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## Presentation: Typescript Presentation with handwritten notes, 1970-01-20

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Members of the legislative delegation, members of the City Council,  
Members of the Hospital Authority, members of the Development Committee,  
Mr. Daniel, fellow colleagues, ladies and gentlemen:

On January 21, 1969, I was installed as the President of the Duval Medical  
Center Staff. I have recently reviewed my acceptance speech outlining my  
dreams for the future year. I seemed to have assumed the role of a Socratic  
gadfly at that time.

January 20, 1970, brings your new President -- one who has long served (Dr. Reinstine)  
well and is deeply inspired with the continued desire to render his best <sup>7 3/4 months</sup> efforts  
in aiding this institution in the fulfillment of its rightful <sup>Dr. Reinstine</sup> potential  
as a great Medical Center. <sup>Dr. Reinstine</sup>

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 Doctor  
Reinstine. Such unfortunately is not my nature, as I deeply feel the obliga-  
tion to express to you my experiences <sup>get passed</sup> ~~of the past year~~ my hopes and concerns  
for the future of this institution.

My Socratic zeal of yesteryear has been modified by the trials, tribula-  
tions, and frustrations of the past year in <sup>to</sup> the philosophical Don Quixotic quest  
for the impossible dream. I have great confidence in this quest, and I hope to  
inspire those of you here and all 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.

*our present over worked  
dedicated hospital authority need  
the help.* 3

Who ten years ago would have dreamed our new consolidated government to be a reality today? This institution is in need of the same type of leadership that made such an accomplishment possible.

*Committee  
study*

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's Elizabeth I in the 16th Century. 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. This we must do.

On June 4, 1870, the original site of the Duval County Hospital and Asylum was purchased for \$1,000 in a subdivision of Northeast Jacksonville known as Oakland. The original property is situated at the corner of Jesse and Franklin Streets. The hospital was sometimes referred to incorrectly as the "County Poorhouse". Following the yellow fever epidemic it was known as the "County Pest House". An interesting fiscal comment was made by the County Commissioners entering office in January, 1877, that the County was "burthened" with a large number of pensioners to whom the outlay of money was unnecessarily large. At that time an average of eight patients were being maintained in 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 an appropriate day for the dedication of our new

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hospital. I would like to suggest that an historical centennial booklet be prepared for such an occasion.

In July of 1923 the Duval County Welfare Board was organized with Mr. Richard Daniel as the first Chairman. 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. At that time there were 280,000 people in Duval County and there were 290 beds at the Duval Medical Center. In 1964 there were 500,000 people in Duval County and still only 290 beds at DMC. 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 to provide 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, asthma, pneumonia, etc., who would be admitted to a private hospital according to present medical standards were treated on an out patient basis because of the lack of beds. Adequate operating room facilities necessitated a long waiting list for elective and urgent procedures.

The bond issue was approved thus enabling the erection of the magnificent new building 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 the public improving medical care in the whole community. We promised a hospital equal to or better than any other facility in Jacksonville. I personally feel obligated in doing my best to see 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

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going in the direction of the latter 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 concern for the Duval Medical Center or other hospitals in our community. However, encouragement was expressed by the new President of the Chamber of Commerce, Mr. Gert Schmidt, who I quote as 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. 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 commented 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 sort of a civilian form of government providing for the community what government cannot and in some cases will not provide."

*See below page*

*Let us hope Mr. Schmidt's pet project will blow the horn very loudly & clearly*

I would like to offer the challenge of a tremendous medical complex in this area to Mr. Schmidt and the Chamber of Commerce. Several days ago I discussed the problems of the Duval Medical Center with Mr. Claude Yates and he concurred that the Chamber of Commerce should show an increased interest in this institution.

Our 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. McCloud and Mr. Wood was focused on surgeons operating uniforms. A question was raised why a higher price than one offered by an accepted lower bidder was taken. Mr. Wood quoted as stating an emergency arose when a DMC surgeon refused to operate unless he got a better quality uniform. The Council President John Lanahan was described as smiling and stating, "Mike, you have to deal with prima dona 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, Dr. Kenneth Morris and many other men that have given thousands of hours for no compensation to the Duval Medical Center. I resented the Council President condoning those of us who have served through the years as being "prima donas". I think it is high time that our press honor such men as Doctor Jelks and Doctor Morris. There are few men that serve this community as they have and given of their skills as these men. I would like to urge that the press be more cognizant of the good things that happen at the Duval Medical Center to help us build an institution everyone in this community could profit from.

