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# Channel 8 Interview about the City of Faith with Dr. C.T. Thompson and Dr. James Winslow

Holy Spirit Research Center, Oral Roberts University

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Shirley

DR. THOMPSON - DR. WINSLOW ✓

1/30/78

BOB HOWER: Well, good evening and thank you for joining us. You all know Barbara Allen who works with us on the news every night, and this is going to be interesting for us. I think you'll agree, Barbara, because everywhere you go these days you hear talk, pro or con, about Oral Roberts University City of Faith medical complex. Well, for the next hour you're going to hear from two gentlemen who have a lot to say on the subject. One is for it, one is against it. First, we're going to hear from a doctor who is against it. His name is Dr. C. T. Thompson, who is a general surgeon practicing here in Tulsa, and then after we're going to hear from Dr. James Winslow from Oral Roberts University who obviously is for it. Let's first talk to Dr. Thompson, and I will tell you that he told me that he's lived in Tulsa for 22 years. He's from Louisiana and is a general surgeon. He's on the Board of Directors at St. Francis Hospital, but he's here this evening talking as a representative of the Tulsa Hospital Council. Doctor.

DR. THOMPSON: Thank you. I appreciate very much the opportunity really to discuss the whole issue. As you probably know, we've had remarkably little opportunity to air many of the reasons that we are against the proposed City of Faith Hospital. I think that we would like as much as possible to openly debate the issues with members of the faculty or staff at Oral Roberts University in regard to the hospital. We think that it impacts rather severely, or will impact rather severely on the whole health care delivery system, not only of Tulsa, but indeed of the surrounding area and the state of Oklahoma so that we do welcome the opportunity to discuss this and to present our views. I think that we would like certainly to make the issue, if you would, one of really the impact on the health care system. It does not reflect on either the personality or the ministry or the integrity of any of the people that are involved in the Oral Roberts effort whatsoever. I've known Dr. Winslow for some time and have a high regard for him so this isn't really at issue at the moment. However, we do have a considerable stake, all of us, in whether or not this is going to impact on our ability to delivery

continued quality of medical care that's been available in Tulsa for some time. This impacts primarily on health care costs, and we certainly would like to delve further into that as we go along because the whole issue of health care costs relates heavily to overbedding, duplication, all of these things that are written very much about and much is talked about. It impacts on manpower problems, it impacts on indigent care, it impacts on the financial stability of our health care institutions, both locally and in the surrounding area. It impacts on whether or not we are going to be able to provide the level of services that we've been able to provide over the many, many years certainly since I've been here in Tulsa at our institutions.

BOB HOWER: Doctor, before we get into many of these specifics you suggested, I believe, that when you said you thanked us for this opportunity that you really hadn't had much of an opportunity to give your side of the story. What did you mean by that?

DR. THOMPSON: Well, to be very blunt, I suppose which I'm rather noted for, let's look at the facts. The Oral Roberts effort certainly has had much publicity, in all of the medium. Two major newspapers here in Tulsa have supported the Oral Roberts effort editorially. We've had certainly no forum in any of the other media, and we appreciate the opportunity. We would like, as a matter of fact, to carry this even further and perhaps have more face-to-face activity so that we can make sure we're answering the same questions, and that we are dealing in terms of apples and apples and not apples and oranges. I think it's very important for us, we think as an educational tool because it is important for the citizens of Tulsa really to really know and understand what contributes to their health care delivery problems.

BARBARA ALLEN: Of course, Doctor, you and all those opposing or for the hospital will have your opportunity to speak about that on March 22 before the Oklahoma Health Planning Council. When you go before that council, what will be your major concern in terms of whether or not the City of Faith should be built here in the City of Tulsa, your primary concern?

THOMPSON: The primary concern is its effect on health care costs which is a major national emphasis at the present time.

ALLEN: How, in your opinion, will it affect health care costs?

THOMPSON: Very detrimentally. One of the key issues at the present time, and I think I can quote Mr. Califano, our secretary of HEW, has been that the chief and major problem or cause of rapidly escalating or increasing health care costs is overbedding. By overbedding we mean areas of the country in which there is far, far less demand for hospital beds than there are beds available. Plain old empty beds. Let me explain how an empty bed costs you money. May I?

ALLEN: Go right ahead.

THOMPSON: An empty bed is a very simple thing. Most hospitals gear toward the notion that they will be 80% occupied. This is how they staff their hospitals. This is how they get their financing and what have you. The revenue that a hospital gets comes from only one source, that comes from patients. If you're lying in a bed and the bed next to you is empty, you may rest assured that the \$200 a day or whatever it is not that is the actual cost of running hospitals that your \$200 may be coming in, but the bed next door is not providing that money. The same nurse has to be there. The same place has to be heated. The place has to be air conditioned. All of the fixed expenses go on, and yet if this hospital is occupied at a level below its efficient peak, it's an enormous cost to the patient who is there because you can only get your revenue from one place and that's the patient. Either that or you have to diminish services.

ALLEN: Now if I understand it, however, Dr. Roberts has said although his hospital will eventually contain 777 beds, he intends only to open up a certain number initially so that there will not be that situation here in the city of Tulsa.

