University Hospital Transfer Ceremony

July 6, 1966

SUMMARY KEYWORDS
hospital, county, physicians, patients, university, medical school, California, years, operating agreement, medical education, medicine, health care, health, care, community, San Diego, serve, facility, persons, medical care

SPEAKERS
John S. Galbraith, Lester Breslow, William W. Stadel, Joseph Stokes III

Joseph Stokes III 00:01
Although the hospital operating agreement has been carried through on the shoulders of many individuals, there are a few who borne more than their share of the burden. It was Dr. William W. Stadel director medical institutions for the County of San Diego, who originally developed this plan. And I should now like to call upon Dr. Stadel for a few remarks bill.

William W. Stadel 00:32
Dean Stokes, friends, I think in these days of revolution rather than evolution in the social structures that are providing hospital care and medical care, to the economic underprivileged. And these days when Title 18 of Public Law 8997, the one that we call Medicare, is enforcing new methods of accounting and requiring new alignments of hospital physician relationships. These days when Title 19 of the same law, which is known in California, as the Casey bill and also known as Cal map, is said to be returning the economic underprivileged to the mainstream of medicine and to be putting county hospitals out of business. I think it's real refreshing, with all this going on, to realize that we're here today to meet in recognition of a unique arrangement that's dedicated to the concept that good patient care and good medical education are mutually interdependent. One is completely dependent on the other, they're mutually complementary. And I thought, as we think about this, that you might be interested in some of the things and a very brief recap of all that went into having it occur.

I went back this morning through the records of the Hospital Committee, now known as the County Institutions Commission. And the first reference that I can find in those minutes to the possibility that something like this that's occurring now might occur, was back in November 5th of 1956. When the comments are made about the planning of the new hospital building, and one of the commission members said, now remember how we've talked about Sunday, there's going to be a medical school here. And let's be sure that that planning is made with the concept, that there might be a medical school and that it won't be too hard to adapt some of the facilities to that purpose.

William W. Stadel 02:43
A year later, by October the 7th of 1957, Dr. Prentiss reported to the committee that the Council of the County Medical Society had gone on record as willing to lend all possible support to the concept that

there should be a medical school in San Diego. And after discussion, the Hospital Committee did appoint a subcommittee and charged that subcommittee with the job of making contact with the Regents and furthering this idea. A lot of things went on of course, but the high spots - the next high spot was on January the 6th of 1958, when there was a joint resolution the Board of Supervisors and the Council of the County Medical Society. Again, calling attention the Board of Regents to the importance or growing importance of this area and the need for medical school in this area. This continued with more discussion, more negotiations and two and a half years later in September the 13th 1961, our Board of Supervisors made their first offer of a grant of land to the university in order that it might facilitate the development of the medical school. This was known as the famous resolutions 118 and 119 at that date. By February the 10th of 1965, the various meetings have been held and re-held. The discussions have been discussed and discussed.

And finally, the Board of Supervisors were in a position where they did authorize their supervisor to sign a grant deed transferring certain land to the university with certain stipulations. And one of them was a completion of an operating agreement which was signed as Dean Stokes told you in 1965. In February, I have a date of February the 19th, 1965 as the referral in the Hospital Committee minutes. That operating agreement called among other things, for the University of California to assume responsibility for the administrative functioning of the institution, then known as the San Diego County general hospital on July 1 1966, a few days ago, the institution that since then, has been known as the San Diego County University Hospital. And I think we can all look forward to a growth, patient care. An answer to this question of whether or not county hospitals are being put out of business and growth with medical education. Thank you.

Joseph Stokes III 05:35
Thank you very much Bill. I'd now like to call upon another person who has supported me with all his vigor on many issues during these eventful two years. since Chancellor Galbraith gets in on most of the headaches but very little of the fun of running a medical school, we thought we could least we could do was to give him a chance to speak under more relaxed circumstances.

John S. Galbraith 06:06
Dean Stokes and friends, I know sitting in the audience, supervisor Austin and supervisor Gibson, and County Administrator Hagglund. When Dr. Stadel was speaking about the negotiations between the university and the County Board of Supervisors in factual terms, he left out a good deal of the "Sturm und Drang," which I'm sure supervisor Austin and supervisor Gibson remember very, very well indeed. But it isn't too many months ago since we appeared in this room to sign that operating agreement. And that day was marked by an era of gaiety. Topped off by Dean Stokes' wife by playing placing lays over our necks ,you may recall. And I regret the fact that there doesn't seem to be any prospect of that happening today. As Dean Stokes said earlier, this is a symbolic occasion. In a way it symbolizes the relationship between the University of California and the state generally, no other state university has been so much involved with the life of the general community, as has the University of California. And we at UCSD will be deeply involved in the development of San Diego. And this operating agreement is an important manifestation of our commitment. We trust that the high expectations which we have for

this partnership will be realized and that both the county and the university will have cause congratulate themselves on a mutually advantageous arrange. Thank you.

