "What are you doing here?" I said, I told him, "I was just visiting my youngsters." He says, "Who do you like in the next race?" I said, "This one." He says, "No," he says, "Doc, play this one." So, I went and played that one; his horse won. So, he comes back. Then, he says, "How'd you do?" I said, "I won." He says, "Who do you like for the next one?" I said, "This one." He says, "No, play this one," won. He goes through all the races from then on and he tells me every horse to bet, until the ninth race. Now, I've got all this money. I've won. I lost the first three, but every other one, I've won. He says, "This one." I played it. Damn horse comes in second. [laughter] So, my wife says, "Wise-ass, you had to parley all the money on the horse." Suddenly, from the loudspeaker, says, "Don't destroy your tickets. There's a protest," and, suddenly, I hear, "Horse number one has been disqualified. Horse number two wins." [laughter] So, I learned very, very quickly that these things are dishonest.

KP: Wow.

JDG: My wife looked at me, she says, "What's going on?" I said, "Don't ask any questions." [laughter]

KP: It sounds like, in Las Vegas, in many ways, you practiced "regular" medicine.

JDG: Practiced good medicine.

KP: Good medicine. It differed very little from the type of medicine you might have practiced in civilian life.

JDG: No. We practiced good, solid, non-military type of medicine and it was fun. It was a learning [experience]. It was another residency for us, basically. It was a residency in which we got more than thirty bucks a month to practice with. In those years, you had everything at your disposal. If you felt you couldn't handle something, you'd call up and you'd evacuate the patient out, air evac them out. I knew who my direct support was for each thing and, if I hit something that I couldn't handle, I called someone in or I evaced the patient out. The surgeons were very, very good. So, I had excellent surgery. The guys of my genre, they were very good. I mean, when Joe Verska finished his second year at Nellis, I mean, he had more majors under his belt in that last year than most chief residents have when they finish their residency, and then, he was just going back for his second year of residency training. He subsequently became a cardiac-thoracic surgeon and

became Chief of Cardiothoracic Surgery at the White Memorial Hospital in Los Angeles. So, we're talking about a very, very well-trained and very, very well-respected surgeon who cut his teeth at Nellis, who learned.

KP: Was there anything unique in treating service people that you encountered, particularly pilots? Were there any unique problems?

JDG: Yes. They were always drunk.

KP: Drinking was, in fact, a real problem.

JDG: Yes--one of my other court-martial stories. [laughter] I noticed that there would be planes crashing and I always noticed that most of the crashes occur on Mondays. So, I went down to the flight line and I said to the chief, I said, "Why are most of these accidents occurring on Mondays?" almost ten-to-one, Monday. He says, "Well, Doc," he says, "these F-100s and 104s have this rubber seal here and we don't fly from noon on Saturday until six AM on Monday and, those suckers, they dry out," quote-unquote. I thought to myself, didn't make sense that a plane that costs a million dollars would have a rubber seal that would dry out from noontime on Saturday until six o'clock on Monday morning, especially [since] on one side of that rubber seal was oil. It wasn't two sides that were dry. We're in the middle of the desert. I couldn't figure it out. Around three or four weeks later, I'm going to the hospital on a Monday morning and I see the guy in front of me, like this, swerving all over the place. I said, "Where the hell's he going?" I followed him. He went to the flight line. It was one of the pilots. Now, there's a group called the Thunderbirds [the US Air Force's demonstration squadron]. The Thunderbirds are housed at Nellis. This is one of the Thunderbirds. I said, "Son of a gun, this guy's drunk." So, I wrote up an order that said that I was sending a "cracker box," which was an ambulance, down to the flight line on Mondays and Fridays. Before a pilot could fly, he had to have a blood test done. You talk about service, "The Captain said this. This is the way it's going to be." So, these guys had blood tests done. The blood tests came back to the hospital. I did blood alcohol levels on them and I used Friday's blood alcohol level as their norm and Monday's as a test BA level. These guys were all drunk on Friday, but, on Monday, their level was almost three times the level that it was on Friday. On Fridays, they were legally drunk, all right, but, on Mondays, multiply that number by three--it was 2.8 something, right. They were absolutely ...

KP: Oh, my God.

JDG: They were soused. They were chronically soused. That's why I used the Friday as a control. The normal blood alcohol level's zero. In those years, it was 1.5 was the upper limits of normal. Now, it's dropped down to 0.8. Then, it was 1.5. These guys were running around at 3.0, 3.5, 4.0 blood alcohol level. So, I dutifully did this study and I did it for a month and I had magnificent results. I wrote it up for publication in *The New England Journal of Medicine*, all right. Now, you couldn't publish something unless you got permission from the Air Force to publish it. So, I submitted a copy of this to the Surgeon General's office. "Dear Archie, would you like to see this study?" and I get a call, "Don't publish that." I said, "Why?" "Don't publish that and cease and desist from sending the cracker boxes down to the flight line." I said, "General, I can't do that. You know that." He says, "What the fuck do you want?" I said, "I need orders." I said, "I don't want to,

two years from now, have to defend not doing this." He says, "I'll cut you orders." So, I have, in my 201 file, a whole batch of orders not to publish the article that I submitted to *The New England Journal of Medicine*, the Air Force doesn't allow it and to cease and desist sending the ambulance down to the flight line and drawing blood on the pilots before they fly--interesting study. I get into more trouble. You know prostitution was legal in Vegas. We had a tremendous incidence of gonorrhea on the base. So, I said that any man who left the base on a two-day pass or more had to get a shot of penicillin and, if they were allergic to penicillin, they had to take azithromycin. They had to get a gram of azithromycin in their mouth before they left the base. I cut the VD rate down in Nellis by over ninety-five percent, virtually disappeared. The Catholic chaplain's office found out about this and objected. I was "encouraging the men to be promiscuous," was the charge. I mean, they weren't promiscuous before I started, but taking the penicillin is going to make them promiscuous. So, again, they told me to cease and desist and, again, I refused. They knew me, "You'll get the orders," and I got orders and I stopped. The VD rate went right back up again.

KP: This does not seem to make a lot of sense, particularly the first case, with the drunk pilots. This is expensive equipment.

JDG: They don't care.

KP: Yes.

JDG: They don't care. These guys were doing the job there. Some of these were the Thunderbirds, the best pilots the Air Force had to give.

KP: However, they were crashing.

JDG: Every once in a while, there's a crash, yes.

KP: Yes, it was not just that you were alarmed because they were swerving on the road, but they would actually crash on Mondays.

JDG: Would crash, yes.

KP: The Air Force just did not ...

JDG: Care. They could care less. Drinking is a part of the cult and, if you're not part of the cult, you're not one of the group, that's it. These guys are drunk; they're drunk. Listen, I was a flight surgeon. I was supposed to be up four hours a month in order to get flight surgeon's pay. If you think for one minute I was going to get in one of those planes, you're sadly mistaken. Not only were these pilots drunk, but the guys who took care of them, half of them couldn't write their name and these are the guys who were servicing the planes. So, in order for me to get my flight pay, which amounted to over a thousand dollars a month, more than everything else, I had to be up in the plane. So, I told the general of the base, I said, "General, does it have to be me up in that plane or can a piece of my equipment be up in the plane?" [laughter] It was a two-seater T-100 trainer. So, he said, "Why?" and I said, "I'm afraid to fly." I said, "If you're going to fly me, fine," I said, "I trust you." I said, "I don't trust your other people." So, he said, "I can't fly you." He was the only

general in the Air Force who had flight status. He says, "What do you want to do?" I said, "I'm going to send my hat up. My hat's going to fly around four hours a month." So, he says, "Good idea." [laughter] So, for four hours every month, my hat was in a T-33 trainer. It went up for four hours, flew around, came down. They signed me in, they logged me in. They gave me back my hat and the guy at the flight line logged me in as flying for an hour, an hour-and-a-half, two hours, and I got my flight pay. [laughter]

KP: I almost do not know what to ask next.

JDG: No, this is part of service life. I was not about to fly with those people.

KP: Yes.

JDG: I flew home, but I flew home with the astronauts. In those years, the astronaut program was just started. They flew a C-133 and the astronauts had to have flight time in order to get their flight pay. They used to fly a plane in from Dayton or from Texas to Nellis. I used to get on the plane. They used fly me back to Floyd Bennett Field, New York, and I'd spend some time here on vacation. They'd fly the plane in, I'd fly back again, but these guys had to fly to maintain their flight status, so, they didn't mind and I didn't mind flying with the astronauts. They were sober, solid citizens. [laughter]

KP: Which astronauts did you meet?

JDG: They were just named--this is the first group of astronauts.

KP: Yes.

JDG: This is before ...

KP: Before the [Mercury] Seven.

JDG: Before John Glenn went up there [in 1962]. They used the plane to check for weightlessness, this sort of thing, but, remember, I was in service before Kennedy came in, before Glenn went up, but they were already training astronauts, yes.

KP: Before we leave the service, what kind of basic training did you get?

JDG: We were in Gunter [Air Force Base], Alabama, for, I think, two weeks and they just taught us who to salute, who not to salute and how to march, how not to march, and that was it, no great [thing]. We didn't shoot a rifle at all. There was nothing like that.

SC: What did you think of Alabama?

JDG: Why anyone would live there is beyond me. [laughter] I mean, the temperature and the humidity fought with one another as to who was going to be higher that day.