THOMPSON: I think the number that was stated is 294. Let me stress one thing, however, he has implied, not implied, that he will shell in the remainder of the hospital. Now let me tell you what that does is that it basically does not allow any hospital in the area to ever consider any other type of expanded operation or any other type of services



if we have a large shelled in facility at Oral Roberts University. In other words, this will tie up your planning process for many moons to come. It cannot do otherwise.

HOWER: You get the feeling sometime when you say that the newspapers and so many other people are apparently for this that maybe it's only the hospitals and some of the people who work in those hospitals that are currently in Tulsa who are against it. You might think about that for a minute, but let me ask you about, people say that this will be another Mayo Clinic, or they draw that analogy. And it's interesting to me that in a city of 60,000, which Rochester, Minnesota, is, which has in addition to the Mayo Clinic three other hospitals, St. Mary's which is the largest private hospital in the country, seems to work very well with that. The local people go to Mayo as well as people from outside. They think that it helps their business picture. They have 4,000 first class hotel rooms in Rochester, 60,000 people. We have 4,000 now, we expect to have 5,000 when the new hotel is put in. Just looking at it from a business standpoint, aside from how it might affect the hospitals, would it not affect other people in the city advantageously?

THOMPSON: Let me answer that. I'm glad you brought the Mayo Clinic up. I think that's a reasonably good example. There are two or three things that are essential, I think, in making a determination whether this is valid and we can use other clinics such as Ochsner, Scott-White, Johns Hopkins Hospital. There are a number of organizations we can use as examples. The Mayo Clinic, for instance, in all of these places that I've mentioned are really places of proven medical excellence. They started out as, they didn't start out as medically excellent, but they built up the reputation over many years of being places of medical excellence. This is certainly yet to be proven at the City of Faith. The second thing I think that's even more important and that's not understood and certainly not clear in the application from the City of Faith is the very simple fact that in spite, really in spite of everything that's said the Mayo Clinic still receives 89% of its patients from a radius of 500 miles. This is a small town, Rochester is. The second thing that's even more critical is that the Mayo Clinic and

the medical school does not have a hospital. These are individual. The St. Marys hospital that you alluded to is not owned by the Mayo Clinic. Harvard Medical School is the classical example, I suppose, of a great university medical school that doesn't have a university hospital. Now if you look at these other institutions that I've alluded to, for instances, Ochsner Clinic which I know a fair amount about, 45% of its patients come from the New Orleans area. You note I get the New Orleans in in the southern pronunciation. And 78% come from Louisiana. Scott-White, 80% of their patients come from Texas. Hopkins is a well known name renowned medically, 80% of its admissions come from Baltimore itself so that it's a myth that people are going to come from great distances around and that the local people and the surrounding area people won't use the institution.

ALLEN: But you must also recognize, too, Doctor, that one of the advantages, you might say, that Oral Roberts might have over the Mayo Clinic or say Ochsner or whatever, is that he has a following that goes all over the country and it's not only a medical following but a religious following as well, and that is what he is calling upon and saying it will fill his hospital. It's really not a situation you can compare necessarily with a Rochester or with a New Orleans and an Ochsner and a Mayo Clinic. What we're talking here is a slightly different thing because of the religious persuasion that Dr. Roberts follows. Is that not true?

THOMPSON: Let me answer that this way. We're looking at a \$250 million to \$500 million complex that's preparing to be built. And I use those numbers, to be very frank, \$100 million for the hospital was the round number that was given, and the hospital is the basic issue at hand. The remainder of the complex and the research towers and the clinic buildings, I've heard so many different figures, maybe Dr. Winslow can clarify the total sums of money. The most significant feature of this and I'd like to quote Dr. Winslow. This is a direct quote so I'll look at a note here. He says, "No formal marketing studies have been undertaken to indicate a commitment from the constituency." That's the Oral Roberts groups. "To seek medical care at the City of Faith Hospital."

Now when we talk we talk in terms of a \$250 to \$500 million health marketing effort, which is what this is, their marketing health services, at megamillions of dollars and to do this without elementary data to determine this constituency's need for the hospital, number one, or its desire to use it, number two, and for what purposes, number three. For instance, would a man from Iowa who sends \$10 a year come in for an annual physical? Would he come in for, would he fly in for an appendectomy? Would he bring his daughter here to delivery? What's he going to come here for? This is a critical issue. Now if you're only going to get a smattering of people from afar, and you're going to be draining the surrounding area of Tulsa, you essentially will have its greatest impact in Tulsa and the surrounding area. Now to be elementary business and I'm delighted you brought up the whole business of increasing hotels and all the business end of the thing, if at the same time that you are able to build two Holiday Inns and you bankrupt a major hospital which has a \$100 million of capital invested in it, I can assure you you've made a very poor business deal, and we do not have any answers in the basic data gathering process that's been done by the City of Faith to indicate any type of market survey to determine need. Without hogging the conversation too much, the whole word need is critical at this point.

ALLEN: I was just going to say, is that not what the Health Planning Commission is intending to do?

THOMPSON: The Health Planning Commission is required really to give a Certificate of Need. And interestingly enough it isn't a certificate of want or desire or I'm going to build something, this is a certificate of need.

ALLEN: So presumably the process then through which the City of Faith will go will determine whether or not there is a need for it and if there is no need for it, then it will not be built.

