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## Correspondence: From Joseph J. Lowenthal to Lynwood Roberts, 1972-02-09

Joseph J. Lowenthal MD

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SUITE 44B, MARSHALL TAYLOR DOCTORS BUILDING  
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JACKSONVILLE, FLORIDA 32207

*squashed by the  
Hospital Authority*

February 9, 1972

TELEPHONE 396-0535

Mr. Lynwood Roberts  
President of City Council  
City Hall  
Jacksonville, Florida

*" gross mismanagement "*

Dear Mr. Roberts:

The problems facing the new University Hospital of Jacksonville are indeed complex, perplexing as well as vexing. The issues ~~facing us~~ have now become emotionally compounded by such words and phrases as "Strike", "Welfarism", "Depriving the socially depressed of needed medical care", etc. I feel impelled to speak out because being a physician implies more than merely treating one's own patients. It means being ever mindful of the medical needs of the community. I feel qualified to speak on this issue because part of my medical training was taken at the Old Duval County Hospital which is now the University Hospital. Following my entrance into the private practice of medicine, I have continuously worked on the Staff of that Institution. I became President of the Medical Staff; then Chief of the Department of Medicine and am now Co-Chief of Medicine representing the practicing physicians in this community to the new full time Academic Chief of Medicine. *I was also Co chair-  
Man of an ad hoc committee which wrestled with these problems for many years*

To understand any issue, one must know something of its history and background. Briefly, and to refresh memories, before the turn of the century, the University Hospital was the pest house of old. It then became the Duval County Hospital with new facilities being built in the 1920's and late 1930's. It was primarily a hospital to take care of the indigent of this community. Some practicing physicians in this community contributed their time gratis to care for the indigent patients in the hospital as well as in the Out-Patient Clinics. Because of the concentration of indigent patients in one institution and the dedication and the excellence of the attending physicians in this community, Duval Medical Center became one of the two largest training hospitals for physicians in the State of Florida. At the present time, it still ranks No. 3, only behind the State's two medical school hospitals. After World War II, an attempt was made to use part of the facilities for the care of private patients. Because of the limited beds and facilities available for private patients, and because the Duval County Hospital had the image of a place where only one's servants or indigents would go for care, the Daniel Unit, as the private facility was known, was never a success. In the early 1950's, the structural facilities were in such poor condition, that the hospital was threatened with the loss of its accreditation unless changes were made. At that time, a decision was made to remodel the hospital at the cost of millions of dollars rather than to build a new structure. However, even before the structural changes were completed, it was evident that the 240 bed hospital was, still inadequate if it were to serve its functions of (1) Providing medical care for the indigent. (2) Continue as a teaching facility. By fulfilling these functions, it would assure a better supply of physicians to this area, be ready to serve in any emergency or catastrophe (as it has already done), prevent the ills and epidemics associated with poverty from becoming rampant and finally to act as a nucleus for a medical school, when and if this becomes practicable. All of these factors have a direct bearing on the health of every citizen in this community, no matter where or how he obtains his medical care. It is a fact that the better the medical educational facilities

*always*  
*It has been governed by a Welfare Board + later Hospital Authority*

are in any community the better the medical care for all is.

Concerned physicians met with some members of the Hospital Board, the predecessor of the Hospital Authority and decided that we needed a 1,000 bed hospital to adequately meet the needs for the indigent as well as the private patients in this community. This was long before new hospitals in this area were built and additions to all existing hospitals were made. It was decided that because of the cost, a 500 bed structure would be developed with the base for another 250 beds to be added when and should the need arise.

Shortly after this, a special Ad Hoc Committee was appointed by the President of the Medical Staff for long term projections for medical education. It was decided that full time academic chiefs were necessary for the hospital to function properly. Later, an election held to raise \$20,000,000.00 by a bond issue to finance the proposed hospital was passed by this community by over 2 to 1 even though the total vote turnout was small. It should be said it was under the aegis of Dr. G. Dekle Taylor the recommendations of the Ad Hoc Committee for full time men were made and also that he more than anyone in this community convinced the electorate that the bond issue should be passed.

Ever since its inception, the University Hospital by whatever name it was known, has always been a tax supported institution and has derived most of its funds from Ad Valorem taxes in this county. When the hospital was small and when the needs of the indigent could be ignored and when more tax dollars were not needed for so many vital things such as, education and was not in competition for other needs such as, street, sewage, etc. a minimum budget saw the hospital get by in a minimal way. However, for the past 20 or more years, it has always been the custom and a necessity for the Duval County Hospital Board or Hospital Authority to go in concert with concerned physicians to the then Budget Commission and later to the City Council to ask for more funds, and usually enough funds were obtained to tide over the constant deficit financing of the institution. I, myself, still have copies of speeches I made before the old Budget Commission in order to get more funds for the hospital. There is nothing new about the indigent sick being denied treatment at the University Hospital. Its budget has never been sufficient to supply personnel to care for all of them, but the philosophy of the Hospital Authority

