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Presentation: Report of G. Dekle Taylor Retiring President of Duval Medical Center Staff co. 1, 1970-01-20

G. Dekle Taylor

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Report of G. Dekle Taylor
Retiring President 1-20-70

You will bear with me I hope because it's going to be a long one. One of the hardest I have ever had to make. I don't usually like to use notes but I am just going to do mostly a lot of reading here tonight, much complimentary, much may seem insulting. What I have to say is a true feeling and it's given in a sense of constructive criticism.

On January 21, 1969 I was installed as president of the Duval Medical Center Staff. I have recently reviewed my acceptance speech, outlining my dreams for the future years. I seemed to have assumed the role of Socratic gadfly at that time. January 20, 1970 brings your new president Dr. Harry Reinstine, one who has long served well and is deeply inspired with the continued desire to render his best efforts in aiding this institution in the fulfillment of its rightful potential as a great medical center. Harry, to me, represents what this institution should become. I am sure all of you know that Harry would get here every Saturday A. M. at 7:30 to teach the surgical residents and he did this for how many years? Well, this was a symbiotic relationship. He trained many surgeons who have left here, have done very well because of his teaching and he, himself, has become a very well renowned surgeon. This is one of the main purposes of this institution. And I think it is very timely that the physicians of Jacksonville realize the type of stimulus that the Duval Medical Center should be.

Now the brevity and pleasantry of this evening would no doubt be enhanced if I thanked you for your confidence and passed the gavel over to Dr. Reinstine, but that unfortunately is not my nature, and I feel deeply obligated to express to you my experiences of the past and my hopes and concern for the future of this institution. My Socratic zeal of yesterday has been modified by the trials, tribulations and frustrations of the past year and the philosophical Don Quixotic quest for the impossible dream. Joe Lowenthal is really my Sancho of this quest I think. He has been a great help to me and we have had these dreams and I hope that they will materialize. I still have great confidence in this quest and I hope to inspire those of you here and all, particularly citizens in this community, to aid in the fulfillment of a medical center equal to the best in this nation. I am convinced that the fulfillment of such a dream is possible but can only be obtained through the increased knowledge, efforts, and enthusiasm of all citizens in this community. It's always interesting to me to look at the annual meeting and see no members of the city council, one member of the house of representatives, one member of the planning and development committee and yet this is the hospital of this community. So many things have to change if this dream is to be fulfilled. Who ten years ago would have dreamed our new consolidated government could be a reality today. This institution is in need of the same type of individual and community effort that made this a reality and without such leadership and such enthusiasm this dream will never materialize. We have the most dedicated group of men on our hospital authority that I know. We have a dedicated administrator. These are hardworking people. The trouble with it is that few people know what the Duval Medical Center has been in the past other than a place to send one's servant, and no one, or very few, have an idea of what the future potentials are.

Whose responsibility is the care of the indigent? The Florida constitution states the county shall provide for those of the inhabitants who by reason of age, infirmity or misfortune may have claims upon the aid and sympathy of society. It is interesting to note that this policy was established under English law in the time of England, Elizabeth 1st of the 16th century. And ladies and gentlemen, this is still our responsibility. You are all familiar with the parable of the Good Samaritan in which we are directed by the Great Physician to go and do likewise and this we must do.

On June 4, 1870 the original site of the Duval County Hospital and Assylum was purchased for \$1,000 in a subdivision of North East Jacksonville known as Oakland. The original property was situated at the corner of Jesse and Franklin streets. The hospital was sometimes referred to as the county poor house. Following the Yellow Fever Epidemic it was known as the county pest house. An interesting fiscal comment was made by the county commissioner entering office in January of 1877 that the county was burdened with a large number of pensioners to whom the outlay of money was unnecessarily large. At that time an average of eight patients being maintained for whose care the superintendent received a monthly salary of \$45, a physician \$25 and a cook \$10. A proper method of financing remains one of our greatest problems. Also in 1877 the local press described glowingly a Christmas dinner at the hospital. Such coverage by our press would greatly enhance the spirit of this institution today. Thursday, June 4, 1970 will be the centennial date of the Duval Medical Center. This would seem the appropriate time for the dedication of our new hospital. I would suggest that a historical centennial booklet be prepared for such an occasion.

