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Moffitt Cancer Center: Leadership, Culture and Transformation

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Moffitt Cancer Center: Leadership, Culture and Transformation

by

W. James Wilson

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Business Administration
Muma College of Business
University of South Florida

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Keywords: decisions, founder, interdisciplinary, transformation, visionary

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DEDICATION

To all who suffer from cancer.

To the visionary leadership of a founder and leaders who created a transformational institution.

To the physicians and care professionals who impact the lives of patients.

To the brilliant researchers who dedicate themselves to discovery to eradicate the burden of cancer.

To all who contribute to the prevention and cure of cancer.
ACKNOWLEDGMENTS

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ABSTRACT

**Purpose** – The purpose of this project was to extrapolate knowledge of successful leadership practices, determine what led to and nurtured what became an integrated organizational culture and identify any decisions and/or transformational events that re-defined Moffitt Cancer Center’s (MCC) course or helped propel it to levels far beyond what was originally imagined. The aims of this study were discovery of the foundational factors and events that significantly impacted the creation, growth and evolution of the center, making MCC an institution of transformational change that had achieved state and national prominence.

**Design** – This was an exploratory study guided by a qualitative phenomenological research methodology using an interpretivist approach. Data was derived from twenty one-on-one interviews with people who had the specific knowledge and expertise necessary to obtain a better understanding of the leadership, culture and transformational events that transformed MCC into the institution that it is today. Interviewees included former and current MCC executive leaders, board members and key program directors, as well as the founder and two other former Speakers of the Florida House of Representatives. A literature review was conducted to explore founders, visionary leadership, organizational culture, and transformational organizations.

**Findings** – Key findings included discovery of the factors and events that impacted MCC’s growth and success. The interview process revealed three foundational factors pertaining to visionary leadership qualities of the founder and others, a mission-based culture and four transformational events that set MCC on a course of independence and self-governance. The literature review, with an emphasis
on founders, visionary leadership, culture and transformational institutions, revealed useful information to draw comparisons and differences in the historical context of MCC’s growth and impact.

**Value** – MCC, created in Florida statute, existed as a private not-for-profit entity that, statutorily, served as an instrumentality of the state. As such, it had an interestingly distinct role as a hybrid organization that served a public and private sector need; while, very specifically, serving the cancer research and care needs of patients throughout the state and beyond. While the previously mentioned business literary research works are plentiful in the private and public sectors, a gap exists for hybrid organizations such as MCC. Future research could focus on organization founders who did not become part of the executive leadership structure.
Discovery and invention are deeply rooted in the history and progression of humankind. From the manipulation of stone creating weapons for hunting, innovations changed societies and laid the groundwork for new or better solutions. Likewise, business organizations have been created out of necessity, new and innovative ideas, creativity or passion. Many businesses existed to meet a public need; food supply, materials, tools or specialized services. Innovation created utility companies, public and private, to provide electrical power and indoor plumbing, contributing to the evolution of societal norms. Additionally, telephone and cable created instant communication and information flow. It was not always necessary for businesses created out of necessity to be much, if at all different from those in other communities or even across town. They served a purpose and delivered the goods and/or services to meet demand.

Transformational business organizations broke from the status quo and created solutions that changed or redefined markets, while creating societal benefit. Henry Ford didn’t create the automobile industry, but he disrupted and refined it through the innovation of mass production, making automobiles more readily available and affordable. Steve Jobs didn’t invent the computer, but through innovation and vision Apple changed the landscape and made computers available to households everywhere.

The basis of Innovation is an idea. Ideas, coupled with drive, ambition, perseverance and vision have led to the creation of remarkable enterprises that became engines of social change for societal benefit. Former Speaker of the House of Representatives in the Florida Legislature, H. Lee Moffitt (Moffitt) authored legislation to create the H. Lee Moffitt Cancer Center and Research Institute (MCC).
Moffitt envisioned building a cancer center, on the University of South Florida campus in Tampa, FL, to serve the needs of Florida’s cancer patients and as a cancer research resource. Originally called the University of South Florida Cancer and Chronic Disease Research and Treatment Center and designated in statute as a direct-support organization (DSO), the institute was statutorily renamed for the founder by his colleagues in the legislature.