KP: You alluded to courts-martial in talking about the drunk pilots. It sounds like you had some experiences with courts-martial.

JDG: They would always threaten you. You didn't want to do anything. Remember, I was not a career officer. With a career officer, they could say, "Listen, either you play ball or you're not going to get advanced." I mean, I wasn't worried about that. So, the only thing they had over any of us was a court-martial. That was the only yardstick they could use, so, they would constantly use it. "Remember, you can get a court-martial."

KP: You were constantly being threatened with this.

JDG: No, unless I was doing things that I felt were correct and they felt were incorrect. I was not being hard-nosed about it. I just said, "Listen, [if] you're going to order me to do this, I want the orders in writing." That's a perfectly legitimate thing. No one is going to go and put me on a court-martial because I insisted that orders be written, see. That would get them into trouble, but I wasn't going to make a big deal of it and they knew that. I just felt strongly enough about it that, if they wanted to stop me, they had to put their name [down]. It was interesting to me--the people who signed the orders were never the guys who told me to stop. They always got someone else to write the damn orders. It was very fascinating to me. They were just protecting their own rear-ends.

SC: You had mentioned a civilian plane crash. The Army medical officers were on the scene in five minutes. What was it like to be a part of that rescue operation?

JDG: Terrible, terrible, just parts, body parts, all over the place. Every one of us wore these suits, so that you wouldn't contaminate yourself, put a mask on, this sort of thing. Remember, in those years, sixty, seventy miles away was a place called Jackass Flats, where they were shooting the atomic bombs off. That was the atomic bomb blasting area for the United States, so that we all had those decontamination gears, which we used on the mountain that day. Periodically, we would go to watch an atomic bomb go off.

KP: You have actually seen an atomic bomb. How close did you get?

JDG: Well, didn't see it. You couldn't look at it. When the atomic bomb went off, you had to turn around. They'd have some special goggles for people, but only the high-ranking people got the goggles. By the time we turned around, all we saw was big smoke, and then, a couple weeks later, we would get a photograph of the shot and it was interesting. We would get the photograph, but it was top secret. If you wanted to make a copy of it, everything turned black. In order to make a copy of a photo in those years, you had to shine a bright light at the photo and this was light-sensitive film, so that it would turn black if you tried to copy it, right. I went to two shots.

KP: How close did you get to the bomb?

JDG: Three miles.

KP: You could feel the heat.

JDG: Oh, yes, heat and the ground shake.

KP: The Air Force in the 1950s was the "glory service." It had gotten the most money under Eisenhower and was supposed to be our primary defense. We were very nuclear weapon reliant.

JDG: Yes.

KP: Did that affect medical care, in terms of civil defense preparation? You mentioned wearing the safety suits.

JDG: No.

KP: I get the sense that it was, in many ways, a peacetime service. It is hard to imagine, in wartime, this tolerance for drinking.

JDG: The only thing that was happening then was Formosa, the offshore islands, and China was shooting [the Second Taiwan Strait Crisis, August-September 1958]. Part of our group went TDY [temporary duty] to Formosa. I was supposed to go, but I was the only one who knew how to treat the General's serious illness. So, the General wouldn't let me go. He had gout and his gout would occur in the knee. It never occurred to the career Air Force medics that you didn't have to get gout in the big toe, it could occur in the knee. He had this serious illness that would hit him usually a day or two after he'd have some company. He'd get this big swollen knee and couldn't fly and he had flight status, as I said. He was the only general who had jet flight status. He had one of these episodes shortly after I came to the base. I went over to see him. I said to myself, "This guy's got gout." So, in those years, we were using IV colchicine. I gave him a shot of IV colchicine and, within a half-hour, his pain was gone, pain that had usually lasted him for two, three days. So, I was his hero and I didn't know how often he had this, so, I didn't say anything. Then, it happened again and it happened again and it's always the same situation. He had people over, some generals from another base, and these guys would go into town and live it up and get drunk, probably get a few prostitutes and have fun. The booze that he was drinking would provoke gout. So, I said to him, "General, do me a favor. When you have people coming over," I said, "take this medicine a day before they come over and for a day or two after they leave." I gave him oral colchicine and, sure enough, it prevented the episodes. So, I gave him the colchicine prophylactically. So, when he found out that I was going to TDY Formosa, he says, "Doctor, as long as I'm at this base, you're at this base." [laughter] So, he tore up my orders and I never went to Formosa. As an aside, this is very fascinating, General [James C.] McGehee, that was his name, loved golf, loved cigars and loved booze. Those were his three things, more so than he loved Nettie, who was his wife. When I was leaving the base, he was ordered to go to Saudi Arabia for a four-year tour of duty--in those years, no booze, no smoking and golf in Saudi Arabia? [laughter] So, he was despondent. I went over to visit him one day and he told me what was wrong. I said, "General, if you could have one of the three things, the cigars, the booze or the golf, which would you like?" and he said, "The booze." He said, "I'd like some vodka." I said, "Okay." I said, "You tell Sergeant (Feyhe?) to requisition everything that I ask for." He said, "What do you have to do?" "Don't ask any questions." So, he calls the Sergeant, he says, "The Doc is going to requisition some stuff. Order anything he wants." So, I ordered some water coolers, some big five-gallon jugs of mineral water and booze, vodka, cases of vodka. What I did was, I took three water coolers, I had them painted

blue with two stars on them--this is the General's cooler--and I broke the electrical connection. They can plug it in and it wouldn't work. Then, I dumped the mineral water out of the bottles and I filled it up with booze and I sealed them. They're all sealed and I have "General McGehee's Medicinal Water," stapled across each of the bottles. [laughter] So, about a week later, I called him down and he looked at this, said, "What's this?" I said, "General, you've got to drink this water in order to prevent your illness from happening, don't you?" He says, "But, I take those little pills." I said, "General, you want to drink this water. No one else can take your water." He says, "What's in there?" I said, "Take a sip." He takes a little sip. He says, "This is good water." [laughter] I looked at him. He says, "How much of this you got?" I had the three coolers and I had ten five-gallon jugs. He says, "Now, how'd you do this, in case I run out?" I told him. He says, "Okay." Now, I'm discharged from the service and McGehee goes over to Saudi Arabia. I forgot about him and, about four years later, I get a phone call at home. It was General McGehee. He's in New York. He and Nettie want to take Joan and myself out to dinner and we went to dinner with him. He thanked me profusely. It was the only thing that made his tour of duty in Saudi Arabia. No one bothered with his booze. No one knew. [laughter]

KP: Is there anything else we forgot to ask you about the Air Force?

JDG: I don't know. No, you're just straight service time. It was the best time of my life.

KP: Really?

JDG: It was, truly, because I was in a learning situation with no financial worries, no worries after I left. I didn't have to worry about patients, because someone else was going to take care of them. If the patient was sick, I could always transfer them off. So, I had really no worries at all, no financial worries, no patient worries. I was growing up with my daughter and my wife and, truly, it was the best time of my life. When you go into medicine, you may be off, but you've got headaches. When you go into private practice, those headaches don't disappear, because you can't slough them off on someone else, if you practice my kind of medicine, so that, from my point of view, those two years were truly the best time of my life, because it was the most relaxed time of my life. I had the most fun--in retrospect. At the time that that happened, who the hell knew? It was always one catastrophe after another, but, in retrospect, when you go back and look over forty, forty-five years of practice, that was really the best time for us, did the most growing up. It was the first time we're ever separated from our parents. We were separated by three thousand miles.

KP: Three thousand then meant a lot more than it means now.

JDG: More than now, that's right. So, it was a very important time of our lives, a very important growing-up time.

KP: Had you thought of staying in the Air Force?

JDG: No way. [laughter]

KP: Yes.

JDG: No way; not my kind of medicine.

KP: Had you expected this?

JDG: No, I didn't know what to expect.

KP: Yes.

JDG: We had no idea what we were getting into. Some of the guys knew they were going to go overseas. Some worried about getting concurrent travel, because they were married. Most people [who] went in were in the same situation. They were recently married or they were recently married and had a youngster and they were going overseas. Would they be able to get concurrent travel? I would've requested France or Germany, but I was recently married with a youngster and I didn't know that they would send my wife and daughter over with me. So, I requested the United States. So, we really didn't know what to expect. I mean, everyone that you talk to who was in service at this time will have stories to tell you, because it was a fun time.

KP: One of the things that struck me is, at one point, you said you did not trust the maintenance people and the pilots who had too much to drink. Thinking back to World War II, partly because there was a war on, the pilots I have talked to spoke about the ground crews from that era in glowing terms.

JDG: Different group of people. There was nothing sophisticated about those motors. It was a straight motor, a little more complex than a car motor, but it was a car motor. It was a piston motor. There was nothing complex about it. So, these guys, who most of whom were kids who had cars at home, they knew how to fix a motor. Talk to some pilots about what they did when they went on a bombing run--I'm mean, you had to drop your bombs and get the hell out of there. So, they dropped their bombs anyplace. If the flak was hot, you just go over and drop your bombs and get the hell out of there. They'd say, "Did you hit your target?" You'd say, "I couldn't tell. There was too much overcast, there was too much flak." They just dropped their bombs. I mean, if you want to see the mistakes made in service, look at the [1962] movie *The Longest Day*. I mean, they made mistakes like crazy. Even Eisenhower, in the Invasion of Normandy, was given three days, June 4th, 5th and 6th, that he could use, because there would be no moon those days. June 4th came and went; he was afraid to make a decision. June 5th came and went; he was afraid to make a decision. June 6th came--he couldn't not make a decision. Then, all of Great Britain would've sunk in the Atlantic if he didn't get all that equipment off. So, you had a tremendous number of deaths and everything else because it was a very poorly planned invasion, but he had to get them off. He had no choice, no choice at all--so, don't go by the romanticized version of what's happening.