It is a very fascinating story to get back into the old records of this institution. In July of 1923 the Duval County Welfare Board was organized with Mr. Richard P. Daniel as the first chairman. He was one of the greatest men behind this institution and his son is with us tonight. The Daniel wing commemorates the name of this great man. It is my sincere hope that we can get his son, who is in our midst tonight, to further this dream which his father had at this early date. The last bed was added in 1949 and at that time there were 280,000 people in Duval County and there were 290 beds in the Duval Medical Center. In 1964 there were 500,000 people in Duval County and still only 290 beds at Duval Medical Center. The Duval County Hospital Authority was created in 1963 by the legislature to make possible the construction of a new hospital facility. In 1964 a concerted effort was made by many of those present tonight to convince the citizens of Duval County to support a bond issue for a new hospital. Approximately 25 patients daily needing admission to the hospital were turned away because of a shortage of beds. Patients with severe diabetes, pneumonia, etc., who would be admitted to a private hospital according to present medical standards, were treated on an outpatient basis because of the lack of beds and such goes on today. Inadequate operating room facilities necessitated a long waiting list for elective and urgent procedures.

The bond issue was approved thus enabling the erection of a magnificent new building which we are now witnessing. In our attempt to convince the citizenry to support this endeavor we made the assertion many times that this hospital would offer services to all of the public, improving medical care in the entire community. This to me is the greatest quest of this organization. I think this must be done. I think we must set our sights high. I do not think we are dealing with one institution alone. I think we are dealing with every medical institution in Jacksonville from which every citizen can profit. This was our promise. This I think we are committed to do. We promised a hospital equal to or better than any other facility in Jacksonville. I personally feel obligated in doing my best in seeing that these promises are carried out. A year ago I made the assertion that this institution had the potential of becoming a great white elephant or one of the finest medical institutions in this nation. I am encouraged in the thought that we are going in the direction of the later prognostication. I feel that this goal has been encumbered by unnecessary obstacles and frustrations. I can't help but feel that little interest has been expressed by the citizenry of this evolving community. It has been stated that among all industries hospitals are the third largest in the nation. In spite of this our local chamber of commerce has shown little, if any, concern for the Duval Medical Center or other hospitals in our community. It is of interest to note for the chamber of commerce benefit that the number of employees here are 881, number of fulltime physicians 24, number of residents and interns 70, the number of physicians practicing in Jacksonville who obtained their training here is 115, amount of money for salaries is \$5,000,000. The total of the new building is \$24,000,000. In addition to that, in this area you can add some \$20,000,000. Now why this does not excite the chamber of commerce I do not know. If this were a Budweiser meeting tonight, I assure you the

halls would be filled, the Committee of 100 would have many members with us. I am very hopeful that in the future if Mr. Gert Schmidt will bring this to the attention of the Chamber of Commerce, perhaps things will change. Encouragement was expressed by the new president of the Chamber of Commerce, incidentally, who was invited to be here tonight. I am sorry he is not here. Mr. Gert Schmidt, who I quote stating "my pet project for our town is to instill a spirit in our citizens that reflects pride, happiness and enthusiasm for everything Jacksonville has to offer" and there are few things in a community more essential than health. It has been stated that the things that truly make a great community are police protection, schools and health. I am afraid health has been one of our most neglected as far as the interest of our overall community. He further stated, "Jacksonville and the beaches need some good old fashioned horn blowing, image building, enthusiastic promotion if they want to succeed in community selling business." He further comments that "in every community there are two major organizations that must concern themselves with the affairs of men, the government of elected officials and the Chamber of Commerce", which he stated "is a sort of civilian form of government providing for the community what government cannot, in some cases will not provide." I offer the Duval Medical Center as a challenge to the Chamber of Commerce. We would like to have Mr. Schmidt blow his horn very loudly for our institution. I would like to offer the challenge of a tremendous medical complex in this area to Mr. Schmidt and the Chamber of Commerce.