In the 32 years since opening its doors in 1986, MCC grew from a modest cancer hospital with 409 employees to a workforce of over 6,100 employees serving more than 64,000 patients annually. By 2018, Florida had more cases of cancer diagnosed each year than all other states except California. MCC occupied 17 acres on the University of South Florida (USF) campus but had its own governing board and an annual reporting responsibility to the Board of Governors, which oversaw the state university system.

The founder played a predominant role in the creation of MCC and in the molding of culture and mission. As a lawyer, Moffitt had no training in medicine or research, and he acknowledged the need to rely on the expertise of others to guide the fledgling center. Many founders in business assume leadership roles of Chief Executive Officer (CEO) or board chairman to maintain control of their organization. Moffitt did not. For more than three decades, he served as a board member but did not allow MCC to devote office space for him and never received compensation for his continued efforts as a lawyer-lobbyist in the decades following his legislative tenure. While Moffitt dedicated a great portion of his life to MCC, his legacy included visionary leadership and recruitment of mission-driven individuals; the creation of an enduring culture.

Moffitt had an idea. Due to the death of three close friends, Moffitt envisioned a cancer center in Florida to serve the needs of the state. Over a three-decade period, Moffitt’s vision grew into a nationally renowned cancer center that achieved numerous recognitions, recruited some of the best and brightest minds from around the globe and led cancer care and research in Florida and beyond. The
institution that started with an idea became not only an economic engine for the community and state but also served as a center for societal benefit.

Table 1. MCC Awards and Recognition

- Achieved exemplar status for its Nurses Improving Care for Healthsystem Elders (NICHE) program, the highest designation in an international nurse-driven initiative designed to help hospitals improve the care of older adults. Moffitt is one of only 38 medical centers in the nation to have achieved this status.
- Ranked No. 4 health care facility on DiversityInc’s 2018 Top Hospitals & Health Systems list. Moffitt is the only cancer center and the only Florida health institution on the specialty list.
- Ranked in Computerworld’s 100 Best Places to Work in IT in 2018.
- Named one of the 2018 Top 10 Nonprofit Companies for Executive Women by the National Association for Female Executives (NAFE).
- Ranked on the Tampa Bay Times Top Workplaces. The Top Workplaces lists are based solely on an employee feedback survey administered by WorkplaceDynamics, LLC, a leading research firm that specializes in organizational health and workplace improvement. Several aspects of workplace culture were measured.
- Received Gold Standard Accreditation for the 10th consecutive year in 2018.
- Named 2017 Nonprofit of the Year by the Tampa Bay Business Journal. Moffitt was also recognized as the category winner in the Health & Human Services category.
- Named a 2017 Business of Pride honoree by the Tampa Bay Business Journal and recognized for its commitment to LGBTQ diversity and non-discrimination policies.
- Best and Brightest winner recognized by the National Association for Business Resources. The cancer center has been named one of the Best and Brightest Companies To Work For®, as well as one of the Best and Brightest Companies in Wellness.
- Magnet® designation in recognition of nursing excellence. Magnet recognition is granted by the American Nurses Credentialing Center (ANCC), the credentialing body of the American Nurses Association, to honor outstanding health care organizations for nursing professionalism, teamwork, quality patient care and innovations in nursing practices.
- Named a Working Mother Best Company.
- Recognized as a winner of the 2015 Press Ganey Guardian of Excellence Award for commitment to offering an exceptional patient experience.
- Recognized by the Institute for Patient- and Family-Centered Care.
- Named a Fertile Hope Center of Excellence, an award presented to "cancer centers for proactively addressing cancer-related fertility".
- Becker’s Hospital Review, 100 Accountable Care Organizations to Know.
- Ranked No. 6 on the 2016 Top 10 Hospitals and Healthcare Systems list.

Source: Moffitt Cancer Center, Awards and Recognition
Significance of Study

MCC became more than one person’s personal mission. The institute grew in size and stature, earning the coveted Comprehensive Cancer Center (CCC) Designation from the National Cancer Institute (NCI) and other awards, including numerous top ten ratings for cancer centers by U.S. News and World Report. In fact, MCC earned an abundance of local, state and national awards and recognitions over the years. These acknowledgements, shown in Table 1 above, demonstrated MCC’s commitment to serving patients, families, employees and the community. The uniqueness of MCC, however, extended well beyond these impressive recognitions. In the beginning, MCC operated as a DSO, defined in chapter 240.299 of Florida Statute, to USF. These statutory requirements, shown in Appendix A, meant that MCC lacked independence in its governance and utilization of space.

