

CHARTER REVIEW COMMISSION MEETING

DATE: Wednesday, October 2, 2019
TIME: 9:02 a.m. - 11:53 a.m.
PLACE: Jacksonville City Council Chamber
First Floor
City Hall at St. James Building
117 West Duval Street
Jacksonville, Florida 32202

BOARD MEMBERS PRESENT:

Lindsey Brock, Chairperson
Ann-Marie Knight, Vice Chairperson
Jessica Baker, Board Member
Frank Denton, Board Member
Charles Griggs, Board Member
Nick Howland, Board Member
Heidi Jameson, Board Member
Emily Lisska, Board Member
Nelson McCoy, Board Member
Celestine Mills, Board Member
Betzy Santiago, Board Member
Hon. Matt Schellenberg, Board Member
Hon. Ronald V. Swanson, Board Member

ALSO PRESENT:

CRC Staff:

Jessica Matthews, Chief of Legislative
Services
Crystal Shemwell, Legislative Services
Jessica Smith, Legislative Assistant
Melanie Wilkes, Legislative Assistant
Anthony Baltiero, Council Research
Jeff Clements, Council Research
Paige Johnston, Office of General Counsel
William Coffee, Information systems
administrator.

1 P R O C E E D I N G S

2 CHAIRPERSON BROCK: All right. Good
3 morning. We will call the meeting to order.
4 I am Lindsey Brock, Chair.

5 Our first item is approval of the
6 minutes of the September 26 meeting. It's
7 been sent out to everyone. Entertain a
8 motion to accept.

9 COMMISSIONER LISSKA: So moved.

10 VICE CHAIRPERSON KNIGHT: Second.

11 CHAIRPERSON BROCK: Any discussion,
12 revisions, anything?

13 All in favor, say aye.

14 COLLECTIVELY: Aye.

15 CHAIRPERSON BROCK: Any opposed?

16 Thank you. The minutes are approved.

17 Next item is remarks from the Chair. So
18 first up, as you know we moved -- we were
19 tentatively going to have our town hall
20 meeting on October 9. And Council Member
21 Schellenberg pointed out that that was Yom
22 Kippur, and a Wednesday when several people
23 will be attending Wednesday services at
24 their church. So we moved it to the 17th.

25 And in looking at the 17th, there was an

1 issue with the room at the library and the
2 charge and waivers and all of that. So --
3 and somebody had mentioned using the
4 library, and that was the only reason that I
5 had mentioned it.

6 And then I asked what I thought was a
7 silly question but turned out to be the
8 right one, is why can't we do it here inside
9 City Hall, and they said absolutely we can.
10 So we're going to do it here in City Hall.

11 This set up is a bit intimidating, I
12 think, to a lot of people. Just like, for
13 me, a courtroom isn't intimidating, but for
14 anyone else that doesn't deal with it on a
15 relatively regular basis, it's a very
16 intimidating setup. There's a lot of wood,
17 we're up high, all that.

18 So what we're going to do is we're --
19 and I've checked with the folks here, we're
20 going to have tables set up down front. And
21 we'll all be sitting there at the tables,
22 behind the tables. We will then have it
23 open to the public. We'll have microphones.
24 There will be a podium that they'll set up
25 there. The members of the public can come

1 and talk to us. If we have questions or
2 anything, we'll have some handheld mikes
3 that we can pass back and forth on there.
4 So that's what we're looking at for that
5 meeting and doing that town hall. It will
6 be from 5:30 to 7:00. And we'll do it here.

7 I am working on scheduling a brief
8 snippet with Kent Justice to appear on his
9 Sunday show, just a small, little shout-out
10 to get the word out that we're having this
11 town hall meeting. Because as I was talking
12 with him, I said, Kent, I said, I have to
13 believe that the people who would be most
14 interested in what we're doing and most
15 interested in wanting to speak are probably
16 the folks that listen to his and watch his
17 Sunday television show. So I'm working to
18 do that, to get the word out.

19 And I believe, Ms. Brown, is it okay if
20 we go ahead and put it out there that it's
21 going to be here?

22 MS. BROWN: Yes, sir.

23 CHAIRPERSON BROCK: Okay. So, everyone,
24 feel free to push it out on your social
25 media.

1 Yes, sir, Mr. Denton.

2 COMMISSIONER DENTON: May I also suggest
3 that you ask to get on Melissa Ross'
4 program, you or perhaps Ann-Marie, because
5 that's very widely listened to and
6 influential.

7 And then, secondly, I would urge you to
8 contact Mike Clark at the Times Union, and
9 he might choose to do an editorial urging
10 people to show up. I think that would cover
11 the most powerful media outlets.

12 CHAIRPERSON BROCK: Thank you for that
13 suggestion. I will do that.

14 And if it does not work, as far as with
15 my schedule, then Madam Vice Chair, I will
16 let you know and perhaps you can then follow
17 up and go through it.

18 Mr. Howland.

19 COMMISSIONER HOWLAND: That's the only
20 week I won't be in town, so I won't be able
21 to be there. Is there any way we could have
22 a means to dial in? Or is that --

23 MS. BROWN: Okay.

24 CHAIRPERSON BROCK: Yes. I'm getting a
25 nod from the people who can make that

1 happen, so, yes.

2 COMMISSIONER HOWLAND: Thank you.

3 Appreciate it.

4 COMMISSIONER GRIGGS: Mr. Chair.

5 CHAIRPERSON BROCK: Yes, sir,

6 Mr. Griggs.

7 COMMISSIONER GRIGGS: I'll follow up

8 with the folks at WJCT on getting that

9 scheduled a well.

10 CHAIRPERSON BROCK: Thank you.

11 I'm sorry. I need to turn that on.

12 Yes, Ms. Santiago.

13 COMMISSIONER SANTIAGO: Yes. Good

14 morning. I'm just wondering do you want us

15 to just reach out to our own media contacts

16 or is there a proper way that you want to

17 push this out, a different way?

18 CHAIRPERSON BROCK: If -- I'm seeing

19 Ms. Brown.

20 MS. BROWN: Through the Chair, we have a

21 media release queue that we will send a

22 press release out for the Charter Revision,

23 but most definitely.

24 CHAIRPERSON BROCK: Yes. So it might be

25 good that once -- will you be copying all of

1 the Members with that press release?

2 MS. BROWN: Yes, sir.

3 THE COURT: Okay. So then, once we get
4 that press release -- because that was one
5 of the holdups, I was asking why haven't we
6 got the notice out. It was because we were
7 having an issue with the library.

8 When we get that press release, everyone
9 please feel free to go with your own social
10 media or media contacts that you know that
11 might be interested, that if they get a
12 little extra nudge, then that will help get
13 that word out so that we have -- I mean,
14 nothing would be greater than to sit here
15 and have a room full of people, but we'll
16 see.

17 I definitely want to encourage as much
18 input from the public before we begin our
19 discussions on topics, which leads me to the
20 next item that I wanted to cover. You have
21 the hard copy of the printout. It does not
22 include one item that is on the most recent
23 one from Mr. Howland, which was at-large
24 school board members that will be under the
25 Duval County School Board. You'll be

1 getting that one.

2 Just so you know, what I'm hoping we can
3 do is, at our next meeting on the 15th --
4 well, our third meeting on the 15th is to
5 have a discussion to where we're all in
6 agreement for these are the broad topics and
7 that the bullet points are under the
8 appropriate ones. If you have suggestions
9 of how to move things around, I would say
10 two things: One, put your name on the Word
11 document that you've got of this, put your
12 name up at the top, and the suggested
13 revisions. And then we'll have that
14 circulated and we'll have hard copies of
15 that. Because on the 15th, I would like for
16 us to get to an agreement as to what those
17 topics are and what the subpoints are and
18 then rank them.

19 Ms. Lisska, you had mentioned about
20 there may be some one-offs. And that got me
21 thinking, which can sometimes be a dangerous
22 thing. I think as Chair I will make myself
23 an ex officio member of all the
24 subcommittees, but not a voting member, and
25 that those one-offs, those things like

1 that -- I would also suggest the revisions
2 to the CRC process that I would like to see
3 implemented that I can do independently and
4 report back to the group. But I'll leave
5 that to see if that becomes, you know, one
6 of the issues as we come through on
7 priorities.

8 But my thought is that if there are
9 these simple one-off things that we want to
10 look at, but it's not really -- doesn't fall
11 within a specific big topic, I'll take those
12 on as Chair and work on them and report back
13 to the group when we will all be meeting.

14 Because after we get our topics and we
15 get our subcommittees, then there will be
16 the subcommittee work. And then we will be
17 meeting once a month as a body, where each
18 subcommittee will come back and say, here is
19 what we're looking at, here's what we're
20 discussing, here are some of the people that
21 we've talked to. And if during your
22 deliberations there is somebody that you
23 think it would be beneficial for us to hear
24 from as a body, then I would ask that those
25 be brought through the staff to

1 Ms. Matthews, and we can then schedule them
2 to speak at those monthly meetings.

3 So that's kind of the process as I'm
4 seeing, but, like I said, when you mentioned
5 that, that got me thinking of how do we deal
6 with those things that may not -- there's
7 not a lot of discretion or debate in it.
8 And perhaps we can find a way to get those
9 things done in there.

10 Mr. Denton.

11 COMMISSIONER DENTON: Mr. Chairman, are
12 you going to solicit from us our interest in
13 which subcommittee or subcommittees we might
14 like to work on?

15 CHAIRPERSON BROCK: Yes. And that's the
16 next part through there, is after we have
17 determined what our priorities are, I will
18 solicit everyone to say, hey, I'm
19 interested. You know, maybe even you can
20 rank your interests. Once we get our big
21 topics down, then everyone ranks the ones
22 that they have an interest. Because then on
23 the 25th, when we meet on the 25th, I will
24 assign the subcommittees and chairs of those
25 subcommittees at that meeting. We can

1 discuss the procedures and that process and
2 refine that down a little more at that
3 meeting on the 25th.

4 And then from then, it's release the
5 hounds, and you guys go off and do the real,
6 you know, nitty-gritty work of looking at
7 the language in the Charter and how we can
8 make it better for the citizens of
9 Jacksonville.

10 Ms. Knight.

11 VICE CHAIRPERSON KNIGHT: So thank you
12 for taking on the one-offs. Looking forward
13 to seeing what those are. You mentioned
14 that there are some CRC process things that
15 you can do yourself. Are you referring
16 to -- does it include the Charter Revision
17 Commission summary list that we have there?

18 CHAIRPERSON BROCK: Yes. That's -- I
19 think all of us collectively would like to
20 see a process in the Charter that says that
21 what comes out of this Commission should be
22 not necessarily acted upon, but at least
23 acknowledged and voted up or down by the
24 City Council.

25 I don't think we should -- and I want

1 your input on this, but I don't think we
2 should be acting like the Charter -- like
3 the Constitutional Revision Commission,
4 which has carte blanche determination of
5 what the revisions to the Constitution are
6 going to be, and those automatically go on
7 the ballot without any vetting through the
8 electeds.

9 I believe that if there are any Charter
10 revisions, that that should be first vetted
11 through the elected officials and not go
12 straight to a ballot from an appointed
13 board. That's my own personal view on that.

14 But that's exactly what I was thinking,
15 is something like that, because I believe
16 there's some consensus in that regard. So
17 simply taking a lot of what's in the code
18 and transferring that up into the Charter,
19 maybe making it a little bit earlier in the
20 Council President's term so that they're
21 finishing within the same Council presidency
22 and you have the same elected City Council
23 group that was there when the Board was
24 appointed. So that's kind of my thoughts,
25 but thank you, that's a good question,

1 ma'am.

2 COMMISSIONER GRIGGS: Mr. Chairman.

3 CHAIRPERSON BROCK: Yes.

4 COMMISSIONER GRIGGS: So if I understand
5 you correctly, your recommendation in that
6 area would be that all the recommendations
7 from this Body or future bodies be
8 considered with an up-or-down vote from the
9 legislative body, correct, the Council?

10 CHAIRPERSON BROCK: Yes. And, again --

11 COMMISSIONER GRIGGS: And that would
12 give more weight to the work that's being
13 done by the Charter?

14 CHAIRPERSON BROCK: Yes. And, again,
15 the revisions that I would be proposing, I
16 would be reporting back to the Body as a
17 whole just as one of the subcommittees would
18 be reporting back to the Body as a whole.
19 If you guys say, no, I don't think we ought
20 to do this, I think it ought to be this way,
21 then I will listen, because you will be my
22 subcommittee on that.

23 But I think that's something that we
24 have a general consensus about. So like
25 Ms. Lisska with the one-offs, on those

1 things where we've got some consensus, I'll
2 take those on and then leave some of these
3 other bigger topics, you know, that are
4 coming up. Like, we have on the list
5 strategic planning, the OGC, school board,
6 you know, the government institutional
7 knowledge, those things that I think are
8 needing more vetting, research, digging into
9 for the subcommittees.

10 All right. I think that covers
11 everything that I was going to have. We
12 have one public comment card from
13 Mr. Nooney.

14 Step forward. Name and address, please,
15 sir.

16 MR. NOONEY: Hello. My name is John
17 Nooney, 8356 Bascom Road, Jacksonville,
18 Florida 32216, City Council District 4.

19 We need to make our Charter great again.
20 Now, here is the agenda for today's Charter
21 Revision Commission. And we have the call
22 to order, but we don't have the Pledge of
23 Allegiance. So I pledge allegiance to the
24 flag of the United States of America, and to
25 the republic for which it stands, one nation

1 under God, indivisible, with liberty and
2 justice for all.

3 And we also have a court reporter.
4 Gosh, I am just so glad you are here. And I
5 swear that the testimony that I am about to
6 give is the whole truth and nothing but the
7 truth and not a Charter Revision Commission
8 fib.

9 You know, here again was the agenda for
10 the Council on Elder Affairs. And after
11 call to order is the Pledge of Allegiance.
12 The Council liaison is Councilman Sam Newby,
13 at-large. And I shared this with you last
14 time. And his opening remarks addressed the
15 greatest generation.

16 And I am simply asking that at Charter
17 Revision to have -- and this is what I asked
18 the Charter -- or the Council on Elder
19 Affairs, will they sponsor a resolution to
20 the CRC, Charter Revision Commission, to our
21 Charter, that will create a Charter
22 amendment that will have the Pledge of
23 Allegiance on the agenda for every board,
24 commission, subcommittee meeting in Duval
25 County. I don't think that is too much to

1 ask for.

2 And I can't -- I'm just -- will be
3 ecstatic to see when we have our Charter
4 Revision Commission topics, and there's
5 three pages of them, that the Pledge of
6 Allegiance will even be considered for that.
7 And we have over 70 boards and commissions.

8 And this is the state of Florida, this
9 is our Charter. And please just consider
10 that Charter amendment. Thank you for
11 listening.

12 CHAIRPERSON BROCK: Thank you.

13 Next we have our invited speakers. And
14 first up is Dr. Leon Haley.

15 Just for formalities, give us your name
16 and address.

17 DR. HALEY: No worries, sure. My name
18 is Leon Haley. I serve as the CEO of UF
19 Health. My address is 1431 Riverplace
20 Boulevard, Unit 1807, Jacksonville, Florida
21 32207.

22 Thank you for the opportunity to talk to
23 you a little bit this morning. I believe
24 you may have seen a hard copy of this. I do
25 have a PowerPoint, which I hope you're

1 looking at or viewing somewhere along the
2 way.

3 CHAIRPERSON BROCK: We'll get somebody
4 there to help get that up.

5 DR. HALEY: I have it.

6 CHAIRPERSON BROCK: You have it. There
7 we go.

8 DR. HALEY: There you go.

9 CHAIRPERSON BROCK: It was there and
10 then it went away.

11 Nope.

12 Whatever you did made it go.

13 Like the old carousel.

14 MR. COFFEE: Did it pop up?

15 CHAIRPERSON BROCK: Not yet.

16 Okay. There.

17 DR. HALEY: You got it? All right.

18 CHAIRPERSON BROCK: Okay.

19 DR. HALEY: Too much technology.

20 Remember the old -- I heard you say
21 carousel, I remember the old days. The
22 tough part about that was you had to make
23 sure they went in the right way. Because
24 remember they flipped them, so it went
25 upside down and backwards.

1 Anyway, I just want to spend a few
2 minutes and tell you a little bit, give you
3 an update on UF Health and sort of our
4 organization and the things that we're
5 trying to do. So I will try and roll
6 through this very quickly. I have a couple
7 of videos in here as well, if they pull up.

8 Sometimes it's great for me to tell the
9 story, but sometimes it's great for a
10 patient to tell the story. So that previous
11 picture was Brian Lynn. Brian was a trauma
12 patient, he was A Night For Heroes Honoree
13 for us a couple years ago. He was actually
14 minding his own business in his own family
15 home when he suddenly had both sort of a
16 combination of a stroke and a fall, and he
17 was brought to UF Health. This was back in
18 2016.

19 As it turns out, he was flown into our
20 trauma center, an emergency department, was
21 cared for by NEN (ph), probably a hundred
22 different individuals, but between our
23 trauma program and our stroke program. And
24 he recovered well and you can see that he is
25 back to the lifestyle that he has become so

1 accustomed. So he's a great story for us
2 and one of many stories that we as an
3 organization share.

4 I want to tell you a little bit about
5 our hospital. We're about to celebrate our
6 150th year anniversary. You can see that
7 dates all the way back to 1870. We were
8 actually the first nonmilitary hospital in
9 the state of Florida. Oddly enough, we
10 started as an insane asylum, but don't hold
11 that against us.

12 You can see over time a number of
13 iterations of our organization taking it all
14 the way out to sort of 2017 when we opened
15 our most recent addition, which was UF
16 Health North.

17 We've had a longstanding partnership
18 with the University of Florida. You can see
19 that dates back to 1969. And we've had a
20 function of both a merger of what used to be
21 the old University Medical Center with
22 Methodist Hospital, which had also been a
23 merger of Methodist and St. Luke's. And so
24 we've gone through a number of iterations.
25 We've had a number of names, which has

1 added, I think, to the complexity and
2 confusion of the organization. But for
3 today we are known as UF Health. And we're
4 very proud of all the things that we do.

5 Just a couple of fast facts for us, I
6 won't read through all of these you can see,
7 but a very busy institution, some 26,000
8 admissions, over 130,000 emergency
9 department visits at both our Downtown and
10 North hospital, delivering as many or more
11 babies than any other institution in town.

12 We are now two full-scale hospitals. We
13 have our 92 beds up at the North campus. We
14 are in five counties in the metropolitan
15 region. We are actually in two states. We
16 have a number of specialties that we serve
17 across the organization.