KP: No.

JDG: Go to the [1970] movie *Patton* and see what happened to Patton, and recognize that Patton was killed by his own troops. Patton, that automobile accident that he supposedly died in or was injured in, was brought on by his own people who wanted him dead. He was just a tough, tough guy and they knocked Patton off. The number of casualties during the war were horrendous.

KP: It is just, to me, striking, in terms of some of your stories. I mean, you were dealing with the Thunderbirds, an elite force.

JDG: Yes.

KP: You were in one of the best bases.

JDG: We were an advanced jet training base and anyone who was there was not just learning jet, they were sent there because they were the best of the best--and they were drinking. In those years, China, Formosa, sent us nine of their best pilots, because we sold them some F-104s and these guys had to learn how to fly the F-104s. Now, the F-104 was, in essence, a fuel tank with wings and a tail and a seat. This whole goddamn plane was fuel, okay, but it was *the* fastest plane going. We lost all nine of those crazy Chinese pilots. Every one of them clobbered in, didn't take them two weeks. They were always drunk and they were crazy. So, they'd fly the 104s right into a mountain. They were nuts. The wildest part about the whole Air Force training, we had a top secret Navy base next-door to the Air Force base. Now, you've got to understand, this top secret Navy base was forty miles from the closest body of water, which was Lake Mead, right. Every week, one or two, I was the direct medical support for this Navy base. That means I had to go to make rounds in their dispensary. My sergeant would drive me to the Navy gate. They'd see my pass. I'd get out of my jeep, get into a Marine jeep. There would be a Marine with a submachine gun sitting next to me. I would be given a piece of paper, they would sign me in. They would drive me to the dispensary. This Marine, with a submachine gun, would follow me as I made my rounds. Now, in those days, I had top secret clearance, all right. I'd make my rounds and come back to Nellis. There wasn't a week that went by that I didn't see a guy there with a bleeding ulcer, bleeding ulcer, bleeding ulcer, bleeding ulcer. Some of them were so sick, we had to transfer [them] across to my hospital. I couldn't understand why all these young guys would have a bleeding ulcer. Top secret Navy base, never entered my mind, why is it top secret? Who cared? It didn't bother me. About four months before I left service, I read in *The Las Vegas Sun* that the Navy base was used to put together atomic bombs and to warehouse them in the mountains. That Sheep Range of mountains that surround Las Vegas had, in those years, three or four miles of tunnels in them in which there were atomic bombs being stored. These guys, these Marines, were used to put the atomic bombs together. They'd come on planes that would fly into Nellis at the far end of the base. The Navy would unload them and these guys would sit there in these tunnels and put them together--no wonder they had bleeding ulcers--and I had to read this in the local newspaper. I'm not telling you anything out of school. It's not secret information. It was public information. I read it in *The Las Vegas Sun*. [laughter] The guy who published *The Sun* is, if you read Puzo's book on *The Godfather*, you'll read his name, publisher of *The Las Vegas Sun* [Hank Greenspun]. He was the one who wrote the goddamn article.

KP: You mentioned that you had top secret clearance. Did they do a background check on you?

JDG: Yes.

KP: You mentioned that you had some family members who had been Communists at one point. Did that cause you any problem?

JDG: No, because Sidney, by then, had not attended a meeting, gave up his Communist card and went back to college. Uncle Sam, his father, had died by then and he was a young man who was very dutiful to his father. His father was in the dress trade, separate from my father. His father was my father's uncle. His father wanted him to work with him and Sidney worked with him. When he finished, when Sam died, Sidney went back to college, got his degree, and then, went to medical school and is now a professor at one of the better medical schools in the country, but he, as a young man, was a card-carrying Communist who just said, "Forget it, this is not for me," and stopped. Remember, we lived through--this is all now the McCarthy era, this sort of thing.

KP: You were in one of the most sensitive areas of the military at that point, with all the atomic bombs.

JDG: Yes. Well, everyone talked about Los Alamos. We really didn't know anything about atomic weapons where we were. Everything, supposedly, was at Los Alamos and one would think that if they stored atomic bombs, they'd be stored in New Mexico, not in Nevada, but they were storing it.

KP: You got to see the medical legacy of guys putting together the bombs.

JDG: Yes. It was an interesting time.

KP: Let me let Scott ask some medical questions. [Editor's Note: Scott Ceresnak, an undergraduate at this time, was planning to attend medical school.]

JDG: Go ahead, Scott.

SC: Could you explain how you started your practice and how you built a patient base?

JDG: I finished up at Montefiore in '61, had a USPHS [US Public Health Service] grant to do research in cardiology, had a five-year grant worth 104,000 dollars a year, in '61 money, big bucks. We did some interesting research. As part of my grant application, I said to them that I want to know if I could do some private practice during my own free time. They said, "Yes." I saw that Fort Lee was starting to grow. So, I opened up a small office in Fort Lee and saw patients on Tuesdays and Thursday evenings and did the research grant during the day. After two years of the research grant, I spent all my time filing quarterly reports. They wanted a quarterly report, "What are you doing?" and they wanted a detailed quarterly report. I spent so much damned time filling out the quarterly report that I didn't have time to do my research. So, I would start submitting the quarterly report from the previous quarter. They said, "No, it's the same as the last quarter. Why isn't it different?" I said, "I don't have time to do anything different. I'm spending all my time filling out this stupid report." [laughter] After two years of this stuff, I decided, "Screw that, this is very distasteful to me." So, I wanted to give the money back. It was harder to give the money back than it was to get the money.

SC: Right.

JDG: All right. I said, I sent them a letter, "I don't want the last three years of this thing. I don't

have the time to finish. Unless you stop asking me for quarterly reports, I'm never going to finish this thing." So, finally, to their chagrin, I chucked the whole thing. By then, I had a small night practice. I started becoming available during the daylight hours. I went to visit all the doctors in the area and was told that a cardiologist would never make a go of it in Fort Lee. No one was doing pure internal medicine, let alone cardiology.

SC: Who told you that?

JDG: The doctors.

SC: The doctors.

JDG: So, I said, "Well, I'm going to do cardiology and you may be right, but I'm going to see what happens," and I just did pure cardiology. A flu epidemic started shortly after I went into practice and I was covering the board, covering the answering service. I started getting phone calls from people who had no doctors, but had the flu, and I handled them on the phone. They said, "Don't you want to see us?" I said, "No, there's no reason to see you. If this and this and this doesn't happen, you call me back." Sometimes, I would be concerned about someone, so, I would call them back the next day. To this day, I still get people coming in who tell me, "How'd you get here?" "Many years ago, we called you on the phone. We had the flu and you handled us by telephone." So, I just started off that way and it sort of grew.

SC: What research did you do?

JDG: I was doing work on potassium kinetics across cell membranes, using, in those years, a new thing called membrane ATPase, which is actually the sodium-potassium pump and is affected by digitalis. I used methodologies to overcome the effect of the semi-permeable cell membrane, so [that] I could get potassium in the cell against the concentration gradient.

SC: Did you study it pharmacologically, too?

JDG: I studied it in animals, using a chemical, an analytic technique. In those years, we didn't have the micro methods [of] today. What I would do was, I would take a dog and put a catheter in the coronary sinus and put a catheter in the aorta. So, basically, I had a gradient across the left ventricle and I would give digitalis--as you know, digitalis causes an outpouring of potassium--and see the effect of digitalis. I'd measure the potassium in the coronary sinus and in the left ventricle, and then, I would use a thing called glutamic acid, used potassium glutamate. Glutamic acid passes across the cell membrane without regard to gradient. So, you can take the cell, which has forty times the concentration of potassium in it than the serum does, and, if you use potassium glutamate, the potassium goes right into the cell.

SC: Wow.

JDG: No one's ever finished that work. [laughter] In those years, the use of radioactive potassium wasn't--there was no radioactive potassium. So, I couldn't do that, but I can tell you that if you use potassium glutamate, you will get potassium into a cell across the cell membrane against a

tremendous concentration gradient. So, if you have someone who's sick, it works magnificently.

SC: Right. That is pretty interesting.

JDG: It is. It's a fascinating business. We had a friend who raced horses and he had some horses that would race and would stop in the last seven-eighths of the race. The last quarter mile, last seven-eighths, his horses would poop out. I said to him, "Joe, your horses are becoming hypokalemic. They're losing potassium." He said, "What?" I said, "Yes." They were using Lasix in the horses then, because any horse that's a bleeder, that [when] horses run, they go into pulmonary edema, they used the Lasix to dry them out, so [that] they don't go into pulmonary edema. In New Jersey, Lasix was legal and is legal. I said, "Your horses are becoming hypokalemic." I said, "You've got to get rid of the hypokalemia and they'll start winning." He said, "How do I do that?" I said, "Feed them potassium glutamate." So, we used to go down to the barn and put potassium glutamate in the horses' oats. For a week before the race or two weeks before the race, the horses would eat the potassium-glutamate-laced oats and they started winning. Because of or in spite of, I have no idea, all right.