I hope as you came tonight you noticed several things. As you go across that expressway you see as magnificent a building as you will see in this community. You will see that Eighth Street, which is long overdue, is now being widened. The Chamber of Commerce should do everything possible to encourage the City of Jacksonville to make that one of the most beautiful roadways that we have in our city and one of the most beautiful accesses from the expressway. A large sign board should be put on the expressway stating what is going on here. When you think of the thousands of people who go by daily who would be interested in knowing the potential of what can happen here. Several days ago I discussed these problems with Mr. Claude Yates, who along with Mr. Daniel, did so much for our city in consolidation. He felt as I do that this is a responsibility of the Chamber of Commerce. Now the news media could do much to focus interest and direct enthusiasm toward the development of a true medical center. I do not wish to be accused of Agnewism, but I feel that there are many occasions when our local press seeks out criticism and plays down the fine assets of this institution. As an example I quote a remark from the Florida Times-Union of December 11, 1969: A discussion between Mr. McLeod and Mr. Wood was spoken on surgeon's operating uniforms. The question was raised why a higher price than one offered by an accepted lower bidder was taken. Mr. Wood was quoted as stating an emergency arose when a Duval Medical Center surgeon refused to operate unless he got a better quality uniform. The council president of the City of Jacksonville, Mr. John Lanahan, was described as smiling and stating "Mike, you have to deal with prima donna surgeons, but we don't give them what they want". As I read Mr. Lanahan's remarks I could not help but think of such dedicated men as Dr. Edward Jelks, a man who has given most of his life to dedicating his surgical skills to the impoverished, the indigent of this community. I have never seen his picture on the Times-Union, in some of the magazine sections. We see this for business men but not for men who have dedicated themselves to the Duval Medical Center. Dr. Kenneth Morris, a man who has given many, many years of his life and I have yet to read such comments from our local press or any other news media to give this type of boost to this institution. There are many other men who have given thousands of hours with no compensation here at the Duval Medical Center. This has been a privilege for the men, they receive their compensation from a job well done. I think it's high time our local press and news media tend to recognize some of the assets of this institution and stop continually looking for the things that are undesirable. I would like to urge that the press be more cognizant of the good things that happen to Duval Medical Center to help us build an institution in this community from which everyone may profit. I'm free to criticize them. I think they have done less than any press I have ever seen, any news media I have ever seen to further this institution, and I think they are constantly snapping at us. I can't resist telling them so.

Now, prior to opening the pandora's box of criticisms, which I intend to do tonight, I wish to read a list of some of the fine accomplishments of the Duval Medical Center in 1969. My criticisms tonight, I want you to know, are meant to be constructive, and I hope you will accept them as such. Many things have happened in the past year, many exciting things have happened and very few people in this community know about them, or unfortunately care about them. Dr. Karl Hanson has done a tremendous job with the JHEP program. The eyes of the nation have been on Jacksonville. People in Hawaii, all over this United States, watch the development of something that very few people in this community care, or know, about. Official recognition of the JHEP by the Board of Regents and the Duval Medical Center's growing role in the working hub of the JHEP program has been brought about through Dr. Hanson and his colleagues' efforts this year. We were very hopeful that Dean Suter could have been here tonight, who is vitally interested in this program. Dr. Max Michael, whom you all know, is an assistant dean from the University of Florida here in Jacksonville, which to me is a very vital thing. During this year, few citizens of Jacksonville realize that we now have four medical chiefs as full professors at the University of Florida. They are Dr. Willis R. Keene, who is Professor of Medicine; Dr. Sam Stephenson, Professor of Surgery; Dr. Sidney Levin, Professor of Pediatrics; Dr. Robert Thompson, Professor of Ob-Gyn. Dr. Ronald Rhatigan was appointed Clinical Professor in Pathology at Gainesville. Appointments to the fulltime medical staff include Dr. Keene; Dr. Thompson; Dr. Walklett, Chief of Radiology; Dr. Robert Miller, Pediatric Cardiologist; Dr. Dan Jacobs, Cardiologist; and Dr. Rodrigo Sivert, Anesthesiologist.