18 The other thing that we've recently
19 known, we did a study with IFAS, who is the
20 agricultural school at the University, and I
21 asked them to come in and really look at our
22 entire enterprise and the economic impact
23 that we have for this region. And one of
24 the things they were able to pull for us is
25 really how many employees we truly have, so

1 how many people are under the University of
2 Florida umbrella all combined. And that's a
3 function of UF Health, the hospital; that's
4 UF JPI, that's our physician practice plan;
5 as well as our Colleges of Medicine, Nursing
6 and Pharmacy, as well as our proton center.

7 When you do that, you end up with really
8 7,600 employees, which makes us, as you can
9 see on the screen, really the third largest
10 private employer in the City of
11 Jacksonville. That's important for us to
12 understand. You get a little bit of that
13 breakdown of where those numbers are. So
14 4,800 folks in the hospital, 1,500 in our
15 physician practice plan.

16 The physician practice plan supports not
17 only the physician and billing and
18 collection function, but it really is the
19 heart of our primary care practices that are
20 scattered throughout the region.

21 And you can see a large academic
22 enterprise. So we have the College of
23 Medicine, with over 400 faculty, 300 plus
24 residents. We do have a branch of the
25 College of Nursing on our campus with,

1 depending on the time of year, anywhere from
2 40 to 70 nursing students that are in an
3 accelerated 15-month program. And we have
4 the College of Pharmacy. It has over 200
5 students that are on our campus every day.
6 So it's a large part of the economic impact
7 for our organization.

8 As I talked a little bit about, UF
9 Health North is our newest enterprise. And
10 UF Health North -- this is a video; I don't
11 know if it will show. But UF Health North
12 was a strategic decision that the
13 organization made about ten years ago. So
14 we looked at our Downtown campus, looked at
15 our growth, looked at the paired mix, and
16 said, what are the other opportunities for
17 us as an organization.

18 So we were able to purchase some land
19 right off the corner of 95 and Max Leggett
20 Parkway and built a medical office building,
21 which opened in 2015. It is five stories.
22 It is primarily composed of faculty from the
23 University of Florida, but there are a few
24 private practitioners. So there is a
25 private orthopedic group, a private pain

1 management group, a private dermatology
2 group. So it is a mixture of both sort of
3 our academic faculty, as well as sort of
4 community physicians.

5 It's a 92-bed hospital. It consists of
6 48 sort of general medical surgical beds, a
7 24-bed ICU, a 20-bed labor and delivery
8 suite, and a full-scale emergency department
9 that right now is seeing about 45,000 people
10 a year.

11 So it was a big part of our strategy.
12 It officially opened two years ago. And
13 really, as you'll see in a couple slides,
14 really for us it's part of our growth
15 strategy to help support the mission that we
16 believe in. Our mission as an organization
17 is to heal, to comfort, to educate, to
18 discover, but in order to support that, you
19 have to have the appropriate margin to
20 support that. So by moving to UF Health
21 North, we're able to do that.

22 University of Florida Jacksonville
23 Physician, Inc., like I said, is our
24 physician practice plan. It supports our,
25 you know, almost 700,000 ambulatory visits

1 in 2017. And we continue to grow.

2 We do support the region's only level
3 one trauma center. Why that's important is
4 a couple of different things. One, in the
5 state of Florida, to be a level one trauma
6 center, aside from having the capabilities,
7 the physicians, nursing staff, all of the
8 technology necessary, you must be able to
9 take care of adults and pediatric patients.
10 That actually is unique to our state.

11 I think many of you know I spent 20
12 years in the state of Georgia. I was on the
13 Georgia State Trauma Commission. So we
14 didn't have that criteria, and most states
15 don't. But Florida is unique, so you need
16 to take care of adults and kids. We have
17 the full range and capability more so than
18 any other organization in the city.

19 There are two other level two centers
20 for adults, and there's a level two
21 pediatric center in the region as well. But
22 we're the only one that's capable of doing
23 all those patients.

24 The other piece of that is, as we
25 continue to grow as a city and as an

1 organization, in order to support the events
2 that we want, like the NCAA tournament,
3 potentially the Superbowl again, you need to
4 have a level one trauma center that's
5 capable of taking care of the highest trauma
6 patients, if necessary.

7 We support the region's largest proton
8 center, one of two in the city of
9 Jacksonville. Jacksonville is unique.
10 There are only three cities in the United
11 States that have two proton centers, that's
12 us, but Washington D.C. and Baltimore area,
13 and, oddly enough, Oklahoma City. Soon, as
14 you've heard, Mayo has announced a plan to
15 build a proton center. That will make us
16 very unique; and so we'll be the only city
17 in America that will have three proton
18 centers.

19 But we're the oldest; we've been around
20 for 12 years. You can see how many patients
21 that we've served over the course of time.
22 We have four, what we call, gantries, we
23 just expanded a year ago because of the
24 volume that we're serving. We serve a huge
25 international population, so about 50

1 percent of the patients at the proton center
2 are international, primarily coming from the
3 UK and from China.

4 We are the world's number one proton
5 center for children with brain tumors in the
6 world. So more children come here than any
7 other place in the world for their care.
8 And they're here for about six weeks at a
9 time. So the typical course of treatment
10 for a patient under proton therapy is about
11 six weeks. So think about that, six weeks
12 international and local, here, they live,
13 they eat, they breathe, they take part in
14 our restaurants. And so a big economic
15 impact that proton has moving forward.

16 Like I said, we do have a branch at the
17 College of Medicine. Right now we're
18 considered with an affiliate campus of the
19 University of Florida, which means we have
20 medical students who come over in their
21 third and fourth years after spending time
22 in Gainesville for their first and second
23 years, but typically they only come over for
24 a month at a time, maybe two months at a
25 time.

1 We've recently announced a decision to
2 work with the University to bring a cohort
3 of medical students here for their entire
4 third and fourth year. So they would do two
5 years in Gainesville and then they would do
6 their last two years entirely in the city of
7 Jacksonville at UF Health.

8 It will probably, to start, be 25 to 30
9 students. And what that will help is, one,
10 these will be, again, medical students who
11 are here, they live in our community, they
12 buy houses in our community. The reason why
13 that's important is, if they stay here and
14 do their residency, which is really more
15 important -- there's a lot of focus on
16 Jacksonville doesn't have a four-year
17 medical school -- what's really important is
18 Jacksonville needs residents. And we have
19 372 of them on our campus because the
20 residents choose to stay in a community they
21 survive.

22 I was a classic example of that. I
23 finished my residency in Detroit. And at
24 least for my first year -- first three
25 years, I lived in the city of Detroit. So

1 of these residents that come, about 40
2 percent of them stay in our city, about
3 50-some-odd percent of them stay in the
4 state of Florida.

5 So what you don't want is -- medical
6 students will leave, they will go to
7 wherever they go to residency, but the
8 residents will stay; that's important.

9 But we have 440 faculty. You can see
10 some of our other numbers. We have
11 physician assistant students, like I said,
12 College of Nursing students, College of
13 Pharmacy students. And so a big part of our
14 enterprise is to train hundreds and hundreds
15 of trainees. They come from all over the
16 United States, as you can see. So we have
17 well-known programs, like our emergency
18 medicine program, our OB/GYN program, a
19 number of fellowships. But we are able to
20 recruit people from all over the United
21 States and, quite frankly, all over the
22 world. So we have a very international
23 presence, and so, again, sort of adding to
24 the diversity of our community.

25 I talked a little bit about the College

1 of Nursing program, but just the only thing
2 I'll add is that these are folks that have
3 done an undergraduate bachelor degree in
4 something completely different, finance,
5 maybe they were a flight attendant, maybe
6 they were a lawyer, and they decide, you
7 know what, nursing is really my calling. So
8 we have an accelerated program with them.
9 They come in for 15 months. It's primarily
10 clinical. And they train.

11 The nice thing about it is, when many of
12 them finish, we have a relationship with the
13 College of Nursing, obviously under the same
14 enterprise, and we hire the majority of
15 them. So any of them that basically want to
16 stay, we will hire as long as we have a
17 position. So about every year, about 25 of
18 them will finish their curriculum and
19 they'll stay. We'll hire them sort of as a
20 nursing tech, because we hire them before
21 they've actually passed their nursing
22 boards, that's part of our agreement. So if
23 they pass their boards, great, we make them
24 a full-fledged nurse.

25 So that's really important, again, to

1 health professions. And if they leave and
2 go to another institution, that's great.
3 We're trying to support that.

4 We're working on a partnership right now
5 with Edward Waters College to support
6 students who will graduate from Edward
7 Waters and then come over and finish the
8 advanced nursing program, as we said.

9 The College of Pharmacy students, a
10 little bit different than what the College
11 of Medicine, College of Nursing are doing,
12 which is growing. The College of Pharmacy
13 is actually purposefully shrinking, because
14 there is a sense from the pharmacists out in
15 the community that we're making too many of
16 them. So we have over 237 pharmacy students
17 on the campus. They're going to shrink
18 eventually and probably get to a number
19 closer to 200. But these are the
20 pharmacists that go in our community, again,
21 CVS, the Walgreens.

22 I was in Publix a couple of months ago
23 picking up some groceries and went up to get
24 my medication. And before I got it, it was
25 already sitting on the counter. I thought I

1 still had my hospital badge on. It was
2 actually one of our pharmacy students who
3 was behind the counter. He said, hey,
4 you're our CEO, I recognized you so I went
5 ahead and pulled your medication for you.
6 So that's our community, those are our
7 students that stay and do what we do.

8 We do a big research functionality. So
9 we have about \$22 million of research
10 funding on our campus. And the hope is to
11 grow that more. We just recruited a new
12 research director, Dr. Alex Parker from
13 Mayo. He's been here for about a year. He
14 is charged -- I have charged him with
15 continuing to grow our research
16 infrastructure and grow our research support
17 and our dollars that come, again, to our
18 city, to our location.

19 You can see the breakdown. The majority
20 of that is federal. So those are big
21 federal grants, like the NIH, the Department
22 of Defense. So these are big grants we
23 continue to work in trying to support that.

24 Most of our research is appropriate to
25 our patients and to our clinical

1 environment. So we don't do a lot of bench
2 and basic science research. We do research
3 that affects all of us. So Jacksonville
4 Ascent, for example, as an NIH funded -- so
5 NIH, by the way, is National Institute of
6 Health -- study to look at aging.

7 We're all going to age. That's the
8 goal; right? If we don't age, the
9 alternative is not exactly what we want. So
10 this is a study that's looking at aging, how
11 we age appropriately, how we walk. So
12 they've received about \$3 million to support
13 the study of patients as they age.

14 That grant also supports junior
15 researchers. So part of that is to let's
16 develop the next researchers of the day.

17 But we, obviously, as an organization,
18 one of our challenges is we take the role as
19 a safety net. What we mean by that is we
20 provide care to everybody: low income, high
21 income, black, white, rich, poor,
22 underfunded, unfunded. So that's part of
23 the dynamic and part of the challenge that
24 we deal with.

25 There are many hospitals like us around

1 the country. They sit in various stages of
2 sort of their financial health. Actually,
3 the national president of our organization,
4 which is called America's Essential
5 Hospitals, he's actually flying in today.
6 He's going to have dinner with a couple of
7 our leadership team. And then he will
8 actually present to our leadership team
9 tomorrow during our strategic planning
10 session about some of the things that are
11 happening across the country as it relates
12 to safety nets.

13 But part of our challenge is you can see
14 some of our payor mix, so we're a heavy
15 Medicaid, heavy uninsured population. So
16 about 40 percent of our patients are either
17 unfunded or underfunded. We receive \$26
18 million from the City. I have a slide that
19 talks a little more about that.

20 But you can see, like every other
21 hospital, though, we still have to have the
22 functionality of taking care of everybody.
23 And we try and support that mission patient
24 population, our Medicaid uninsured, with our
25 commercial volume, with our Medicaid volume.

1 By the way, this includes both our
2 hospitals. So we -- the North hospital, the
3 Downtown hospital operate under one license.
4 And so that's all mixed in. If you
5 separated them out, the Downtown hospital
6 actually is closer to about 40, 45 percent
7 uninsured, Medicaid. So that's part of the
8 challenge that we deal with.

9 The other challenge we deal with is sort
10 of our reimbursement from the State has been
11 declining over time. Part of that is
12 because the State has cut the rates. So
13 State funding kind of comes in a couple of
14 buckets. It comes as a Medicaid payment
15 rate. So that number has both shrunk in the
16 amount of payment, as well as a
17 redistribution around hospitals around the
18 state. Many of the for-profit entities have
19 also said, well, we take care of Medicaid
20 patients too. So the State has really been
21 playing with the formula.

22 LIP and DISH, so LIP stands for our low
23 income pool; DISH is our disproportionate
24 shares. And those numbers have shifted a
25 lot as people have taken care of more or our

1 uninsured.

2 One of our challenges is we
3 percentage-wise have the highest Medicaid
4 burden of any safety net hospital in the
5 state. We also have the dynamic that we
6 don't have a specific taxing district.
7 We're actually the only county in the state
8 of Florida that can't do that. That's a
9 function of the fact that the city and
10 county are one entity. We would have to go
11 back to the State to get that changed.

12 So, therefore, the money we receive from
13 the City is really a function of you and
14 City Council and the Mayor to decide what
15 that number is. It's not tied to taxes.
16 It's not tied to sales tax, community tax.
17 And so that makes us at risk, particularly
18 when you see that the state continues to
19 shortcut those dollars. We continue to
20 provide care, but that's been part of our
21 challenge.

22 The other dynamic that's not here is the
23 federal. So we've been cut from the federal
24 government as well about \$10 million,
25 actually probably closer to 15. And that's

1 a function of what's called 340B pricing.
2 So that's an agreement between hospitals and
3 the pharmaceutical agencies to make sure
4 that low income patients, no income patients
5 are able to access all the same drugs that
6 everybody else is. It was a relationship
7 that allowed us to have dollar -- keep
8 dollars in the system, and it's been
9 challenged at the federal level. We've
10 actually won the challenge, but they're
11 still cutting those dollars. So we take a
12 hit at a federal level.

13 This is a complicated graph, but the
14 simplicity of it is this is sort of the
15 funding that we receive from the City.
16 That's the blue line. If you go back to
17 FY02, it was about \$23 million. It was
18 increased in FY12, FY13 to 26, but largely
19 we've been flat over the last 17 years. You
20 can see the orange bar actually represents
21 sort of just general cost of inflation. The
22 green bar represents the cost of medical
23 inflation. And the orange bar at the very
24 top, or tan, I guess, represents actually
25 the cost of care. So one of the dynamics is

1 over time the City dollars have been
2 relatively flat, obviously inflation has
3 gone up, medical inflation has gone up.
4 Cost of care we try and control; we've been
5 able to do a little bit of that, but it
6 still is more expensive than what the
7 dollars amount.

8 We are currently working with the Mayor
9 and City Council to think about sort of new
10 formulas, how can we support that. The
11 Mayor has been very gracious to help us
12 offset some of this with our CIP funding, so
13 \$120 million over six years, we received \$15
14 million last year, \$20 million this year.
15 By the way, that goes to nothing sexy. That
16 fixes the roof, the generator, the boiler,
17 things like that. But we still have a need
18 for some of those operational dollars to
19 support kind of where we are.

20 I back up to, again, economic value of
21 sort of the organization, \$2.7 billion
22 economic value to the City of Jacksonville,
23 Jacksonville region, 2.8 to the state. You
24 can see, although, even though we don't pay
25 taxes as a nonprofit charitable

1 organization, there are companies we do
2 business with who do. So, again, sort of a
3 big economic impact to the City in terms of
4 our vendors and people that we have
5 relationships with.

6 We do about \$93 billion in uncompensated
7 care, community benefit. Most of that is
8 sort of what we don't get reimbursed, that's
9 sort of the charity cost, charity care,
10 where the gap is enclosed, but about \$30
11 million of that are our commitment to the
12 community, from doing community benefit,
13 health fairs, working with the United Way,
14 American Heart Association, help raise money
15 for them. It's specialty programs, it's our
16 community. We have two centers that exist
17 solely to check blood pressure, heart rates,
18 blood glucose, things like that that are in
19 the Durkeeville region, that are in the
20 Soutel region as well, so a lot of community
21 benefit that we support.

22 So, again, we run a pretty lean
23 organization. I have a pretty lean
24 management team. I have seven or eight VPs,
25 that's it. I don't have any extra VPs. I

1 do my own strategy. I work with the
2 University to do our own government affairs
3 piece. So we have the key people around
4 nursing and medicine and things like that.

5 So for us it's really around how do we
6 continue to change the revenue. And for us
7 that's a function of both our interactions
8 with the government -- so federal, state,
9 city -- but also it's with philanthropies,
10 private enterprise, and growing our
11 complexity.

12 Again, I said the Mayor has been very
13 helpful to support some of our
14 infrastructure. There are 32 buildings on
15 the campus. The City, you, own two of
16 those. So you own the hospital and you own
17 the ambulatory care building. So we use the
18 dollars from the City to support the things
19 that we need.

20 But our buildings are old. So the
21 proton center is the youngest building on
22 campus; it's about 13 years old. But the
23 hospital is getting close to 50, the
24 ambulatory building is 40. Many of our
25 other buildings, we joke that, if you walk

1 into them, it looks like it's 1975,
2 literally, because there is shag carpet and
3 brown and brick and everything in there.

4 But we're trying to get there. And you
5 can see from this slide that we're above
6 sort of the standard academic health center
7 in terms of the age of plant.

8 So we're a very efficient hospital. We
9 have a study that came in about three years
10 ago that the City Civic Council paid for, an
11 organization called DHG said, you run lean,
12 mean, you're doing it as well as anybody
13 across the country. And we continue to do
14 that. We've taken cuts at the federal,
15 state level. We've taken sort of a slack
16 from the City. So we've got some
17 improvements from short-term capital, but we
18 have needs. So we're continuing to try and
19 explore ways to work with the City and the
20 State and private entities to do those.

21 This is our mission: To heal, to
22 comfort, to educate, to discover. If you
23 took all that and you'd, well, why would
24 anybody want to be at that organization, but
25 we do great work. We do a great job taking

1 care of everybody. We provide great
2 education. And that's our mission, which is
3 to support what we need to do.

4 But for us it's around continuing to
5 grow. So this is sort of a quick snapshot
6 of where we think we're going over the next
7 five years. It talks about our priorities,
8 which is continue to meet and exceed
9 customer expectation, so, for us, those are
10 one of our quality metrics. So we continue
11 to rise in our quality metrics. U.S. News
12 and World Report just came out. We've gone
13 from 25th in the state, when I first got
14 here, to 22nd last year, to 16 this year.
15 We're now number third in the region.

16 And our goal, our charge from the board
17 is to be in the top one or two in hospitals,
18 and to be in the top five across the state.
19 So that's important for us as an
20 organization. And we're -- we have a number
21 of other metrics we work through.