THOMPSON: I think you overestimate, or perhaps underestimate the political system. I would like to believe that unless somebody could legally prove need and need being that we need a hospital here in Tulsa, Oklahoma, or the state needs a hospital, I would

really like to believe that the Certificate of Need would not be given. At the same time there is enormous pressures that are brought to bear on our health commissioners, or our health planning commissioners and all the planning agencies that are significant and these folks respond to pressures as much as anyone else. I think it's a critical thing that need be proven. I think in the data that we've been presented so far by the City of Faith, there's been absolutely no determination made in these patient origin studies, such as we used examples of the Mayo Clinic, etc., and certainly no determination made as to the type of services that will be provided.

HOWER: It sounds to me like they couldn't do anything but fail then. And if that's the case, why would you be worried about it?

THOMPSON: That the hospital itself would fail? I'm not as concerned, I'm concerned about two things. Number one is that if the City of Faith Hospital is built and fails, we, as taxpayer and citizens of the local area or as national taxpayers, will have I can assure you, it will have a considerable impact on health care costs also because the capital investment is not the total situation. If you got gifts in to build the whole thing, it wouldn't make that much difference if he's not able to keep it going. But the second and most critical thing is its impact as a paying citizen of Tulsa for these many years is its impact on our own health care system. We have a quality health care delivery system in Tulsa. We are a remarkable place, Bob. We're the largest city in the United States right now that has no city, no state, no county hospital to take care of the indigent. We've got hospitals that have shouldered the burden, that have provided quality care. We have a very high class type of medical care in Tulsa. There is not one service, not one that's in the proposed City of Faith Hospital that isn't currently available in Tulsa right now.

HOWER: Let me say this. You as a doctor would be expected to say that. I as a patient might not be expected to say that. I recently had an experience, not with myself, but with my father who was in the hospital, and some of the things that happened up there were absolutely frightening. Allowing things to happen that shouldn't happen, coming

up to give an x-ray into the wrong part of the body. If we as visitors hadn't been there, these things would have happened. I'm not going to name the hospital, but I will say that in the old days when it used to be run by the sisters as everybody says, boy they ran a tight ship, and it didn't cost you as much either. What I'm really getting around to is, let's draw an analogy. A sick car, a body shop, a man who repairs broken cars, bodies, as opposed to a human body. He's got a body shop. Now somebody is going to build another body shop down the street. Now he can't go to people and say hey let's don't approve this, let's don't let him build that because he's going to hurt my business if he builds that. What he has to do is say OK the guy is going to build. I've got competition. If I'm going to exist, I'm going to have to provide a better service, maybe at less cost. Do you see what I'm saying? Now maybe hospitals are unique in this regard. Maybe I'm overlooking something, but the good old private enterprise seems to be thrown out the window in an instance like this.

THOMPSON: It is a paradox. Hospitals are unique in this respect. There have been many, many studies done on what drives health care costs up, and one of the most interesting things, of course, is that almost any business you can think of, if you increase the competition you drive the cost down. Exactly the opposite occurs in the whole medical business, not just hospitals, but the doctoring business also. We used to think if you brought in 10 doctors where 5 were needed that it would drive the cost down. Tain't so. You don't see the cost of office calls going down. You find just more people and there's a certain amount of self-generation of business by hospitals and the whole medical care industry. This isn't a conscious thing perhaps, but there's a great effort made by hospitals to keep alive so they will market their services even harder, but at a decreased revenue simply because of the increased competition. It is a different and unique business, and I think the man on the street who thinks in terms of that costs go down when competition goes up, I think misses a point very badly because it isn't so. And the point of the argument here that we're making is that the more empty beds that you make here in Tulsa, Oklahoma, or in the surrounding area or in the



state of Oklahoma, the greater the cost of health care. I think that's been demonstrated time and time and time again.

HOWER: You're saying it's impossible to come up with a hospital that would give better service at less cost and, therefore, make the others either improve or close.

THOMPSON: I think everybody is conscious, let's put it this way, of providing better service. I won't defend your x-ray mixup or anything of the sort. We're all in the business of providing, I think, the best care that we know how to do. To say that we're 100% successful in every instance I think would overplay the issue. I do know enough about health care delivery in other areas of the country to know that Tulsa does have a proud record, and I think on a comparative scale with any place that I know, we really do very well. And this is I don't think an argument that Dr. Winslow or Dr. Roberts would refute anyone.

ALLEN: Of course, one of the reasons that the City of Faith was proposed in the first place was because Dr. Roberts contended that he was not getting any kind of cooperation from existing hospitals in terms of supplying facilities through which his potential medical students could learn their trade, you might say. In other words, no one would cooperate with him. He felt, in his estimation, that he needed to build this hospital to facilitate his Medical School as well as to help his constituents in his religious following. Do you believe, had the hospitals been a little bit more cooperative in taking his medical patients that none of this would ever have happened?