Joseph Stokes III 08:03
Finally, I'd like to call upon Dr. Lester Breslow, director of the State Department of Public Health. I met Dr. Breslow for the first time five years ago in [unclear] Yugoslavia at a meeting of an organization called the International Epidemiologic Association, whose main purpose is to provide or other heterogeneous group of academicians and others interested in public health and preventive medicine, an opportunity to get together at various remote corners of the world. Actually, Dr. Breslow has been at least partially responsible for some of our problems in transferring operating control to the hospital from the county to the university, having labored for almost a year to define a county patient. On the terms of our agreement, Dr. Breslow and others lent their support to the Casey bill and other measures designed to eliminate the welfare patient. Despite these problems, I can only applaud this development as the largest single step that any state has ever taken to encourage patients to resist social dependency. I hope that the fact that we've asked him to be our principal speaker this afternoon indicates the respect that we all hold for him as a health leader of the state. And he's agreed to speak on the subject of the changing role of county hospitals in California.

Lester Breslow 09:28
Thank you, Stokes. We're celebrating today a compact between the County of San Diego and the University of California, San Diego. A compact designed to promote better health care and to enhance medical education. The goals of the county and the university in this endeavor represent very important interests of the people both in the county and in the state. For undertaking it, therefore, you are to be congratulated by all of us on the part of the university. The assumption of responsibility for direction of services in the county hospital is yet another step toward assuring adequate resources for education and of physicians and other health personnel needed in the state. California is one of the major debtor states in respect to health personnel. And we're looking forward to this and other steps of the university to overcome that substantial indebtedness.

Perhaps even more important, this compact signifies once again, the intent of the university to link itself up with the community to carry its responsibilities for education and research through helping to meet community needs for service. This commitment to public service will improve the quality, as well as add to the quantity of physicians and others who will gain their education here. It will enhance the quality of medical education because teachers and students will be participating in the transformation of a major county hospital into an institution for a new and a higher type of health service. San Diego has reason to be proud of the facility it has developed here, and the history of its service to people in this county. But a new day has come to the County Hospital in California.

Lester Breslow 11:46
This state has again taken the lead in providing for the conversion of county hospitals into community hospitals. About a century ago, the state placed upon the counties in California, the responsibility for care of the indigent sick. These responsibilities the county met by building separate hospitals for the poor. Over the years, many of these hospitals, as in San Diego, have developed a high technical level

of health care, and have maintained an important resource for graduate medical education. However, it was still segregated care. It carried an element of compulsion, because persons who sought care in the county hospitals of the state could not obtain it elsewhere. Our national policy now calls for desegregation in health, as well as an educational and other endeavors. California is the first major state to extend this policy to include breaking down of segregation of health care, based on economic as well as on racial or any other grounds. The California Medical Assistance Program, inaugurated March the first of this year, provides a new opportunity. For most of the poor in this state, though not all of them, who were formally obliged to seek care at county hospitals.

This is the opportunity to obtain their care from physicians and in hospitals of their own choosing, with the bills to be paid by the state. In this way, the counties are relieved of a big share of the obligation to provide care of the indigent sick. For patients who historically filled the county hospitals may henceforth enter any hospital in the community. But the desegregation of health care provided in this California program goes both ways. The new law specifically encourages counties at the option of each Board of Supervisors to open county hospitals to all patients in the community. They need no longer restrict their admissions to the indigent. In the future, then county hospitals will begin to serve the entire community and admit patients of all social and economic strata. Many indigent patients in this county as elsewhere are already entering other hospitals. The county hospital will cease being the hospital for the poor patients who pay their own way or whose care is charged to labor management, health and welfare funds or to the Social Security fund in Medicare or other sources for payment. Such patients will enter the County Hospital. Segregated health care for the poor will be a matter of history, and any social stigma attaching to the County Hospital, will vanish. I'd like to break in at this point in what you can see our prepared remarks to tell a little story which comes to my mind as I get to this part of this presentation.