Table 2. Selected States Population, Cancer Incidence and Mortality, and CCCs

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All States</td>
<td>325,719,178</td>
<td>100%</td>
<td>0.72%</td>
<td>1,607,321</td>
<td>1</td>
<td>595,919</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>39,536,653</td>
<td>1</td>
<td>12.14%</td>
<td>163,946</td>
<td>1</td>
<td>59,629</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>28,304,596</td>
<td>2</td>
<td>8.69%</td>
<td>105,108</td>
<td>4</td>
<td>39,120</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>20,984,400</td>
<td>3</td>
<td>6.44%</td>
<td>110,045</td>
<td>2</td>
<td>44,027</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>19,849,399</td>
<td>4</td>
<td>6.09%</td>
<td>109,495</td>
<td>3</td>
<td>35,088</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>10,273,419</td>
<td>9</td>
<td>3.15%</td>
<td>53,526</td>
<td>8</td>
<td>19,321</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>6,052,177</td>
<td>19</td>
<td>1.86%</td>
<td>30,480</td>
<td>19</td>
<td>10,567</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
National Cancer Institute, State Cancer Profiles, 2015.
National Cancer Institute, NCI-Designated Cancer Centers, 2018.

As of 2018, MCC was one of the 49 NCI-Designated CCCs in the U.S., and the only CCC based in Florida. Table 2 shows the number of CCCs in states selected for comparison, along with population and cancer incidence and mortality information. Population was based on U.S. Census Bureau estimates for
Cancer incidence and mortality numbers were from the NCI State Cancer Profiles (2015 was the latest year for which these data are available).

Notably, Florida had the third largest population, second highest cancer burden and least number of NCI-designated CCCs. Florida’s estimated population growth was also higher than these states with at least two or more CCCs. From its humble beginnings as a DSO, MCC grew into one of the nation’s premier cancer centers, and the only CCC in Florida, a state in which nearly 6.5% of the US population resides.

Aims of Study

This project was designed to extrapolate knowledge of successful leadership practices, determine what led to and nurtured what became an integrated organizational culture and identify any decisions and/or transformational events that re-defined MCC’s course or helped propel it to levels far beyond what was originally imagined. The aims of this study were discovery of the foundational factors and events that significantly impacted the creation, growth and evolution of the center, making MCC an institution of transformational change that had achieved state and national prominence. Ultimately, the information derived from addressing these inquiries would help determine what course MCC should take moving forward.

To achieve these goals, twenty-one individual interviews were conducted. Interviews were transcribed, and the data was assessed using thematic analysis and sensemaking. An extensive review of existing literature regarding founders, visionary leadership, culture and transformational organizations in business was conducted to help inform this study by identifying key theoretical concepts and elucidating the potential contributions of this work in adding to the current knowledge base.

This study was intended to uncover not only why but also how MCC came to be the intuition that it was after three decades of existence. The research design employed in this work allowed for the
discovery of information about factors and events based on interpretations of individuals with historical knowledge and key expertise. Following analysis of data from individual interviews, the greater focus became the evolution of MCC to an institution of transformational change and the impact of the transformed institution on the region and state that invested in it and the patient population it served.

The following research questions were developed to specifically address the goals of this study:

1. Can we ascertain factors that were critical to the foundation of MCC as a transformational institution?
2. Can we determine events that set MCC on a course to become an institution of transformational change?
3. What does MCC need to do to continue to be an institution of transformational change with societal benefit?

Findings from this study surfaced the factors and events that led to MCC’s evolution from a DSO to an institution of transformational change. The founder and other visionary leaders impacted the organization in a number of ways, leading to a mission-driven culture and bold actions that triggered the occurrence of transformational events. The transformed institution went on to expand into ventures and partnerships beyond what the founder could have imagined. The business literature reviewed for this study was plentiful, yet gaps were identified. This study’s findings led to the discovery of potential areas for future research, as well as the development of a model that could be applicable for other businesses.