We gave an alumni dinner this year, very excited about it, this was one of those Don Quixotic experiences you have. 115 physicians received their training at Duval Medical Center. We called a meeting at the Atlantic Coastline Building one evening to try to all get together and have them express their desires about the future of this institution. The attendance was pathetic, so the medical profession can join the other citizenry of Jacksonville in the lack of much of the knowledge and concern for this institution. I criticize we, as physicians, as well as I criticize the other citizenry and I include myself in all these criticisms as well, I want to say, before you jump all over me.

There have been many other exciting things such as renovation, designs for new offices. You will have to forgive me if I skip many of these things. We have had establishment and equipping of a 10 bed intensive care unit, 4 coronary beds are now in use and staffed by cardiac nurses. The 6 medical and surgery and pediatric intensive care beds will open shortly, creation of a model unit patient area to test new techniques and procedures in nursing service, housekeeping and medical care. I have two pages of very interesting things that have happened at the institution, so I am not going to spend further time with that, other than to tell you that great progress is being made here at the institution.

I recently returned from Michigan where some very exciting things are happening. The University of Michigan has affiliated with Henry Ford Hospital. They will soon send their medical students for their clinical years to Detroit, which is a comparable distance between Gainesville and Jacksonville. Such is Dr. Hanson's desire that this will happen very shortly in this community, if we go about doing this in the right way. A gentleman I will introduce you to in a few moments told us just a short while ago that five hospitals in Detroit have all amalgamated with Wayne Medical School. The Beaumont Hospital in Birmingham, Michigan had dinner with the treasurer of this organization one night. He said they had such an enthusiastic board of 25 to 30 men, that they have a quarterly meeting which lasts from 3:00 in the afternoon until 11:00 at night and on each one of these days that one of the sections; Surgery one quarter, Pediatrics the other; puts on a program of great interest to these members of the board. I would like to suggest that we do this in the future. I think we must make known to this community what this institution has to offer. Perhaps we need more members on the hospital authority. The workload of these seven men is something tremendous - they do need help. We need to have more cooperation, more understanding between these men and between the members administering this institution. The

frustrations that have occurred began in 1967 when the Executive Medical Staff became alarmed about building a tremendous new institution with no conception of financing. We felt to move the present institution into a beautiful new building can soon give us many of the inadequacies that we have in this institution, of which there are many. A committee was set up at that time. Dr. Harry McCullagh was made chairman of it, many recommendations which we felt were extremely worthwhile were made. Some of these were that a hospital, as I have already told you, should be equal, or better, than any facility in Jacksonville, facilities must be made that physicians will be attracted to this institution and in turn bring their private patients. A motion was made at that meeting that bids for the new Duval Medical Center not be obtained until a complete and thorough study is made of the present institution, with a serious view toward the future trend of medical practice and hospitalization. This passed. Recommendations were made that this be held up until such a study could be carried out. Some of the questions were would it be possible to remove operation of the Duval Medical Center from county and city government, which has been the greatest thorn in our side and will continue to be, and I will tell you why in a few moments. Would it be advisable to free the Duval Medical Center from the budget commission control, civil service, things that are constant thorns. Consideration of combining the Duval Medical Center, St. Luke's Hospital, Methodist Hospital into a complex similar to that of the Texas Medical Center in Houston. Many other recommendations were made which time again limits. The response to this was rather interesting. Again I want to quote our Florida Times-Union press which gives us such great boosts, "the Duval County Hospital Authority suffers from lack of adequate contact with the public, some Authority members fear". This is very true, this was brought out. But it went on to state that these recommendations that we made, said their fears were expressed, the chairman thwarted a plan to hire an assistant for an official advisory committee composed of Duval Medical Center Staff Doctors and lay people. The significance of this was that this group felt it was impossible for physicians to do the type of things that were necessitated in this study. I wish time would allow me to tell you the number of hours, the amount of effort, the type of studies that were done to be helpful to this institution. The chairman of the committee at this time said "I am a little apprehensive that the AD Hoc Committee get the idea to run the Authority" in response to the plan advanced by a fellow member, Dr. Wilbur Sumner, who felt this was a good idea. The Authority knows about this committee, but it has no official status, the chairman told the newsmen. Any public relations man paid from tax funds should be supervised by this Authority. Then it went on to say Dr. Sumner said the committee has worked hard to clarify Duval Medical Center goals, which I want to state they did and they worked very hard, but needed an assistant to compile information, and unless one is provided the committee may lose interest, he warned. What you are saying, the chairman said, unless they get their own way they won't play ball. This wasn't too inspiring to a group of people that had spent a tremendous amount of time and effort in creating what we thought would be a tremendous medical center.

