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Why We Are Building the City of Faith

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WHY ARE WE BUILDING THE CITY OF FAITH?

WE BELIEVE THAT THE POWER OF PRAYER AND THE POWER OF SCIENTIFIC MEDICINE ARE BOTH POTENT FORCES WHICH CAN FAVORABLY INFLUENCE THE HEALING PROCESS FOR THE SICK. FOR CENTURIES IT HAS BEEN KNOWN THAT PEOPLE HAVE WITHIN THEM FORCES WHICH TEND TO CAUSE THEM TO GET WELL. MEDICINE HAS OBSERVED THESE TENDENCIES AND HAS TRIED TO DISCOVER WAYS IN WHICH THOSE HEALING FORCES CAN BE AUGMENTED BY MEDICINES, SURGERY AND OTHER THERAPIES. REMARKABLE PROGRESS HAS BEEN MADE IN DEVELOPING HIGHLY SOPHISTICATED METHODS FOR DIAGNOSIS AND TREATMENT OF DISEASE.

LIKEWISE, PRAYER ALONG WITH FAITH, HOPE AND LOVE HAVE BEEN NOTED TO PRODUCE SUPERNATURAL HEALING EFFECTS AS WELL AS MARKEDLY INCREASING THOSE INDWELLING HEALING FORCES. PEOPLE WHO BELIEVE IN THE POWER OF PRAYER TO PRODUCE HEALING HAVE NOT ALWAYS ACCEPTED NOR RESPECTED MEDICAL SCIENCE AS A DIVINELY ORDAINED FUNCTION. CONVERSELY, THOSE IN MEDICINE HAVE HAD DIFFICULTY UNDERSTANDING THE POWER OF PRAYER WHICH IS DIFFICULT TO QUANTIFY; AND THOSE PRAYING FOR THE SICK HAVE NOT KNOWN HOW TO FIT WELL INTO THE DELIVERY OF HEALTH CARE. WE BELIEVE THAT THE TIME HAS COME TO JOIN THE FORCES OF PRAYER AND MEDICINE THROUGH SMOOTHLY FUNCTIONING TEAMS WHERE EACH MEMBER AND EACH FUNCTION CAN BE CALLED UPON TO DO WHAT EACH DOES BEST. THIS UNION, WE BELIEVE, WILL PRODUCE A MORE POTENT FORCE FOR HEALING THAN EITHER PRAYER OR MEDICINE ALONE.

THE CITY OF FAITH WILL MEET SOME OF THE HEALTH CARE NEEDS OF THE CONSTITUENCY OF THE ORAL ROBERTS' MINISTRIES. THOSE 3.1 MILLION PARTNER-FAMILY UNITS REPRESENTING 9.3 MILLION CONSTITUENTS SUPPORT THE MINISTRIES AND THE UNIVERSITY AND LOOK TO IT TO HELP MEET THEIR SPIRITUAL AND HEALTH NEEDS AND ARE THEREFORE THE COMMUNITY WHOM THE CITY OF FAITH WILL SERVE. THEY WRITE 544,000 LETTERS CONTAINING 402,000 PRAYER REQUESTS TO THE ORAL ROBERTS' MINISTRY EACH MONTH. WE ARE ABLE TO CLEARLY IDENTIFY 99,255 MEDICAL PROBLEMS AND 72,761 MENTAL AND EMOTIONAL PROBLEMS IN THESE PRAYER REQUESTS EACH MONTH NOT COUNTING THE 49,444 FAMILY PROBLEMS. HEART DISEASE WITH 26,500 AND CANCER WITH 22,000 MAKE UP JUST UNDER HALF THOSE MEDICAL PROBLEMS. AN ANNUAL TOTAL OF 1,200,000 MEDICAL PROBLEMS AND 875,000 EMOTIONAL AND MENTAL PROBLEMS ARE IDENTIFIED. MANY OF THESE PEOPLE INDICATE THAT THEIR PROBLEMS ARE DUE TO THE STRESSES OF LIFE WITH WHICH THEY ARE UNABLE TO COPE. THESE PARTNERS ARE SAYING TO US, "WE WANT AND NEED A PLACE WHERE PRAYER AND MEDICINE CAN BE COMBINED TO MEET OUR NEEDS." IN ADDITION, THESE PARTNERS MAKE 1,500 PHONE CALLS A DAY ASKING FOR PRAYER AND 25,000 OF THEM EACH YEAR PAY THEIR WAY TO COME TO A LAY SEMINAR HELD ON THE ORAL ROBERTS UNIVERSITY CAMPUS. MORE THAN 300,000 PARTNER-FAMILY UNITS HAVE ALREADY SENT CONTRIBUTIONS TOTALING MORE THAN \$20,000,000 DESIGNATED FOR THE CITY OF FAITH IN JUST 4 MONTHS.