Organization of Chapters

Chapter 2 describes the methodological approach used for this study. The chapter provides a discussion of the data collection method of individual interviews, including the strategy employed for selecting participants, conducting interviews and extrapolating key themes from the data. Chapter 3
provides a review of the relevant literature and discussion of these studies in relation to MCC. Chapter 4 offers an in-depth picture of who the founder, Moffitt, was as a person, a professional, a politician, a founder and a driving force for MCC. Chapter 5 describes the instrumental leadership and four transformational events that this research determined had a significant impact on MCC’s first 30 years. The final chapter, Chapter 6, includes a discussion of the major study findings, limitations and contributions of this work, recommendations for future research, and concluding thoughts.
CHAPTER 2: RESEARCH METHODOLOGY

Research Design

This was an exploratory study guided by a qualitative phenomenological research methodology using an interpretivist approach designed to achieve the study aims and address the three research questions. Data was collected from individual interviews with people who had the specific knowledge and expertise necessary to obtain a better understanding of the leadership, culture and events that transformed Moffitt Cancer Center (MCC) into the institution that it is today. To assess the data, thematic analysis was used to identify patterns and relationships.

The strategy of inquiry and methods employed to gather and analyze data were deemed to be an appropriate fit based on the overarching goals of this study. Phenomenological research aims to describe the common meaning for study participants who have experienced a particular phenomenon or concept (Creswell, 2013, p. 76). A focus of this project was understanding what situations, actions and events meant to the individuals who were involved with them. Such focus on not only the occurrence of events but also individuals’ perspectives and the actions shaped by such perspectives is central to the interpretivist approach (Maxwell, 2005, p. 22). Furthermore, interpretivism accepts that a social reality may change according to multiple perspectives based on individuals’ unique backgrounds and experiences; data collected by having a dialogue with participants of a study can lead to a better understanding of the social world by uncovering the not only the people’s experiences but also the subjective meanings they have attribute to it (Wahyuni, 2012, p. 71).
Data Collection

This project utilized the qualitative data collection method of individual interviews. Individuals were purposefully selected for this research based on their areas of experience and personal experiences. The purposeful selection strategy was useful in addressing the study’s research questions, as individuals were deliberately selected to derive information that other possible choices could not have provided (Maxwell, 2005, p. 88).

One-on-one interviews were conducted with twenty-one individuals. Interviewees included MCC board chairs and members, chief executive officers (CEO) and executive leaders, and program leaders. Two interviewees served in the in Florida House of Representatives. Like Moffitt, these former legislators ascended to the role of Speaker of the House. Interviewee bios are shown in Appendix B.

Interviews were scheduled with individuals in advance and conducted either in-person or by phone. Each interview was recorded and transcribed using a transcription service. Signed consent was received from each interview participant. Interviews varied in length from as little as eighteen minutes to more than 59 minutes.

A quasi-structured approach was used to conduct interviews. All but two of the participants were asked fifteen identical questions that were developed specifically for this study. The exceptions included Moffitt’s closest friend, Ralph Haben, Esq. who served as Speaker of the House in the term prior to Moffitt’s tenure. Haben knew Moffitt from law school and the two maintained a close relationship. Haben, having no affiliation with MCC, was asked to describe Moffitt as a person, his manner, style and personality. Additionally, Moffitt’s daughter, Jenny, was asked to add additional insight. Jenny Moffitt served on the Moffitt Hospital Board and, therefore, was also asked many of the prepared questions. Interview questions are shown in Appendix C.
The fifteen interview questions were developed to help facilitate the understanding needed to address the research questions. Several of the interview questions were designed to illicit responses in specific areas: current or previous role at MCC; length of affiliation with MCC; description of MCC; and one direct question about Moffitt. Participants were directly asked about the people, leadership and decisions that impacted MCC’s success. The intentionally open-ended questions were designed to allow for personal opinion and/or recollection. The aim was to allow for free-flowing discussion in the words of those involved, facilitating the format for much of the discussion in this work. Those questions led to the most fruitful input regarding the differentiators between MCC and other care centers.