-----END OF TAPE THREE, SIDE ONE-----

JDG: He had had open-heart surgery and we discharged him at the hospital. He insisted on going to Yonkers to watch his horse race. I said, "Joe, do me a favor. You just finished with delicate surgery. Stay home." He says, "Nope. There's a chance this race. We're feeding the goddamned horse potassium glutamate." The horse ran and got nosed out and Joe dropped dead in the box. So, there went my potassium glutamate in horses. [laughter]

SC: I read that you had been issued a patent.

JDG: Yes.

SC: For what?

JDG: The error rate for medication in any hospital is about sixty to seventy percent--don't believe what they tell you. The error rate for medication is about sixty to seventy percent.

SC: Is that mostly human error?

JDG: No. Error is medicines given at the wrong time, to the wrong patient or the wrong dose. They forgot to give them medication. The patient's off the floor, they come back to the floor, they don't get their medicines, understand. So, the medicine that's supposed to be given before meals is given after. These are all medication errors. Nurses are human. They're going to make mistakes. What I did was, I developed a program whereby the nurses gave medication out on demand through a computer. The computer tells the nurse what to do. "This is Mr. Jones. Give Mr. Jones such-and-such medicine at such-and-such time," and they gave it and they log it in. The computer is set up so [that] they make rounds every four hours. If Mr. Jones or Mrs. Yukenflutz was in X-ray at the time the medication was supposed to be given, it wasn't given at ten o'clock, comes two o'clock, she wants to give medication out. She [the program] says, "Just a second now, you forgot Mr.

Jones and Mrs. Yukenflutz. You forgot to give them medication. Would you kindly give them medication, log in that you gave it, and then, come back to me. I'll tell you what to do for two o'clock." So, I programmed this computer to direct a human being. Up until now, all computer direction was given by humans to computers. My program that I have a patent on directs the nurse to give the medicine in the correct way.

SC: Was that used at Englewood?

JDG: No. I worked on it, and then, I had a co-patenter and he was driving me crazy, wouldn't do what should be done. I said, "Listen, you buy me out or I'll buy you out, but there's no way that I can continue this," and he refused either way, wouldn't buy me out. I said, "Make an offer to me. How much do you want? Either I'll buy you [out] or you'll buy me [out]." "No." So, I said, "Okay, forget about it," and we never gave money to the Patent Office to continue upgrading the patent. So, it just sits there in limbo. No one's done anything with it and I went off to more interesting fields and never came back to that, see.

SC: You are also team cardiologist for the [NBA's New Jersey] Nets.

JDG: Yes.

SC: Could you talk about that?

JDG: Yes, a friend of mine owns the team.

SC: Really? [laughter]

JDG: So, he says, "How would you like to be team cardiologist?" [laughter] I said, "I'd love to be." So, I'm the team cardiologist for the Nets. That's all, very simple. Now, they have a new trainer and he wants a guy sitting on the bench with a defibrillator, in view of what happened to Gathers and some of the others. [Editor's Note: Loyola Marymount player Eric "Hank" Gathers died on March 4, 1990, after collapsing on the court during a game.] Well, there's no way that I'm going to sit there on the bench with a defibrillator. So, I said, "Okay, I'm the cardiology consultant for the Nets." I made my son-in-law, who's a cardiologist, cardiologist for the Nets and he chose a couple of his friends. So, at every game, one of them is on the bench with a defibrillator. [laughter] When he goes, he has season tickets there, my granddaughter wants to go, I go with my granddaughter, sit in his seats. I watch him on the bench and I'm the consultant, very simple.

SC: You are also the Director of Electrocardiography at Englewood.

JDG: Englewood and Montefiore, too. I'm in the department at Montefiore and I'm the Director at Englewood. I do it reasonably well. I've been doing it for years, read between twenty and thirty thousand cardiograms a year. So, after a while, you learn a little bit.

SC: Yes. How significant was Doppler?

JDG: Well, that's for echo [echocardiogram].

SC: Yes, for echo speckles.

JDG: Very, very significant. Echo and Doppler exquisitely, I mean, literally, has eliminated certain invasive techniques that are used for cath, so much so we have one in the office.

SC: You have one here, wow.

JDG: Yes.

SC: When did you get that?

JDG: About three years ago, yes, because, if I send a patient to the hospital, I'm at the mercy of the technician at the hospital who wants to use it on that particular day. This way, I hire a technician, I say, "Listen, come in on Tuesday morning. I have four cases for you to do." So, I hire the best and I pay her a set amount per case. She doesn't get that in the hospital. So, I rob the best technician from the hospital [laughter] and have them do the echoes and I have the best of all possible worlds.

SC: Right here.

JDG: Right here, very simple, but echoes are a tremendous advance, tremendous.

SC: It is pretty amazing, now that I have seen them.

JDG: Yes. Well, the color technique is fantastic and I did a lot of fluoroscopy in my day. Bernie Schwedel, the gentleman who got me all these positions, was the father of cardiac fluoroscopy and I spent years fluoroscoping with him on Saturdays. So, I learned cardiac anatomy from the father of thoracic fluoroscopy. Echo is a variant of fluoroscopy. Instead of using X-ray, you're using sound waves, getting the same basic picture.

SC: Right.

JDG: So, it's second nature to me. So, it's a fun technique.

SC: You had one or two of your daughters go to med school.

JDG: One. She went to NYU and she does mammography. She is the radiologic head of the Simon Diagnostic Center at Englewood, does all of the mammograms. She's the one who helped develop the technique where they put little needles in the chest, in the breast, and pull out the cancer through the needle.

SC: Wow.

JDG: Yes.

SC: She helped directly.

JDG: Yes. All the papers that are written, everything else, come out of that laboratory. Yes, so, she's done very nicely. My number two daughter is an attorney. She's the in-house attorney for Valley Hospital.

KP: There is a medical connection.

JDG: Yes, yes. Number three daughter is a nurse, has her double master's in nursing and runs the emergency room at Englewood. Number four daughter is a chef, graduated Culinary Institute. Her forte is fine cake baking and decorating. She runs my office for me and she makes fine cakes on the side. [laughter] Well, it's a good business and she's building up a very, very good clientele.

KP: As a doctor, could you talk about several relationships? One is, since you mentioned one of your daughters is a nurse, the relationship between doctors and nurses. How have you seen that change since you started in medicine?

JDG: At one time, a nurse was basically a proud profession. The nurses were proud of where they graduated from. Each hat was easily recognizable as someone graduating from Bellevue or St. Luke's. They all wore their pin, so [that] you knew where they graduated from, and it was a very, very honored profession. As people became more and more litigious, nurse activity became less and less nursing activity and became activity to really protect their rear-ends. So, everything had to be written. So, now, they spend all their time writing down little notes. When HMOs came on the fore--sorry, in those years, the salary level for nurses was poor. Then, they started, because of strikes and everything else, getting a working wage, so that a nurse could be a single parent and still get enough money to subsist. Years before, they were working for coolie labor. They couldn't do that. They were fortunate they could become a nurse, because the husband worked, but they couldn't be a single parent or a divorcee and make a living. Then, as time went on, they started getting a decent salary. Now, the HMOs come in and they see that, in a hospital, sixty percent of the cost is labor, unlike in most businesses, where a third of the cost is labor. So, they start cutting the hospital down. Insofar as remuneration is concerned, the hospital says, "Screw this. We're going to not use so many nurses." People start complaining that they can't get a nurse, so, they hire someone who's not a nurse, put a white dress on them and say, "You're a nurse," and say to the nurses, "Get rid of the hats, get rid of the buttons. You're Miss Logan. I don't want them to know that you're the nurse and this one isn't the nurse." So, now, in a hospital, you have clinical associates. They give them a nice title and low wage. So, now, you have people who are non-nurses who have taken a two-month course or a six-month course in taking care of patients and they're the ones who take care of patients. The nurses are doing less and less nursing. They're doing the things that the State Board of Medical Examiners and the State Board of Nursing say can't be done by anyone but a nurse, like giving out medications, this sort of thing, but they're doing less and less patient care. So, it's a very frustrating situation for most nurses. Now, if you're doing critical-care nursing, there's more one-on-one contact, but even that is being handled by nursing assistants now. These are little kids who get out of high school. Even with EKG, these are EKG technicians and the EKG tech took the EKGs--taking an EKG is a difficult thing if you're going to take it correctly--now, they have these nursing associates taking the EKGs on their patient. They do everything for the patient. They clean the floor, they take the EKG, they draw the blood, they feed the meal, they give the patient a bed bath--they do all of this. They're a jack-of-all-trades to take

care of the patient, but they're master of none of those trades. So, now, instead of having to train six EKG techs to take care of the whole hospital, I have 104 medical assistants taking EKGs, with terrible, terrible results, terrible. What's happened to nursing? It's become more and more of a non-nursing profession, because someone else has gotten there between the nurse and the patient, unfortunately. Now, they have nurse practitioners. My daughter is a nurse practitioner. She can now function as a doctor, all right, and not be a doctor. Why is that allowed? because the HMO can get away with paying [less] money. You pay a nurse less than you pay a doctor, so that if they finish their nursing [degree] and finish their master's and pass a test, they can become a nurse practitioner and be able to see the patient and prescribe. So, you could come in with a sore throat, you see a patient, she'll prescribe something, you're on your way. You have chest pains, the nurse will see you and, hopefully, they'll be able to make a diagnosis of a heart attack. Is it effective? Yes, for certain things, it is effective. For most things, it's not. You have chest pains--would you like to be seen by a nurse?