THE CITY OF FAITH WILL PROVIDE ONE HALF THE CLINICAL CURRICULAR REQUIREMENTS FOR THE ORU SCHOOL OF MEDICINE AND PART OF THE CLINICAL REQUIREMENTS FOR THE SCHOOL OF NURSING. NEGOTIATING TEAMS FROM ST. JOHN MEDICAL CENTER, HILLCREST MEDICAL CENTER AND ORU HAVE AGREED THAT ONE HALF THE MEDICAL SCHOOL'S CLINICAL CURRICULUM REQUIREMENTS, BUT NO MORE THAN ONE HALF, CAN BE PROVIDED IN THOSE HOSPITALS WITHOUT JEOPARDIZING THEIR AFFILIATION WITH THE UNIVERSITY OF OKLAHOMA-TULSA MEDICAL COLLEGE. ORU HAS PROPOSED TO PAY THE ENTIRE COST OF BOTH MEDICAL STUDENT AND RESIDENT EDUCATION AS A PART OF THOSE AGREEMENTS. ADDITIONALLY, ORU HAS PROPOSED THAT THE CITY OF FAITH SHARE THE CHARITY CASE LOAD FROM TULSA ON AN EQUAL BASIS WITH THE AFFILIATED HOSPITALS. SHOULD THESE AFFILIATION AGREEMENTS NOT BE SIGNED, THEN ORU WILL BE FORCED TO SEEK AFFILIATION IN SOME OTHER LARGE COMMUNITY HOSPITAL ELSEWHERE.

SERVICES TO BE OFFERED HAVE BEEN PROPOSED BASED ON THOSE TYPES OF MEDICAL NEEDS FOR WHICH OUR CONSTITUENTS ARE SEEKING OUR HELP. SIGNIFICANT NUMBERS HAVE CANCER, HEART DISEASE AND RHEUMATOLOGIC DISORDERS STIMULATING OUR INTEREST NOT ONLY IN THE CARE BUT IN RESEARCH ON THESE DISORDERS AND THE DESIRE TO IMPROVE CARE FOR THESE PEOPLE. OUR PARTICULAR CONCERN IS THE PROCESS OF AGING BROUGHT FORTH FROM OUR EXPERIENCE WITH THE UNIVERSITY VILLAGE RETIREMENT CENTER, LARGE NUMBERS OF OUR CONSTITUENCY IN THE UPPER-AGE BRACKETS AND OUR SHARING THE NATIONAL CONCERN OVER THE PROBLEMS OF AGING. WE HOPE TO CONTRIBUTE THROUGH OUR CLINICAL RESEARCH PROGRAMS TO BETTER UNDERSTANDING THE AGING PROCESS LEADING TO A MORE PRODUCTIVE, SATISFYING LIFE FOR OUR ELDER CITIZENS. RECENTLY, INCREASING CONCERN HAS BEEN EXPRESSED OVER THE RAPIDLY GROWING NUMBERS OF PEOPLE SUFFERING FROM DISORDERS PRECIPITATED BY STRESS. OUR CONSTITUENCY ALSO MANIFESTS THIS GROUP OF PROBLEMS SUFFICIENTLY TO WARRANT OUR DEVELOPMENT OF BETTER METHODS OF HANDLING STRESS THAN ALCOHOL, DRUGS, HYPERTENSION, HEADACHES, STOMACH ULCERS, ETC.