22 We want to think about different
23 partnerships and relationships to other --
24 and that includes other hospitals, by the
25 way, so partnering with Baptist, which we do

1 now, particularly in as it relates to the
2 care of children in our community. So if
3 you go to Wolfsons now, about 70 percent of
4 the physicians there are actually University
5 of Florida faculty members. The other 30
6 percent come from Nemours. So you probably
7 didn't know that, but that's our ability to
8 support our relationship with Baptist.

9 So we work with others. So we explore
10 how we can work with St. Vincent's and
11 Ascension, a number of other organizations
12 to support -- the care of our community is
13 not just about the competition. We want to
14 continue to plan for the future.

15 These are our strategic buckets. Our
16 team will spend a whole day tomorrow working
17 through those, what do we want to do
18 clinically. We focus on Downtown and North,
19 our network. We focus on our academic
20 footprint. We focus on our community
21 engagement, so a new entity for us.

22 Your Commission Member Ann-Marie Knight,
23 who I also recruited over from Mayo, is
24 really going to help us reengage into the
25 community, but be more specific and

1 intentional about it, and what do we want to
2 do, what are the things we want to
3 accomplish. And none of this works if we
4 don't have the right workforce.

5 We believe in our partnership with the
6 City. So I have had multiple conversations
7 with the Mayor and City Council to say, as
8 the City grows, we want to grow with you.
9 So when you think about what happens
10 downtown, core of downtown, I view it as an
11 anchor-type system. So there is the eastern
12 anchor, which is really around the stadium
13 and lot J; there is a southern anchor around
14 the district and MD Anderson; there is a
15 western anchor around the JRTC and what
16 we're trying to do with LaVilla and Five
17 Points.

18 We view we're kind of the northern
19 anchor. We've got 5,000 employees on that
20 campus every day. We're five blocks off of
21 downtown. We're ten blocks off of the
22 river. So we think about what our
23 relationship should be with the City to
24 grow, grow that regional enterprise, create
25 potentially a health science district, work

1 with our communities, to work with the
2 community of Springfield to think about how
3 we can grow with them, think about food
4 deserts.

5 Right now, if our employees have to walk
6 out to get something to eat, their choices
7 are the gas station across the street,
8 Walgreens and McDonald's. Well, those are
9 the same choices that the people of
10 Springfield have as well. So how can we
11 work together to think about Publix or
12 Trader Joe's or whoever to come and serve
13 the entire community, which includes the
14 hospital. Because there are a number of
15 examples across the country of health
16 systems partnering with the community,
17 partnering with the city to help it grow.

18 I grew up in the city of Pittsburgh.
19 When I left to go to college, Pittsburgh was
20 still the classic steel town, steel mills
21 downtown, it was dark, you know, gray. It
22 looked like 9 o'clock at night at noon. By
23 the time I went to college and came back,
24 went to medical school there are UPMC,
25 starting to grow as a health district now.

1 Now if you go to Pittsburgh, a very
2 sophisticated city, one of the largest
3 academic centers in the country now. So
4 UPMC is a \$14.9 billion health system that
5 owns basically half of the state, and it's
6 centered in Pittsburgh. A change of the
7 times, so the old U.S. steel headquarters,
8 the 844 building downtown, now says UPMC on
9 it. So that's how health care can engrain
10 in the community.

11 For us, that North is just about growth.
12 We have 70 acres at the North campus, we can
13 build on about 42 of it. So it's really
14 just about volume. We are starting to have
15 conversations around building the next
16 hospital tower. And part of that is because
17 that community grows, there is some more
18 medical office complexes that are starting
19 to pop up. We've heard that there is going
20 to be a rehab and skilled nursing center
21 that's going to go next to the Hobby Lobby
22 area, so a lot of growth. So we think this
23 is the right time.

24 The reason why that's important is it's
25 about a two-and-a-half-year process to build

1 another hospital tower. So by the time --
2 if we make that decision today, you know,
3 that tower won't really open up until late
4 '21, '22. So we're trying to plan for the
5 future, and that's what it would start to
6 look like.

7 In anticipation of that, sort of our
8 power plant, the chill plant is already
9 stepped up to take care of the next two
10 hospital towers. We can actually go up to
11 two more hospital towers. We can add
12 another medical office tower. So that's all
13 part of our strategy to continue to grow.

14 Continuing to grow our resources, we
15 have great programs like our OMFS program,
16 which is actually nationally ranked. So
17 it's the 41st popular ranked ENT program in
18 the country. And so they work very closely
19 with neurosurgeons who can make things
20 possible. And we do innovations. So we
21 have had a large focus on innovation
22 recently, entrepreneurialship and really
23 trying to make the things that we do
24 discoverable, and so we can make them sort
25 of out in the community. And then again

1 sort of continuing to focus on our trauma,
2 mission.

3 We've increasingly started to think
4 about the I95 corridor as sort of a part of
5 our enterprise. So as part of that is the
6 Wildlight project, so this is up in Nassau
7 County. This is a partnership with Rainier,
8 Radiant, the property arm of them. And so
9 they send out a bid for looking for a master
10 plan community and a health and wellness
11 partner. We bid on that feeling that we had
12 the expertise of our organization, but also
13 sort of the benefit of the University of
14 Florida to support that.

15 And so we won that bid and we're
16 building now a 42,000-square-foot ambulatory
17 building that's about 70 percent done. It
18 should be done in early November, November
19 11th actually is the date they gave me. I'm
20 going to hold them to that. We do have a
21 ribbon cutting ceremony on November 22nd.
22 We will see our first patients on
23 December 6th.

24 One of the things I want to incorporate
25 in that is the dental practice. We tend to

1 forget about oral health. And so there will
2 be an adult and pediatric dentistry from the
3 University of Florida College of Dentistry
4 in that building as well.

5 We also have a second building at that
6 complex that will be in partnership with the
7 YMCA, a rehabilitation center, so continuing
8 to grow.

9 It must have been a good decision to be
10 there, because one of our competitors bought
11 land 200 yards away and another one bought
12 land about 300 yards away.

13 So, actually, we want to know where the
14 healthiest place to live right now. It's
15 probably up in Wildlight, because you
16 basically have about eight doctors for every
17 patient that lives up there at this point in
18 time. But those are part of our practice.

19 But in the end, sort of none of this
20 works without you, none of that works
21 without our partnership with the City, the
22 State, the Federal government, philanthropy.
23 We're also -- we've hired a new philanthropy
24 director to help support all those
25 enterprises. But it's a tough sled for us,

1 but, you know, I'm committed to the mission,
2 committed to what we do, enjoy what I do and
3 want to be part of the City's growth in the
4 future in the things that we're trying to
5 do.

6 So I'll stop there. I probably took a
7 little too much of your time. I wanted to
8 make sure you had sort of a good overview of
9 our organization. And I'm happy to answer
10 questions.

11 CHAIRPERSON BROCK: Thank you.

12 And I see Mr. Griggs on the queue.

13 COMMISSIONER GRIGGS: First one.

14 CHAIRPERSON BROCK: Yep. I was going to
15 speak, but I saw you pop up there.

16 COMMISSIONER GRIGGS: Thank you.

17 And good morning, Dr. Haley. Appreciate
18 you being here. Excellent presentation. I
19 really appreciate the in depthness of the
20 scope of what UF Health does in this
21 community. A lot of people are lost on that
22 because of past reputation and don't really
23 realize all the things that this hospital
24 brings to the community.

25 I grew up about a mile away from there,

1 so I've had a long relationship with the
2 institution. So it's good to know that you
3 can explain all of the good things that are
4 going on and the challenges as well.

5 But I want to take you back to some of
6 your earlier comments around the structure
7 of your funding. And I'm not sure people
8 are clear how the indigent care services
9 that you provide to the community come to
10 be.

11 Could you explain a little more -- and
12 I'll help you a little bit here, because I'm
13 a little familiar with the Florida Statute
14 154 where your -- each community has a
15 hospital -- a relationship with a hospital
16 that are going to provide these services by
17 statute; however, that relationship is
18 shared with the county.

19 And what hasn't happened here, as you
20 said, is that we do not have a fixed income
21 source for Duval County that allows you to
22 rely on a certain amount of money that you
23 can depend on every year. And I'm curious
24 to find out where do you see -- I mean, you
25 said it earlier, but I want to make sure

1 that the Commission is clear on that, where
2 do you see the opportunity to improve that
3 relationship in terms of funding? Because
4 most of these counties that have this
5 relationship have a dedicated taxing
6 district that are supposed to fund indigent
7 care services for their partner hospital.
8 Is there real opportunity here to get that
9 done? And to the Commission, is this
10 something that you see that we can take on
11 as a Commission?

12 DR. HALEY: So I'll answer that last
13 part, yes, absolutely, I think this is
14 something you can take on as a Commission
15 and continue to work with our organization
16 and City Council and the Mayor's Office to
17 support that.

18 So I'll take you back to this slide. So
19 we officially receive \$26 million from the
20 City of Jacksonville to support the patient
21 population, it's called the City Contract.
22 So it's essentially a group of underserved
23 indigent patient population in our city and
24 it's around -- it's a moving number, so it's
25 around 8 to 9,000 people every year.

1 Probably about half of that group is the
2 same. You're in, you're out. The other
3 half kind of moves, right, as people get
4 employed, unemployed, they sort of come out.

5 They sadly have to prove where their
6 challenges are. So we actually literally
7 have an entire building on our campus where
8 they bring their paperwork every six months
9 and say, you know, here is my income source,
10 here is where I live, I have to prove that I
11 live in Duval County, et cetera, et cetera.
12 And they go through that process. Not very
13 humane, quite honestly, on some level, but
14 we have to come up with a methodology of
15 doing that. But that \$26 million goes to
16 support that patient population.

17 The top part tells you sort of how much
18 that costs. So just in general the best way
19 to think about it, it costs a little bit
20 more than double to take care of that
21 patient population. That's a function of
22 when you look back on average every one of
23 those patients is on 3.5 medications. So
24 this is the population that has
25 hypertension, diabetes, high cholesterol,

1 et cetera, et cetera. So it's a challenging
2 population.

3 We do have a physician medical director
4 and a clinic that is designed solely to take
5 care of the patient population. That's how
6 we try and manage the process, manage their
7 care. So we try and funnel everybody
8 through the same clinic.

9 But to your point, that 26 million has
10 been the same number for the last six years.
11 It really is up to City Council and the
12 Mayor's office to decide what that number
13 is. Typically, they just left it in there
14 as the 26 million.

15 We are trying to work with the Mayor's
16 office currently to say, okay, how do we
17 come up with a better model to say, what do
18 we want to hold it to. So until you can get
19 to a taxing district, which is more
20 complicated because you have to go through
21 the State, get them to change that vote,
22 et cetera, et cetera, so until we get to
23 that point, how do you come up with a more
24 sustainable model to keep pace, right.

25 So it's never going to be that green

1 bar, because that's the medical price index,
2 so that just is too expensive. You want to
3 hope it's at least the orange bar, right, so
4 it's the consumer price index. And we come
5 up with a methodology so the City knows and
6 we know every year it's 26, then 2 percent
7 more, 2 percent more, 2 percent more,
8 whatever the case may be to support that.

9 For the patients that don't fall into
10 this group, right, so they may live in Clay
11 County, or Baker, or any place, or Duval but
12 choose not to go through the paperwork,
13 that's in that uninsured bucket. That's the
14 group that's in that 14.5 bucket that, you
15 know, uninsured, no cost of care, no fixed
16 funding source to support that, et cetera,
17 et cetera. And so that's the challenging
18 population as well. We depend upon our
19 Medicare volume, our commercial volume, what
20 we do at North to support that.

21 If you actually look at our North
22 finances and you separate it out from our
23 sort of Downtown finances, the North keeps
24 us afloat. That's what drives sort of our
25 organization. This would be a whole

1 different conversation if we didn't have the
2 North hospital. In fact, it probably would
3 have been a whole different conversation
4 two, three years ago, because we really
5 would have been struggling.

6 So right now the North is a big part of
7 our operation that keeps us afloat. But
8 it's not the model, right. So I think we
9 have the opportunity to think as an
10 organization, as a Charter Commission,
11 working with the City, working with the
12 Mayor, what's a better model to do it, how
13 do we make sure it changes and keeps pace at
14 least a little bit with medical price index,
15 consumer price index, with the model, until
16 you can get to a different model.

17 Right now we suffer because, unlike
18 Jackson in the city of Miami, Jackson
19 receives -- just to give you an idea, so we
20 get 26, they get about 300 million from
21 Miami-Dade County, some of it is sales tax,
22 some of it is property tax. Parkland
23 Hospital in Dallas, very similar to us,
24 probably about a quarter or so bigger,
25 probably about a third bigger, they get

1 about 4 to 500 million from the City of
2 Dallas to support them. So cities have --
3 even where I came from, at Grady, Grady gets
4 about \$60 million from the City, Grady is
5 probably about our size.

6 So I think we want to come up with what
7 is a right dollar amount, how do we make
8 sure it scales up as time goes on. And then
9 eventually, I think, longer term, how do we
10 get to a point where we can go back to the
11 State to come up with a way to create a
12 taxing district.

13 COMMISSIONER GRIGGS: Mr. Chairman, I
14 know my time is running out.

15 I appreciate it, because I was going to
16 bring up Jackson and Grady so we can have a
17 comparison of -- that would give us a clear
18 picture of the type of support that a
19 hospital that's charged with playing the
20 role that you play in the community, the
21 type of support that it receives as a
22 partner in the community.

23 But I just have one other quick
24 question, Mr. Chairman, if you don't mind --
25 actually, I was going to have a comment. I

1 was going to say thank you for looking at
2 dental services, that's been a challenge
3 ever since UF Health let it go several years
4 ago.

5 But also that part of your problem is
6 folks that are returning that come through
7 the emergency room that are returning
8 multiple times and in that mix, in that
9 plan, there should be more chronic care
10 services provided by the folks who are
11 charged with providing indigent care
12 services.

13 DR. HALEY: Yeah. We actually have a
14 very large primary care network, I can tell
15 you much bigger than where I came from. So
16 we have a primary care center on campus, we
17 actually have a primary care center
18 specifically for that City contract, Duval
19 County group. We have ED meetings,
20 Brentwoods, we have a number of primary care
21 locations. It's always easier to default to
22 the emergency department so we try and work
23 with the patient population to make sure we
24 can get in there, but it's a challenge for
25 that group.

1 So we actually do have a case manager
2 that's stationed in the emergency department
3 specifically for the City contract patients.
4 And their job is to sort of -- if patients
5 come in, they can see them on our electronic
6 screen. If they think the patient is stable
7 enough, we'll actually walk them out and
8 walk them across the street. We do try to
9 manage it, but it is part of the challenge.

10 We've done great work -- we can talk all
11 day -- on readmissions, because that's
12 another reflection of sort of this
13 challenging patient population. But we've
14 had a lot of great work internally. So
15 we're charged by the federal government to
16 basically prevent people from being
17 readmitted, right, for anything. So the
18 dynamic on that, unfortunately, is you come
19 in for your high blood pressure or your
20 diabetes, we take great care of you, you
21 walk out and get hit by a car, you come back
22 in, that actually counts against us, by the
23 way. Not that I can prevent car accidents,
24 but we do try and prevent people coming back
25 for their same disease.

1 So when people leave our institution,
2 they have a primary care appointment. So
3 it's not I gotta call, it's not a guess;
4 like, you're coming back to see Dr. X on
5 this particular day, this particular time.
6 So we try and put in a lot of things. So
7 we've had great work in that. So that's one
8 we've been pretty successful in, but -- you
9 know, looking at the emergency department
10 population.

11 The other group we didn't talk about,
12 which is the mental health, behavioral
13 health, that's a big challenge. We get our
14 daily reports, and I can see how many people
15 are Baker Acts, right, and it's not a small
16 number. During the hurricane, classic
17 example of mental health patients having no
18 place to go during a hurricane, so they all
19 come to the hospital. So we had probably
20 even double the number that we normally have
21 for patients who just really have no
22 resources.

23 We had a local methadone clinic that
24 closed during the hurricane. The sign on it
25 said, go to UF Health. So now all of a

1 sudden we have patients who need their
2 methadone. We don't provide that unless we
3 can really define, you know, where do you
4 go, can we prove it, is the center open. So
5 we had, unfortunately, a patient population
6 that came in because their methadone clinic
7 was closed, they were told to come to us,
8 and we didn't have the resources to know if
9 they were true, right. So we have to prove
10 that they actually know that. So behavioral
11 health drives a lot of the emergency
12 department visits.

13 The other thing that's in sort of the
14 subgroup of the City contract patients is
15 the prisoners. So we don't get a separate
16 dollar amount for prisoner care, by the way;
17 that's included in that 26 million. So that
18 gets back to your question. So one of the
19 ways to think through that is should we get
20 a separate dollar amount just for prisoner
21 care. Right now we don't. So prisoners are
22 kind of lumped in.

23 The jail has a private group that they
24 work with, which is designed from a primary
25 care model to keep them out, but we still

1 get them. So we can still get people that
2 are brought in by JSO. And it's a
3 challenging population, as you can imagine.
4 And it's mixed in -- unfortunately, the way
5 our emergency department is designed, it's
6 mixed in with everybody else. We don't have
7 a specific place. We have a corner where we
8 put them in, but every -- if any of you come
9 in for a patient care issue, you're going to
10 likely see that population. So that adds to
11 that reputation, challenge, so we're trying
12 to work with the City to try and support
13 that differently.

14 CHAIRPERSON BROCK: Dr. Haley, you have
15 given us an excellent presentation on the
16 why. I want us to focus on the what. What
17 can we do?

18 And I'm looking through the Charter.
19 And I think the public health division is
20 under Section 24. And in that, it's 24.05
21 and I'm looking at Subsection C. And I
22 don't expect you to have this memorized by
23 heart, but that seems to be where it says,
24 all money appropriated by the City for the
25 operation and maintenance of a public health

1 unit, under the provisions of Chapter 154 of
2 Florida Statutes, including the amounts
3 required to provide for the benefits
4 preserved by this act to employees becoming
5 members of the state service system --
6 anyway, are all deposited to the state. Is
7 that -- so the City collects -- or the City
8 appropriates money, pays it to the State and
9 then it comes back to you.

10 DR. HALEY: That's correct.

11 CHAIRPERSON BROCK: Then I look under
12 Chapter 154 of the Florida Statutes, and
13 specifically it's looking at 154.02. And
14 that relates to the county health department
15 trust fund. And that says that each -- oh,
16 sorry, thank you. That says that each
17 county in the state with a population
18 exceeding 100,000, according to the last
19 state census, may levy an annual tax not
20 exceeding .05 mill. Is what you're saying
21 is that Duval County does not have any tax
22 that's already been authorized by the state
23 statute?