Lester Breslow 15:15

About a year ago, my youngest son went to Mexico with some friends from college. And there he acquired that disease which people of this country so often get when they go to Mexico. He had a quite severe case of this disease and went to a physician in a small town in Mexico, and was treated in the physicians back part of his office with various drugs administered by various routes and including intravenous administration. He returned home, not really completely home, he returned to the home of his grandmother in Los Angeles County few days later. And his grandmother prevailed upon him to telephone me in Berkeley to inform me of his condition. I of course, insisted that he see a physician. He could see no reason for seeing a physician because he was perfectly well, he had no symptoms. But that wasn't my concern, physicians in the audience will recognize it was my concern that he had received all of these drugs. So, I thought he ought to go to a physician and I would find one for him in Los Angeles County. I telephoned to several of my friends and medical schools and elsewhere and the top clinical circles, and finally pinpointed the one man whom everybody agreed was the best person in Los Angeles to see for such a particular condition. So, I arranged with his grandmother to drive him to that particular facility the following day, and he was seen, fortunately, was quite well and had no further difficulty. But I had some difficulty. And that was with the grandmother, who called me up and really laid me out is only such a person can do, because I, a high state official and physician should send my son to the county hospital. Well, I had only tried to find for that particular situation, the best physician that I

could find in all of Los Angeles County. I tell this story to illustrate the fact that I will be making a little bit further in the paper about the importance of quality of care and how patients, even physicians, as patients, for their families, will seek the best possible care, and will go to wherever it happens to be in the community. Even though it may embarrass grandmothers to drive up in Cadillacs as she happens to have to a county hospital. For the immediate future, the county hospital will still carry responsibility for the care of those who are both poor and doubly unfortunate in not falling into one of the categorical aid groups. For example, adult persons who are poor but have no children, and are not yet 65 years of age, and who are not blind or otherwise disabled, are not eligible for the California Medical Assistance program benefits. If in need of health care, they must continue to obtain it at the county hospital. But this limited group will require only a relatively small share of the county hospital services and hopefully, further social advances will soon enable even these persons to secure health care of their own choice.

Lester Breslow 18:30
In their new role of serving the entire community, the county hospitals and California will continue to offer opportunities for graduate medical education that is the training of medical specialists. Several will maintain or will newly established links with medical schools as in San Diego, and thus be a resource for undergraduate medical training as well. This will tend to improve even further the quality of care offered. Every physician knows that one of the most noteworthy signs of excellence in medicine is to participate in medical education. County hospitals generally in the state have achieved eminence in this regard, and they will surely cling to the superior status and the many advantages which affiliation with medical education affords. However, one major change will occur in the relationship of county hospitals to medical education, and this will be a change for the better.

The patients will no longer be known as or treated as clinical material. Probably nothing in the training of physicians in this country, of my generation at least, so typifies its greatest defect as the term clinical material as used by medical educators. It is often implied that patients and especially patients whose care served as a basis for physician training, were mere biological specimens available for teaching. It is not remarkable that many young physicians who spend years in such an atmosphere have acquired in the past attitudes of disrespect, which were later resented by the patients whom they were endeavoring to treat. Henceforth, patients in California, even those who are poor, will not have to present themselves as clinical material. Those medical educators and graduate and undergraduate medical students who have not already done so, will rapidly learn that the patient is first of all a human being to be treated with dignity, and people will learn.

Lester Breslow 20:48
Even grandmothers, possibly, will learn that one reliable sign of good health care is its connection with medical education. Just as physicians know this truth, people generally will learn it. This learning will necessarily be gradual, because long established ideas connecting medical teaching with care of the poor must be overcome. But such prejudices do meld with change and actual circumstances as here. Thus, one element in the future of the county hospital will be maintenance of excellence through a relationship to medical education, with patients freely choosing to obtain their care in such a situation. In addition, county hospitals as centers of high-quality care will serve as the full site for new advances in medical science. Take just one example. Medicine appears to be on the verge of tremendous

development in the transplantation of human tissues and organs and artificial substitutes for them. Success has already been achieved with blood, arteries, cornea, and kidney. How can such achievements be made more generally available to people? And what will be next? County hospitals will be in the midst of the advances involved in answering these questions.

Lester Breslow 22:14
In addition to being involved in these exciting technological developments, carry hospitals affiliated with medical schools will have an even more challenging opportunity that has the opportunity to serve as the base for truly comprehensive care. One of the strongest and among the most justifiable complaints against modern medical care is its fragmentation. It tends to be episodic rather than continuous. The individual with pain or some other symptom may obtain frustrate diagnostic and therapeutic care for the particular episode of illness. But that is not enough. What is needed and is increasingly expected by the American public today, is a sense of responsibility by the physician and the rest of the healthcare team for continuing health of the individual. The training of physicians in the recent past has emphasized accurate diagnosis and treatment. But without much regard for this continuity of care. Pediatrics has been somewhat of an exception.