Our letter of April 2nd recommended, this was in 1968, this committee recommended to the Hospital Authority that an outside industrial consulting firm be hired to analyze the financial as well as other problems concerning the Duval Medical Center and make firm suggestions. The salaries of the fulltime men must be budgeted by the Hospital Authority on a realistic basis and not become dependent upon nebulous outside sources. Neither of these have been done to date. There must be an immediate reevaluation of beds, allocation of services geared to the educational programs planned. Request the Hospital Authority to get urban renewal to acquire property surrounding the hospital complex, request the Hospital Authority to widen 8th Street, acquire the grounds around the expressway and many other such that we felt were very healthy recommendations. But again, this has been done to little avail and as I say, I am not casting stones. I am just telling the facts. In 1967 the Executive Medical Staff was very much concerned about the future of the financing role of the new hospital. And that's when this was appointed with Dr. Harry McCullagh as chairman of that. Little was accomplished during the year 1967. The following year, Dr. Burling Roesch, as president, formed a committee entitled the Ad Hoc Committee for the Improvement of the Duval Medical Center, and I was made chairman of this committee. Again, many hours

were spent in trying to make the proper approach to this. There were many prominent lay members, some 20 in all, on this committee. Mr. Brooks is one of the members on this committee. These people were eager, they were willing, they were excited and yet we didn't have anything to tell them to do. We had no guidance, we did not know where to go other than make recommendations which were made. Again, time prevents going into the many recommendations. Dr. Emmet Ferguson was one who made some of the finest recommendations that have been made, such as changing the name of the institution, to make many improvements which today are still needed. The original request for a fulltime director to direct, to work with the committee, was felt could not be done since this was not a committee of the Executive Staff, so the committee was then in turn made a part of the Hospital Authority and called the Ad Hoc Committee of the Hospital Authority to be known as the planning and development committee. The last meeting of this committee was in April of 1968. It was our feeling that unless we had a comprehensive survey consisting of a study of the interrelationship between the Duval Medical Center and the rest of the health community and the management of this institution that there was little that we could accomplish. A committee was appointed by Mr. Cobb to recommend a concern for such a survey. For over one year there were four members that attempted to obtain such a survey. Time has flown like wildfire and we just think of the absolute utter waste to have let this go for so long. I am very happy to report that at last this is something that has come about and I think will be of utmost importance. Much of the delay was on the part of the city, the new consolidated government, they had to approve the appointment of the concern and now we have this worked out.

On January 7 we met with Mr. Edgar Haire from James A. Hamilton Associates. He stated it would be summer or the fall before such a study could be initiated, and it would take eight or nine months. A report would be available in June 1971, which would coincide with the expected opening of the new institution for patients. Dr. Rourke from New Rochelle, New York was to be with us at that same meeting. He was unable to come because of illness so this afternoon we had the pleasure of meeting with Mr. Ernst, who is here with Dr. Lowenthal who brought his recommendations. Their bids will be submitted next Tuesday to the Hospital Authority and one of these groups will be chosen to start the survey and we were happy to know his survey can start in two months and would only take four months. Which it will be we don't know.