24 DR. HALEY: That's correct.

25 CHAIRPERSON BROCK: Okay. So, again,

1 all this is contingent upon if funding for
2 this -- it's been one of the issues that
3 we're looking at. So I'm trying to -- for
4 the benefit of our group, if we're looking
5 at what can we do, is that something if we
6 were to take that language or something like
7 that and put it into the Charter as far as
8 the funding -- because it is very general in
9 the Charter, it just says whatever money
10 you're going to collect pursuant to the
11 chapter gets done. But if we were to put
12 something in there that -- like you're
13 saying, sets a dedicated amount, that there
14 shall be X mills paid to this trust fund, I
15 mean, is that something that for this
16 Commission we're looking at? Because
17 finding a dedicated source of funding, you
18 had mentioned tax districts, and it looked
19 to me like this is something that's already
20 authorized under Florida statute.

21 DR. HALEY: Correct, but my
22 understanding is -- and I could be certainly
23 wrong -- that we can't do that. So we're
24 not -- even though that's what the
25 legislation says, because of our

1 consolidated government, we're the one
2 county in the state that can't do that. So
3 you would have to go to the State to ask for
4 a State change in how it reads specifically
5 for us.

6 To answer the first part of your
7 question, yes, we take the dollars that the
8 City of Jacksonville provides, we give them
9 to the State. It kind of passes through us,
10 goes through the State. The State match --
11 takes all the money and matches that at the
12 federal level and then sends it back. And
13 we get back the equivalent of around \$60
14 million in our dish. That's where that
15 dollar -- and then the City gets paid back,
16 so that's basically how that works.

17 CHAIRPERSON BROCK: Okay.

18 DR. HALEY: There is nothing that
19 governs what that City amount should be. So
20 where, I think, the Commission can play a
21 role working with the Mayor's office, City
22 Council, is how do we internally think about
23 the current dollars that potentially could
24 go, and what is a better model, formula,
25 rate to support the organization.

1 CHAIRPERSON BROCK: So if we're looking
2 at Charter changes, then we would need to
3 make sure we're vetting that with whatever
4 existing state law is that's outside of 154.

5 DR. HALEY: Yes. Great question.

6 CHAIRPERSON BROCK: Again, I wanted to
7 try and focus us back to what areas we're
8 looking at and where we can actually make a
9 change.

10 Ms. Santiago.

11 COMMISSIONER SANTIAGO: Good morning.
12 So my question actually comes back to the
13 same thing, one of the issues that we're
14 looking at is our strategic plan for the
15 entire City. And I'm just curious to know
16 how often or how involved you are with our
17 local City. Do you meet with them on a
18 regular basis? How -- have you talked to
19 anything strategically maybe with our Office
20 of Economic Development? Is there any
21 involvement with the City at this point?

22 DR. HALEY: City through the Mayor's
23 Office, yes, so have lots of conversations
24 with the Mayor, with the Chief of Staff,
25 have lots of conversations with City Council

1 leadership, but not with the specific
2 offices, per se.

3 COMMISSIONER SANTIAGO: What about
4 through City Council as well?

5 DR. HALEY: City Council too, we have
6 lots of conversations with City Council.
7 And, obviously, a newer group of folks this
8 year so we try and invite -- so typically
9 our model is to invite them to the campus,
10 bring them in, see them, show them what we
11 do. So here is the organization, here is
12 the opportunities, here are some of the
13 challenges, and then we follow that up with
14 conversations and meetings. And we'll
15 present to City Council to talk through it.
16 We presented actually a proposal to the
17 Mayor's Office earlier this summer around an
18 increase in that dollar amount.

19 So we went back and said, okay, what was
20 the dollar amount in FY02 and it was 23
21 million. But that 23 million covered about
22 61 percent of the health care costs. Now
23 the 26 million covers about 40 percent, 41
24 percent of health care costs. So we went
25 back to the Mayor's Office and said, well,

1 if we just close that gap again, get back to
2 that 60 percent number, it's about another
3 \$9 million increase.

4 And then the physician practice plan --
5 so the doctors technically have never gotten
6 paid for the care they provide. So the
7 hospital gets paid for that, but the
8 physicians don't. So we actually figured
9 out what the physician number is, and that
10 was about 8 million. So we actually went to
11 the Mayor's Office and to the Mayor with a
12 \$17 million proposal. We talked to Scott
13 Wilson about it.

14 So they're thinking through it. So in
15 fairness to them, they're thinking about how
16 to manage that number right now and, I
17 think, what's a good formula for the coming
18 year to support that.

19 COMMISSIONER SANTIAGO: Thank you very
20 much.

21 CHAIRPERSON BROCK: All right.
22 Mr. Schellenberg.

23 COMMISSIONER SCHELLENBERG: Through the
24 Chair to Dr. Haley, great to see you again.

25 DR. HALEY: Good to see you.

1 COMMISSIONER SCHELLENBERG: Are you
2 proud of the Steelers? They at least have
3 one win now.

4 DR. HALEY: Yes, they do have one win.
5 But, you know, I had no faith so I really
6 actually stayed up until the final two
7 minutes. Then I thought, even the Steelers
8 can't lose in the last two minutes.

9 COMMISSIONER SCHELLENBERG: You have
10 great faith.

11 A couple things that I'm aware of. One
12 of the things why the North campus works is
13 because the commercial down there. And the
14 differential between Downtown and the North
15 campus are substantial in commercial. I did
16 want you to -- probably not today, but
17 because the City is self-insured now, there
18 are employees that can be -- incapsulated
19 sort of like a Gator Care. I don't want to
20 go in great detail, but if you can be brief
21 about it. And how many City employees are
22 utilizing this for the benefit of UF Health.
23 Do you have any --

24 DR. HALEY: It's not many, actually.
25 It's only around 400 people. So we do -- so

1 City employees can do a direct to us
2 relationship, so, like you said,
3 self-insured. We're actually the no cost
4 benefit, so they're not charged a premium to
5 use our services. They can, obviously, go
6 to any of our private practice center, so no
7 matter where they live. My understanding
8 it's only about 400 people are in it and
9 obviously it's dependent. So it's probably
10 still less than 1,000 people.

11 COMMISSIONER SCHELLENBERG: It's more
12 than zero.

13 DR. HALEY: It's more than zero. It's
14 growing slowly.

15 COMMISSIONER SCHELLENBERG: Okay. Is
16 there anything that would -- not here, but
17 is there anything that is being done by --
18 to encourage this on the City Council side
19 or the Mayor's Office?

20 DR. HALEY: I don't know. I think they
21 would know a little bit better. When the
22 City does open enrollment, when that comes
23 up, we obviously present, we have a table,
24 we meet with folks, so the number goes up
25 slowly.

1 I mean, the tough thing around any of
2 these, as people always know, is I have my
3 doctor. I go, I'm currently through Florida
4 Blue, and, yep, I pay a premium, and, yep,
5 UF Health has no premium, but I like my
6 doctor in there at this location. So it's
7 hard for people to let that go. So we
8 understand. The idea is to try and grow
9 that.

10 COMMISSIONER SCHELLENBERG: Well, I
11 think it's also historical, right or wrong,
12 about the reputation of that. And as you
13 know, I utilize that office, and the care I
14 get from the doctors are fabulous.

15 You touched on the LIP program. Could
16 you quickly tell us -- can you review some
17 of the numbers that you're not getting that
18 you had been getting on LIP, low income -- I
19 don't think I saw the number. Did I see the
20 number and missed it?

21 DR. HALEY: No. But the LIP number
22 moves, the actual dollars getting cut by the
23 State primarily is in the Medicaid rates.
24 So let's say it used to be, you know, 50
25 cents on the dollar --

1 COMMISSIONER SCHELLENBERG: It's low
2 income?

3 DR. HALEY: Yeah, low -- so there's
4 three different buckets. So there's the
5 Medicaid rate, so that's actually the what
6 do you get paid for Medicaid. And that
7 number has been decreasing. So that's the
8 biggest number that's going down, because
9 part of what's happening is the State's view
10 is and the argument from other institutions
11 across the state is, well, we take care of
12 Medicaid patients too so we ought to get a
13 cut. So the State has been, you know -- so
14 let's say it used to be 50 cents on the
15 dollar, now it's 40 cents on the dollar, so
16 you multiply that by the number of patients.

17 The LIP model keeps moving. So actually
18 we have a little bit of a LIP model
19 increase. LIP is really just a function of
20 how many patients are basically uninsured,
21 right. So what's your percentage, how many
22 have you taken care of, you have to prove
23 it. We go back to the State.

24 And DISH is basically the same thing,
25 it's kind of the underfunded. So LIP is for

1 people who have no insurance. And that's
2 how the State supports that. And DISH is
3 for people who have some insurance, but
4 you're trying to -- the gap isn't completely
5 closed.

6 The entire pool of the LIP and DISH
7 dollars for the State of Florida is around
8 \$1.2 billion. That's an increase. So the
9 State -- so going all the way back, not to
10 be political, but so the State made a
11 decision not to expand Medicaid. So when
12 the Affordable Care Act came into play, the
13 goal was that every state would expand
14 Medicaid. So we're one of a few states that
15 chose not to do that. We left a lot of
16 money on the table.

17 But unfortunately the Obama
18 administration decided to, for lack of a
19 better description, probably punish the
20 State of Florida and didn't allow them to
21 access the same amount of Medicaid dollars,
22 the LIP money, DISH money that other states
23 could.

24 So when the new administration came into
25 office, Trump administration came into

1 office, then Governor Scott went to the
2 Trump administration to get that number
3 increased. So it went from around 700
4 million to a-billion-two.

5 The problem with that is we can't access
6 it all as a state because it has to be
7 funded by intergovernmental transfers. So
8 the money we get from the City is our
9 intergovernmental transfer, that's what we
10 use. So other cities use a version of that.

11 But, unfortunately, as a collective
12 state, we can only come up with about \$900
13 million, maybe even less than that, about
14 \$800 million in IGTs; so, therefore, we
15 leave about, you know, \$300 million on the
16 table every year because there is not enough
17 ways for us to come up with IGTs for the
18 state.

19 So a good example of what happened this
20 past year is we sent out our matching
21 dollars, other hospitals sent in their
22 matching dollars. One of the things we work
23 with the State on is can we get paid first,
24 just because of the way our cash flow is.
25 So they usually agree to that. We got paid

1 first.

2 At the end of the year last year, the
3 City of Orlando was about \$5 million short
4 from what they could put up as an IGT; and
5 so, therefore, the other hospitals didn't
6 get all their money. We actually had to
7 give money back. So we had to give back
8 about a-million-two at the end of June,
9 which obviously changed for how we finished
10 the year.

11 But part of it is there are LIP dollars,
12 low income pool, DISH dollars, there's about
13 a-billion-two that's available, the State of
14 Florida can only access about 800 million of
15 it. We leave 400 million on the table every
16 year.

17 And the overall number for us moves. So
18 our Medicaid rate has been cut, our DISH
19 money has been cut a little bit. We
20 actually got an increase in LIP this year.

21 Now, the other saving grace this past
22 year or past two years is for many years the
23 physician practices were not getting any of
24 the low income pool dollars. And so thanks
25 to some work with the Council of Teaching

1 Hospitals, they went to the State and said,
2 well, we provide care as well. So the State
3 did allocate about \$84 billion for the
4 physician practices to access the LIP
5 dollars. So we get -- we got 17 million two
6 years ago, we got \$20 million last year out
7 of that.

8 Now, theoretically, it's only a
9 five-year pilot. So it's supposed to end in
10 another three years. But, quite frankly, as
11 an organization we use that to balance how
12 we are. So, essentially, at the end of the
13 year -- I think most of you know I'm the CEO
14 and the dean. So at the end of the year, I
15 look in the mirror and I say, Leon, I have
16 to borrow some money from you. So when I
17 put my CEO hat on, I have to borrow money
18 from the practice plan, I get it and then I
19 pay them back. So I have to borrow from
20 myself. It's good. It makes the
21 negotiation pretty easy, though.

22 COMMISSIONER SCHELLENBERG: I have more
23 questions, but I'll wait. I'll come back.
24 Thank you.

25 CHAIRPERSON BROCK: All right. Next we

1 have Ms. Lisska.

2 COMMISSIONER LISSKA: Hello, Mr. Haley.
3 Thank you -- Dr. Haley, thank you for being
4 here.

5 DR. HALEY: My pleasure.

6 COMMISSIONER LISSKA: Very informative.
7 I'm confused, and not admitting it happily.
8 I'm trying to keep up here. But do you have
9 a role on the health authority at all -- the
10 hospital authority? I'm sorry.

11 I'm looking, I can't really follow
12 what's in the statute -- I don't have
13 Florida Statute in front of me. But we
14 have -- I assume it's still called the Duval
15 County Hospital Authority or maybe I'm so
16 far behind the curve here. Am I not
17 correct? And that's how it's stated in our
18 related laws to the Charter. And I just
19 want to make sure there has not been any
20 update that I'm missing. And so --

21 COMMISSIONER GRIGGS: It doesn't exist.

22 DR. HALEY: If that commission exists,
23 or if that authority exists, I'm not on it.
24 But I'm not sure of that. I'm not even sure
25 that's a real entity anymore.

1 COMMISSIONER LISSKA: Okay. That is
2 something I would like the Commission --
3 because I'm desperately -- I'm not trying to
4 be rude, but I'm desperately using my little
5 handheld device and feeling very embarrassed
6 that I don't know if this is an active
7 authority in our city any longer. So I was
8 trying not to have to ask the question, but
9 I'm glad to get it out there. Okay. So I
10 will make sure I know going forward.

11 So let me ask you this then: As per the
12 Charter, how -- is there anything you would
13 like to see changed that can be helpful to
14 you? I ask any speaker who may not have a
15 chance to offer that. Is there anything at
16 all that could be done to make your delivery
17 systems, your services more effective?

18 DR. HALEY: I think our delivery
19 systems, as we have them established in our
20 model, work. We've got primary care,
21 specialty care, our model is well. We're
22 actually poised very well for value, once
23 value comes in. The issue for us is really
24 how we receive dollars from the City.

25 COMMISSIONER LISSKA: Right. I'm sure

1 the City couldn't help you directly with
2 your delivery systems, but again the
3 dollars. So anything that could be helpful
4 as per the Charter, something that we could
5 do for you, the City Council could do for
6 you?

7 DR. HALEY: I think it's let's come up
8 with a model that we think works for the
9 City and what we think that dollar amount
10 is, keeping in mind that we have to have
11 enough to match the State so we can get the
12 rest of the dollars back. And then let's
13 come up with a formula that adds every year,
14 right. So it isn't every ten years we go,
15 okay, the hospital starts to get into
16 trouble and let's think about adding some
17 more money. But let's have a model that
18 says, you know, since we can't necessarily
19 tie it to taxes right now, how do we have a
20 model that supports -- if it's 26 million
21 this year, how do we make sure it's 26-point
22 something next year or 30, whatever the
23 number is, and it keeps moving and pays for
24 sort of consumer price inflation.

25 I think that's where the Commission can

1 come up with a model or a formula to work
2 with the City Council and the City and
3 Mayor's Office to say, let's come up with a
4 model and let's make sure it changes every
5 year automatically.

6 COMMISSIONER LISSKA: And in case I
7 missed it, do you have a recommendation for
8 that model?

9 DR. HALEY: I think our proposal would
10 be at least if the dollar amount matched
11 sort of the -- every year with the consumer
12 price index, that would at least be helpful.

13 COMMISSIONER LISSKA: Thank you so much.
14 Thank you for being here.

15 DR. HALEY: You're welcome. My
16 pleasure.

17 CHAIRPERSON BROCK: Next we have
18 Ms. Mills.

19 COMMISSIONER MILLS: Through the Chair,
20 good morning, Dr. Haley. Just wanted to let
21 you know I appreciate the services that -- I
22 got a little cold today. So I appreciate
23 the services that UF Health offers. I have
24 a family member that just had surgery there,
25 and I want to let you know everything was

1 outstanding. I didn't have to complain one
2 time.

3 DR. HALEY: Great.

4 COMMISSIONER MILLS: But Ms. Lisska did
5 ask some of the questions that I was going
6 to speak to you about, was the model, but
7 you answered through Ms. Lisska.

8 But thanks again for your commitment to
9 the community, the City of Jacksonville.
10 And North UF Health is a lovely facility.

11 DR. HALEY: Fantastic. And we want to
12 continue to grow that facility. But we
13 also, like I said, want to really revitalize
14 Downtown. So older buildings, how do we
15 start to begin a process of replacing.

16 CHAIRPERSON BROCK: Next we have
17 Ms. Jameson.

18 COMMISSIONER JAMESON: Thank you.

19 Good morning, Dr. Haley. Good to see
20 you.

21 DR. HALEY: Good morning. Good to see
22 you.

23 COMMISSIONER JAMESON: I don't quite
24 have a question for you, because I think
25 that Emily also answered mine.

1 But I would like maybe Ms. Johnston to
2 give us a better understanding about this
3 Duval County Hospital Authority that is
4 listed in these related laws within our
5 information here, if it is still in
6 existence or if it's not. Would you be able
7 to explain that a little bit better?

8 MS. JOHNSTON: Through the Chair to the
9 Commission, I'm sorry, but I don't have any
10 of the background knowledge on that. I
11 thought there was discussion about a memo
12 that was going to be circulated with the
13 background about the hospital. And I
14 thought maybe that would have some
15 additional information on the progress
16 that's been made since consolidation. But
17 I'm sorry. I can look into that, but I
18 don't have the information here.

19 COMMISSIONER JAMESON: I appreciate that
20 follow-up. Thank you so much. I'm sorry to
21 put you on the spot right now.

22 And thank you again, Dr. Haley.

23 DR. HALEY: You're welcome. I would
24 too, because I didn't know that authority
25 existed.

1 CHAIRPERSON BROCK: Next we have
2 Mr. Griggs for the second time.

3 COMMISSIONER GRIGGS: Thank you,
4 Mr. Chairman.

5 Just a couple things real quick, to my
6 knowledge, the hospital authority was
7 created around consolidation to help with
8 the transition between the county and the
9 city, because back then we had a county
10 health officer and a city health director.
11 And that was created in order to house the
12 funding.

13 Over time through the legislation when
14 the Department of Health was created and the
15 funding mechanism changed, we no longer use
16 this hospital authority, which is something
17 we can revisit.

18 I think I mentioned that during our
19 first or second meeting, something we need
20 to revisit is a way to house the dollars if,
21 in fact, we were to develop a formula for
22 these type -- this type of funding for
23 indigent care is public health.

24 The second thing is I wanted to make
25 sure that we're clear that, in the state

1 statute, the trust fund is to fund not only
2 the indigent care services provided by UF
3 Health, but also those three areas of
4 services provided by the county health
5 department, which is primary care services,
6 environmental health services and disease
7 control services. So whatever funding
8 mechanism that we look at or create as a
9 result of this conversation should also
10 include that for the public health
11 department.