THE EXISTING SERVICES SIMILAR TO THE TYPE PROPOSED AT THE CITY OF FAITH BUT FOR A DIFFERENT GROUP OF PEOPLE APPEAR TO BE EFFICIENTLY UTILIZED. AVERAGE OCCUPANCY OF HOSPITAL BEDS IN 1976 IN TULSA WAS 78.9 PERCENT UTILIZING THE AHA GUIDE, 1977 EDITION, WHICH INDICATED 2,846 BEDS LICENSED AND AN AVERAGE OCCUPANCY OF 2,246 PATIENTS PER DAY. THESE FIGURES INDICATE AN AVERAGE OF 600 EMPTY BEDS DAILY. FROM JANUARY 1, 1978 THROUGH FEBRUARY 8, 1978, THE DAILY REPORT OF BEDS ACTUALLY AVAILABLE GIVEN BY EACH HOSPITAL IN THE TULSA AREA TO THE TULSA COUNTY HEALTH DEPARTMENT INDICATED THAT THERE ARE 2,520 BEDS ACTUALLY OPERATIONAL AND UTILIZABLE IN TULSA AND THAT THE AVERAGE NUMBER OF BEDS EMPTY PER DAY HAS BEEN 230 WITH A HIGH OF 386 AND A LOW OF 106. THIS INDICATES A USE RATE OF AVAILABLE BEDS IN TULSA IN EXCESS OF 90 PERCENT, A VERY ACCEPTABLE RATE EVEN IF PARTIALLY EXPLAINED BY BAD WEATHER AND THE FLU SEASON.

THE APPLICATION DEMONSTRATES THAT THE POTENTIAL ADMISSIONS FROM CONSTITUENTS EXCEEDS THE CITY OF FAITH CAPACITY BY SEVERAL THOUSAND ADMISSIONS PER YEAR, EVEN USING A CONSERVATIVE 7.5 DAY ALOS WHICH ADMITTEDLY WILL BE DIFFICULT TO OBTAIN IN A TERTIARY CARE FACILITY OF THIS TYPE. WITH STUDENTS AND FACULTY IN TULSA COMMUNITY HOSPITALS ADMITTING CONSTITUENTS TO THESE HOSPITALS AND THE CITY OF FAITH OPERATING AT CAPACITY, ANY EMPTY BEDS IN THE TULSA COMMUNITY HOSPITALS WILL EASILY BE FILLED. THUS, THE CITY OF FAITH WILL NOT ADD TO ANY OVERBEDDING PROBLEM IN TULSA, BUT OFFERS A SOLUTION TO THAT

PROBLEM BY EXPANDING THE MEDICAL POPULATION BASE OF THOSE
HOSPITALS -- THE ONLY ECONOMICAL SOLUTION TO THEIR OVERBEDDED
SITUATION, ORU CONSTITUENTS WILL GO TO THE COMMUNITY HOSPITALS
FOR CARE WHEN THEY SEE THAT THERE ARE PEOPLE PROVIDING THAT
CARE WHO ARE IN TUNE WITH THE PRINCIPLES FOR WHICH ORU
STANDS.

COST CONTAINMENT

WE BELIEVE THAT COST CONTAINMENT CAN BE EFFECTED EVEN IN A TERTIARY CARE FACILITY BY DESIGNING THE ENTIRE COMPLEX AT ONE TIME, PAYING CAREFUL ATTENTION TO DESIGN CONCEPTS WHICH ALLOW FOR EFFICIENT MOVEMENT OF PEOPLE AND MATERIAL UNENCUMBERED BY THE LOGISTICAL PROBLEMS CREATED BY LATERAL ADDITIONS TO EXISTING BUILDINGS. WE BELIEVE WE ARE PLANNING FOR THE NEXT 25 YEARS A REASONABLE LONG-RANGE PLAN FOR ANY MEDICAL FACILITY IN THIS RAPIDLY CHANGING FIELD. INTERNAL CHANGES CAN BE ACCOMPLISHED IN THE SUPPORT AREAS WITHIN REASONABLE COSTS.

COST CONTAINMENT CAN BE EFFECTED BY USING DONATED FUNDS FOR CONSTRUCTION NOT REQUIRING PERMANENT LONG-TERM FINANCING AT CURRENT HIGH INTEREST RATES CREATING CONTINUAL DEBT SERVICE PROBLEMS.