The future of medicine with acute illness being relatively well controlled, lies more in the direction of personal health care, with the aim of assuring health rather than merely treating disease. To accomplish such a change of direction will require substantial innovation in medical education. One approach is to have the faculty, the staff of a county hospital, and its students assume total responsibility for health care of a specified population group, perhaps 20 to 30,000 persons. Every element of health care for all persons in this population would be provided at home, office or clinic, in hospital or other facility. A county hospital serving as the teaching facility for a medical school could offer the entire gamut of services that modern medicine has made available from minor routine care to the most complex and difficult. But the important factor is that a new commitment would be established a commitment to preserve and extend health of a population, not just to treat the diseases of individuals for the population being served. A case of measles, now that an effective vaccine is available. A death from cancer of the cervix. So, now that means are at hand to avoid such deaths, or the occurrence of any other disease event that can be prevented, would properly be regarded as a shame.

Lester Breslow 25:13
This sense of responsibility for health of an entire population would tend to stimulate in young physicians an attitude of health maintenance, not merely readiness to undertake diagnosis and treatment. Experience in such a situation would yield vastly different physicians, from those of my generation, trained only in crowded clinics, and at the bedside of acutely ill patients. Still, one more implication of the conversion of county hospitals into community hospitals is that the county hospitals may now join on an equal footing with other hospitals in planning for and establishing a rational community wide hospital service system. Hospital facilities in California have grown rapidly in the endeavor to keep pace with our expanding population. But in such rapid growth, oftentimes, the arrangement, the size and distribution and nature of the hospitals has not been in the hurly-burly of expansion, utterly rational. And hospital leaders in California as well as the public generally have recognized and have committed themselves now to legislation and on a voluntary basis equally, to

proceed with rational planning of hospitals. Doctor Stadel and others here have known about the separation and the difficulty we've had in trying to plan rationally when we have in effect a segregated dual system of hospitals. But now with this being overcome, we will be able to plan on a logical basis on a community wide basis for hospital care for the entire population. Thus, county hospitals in California are entering upon the new day in medical care with greater opportunities than ever before. I believe that they will continue to maintain a position of leadership in quality of care and in training of physicians. Further, they can help to reintroduce both a humanistic attitude and a health orientation, which medical education has been lacking during the past few decades. Further, they can participate in the development of a truly model hospital system for all the communities in California. The San Diego County University Hospital by virtue of its history, its first-rate staff, its physical facilities and now its affiliation with the university, San Diego may lead all of the rest.

Joseph Stokes III 27:59
I would like now to introduce the mystery man on the panel up here Dr. Carl Eckart. I didn't mean to skip over him before. Dr. Eckart is spent much of his career at the Scripps Institution of Oceanography and is now serving as Vice Chancellor for Academic Affairs in the university. [clapping] Also, I note in the audience, Jack [John] Clark down there, Jack is now was helping Mr. Byron at the time we were working out the operating agreement. Now he's working at the Scripps Clinic and Research Foundation. But Jack, I think you deserve at least to stand up and - [clapping]

Joseph Stokes III 28:59
Hospitals have become one of society's most complex institutions. Their increased size and complexity reflect more clearly than any other facet of medicine. The incredible gains that have been made in our ability to maintain health and to cure the sick. 50 years ago, a hospital could do a little more than to offer compassion. Today, it can offer much more. Despite these games, there's always the risk that in this maze of stainless steel, we will lose sight of an ancient and valued heritage. In this as in any other age, a hospital can to some extent afford to be inefficient, and ill equipped, but it cannot afford to be insensitive to every need of the patient. For although we are biological engineers in our school, it cannot be built from purely a hardcore science. Such an assumption is false not in kind but in degree. Medicine is not a science and only in part is it of science.

Medicine is an eclectic and borrows on many - from many and performing its task, its prime task of caring for the patient. It flows from the confluence of two great streams, one old and one new. One swells from that fountain of creative scholarship at the core of the modern university and grows stronger as we get smarter. The other springs from the great humanistic tradition. This is an old stream with origin long before the birth of science, and it gained strength as we grow wiser should science ever Perish the stream of medicine would weaken but would not run dry. For medicine goes back to the origins of man and will live as long as man survives, it will prevail only as man prevails. And so, in order to commemorate this occasion, we plan to add a plaque to the others of the entrance of this hospital, which will say on July 1, 1966, this hospital was rededicated the San Diego County University Hospital in recognition of the interdependence of scholarship and medical care. This then ends the formal part of the program. We hope that you all stay for refreshments. [clapping]