

NOV. 4, 1993. Meeting with Ed Humphrey.  
 We met at his request. The situation of the Dept. of Surg. is such that sharp cutbacks are unavoidable. The new calculation of costs of CDC and the degree of Departmental support are available. The Department this year is owing the University something like \$7.5 million. The ongoing assets will be some \$3 million per year. There is no way other than to cut back. The CDC figures have been recalculated by Bernie Lay and last year it was subsidized by the Department \$264,000. The figures given me by Jim Coggins on 3, 1993 are very different, namely,

Expenses of CDC	\$464,084
Proceeds from billing in CDC	\$272,762
Proceeds from third party payers billed thru the Dept. of Surgery and paid thru same	\$70,000 +/-
Net proceeds CDC including thru the Dept. of Surgery	\$342,762.
Net subsidy of CDC by Dept. of Surgery	\$121,322

I volunteered to work for nothing to keep the CDC in operation, but this would still leave the subsidy needed about \$80,000.

Ed explained that it is also necessary to cut down the office space for the Transplantation Service and cut out altogether the operation of the dog laboratories. Such is the depth of the disaster.

The time schedule of closing of the CDC is three months, and one would assume this means Feb. 1, 1994.

Stanley Williams's position appears to be secure, since he has credentials for a position in Administration. I quickly suggested that if he were to be put in Administrative charge of all out-patient services, he would immensely advance the gentility and efficiency of that operation. Ed thought this a fine idea and will pass it along to Greg Hart, who is snow President of the Health Science Program at the University. John Najarian has already spoken to Greg Hart about Williams.

I indicated that it is still the ambition of the CDC to remain in operation and, if possible, to open the Comprehensive Health Maintenance Program. I indicated that we have had discussions in CDC about playing a more ambitious role in screening, for there are apparently four other screening operations in action at the University, several of which I regard as not only short-sighted but immoral, since each of them performs screening only in specialized areas, and this leaves patients who are sent home from them with the impression that they can relax when in fact they may very well have incipient cancers in other body systems which could perfectly well be found in the CDC.

I pointed out that Drs. Delaney, Prem, Rothenberger, and, hopefully, Everson were planning to meet to decide about a program to emphasize the importance of wide proper screening for the Comprehensive Cancer Program with the thought in mind that we might approach Chip Bolman as the Chairman of the Planning Committee of the UMCA

organizations, Dr. Kersey of the Cancer Program, or Greg Hart as the new President of the UMHC Health Center. Ed thought strongly that the only one of these with financial backing is Greg Hart and that he is the right one to approach. It is just possible that he might have a means of keeping the CDC alive.

I opined that the problem at the moment is that of keeping the CDC alive and that there has been a rather oblique implication that the Hennepin Medical Center would welcome the opportunity to adopt the program. He thought this a worthwhile avenue to pursue.

Finally, I indicated to Ed that I thought he had been given a sad, bitter plum on which to chew and that I sympathize with his situation. Knowing he is shortly planning to sell his house, I indicated that ours has a bedroom with bath and privacy and that Mary and I hope he and his wife will feel free to utilize this facility at any time at which it might be convenient. He was very appreciative and conceivably might do so, for at the moment the effort to find a successor to Najarian appears to be at a standstill.