12 And the third and final thing is that --
13 actually, I think I covered it already.

14 But my question to you was for your IGT,
15 your receipt of IGT funding, some of the
16 things that you do, I know that you said you
17 have projects out there. Do you ever
18 consider partnerships with other health care
19 entities, such as the health department so
20 you can, you know, kind of increase your
21 chances of getting additional IGT or LIP
22 funding as well?

23 DR. HALEY: Yes. We partner with the
24 Health Department. We partner with -- we're
25 looking -- actually, the State is being --

1 is asking the health system, the hospital,
2 to look at the IGT models and think about
3 are there different ways to expand the pool
4 of dollars that come with that.

5 But we look at the public health
6 department, we look at actually physician
7 practice plan, can the University support.
8 So I think there are different ways to think
9 about how we can increase that dollar
10 amount.

11 COMMISSIONER GRIGGS: The final thing I
12 want to ask, Mr. Chairman, is: If you go
13 back to the Task Force on Consolidated
14 Government recommendations, you will see
15 that one of the recommendations in there was
16 that there should be a creative funding
17 formula that is insulated by political
18 influence and will meet the current and
19 future public health needs including
20 indigent health care in the city. So that
21 was one of the recommendations from back in
22 2014, so this conversation is not new.
23 Thank you.

24 CHAIRPERSON BROCK: Thank you.

25 And we'll be respectful of Dr. Haley's

1 time. We also have two other upcoming
2 speakers.

3 So last speaker, Mr. Schellenberg.

4 COMMISSIONER SCHELLENBERG: Just real
5 quickly. First of all, I want to
6 congratulate you on your performance
7 statewide on improvement. Thank you very
8 much.

9 DR. HALEY: Thank you.

10 COMMISSIONER SCHELLENBERG: You have
11 been a great asset to the City.

12 Just for information only, do all the
13 hospital administrators get together
14 periodically to discuss the issues going
15 forward?

16 DR. HALEY: The other CEOs in the city,
17 yes, we try. I mean, obviously, it's a busy
18 group, as you can imagine. We try and get
19 together monthly. So -- and the goal with
20 that is so we try and take the senior CEO
21 and -- not even senior -- CEOs of each of
22 the major health systems in the city. We
23 meet at Brooks Rehab, because it's the most
24 neutral, because we all work with Brooks.
25 And we try and have a conversation about

1 what are the collective things that we can
2 do together.

3 Jacksonville is an interesting health
4 care market because it is hypercompetitive
5 because there are a lot of national players,
6 local players, universities, so it's a
7 little bit different than many places. But
8 we try and find those things that we think
9 work well together, disaster planning,
10 emergency preparedness, cyber security --
11 really big deal -- physician burnout,
12 physician resilience, sort of things that we
13 work on together.

14 I took a small group -- or I asked
15 Aundra Wallace from the JAXUSA to take a
16 small group of leaders to Houston. So if
17 you go to Houston, largest medical center in
18 the world, well over 100,000 employees, some
19 several million patient visits. And they
20 have a unique model that they have a
21 governance group that's called the Texas
22 Medical Center. And there are 65 different
23 entities that are under that governance
24 model, including all of the health systems,
25 but also things like public health, actually

1 there are two high schools right on their
2 campus, they have a parking authority, the
3 University, University of Texas at Houston,
4 and they're all part of a consortium.

5 And part of what they do is they do a
6 lot of work around innovation and education.
7 They actually have a whole center -- you'll
8 appreciate this because, like us, they had
9 some old buildings. They took an old
10 Nabisco building and they turned that into
11 their headquarters. It's interesting
12 because you can see still the burn marks on
13 the floor that they left from when the hot
14 dough would hit everything.

15 But, anyway, they collectively work
16 there and think about innovation and how do
17 we change, so they have space that Johnson &
18 Johnson has there, couple other device
19 companies, and that's how they get together.

20 So I want to -- I've sort of been having
21 that conversation with Aundra and a number
22 of other economic leaders, but also the CEOs
23 to think about what are those things we can
24 do together to try and support -- and,
25 again, it's around the health of the

1 community. So how do we make our citizens
2 healthier, how do we make our region
3 healthier.

4 COMMISSIONER SCHELLENBERG: One other
5 quick question: At one time you were doing
6 telemedicine with the jail. Has
7 that floundered or --

8 DR. HALEY: No. We're still doing it.
9 We're expanding it for all of our services.
10 Now you can actually pull up a UF
11 physician -- I didn't do it, I swear. We do
12 telemedicine for all of our sites. We use
13 it at the North campus, use it at many of
14 our primary care centers. Actually, one of
15 our physicians -- so our clinics are run the
16 gamut. So we have some clinics that are 100
17 percent Medicaid, we have some clinics that
18 are 100 percent commercial. So our clinic
19 that is essentially 100 percent Medicaid is
20 actually our biggest user of MyChart,
21 IntelliHealth in our system. So that
22 medical director has worked very closely --
23 he said, look, everybody has got a cell
24 phone. So we've worked very closely with
25 them to use the MyChart on their phone and

1 use IntelliHealth to support their care.

2 COMMISSIONER SCHELLENBERG: Thank you
3 very much.

4 DR. HALEY: You're welcome.

5 CHAIRPERSON BROCK: Okay. We've got a
6 little bit of static going on.

7 Dr. Haley, thank you. For someone at
8 the CEO level, you have displayed knowledge
9 of your battlefield as a frontline soldier.

10 DR. HALEY: Thank you. Appreciate that.

11 CHAIRPERSON BROCK: Your command of the
12 facts and the details within your
13 organization is incredible. So thank you
14 very much for your time.

15 DR. HALEY: Thank you for inviting me.
16 You guys have a good day.

17 CHAIRPERSON BROCK: All right. Next we
18 have Sherry Magill.

19 Name and address, please, ma'am. The
20 floor is yours.

21 DR. MAGILL: Thank you. Sherry Magill,
22 3339 Oak Street, Jacksonville, 32205.

23 Thank you for inviting me to appear. I
24 think you all are interested in my
25 perspective on the relationship between the

1 nonprofit sector and local government.

2 Let me just say at the outset I've
3 served on the Pension Reform Task Force
4 during the Brown Administration and
5 cochaired the Task Force on Open Government
6 when Anna Brosche was President of City
7 Council. So I understand your pain and
8 appreciate what you all are trying to do,
9 because you never know if anyone is
10 listening or even cares. Thank you.

11 I also read the Charter, the Blueprint
12 For Improvement to Anna Frankton's (ph)
13 incredible series of columns that were in
14 your packet of information. And I wish to
15 share some brief observations.

16 In general, my sense is that our
17 government is not well equipped to address
18 the most difficult, physical and human
19 challenges we face: namely, sea level rise,
20 flooding, the lack of affordable housing,
21 low wage jobs and poverty. We don't seem to
22 have a mechanism that allows us to
23 understand what current trends mean for us
24 or to forecast what the next generation will
25 face. And I'm talking about people who are

1 20 years old today, despite such significant
2 warnings like Irma.

3 So my question is what would it cost to
4 make the people and the place more
5 resilient, particularly if we put ourselves
6 20 years out and look back and wish we had
7 done something different today.

8 With the demise of JCCI, Inc., we no
9 longer produce an easy to consume quality of
10 life study that tracks trend level later and
11 is a check on how we're doing. And we do
12 not have an organization dedicated to
13 engaging the public in agenda setting. We
14 might consider something like an agenda
15 committee that focuses on quality of life
16 and the welfare of the people.

17 Our current Charter lists these among
18 the services the consolidated government
19 shall furnish: child care, health and
20 welfare services.

21 I take the word shall to mean will. In
22 other words, our local government bears
23 responsibility for our collective quality of
24 life with the exception of the Department of
25 Public Health's responsibility for health.

1 The Charter does not charge anyone
2 specifically with overseeing child care and
3 the welfare of the people, nor is the phrase
4 quality of life prominent, if it appears at
5 all.

6 Several things leap out at me when
7 reading Blueprint For Improvement II. And
8 parenthetically y'all might just be able to
9 say ditto and end your work and send that
10 report along. It's exhaustive, it's
11 thorough, it's really an incredible
12 document.

13 But this is what jumps out at me from
14 reading that incredible report. We
15 remain tax averse despite our deep
16 challenges. We're not comfortable with the
17 role of the General Counsel. We want a
18 strong mayor, but we recognize that the
19 character of that person is critical. And
20 we also recognize that that's not something
21 we can control. We feel guilty over broken
22 promises to our poorest neighborhoods and
23 admit that some folks do not have access to
24 city water services. And I'm honestly not
25 sure what those -- that means. Does it

1 really mean they don't have indoor plumbing?
2 We ought to know that.

3 The report wrings its hands about our
4 pension debt, seemingly more an issue in
5 2014 than it is today, but count me among
6 the skeptics on that one.

7 We worry that good work of task forces
8 and commissions are not only not
9 implemented, but that every new City Council
10 and new Mayor starts completely over in
11 terms of understanding our deepest
12 challenges and how to meet them. And then
13 increasingly too few people participate in
14 shaping our collective vision about
15 our collective future. The report calls it
16 a lack of institutional knowledge and a lack
17 of citizen participation.

18 If we're not comfortable with a small
19 group of people telling us how to spend
20 precious few public dollars with setting our
21 budgetary priorities with postponed
22 promises, then we need to figure out how to
23 engage more people in the process and hold
24 local government accountable for decisions
25 that we make. We should join the open

1 government and participatory budgeting
2 processes for city -- movements that are
3 sweeping the country. We should clean up
4 our City's website, making it easier for
5 City Council to maintain institutional
6 knowledge and for the public to engage.

7 We should think about how to create a
8 truth in advertising effort when it comes to
9 local political campaigns, especially since
10 local journalism is shrinking.

11 I can tell you that nonprofits engage a
12 much greater portion of citizens than local
13 government. I can also tell you that they
14 bear the major brunt of delivering child
15 care services and focus their -- all their
16 attention on what the Charter calls the
17 welfare of the people. What they know about
18 our people and our place is staggering.
19 They are the keeper of institutional
20 knowledge. But they are almost never asked
21 to help set policy or budget priorities.

22 And far too often they are viewed as
23 professional mendicants, beggars at the
24 public trough. We don't see them as the
25 problem solvers that they are. Their

1 relationship to local government is critical
2 to our doing better, and to our being a more
3 resilient place and a more resilient people.
4 They are the civic glue that binds us
5 together in some common enterprise. And
6 their entire reason for being is to make the
7 world a better place, not for some narrow
8 group of people, the poor, but most of us.

9 Here I think is our local government's
10 attitude about nonprofits. We see them as
11 undeserving organizations whose role we
12 refuse to understand. We do not adequately
13 fund public service grants, the Kids Hope
14 Alliance, the Cultural Council. Yet, any
15 problem that involves the welfare of the
16 people, we expect the not-for-profit sector
17 to solve.

18 And I'll give you just one example, and
19 I am quoting from the City's current
20 consolidated plan: "The primary obstacle to
21 meeting underserved needs is a lack of
22 sufficient funding to provide the City of
23 Jacksonville services and programs to all
24 those who need them. At a time when it is
25 necessary to do more with less public

1 funding, nonprofit community organizations
2 are a critical component of our community's
3 capacity to meet the needs of Jacksonville's
4 underserved populations. A priority for the
5 City over the course of this five-year
6 consolidated plan is to continue to build
7 the capacity among Jacksonville's public and
8 private organizations, to develop and
9 preserve affordable housing, provide
10 essential social services and collaborate
11 effectively to meet the needs of
12 Jacksonville citizens."

13 This is the consolidated plan that we
14 submitted to the federal government. So we
15 admit it, protecting the welfare of the
16 people is the role of the not-for-profit
17 sector in partnership with local government.
18 But woe is me, we refuse to fund those
19 efforts.

20 In closing, I would argue that we need a
21 mechanism that allows City Council and the
22 Mayor to learn especially from the folks who
23 have spent decades understanding our
24 toughest challenges and what works to solve
25 those challenges. We need a comprehensive

1 plan about our quality of life. And since
2 we won't raise revenue and the Blueprint For
3 Improvement II says repeatedly that these
4 special taxing districts is not in the
5 spirit of consolidated government, they
6 don't really explain to a reader like me why
7 that's the case, but that's the refrain. So
8 if we won't raise revenue, we absolutely
9 must enlarge the number of people who get to
10 talk about how we spend what we have.

11 Mr. Chairman, that's my opening
12 observations. I'm happy to answer any
13 questions if y'all have any.

14 CHAIRPERSON BROCK: Thank you. We do
15 have Mr. Schellenberg on the queue.

16 COMMISSIONER SCHELLENBERG: Through the
17 Chair to Ms. Magill, thank you very much for
18 your service over at duPont. It was greatly
19 appreciated.

20 DR. MAGILL: Thank you.

21 COMMISSIONER SCHELLENBERG: We didn't
22 always agree, but I was always willing to
23 listen to you.

24 One of the things that's amazing to me,
25 and you said this at the last couple

1 seconds, is the revenue over the last five
2 years has gone up from about a billion to
3 almost \$1.4 billion, the City budget. So I
4 understand the issue of raising taxes, but
5 basically it's increased almost 40 percent
6 in that time frame. And the actual
7 allocation to various thoughts that you had
8 basically have not increased in that period
9 of time.

10 DR. MAGILL: That's correct. And I have
11 not looked at this year's budget. I know
12 the reports in the Times Union say that the
13 funding to Kids Hope Alliance has gone up a
14 little bit. I don't know what happened with
15 the Cultural Council. I don't know what
16 happened with public service grants. But
17 what I can tell you a year ago, and I did
18 this analysis myself and it's not easy to
19 do, which is my point out the website. I
20 went back and looked at ten years of the
21 individual budgets that were actually
22 adopted by City Council. And the funding
23 for what I would call quality of life, and
24 this included libraries in my analysis, was
25 reduced by a staggering \$77 million in terms

1 of real dollars since 2007.

2 Now, admittedly, we had a horrific
3 downturn in the economy, an economic
4 tsunami, which I don't think Jacksonville
5 has actually climbed out of yet, though
6 signs are good. But we're not back to level
7 funding in terms of the 2007, 2008 budget.
8 We're just not.

9 COMMISSIONER SCHELLENBERG: I'm not sure
10 about the library, but they got devastated
11 during that period of time.

12 DR. MAGILL: Well, public service grants
13 went from 11 million down to 2. I think
14 they're back up to about 3 or something.

15 COMMISSIONER SCHELLENBERG: Yeah, thank
16 you. The other thing about affordable
17 housing, there have been quite a few
18 articles written about why we are infringing
19 on affordable housing, mostly it has to do
20 with government regulation and NIMBY, Not in
21 My Backyard. That itself prevents
22 affordable housing.

23 So give me your thoughts on how you're
24 going to do affordable housing when we have
25 all these rules and regulations for builders

1 and what they can do and just going forward,
2 because that really impacts the cost of the
3 piece.

4 DR. MAGILL: Well, you know, there are
5 additional reasons why we have an affordable
6 housing crisis in this country, and it's all
7 about supply. It's expensive to build
8 housing, admittedly. But we know and there
9 are organizations locally that are doing
10 yeoman's work -- and I know you know this,
11 so thank you for the question -- Ability
12 Housing, a not-for-profit housing developer,
13 is one of the best in the nation. We don't
14 really embrace Ability Housing as a
15 government. But, boy, the Mayor of Orlando
16 does. He met them, figured out what they do
17 and they do major work in Orlando.

18 LIISC is a financing mechanism for this,
19 it's a body of work that I'm very proud of.
20 They've been here 20 years. They're one of
21 the country's highest performing chapters.
22 And, you know, it's tough, tough, tough
23 work. And I would submit that City Council
24 and the Mayor's Office does not understand
25 the critical role an organization like that

1 plays in financing the development of
2 affordable housing.

3 You know, part of this is an attitude.
4 Affordable doesn't mean housing that simply
5 houses homeless people. It's for working
6 people. Millennials can't afford rents in
7 Jacksonville. So, yeah, there are
8 regulations that may prohibit building in
9 certain places, et cetera, et cetera. But
10 it's a supply problem. And you need a
11 strategy and you need to work it. You need
12 to understand who your best partners are.

13 COMMISSIONER SCHELLENBERG: Real
14 quickly, the Ability, they had a project and
15 it took them forever because no one in the
16 neighborhood wanted them to be there, and it
17 was a problem.

18 DR. MAGILL: Well, that's your NIMBYism.

19 COMMISSIONER SCHELLENBERG: Right,
20 that's NIMBYism, but --

21 DR. MAGILL: And there was a lawsuit
22 that got rolled up in that, and the Fair
23 Housing Act, the United States, Ability
24 Housing won, but the city used its dime and
25 effort and money to sue them. Not smart.

1 COMMISSIONER SCHELLENBERG: I
2 understand. For those that don't know what
3 LISC, it's Janet -- what's Janet's last
4 name?

5 DR. MAGILL: Owens.

6 COMMISSIONER SCHELLENBERG: Owens, thank
7 you. Just let the people know what that is,
8 please. Thank you.

9 DR. MAGILL: Sure. It stands for Local
10 Initiative Support Corporation. It's a
11 national financial intermediary that's
12 headquartered in New York. And the most
13 important point to remember about them is
14 financial intermediary. This is a local
15 chapter that we created 20 years ago that
16 doesn't use your tax money.

17 It does use tax credits. They are
18 experts in new market tax credits, low
19 income tax credits, housing tax credits,
20 et cetera, et cetera. And they use
21 mechanisms available to them, plus
22 philanthropic capital, plus a lot of banking
23 capital that comes their way and moves that
24 money into certain projects in Jacksonville.
25 So basically they finance our community

1 development corporations.

2 So Paul Tutwiler's work on the north
3 side you may know. And Paul is worth
4 listening to, because if you want to know
5 how to solve some of the social problems
6 that Frank Denton outlines, organizations
7 very rooted in neighborhoods, like community
8 development corporations really know how to
9 do that work.

10 So it kind of goes, Mr. Schellenberg,
11 back to the Blueprint's argument about
12 institutional knowledge or understanding.
13 And it goes to Mr. Denton's, the spirit of
14 his articles. We know that certain things
15 work and they have been pioneered by
16 not-for-profits. But for some reason they
17 don't become -- the answers to some of these
18 challenges are not systematically embedded
19 in how local government thinks about some of
20 these challenges.

21 But to go to the Chairman's question --
22 I know it's going to be what specific
23 recommendations for the Charter -- I would
24 say the Charter needs a good editor. And
25 you've got one right here in Mr. Denton. I

1 have never read a document more repetitive
2 and, you know, maybe it would be easier for
3 the rest of us to understand and for all of
4 us to, you know, gather where the gaps are
5 if it were a simpler and easier read.