Now, to familiarize you with some of the comments about Duval Medical Center, and again, forgive my taking so much time, but I think you should know this. This is the Child and Youth Care in Jacksonville Report made in 1969. A voluminous report made to the Mayor. There are comments about the Duval Medical Center. In brief, I'll just read a few of these. The Commission's concern is that "this is our hospital" - underlined "our hospital" - "and we see it headed for crisis. A beautiful new building is going up, due to open in two years, which will make it the largest hospital in the City of Jacksonville, but without adequate financial support & community involvement it cannot provide health care even at the present rate of inadequate service, not to mention increased service to increased numbers of people. Americans have committed themselves to the philosophy that all of its citizens are entitled to health care, but for the indigent the availability and quality of these services is sometimes severely limited. The hospital has a number of outstanding doctors. It has a number of staff members who serve with dedication at all levels. Ingenuity has been manifest in making the best possible use of space limitations, but more is needed. The commission felt that its studies are only surface-skimming, but that there should be professional evaluation as to the methods by people knowledgeable in the field of hospital administration as to the methods of changing Duval Medical Center from a primarily indigent hospital to the concept of a community hospital, that city officials look at the feasibility of contracting certain services for the indigent elsewhere, that the Health Planning Council provide leadership in the coordination of hospital services and plans - at the preplanning stages - so that the community benefits by an avoidance of duplication of both services and money. We agree that Duval Medical

Center should, and could, attract more private patients and thereby establish a new identity for itself as a center for good health care for the community; but are most concerned that the Hospital Authority be realistic in analyzing what such a program might mean in the number of poor that will be served with a projected structure of 504 beds, this is 239 more beds than now exist. If one-half of the beds in the new building should be used for private care, this would mean 13 less beds for the poor than are presently available. With increasing population, we cannot believe that the needs, or numbers, of the poor will diminish.⁴ This goes on further about the medical center.

The primary things that I feel we must do: we must educate the public to the advantage of a teaching hospital. It was suggested by the staff that this institution be called the Jacksonville Teaching Hospital and Clinics. Judge Boyer, a very renowned judge, made the comment that he didn't know whether he would want to go to a teaching hospital. We have got to educate Judge Boyer, and men of his intelligence, and teach him what a teaching hospital really is. I think it would just be a tremendous asset to this institution if this could be the type of place that people from all over the southeast would want to come to and this is the connotation of a teaching hospital. Teaching hospital does not mean a hospital for the indigent. This is one of the things we must do. We must create this type of institution, that's second to none, and we can do it. The money at stake, \$27,000,000 here; \$22,000,000 in the surrounding area consisting of approximately \$15,000,000 at St. Luke's Hospital, \$5,000,000 to \$6,000,000 at Methodist and one to two million dollars at the blood bank. It seems to me that the important thing is to coordinate all these institutions. Now this is my dream, the one that I offer as a solution. Now how can this be done. Our committee wrote to all the members of the administrators and the heads of the boards, but they weren't interested in meeting with us, but someday maybe they will be with someone when we can try to determine how this best might be done. To have a teaching complex, this report has pointed out to us, we can't do it. We are going to need these beds for the indigent patients. If we are going to have the type of teaching complex that we need in this institution, we are going to have to utilize these other hospitals. I think work should be done immediately to not only try to coordinate the computer system, the laundry system, which Mr. Wood and his committee has already done very ably. I understand they had a meeting the other afternoon with many frustrations which I will mention in a moment, but I think these could be worked out.

It would seem to me that the residency program could coordinate between the three hospitals. I understand that the pediatricians may even be interested, one of them told me he would be very much interested, in taking over the Methodist Hospital as a pediatric hospital. The Methodists, themselves, we have met with and they have expressed an interest in setting up a nonprofit corporation which could lease the new Duval Medical Center Hospital and could operate this as other private hospitals are operated. This is part of a dream. Could this be done, and how could it be done? A study was carried out and we were informed by Sen. Mathews that in his opinion it can be done. The Hospital Authority can lease this building to a nonprofit corporation who could operate this as a private institution. In financing this institution the public was taught at the time of the bond issue how will the difference in operating cost be paid if we have three times as many hospital beds plus the ancillary services without which they cannot be used efficiently. We stated there can be no pat answer to this. Under normal circumstances, however, as a community grows and develops the tax structure will yield more for Duval Medical Center without increasing the individual tax burden. Also, a sizeable proportion of the new beds will be used by private patients who will, of course, defer their own expense. Mr. Sulzbacher, in a letter of November 6, 1968 stated "I cannot help but be vitally concerned with the efforts of the committee because it must find a solution to a problem which is of extreme importance to every citizen of this community. It appears impossible to me under present circumstances that any appreciable larger amount of tax support can be provided for the new facility now under construction than is now being provided for the present Duval Medical Center, although the new plant will roughly be capable of caring for twice as