THOMPSON: I can answer that in two or three different ways. I'd like to answer them all if I may. In the first place, negotiations in good faith were going on between two major hospitals and the Oral Roberts University at the time that the 777-bed hospital was announced. This, as you can imagine, has a dampening effect on negotiations. This came as a surprise because I believe that it's fair to say that on many occasions most of the health care community, doctors, hospitals, had been assured that a hospital was not in the offing for Oral Roberts University. I think this is revealed in many minutes of the negotiating process so that that's one answer. Negotiations were going on in



good faith. The second answer is that three major institutions, namely Hillcrest, St. Johns and St. Francis, and the Doctors Hospital have a commitment to the University of Oklahoma School of Medicine, the School of Osteopathy has a commitment to the Tulsa Osteopathic Hospital so that the educational commitment of the hospitals is already fairly large. The Oral Roberts Medical School was indeed announced again without really a great deal of look-see at what the educational commitments of the community were already in place at the time. We have medical students, we have residents, we have ongoing continuing medical education programs of an enormous nature, and these are enormous commitments by the institution. So I think to term any of the institutions "uncooperative" as was mentioned in one of our editorials, it seems to me this is a bit on the unfair side and probably should be answered much more in the positive as to what we are doing.

ALLEN: Since the medical center was planned, however, the medical school that is, do you see that Dr. Roberts had an alternative since the other hospitals had their commitments in term of health education?

THOMPSON: As I said negotiations were under way in good faith to utilize the Tulsa hospitals for the Oral Roberts medical students. This was no sham negotiation. The boards of directors were involved, the executive committees of the staffs, the very staffs of the hospitals were already involved in these negotiations. Now let me stress one thing. The medical school as proposed by Mr. Roberts was likewise announced really on a unilateral basis. There have been many, many studies, and I can cite them from the Carnegie Institute to HEW to what have you, that the proliferation of medical schools is also beyond the point that are necessary, not so much to provide physicians but at least to provide people in different areas. That we are really not quite so short of physicians as we are putting them in the right places perhaps.

HOWER: Doctor, we only have a couple minutes left. I'd like to ask you one question and then give you the opportunity to summarize. You earlier, when we were talking about Mayo Clinic and others said that when they began they were not, but now they have become

famous medical enterprises. Is there any reason to believe that the City of Faith could not gain that same kind of a reputation? Obviously when it first started it wouldn't be, but neither was Mayo Clinic.

THOMPSON: I think that's a good question and, you know, at the same time we're talking about taking a major gamble as far as our current health care system in Tulsa is concerned on whether or not there will be a major quality service at the City of Faith, quality medical service. As I say, this has to be determined. This is still a matter of promise. The Mayo Clinic, Hopkins Hospital, the Oschner Clinic, Scott-White, all of these are proven centers of medical excellence. The closest model that we can even come is that the Loma Linda, in Loma Linda, California, which is the university hospital, if you would, for the College of Medical Evangelists, Seventh Day Adventists, is a basically sectarian hospital and only 30% of their admissions really come from outside the area. In other words, Seventh Day Adventists don't flock there in great numbers.

HOWER: We have less than a minute, Doctor, how would you like to summarize?

THOMPSON: I would like to summarize that the proposed City of Faith Hospital, 777-beds no matter how many we start with, will have a major deleterious, harmful effect on our health care delivery system in Tulsa and in the surrounding areas of Oklahoma primarily because it will increase health care costs and present us with absolutely staggering manpower problems in this area.

HOWER: Doctor, on behalf of all us at Channel 8 we'd like to thank you for being here. I know that you said you would like to have direct confrontation with Dr. Winslow. Unfortunately, because of availability and one thing or another we're having to do it this way. But it's time for Barbara and I to put on our other hats and to begin to think about the questions that we will ask Dr. Winslow, and we will be doing that right after this announcement. Thank you.

HOWER: As we said, we wanted to hear the other side of the argument for and against, pro and con the Oral Roberts University City of Faith medical complex, and as we said, Dr. James Winslow is with us to present the con side of this argument. He is the Vice

Provost for Health Affairs at Oral Roberts University and is as well versed on this subject as anyone we could think of, I guess without Dr. Roberts himself. We certainly are pleased to have you here, and we would like to offer you the same opportunity that we did Dr. Thompson, that is if you would like open with some remarks as to just why the City of Faith should be in Tulsa and then we will ask you some questions.

WINSLOW: Fine, Bob, thank you. We're building the City of Faith for three principal reasons. One to serve the needs of a constituency of people who support the Oral Roberts ministries and Oral Roberts University. Those people number 2,500,000 family units, or roughly 7,500,000 people. They live all over the United States. We're building the City of Faith to provide a base for the educational program for half our medical students. The other half we hope will be accomplished in the Tulsa community hospitals. We're building the City of Faith to really try to combine the power of prayer and medicine into one functioning unit. That's not to say that other people aren't interested in prayer and aren't interested in medicine. It is to say that we believe that those two forces combined might perhaps offer more to the person who is sick than either of them alone. So those are the reasons we're building it..

HOWER: Do you see any inconsistency with the voluntary national hospital cost containment program?

WINSLOW: I don't really know. The final guidelines have not been placed in our hands. We had a set of guidelines, they were withdrawn. Other guidelines are being written up at this time, but I don't have them. I don't believe there is an inconsistency because I believe it is always inconsistent for a portion of the public to be denied that for which they wish to pay and which they feel entitled to have.

HOWER: Earlier Dr. Thompson referred to health care costs and overbedding here in Tulsa, and I think statistics show that not only is Tulsa overbedded, to use that phrase, but Oklahoma. It would seem to someone just looking at the figures that there was not a need for more beds.