6 CHAIRPERSON BROCK: Well, you have
7 mentioned Mr. Denton's name three times, and
8 he happens to be the next person on the
9 queue.

10 COMMISSIONER DENTON: If only to defend
11 myself. No.

12 Dr. Magill, one of the things that we're
13 thinking about talking about on the
14 Commission is whether we should recommend
15 creation of an agency or body similar to the
16 Downtown Investment Authority. If downtown
17 was designated such a big issue that it
18 should have a DIA, I would argue a much
19 bigger issue is the poor areas, Northwest
20 Jacksonville. There are many programs that
21 work out there, some of them are excellent,
22 some nonprofit, some government and some
23 private.

24 So my longwinded question to you is do
25 you see the value in creating our -- urging

1 the creation of a DIA-like structure to
2 coordinate and focus the efforts to address
3 poverty, joblessness, et cetera, in
4 Northwest Jacksonville.

5 DR. MAGILL: Yeah, I think it's a great
6 idea. I think understanding what the
7 challenge is and doing it by place so that
8 you have reliable data and listening to the
9 people who live there and together coming up
10 with a vision for -- I mean, if the county
11 is too big to do this countywide, then think
12 about it differently and, you know, allow
13 people an opportunity to voice their
14 concerns, how they would like their
15 neighborhood to change, what they think the
16 services are that they need. Because they
17 know the answer to the riddle. And talk
18 with those that are doing yeoman's work in
19 those neighborhoods and be pragmatic about
20 it. Absolutely, I think that's a great
21 idea.

22 Downtown Washington D.C. years ago
23 created an organization, I don't know if it
24 still exists, but they were so concerned
25 about poor children, they created something

1 called D.C. Agenda. And they had 150, 200
2 people come to these meetings to talk about,
3 here is our concern about our neighborhood.
4 And, you know, it resulted in city
5 expenditures and city plans to help lift
6 folks out of poverty.

7 And, on the poverty piece -- and you
8 know this, I think you have written about
9 it -- the work that United Way is doing with
10 earned income tax credit, it is by far the
11 country's best poverty fighting tool we
12 have. We need to put it on steroids. We
13 need everybody to know about it. But we
14 particularly need people who are responsible
15 for spending public resources to understand
16 what works well in this community. So
17 whatever that mechanism is, I think it's
18 broken.

19 COMMISSIONER DENTON: If I may follow
20 up, are you talking about opportunity zones
21 that --

22 DR. MAGILL: Well, opportunity zones
23 have their critics, but, no. I'm talking
24 about their mechanism for financing that's
25 not using the general revenue fund to do it.

1 But I'm really talking about priority
2 setting and speaking to it and holding folks
3 accountable and measuring what's working
4 well. We seem to silo everything, which is
5 kind of ironic when you have consolidated
6 government.

7 I'll just read to you the City Council
8 strategic plan initiatives, five year, 2018
9 to 2023, and this is my point about things
10 seem to be out of sync: Establish
11 Jacksonville as the safest urban center in
12 the country; become the cleanest city in the
13 country and most attractive city to
14 visitors; develop and fund resilient
15 strategies for natural disasters, economic
16 and environmental threats.

17 I'm just kind of shocked by what's on
18 that list.

19 CHAIRPERSON BROCK: All right. Next we
20 have Mr. Griggs.

21 COMMISSIONER GRIGGS: Thank you. And
22 good morning. I certainly appreciate your
23 comments. I want to piggyback off of some
24 of what Mr. Denton mentioned. We've had
25 extensive conversation about the potential

1 recommendation to create an urban core
2 investment authority or something of the
3 like. And I think in order to do that, in
4 order to convince people that this is
5 necessary, the City and stakeholders have to
6 be in a posture of understanding the real
7 priority that has festered over the last 50
8 years, has grown over the last 50 years.

9 Unfortunately, we don't have a lot of
10 information, current information, I should
11 say, that helps to make that argument. The
12 Blueprint that was done in 2014 comes short
13 of presenting any type of plan. All it asks
14 for is that they make recommendations and
15 the City Council perhaps adopt these
16 measures.

17 Who should we turn to now -- because we
18 used to have the JCCI -- that we can depend
19 on to provide the data and best practice
20 recommendations necessary in order to help
21 move this recommendation forward?

22 DR. MAGILL: So I would choose a small
23 group of not-for-profit leaders, maybe even
24 public health and UF Health, who work across
25 the county in poor neighborhoods, and ask

1 them what data they're using and what data
2 they're collecting. What we don't have in
3 Jacksonville -- and our efforts in the past
4 were kind of halfhearted and I mean
5 that from the duPont fund perspective -- was
6 to create what's called a data center. So I
7 mean, if you're a new member of City
8 Council, I do not know how you understand
9 this county. And I don't know who informs
10 your discretion. I do understand lobbying.

11 If we create this urban district
12 initiative, I would urge us to put the
13 welfare of the people at the top of that
14 agenda and not simply economic development.
15 Economic development is critically
16 important, but I think we have to talk about
17 the whole spectrum. So the social
18 determinates of health, again, documenting
19 who is working in that area. But I would
20 talk to the leaders of those organizations.

21 So I can name some: United Way, The
22 Community Foundation, LISC, Paul Tutwiler's
23 group in one neighborhood, but I would talk
24 to all of the CDC chairs, executive
25 directors, and just start with that tiny

1 group. We're thinking about doing this,
2 rather than just doing it, what do you know
3 about these places and what do we not know?
4 And how do we maintain that understanding
5 over time, because that's a big problem that
6 the Blueprint points out.

7 CHAIRPERSON BROCK: I don't have anybody
8 else on the queue. I did want to point
9 where Ms. Magill is referencing, the
10 functions for city government, it is under
11 Section 2.04, Services in the General
12 Services District. And it lists a great
13 deal of government services to include child
14 care within that.

15 We have talked about this idea of a
16 dedicated funding and a mechanism for the
17 urban core. You had referenced the Public
18 Service Grant Council, KHA and the Cultural
19 Council. And I know that -- I believe the
20 majority of City dollars that are going to
21 nonprofits pass through the Public Service
22 Grant Council.

23 DR. MAGILL: Probably through the Kids
24 Hope Alliance.

25 CHAIRPERSON BROCK: Kids Hope Alliance.

1 DR. MAGILL: Well, PSG does fund
2 nonprofits.

3 CHAIRPERSON BROCK: Do you see any
4 wisdom and benefit at the creation of, for
5 lack of a better way to describe it, a
6 public service authority of some sort that
7 would manage -- have a dedicated funding
8 source and have -- and manage those City
9 dollars that are going to the nonprofits
10 because, if you look and see, the nonprofits
11 do more with one dollar than the City
12 government can. So that's my question: Do
13 you see any wisdom and benefit and have any
14 ideas on a structure for anything like that?

15 DR. MAGILL: Well, I think we keep
16 trying that. And I think we keep moving the
17 chairs around on the deck. And I think we
18 keep changing the people. And I think we
19 keep changing what are the purposes of this
20 money. And I think we keep harassing
21 nonprofits about results, you know, one-year
22 results.

23 I think we need to take a step back and
24 ask the question, what do we mean when we
25 say the welfare of the people? What do we

1 mean when we say child care? What do we
2 mean when we say quality of life? And can
3 we attempt to look at existing data?

4 So Mr. Griggs asked about who has the
5 data, since the City doesn't seem to have it
6 and we don't have JCCI quality of life
7 studies anymore. And take a step back and
8 say, what do we want to happen over a
9 ten-year period of time? This work you
10 can't do in one year.

11 So I'm a little reluctant to say, yes,
12 forge ahead, create yet another mechanism
13 that I fear will just, you know, have one
14 more layer of bureaucracy in terms of
15 getting us where we want to be without
16 having a conversation about where do we want
17 to be. So that's a soft answer, but I would
18 just say I'm reluctant.

19 CHAIRPERSON BROCK: Fair enough, that's
20 what you're here for, to get your input on
21 this.

22 DR. MAGILL: If it's not going to work
23 any better than what we have, I would say
24 why waste your time.

25 CHAIRPERSON BROCK: One of the other

1 items that we have been looking at and
2 talking about is this idea of strategic
3 planning. And we have actually gotten the
4 City Council strategic plan. But one of the
5 things that we have been looking at and
6 talking about as a Commission is a citywide
7 strategic planning group of some sort.

8 Do you think that's the kind of place to
9 where we can have people actually gathering
10 that data and helping to drive policy?
11 Because how can we create a structure that's
12 going to drive policies that are beneficial
13 for the citizens?

14 DR. MAGILL: So one of the things I
15 would look at is the City of Louisville and
16 it's public participatory budget process.
17 Because at the end of the day, we're talking
18 about money, we're talking about priorities
19 and money, who is the priority and who gets
20 the money. And we've already said we're not
21 going to raise taxes here. So we're working
22 with a finite resource.

23 I, if it were me, and I were inventing
24 this, absolutely we have to have the
25 public's greater involvement. We don't even

1 know what these people want. Fewer than 15
2 percent voted in our March elections. I
3 fail to understand what the people's
4 priorities are.

5 So, absolutely, I think you have to have
6 a listening mechanism that is authentic and
7 responsive. But to begin with, I would go
8 back to what do we know, and that means what
9 do we know about current data, current
10 conditions and what's working and what we
11 think isn't working in a nonpunitive
12 environment.

13 CHAIRPERSON BROCK: All right. Then
14 Mr. Denton here for the second time and
15 then wrap up.

16 COMMISSIONER DENTON: When we talk about
17 the kinds of things that we've been
18 discussing in terms of social services and
19 attacking poverty and low income
20 neighborhoods, some people resist that by
21 saying, well, we tried that back in the war
22 on poverty, back in the '60s and '70s, and
23 what we ended up doing was spending a lot of
24 money with very little impact, quote,
25 unquote.

1 Haven't we -- this is a leading
2 question, Dr. Magill. Haven't we, in fact,
3 learned a lot from that entire process and
4 sense, and don't we know what things work in
5 terms of attacking poverty, weak family
6 structure, educational failure and many of
7 the other issues that are plaguing
8 Jacksonville, don't we know?

9 DR. MAGILL: Yeah, I think we do know.
10 I think the people who do the work
11 absolutely know. I think the people who
12 are -- who work hard to get out of poverty
13 absolutely know. I think the policy
14 mechanism is ignorant of what we know. I
15 don't think we use what we know.

16 And I know that when nonprofits go to
17 these funding mechanisms to continue a line
18 of work, they're often treated as
19 professional mendicants and undeserving.
20 It's a punitive process. It's not a
21 learning environment. So, yeah, I think we
22 do know.

23 So what I don't know, Mr. Denton, is how
24 you take a structure like the Charter and
25 embed what I might call reflective practice

1 and a stick-to-itness to the strategy by
2 amending the Charter. They don't seem to be
3 the same thing to me.

4 But there are clearly things we need to
5 do. I mean, this Blueprint's argument about
6 starting over all the time, not having a
7 community-wide vision of where we want to be
8 in 20 years, I think, is a serious, serious
9 challenge.

10 CHAIRPERSON BROCK: All right. Thank
11 you, Ms. Magill. Thank you very much for
12 your service as well.

13 DR. MAGILL: Thank you all. Good luck.

14 CHAIRPERSON BROCK: Okay. Next we have
15 Audrey Moran.

16 Ms. Moran, name and address. And the
17 floor is yours, ma'am.

18 MS. MORAN: Thank you. Good morning.
19 My name is Audrey Moran, 1261 Challen
20 Avenue. I am an attorney here in
21 Jacksonville, Florida.

22 Let me begin by saying what a privilege
23 it is to follow my friend, Sherry Magill.
24 We use the words community trustee a lot.
25 She lives it every single day. And you all

1 are holding in trust our community through
2 your service on this Charter Revision
3 Commission, so thank you for that. It's
4 greatly, greatly appreciated.

5 I have lived here for 35 years. I have
6 had the opportunity to work for four
7 different mayors. I worked for Mayor Ed
8 Austin. I worked for Mayor John Delaney as
9 his chief of staff. I volunteered on the
10 steering committee for the Jacksonville
11 Journey for Mayor John Peyton. And I was
12 cochair of the transition team for Mayor
13 Alvin Brown. All very different gentlemen,
14 but all cared deeply about our community.

15 The topic that I would like to talk
16 about today is nonpartisan elections and
17 bringing our municipality in line with over
18 80 percent of other cities around the
19 country where we do not have party
20 affiliation next to our folks who are
21 running for local office.

22 We're already halfway there. In 1988
23 JCCI did a study on the local election
24 process. And in 1988 it was a very
25 different Jacksonville, because, you see,

1 the democrats held power. It was considered
2 a one-party town. But that party was the
3 Democratic Party. Turn out for elections
4 was dropping year after year after year.
5 And the good citizens who work on JCCI
6 studies said, we need to do something about
7 that. We need to have people turning out
8 for elections. We need citizen
9 participation. I think all of us would
10 agree that's sort of a cornerstone of a
11 healthy community.

12 They studied what could be done to
13 improve that. This was 1988. They spent a
14 year looking at models all around the
15 country and they settled on the idea of
16 unitary elections. And that is what we have
17 today, of course. The idea that we don't
18 have a primary, we have a general election.
19 If you win outright in that general
20 election, you are the elected official. If
21 you don't win outright, then the top two
22 vote-getters go on to the next election.
23 And those unitary elections would be a
24 steppingstone to hopefully getting more
25 folks engaged in the political process.

1 That was 1988.

2 Did -- the ideas in that JCCI study
3 languished for a while, but then in 1991 two
4 democrats, of course, ran for Mayor: Tommy
5 Hazouri and Ed Austin. Only democrats got
6 to vote, remember we didn't have unitary
7 elections yet. Only democrats got to vote.
8 And the turnout was dismal. It was 20
9 percent. And people were furious.

10 And that gave the fuel to the 1988 JCCI
11 study to say, we can do something about
12 this. We must do something about this. And
13 so that was the impetus to get it on the --
14 to get a referendum put forward for unitary
15 elections.

16 There was talk at that time that it
17 should also go all the way to fully
18 nonpartisan elections, eliminating party
19 affiliation on the ballot. That wasn't
20 going to fly with a lot of people. And so
21 consensus, sometimes, right, don't let great
22 get in the way of good. So we went ahead
23 and got unitary elections on the referendum.

24 It passed by 84 percent. Nothing passes
25 by 84 percent. But people were hungry for a

1 different way for engaging in the political
2 process. That was in 1992.

3 So almost 28 years later our community
4 is suffering from the same low voter
5 turnout. You heard Dr. Magill earlier talk
6 about the fact that last March in our very
7 important local election, the turnout in our
8 community was 14 percent. Fourteen percent
9 of the electorate decided who would lead us
10 for the next four years. Why is that? Is
11 there a malaise across our country? I
12 believe there is. Is there a distrust at
13 how it is all going to turn out and my vote
14 doesn't matter? I believe there is. How
15 can we change that? How can we shape that
16 up? By saying in local politics party
17 affiliation shouldn't matter. And I believe
18 we'd especially energize young people by
19 moving in that direction.

20 There is a saying out there that I've
21 heard many times called potholes don't have
22 a party, right. And that's true. Our local
23 issues truly are nonpartisan, that's why 80
24 percent of municipalities have nonpartisan
25 local elections.

1 I started over the last year and had a
2 chance to speak to different groups raising
3 this issue of nonpartisan elections, just
4 kind of take the temperature of folks. And
5 folks get excited: How would we do that?
6 Is that something that could happen? I
7 would really like to get away from that
8 rhetoric and know who my candidate is, who
9 the person is.

10 And let's be honest, many of us, myself
11 included, truly doesn't know what it means
12 to be a republican or a democrat anymore.
13 But I do know what it means to be a public
14 servant. I do know what it means to care
15 about a community. I do know what it means
16 to believe in service.

17 The only negative comment I get
18 sometimes about nonpartisan elections is
19 this: Well, Audrey, local government is our
20 training ground for higher office.

21 Ugh. That's the reason we're going to
22 keep R and D behind our names, to train
23 folks up for higher office? I'd like to not
24 have that in my community.

25 I had the privilege of chairing the

1 Jacksonville Regional Chamber of Commerce.
2 And during my tenure we went to Oklahoma
3 City, Oklahoma, to learn about them, to
4 follow the work that they were doing
5 downtown, what they were doing culturally,
6 how they were energizing their riverfront.

7 And one of the best sessions of the day
8 was when we had the current mayor and the
9 two prior mayors before him take the stage
10 and talk about their vision, their
11 community's vision for Oklahoma City. It
12 was fascinating and inspiring and
13 energizing, because they each made a point
14 to say we each built on the next person's
15 work. We didn't throw it out and say, that
16 wasn't me so I need my own thing. We view
17 it in Oklahoma City as the community's work,
18 the community's plan, the community's ideas
19 about how to move forward. And I was
20 obligated to build on that when I took
21 office.

22 When we asked them what they believed
23 was some of the secret sauce for getting
24 that kind of community vision, something
25 that you all have been talking about, each

1 one of them said nonpartisan elections.
2 Nonpartisan elections led to that community
3 coming together with a vision for the
4 community as a whole.

5 I hope you will consider nonpartisan
6 local elections. You have many, many
7 important topics on your agenda. And thank
8 you for the work you do to make our city
9 better. Let me know if you have any
10 questions.

11 CHAIRPERSON BROCK: Thank you. Yes, we
12 have a few people on the queue.

13 First is Mr. Schellenberg.

14 COMMISSIONER SCHELLENBERG: Thank you,
15 Chair.

16 And thank you very much for all the
17 community service you have given over the
18 last 24 years. Thank you very much.

19 You mentioned that 14 percent, but 14
20 percent of the people voted, and only 50
21 percent plus one vote would have nominated
22 the Mayor. He got a little bit more than 50
23 percent. When you look at the actual
24 number, it is deplorable. And I would agree
25 with you, people aren't going out to vote.

1 I would agree with you on the nonpartisan,
2 because the judges are voted on a
3 nonpartisan basis. And I think that we do a
4 very good job of liking those two.

5 I want to change the subject a little
6 bit, Ms. Moran. We have a strong mayoral
7 government, but the Sunshine Law came into
8 existence in the 1990s and it made it -- the
9 Mayor even stronger because the City Council
10 members couldn't even meet one on one to
11 discuss anything. Do you have any position
12 on Sunshine, maybe two or three of us
13 getting together? How does this actually
14 help us? And even in this committee, we
15 can't talk to one another. Did you have
16 your thoughts on it? Not that we can do
17 anything, but what your thoughts are,
18 please.

19 MS. MORAN: I think a conversation about
20 Sunshine and how it helps and hurts local
21 government is a healthy one, but you can't
22 have that conversation until there is trust
23 in government. A whole reason the Sunshine
24 Law came into existence was because of the
25 distrust of government. And I believe that

1 when we rebuild that trust, which I think
2 nonpartisan elections would help us do, we
3 can start having some of those difficult
4 conversations.