KP: No.

JDG: No, regardless of the nurse, you wouldn't want them to see you. Come in with belly pain--would you like a nurse to examine you, do a rectal and find out what's going on? no. If you're an obstetrician/gynecologist and you had a nurse practitioner who could watch the patient for you, who could say, "This one's having pain every six minutes," and do a rectal and say, "The cervix is effaced so much," hey, that saves you time, so that, in certain aspects, they're very valuable. In many aspects, they may be a potential hazard for the patient.

KP: What about the relationship between the doctor and patient?

JDG: In the HMO, it's got to change. Between myself and the patient, I'm a heretic. I don't belong to one HMO. I'm the exception. So, my relationship with the patients is the same as always, but the doctor, he's getting his fee cut down by sixty percent. He's getting forty percent of his usual fee. Now, there's no way that you can practice good medicine at a fee that's forty percent of what you were charging in 1970--not 1998 fees, 1970 fee level. I told you I stopped putting in pacemakers. In 1970 and '75 and '78, '80, I was getting twenty-two hundred dollars for every pacemaker I put in. In 1998, they're willing to give me seven hundred dollars. For seven hundred dollars, I won't put them in, ain't worth it, isn't worth the aggravation, the time spent, the time having to meet the families and everything else, won't do it. Sorry, I am not interested. So, I stopped. I recommend someone to do it, but I won't do it.

KP: Have you found that patients are better informed as a general rule? In their relationship with doctors, are they more likely to ask questions now?

JDG: Well, yes. They are more intelligent, but, unfortunately, they're getting their education from the Internet and from *Time Magazine*, *The New York Times*. That isn't always correct, because the person who's writing the article really doesn't understand what's going on or it certainly isn't current in many aspects. Many times, these are not articles, these are advertisements. This is the drug company writing an advertisement. You see, in tiny, little print on the bottom, "This is an advertisement," when most people believe that it's really an editorial or a good reporter's assessment of something--couldn't be further from the truth. It's unfortunate, but it's always nice if they talk to

you and they keep you on your toes. [laughter]

KP: I have gotten the sense from some doctors that they really appreciate it when their patients ask them questions, trying to get a sense of what is going on with their own health. However, other doctors, I really get a sense that the doctor was the unchallenged authority.

JDG: Well, many of them don't have the time to talk to the patient, number one. They don't want to be challenged. Number two, if the doctor trained in Europe or in South America, that separation of "church and state," that separation of doctor from patient, is a function of the educational system in Europe. My philosophy is that, like Sy Syms, an informed patient is my best customer. [laughter] If I have someone who really understands what's happening, they don't argue with me. All they can do is, if they see I'm doing something wrong, all they can do is educate me. So, I never bother, I never worry, about someone asking questions. If they ask a stupid question, I give them a stupid answer. If they ask a good question--if you looked in *The Wall Street Journal* the other day, there's an article on the treatment of myopia using a corneal ring. You see that?

KP: I have heard about it.

JDG: Okay. That's a very nice way of doing it, but there are better ways to do it. A laser's no good, because there's no way that you can take a laser and cut across a cornea, which is supposed to be a clear window, and end up with a cornea that's just the same as it was before, all right. You may get away with it now, but, as that heals, there's going to be some problems, so that once you start cutting across a cornea, with what's called a "flap and zap," you're going to have troubles. Certain of the keratomies, only four lines is okay. Once you've got to make more than four cuts, it's no good. So, there are ways to now treat myopia, not a ring, ways you just open up the eye, put a lens in front of the normal lens, close it up again; doesn't work, throw it out. You're not touching the cornea, you're not putting something foreign into the eye, okay, and it works magnificently. If you take patients who are severely near-sighted--you're near-sighted?

KP: Yes, very.

JDG: What's your prescription?

KP: I do not even know.

JDG: Pretty bad.

KP: Yes.

JDG: You take someone with a minus-six or minus-seven myopic correction, that means they've got to use the glasses when they get up in the morning. Otherwise, they can't see the floor.

SC: That is the way I am.

KP: Yes. We are both.

JDG: Okay, okay. If you take that kind of individual and, in one eye, you "flap and zap," take a laser, open the cornea up, fashion it according to what the computer says and put it back again, and, in the other eye, open it up, put a lens in front, close it, a hundred percent of the patients will tell you that the lens is much better than the "flap and zap," less painful and they can see better. They don't need glasses anymore. So, the treatment for myopia is an intraocular lens, works very, very nicely, beautifully, in fact. Why don't we use this now? The FDA hasn't allowed it in this country, so that it's allowed every other place in the world, but not in the United States, same thing with hyperopes [far-sightedness]. Myope is easy, you're easy, because, if you forget your glasses, all you've got to do is put the thing up here, you can read up close, understand. [laughter] A hyperope can't do that. If he doesn't have his glasses, he can't read the menu and he can't see far. He needs two pair of glasses, one for close and one for far. So, we have a hyperopia glass put in, a little incision, slip the damn thing in, close up, patient sees immediately. That hasn't hit the newspapers yet. Why? because we haven't publicized it yet. We're not interested in selling the lenses in this country. We're selling the lenses out of the country, but that corneal ring was interesting because, now, misinformation is being sent to the public. My colleague and I who are doing this work--he's now in Singapore operating and is going to Pakistan, and then, to Europe--as soon as he gets back, next Sunday, we're going to have to have it out, because I think it's time to start counteracting that advertisement, not that I want to sell a lens, but because people are going to use the ring. The ring is a foreign body and causes all sorts of trouble, but they won't tell you what the trouble is. We go to meetings in Europe and in South America, where they're using this all the time, and we see all the problems. We talk to the eye doctors and they'll tell you what the problems are. They're not worried about suits there. No one gets sued down in South America. [laughter]

KP: Another issue is the whole problem of litigation and maintaining your standards.

JDG: Well, you do what's right--and you're going to get sued. Anyone who says that he hasn't been sued hasn't been in practice long enough or is lying. All you do is do the best you can. I have a suit. I just had it thrown out by the jury, in thirty minutes, threw the whole damn thing out. A doctor sued me for not telling him the truth. Now, I have notes in my office saying I told him this, "You are a fibrillator." I told him he had to be on anticoagulants. He denied I ever said that to him. My notes, all my stuff is typed and I have notes there saying--everything was typed--that he was told this; not only that, but he's an instructor in CPR and teaches advanced CPR. As part of the instruction manual in advanced CPR, it says, "Anyone in arterial fibrillation should be anticoagulated." So, not only did I tell him, that even if I didn't tell him, he's an instructor-trainer, he should've known it.

SC: Right.

JDG: In his own book, right. Then, in doing some detective work, it turns out that he saw me after seeing a doctor at Columbia who told him he had to be anticoagulated, after seeing a guy in North Bergen who told him he had to be anticoagulated. He refused, understand, but he still had the nerve to take me to court. We presented all of this and it was thrown out by the jury. So, it happens. You get disturbed? Yes, it was very emotionally disturbing, but what are you going to do? He's a colleague, practices right down the street.

KP: I have asked a lot of doctors about the impact of Medicare and Medicaid. One of the things I

am struck by is, so far, I tend to interview older doctors and they paint almost a "golden age" picture, where people who did not have health insurance or money were well taken care of by doctors in clinics. I am not necessarily disbelieving it, but it almost sounds too good to be true.

JDG: They're telling you the truth. When I first went into practice, a full third of my practice was done for nothing. It was expected that, as part of my hospital affiliation, I worked in clinics and I saw people who didn't have the money to pay, who were seen for nothing. Some of these people were hospitalized and I had them on my service and I took care of them as if they were my private patients, no bill. There were patients who came in the office who obviously didn't have money. You couldn't not charge them, because that was emotionally degrading to them. So, you charged them a dollar or two dollars or three dollars and you'd tell your receptionist, "This patient gets charged three dollars." She'd say, "Three dollars, please," and they'd say, "No more than three dollars?" She said, "The doctor said three dollars." They had to maintain their dignity. I had more cucumbers and tomatoes and potatoes and lasagnas made than anything else, [laughter] because they knew that they were getting something that was less than anyone else, but they maintained their dignity. In return, they came in to me with their gardens, their produce, all right, or something that they made, just to show you that they knew, never a word passed between the doctor and the patient, didn't happen, all right. Now, what they do is, they want me to charge the patient for the same thing I did for nothing, perfectly happy not to charge them, but, if I don't charge them, that means, according to the government, that my services for an office visit are worth zero, because I didn't charge them. Therefore, they add that zero into what I am charging, so that when they determine my fee, I've got a zero fee in there. So, I've got to bill them the same amount as I bill everyone else and Medicare will give me a percentage of that. So, patients that I would ordinarily see for nothing, a doctor's parent, I'm supposed to bill them, because, if I don't, then, it's obvious I'm charging someone else too much, because I've got to treat everyone the same. Everyone's got to be the same. It's a very, very stupid way of doing things. It's a license to lie, it's a license to rob, it's a license to cheat and it interferes with the doctor/patient relationship and it should never be. Just like the twenty-five cents that they paid for the television set, the patient should always be made to pay the first amount up front. Then, they appreciate information, then, they appreciate the office visit, but, when someone else pays, Medicare or some insurance company, Medigap pays, and they don't take anything out of their pocket, they really don't care about the information that's given them. It came for nothing and that's what it's worth.