**Methods of Analysis**

This exploratory study sought to ascertain what happened as well as how these events occurred, as perceived by individuals with distinct knowledge and expertise, in order to address the research questions. Thematic coding and sensemaking were used to assess and interpret the interview data.

Phenomenological data analysis involved the review of interview transcripts to identify statements, quotes and/or sentences that offer an understanding of how a phenomenon was experienced by individuals. From these significant statements, clusters of meaning were developed into themes, which were then used to describe what individuals experienced and the influence of context on experiences (Creswell, 2013, p. 83). According to Lin (1998), “Interpretivist questions remind the researcher to look not only for the presence or absence of a relationship, but also the specific ways in which it is manifested and in the context in which it occurs” (p. 169). Weick, Sutcliffe and Obstfeld (2005) state that sensemaking is about the questions of how something came to be an event for members of an organization, and what the event means. Sensemaking involves the relationship of action and interpretation instead of the influence of evaluation on choice, recognizes that large consequences can come from short moments (pp. 409-410).
It should be noted that a few of the program directors who were interviewed provided a
detailed description of their specific work and responsibilities. With the goal to maintain focus on the
people and decisions, the excluded responses were deemed beyond the scope of the current project.
These contributions will be used to help inform future research.

Discovery of the factors that impacted MCC and the decisions made to propel the institution to
become an institution of transformational change were the primary areas of interest. The design
enabled input on numerous topics. The results of question #10, “Who or what has impacted Moffitt
greatly?” became a focal point of this work. The foundational factors identified through this analysis are
discussed in Chapter 3. Chapter 4 includes an in-depth look at the founder, as perceived by several key
participants with personal and professional insights. Chapter 5 provides an in-depth look at the pivotal
events, including the leadership and decisions that made MCC an institution of transformational change.
A detailed summary and discussion of study findings are included in Chapter 6.
CHAPTER 3: LITERATURE REVIEW

Introduction to Literature Review

Review of the literature focused on three key themes brought forth through analysis of the interview data; founder, visionary leadership and culture. Each were explored to discover existing findings and to add to existing knowledge. Additionally, a fourth subject, transformational companies and societal benefit, was included in the literature review. Many transformational businesses have impacted local, regional, state, national or international communities. Moffitt Cancer Center (MCC) exemplified transformational change in cancer patient care and research in Florida and beyond. Relevant literature on this topic was examined to assess what is contained in the current body of knowledge regarding impactful, transformational businesses.

Figure 1. Conceptual Model of Foundational Factors of the Transformational Institution
The research produced three key factors: founder, visionary leadership and culture. Further, four transformational events occurred that caused MCC to evolve into an institution of transformational change. A model, shown in Figure 1, was created utilizing the factors and events to describe an evolutionary construction of an organization that, utilizing the model, could learn from and repeat the process for continued growth and impact. Breaking the model into its individual components and describing its causality explain the significance of the events and outcomes.

A highly skilled, trained, impassioned leader, the first box, signified a leader who had an idea or motivation to create an entity to serve a specific purpose or address a specific need. That committed leader created an organization, the second box, with drive and determination and had a vision for how it would succeed. Additionally, the leader also impacted the corporate culture which emanated from the leaders’ style, passion or personality (Schein, 1983). Arrows, moving from left to right, indicated causality; one component directly impacted the next component. An arrow led from the leader to the created organization. Similarly, arrows led to the top circle, visionary leadership, and to the lower circle, integrated culture. Arrows indicated the founder had impact on each.

Visionary leaders, the founder and/or others recruited to lead the organization, possessed or adopted commitment to that vision. Visionary leadership enabled a business thought process to identify actions to impact the organization’s future.

Integrated culture was also impacted directly by the founder. As discussed in literature, founders’ history, experiences or personality was imprinted on organization’s executives and employees, which created the corporate culture. Integrated culture was a necessary component, like visionary leadership, to move the organization forward.

Visionary leadership and culture, as designated by the arrows, created an environment within the organization for transformational events to take place. The organization, with visionary leadership
and integrated culture, identified transformational events. The successful execution of those events, an arrow from events to institution of transformational change, created a new, changed, adapted organization with potential to impact business and/or society in ways it was not possible to under its previous construct.