WINSLOW: There probably isn't to meet the needs of the people who live in Tulsa. You have to look at the constituency of the Oral Roberts ministries. People are not going to come to the City of Faith from this area as its primary drawing area, but instead are going to come from all over the country. I believe that more people will come to the City of Faith than we have the capacity to care so that people will spill over from the City of Faith into the local hospitals. Now that isn't going to add to the bed problem that exists in Tulsa. It's a possible solution to it. I don't think there's any other solution to being overbedded but to expand the population base or to close beds, and we certainly aren't going to close any beds in this town.

ALLEN: Those who are opposed to the building of the City of Faith say this is all well and good but if a member of your constituency needs an appendectomy or needs some kind of emergency surgery they certainly aren't going to hop on a plane and fly from Des Moines to Tulsa, and that the kinds of facilities that you're offering really do cater to a more local constituency than would to a more national or international constituency. How would you answer that?

WINSLOW: Well, I've heard it said that we have chosen an average length of stay per admission number of  $7\frac{1}{2}$  and that because we have chosen that number it shows that we're interested in a general hospital, and that's not true. We chose that number to try to be conservative. It will be very difficult for the City of Faith to have an average length of stay as low as  $7\frac{1}{2}$  days per admission because of the type patients who are going to come and the type diseases which they will have. So we chose that figure to be conservative.

ALLEN: Now you've talked about that most of the patients who come will be patients who have heart problems, who will be coming for some kind of surgery perhaps, patients who have cancer where research can be done and so on. Why then are you also interested in building an emergency room which would cater to local patients?

WINSLOW: OK. An emergency room has to be built in any hospital. That's a State Health Department regulation. It doesn't matter which hospital it is, you have to have some

facility designed to care for the emergency patient who either comes into your doors in need of emergency care or the emergency might happen inside the hospital to a visitor, for instance. We laid aside in the schematic diagram, not final plan, 11,000 feet in the Certificate of Need application entitled emergency room unit. Now if you look at the final form of the application, that 11,000 feet is divided into 4,000 for emergency services, 2,500 feet to receive, process, recover and discharge ambulatory care surgical patients, and 4,500 feet for a student health service and employee health service. There are 5,000 ORU students, or will be by the time the City of Faith opens, and 5,000 employess, and we will be obligated to provide the care, preemployment physicals, minor emergencies, immunizations, etc., in an ambulatory unit, a part of the emergency suite. So there's only 4,000 feet that's even potentially available for a true emergency room and that's not very much.

ALLEN: Let me ask you this now. One of the things that Dr. Thompson quoted when we were speaking with him not long ago was the fact there has been no marketing research study done to determine whether or not, in fact, in light of the fact there is overbedding to the tune of some 100,000 beds in the whole United States, whether or not there is a need for such a hospital regardless if it's going to draw constituents from out of town or from Tulsa itself. This is one of the things that Dr. Thompson was most concerned about because whenever a hospital is built, in most cases, there is significant study beforehand to determine if there really is a need for such a thing, and yet you have stated, he quoted you in fact, that no such marketing study was done and that you're just kind of flying into this without doing any statistical research.

WINSLOW: Well, we're not flying into it and there has been some statistical research done. You cannot do an ordinary marketing study for a hospital when all the marketing studies to my knowledge that have been done have been done to try to determine what the needs in a geographic location were. We're not trying to meet the needs of a specific geographic location. We're trying to meet the needs of a constituency of people. Therefore, any studies which have to be done have to be done with regard to those



people. Now there are 7,500,000 of those people. Nearly 500,000 have already written and asked that we build the City of Faith. Many have sent contributions toward its building. I believe that's a fairly significant piece of information. Twenty-five thousand of those partners a year come to Tulsa, bring their money, spend some of it, stay in our hotels, and attend a spiritual retreat called a Laymen's Seminar on the University campus. Those people come here for even less than full medical services, and I believe they'll come here for the kind of medical services we plan to offer.

HOWER: Doctor, do you believe that, you're suggesting you believe the patients would come. How about the doctors? You talked about how many you would hire and I hate to keep mentioning his name but since he isn't here and we need to ask some of the questions that he would ask, Dr. Thompson suggested that he knew since he was a surgeon, all of the surgeons in this area and teachers of surgery and that with the restrictions that they understand would be placed on a surgeon who worked for the City of Faith, he didn't know five who would take the job. What are the restrictions? Are they the same as they are for students?

WINSLOW: No. What Dr. Thompson is referring to is the honor code at ORU. Students who attend Oral Roberts University sign an honor code. It's consistent with the Judeo-Christian ethic in every regard, and all the students sign it. All the tenured faculty members sign it. All the persons who are adjunct faculty are persons who are clinical faculty. Those are the kind of people we're talking about now, do not have to sign the honor code. They do, however, have to believe in the principals in the honor code to the extent that they will follow the honor code in front of the students and they will, when they represent the University, live the honor code. It's my responsibility and the dean of the Medical School's responsibility to see that those people do not embarrass the University publicly. Everyone knows what Oral Roberts University stands for, what its reason for being is. So they don't have to sign, but they do have to live the kind of life that's consistent with the reason for being at Oral Roberts University.