KP: I had a friend who organized conferences for businesses as part of this university program in another state. He also concluded that you had to charge people for these programs, these business people, because if it was for free, it was not worth them going.

JDG: It wasn't worth anything.

KP: If you made them pay ten dollars a program, even though it cost two hundred to run, still, it was worth it.

JDG: Absolutely, it was worth it. That's right. Again, Albert Schweitzer found that same thing in Africa. People have to pay something and the same thing with Medicare. The patient is the best control over costs. God forbid you have a back pain and you come to me and I say, "You've got the back pain. How long you got it?" "Two weeks." "I need an MRI." "Okay," go to the MRI, right.

Now, why? because the MRI doesn't come out of your pocket. If you have to pay the first ten percent of this, you say to me, "How much does an MRI cost?" and I say, "About twelve hundred dollars," and you quickly calculate, "That's 120 bucks out of my pocket. Is my back pain worth 120 dollars?" you'd say, "Doc, I really haven't had that much pain. Let me wait a week or two weeks; treat me first and see what happens." Now, your retort to me, "Why didn't you tell the patient that?" because I'm afraid the patient's going to sue me should something turn up. If that patient has a herniated disk or if that patient has myeloma or that patient has something else equivalent to it and that's found two weeks from now and I said, "Don't do anything," they're going to turn around and sue me, but, if the patient says, "Hey, listen, I don't want it done," I just put down, "I recommended an MRI and the patient turned it down, wants to wait," that's different. The patient's the one who turned it down. So, you see the difference? so that the patient is the best one to decide whether a given test is needed or not and whether the money is being spent appropriately, but the patient will only do that if it comes out of their pocket, no Medigap insurance, no insurance in-between. If the doctor waves that fee, he loses his license, all right. "Doctor, I don't have the money." "Listen, my license is worth more than your money." That's it. You don't have the money, there are clinics you can go to, they won't charge you. You'll get the care if you don't have that money. They have the money to go to Atlantic City, they have the money to play the lottery, understand. They don't have the money to pay the doctor. That's wrong. There's something inherently wrong with that, all right, so that until someone has got the balls to say that, it ain't going to work. I speak to Bob Torricelli all the time, good friend, and he talks and I said, "Bob, you're my leader. You show me the way to go. I think I need the same health insurance as you get. After all, [if] it's good for you, it's good for me." He says, "Well, you can't do that." I said, "Why?" "It's too expensive." I said, "Why is it too expensive for you, not for me? All laws are made for everyone equally, right. You pay the same taxes as I, you can't go any faster on the highway than I do--why should you have better insurance than I? Or, as a protest against your colleagues, why don't you say, 'I want the same insurance as my constituents have?'" right, won't do that, doesn't happen, see. [Editor's Note: Democrat Robert G. Torricelli served New Jersey in the US House of Representatives from 1983 to 1996 and the US Senate from 1997 to 2003.] Now, if the patients say, as a mass, say, "We want the same health coverage as our Senators get, as our Representatives get. We don't want to send people up to the Moon, we don't want to send a rocket to Uranus," understand, "We want to get good medical care and we want the same medical care as our Representatives have. We're willing to pay the first ten percent of that out of our pocket, no insurance, no co-insurance, no nothing." Then, you'll see something that's interesting.

KP: It sounds like you favor an active government role, but you think that any plan has to have a co-payment, that it is important that people pay.

JDG: If you cut out government regulation of medicine, of hospitals, what percentage of a daily hospital bill do you think would disappear?

KP: A large percent.

JDG: What percentage?

SC: Eighty?

JDG: Damn close. I would say seventy percent of the cost, the daily cost. So, seventy percent of the daily cost of a hospital bed, probably, is governmental. Now, the reason I say that is that I asked this of the hospital comptroller in 1968 and he told me, "Easily forty percent." In the last ten years, regulation has gone even higher, so, I've added a few more percentage points. What is a hospital? A hospital is a hotel with sick people. That's it. It's a hotel with sick people, nothing more. I mean, you go into intensive care at Englewood, it's about eighteen hundred dollars a day. For eighteen hundred dollars a day, I can get a suite at the Waldorf Towers with hot and cold running prostitutes and good meals, understand. [laughter] Eighteen hundred dollars a day, that's ludicrous, so that for people not to have insurance is very difficult, because of the cost, the burden, of governmental intervention. When it first started, when I first went into practice, a hospital bed was sixty dollars a day, sixty-five dollars a day, seventy dollars a day, but they've jacked it up. So, yes, you need some sort of protection for the average person and, since it comes via the employer or the government, it's understandable. Government regulation is also understandable. Just so we understand, I'm not in favor of doing away with it.

KP: No.

JDG: Some of it is ridiculous, understand, but some of it is certainly necessary, because hospital administrators, being businessmen, are not interested in patient care. They're interested in the bottom line. If they can cut corners to make that bottom line bigger, they get a bigger golden parachute when they retire, they want it. So, they can't cut corners--they need someone to watch them. So, the Joint Commission and the State is a necessary evil, but it costs money for all that, so that, yes, I think that we need some sort of insurance to cover the patient. Government insurance? no, I don't think that that's right. I mean, the patient should be able to pay. I think it's like you have American Express--you have a green card, you have a gold card, you have a platinum card. With each card, you get a certain different level of service, so that the same thing with medicine, have three levels of care. You have a green card, you pay X premium and you get such-and-such. You want a little more, you want something else covered? You pay a little bigger premium, you get something else. You want fancy stuff? pay the premium and get the platinum card, understand. The patient should be the one to decide what coverage they get. You have automobile insurance--you decide how much deductible you have, you decide how much collision you have. Big Brother doesn't tell you that; your common sense tells you. Why do you need Big Brother to tell you what insurance policy to take, what hospital to go to, what drugs to take, how long you're in the hospital for? You have a breast surgery and you've got to get out within two days. You have open-heart surgery, you're out of there in four days. Who the hell are they to tell you how long you're going to be in the hospital? I have a ninety-year-old, had a hip replacement, she's got to be out of there in four days. Now, who's going to take care of her, her son, her daughter? They're in their seventies, understand, if they're still living--the husband? can't do it. So, it sounds nice, but who the hell's going to handle that? You don't think our President, if he has his hip done, is going to get out of the hospital in four days, do you? [laughter] Yes, there's a certain level of coverage that you should have, but you're stuck with it and you know that someone didn't give that to you, you bought that. You bought it and you're supposedly informed that if you take this level, you get this. If you go up a little more, you get such-and-such more and you've taken this consciously, understand, without co-insurance, without anything else. The insurance companies ain't working for nothing. They're making a big buck. They can't build big buildings if they lose money on every policy holder. They can't give their presidents fourteen-million-dollar-a-year bonuses if they're losing money. Yet,

every patient says, "Hey, I'm going to a HMO because they're going to give me something for nothing." You ain't getting nothing for nothing. The only one who gives is the good Lord; everyone else receives. You heard my talk for next Sunday on the radio. [laughter]

KP: What is it like to lose patients, particularly when you first started out? I do not know if you get used to it.

JDG: Worse now than it was then.

KP: Really? It has become harder.

JDG: Because they're no longer patients, they're friends. They're people that I've taken care of for twenty, twenty-five, thirty years and they're good friends. That's the worst part of continuing practice, losing someone who's a friend, so that that's hard. When you're new in practice, they're numbers to you. You don't really establish that kind of a relationship with them, but I have a boutique kind of practice and they're more than patients. So, that's hard. I mean, if there's anything that will cause me to give up practice, it's the fact that patients die. If there's anything that'll keep me practicing, it's the problem that I don't know where the hell to send the patients. The quality of the stuff that's out there, the people that I'm going to send the patients to, leaves a lot to be desired.

KP: It sounds like you enjoy your work a great deal.

JDG: I love it.

KP: If you were to summarize, what do you find most rewarding? Is what you find rewarding the same as what you expected to find rewarding when you first started?

JDG: Yes, yes. I never have worried about the money. I have always worried about being able to do something. The last thing I do before I go to sleep is, I say to myself, "What did you learn today? What did you learn today that you didn't know yesterday?" If there was nothing that I could honestly say I learned, it was a wasted day, purely and simply. I just enjoy talking to patients and taking care of patients. I have stopped the physically difficult part of the practice. I've gone through everything. I'm not interested in taking care of acute infarcts [infarction]. I'll see him in consultation, but I'm not interested in that. I'm not interested in catheterizing. I've done it. I'm not interested in putting pacemakers in, for obvious reasons. So, a lot of those things that I used to do, I don't do anymore. Now, what I'm doing is the pleasant things, taking care of the patients, following up, seeing diagnostic problems--patients will come in, they don't know what they've got--seeing them, this sort of thing. That's interesting to me and, as long as that remains interesting and the government and the insurance companies don't get to me, I'll continue practicing.

SC: Has it become more preventative medicine that you do?