A Literature Review Summary Table was developed for this study and is shown in Table 3 at the end of this chapter. While numerous other sources were informative and contributed to this review, the studies included in Table 3 were found to be most pertinent in this review.

Founder

Founder-focused literature was found to focus primarily on founders running the companies they founded. In the case of this work, founders who do not take on the CEO role or a board chair role is not as prevalent. That said, drawing pertinent information regarding founders’ impact regarding culture, mission and values was fruitful.

Exploring the role of the founder in the literature, Schein (1983) wrote extensively on organizational culture. Discussing the creation of culture, Schein described how organizational culture begins and the founder’s impact. As with political groups, new religions or social movements, a business founder has an idea about the creation of a business and surrounds him/herself with like-minded people to create a culture reflective of his/her goals “by force of his or her personality” (p. 13).

Abebe and Alvero (2013) describe the role of the founder-CEO. While, in the case of MCC, Moffitt did not assume the CEO role, as the founder, he directed much of early stages of the center’s foundation. Through their research, a study of 41 founder led and 41 non-founder led companies, they found that founder-CEO led organizations have a negative relationship with company performance. Contemplating the value of this paper for the review, there were a few interesting components that made it notable. The authors concluded that “founder leadership is critical in establishing the identity
and architecture of the emerging firm” (p. 354). Founder impact is a recurrent theme in much of the literature. Additionally, much of the research concludes that founders don’t always make the best long-term leaders. What made this area of discovery pertinent was that Moffitt never occupied a leadership position at the executive or board levels within the organization. He passionately participated in the process from inception through three decades but was aware of his personal and professional limitations. He chose to lead by example, recruiting experts and giving them control. Serving on the board, he preferred to influence from the bench as opposed to on the field of play.

Founder-centered research encompasses numerous focus areas with varying studies and outcomes. The recurrent theme of the literature is that the founder has an indelible impact on the early phase(s) of company development (Conte, Siano, & Vollero, 2017; Ellis, Aharonson, Drori, & Shapira, 2017). “Founders...transmit this knowledge as they shape the behavior of their organizations and may influence the behavior of other individual members of their organizations (Ellis, et al., 2017, p. 500). This short passage, as with much of the literature, highlights the role of the founder as it relates to organizational culture impact (to follow).

Conte, Siano, and Vollero (2017) state “personal history and the experiences of the founder are actively addressed and kept alive through communication campaigns, aimed at creating a distinctive brand heritage....” and “corporate identity and personality of the founders represent a significant opportunity for brand building...” (p. 276).

Crotts, Dickson, and Ford (2005) recognized founder influence as leaders that instill commitment in employees. “Too often, the do as I say not as I do mentality interferes with the alignment between the mission statement on the wall and actual employee behaviors.” Utilizing J.W. Marriott as an example, they point to Marriott’s tradition of visiting his properties and visiting with employees at all levels “...reaffirming the Marriott mission and values” (p. 61). For more than 30 years,
Moffitt walked the halls at the cancer center, appeared unannounced at doorways and attended
meetings covering nearly every area of focus at the cancer center.

As described in numerous interviews in Chapters 4 and 5, Moffitt’s attention to employees at all
levels and his concern for the center’s patients made a lasting impact that many wanted to emulate.
Founders who created transformational institutions created vision that emanated from their original
idea. Passionate leaders don’t stop once the bricks and mortar are complete, they remain involved and
influence institutions by dedication to continued advancement and success. The literature clearly
identifies numerous impacts founders have on the institutions they created. Whether management
style, vision, cultural imprinting or instilling their truths and beliefs, founders have impacted their
organizations.