HOWER: Does the honor code include not smoking?

WINSLOW: Yes.

HOWER: And not being overweight?

WINSLOW: It doesn't say anything about overweight, it says good health. I don't think any doctor would argue the issue of smoking.

HOWER: You could find the 300 or whatever physicians it takes to operate this then who would go along with those restrictions.

WINSLOW: I'm certain. As a matter of fact, very few people of the people who have contacted us, not people I've contacted, people who have contacted us regarding the possibility of teaching at the City of Faith, and far more than 300 have, they have not raised the issue of the honor code or the lifestyle requirements of Oral Roberts University. They've been concerned about whether or not we have put into being a program where good medicine is practiced and good medicine is taught, but they have not been concerned about the lifestyle requirements.

HOWER: Well, getting away from the doctors, just the labor it takes to work in a place like that, would that not be devastating to the local labor market?

WINSLOW: Well, that word devastation has been used several times in the media lately. No it won't be devastating.

HOWER: That's probably where I heard it.

WINSLOW: Probably is. I hope it wasn't on your station. No, a great number of nurses are required. We do have a nursing shortage in Tulsa. There's no nursing shortage on the east coast and west coast. There are nurses who can't find jobs. But here there is a shortage. We have three fine nursing schools, one at Tulsa University, one at Tulsa Junior College and one at Oral Roberts University. I believe that those nursing schools can turn out enough nurses to (1) make up for the shortage which we now have and (2) provide the necessary nurses for the City of Faith. We also have an opportunity to recruit into Tulsa nurses via television which we have and other television stations, I mean other hospitals don't really have that ability. So I think we can meet not only our needs, but theirs.

ALLEN: If the nursing schools here can turn out that number that we need, why haven't they done so in the past?

WINSLOW: That's a good question. You're not asking the right person.

ALLEN: What makes you believe we can make them now put out the correct number that would be needed here to fill all the positions that will be created?

WINSLOW: I can assure you that Oral Roberts University will turn out as many as it possibly can toward meeting that need. I can't speak for Tulsa University. I have had conversations with Dr. Phillips and he assures me that they can turn out as many as are needed in Tulsa if the job market is there.

ALLEN: One of the major concerns of those who oppose the City of Faith is that perhaps we're all being misled a little bit by the kinds of things that are going to be in the hospital. There are those who contend who should know who say that everything that's going to be in the City of Faith medical complex already exists in terms of services within the Tulsa hospitals right now. So in effect you're not providing any new service to the public, you're just extending the service that's available. Is that true?

WINSLOW: Well, if that's true we wouldn't even have to apply for a Certificate of Need because it applies to new services, not the extension of available services. No, we're providing services for our constituency.

ALLEN: But in other words there will not be any kind of revolutionary equipment or revolutionary techniques that are not already being used within the Tulsa hospitals.

WINSLOW: Not unless we develop them at Oral Roberts University.

ALLEN: This, in fact, is one of the arguments that's used against the City of Faith and how would you answer that.

WINSLOW: I don't understand what you're asking.

ALLEN: The argument that you're not providing any kind of new service here. You're providing a new hospital to which people can go, but you're not providing any kind of new services within that hospital. So in effect it's not really needed because there are already plenty of beds within the Tulsa hospital system already and all you're doing is creating an overabundance.

WINSLOW: All right, now if you recall earlier in the broadcast we talked about the relationship between the constituency and the City of Faith and the fact that there are too many beds now in Tulsa. If there are too many beds and there's no available way to fill those beds, why is it that the Tulsa hospitals have not come forward and asked us to join with them and bring our medical education programs into their hospitals and hopefully some of that constituency of people will be admitted by the people who teach in our programs and fill those empty beds.

ALLEN: In other words, why haven't Tulsa hospitals offered to take some of your medical students.

WINSLOW: And our patients as well.

ALLEN: And your patients as well. I can't answer that question.

WINSLOW: Neither can I.

ALLEN: I'm sure Dr. Thompson would want to have a crack at that, but he did mention that there had been negotiations going on in good faith, as he put it.

WINSLOW: With St. John and Hillcrest. St. Francis, whom he represents, did not choose to negotiate with us.

ALLEN: And his reason for that was because they already have medical students from Tulsa Medical College.

WINSLOW: I don't know the reason, I just know they did not.

ALLEN: Well, this is what he said. I'm just speaking for him I suppose, but he said that there were negotiations going on in good faith and that this kind of put a real cog in the wheel as far as all that is concerned.

WINSLOW: Well, that's not correct. I was there at those negotiations and Dr. Thompson was not. On the first day of the formal negotiations, St. Johns and Hillcrest were informed that Oral Roberts University did intend to build some kind of a teaching hospital facility. I believe that was on April 6, 1977. So we started negotiations knowing full well that we would, in fact, build some kind of a hospital. The exact type, the exact size was not known, but we did not treat them in an inconsistent way.

HOWER: Doctor, let me ask you about something that we touched on and I'm not sure I understand it. And hopefully that means that somebody else might not understand it. This business of combining medicine and prayer. If I understand it correctly, the healing process, according to Dr. Roberts now, is a combination of medicine and prayer. Anybody who has been to a local hospital knows that there is a certain amount of prayer, you know, you can have as much as you want. There's no restriction. It isn't like the schools, for instance.