JDG: My medicine's always been preventative. It's much easier for me to take care of a healthy patient than a sick patient. So, I have always practiced preventative medicine. I have always insisted that patients have EKGs periodically, have X-rays periodically, never worried about exposure. That was a lot of hogwash; getting more X-ray exposure sitting in the sun, taking a

sunbath, than you are taking an X-ray. I've always insisted women have pap smears, for the past ten years, mammograms. I'm a firm believer in periodic examinations, even though they're healthy, because you'd be surprised what you pick up. You pick up a tremendous amount of stuff; periodic blood tests in patients, to see what's going on, even though there's nothing. Insurance companies don't like it, but it has to be. I'm in the process now of trying to work up a format. There are four or five disease entities that, regardless of how astute a clinician you are, you're going to miss. One is gallstones.

KP: Really?

JDG: One is cancer of the kidney, one is pancreatic carcinoma, ovarian carcinoma, prostatic carcinoma. These things are picked up almost when it's too late. Now, if you can do a screening ultrasound every five years on a patient, cancer of the pancreas, you're not going to cure, but you may pick up one or two very, very early. Gallstones, you pick up very early, a lap chole [laparoscopic cholecystectomy], you do it in the morning, they're out of the hospital in the afternoon. Cancer of the kidney, you pick them up, slow growing, the life expectancy is five years after you find the cancer of the kidney. If you do an ultrasound every five years, you're going to pick it up and cure the patient before they pick it up. Ovarian carcinoma, terrible disease, do an ultrasound every five years, doesn't develop that rapidly. So, I'm trying to talk to the radiologist in the hospital on doing screening ultrasounds that the patient has to pay for. Insurance companies will not pay for this, but, if someone said to you, "Every five years, you've got to have a test done that'll cost you 250 bucks that may save your life," or three hundred dollars, not an exorbitant price, a fair price, "a screening ultrasound, we recommend it," I'll bet you that most people take advantage of that, people over the age of fifty. It's going to be a very interesting study, a prospective study, to see what you pick up and what the cost is of picking it up, the real risk/benefit ratio is. I think it's going to be very, very big and I think I convinced the Chief of Radiology at the hospital. Now, it's just a question of negotiating a fee structure with him--I don't want any fee--having some of that fee spill over, so [that] we can hire a secretary and get a computer programmer to program this stuff in, so [that] we can do prospective studies on it, and then, some publicity work with the doctors in the hospital and get a dozen doctors to put signs in their office and see what happens. That, I think, is important, more important than treating someone who has cancer of the kidney. You've got to do a radical nephrectomy, and then, you've got to start worrying, "Did you catch it in time?" much more emotionally gratifying to pick it up before, pick up a ballotable mass on an examination, but, by the time you pick up that ballotable mass, it's sitting there for four years. You know what a varicocele is?

SC: No.

JDG: A varicocele is a varicose vein of the spermatic veins and it's usually found on the left side. You examine the scrotum and you'll see a varicocele. Right-side varicoceles are a sign of cancer of the kidney, left-side varicoceles are normal. It's the anatomy of where the renal vein goes in. Renal vein on the right side is inserted directly under the kidney, so that you can pick it [up]. So, it's a clinical gem, but I picked up three patients in my whole practice with right-sided varicoceles. Each one of them has had a cancer of the kidney, totally asymptomatic. Now, you walk on clouds for a month after you pick this up. It's a much higher cloud than it is if you pick it up on X-ray when a patient's symptomatic. So, I practice preventative medicine. I think it's a key. Again, the

government and the insurance companies are not interested in that.

SC: Did all three of those patients have full recoveries?

JDG: Yes.

-----END OF SIDE TWO, TAPE THREE-----

JDG: And it's exciting for the doctor. Every patient is a new unknown, until you find something.

KP: It is interesting, because one of the things that HMOs were really sold under was the fact that it would give economic rewards for preventive care. In fact, my wife had belonged to an HMO that fit this mold and doctors really emphasized preventive care. I am currently in an HMO that fits exactly what you are describing. We are going to go to an additional plan, even though it costs more money, because we are simply so disillusioned.

JDG: Yes. Well, you see, what do they mean by "preventative care?" giving patients flu shots, preventative care; giving patients shots against pneumonia, preventative care. Well, that's routine--that's not preventative care. That's good medicine. That's not preventative care. You go to an HMO and you get a guy who's got to see you in ten minutes. There's no way he can examine you, get a story and examine you, in ten minutes. I don't care if he's [medical pioneer William] Halsted himself, he's Hippocrates himself [laughter]--he can't examine you in ten minutes. So, what they say is one thing, but you've got to figure out, "What are they doing?" There used to be a thing called Physicians Health Service. It's a group of doctors at New York Hospital who examined--Executive Health Service, that was it--they examined executives at IBM, at Xerox. New York Hospital sold them a bill of goods. What they did was, they'd take residents and they'd say to residents, "You're an ENT resident, you look in everyone's ears. You're an eye resident, you look in everyone's eyes," and they would go from room to room to these "super specialists," who were residents who were just learning, and have the organ system examined. At the end, they were stamped, "You're perfectly healthy," all right, and I said, "This is a lot of crap, but what can I do?" One patient of mine was one of the major executives of IBM, came in with his wife. I never saw him because he was part of this Executive Health thing. IBM had their people, their executives, go through it every year. His wife came in, I saw him sitting in the waiting room and the son of a gun had a big mass on the side of his face. So, his wife came in, I said, "How long has your husband had that mass on his face?" She said, "What mass?" I said, "Didn't you see the mass on the side of his face?" She says, "No." Now, he's sitting in the waiting room. So, I finished examining her. I called the husband in, he sits down, I said, "How long have you had that mass?" He says, "What mass?" I says, "You've got a mass," I said, "looks like a mixed tumor of the parotid. May I examine it?" said, "Sure." "You've got a cancer of your parotid gland." So, he says, "I never knew I had that. I thought I was gaining weight." So, I says, "You've got it." He says, "I just went through Executive Health Service. They never said anything." I said, "They couldn't have missed this. A blind man couldn't miss it." I said, "I saw you across the waiting room." [laughter] So, he says, "Oh, no, they didn't." So, we call Executive Health Service and he says, "Listen, I'd like you to send a Xerox copy of my records to Dr. Goldfischer," and they sent the Xerox copy to me. Sure enough, everything was normal. They didn't have a guy examining the parotid. So, this guy was examining the eyes and he wasn't interested in the parotid gland. Another guy was examining the ears, another

guy was looking at the throat, but no one examined the parotid. No one looked, all right. So, this guy had a mixed tumor of the parotid and had it operated on. It was cured, but I said to myself, "Well, I now know what the Executive Health Service is."

KP: It is interesting to think what Scott will hopefully take from these interviews. I often tell Scott there are certain things I want you to do right, [laughter] but, also, people will read these interviews for various reasons. How does a lay person choose, particularly since they may be forced into an HMO? Some employers will say, "You have to join the XYZ plan." How would you recommend choosing a doctor, choosing an HMO? If you are in an HMO, not all doctors are the same.

JDG: Hey, listen, I don't believe that anyone is obliged to take the insurance coverage his employer says he has to take. "You must take this HMO." "I don't want the HMO. I want to be able to choose my doctor. I don't want to choose a doctor that's part of a plan. I'm terribly sorry. I want to be able to choose my specialists. If I develop something that has to be operated on, I want to be able to choose the guy who's going to take care of it, not because he's a member of your plan, but because it's my right to do it," understand. I'm not going to abrogate my right, and then, turn around and expect Congress to legislate my right back again. You should never have given it up to begin with, understand. Is your health or the health of your children worth two thousand dollars a year? If it isn't, then, go to an HMO; if you can choose an indemnity type plan and say to them, "Listen, I'll pay the first thousand dollars, I'll pay the first fifteen hundred dollars. I don't want to use your plan. Insure me after that," all right. The kids in my office, Jason's dad will tell you, my employees all have indemnity plans. What I do is, I say, "You have fifteen hundred dollars in your account." They all have a fifteen-hundred-dollar deductible. Why fifteen? I can't get more. If I could get a two-thousand-dollar deductible, I'd get that. I say to them, "You have a fifteen-hundred-dollar deductible. I will pay the first fifteen hundred dollars of your medical care. At the end of the year, whatever remains of that fifteen hundred dollars, you're going to get as a bonus, over and above your regular bonus." So, now, they say they've got a sore throat. Well, this hurts them. They say, "Listen, if I'm going to go to a doctor, it's going to come out of that first fifteen hundred dollars. I'm going to get less of a bonus come Christmastime." So, in essence, it's coming out of their pocket. You know something? Virtually everyone in my office gets their full fifteen hundred-dollar bonus. Yes, occasionally, someone needs an MRI and, occasionally, someone needs such-and-such and we pay for it, routinely, but most of the kids pick up that fifteen-hundred-dollar bonus, because it's coming out of their pocket. So, I tell patients, "Take yourself as big a deductible as you can get. Pay it. Pay your drugs. Pay your drugs. Do you think that the insurance companies are going to allow you, for fifteen hundred dollars a month, to get the drugs that you're entitled to? They're not going to lose money. Take the money that you would ordinarily spend on the insurance and put it in the bank and just use that, so that if you have a twenty-five-hundred-dollar deductible, take that twenty-five hundred dollars and put it into an account and just keep it there. If you've got to pay for a doctor, take the money out of that account. Don't take it out of your living account, all right. You've got to buy drugs? Take the money out of that account." So, now, most of the time--this is a medical savings account, quite obviously ...