**Visionary Leadership**

A recurrent theme that surfaced across multiple interviews was that of visionary leadership. The
literature reveals an inordinate amount of material on leadership and many wide-ranging aspects.
Findings included research highlighting the role of leadership (Sarros, Cooper, & Santora, 2011),
personality (Church & Waclawski, 1998; Howell & Avolio, 1992), traits and attributes (Kishore,
Majumdar, & Kiran, 2012; Muczyk & Adler, 2002), leadership style (Klein, Wallis, & Cooke, 2013), and
leadership development (Locander, Hamilton, Ladik, & Stuart, 2002; Manning & Robertson, 2002). This
review narrowed the focus to “visionary leadership” as it related to business leaders and the institutions
in which they founded or worked. In its early years, MCC’s leadership evolved as the center expanded.
Early leadership set the course for how the center was governed and the creation of a corporate culture
(to follow) that gave MCC its unique identity. There was no particular training as to how to lead the
young center. However, the leaders recruited to MCC had particular characteristics that blended with or
augmented the vision and passion of the founder.
According to Collins and Porras (1995), “…all leaders, no matter how charismatic or visionary, eventually die. But a visionary company does not necessarily die, not if it has the organizational strength to transcend any individual leader and remain visionary and vibrant decade after decade and through multiple generations” (p. 87). Visionary leadership in literature covers a multitude of subject areas. The interviews in this work accentuated not only the leadership qualities of the founder, but also that of ensuing leaders. Moffitt accomplished his initial mission of creating a cancer center, but his ultimate goal was an enduring institution recognized as transformative in care and research. Visionary leadership at the executive and board levels was necessary in order to create a visionary organization that would benefit the citizens of Florida.

Westley and Mintzberg (1989) identified varieties of visionary leadership style; the creator, the proselytizer, the idealist, the bricoleur, and the diviner. With each style variation, time and context are still critical factors; visionary leaders possess individual gifts and talents but are also products of the opportunities and other environmental aspects of the time during which they emerged (pp. 22-30). In the case of the proselytizer, Apple founder Steve Jobs was an interesting choice as it relates to the MCC founder. Westley and Mintzberg described Jobs as lacking the imagination or creativity that some other leadership styles possessed. Apple co-founder Steve Wozniak has been credited for the actual design of the computer yet did have the thought to sell the machines. Wozniak stated that computers were not in fact something that Jobs understood, but it was Jobs’ idea for the two to ‘hold them up in the air and sell a few.’ Thus, Jobs’ attribute and significant contribution was “…his evangelical zeal to show people the future potential of the product” (p. 25). Likewise, Moffitt, who knew nothing about running a cancer center, served as a proselytizer for a young institution and enabled the experts in areas of scientific knowledge to lead through innovation and discovery. As the research showed, the chosen leaders adopted visionary attributes and led by affording others the opportunity to discover and advance science and medicine.
Herb Kelleher, former CEO, President and Chairman of the Board with Southwest Airlines was not only a business leader but also a thought leader in industry. In his leadership analysis paper, Cote (2018) highlighted Kelleher’s fourteen characteristics of leadership and further discusses those qualities in three leadership categories. First, Spiritual & Servant leadership, not in the vain of religious or faith-based literature (Sendjaya & Sarros, 2002) or comparative research (Smith, Montagno, & Kuzmenko, 2004), but his inspiration attributed to listening, conceptualization, foresight and building community. Second, charismatic leadership qualities including acting as a role model, adherence to ethical beliefs and “…created a culture that promotes affiliation among employees that drives productivity.” Lastly, Cote believed Kelleher to be both a transactional and a transformational leader; evaluating employees while also empowering them (pp. 118-120).

As MCC’s founder, Moffitt inherently possessed many leadership qualities that, through his passion, drove the recruitment process to hire uniquely qualified committed to the cause and vision. MCC had a hospital, subsequently built a research enterprise, and was multifaceted in its approach to patient care and discovery. Manufacturing facilities trained people to specific jobs. In the medical and research fields, those recruited bought their own set of skills and knowledge. Leading through empowerment, MCC leadership adopted many of the attributes described in the literature.

Culture

“There is a constant interplay between culture and leadership” (Bass & Avolio, 1993, p. 113). The founding leadership at MCC created a culture within the organization that blended the leadership qualities of the early adopters and the innovative knowledge physicians and scientists possessed. The culture, as with most businesses, had a genesis but also an evolution. Based on the vision and values of early leadership, MCC sought committed individuals who would not only embrace the MCC mission, but also had the acumen to adopt and perpetuate a culture. Business culture literature pertaining to this
work centered on organizational culture, leadership and culture, founders and culture, and people (employees) and culture.