WINSLOW: That's because they are private hospitals, by the way.

HOWER: What do you propose to do. In other words, what could one of your constituents receive at the City of Faith that they couldn't receive at a local hospital?

WINSLOW: I don't think there's any --

HOWER: \_\_\_\_\_ back to the prayer aspect of it and that's where it's a little nebulous to me.

WINSLOW: Well, there's nothing that they couldn't receive in one of our local hospitals, and many people do receive prayer. President Roberts himself goes into all the hospitals here to pray for people who call on him to come and do that. What we're interested in doing is starting out with the idea in mind and developing it that conscientious efforts at prayer and concern and the other things that make a person feel comfortable while he's ill, and being ill is not a comforting occurrence to anyone, added to good medicine has a better chance than if you just allow prayer to occur without any carefully planned program for it.

HOWER: It has nothing to do with the prayer being part of the healing process.

WINSLOW: Sure it does. Prayer is a part of any healing process. When I'm sick, I want somebody to pray for me, and if nobody does, I'm going to pray for myself. But what I'm saying is that a real effort needs to be made to do what we know how to do well in medicine and to turn around and do what we know how to do well in prayer, and we believe that there is a force that can be added to medicine which will improve the likelihood that someone will get well.

HOWER: I get the feeling that your feeling is that you could build through your constituents this City of Faith, whether it costs \$100 million or \$500 million.

WINSLOW: It won't cost \$500 million.

HOWER: Without interfering with the Tulsa medical population or business or anywhere. In other words, you can almost build it and say open only to Oral Roberts' constituents. In other words, you can't go there unless you're a member and make it.

WINSLOW: I believe we could. As a matter of fact, I think there are a lot of people in Tulsa who wish we would say and put a big sign on the front nobody admitted who is not a partner of Oral Roberts. You can't build a facility, set it in operation, really want to meet people's needs and just artificially turn them down. Now I'm sure you're aware of the Jewish hospital which exists in Denver. It's a purely tertiary care hospital. It takes care primarily of people with allergies and those kind of phenomena. They come from all over the country.

HOWER: Do you have to be Jewish?

WINSLOW: No. You don't have to be Jewish. It exists to meet medical needs of a group of people who happen to have a certain kind of disorder. It coexists in Denver very well with the community hospitals. They don't seem to have any difficulty getting along with it. I maintain that that's the kind of circumstance that the City of Faith will create here. It will cater to a constituency of people who happen to be members or partners of the Oral Roberts ministries, as opposed to people, such as go in the hospital in Denver, who have a particular kind of disease.

HOWER: Let me ask you another question, rather clumsily I'm afraid, but one gets the feeling that Dr. Roberts is being led by God.

WINSLOW: I hope he's being led by God.

HOWER: As opposed to the things that people keep asking about the research, the impact studies, all these things which from strictly a business point of view, and I don't think anybody questions his business ability, but that's kind of surprising too because he is such a good businessman you would think that all of these studies would have been

performed and you could just lay them right out to anybody who asks about them. Say here it is this isn't just a dream. This isn't something that we think will happen or that God tells us will happen, but it's right here in black and white with numbers and all so then nobody could really argue with that. Go ahead.

WINSLOW: I don't know whether you were in Tulsa when Oral Roberts University was built. But everybody said the man is building a building 10 times too big. He'll never fill it with students, this is not an economically sound plan. If it does anything, it will jeopardize the University of Tulsa, but it will never be anything good. Now that's 15 years ago and there's at least a little parallel that can be drawn between the conversation then and the conversation now. During the period of time when Oral Roberts University has in fact built up its buildings and overflowed them and had to build more buildings. The University of Tulsa has developed better than it ever had before. It's a much better university now. Oral Roberts University hasn't hurt the University of Tulsa, but they have at the same time in the same community developed each one in its own direction to become well known. I don't believe that there's any difference in what will happen between the City of Faith and the Tulsa hospitals. They will continue to develop. We're not going to do the Tulsa hospitals in. I think we can help them some.

ALLEN: You see it as being a process by which you can help them. Of course, those people represented by Dr. Thompson today believe just the opposite. And I'm certain that the Oral Roberts organization would not want to cause one of the hospitals in town to go under, but there are certain financial considerations that all the hospitals are considering right now concerning bonding and so on that are of major concern to them at this particular point in time. What do you think Oral Roberts would say should one of the hospitals go under?

WINSLOW: One of the hospitals is not going to go under.

ALLEN: What makes you so positive about that?



WINSLOW: All right. If we have medical students, let us say in Hillcrest and St. Johns, the hospitals with whom we are presently negotiating, and half our medical education program is going on at Hillcrest and St. Johns, it's my responsibility in my position to provide the environment to secure and provide the environment for medical education. I'm going to be as interested in Hillcrest and St. Johns and their financial viability as I am in the City of Faith because I'm in just as much trouble without one as I am without the other. Oral Roberts feels the same way.

ALLEN: So in other words you're saying that Oral Roberts is going to take a somewhat paternal attitude toward the other hospitals in town and kind of pat them on the back and say hey listen if we go ahead and build this, you won't have to worry because we'll take care of you, too.