KP: Yes.

JDG: Now, you're buying drugs not with fifty-cent dollars, but with dollar dollars, understand. Right now, you're buying drugs with fifty-cent dollars or the insurance company's paying for you,

but take your money out of the bank and buy those drugs. After ten years, you'll see you have a nice nest egg. My point with Torricelli was, "Let some people do this as soon as they start working. Let them put money away, two thousand, twenty-five hundred, three thousand dollars a year, whatever they want, in a medical savings account and let it grow tax-free and let them pay their doctor bills and their drug bills out of that. At the end of their work ethic, when they're sixty or fifty-eight or sixty-five, I'll bet you they have more money in their nest egg than they have with Social Security. Figure it out, even though they paid the first twenty-five hundred dollars. Now, you have someone who gets their Social Security for retiring, gets a pension from his employers, and then, has his medical savings account that accumulated tax-free, interest-free, right. Now, you have someone who has a decent retirement." Will it happen? not with our present Senators, not with our present Representatives. They're just too narrow-minded, I'm afraid, but, if you had a mathematician, they would show you--just do a pilot study. They'll show you that I'm correct. If you put away twenty-five hundred dollars from the time you're twenty-five and you worked for forty years, what would that twenty-five hundred dollars be worth?

KP: No, I have seen it for a 401(k) plan.

JDG: And?

KP: It is astronomical. That is why I tell my students, when I talk about Social Security, it will be around, may not pay what it does, but start a 401(k) plan.

JDG: If you're successful, you're never going to see it back.

KP: Yes.

JDG: Because they're going to keep robbing from the more successful people to pay those who are less successful. It's redistribution of wealth, truly and simply, but it's interesting to speculate. Torricelli doesn't like me. [laughter] [Senator Frank R.] Lautenberg doesn't listen. He takes the letters and throws them out.

JG: I was doing research on Rutgers in 1947. One thing that was really big that semester was football. I wanted to know if you were at the Princeton-Rutgers game that year. Do you recall?

JDG: Frank Burns, quarterback, yes, when they beat Princeton. [Editor's Note: Frank Burns, Rutgers College Class of 1949, was the Rutgers Football Team's quarterback during his undergraduate career. He subsequently joined the football coaching staff and served as head coach from 1973 to 1983.]

JG: Was that a really big deal on campus that year?

JDG: It was a real big game. Frankie Burns was the quarterback. I've forgotten who played for Princeton, but I remember Frankie, Frank Burns, was the quarterback. Leon Root was the middle linebacker. I backed up Leon Root. It was a big deal. It was a big deal.

JG: I remember you telling me a story once about a train wreck in New Brunswick.

JDG: Yes. That wasn't '47. Was it '47?

JG: I just remember you telling me the story.

JDG: No, the football, that had to be '47.

JG: Yes, that was 1947.

JDG: In 1950, late 1950 or early '51, there was a mega fruit train that was going through New Brunswick with boxcar upon boxcar of oranges and grapefruits that turned over. There had to be about fifty cars turned over and all this fruit was lying there. We found out about it and we hopped into cars and went down there. Everyone was running around and no one bothered paying attention to the fruit. So, being industrious people, we loaded up cases of oranges and grapefruits and took them back to the dormitories, okay. [laughter] I mean, I had about six or seven cases. After a couple days, you had your fill of oranges and grapefruits and you don't know what to do with this stuff and there's no way to refrigerate it. In those years, they had what they called cherry bombs. I don't know if they sell cherry bombs today.

KP: Yes.

JDG: Firecracker, and, if you took a knife and you cut a slit in the grapefruit and put a cherry bomb inside the grapefruit with this thing hanging out and you lit the fuse--I mean, there's no air-conditioning then, it was the spring--and you rolled the grapefruit in the guy's room, "Poof." [laughter] So, guys started making these little bombs and rolling them into other guys' rooms, so much so the guys closed their doors. So, they didn't have the cross ventilation, but at least they didn't have a room full of grapefruit rind on the ceiling and on the walls. So, a few of us were very industrious and we went up to the roof of Hegerman Hall. We took a grapefruit and tied it on a string and measured the distance to one of the windows underneath that was open and pulled the thing up and lit the fuse, and then, lowered the grapefruit to the correct place, and then, moved it out and let it go through the window. [laughter] So, guys were living with their doors closed and their windows closed and, with that, we were ready to graduate. Now, they come in to inspect the rooms and they see one holy mess of grapefruit rind and orange rind all over the place. They threatened not to graduate any of us unless we cleaned up those rooms. So, we had to get on our hands and knees, with all sorts of soap and everything else, and clean the orange rind off the windows and off the walls and ceilings and get rid of all the remaining grapefruits and oranges, so [that] we could graduate. [laughter] It was a fun time. We were feeling no pain. All of us were done. I assume--well, if it hit today, I mean, it would make the Newark *Star-Ledger* and everything else, but not then.

KP: How often do you get back to Rutgers? Have you come to any of the reunions or do you stay in touch with anyone?

JDG: Yes. I've been to every fifth reunion, if I can possibly make it. Last time I was in New Brunswick, I had a meeting with the ex-Governor at--what's that fancy Italian restaurant in town?

KP: I know which one. I cannot think of the name.

JDG: The Frog and the ...

SC: The Frog and the Peach.

JDG: The Frog and the Peach, is that it, that the Italian one?

SC: Yes, though, there is another one.

JDG: It's on Albany Street. It's on a corner. I met the Governor there. We were talking about some stuff and I drove around a little bit. The problem is, they won't let you drive on to the main campus, what I knew as the main campus. I drove by New Jersey Hall. It's no longer used for students. What's it used for?

JG: Economics Department.

KP: I think Economics has it.

JDG: Okay. The area between behind the Chapel and the Engineering Building was always a lovely area. I don't know if it's used for anything but administrative offices now. It used to be Engineering. Last time, I was there after that, I had to go to St. Peter's, had to go to the hospital for a meeting and drove around. It's fun. I don't know anything about Piscataway.

KP: That is Scott's area.

SC: That is where I am.

JDG: That's where you are. Yes, all we had there were the trailers. Then, they built a chemistry building during my tenure there. They used all the money up for the building and didn't have any money for furniture or equipment. [laughter] So, it lay empty for about ten years, never got the money for it. Who's the Dean now, Jacob, Joseph?

SC: For Rutgers College?

JDG: Yes, Rutgers College.

KP: Currently, it is Dean Kirschner for Rutgers College. [Editor's Note: Dr. Carl Kirschner, a Professor of Linguistics and former Chair of the Department of Spanish and Portuguese, served as Dean of Rutgers College from 1994 to 2006.]

JDG: Kirschner. Who was the one who was pushing that they join level one, class one, football and baseball?

KP: That was really President Bloustein.

JDG: Bloustein, okay. Is he still President?

KP: No. He passed away actually.

JDG: What happened?

KP: He had a heart attack. In fact, Dr. Reitman was treating him and told him he needed to retire way before he passed away. [Editor's Note: Dr. Edward J. Bloustein served as Rutgers University President from 1971 until his death in 1989.]

JDG: He was a young guy.

KP: Reasonably young. He was in his, I think, late fifties, early sixties when he died.

JDG: Because that was a mistake and I'm glad they got rid of--what was his name, the ex-golf coach?

KP: [Fred] Gruninger.

JDG: Gruninger, but they have the guy Mulcahy now, from the Meadowlands, who was a pretty nice guy and pretty astute. [Editor's Note: Robert E. Mulcahy, III, served as Director of Athletics at Rutgers University from 1998 to 2008.]

KP: Yes. I once met him a long time ago and he struck me as both.

JDG: Yes.

KP: Rarely does a Republican recommend a Democrat. [laughter]

JDG: Yes. She was very astute. Well, she's not a bad Governor. [Editor's Note: Christine "Christie" Todd Whitman (born in 1946), a Republican, served as Governor of New Jersey from 1994 to 2001.]

KP: No.

JDG: She chooses most of the things for value, if she can get to them. She's not bad, but Mulcahy is a pretty good guy. So, hopefully ...

KP: Yes.

JDG: And I see the basketball coach did a pretty good job at the end, didn't he?

KP: Yes.

JDG: And baseball's always been good.

SC: Yes.

JDG: We've always been, ever since [George] Case was the coach, when I was playing for them.

JG: We have not started out too well this year, though. We lost our first couple games.

JDG: With that loaded roster? They're loaded.

SC: A good team this year. I was kind of surprised.

JDG: Yes, and football, they're going to have trouble with. [laughter] They've got too much competition. It's unfortunate. They should never have gone to the level one [NCAA Division I], although, if you can keep the kids from New Jersey from going out of state, you'll have a good team.

KP: Yes.

JDG: You'll have a very good team. Maybe when scholarships are limited to these schools and they're obliged to give the scholarships to the kids from their own state, you may have a leveling of the playing field. We'll see, okay.

KP: Thank you very much.

SC: Thanks a lot.

JDG: It's a real pleasure. Time passes quickly.

KP: This concludes an interview with Dr. Jerome D. Goldfisher on March 29, 1998, at Fort Lee, New Jersey, with Kurt Piehler ...

SC: ... Scott Ceresnak ...

JG: ... Jason Goldfisher.

KP: Thank you again.

-----END OF INTERVIEW-----

Reviewed by Shaun Illingworth 10/24/2016
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