5 That's when you have the great
6 conversations about raising taxes, because
7 people trust that the money will be spent
8 wisely and well. What you can have
9 conversations about is, is the Sunshine Law
10 really working the way it should be. But
11 right now, the temperature of distrust is
12 very high, Mr. Schellenberg, and I am
13 concerned about having that conversation at
14 this time.

15 COMMISSIONER SCHELLENBERG: Ms. Moran,
16 you bring up another subject, in my district
17 that I represented, they don't particularly
18 object to the money being raised, they just
19 object to the fact that they don't think
20 it's going to be spent wisely. So I echo
21 your concern. They don't mind spending
22 money when it's going to good things. They
23 don't see it happening overall in any
24 government going forward.

25 So thank you very much for all the

1 things that you have done. Thank you.

2 CHAIRPERSON BROCK: Next we have
3 Ms. Jameson.

4 COMMISSIONER JAMESON: Hi. Good
5 morning. Thank you for coming.

6 MS. MORAN: Good morning.

7 COMMISSIONER JAMESON: I have a couple
8 questions here for you. First of all, are
9 there any counties in the state of Florida
10 that you know that do nonpartisan elections?

11 MS. MORAN: Yes, there are many. I
12 don't have that list with me, but, yes, you
13 can go on the National League of Cities
14 website and they have a whole list of
15 nonpartisan municipalities, nonpartisan
16 elections and those municipalities.

17 It is interesting, though, they list
18 Jacksonville as nonpartisan. I think they
19 do that because of unitary elections. We're
20 not completely nonpartisan.

21 COMMISSIONER JAMESON: So my follow-up
22 question to that is I was reading that there
23 was a Supreme Court case this year about
24 nonpartisan elections. Could you maybe give
25 us some history on that? I was

1 understanding that the Supreme Court ruled
2 that we could not have nonpartisan elections
3 in the state, but maybe I'm misreading that.

4 MS. MORAN: I'm not aware of that case
5 so I can't help you with that.

6 COMMISSIONER JAMESON: It is something
7 in Orange County.

8 MS. MORAN: I'm happy to take a look at
9 that, though.

10 COMMISSIONER JAMESON: Okay. Thank you
11 very much.

12 Also, just kind of a statement for the
13 record that I would really encourage that
14 Mike Hogan come to speak to this group
15 considering how much we have been talking
16 about elections. So I would just encourage
17 that we maybe invite him to speak to this
18 Committee.

19 And then I guess another follow-up
20 question: Would state law need to change
21 for us to have nonpartisan elections or is
22 that something that we could do at the city
23 level?

24 MS. MORAN: I believe you can do that at
25 the local level.

1 COMMISSIONER JAMESON: All right. Thank
2 you very much.

3 CHAIRPERSON BROCK: Next we have
4 Ms. Baker.

5 COMMISSIONER BAKER: Hi. Good morning.

6 MS. MORAN: Good morning.

7 COMMISSIONER BAKER: Quick question,
8 just a follow-up to Ms. Jameson: The
9 Florida Supreme Court case ruled that
10 constitutional offices have to be partisan
11 elections. So our City Council could be
12 nonpartisan, I believe. So would you
13 suggest, Ms. Moran, that that would still
14 help our county in a positive way?

15 MS. MORAN: Oh, I think it would, for
16 sure. The idea of the Mayor's race and the
17 City Council races being nonpartisan, those
18 are the races people are really interested
19 in, talk about all the time.

20 And since you raised the constitutional
21 officers, I'm just going to have to put in
22 my two cents on that as well. The
23 constitutional officers were a compromise
24 made at consolidation so certain people
25 could have jobs. You know, I don't know

1 that those need to be constitutional
2 officers anymore.

3 COMMISSIONER BAKER: And just another
4 follow-up: Do you know the exact percentage
5 of turnout between the March election and
6 May election? Because I believe the May
7 election was 14 percent, but maybe the March
8 election was actually closer to 25 percent.
9 So maybe we could get those numbers,
10 Ms. Johnston or Jeff, that would be great.

11 MS. MORAN: When I looked this morning,
12 March was 14 percent, but I could be
13 mistaken; that was before coffee.

14 CHAIRPERSON BROCK: Next, Judge Swanson.

15 COMMISSIONER SWANSON: Push what button?

16 CHAIRPERSON BROCK: On the podium.

17 COMMISSIONER SWANSON: Got it. Low tech
18 guy in a high tech world.

19 I appreciate your comments on the
20 nonpartisan election. As a judge, I ran in
21 nonpartisan elections many times and I found
22 it worked. My question goes to the issue of
23 turnout. And I recognize your thoughts are
24 that a nonpartisan election could impact
25 turnout. And I don't know that I agree with

1 that. I don't know that I disagree. I
2 don't have enough data.

3 But it seems to me that increase in
4 turnout could be impacted more easily by
5 changing the dates of local elections to
6 correspond with national elections. Do you
7 have any thoughts on that and whether or not
8 that might be something that we should
9 consider recommending?

10 MS. MORAN: Yeah. Thank you, Your
11 Honor. I have always thought our local
12 elections should be in sync with the
13 national elections. I think we
14 underestimate the intelligence and vigor of
15 our voters when we say, oh, they wouldn't be
16 able to pay attention, they wouldn't be able
17 to understand, it would be too much. I
18 disagree with that. I do think that would
19 help with turnout as well. But that is a
20 conversation that's been had many times and
21 to date has been a nonstarter.

22 CHAIRPERSON BROCK: Anything else?

23 Next we have Mr. Denton.

24 COMMISSIONER DENTON: At the risk of
25 changing the subject, Ms. Moran, I would

1 like to -- given your vast experience in
2 both the public and nonprofit sectors, I
3 would like to ask you the same question that
4 I asked Dr. Magill about whether the
5 creation of a DIA-like agency to coordinate
6 and focus any poverty efforts in Northwest
7 Jacksonville might be useful.

8 MS. MORAN: So an authority is only as
9 strong as its members. And I believe that
10 our authority system in government right now
11 is not as strong as it has been in prior
12 years based on the fact that it seems, at
13 least from looking from the outside, that
14 the independence of the authorities has been
15 reduced. So if you're going to have an
16 authority to focus on the real persistent
17 problems in our low income areas, you'd have
18 to think through the appointment process for
19 that and give them the ability and the
20 funding to actually make real change.

21 You know, there's lots of ways you could
22 hamstring an authority. And if you were
23 going to look at this, you would want to
24 look at that very carefully.

25 CHAIRPERSON BROCK: Next I have

1 Mr. Howland.

2 COMMISSIONER HOWLAND: Thank you,
3 Ms. Moran, for coming to speak with us.

4 MS. MORAN: Sure.

5 COMMISSIONER HOWLAND: Real quick
6 comment to Judge Swanson, I also ran for
7 nonpartisan. It worked for you; it didn't
8 work for me.

9 Another point, also, Ms. Baker, the
10 turnout in November was close to 63 percent.
11 So even though the spring was 14 in March,
12 in November it was 63 percent, which maybe
13 kind of counters the thought that, you know,
14 nonpartisan will increase turnout, because
15 in November there was a big partisan element
16 to that turnout number.

17 I do have one quick question. I would
18 say one valid argument against going
19 nonpartisan, probably an invalid one, is
20 that this is the learning ground for future
21 office, local politics here. But maybe one
22 valid one is you're denying voters a piece
23 of information, because having a party after
24 their name, whether it's democrat or
25 republican, libertarian, whatever, is a

1 piece of information when voters are to some
2 degree starving for information.

3 So as you go down into a longer ballot
4 and you start losing some of that party
5 affiliation on the ballot, it's probably
6 harder, more expensive and otherwise more
7 difficult to get information about
8 candidates to voters.

9 MS. MORAN: First of all, Mr. Howland,
10 let me tell you thank you for running for
11 office. I know what it's like to run and
12 not win, not fun. But appreciate you
13 stepping up to do that for our community.

14 You know, I would dare say that people
15 will find out the party of the candidates
16 anyway, the people who want to. It's easier
17 enough to find that out. So if you're
18 interested in that and that's an important
19 piece of information for you, you're going
20 to find that out anyway.

21 But I think what it does is it helps us
22 really think about issues and community more
23 than party. It gives people the opportunity
24 not to just do that shortcut. We have bios
25 and information now on candidates available

1 when you go to your polling place. So I
2 feel like there are ways that we could make
3 it work in a nonpartisan election. And I
4 think we go back to that theme of building
5 trust in government again. I think it would
6 help a lot.

7 CHAIRPERSON BROCK: Next we have
8 Mr. Griggs.

9 COMMISSIONER GRIGGS: Good morning.

10 MS. MORAN: Good morning.

11 COMMISSIONER GRIGGS: Thank you for
12 being here. I just have a couple quick
13 questions, hopefully they're quick. But I
14 want to go back to Frank -- I'm going to
15 have to start -- this is like a game show.
16 He's always stealing my questions. But go
17 back to the urban core investment authority
18 idea and you talked about, you know, how
19 that will be structured. And I understand
20 that. But given the situation where the
21 City has neglected to make this a priority,
22 we're catching up from neglect in the urban
23 core over the last 50 years, the City and
24 the stakeholders have neglected to make this
25 a priority.

1 If we don't do something like that, how
2 would you best approach remedying the
3 problems that we've had that have festered
4 over the last 50 years?

5 MS. MORAN: Elect local government
6 officials who believe they represent every
7 single citizen in this community and no
8 longer will tolerate a tale of two cities.

9 COMMISSIONER GRIGGS: Thank you. Great
10 answer. And my other question is back to
11 the nonpartisan elections, we had a little
12 bit of talk about the election cycles. Do
13 you think that you -- because one of the
14 arguments is, if they don't have a party
15 affiliation in a national election cycle,
16 then people will be confused. How do you
17 recommend that we get through that process,
18 because if people are looking at state races
19 and federal races and they see a local
20 election and there's no party affiliation,
21 how do you think that people will muster
22 that information and not get confused by --
23 because it's a lot of information going to
24 be flowing, and I know you said people are
25 smarter than that.

1 But how do you think that we can kind of
2 break through that? Because one of the
3 problems also is the money and how the
4 candidates raise and spend money. So how do
5 you think we can sort of trust the public to
6 cut through all of that and be able to
7 identify what they consider to be the best
8 candidates.

9 MS. MORAN: You know, there are voters
10 that are going to come in and not have done
11 any of the work and are going to look at a
12 name and decide how they want to vote. I'm
13 only going to vote for women candidates,
14 whatever it might be. That's going to be
15 whether we have nonpartisan elections or
16 not.

17 I think we can do a much better job as a
18 community of educating voters on the
19 importance of local elections, on the change
20 that can happen. That's where change
21 happens, in your local government. That's
22 where citizens are affected, that's where
23 communities change. That's where quality of
24 life is built. And I think we can do a much
25 better job of educating the public on the

1 issues and the candidates' stance on those
2 issues alongside nonpartisan elections, and
3 it would take both.

4 COMMISSIONER GRIGGS: Okay. Thank you.
5 Just one more quick question: You mentioned
6 about the constitutional officers, that you
7 didn't think they needed to be elected. How
8 would they be appointed? What is your
9 thoughts on how they would be appointed?
10 Through the Council? Some type of structure
11 with the Mayor's Office? How do you see
12 that working?

13 MS. MORAN: I think that's part of a big
14 conversation, but it's one worth having.
15 You know, the elections for that are just --
16 it just seems like it is a department head
17 in some situations. And if we were to treat
18 them as department heads, it would be a
19 mayoral appointment. But I really feel like
20 it's time to take a look at this.

21 COMMISSIONER GRIGGS: Thank you.

22 MS. MORAN: Sure.

23 CHAIRPERSON BROCK: Okay. Next we have
24 Ms. Jameson for the second time -- oh, wait,
25 excuse me, Ms. Lisska just popped up for the

1 first time.

2 COMMISSIONER LISSKA: Hello, Ms. Moran.
3 Thank you for being here. Thank you for all
4 you've done for our City and your efforts to
5 four administrations and so much more.

6 I want you, if you will, if you're
7 willing to, to elaborate a little bit more
8 on your comment about the independence of
9 authorities. Specifically, I would like you
10 to look at the way they're appointed now
11 perhaps and your opinions about that, any
12 other aspect of providing independence for
13 authorities.

14 MS. MORAN: So, you know, perception
15 drives reality. And when you have
16 authorities where board members are all
17 asked to resign with the new administration
18 coming in -- that wasn't just this
19 administration, that was prior
20 administrations too -- that sends a message
21 to people that these aren't my people and I
22 need to have people that are my people on
23 these authorities.

24 That's the whole -- that is the reverse
25 of what independent authorities were to be

1 about. They were supposed to come in and
2 become subject matter experts on their
3 particular area, whether it is aviation, or
4 the port, or electricity. Huge budgets,
5 lots to learn.

6 And that independence was supposed to
7 span administrations. It was supposed to
8 continue no matter who was in office and be
9 subject matter experts for our City to make
10 the very best decisions possible.

11 That changes when boards are asked to
12 resign, all new boards are appointed when a
13 new person is elected. That perception has
14 really hurt, I believe, the public's view of
15 independence of our authorities.

16 COMMISSIONER LISSKA: Do you want to add
17 anything else about independence of
18 authorities beyond that? Thank you.

19 CHAIRPERSON BROCK: All right. Now
20 Ms. Jameson for the second time.

21 COMMISSIONER JAMESON: I have a
22 follow-up question, because Judge Swanson
23 did bring it up: But if we were to put our
24 local elections with the federal election
25 cycle, knowing that state and federal

1 elections are partisan elections, how would
2 that work if we had our local elections
3 nonpartisan, especially when it relates to a
4 primary? So how would that come together?

5 MS. MORAN: Well, you would have
6 subcandidates that had R and D behind their
7 name, or I. In a local election, perhaps
8 you would have a division on the ballot, and
9 then you're going to your local elections,
10 which is nonpartisan. It would be an
11 education process that would have to happen.

12 COMMISSIONER JAMESON: So, for instance,
13 a democrat would get a democratic ballot for
14 state and federal, and then everyone would
15 have the same ballot for the local
16 elections?

17 MS. MORAN: Or perhaps you have a
18 separate ballot for your local elections.

19 COMMISSIONER JAMESON: So that could be
20 designated either way, there is no kind of
21 one way to do it.

22 MS. MORAN: Hey, I'm looking forward to
23 being able to vote on my phone. When is
24 that going to happen? We could figure it
25 out.

1 COMMISSIONER JAMESON: I appreciate it.
2 Thank you so much.

3 CHAIRPERSON BROCK: Okay.
4 Mr. Schellenberg, for the second time.

5 COMMISSIONER SCHELLENBERG: Thank you,
6 Chair.

7 To Ms. Moran, it's one of those funny
8 things, I never met anybody who didn't vote
9 for me, by the way. But the point is that
10 you don't represent just the people who vote
11 for you. You represent the people -- the
12 70,000 people I represented. And they're a
13 diverse group. They're not monolithic. The
14 gift is listening to them. Not always
15 agreeing with them, but listening to them.
16 So greatly appreciate it.

17 Just a couple things: I taught a class
18 over at JU last week. And one of the things
19 I asked them is how do you get the
20 information on elected officials? Google.
21 It has nothing to do with the mailers or
22 anything else, it's Googling them and
23 finding out who they are and they do a deep
24 dive. This really was informative to me
25 going forward.

1 The other thing is that Jeff Edwards
2 over at Beaver Street is doing something
3 miraculously in the river -- they call it
4 the Railroad District, completely private
5 group of people, business people, that are
6 engaged in improving that area. I'm sure
7 they want government money to improve
8 infrastructure and other things, but that's
9 a local thing going back to Mr. Denton's
10 question about how is the government going
11 to work. They're independent and they're
12 moving forward. They're going to do -- they
13 are asking the City for some input, but give
14 me some -- help us on infrastructure, but
15 we're moving forward with or without your
16 help.

17 And I think maybe something in the
18 Charter specifically saying something, if a
19 group or Paul Tutwiler got an area to say
20 this is the group we're going to do and
21 we're going to make it happen without any
22 appointments from the City, we can go
23 forward. Wouldn't you think that's the best
24 way to go because of the concerns about this
25 constant turnover of appointments to boards?

1 MS. MORAN: I think the City needs to be
2 a lockstep partner with these initiatives
3 that are happening around our city through
4 the goodness of citizens that want to step
5 up and make change. Government needs to be
6 supporting them, government needs to be
7 helping with permitting and infrastructure
8 and all the other pieces of the puzzle.
9 This is working together on the problems
10 that we're facing, not in silos, not this
11 is -- we're too busy, we're only looking at
12 this. How do we really latch in to those
13 other groups that are doing good work?

14 And I want to make sure, since you've
15 mentioned poverty a few times, there is a
16 fabulous group led by Darnell Smith and
17 Ellen Wiss, that is looking at really
18 creative ideas on poverty. You're all
19 nodding. So did you hear from them?

20 CHAIRPERSON BROCK: No.

21 MS. MORAN: Okay. Well, you should,
22 because they have really got some ideas
23 about how to tackle poverty in Jacksonville
24 in a very different way than we have done
25 before. And so I would urge you to have

1 them come and talk, because it's exciting.

2 CHAIRPERSON BROCK: Next we have Judge
3 Swanson for the second time.

4 COMMISSIONER SWANSON: Just as a
5 follow-up, I think we have nonpartisan
6 elections on the ballot now, judges are
7 nonpartisan. And you have for the appellate
8 court and the Supreme Court, you have
9 retention votes.

10 MS. MORAN: And the school board.

11 COMMISSIONER SWANSON: School board. So
12 there is a way to accommodate the
13 nonpartisan aspect of the things that you've
14 suggested.

15 I just Googled the case out of the
16 Florida Supreme Court that was referenced.
17 And it dealt with Orange County. And it
18 actually reversed the earlier Florida
19 Supreme Court decision that said nonpartisan
20 elections for constitutional officers was
21 okay. The Supreme Court, as a shrinking
22 figure, with the recent governors'
23 appointees said, no, it had to be partisan.
24 That was for constitutional officers.

25 So I would think at a minimum we would

1 have broad flexibility in what we might
2 recommend insofar as it pertained to City
3 Council or nonconstitutional officers. And
4 I think there will be a way to accommodate
5 that on the ballot just the way we do the
6 judge races now. Wouldn't you think?

7 MS. MORAN: I do think that, yes.

8 COMMISSIONER SWANSON: And back to the
9 timing issue. Do you think that's an
10 important variable in terms of turnout?

11 MS. MORAN: I think it could be. I
12 think it could be. There is no -- most
13 important to me is the nonpartisan issue.
14 And then looking at moving local elections
15 would be a second conversation.