WINSLOW: I don't know about the word paternal, but I can assure you that we have an interest in the viability of the Tulsa hospitals. This is our community. It's my community, it's Mr. Roberts' community. He is concerned about the vitality of those hospitals. We will do what's necessary to equitably distribute the patient load that comes in to the City of Faith.

ALLEN: So in other words you're saying if perchance the City of Faith in its smaller stages would not be able to handle the load of constituents that would be coming in here, you would be willing to say well, we can't fit you into the City of Faith but we will take you to Hillcrest or we will take you to St. Johns or St. Francis and they'll take care of you. Is that what you're saying?

WINSLOW: Certainly. Why certainly. We're going to have faculty teaching medical students on teaching services in those hospitals, assuming the affiliation agreement comes to pass.

HOWER: Why are the other hospitals so concerned then?

WINSLOW: I can't answer that. I think there are several things. The hospitals themselves probably don't see the dream as well or as clearly as we do. They probably don't know Oral's constituency the way that we do. They probably don't realize that

those people will come. People say how do you know? I can't prove it, but I know they will. A quarter of a million of them signed the register in the Prayer Tower last year. I don't know how many came in and didn't sign. I just know the ones that signed.

HOWER: We have 3,000 hospital beds in Tulsa, 1,200 of which are empty. Are you suggesting that the City of Faith will not increase that number and could even decrease the number of empty beds?

WINSLOW: I'm certain of it. What other way is there to fill those beds? I don't believe there are 1,200 empty today, incidentally, but if there are --

HOWER: \_\_\_\_\_

WINSLOW: I know, but I don't quite believe that's accurate. If there are 1,200 empty beds, what are the hospitals going to do about it. They have to expand their medical population base. And we may not be expanding their medical population base the way they would choose for us to do it, but we in fact are expanding their medical population base with the City of Faith.

HOWER: The term partners is used with Dr. Roberts and his partners. What happens if something, if Dr. Roberts is no longer here?

WINSLOW: Well, some day he is going to die. I'm certain of that.

HOWER: That's what I mean. What is the contingency there?

WINSLOW: When you say contingency, I'm not sure what you mean.

HOWER: What are the plans for when he is gone. Everything doesn't stop I would suppose.

WINSLOW: Certainly. We're trying to build a management team at Oral Roberts University composed of people who understand the reason for being of that University, who have been with Mr. Roberts and are beginning to share his dream. There are 6 or 8 of us who occupy those kinds of positions. No one of us is ever going to replace Oral Roberts.

HOWER: Would the constituency, we used that word a lot in this half hour, but would it still be there or if he's gone, would it be gone?

WINSLOW: No, I don't believe so. I think the constituency has identified Oral as the leader of a way of life and now a way of medicine with which they identify and which they like, but it's not really Oral they identify, it's what he stands for that they identify with, and they'll continue to do so after he's gone.

HOWER: We have about 2½ minutes left and we want to give you time to summarize. Before I do that though, people are going to wonder, and let's explain to them. Dr. Thompson said he would welcome a face-to-face confrontation with you or whomever. What is your reaction to that?

WINSLOW: Oh certainly I'd be happy to debate the matter with Dr. Thompson. I suppose if I have any reservation it has to do with the fact that this has become a controversial issue. I'm not opposed to controversial issues, I think they stimulate the public to think sometimes when they might not otherwise think. Already people are on television talking about prayer and medicine in our local hospitals, and it's the first time in 11 years I've been here that I've ever heard any of them mention it. I do think, however, that it behooves us to remember that on March 23, that's the day after the Health Planning Commission renders its decision, that we're all still going to be Tulsans, and we still have the problems facing us that we had facing us before the announcement of the City of Faith, and I hope we can work together to solve those problems and not be divided.

HOWER: We have done this program this way this evening because we couldn't get you two gentlemen together at the same time for other reasons. But you say you would accept? He said he would like to do that. We would now like to offer you that time and if we can get a time that is amenable to both of you, you would discuss this with him.

WINSLOW: Oh sure. I think we need to set a time.

HOWER: And speaking of time, we're just about out of it. I think we do have a minute left if you'd like to summarize.

WINSLOW: I think it's important for everyone to remember that Oral Roberts University is a part of Tulsa, Oklahoma. It's grown to become a significant University. It's a

significant tourist attraction. Tulsa, Oklahoma, is mentioned every Sunday morning on television. It's mentioned four times a year on prime time television when 60 million people supposedly are watching those television programs. So we are a part of Tulsa. We are proud to live in Tulsa. We're proud to be a part of Tulsa. What concerns Tulsa concerns Oral Roberts, it concerns me, it concerns the University. We will not do anything that will harm this community. I think our track record proves that we have not done anything to harm this community and our future track record with the City of Faith will, in fact, show that it's beneficial to Tulsa and not harmful to it.

HOWER: Well, thank you, Doctor, very much for being here. And I'm sure that the people watching appreciate your efforts, too, and will look forward to a debate, if that's what it comes to, because I think you would agree that the more we all know about your plans and the objections to those plans, the better it's going to be for everybody.

WINSLOW: We appreciate very much the opportunity to present what we're trying to do to the public and appreciate your efforts in trying to get from us the story.

HOWER: Thank you very much. And speaking for Barbara Allen --