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Report: Report on Joseph J. Lowenthal Letterhead , 1969-09-08

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It is a fact that there have never been sufficient funds to run the Duval Medical Center in a comparable fashion to any community hospital in the Jacksonville area. A new 500 bed hospital is to be completed within the next few years which is to offer services on a par with, or superior to those of other hospitals in this area so that private patients might be attracted to come here for treatment and also where the patient's physicians may wish their patients to come for treatment. If there have not been sufficient funds to run a 250 bed hospital inadequately, how will there be funds to run a 500 bed hospital in a necessarily more extravagant fashion required by giving better and more elegant service? Even at the present time more funds are needed annually because:

- 1) Wages have increased.
- 2) The cost of supplies used in the hospital have increased.
- 3) More services are performed.
- 4) More sophisticated techniques require more dollars.
- 5) The Duval Medical Center has assumed a greater educational role which necessitates a greater salary expenditure for full-time staff. House staff salaries have also increased.

If the Duval Medical Center is to supply care for private patient's on a competitive basis with other community hospitals, it must supply better nursing and better ancillary services than it does at the present time. We cannot expect Medicare or other Government subsidized patients to help defray the expenses indigent which the county is now responsible for. Nor can we expect the private patients to defray the differential in costs of Medicare patients and also to pay for indigent patient care which at the present time certainly is sub-standard.

If the Duval Medical Center becomes a teaching hospital, the University of Florida Medical School is certainly not going to contribute funds to it for patient care, educational purposes, etc. This will mean then that there will be increased costs because of more full time staff, more expensive equipment and techniques and more tests. We will also lose some support, at least temporarily, of many townmen who feel that ^{will} our full-time men at the Duval Medical Center are getting paid handsome salaries for their work, then they, the full-time men should do all of it. Many local physicians now feel that the benefit of a university affiliated teaching hospital here will offer nothing of value to them and perhaps might only offer competition since the full-time staff will also treat private patients to some degree.

Since the city county government has also declared that no increase in operating funds for the Duval Medical Center will be available in the foreseeable future--in fact, dollarwise the local government's contribution was decreased this year--and since other communities have already found that the charity hospital is now a social anachronism as well as a financial ^{PIRANHR} ~~paria~~, the medical staff under Dr. Taylor's leadership felt that even before ground was broken for the new Duval Medical Center, a survey should be undertaken to determine how the new institution could best be financed. Inseparably tied in with this was what the probable function and position of the new Duval Medical Center should be in:

- 1) Care of the indigent patient.
- 2) As a teaching institution in itself, in relationship to JHEP, and in its relationship to the University of Florida.
- 3) Its relationship to other community hospitals in its immediate environs and the city as a whole.
- 4) The relationship to urban re-development.

Since it was evident that no plans had been made for financing the care that was to be given, an overall survey by a competent hospital consultant had to be the essential starting point.

Coupled with this, would be the involvement of community leaders in

the Duval Medical Center's needs, functions, benefits, etc. To accomplish this, an outstanding ad hoc committee organized of leading community-minded and influential citizens which was to help supplement and if necessary help implement the consultants findings, *was appointed & organized.*

For reasons which may have seemed plausible at the time, the ad hoc committee became a part of the hospital authority. Since this has occurred, in ~~an~~ over six months period of time, except for several interviews with consultants who are interested in doing the work, nothing has been accomplished, but it is very evident that by the lack of interest and impetus, the hospital authority has not seen fit to progress with any survey, nor have any of its members shown any initiative to ~~obtain~~ *obtain* one.

It is apparent that there are those present in our midst who prefer the calm of yesterday when the only concern was of a day to day existence for the hospital and perhaps for the occasional putting together of a few bricks into a structure which one could not easily call progress.

It is because of the attitude of the hospital authority that the ad hoc committee conceived in thoughts of progress and delivered with the enthusiasm of a revival has now dissipated in number and energy to where now it is a forgotten memory. Its destruction has been so subtle as to suggest there were ulterior motives aimed at its demise.

The ultimate authority for running the Duval Medical Center, its success or failure to serve the needs of the community reside only in the hospital authority. The medical staff has expressed its fears and its wishes to ~~have~~ *as how* some of the problems of the immediate future must be met. We know what must be done to protect not only the health of the public, but also a twenty million dollar investment of the public. The public must have a right to know if positive action is constantly ~~initiated~~ *initiated*.

Federal funds for Medicare etc do not help defray costs of other patients

If private patients were to help defray some expense, would necessitate better care to begin which means more expense now.

To be successful: 1) DMC's name must be changed from the old post name or servant's hospital 2) should work with geographically close hospitals St Luke's, Methodist.

3) whole area should be redeveloped

4) Citizens must be educated as to what DMC really is & can be with its association

c U of Fla Medical School via JHEP.

a) help answer physician, nursing shortage

b) better care for all.

c) medical care is big business

5) Chamber of Commerce must awaken to health needs -

6) Survey needed as to: -

1) what DMC's role should be

2) how to accomplish it

3) how to finance

4) should pay get out of hospital

business & lease building for \$1. to pot. group (unprofit)

DMC has always been center for taking care of indigent.

Now it is also center of medical education

Always been supported by ad valorem taxes

always been a second rate institution because

of inadequate funds. Allotted funds always 2 yrs late.

* 27 million structure about to be finished to care for indigent and private patients, financed by Bond Issue.

To date no plan as to how:-

a) new structure with twice as many beds will be financed when present structure financing is inadequate.

b) How many beds will be assigned to private patient care.

More money needed because of increased cost of labor, sophisticated tests and newer more efficacious drugs.

Mr Sulzbacher says no further ~~money~~ money from ad valorem taxes available in foreseeable future

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Medical staff has fought for over 3 yrs for change & survey but has been stymied by :-

- 1) Sluggish Hospital Authority
- 2) Indifferent citizenry
- 3) Apathetic Chamber of Commerce
- 4) Somely & medically disinterested

press

- 5) Deepset interests desiring to protect the status quo.

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Lowenthal