Prior to opening the Pandora's box of criticisms, I wish to read a list of some of the <sup>few</sup> accomplishments at the Duval Medical Center in 1969:

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Below is a brief outline of some of the areas of accomplishment and improvement that have taken place at Duval Medical Center during 1969:

## I. MEDICAL STAFF

- ✓ 1. Official recognition of Jacksonville Hospitals Educational Program by the Board of Regents and DMC's growing role as the working "hub" of the JHEP program. *through effort, Dr. Karl Hansen, Dr. J. J. Miller, and J. J. Miller, at the U.S. Medical School*
- ✓ 2. Appointment of four medical chiefs as full professors at the University of Florida. They are Dr. Willis R. Keene, Dr. Sam Stephenson, Dr. Sidney Levin and Dr. Robert Thompson. Dr. Ronald Rhatigan was appointed clinical professor at Florida.
- ✓ 3. Appointments to the full-time medical staff including: Dr. Willis Keene (Oct. '68) Chief of Internal Medicine; Dr. Robert Thompson, Chief Obstetrics and Gynecology; Dr. William Walklett, Chief of Radiology; Dr. Robert Miller, Pediatric Cardiologist; Dr. Dan Jacobs, Cardiologist; and Dr. Rodrigo Sivert, Anesthesiologist.
4. Renovation and design of a suite of offices and examination room for full-time medical staff.
5. Alumni dinner for local physicians who received intern or residency training or both at DMC. - *very disappointing. about 115 trained here*
6. Members of full-time medical staff and Board attendance at American Hospital Association meeting in Chicago to examine and select equipment for new hospital.
- ✓ 7. Continuing education seminars and conferences for hospital staff and local physicians, such as the weekly cardiology conferences with visiting lecturers from the University of Florida.
8. Expansion of services or new clinics opened in the outpatient departments, such as oral surgery, health education, and pediatrics.
9. Plans to appoint third pathologist to full-time staff.
10. Addition of full-time physician in clinic and for screening in the emergency room.

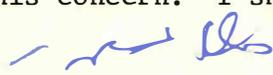
## II. SERVICES AND FACILITIES

1. Establishment and equipping of a ten-bed intensive care unit. Four coronary beds are now in use and staffed by cardiac nurses. The six medical, surgical and pediatric intensive care beds will open shortly.
2. Creation of a "model unit" patient area to test new techniques and procedures in nursing service, housekeeping and medical care.
3. Addition of hospital epidemiologist and nurse epidemiologist under an intensified infection control committee.

4. Renovation and improvement of present facilities, such as modification of obstetrics to better serve patients.
5. Ordering of replacement cobalt therapy source in radiation therapy unit.
6. Specialized procedure in cardiac catheterization with addition of staff cardiologist and pediatric cardiologist.
7. Opening of pulmonary laboratory and full-time technician.
8. Computer hook-up with the University of Florida to aid in preparing course of treatment for cobalt therapy patients.
9. Initiation of psychiatric day-care program at the Memorial Unit and expansion of occupational and recreational therapy programs.
10. Addition of psychiatric nursing supervisor, and registered occupational therapist to psychiatric staff. Creation of position of administrative unit director for Memorial Unit.
11. Providing larger and better equipped quarters for physical therapy staff.
12. New Coulter-S automated blood analyzer for laboratory to count red and white blood cells on automatic print-out.
13. Co-operation with Eastside neighborhood Health Center in "pilot" project outreach clinic.

### III. ADMINISTRATION AND POLICIES

1. Salary improvements for all personnel during year of 5% or more.
2. New sick leave payment program to encourage good employee attendance.
3. Hospital-paid life insurance for all employees, in addition to present hospitalization plan.
4. Beginning of widening of 8th Street from Expressway to Boulevard.
5. Establishment of orientation program for all new personnel.
6. Contracting of LeFort Strite Associates to assist in the buying, cataloguing and inventory of furnishing and equipping the new hospital.
7. Continued increases in revenue collected from non-tax sources and the addition of a patient service manager to co-ordinate admitting, insurance, and financial evaluation.
8. Creation of position of unit administrator for Memorial Unit to direct overall operations.
9. Speaking engagements by Executive Director and staff members at meetings of civic, professional, and community organizations to speak on DMC.
10. Representation by Executive Director for Florida hospitals at AHA regional meeting on revision to the standards on accreditation.

After reading this list of such fine accomplishments why then should one be disturbed about the present status of the Duval Medical Center. In 1967 the Executive Medical Staff was very much concerned about the future financing role of the new institution. Dr. Charles McCrory appointed an Ad Hoc Committee chairmaned by Dr. Harry McCullough. The minutes of the Duval Medical Center Executive Committee on February 21, 1967 expressed much of this concern. I shall read some of the concerns we expressed that evening. 