CITY OF FAITH WILL NOT TRY TO BE ALL THINGS TO ALL PEOPLE. WE HAVE NOT PLANNED SOME OF THE HIGH COST EQUIPMENT PIECES OR SERVICES SUCH AS CAT-SCANNER, LINEAR ACCELERATOR, IN-STAGE RENAL DISEASE, ETC. WHICH NOW EXIST IN TULSA. WE HOPE TO EFFECT COST CONTAINMENT THROUGH IMPROVED UTILIZATION OF EXISTING EQUIPMENT BY SHARING, SAVING US CAPITAL INVESTMENT AND PROVIDING THE OWNER OF EXISTING EQUIPMENT A MORE RAPID RECOVERY OF HIS INVESTMENT THROUGH INCREASED UTILIZATION OF EQUIPMENT. ONE AGREEMENT FOR SUCH SHARING IS IN HAND AND OTHERS SEEM LIKELY ON THIS BASIS.

WE BELIEVE THAT AN INCREASED UTILIZATION OF OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTIC SERVICES AND OUTPATIENT THERAPY OFFERS A REAL OPPORTUNITY FOR COST CONTAINMENT.

OTHER REFERRAL CENTERS WITHOUT A LARGE DEFINED CONSTITUENCY OF PEOPLE ARE UTILIZING FACILITIES EFFICIENTLY IN A MANNER SIMILAR TO THAT WHICH WE PROPOSE. WE MUST ASSUME THAT OHSA BELIEVES THAT WE ARE PLANNING TO OFFER SIMILAR SERVICES, ELSE WHY WOULD THEY HAVE ASKED SUCH CENTERS TO CRITIQUE THIS APPLICATION.

IT ALSO APPEARS THAT OHSA MUST BELIEVE THAT WE WILL INDEED DRAW PATIENTS FROM ACROSS THE NATION INDICATED IN THEIR CONTACTING OTHER HSA'S ACROSS THE COUNTRY REQUESTING THEIR EVALUATION OF THE CITY OF FAITH ON THEIR SERVICE AREAS. RESPONSES WHICH WE HAVE SEEN INDICATE THAT OTHER HSA'S CONTACTED HAVE INDICATED THAT THEY PERCEIVE NO GREAT EFFECT ON THEIR SERVICE AREA BY THE CITY OF FAITH.

WHAT WILL BE THE EFFECT OF THE CITY OF FAITH ON THE SMALL TOWN HOSPITALS IN OKLAHOMA?

SMALL TOWN HOSPITALS IN OKLAHOMA FOR THE MOST PART EXIST TO PROVIDE PRIMARY CARE AND IN SOME CASES SECONDARY LEVEL CARE TO THE CITIZENRY OF THEIR COMMUNITIES. AT PRESENT WHEN SICK PERSONS IN ONE OF THOSE COMMUNITY HOSPITALS AND/OR THEIR PHYSICIAN BELIEVE THAT THEY NEED SPECIALIZED CARE NOT OFFERED IN THAT HOSPITAL, THEN THEY ARE REFERRED TO ONE OF THE LARGE METROPOLITAN HOSPITALS OFFERING THE PARTICULAR KIND OF CARE WHICH THEY NEED. THE PRESENCE OF THE CITY OF FAITH WILL NOT ALTER THE ABOVE-DESCRIBED PATTERN OF CARE. IT IS TRUE THAT SOME OF THOSE PATIENTS AND SOME OF THEIR PHYSICIANS MAY CHOOSE TO REFER PATIENTS FOR CERTAIN KINDS OF CARE TO THE CITY OF FAITH. THOSE PERSONS WHO ARE REFERRED TO THE CITY OF FAITH WOULD HAVE BEEN REFERRED TO SOME FACILITY OFFERING THAT KIND OF SPECIALIZED CARE WHETHER OR NOT THE CITY OF FAITH EXISTED. THE NET EFFECT ON THE SMALL TOWN COMMUNITY HOSPITALS IN THIS STATE WILL BE ZERO.

THERE WILL BE A POSITIVE EFFECT PRODUCED ON HEALTH CARE IN THE SMALL TOWNS OF THIS STATE BECAUSE PHYSICIANS WHO ARE TRAINED IN THE ORAL ROBERTS UNIVERSITY SCHOOL OF MEDICINE WILL BE ENCOURAGED TO SETTLE IN PLACES WHERE THERE IS DEMONSTRATED MEDICAL NEED. SUCH AN OCCURRENCE WILL NOT BE LIMITED TO OKLAHOMA COMMUNITIES, BUT BY SIMPLE PROXIMITY THOSE COMMUNITIES WILL HAVE AN EXCELLENT OPPORTUNITY TO OBTAIN GRADUATES FROM THE ORU MEDICAL SCHOOL AND FROM THE PRIMARY CARE RESIDENCY PROGRAMS OFFERED BY THE UNIVERSITY.