many inpatients, consequently, the new hospital must be established on such a basis that the medical profession in Jacksonville will be willing, and anxious, to send his private patients to the Duval Medical Center. A little note in the Duval Medical Bulletin the other day said "attention City Council, heard in the coffee room at St. Vincent's Hospital recently, quote 'why doesn't the city (the largest in the nation) pay the hospital for charity cases at all emergency rooms just as they do at the Duval Medical Center?'"

Another interesting question which is going to be raised by the other hospitals, what is the role of the indigent hospital in other cities. I just spoke very briefly with Dr. Mark M. Ravish, who is a pediatrician who has looked into the hospitals in Chicago. He says abandoning the city-hospital system and subsidizing the care of the medically indigent in the voluntary hospitals, this is in effect a return to the old system of ^{the} free bed in the voluntary hospital but with this difference, the cost would be underwritten by the community as a civic obligation rather than by the hospital board as a charitable obligation. Well, time limits me going into all this, but it says one thing. Our city hospitals are now in trouble and under attack. This is all over the country. Their budgets are huge, the services they offer are criticized, at times for quality, at times for efficiency, at times for its manner. Its budgets are of concern to municipal governments constantly harrassed by demands on limited city funds. City officials are unhappy and frustrated that constant increases in the budgets of city hospitals seem to be an increasing rather than a decreasing tide of complaints about the hospital from both the community and from the hospital personnel, themselves. In many communities the city hospitals have been among those most affected by the shortage of interns and residents.

I am about to finish now. I am sorry to have taken so long. I quote one paragraph from our new president who we hope will increase the attendance of the Duval County Hospital meetings at the next meeting. He states, "1970 ushers in an era during which we will witness more changes in delivery of health care than we have seen in the past half century. The ever present law of change will be accelerated as we attempt to solve the problems which will arise as a result of the increased demand for services by the public. Health care for all is now considered a right which must be provided." I agree with him 100 per cent.

In concluding, I want to just say two things. I wrote this letter to Dr. Monsour, the chairman of the hospitals and indigent care facilities, last year. We never really concluded this and I would like to ask Dr. Walker to continue this study. I think the Duval County Medical Society should answer these questions: How would you envision the future of Duval Medical Center? Should this be strictly an indigent hospital, half indigent and half private, or all private or otherwise? Would you favor the city government leasing Duval Medical Center to a private nonprofit board such as St. Luke's, Methodist, Sisters of Charity or Baptist Hospital? The indigent patient, by necessity, would still be financed in some manner by the city government. Would you favor the indigent patient being treated in all local hospitals? How do you envision the image of Duval Medical Center might best be changed? What relationship should Duval Medical Center have with other hospitals in our community? What relationship should the full-time department heads at Duval Medical Center have with the teaching programs at other hospitals? How would you feel about individual hospitals being assigned specific facets of medicine such as cardiovascular surgery, neurosurgery, or treatment of burn cases? How would you feel about the cooperative effort of all of our hospitals in developing a nursing school? These are questions which I think are very pertinent, Dr. Walker to the Duval Medical Society, and I think the physicians of this community are basically going to make or break this program. My last quotation is from the minutes of the attending medical staff about JHEP. "Dr. Hanson reviewed JHEP-University of Florida relationship efforts and announced this became official three weeks ago when the agreement was accepted by all concerned. He cited benefits that will result from this affiliation and higher caliber graduate work in the community. He also mentioned plans under way to expand the medical school utilization of basic sciences at Florida State University, followed by clinical training in Jacksonville under JHEP as part of the