Little was accomplished during the year of 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 Chairman of this Committee. Many prominent lay members of this community and hard working physicians were appointed to this committee. Time prevents my going into the many recommendations made for study and the great amount of time expended helping direct this institution in the right direction. On April 2, 1968, the following letter was directed to the chairman of the Duval County Hospital Authority:

A reaction to our committee was expressed on May 22, 1968, Florida Times Union excerpts from which I quote:

Such a response from the Hospital Authority to our Committee was not the source of a very great inspiration. Much work was done by this Committee. The original request was for a full time director to work with this Committee to coordinate it with other related areas in the city. It was the feeling of a Committee of the Executive Staff should not be funded by the Hospital Authority.

Further discussions of the Ad

It was then suggested by the Hospital Authority that the present

Development Committee

Ad Hoc Committee become a 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 inter-relationship between the Duval Medical Center and the rest of the health community ~~for~~ the management of this institution there was little that we could accomplish.

*recommended a change*

A committee was appointed by Mr. Cobb to ~~make a study of someone~~ to make this survey. <sup>we</sup> ~~they~~ have worked for over a year interviewing various members with multiple delays and reasons have prevented us from obtaining such services. On January 7 we met with Mr. Edgar B. Hair of Jane A. Hamilton Associates. He stated it would be in the summer ~~or~~ fall before such a study could be initiated and it would take 8 to 9 months. A report would be available in June of 1971 which would coincide with the expected opening of the new institution for patients. Dr. J. J. O'Rourke of New Rochelle, New York, was not able to be present but we met with his representative Mr. <sup>change</sup> this afternoon. I submitted by resignation to Mr. Cobb, Chairman of the Hospital Authority, as Chairman of the Planning and Development Committee because it is strongly my feeling that such a committee must be headed by a strong lay leader in the community. I feel that a physician as head of such a committee is by nature suspect of furthering the medical profession desires and would be much better to have a lay person in this capacity.

*2 months*  
*7 months & upshot*  
 Study will be conducted by H. A. next Tuesday at an open - contract work of the study

*Read - child - I got Care  
Jacksonville.*

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Needs for DMC:

We must educate the public to the advantage of a teaching hospital.

The tremendous investment at stake.

\$27 million dollars DMC; \$22 million dollars surrounding area consisting of \$15 million dollars at St. Luke's Hospital and \$5 to \$6 million dollars at Methodist and \$1 to \$2 million at the blood bank. It would seem to me that it would be of extreme importance to relate these.

The pediatricians are very much interested in obtaining a pediatric hospital.

Would it be possible for the Methodist Hospital to operate the Duval Medical Center as a nonprofit corporation and have the county care for these patients on a per dieum basis.

There are 120,000 medically indigent people in Duval and the surrounding five counties. Mr. Hurcamp feels that this is out of proportion to the rate of indigency throughout the rest of the state. Would it be possible for the legislative delegation to introduce legislation whereas the state of Florida might be divided into three areas and funds for indigency provided for each.

This area could become a true medical center for this entire area. This should be more of an inter-relationship as the JHEP program increases.

I took a ride on Saturday, January 4, inspecting the area from the State Board of Health over to the railroad to the east of this building. To me it could be one of the most magnificent medical centers in the country. Urban development could purchase the land from Mars to the expressway and the areas around the Methodist Hospital. Springfield park could be developed into a beautiful park and utilized in other ways. At the present time it is now an eyesore. The city owns the building where the present machine shops and storage are.

There could be a concerted effort to coordinate such clinics as the Speech Clinic, Child Guidance Clinic, Mental Health Clinic and various other

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health related agencies here. There is a tremendous need for a nursing school. Perhaps we could revitalize the original building which was set up for this purpose. A trip into the Emergency Room is a disgraceful experience. There is a lack of dignity. Two comatose patients were lying on a bed on a mattress without sheets. There is an open room where alcoholic and psychotic patients are kept which is right in the center of the emergency room. The image of this institution must be changed and should be begun at once. I feel that new planning should be carried out immediately around this building and the entire building painted and I feel that it is an emergency that the emergency room should be completely done over as soon as possible. I feel that we owe dignity to the indigent.

*from*  
**Mary Ruth Walker**

January 7, 1970

Dr. Taylor,

Information requested through Miss Brown:

Number of employees

881

No. of fulltime physicians

24

No. of residents & interns

70

No. of physicians practicing in  
Jax who obtained some training

115

Amount of money for salaries

Physicians (fulltime & trainees)

\$ 896,825

Other

4,109,823

Total

\$5,006,648

Present Fixed Assets

Land, included in total \$1.00

Land Improvements, Buildings,

Fixed Equipment, Moveable

Equipment & General Equipment

\$5,875,563.98

New Building at Completion (estimated)

Land & Land Improvement

1,931,336.66

Building & Equipment

22,500,000.00

Total

\$24,431,336.66

8th Street should be completed in about 10- s.

Mr. Wood would like to discuss with you the  
accomplishments the past year.

*M.R.W.*