*was always to take what it could get after it provided sufficiently.*  
~~The Hospital Authority as well as~~ The Executive Medical Staff of the Hospital wanted our new building to be of the finest construction and most modern design. We were to have the best equipment available. We tried to obtain the best Intern and Resident Staff and with the aid of our full Academic Staff offer the best medical care available to the indigent as well as private patients. But dreams cannot last forever. Two Members of the Executive Medical Staff realized that the new building would require new methods of financing and that if we were to have a first class institution, we could no longer run to the Budget Commission or to whomever held the purse strings in this community and beg for money since the new facility by its very nature, would cost more to operate and maintain. Added to this, was the tremendous increase in the cost of labor due to the minimum wage law and the cost of sophisticated equipment with higher salaried personnel to run it. If the hospital was to attract private patients, it would have to give equal or perhaps better service than any other hospital in town to counteract the poor image it had had for over three generations. Since we were physicians and not too well versed in taxation, finances, etc. we urged the Hospital Authority to hire an outside hospital consultant who would survey the entire situation so that by the time the hospital was completed, means would be at hand for its adequate financing. Unfortunately, we were met with intransigence on the part of some members of the Hospital Authority. Almost a year went by before a Hospital Consulting Organization was hired and finally paid \$40,000.00 of the tax payers money for a survey which was issued. Very little distribution was made of the 100 copies supposedly received and nothing has been heard from the implementation of its suggestions or as to why the suggestions were not carried out. It should be said that every consulting firm interview was amazed that we had already commenced construction

*construction had commenced*

*there were*  
of the hospital before, ~~we had~~ plans to finance it. We asked the consultants if other methods of financing would not be better, - if perhaps the institution should not be run as a private facility and be reimbursed by the county for indigent care. We warned unless some new method of financing were found the community would have a twenty million dollar white elephant on its hands.

Again, a few members of the medical staff realized that if we were to change the Duval Medical Center into one of the outstanding medical teaching hospitals in the South, an attempt would have to be made to interest leaders of this community into the needs and capabilities of the institution. Again, under Dr. G. Dekle Taylor's leadership, a broad base committee was organized composed of the community's outstanding civic leaders. Various reports and recommendations were made but because the status quo was being disturbed, the effort was lost in the quagmire of do nothingness.

Alas! We are now back where we were 20 years ago but with a few important changes having taken place. (1) We have a 27 million dollar investment in a magnificent hospital plant. (2) Because labor costs have gone up and because it will cost more to run this new modern institution than it did the old Duval Medical Center, total patient care costs must rise. (3) We have beds available for private patient care, but no private patients will probably occupy most of them since not enough funds are available to compete with the services generally offered by other hospitals and which unfortunately aids in a patient making a hospital selection. We certainly cannot expect private patients to help foot the bill for the indigent patients. (4) Not enough private beds are now available for a physician to concentrate his patients in the University Hospital and use it as his main base, ~~of operations.~~

Unfortunately, there is no happy ready solution to the problems now confronting the University Hospital but we cannot and should not continue in our past laissez faire attitude and of living from one crisis to another as each budgetary year draws to an end. There are too many demands made on our ad valorem tax dollar and it is unfair to expect the City Council to decide how much of our tax dollar should go for health versus education, police protection, streets, etc. Nor can we afford to let the urgency of the situation make political hay for self interests by placing the blame on any one individual and then forgetting the whole thing. We are all to blame and this is everyone's problem. The problems now facing the University Hospital must not be settled by expediency at this time. We must prevent emotions and political oratory from completely beclouding the issues.

*as was once constituted, or officially*  
The rising costs of medical care is not germane to Duval County alone. No community, state or even the federal government has an answer to all of its health problems. It is evident though, that a new approach must be made. An Ad Hoc Committee ~~should be~~ appointed to study these problems and to come back with some suggestions as to their answer in a definite period of time. This committee should be composed of physicians who practice at the University Hospital and who are actively engaged in the practice of medicine in Duval County, full time academic physicians of the University Hospital, local civic leaders, members of the Executive Department of this City as well as Members of the City Council. It will be for this Committee to decide whether or not new sources of revenue should be sought, whether or not the hospital should be run as a private hospital with the City paying per diem costs for indigent hospital care and a fee for service cost for Out-Patient care and/or any other type of solution which various communities have tried in solving similar problems, or adopt an entirely new approach previously unused anywhere.

Perhaps the prediction previously stated that without proper financing the new hospital would be the biggest and most beautiful white elephant in the history of Duval County - is wrong. It may be a chimera, - a monster we have created of a white elephant and an albatross to hang around all our necks for not having faced up to our problems of:-

(1) Supplying adequate care for the indigent. (2) Maintaining a superb teaching institution which assures more physicians to this community and indirectly gives all citizens superior medical care.

The proper answers will be costly and even painful - but the alternative of past performance is intolerable.

Sincerely yours,



Joseph J. Lowenthal, M.D.

JJL/ld