16 COMMISSIONER SWANSON: Do you have any
17 corporate knowledge as to why the city
18 elections don't correspond with the national
19 elections or not?

20 MS. MORAN: I don't. I don't have a
21 history on that. I know we've talked about
22 moving it before. And that was during the
23 unitary election referendum, and that was a
24 nonstarter.

25 COMMISSIONER SWANSON: I'm sure there is

1 a rational argument for or against it. I'm
2 not familiar with what it would be. But
3 thank you so much for your input today and
4 also for all you've done for this community.

5 MS. MORAN: Thank you, Your Honor.

6 CHAIRPERSON BROCK: All right.

7 Ms. Johnston has data for us. We were
8 talking about the March and the May. You
9 looked it up.

10 MS. JOHNSTON: Yes, Supervisor of
11 Elections website for the election that was
12 held on March 19th, the voter turnout was
13 24.53 percent, and that was registered
14 voters, there were 606,036, and the ballots
15 cast were 148,678. And then for the May
16 election, which was held May 14th, there
17 were 608,564 registered voters, ballots cast
18 87,318, and the voter turnout was 14.35
19 percent.

20 CHAIRPERSON BROCK: I don't see anybody
21 else on the queue. I have a few questions.

22 MS. MORAN: Sure.

23 CHAIRPERSON BROCK: First, echo what
24 everybody said, your service for this
25 community has been incredible and we all

1 appreciate it and the city is better off
2 having you involved over the years of
3 service.

4 MS. MORAN: Thank you.

5 CHAIRPERSON BROCK: We've talked about
6 rank choice voting. Any ideas, anything in
7 that with your understanding and rank choice
8 voting? And does that help on some of the
9 issues that you've talked about?

10 MS. MORAN: I really don't know much
11 about that. I was doing a little reading
12 this morning that you had some presentations
13 on rank choice, but I personally am not
14 really very familiar with it.

15 CHAIRPERSON BROCK: It's basically a
16 Sudoku puzzle, as far as I can figure out as
17 you go through and getting all the numbers.

18 Okay. The other question I had, we had
19 a lot of talk about the Office of General
20 Counsel, its structure and the selection
21 process. In one respect, it was Mike
22 Weinstein who actually put up the idea of
23 perhaps you have an Assistant General
24 Counsel that's assigned to the Mayor's
25 Office, much like the other branches of

1 government have their own Assistant General
2 Counsel so that the General Counsel, that
3 office, the person sitting at that desk is
4 above the fray, for lack of a better way to
5 describe it.

6 I'd like your thoughts on is there a way
7 to structure it so that there is this
8 perception of the independency of the OGC
9 when it comes to intragovernmental disputes.
10 Go ahead and answer that one.

11 MS. MORAN: So full disclosure for those
12 of you who don't know, I am one of the
13 attorneys representing the School Board in
14 an issue to get the school tax referendum on
15 the ballot. So I do have strong feelings
16 about this.

17 And I will start by saying that the
18 General Counsel sitting at the right arm of
19 the Mayor has been how it's always been.
20 That is not new in this administration.
21 That has definitely been how it has always
22 been. And sometimes it works well, but
23 sometimes, when you're in disputes between
24 agencies or parts of government, it doesn't
25 work well at all.

1 And so I saw that Mike had made that
2 suggestion, that's an interesting one to me,
3 where you would have the Assistant General
4 Counsel as part of Mayor staff meetings and
5 things of that nature and the General
6 Counsel sits above that. I think that would
7 certainly help with perception.

8 But what we really need to dig into with
9 the General Counsel's Office is how they can
10 deal with conflicts. There are simply going
11 to be conflicts between the parts of
12 government at certain times in history.
13 That's just how it's going to be. And as
14 lawyers, conflicts are critical in terms of
15 your decision to behave ethically and your
16 decision to follow the rules of the Florida
17 Bar.

18 And in order to do that, we have to have
19 a mechanism for the General Counsel to allow
20 other opinions to come into the equation so
21 that people can feel they're being
22 represented independently and impartially.
23 So I think it requires a lot further
24 discussion.

25 CHAIRPERSON BROCK: Two other questions

1 on that: One is do you see a benefit in
2 creating a mechanism within the Charter,
3 because as it stands now there is a review
4 process within -- Attorney General for the
5 State of Florida. Is there another
6 mechanism that we can put within the Charter
7 to allow for a review at a lower level?

8 MS. MORAN: I really haven't given that
9 the thought it would need for me to answer.

10 CHAIRPERSON BROCK: Okay. Third one,
11 the selection process, as it stands now that
12 was revised, I believe, in 2005 to include
13 more input from the judiciary from former
14 City General Counsels, as well as within the
15 Jacksonville Bar community, but it is still
16 a group of attorneys who are making a
17 recommendation to the Mayor. That's been a
18 subject that's been discussed here of a
19 structure where we get more input from the
20 other clients that the General Counsel
21 serves in that selection process. Any
22 thoughts on that, benefits, disadvantages
23 recommendation of structure?

24 MS. MORAN: That makes a lot of sense to
25 me. The more input you can have from the

1 critical players who work with the General
2 Counsel's Office on a regular basis and have
3 confronted some of these issues, especially
4 issues regarding conflict, I think could be
5 very helpful.

6 CHAIRPERSON BROCK: Okay. I seem to
7 have stirred up some things. I do have a
8 couple other people on the queue.

9 Ms. Knight, first time.

10 VICE CHAIRPERSON KNIGHT: Good morning,
11 Ms. Moran. Thank you for being here.

12 I'm actually going back in the
13 conversation a little bit. So I apologize
14 if it's going to disrupt the questions in
15 queue. I appreciate your comments around
16 the urban core authority. No mission, no
17 money, right. No money, no mission.

18 Dr. Magill talked about maybe the model
19 should be something where there is a small
20 group of nonprofits, she mentioned UF
21 Health. Another is to address this gap in
22 data, to address this tale of two cities, so
23 to speak, the City has that position of
24 strategic partnerships. Could you speak to
25 that position for the good of our fellow

1 commissions; and also maybe suggest or
2 provide any thoughts around how that
3 condition may be could help in this quandary
4 within the City?

5 MS. MORAN: That's a new position in
6 government. And the idea was to really be
7 that conduit to bring together the special
8 projects, the citizens groups, the
9 nonprofits who are doing the important work
10 for our community, together in a way to
11 leverage that energy, to really put focus on
12 it, to see how the City can support and
13 partner with that. But like anything, it
14 has to be a priority, right, because you
15 make a position, that's a good thing, that's
16 a good thing, that's somebody who is waking
17 up every day thinking about those issues.
18 But they have to have a voice and they have
19 to have the ability to make things happen,
20 right. And so I think that position is a
21 good one; I think it needs to be
22 strengthened; and I think it needs to have
23 more power.

24 VICE CHAIRPERSON KNIGHT: Thank you for
25 those comments. I would consider that a --

1 recommend that we look at that position as
2 well and see is there anything that we can
3 do as a Commission to support that work and
4 maybe could at least start with inviting
5 that company to speak to us.

6 CHAIRPERSON BROCK: Next we have
7 Mr. Griggs for the second time.

8 COMMISSIONER GRIGGS: Thank you,
9 Mr. Chairman.

10 Ms. Moran, since the Chairman opened the
11 OGC door, I'm going to walk through it. One
12 of the recommendations that we -- that's on
13 the list as well, it's not really a
14 recommendation, but it's one of the topics
15 of discussion, is perhaps in order to build
16 more public trust within how the OGC
17 operates, perhaps maybe the appointment of
18 the OGC should occur during the Mayor's
19 second year of his term. In other words,
20 there would be overlap from the previous
21 Mayor and then we would -- that person would
22 go through the approval cycle. And it would
23 seem to be, at least the appearance would be
24 that this person is more independent or the
25 perception would be that they have not just

1 been generally appointed by someone who they
2 are going to follow in lockstep.

3 Do you see any problem with that type of
4 recommendation? And if that were to occur,
5 would it help perception?

6 MS. MORAN: I think that's really
7 interesting. If I recall correctly, Jason
8 Gabriel was General Counsel for Mayor Brown
9 and then continued with Mayor Curry. You'd
10 have to have a conversation with the
11 applicants if they were willing to do that.
12 But that was something that's that how it's
13 going to operate, so we span
14 administrations. But I think it's an idea
15 worth considering.

16 COMMISSIONER GRIGGS: Thank you.

17 CHAIRPERSON BROCK: All right. I have
18 no one else on the queue. Ms. Moran, thank
19 you again for taking the time to be here
20 today and thank you for your service to the
21 city.

22 MS. MORAN: Thank you all.

23 CHAIRPERSON BROCK: Next we have
24 Commission updates and discussion. And I've
25 got a point that I want to bring, we've

1 talked about different people that we want
2 to have come and speak. And we have one
3 more meeting before -- my goal was for us to
4 pick our topics. One JPA, and it's just an
5 email, response to an email, where I asked
6 all of the independent authorities to
7 respond back on strategic planning and how
8 they interact with the City. They have
9 responded back and said they would like to
10 schedule a time to come and speak.

11 We mentioned Mike Hogan. Councilman
12 Yarborough who we moved off the agenda so
13 that we would have enough time when we were
14 speaking with Dr. Green and Chairwoman
15 Hershey with the School Board has asked if
16 he can come back. I was also going to have
17 Lori Boyer come and speak to us to address
18 her Blueprint Task Force that she chaired.
19 And we now have, I didn't get the name, Don
20 Lockhart to come and speak with us. So
21 that's five -- you want to put six?

22 COMMISSIONER GRIGGS: Dr. Rolle.

23 CHAIRPERSON BROCK: Dr. Rolle, okay. So
24 that's six people. The most we've ever been
25 able to do is three with the questions that

1 we ask. Now, perhaps we can manage it to do
2 it, but I don't see how. I don't see how.
3 So what I guess we'll do is we will extend
4 our fact-gathering time to that meeting on
5 the 15th, and then we will work to get the
6 Committee's priorities and everyone giving
7 me their thoughts on subcommittees for that
8 time on the 25th when we meet.

9 We have not looked at scheduling
10 November. And I will hold off on that for
11 now, but if everyone can begin to look at
12 their calendar for November so that we can
13 perhaps schedule a group meeting and then,
14 you know, leave the rest of the time for the
15 subcommittees in there.

16 Is that kind of the feeling of the
17 group, consensus that we extend it to that
18 October 15 meeting? Okay. I don't hear
19 anybody saying no so that's what we'll do.

20 COMMISSIONER GRIGGS: Mr. Chairman, I'm
21 sorry. So we're done with the presentations
22 on October 15th, is that what you're saying?

23 CHAIRPERSON BROCK: We would be -- yes,
24 we would finish -- so we have the 11th, and
25 we have the 15th for covering these six

1 people that we now have on the agenda. If
2 we do have to add more, I would only ask us
3 to limit it to just those who have
4 responded, the independent authorities who
5 have already responded to us.

6 And I would remind us all to focus our
7 questions on the Charter. The folks coming
8 up here have a tremendous wealth of
9 knowledge on a lot of different things. But
10 the more we can focus our questions on what
11 can we change in the Charter, not
12 necessarily the whys, but the whats, what
13 can we change, then I think we'll move
14 through quicker and we'll be able to get to
15 our point of where, you know, it's fish or
16 cut bait time.

17 Ms. Mills.

18 COMMISSIONER MILLS: Thank you. I had
19 asked Glorious Johnson to come before, she
20 had a death in the family. I asked them to
21 reach back out, but I don't know if that
22 happened. So I did speak with someone today
23 to try to get them to reach back out. So I
24 hope that won't be a problem, because she
25 was scheduled to come.

1 CHAIRPERSON BROCK: Right. And I had
2 not heard anything more on rescheduling
3 that.

4 COMMISSIONER MILLS: So I did ask
5 someone to reschedule and that never
6 happened. So I asked again today, if that
7 wouldn't be a problem.

8 CHAIRPERSON BROCK: All right. Next,
9 Ms. Santiago.

10 COMMISSIONER SANTIAGO: I just wanted to
11 point out that actually that works out
12 really well if we do fact finding on the
13 11th and 15th, because then we have our town
14 hall on the 17th, which gives us time to
15 really look at their priorities, as well as
16 ours, for the priority meeting on the 25th,
17 so thank you for doing that.

18 CHAIRPERSON BROCK: Okay.

19 COMMISSIONER GRIGGS: Mr. Chairman.

20 CHAIRPERSON BROCK: Yes. I have next
21 Ms. Knight.

22 VICE CHAIRPERSON KNIGHT: So we're
23 playing a little bit of checkers. That was
24 one of my points, as well, I think it works
25 nicely.

1 The other thing, as far as my
2 recommendation, it could be transitioned to
3 the subcommittee who will do the work, if
4 necessary around the urban core. I just
5 think that position has a unique opportunity
6 and a point that we should understand as it
7 relates to that urban core authority.

8 CHAIRPERSON BROCK: And, again, one of
9 the things that perhaps if you want to meet
10 with Ms. Lockhart and talk with her and then
11 during this time report back and say, here
12 were some of the concerns or questions she
13 had and the questions you asked her, I think
14 that's beneficial to us. Because that's
15 what I'm trying to encourage all of us, to
16 the extent there is someone that -- and if
17 there is a person on here that you've asked
18 to speak, that you've actually gone and
19 talked to, let me know. Say, hey, you know
20 what, you don't need to bring them here, I
21 talked to them, here's is what we've done.
22 I'm more than willing to do that to try and
23 manage our time so that we have sufficient
24 time for the committees to do the work.

25 Mr. Griggs, I don't see you on the

1 queue, but you were --

2 COMMISSIONER GRIGGS: I just want to
3 make note I will not be in attendance at the
4 October 15th meeting.

5 CHAIRPERSON BROCK: Okay. All right.
6 Then with that, we have our next period of
7 public comment. And we have two cards.

8 Ms. Bussard, name and address, please.

9 MS. BUSSARD: I'll remember this time.

10 CHAIRPERSON BROCK: Mr. Schellenberg
11 always backs me up on it.

12 MS. BUSSARD: Billee Bussard, 2115
13 Forest Gate Drive East, Jacksonville, 32246.

14 I hadn't planned on commenting, but, to
15 me, some important question was not asked by
16 your group this time in discussing changes
17 in election law, whether it's ranked voting,
18 you know, whether it's nonpartisan races.
19 Until we address revealing the deep pockets
20 that finance our elections, not a whole lot
21 is going to change. It will still impact
22 the outcome of races.

23 And I was Googling Montana because
24 they've recently done some changes in
25 election law. I'm not sure of the details.

1 I just heard it mentioned in the various
2 debates. And I think that's something that
3 maybe needs to be addressed.

4 We know about the PAC money and the
5 special committees that are financed and
6 some of the things that are going on in
7 Jacksonville. It -- in my opinion it is one
8 of the things that is destroying our
9 democracy. And I think we need to figure
10 out a way at least to reveal who the dark
11 money participants are.

12 Now, the Supreme Court did look at
13 Montana's changes to the law. And they let
14 it stand. I don't know the particulars, but
15 I will have a little one-pager for you the
16 next time.

17 CHAIRPERSON BROCK: Thank you very much.

18 Next we have Mr. Nooney.

19 Name and address, please, sir.

20 MR. NOONEY: Hello. My name is John
21 Nooney, 8356 Bascom Road, Jacksonville,
22 Florida 32216. And I just have these
23 handouts. I would like to have them made
24 part of the permanent record. I'll just
25 leave them right here.

1 And what I just want to share with you
2 is I'm not from Jacksonville. I've been
3 here almost 30 years, but I love the
4 outdoors, I love the waterways. And in
5 order to participate in the waterways, you
6 know, I went to the Waterways Commission
7 meetings.

8 And back then, you know, Councilwoman
9 Lynette Self, she was the Chair of
10 Waterways, Greg Gratalinski (ph), he was the
11 Office of General Counsel. And I was
12 sitting in the audience and the meeting had
13 to do with the Lady St. Johns and the
14 Annabelle Lee. They had their lawyers.
15 And, basically, they were arguing that one
16 of those ships was going over to the Landing
17 and they weren't allowed to do that to pick
18 up their customers. And if you're the
19 little guy, you're saying to yourself, wow.

20 So, anyway, so I go and I end up talking
21 to Tony Sleiman, the owner of the Landing.
22 I kept telling him, you know, if I wanted to
23 do something on the waterways downtown, do
24 you have any problem if I come to your
25 business and drop off some passengers.

1 Well, John, you're not allowed to do that.

2 I was like, wow.

3 So, anyway, it got that changed to where
4 people can participate. Now, think about
5 how long ago that was. So the legislation
6 to get that change was 2007-451. That was
7 13 years ago. So where are we today?

8 Again, I really want to be one of the
9 biggest cheerleaders for downtown. So in
10 order for that to happen, I hope that you
11 will create a Charter amendment so that any
12 CRA, DIA that touches the waterways will
13 have a component that public access will
14 be -- will be guaranteed that anyone will be
15 allowed to participate.

16 And, again, one of the most active
17 pieces of legislation right now, there's two
18 of them, 2016-18, that's the Duval County
19 Public School Board property; the other
20 would be 2013-384, that's the armory, which
21 right now, from what I understand, the
22 administration is looking at that. And
23 that's a fantastic opportunity with parking.
24 Pick either side, you know, before you give
25 away that piece of property. And

1 especially, if now, from what I understand,
2 you're looking at an urban, you know, DIA,
3 or urban authority, if you will. So,
4 anyway, I'm just down to four seconds, make
5 our Charter great again.

6 CHAIRPERSON BROCK: Thank you, sir.

7 MR. NOONEY: Thank you for listening.

8 CHAIRPERSON BROCK: All right. Ladies
9 and gentlemen, there is nothing else on the
10 agenda. Anything else for the good of the
11 order? If not, we are adjourned.

12 (Meeting concluded at 11:53 a.m.)

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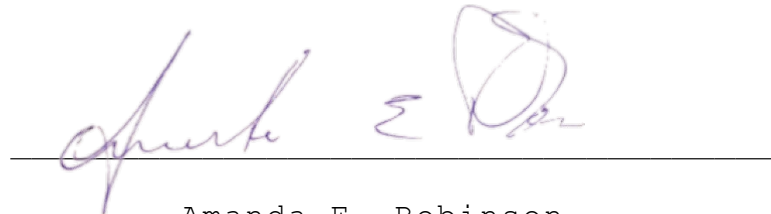
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CERTIFICATE OF REPORTER

STATE OF FLORIDA
COUNTY OF DUVAL

I, Amanda E. Robinson, Registered
Professional Reporter, do hereby certify that I
was authorized to and did report the foregoing
proceedings; and that the transcript, pages 1
through 164, is a true record of my stenographic
notes.

DATED this 15th day of October, 2019.



Amanda E. Robinson,
Registered Professional Reporter