University of Florida. He emphasized that this can be accomplished only if private practitioners, I repeat this, only if private practitioners are willing to be a part of the faculty working with the fulltime chiefs." I think it is high time that this medical society states what they want. If they want an indigent hospital, if they want a hospital run by fulltime men who are to be paid by the city, do they want to have an institution where they can participate in a very stimulating educational experience and in turn share the benefits of their training and knowledge throughout the rest of this community as we promised the citizens when this bond issue was passed. I think it is time that the physicians take a stand. I think we are blessed with fulltime men. I think we have some of the finest fulltime in this institution you could find anywhere. They are capable. They are willing. I criticize them as well. They don't ever come to the medical society meetings, and I hope that you will personally send them a registered note every time when they are to come. Let them introduce themselves to the rest of the community. I am about through.

I am really the one I guess that ought to be criticized the most. God, I feel sorry for you Harry. I tell you friend, you will work up an ulcer or something. Just don't think you won't.

Before I close I want to tell you, I spent the morning with Mr. Gattis the other day going over this and I wish all of you would do this. I was most impressed. I just couldn't imagine coming into this institution and having private patients along with the clinic patients. If you make a study of this, this is a tremendous institution, now believe me. Go over and visit with him sometime and get him to show you how this thing works. Look at the clinic space. Look at the place where the private patients and the other patients come in. Look how the whole thing has been worked out. This can be a tremendous hospital, but nobody knows about it. Nobody in this community knows about it. I think it's high time the press does something and lets them know something about it and really give it a good coverage and a good boost to this place. I think it is high time the board at St. Luke's Hospital, Methodist Hospital and the Hospital Authority sat down with the fulltime men and worked out an educational program. I think it is high time the Chamber of Commerce got out and got behind it and did something.

In closing, I came out here Saturday afternoon, January 4th, and I can't help but tell you about that experience. Then I am going to sit down. Gentlemen, this place is disgraceful. I really mean that, and I don't want anybody to get too mad at me for saying this. I walked in the emergency entrance where the people come in with the ambulance. There were five garbage cans wide open where these people go by. I went into that emergency room, and if that isn't the dumpiest place I have ever seen in my life I don't know what is. It is filthy dirty. I saw two comatose patients with the least lack of dignity I have ever seen in my life. They were lying out on a bed with no sheets. There is no room there. It is disgraceful, and I think we have got to do something about it. I think it is up to the city government to take some money and in the very near future take the old morgue and expand it. Plans may have already been made, but if we are going to change the image of this institution, let's start now. This building is going to be used for years. I think the outside of this thing should be painted within the next few months. I think that emergency room should be made one of the prettiest emergency rooms in this city because it is absolutely a disgrace, and I can't help saying it. This picture in the Journal the other night showing an attractive "X" shaped skyline for this otherwise blighted Springfield area, look at that picture. Imagine, with urban renewal we could get the, you can't see it of course, we have got to get the land from Mars Street to the expressway. We ought to do it now. We ought to get all the land between here and the Methodist Hospital. Just get in your car sometime and drive around to all these dead ending streets. You can't get by. The Springfield Park has been a disgrace for 10 to 15 years. This should be cleaned up. The city owns the city garage system down there. All this, this entire area, could some day be converted into one of the really outstanding medical centers I really seriously believe in this whole nation.

In my basic conclusion I shall read what Don Quixote said to the Man of LaMancha, to dream the impossible dream, to fight the unbeatable foe, to bear with unbearable sorrow, to run where the brave dare not go. To fight the unrightable wrong, to be better far than you are, to try when your arms are too weary to reach the unreachable star. This I feel is the quest of the Duval Medical Center and I think above all, the citizens of Jacksonville, Florida - I think they had better get on their toes and realize what's been going on.

I want to thank Mrs. Hackney for a very lovely dinner tonight, thank Mr. Wood, thank Miss Walker and the Hospital Authority, and I hope I haven't made too many people mad tonight. I just want to present this to you as a challenge.