ANOTHER BENEFIT TO SMALL TOWN COMMUNITIES MAY BE SEEN IN ORU'S COMMITMENT TO PROVIDING SOME OF THE CONTINUING EDUCATION NEEDS FOR THE SMALL TOWN PHYSICIAN. IT IS OUR BELIEF THAT THE CONTINUING EDUCATION NEEDS CAN BEST BE MET BY BRINGING THE SMALL TOWN PHYSICIAN INTO THE MEDICAL CENTER AND ALLOWING HIM AN OPPORTUNITY TO BE A PART OF AN ACADEMIC CENTER FOR A SHORT PERIOD OF TIME. THE ONLY WAY THIS WILL BE POSSIBLE IS FOR THE UNIVERSITY TO PROVIDE SOME WAY OF SUPPORTING THE SMALL TOWN PHYSICIAN'S PRACTICE WHILE HE IS OBTAINING HIS CONTINUING EDUCATION. THE UNIVERSITY IS COMMITTED TO MEETING THIS OBLIGATION. THIS OBSERVOR BELIEVES THROUGH HIS EXPERIENCES AS A SMALL TOWN GENERAL PRACTITIONER THAT NOTHING COULD BE MORE BENEFICIAL TO THE ACADEMIC MEDICAL CENTER THAN TO HAVE ITS FACULTY MEMBERS SPEND SEVERAL DAYS EVERY YEAR OUT PROVIDING PRIMARY CARE IN SMALL TOWN AMERICA. SUCH A RELATIONSHIP WILL BRING IN MUCH CLOSER PROXIMITY THE REAL MEDICAL NEEDS OF PEOPLE IN THE ACADEMIC MEDICAL CENTERS WHICH ARE TRAINING PHYSICIANS TO MEET THE NEEDS OF THOSE PEOPLE.

SUMMARY

LADIES AND GENTLEMEN:

THE REAL ISSUE BEFORE THIS COMMITTEE IS THAT THE CITY OF FAITH HAS ITS OWN UNIQUE BUILT-IN COMMUNITY, GEOGRAPHICALLY SCATTERED, BUT UNITED IN BELIEF AND NEED. WE ARE NOT BUILDING FOR THE TULSA NOR EASTERN OKLAHOMA POPULATIONS, BUT FOR THIS ORU CONSTITUENCY. WE WILL SOLVE AN OVERBEDDED SITUATION IN TULSA -- A REALIZABLE GOAL, IN PERFECT TUNE WITH THE OKLAHOMA HEALTH PLAN AND CONSISTENT WITH THE GUIDELINES OF THE OKLAHOMA HEALTH SYSTEMS AGENCY.

PLEASE LOOK AT ORU'S TRACK RECORD, AT MR. ROBERTS, THERE. HE HAS NEVER SAID OR DONE ANYTHING TO HURT EITHER TULSA OR THE STATE OF OKLAHOMA.

WE HAVE NOT BACK DATED CONTRACTS TO AVOID APPEARING BEFORE YOU NOR HAVE WE PROPOSED SHELLING IN OUR TOP TWO FLOORS ONLY TO PROCEED TO COMPLETE THEM WITHOUT EITHER PATIENTS OR THE FUNDS TO DO THE JOB. YOU CAN TRUST US BECAUSE WE ARE PEOPLE OF OUR WORD. WE REPRESENT AT LEAST 9 MILLION LITTLE PEOPLE IN THIS COUNTRY WHO WANT US TO OBEY THE LAW AND YET WANT US TO BUILD THE CITY OF FAITH.

I KNOW THAT AS YOU SIT HERE TODAY YOU WANT, AS DO WE, WHAT IS BEST FOR ALL OKLAHOMANS. I AM CONFIDENT THAT YOU WILL APPROVE THIS PROJECT FOR OKLAHOMA, CONSTRUCTED AND OPERATED FROM NEARLY ALL NON-OKLAHOMA DOLLARS.

THANK YOU.