

Plea to Mr. HART, Dec. 27, 1993 (EUREKA FILE)

1. This is an effort to assist Mr. Hart in expanding the clientele of the UMHC..

2. The letters which have been pouring in from members (patients) of the CDC attest to the immense appreciation they have for:

- a) the quality of the work done there,
- b) the efficiency and consideration with which that work has been done, and
- c) the loyalty of this group to the University and the University Hospital, as well as to the CDC.
- d) Few of these people have known that the Department of Surgery has been subsidizing the CDC, which earns only about 3/4 of the cost of operation.

3. The very cordial relations which have developed during the past several months among the CDC and some members of the Department of Medicine and of the Department of Obstetrics and Gynecology strongly suggest that ideally a new Cancer Detection Center should be the joint opportunity of ALL THE CLINICAL DEPARTMENTS and not just primarily the Department of Surgery. This is particularly true in regard to the Comprehensive Health Maintenance Program.

4. The Comprehensive Health Maintenance Program is proposed to be a sort of Executive Health Program.

- a) A similar type of clinic was set up by the Administration in the late 1980's and failed because of lack of interest of particularly many members of the Department of Medicine to do the examining.
- b) The setting up of such a clinic has been in the plans of CDC and Dr. Najarian since Dennis first met Dr. Najarian on this matter just 3 years ago. This has been repeatedly brought to the attention of members of the Administration; it has generally met warm approval in these discussions.
- c) Several participants in the CDC were specifically engaged to lay the groundwork for development of the Comprehensive Health Maintenance Program, including Dr. Neal Gault, Dr. Russell Frys, Dr. Elmer Martinson, Dr. JohnLaBree, and in part Dr. Konald Prem.
- d) These people and the retained earlier examiners stand ready to participate generously in said program.
- e) In addition, the combination of these two programs can be accommodated in a space the size of the fifth floor of the Mayo Building, formerly Station 51 of the University Hospitals. This is the space originally proposed BY THE ADMINISTRATION TO ACCOMMODATE THE CDC an offer again made on repeated occasions

and for which CDC prepared detailed reconstruction drawings. The offer was summarily withdrawn by the Administration without explanation and with the excuse that a contractor had been engaged without notification of CDC to clear the 4th floor then occupied by the CDC of asbestos to make it a new home for Physiotherapy. CDC was summarily ejected from the 4th floor examining area WITH DENIAL OF THE RIGHT TO MOVE TO THE PROMISED 5TH FLOOR AREA.

5. The CDC appears to have been abandoned by the Administration as an economically advantageous operation.
 - a) Mrs. Wells and others repeatedly referred to CDC as an economic drain on the Hospital.
 - b) WHEN MR. LARRY HOVERSTON FIRST UNDERTOOK TO USE THE HOSPITAL'S RECORDS TO ESTIMATE THE EARNINGS TO THE U.H. AND STAFF, HE REPORTED THAT HE COULD FIND ONLY ONE RECORDED ADMISSION TO THE HOSPITAL OF A PATIENT FOUND BY THE CDC TO HAVE AN EARLY, 90% CURABLE LESION. This sort of data must have underlain the impression of economic dependency, especially with the known subsidization of CDC by the Department of Surgery.

6. The level of the SUBSIDY PROVIDED THE CDC; is difficult to determine. A year ago, Dr. Dennis questioned Mr. James Coggins on this point and learned it was about \$125,000 a year. Recent estimates from the present accountants of the Dept. of Surgery estimate it to be more nearly \$180,000. Thus far CDC has not been able to get clarification on this matter.

7. Detailed investigation of EARNINGS OF THE HOSPITAL AND ITS STAFF THROUGH ACTIVITY OF THE CDC AFFORDS A CONCLUSION THAT SUBSTANTIAL EARNINGS ARE IN FACT MADE BY THE HOSPITAL AND STAFF FROM PATIENTS ACCESSING THROUGH CDC..
 - a) Provision of DATA ON NAMES, HOSPITAL NUMBER, AND DATES FROM CDC beginning Jan. 1, 1993 and ending Nov. 15, 1993, to Administration reveals HOSPITAL earnings of over \$119,000.00. These are receipts, not just billings. (Documentation attached.)
 - b) Documentation of fees PAID to Medical Center Staff from patients found by CDC to harbor early cancers, incipient cancers, or non-neoplastic lesions needing treatment thus far indicate a total of \$64,516.88. Since both these sums were calculated only to Nov. 15, 1993, the income could be rounded out to a total of \$210,055.76 for the full year.

- c) Since an estimated not reported income from departments not yet reporting amounts to \$40,000, the entire earnings of the Hospital and its Staff for the full year 1993 will be in excess of \$250,000.
(Documentation attached.)

8. In view of the above data,, ABANDONMENT OF THE CD WOULD DECREASE THE INCOME OF THE HOSPITAL AND ITS STAFF BY ABOUT \$250,000, an amount far larger than the cost of providing support to keep it going.

9. Providing life for the CD is judged by Dr. David Rothenberger to be highly important to the proposed DIGESTIVE DISEASE PROGRAM, ANOTHER PROGRAM WITH THE POTENTIAL TO ENHANCE THE GROWTH OF THE MEDICAL CENTER

10. LAUNCHING THE COMPREHENSIVE HEALTH MAINTENANCE PROGRAM could greatly increase the flow of a class of patients usually deemed most favorable for a university medical center.

11. THE PRESENT MEMBERSHIP OF THE CDC HAS A VERY HIGH FAMILY CANCER HISTORY. This year the CD has on average found one early and 89% curable malignancy for every 45 patient visits, and since founding in 1948 it has found over 2,500 such patients. THESE PEOPLE HAVE GAINED A DEPENDENCE ON THE CDC, AND ABANDONMENT OF THAT OBLIGATION WOULD

BE ADVERSE TO THE PUBLIC IMAGE OF THE
UNIVERSITY.

N.B. The personnel of the Cancer Detection Center wish here to express appreciation to Mr. Larry Hoversten for his understanding of the problems we have faced and his gracious eagerness to assist in ferreting out the data from the official records of the Billing Department and for his ever cheerful collaboration in helping the CDC cope with a series of earlier conundrums as well.

Larry Hoversten