“How do the entrepreneur/founders of organizations create organizational cultures?” (Schein, 1983, p. 13). Pertinent questions about the creation of culture are equal to the evolution and perpetuation of culture. In his 1983 work, Schein focused on the role of the founder and the creation of organizational culture. He stated organizational culture is dependent on a definable organization and a shared goal in the environment in which they work. Through the founder’s personality, a group begins to shape a culture. “Organizational culture, then, is the pattern of basic assumptions that a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration” (pp. 13-14). Companies integrated leaders and employees while evolving their practices and culture due to outside influences.

In their paper on organizational cultures Mouton, Just, and Gabrielsen (2012) drew attention to founders as early impact participants of culture creation but, in their comparison with Schein (1983), made the case that others, “middle managers and experienced employees” have impact on the development of culture (p. 316). Likely, both conclusions were accurate. Culture may have begun with a founder, founding group, but a matrix of possibilities existed in cultural maturation over time.

In his short paper regarding Kelleher and Southwest Airlines, Quick (1992), building on (Schein, 1983), stated that while founders are central to early culture creation, “Organizational cultures do not spring full-blown and mature onto the corporate landscape.” He surmised that while new cultures emanated from the founders, the adoption of cultural values and beliefs became part of the organization over time (pp. 46-47).

Literature focused on people and business culture added additional insight. Discussing the factor of people relating to profitability, Black and La Venture (2017) noted four founding principles of and key
elements to people-centered culture (pp. 25-29). Despite a differing research focus, the concepts and elements of culture had multiple similarities; leadership, communication, values, mutual success.

A great deal of the literature focused on the creation and development of culture; some founder-focused while other material concentrated on CEO or other leadership impact (Brown, Brown & Gallagher, 2008; Giberson, et al., 2009). While focusing their work on market culture, Brown, Brown, and Gallagher (2008) pointed to three business leaders, Lou Gerstner (former CEO of IBM), Jack Welsh (former CEO of GE) and Jack Taylor (founder of Enterprise Rent-A-Car), who either built, or built on, their company’s culture to drive for success in the marketplace. “Continually strengthening a firm’s market culture is essential for achieving and sustaining a competitive advantage” (pp. 28-33).

MCC, created in state statute, served as a private non-profit and also as an instrumentality of the state; a hybrid organization. Culture creation and adaptation in non-profit, quasi-public/governmental companies, specifically in healthcare, can have unique challenges. Public scrutiny and media focus could alter public opinion of the institution. Failure to adjust organizational culture to external business, cultural or environmental evolution could lead to institutional problems. “Failure to change...could erode public and private confidence in these organizations” (Schraeder, Tears, & Jordan, 2005, p. 494). Organizational culture, emanating from a founder, founding group, leadership or employees, defined the business. Adaptations and adjusts must be made over time to ensure institutional success.

**Transformational Organizations and Societal Benefit**

Transformational enterprises have impacted the business landscape in numerous ways for generations. The list of organizations that changed the way businesses operate, consumers respond, and markets react is long and distinguished. The auto industry was abruptly altered through Ford’s mass production innovation. Apple impacted individual computer ownership and later hand help phones.
Netflix disrupted the movie rental industry and changed how consumers access entertainment. Amazon changed the way consumer products were purchased and delivered. All successful organizations; all impacted people, industry and markets. They all impacted society.

Research on health care entrepreneurship in the Nashville, TN region by Carr, Topping, Woodard, and Burcham (2004), stated “…the study of entrepreneurship should also capture those development activities that are more macro-related to include societal impacts on entrepreneurial action…” The study’s purpose was to describe the relationship “between health care delivery as a societal institution... and the “business of health care” as a form of regional development.” The authors stated that Nashville was as an “example of a community of health entrepreneurs who recognize and exploit entrepreneurial opportunities during periods of revolutionary social change” (p. 49).

Entrepreneurial opportunities may or may not lead to positive impact for societal benefit. The literature focus in this section sought to discover research regarding business activity, profitability and transformational impact coupled with societal impact. MCC started as a small cancer center but grew to highly impactful institution. Subsequently, MCC created, though its mission-based business practices, a societal benefit to the region, state and beyond.

According to the 2017 MCC Community Benefit report: “Moffitt Cancer Center’s Community Benefit initiative supports patients, families and clinicians through advancing cancer prevention, early detection, clinical care and research, especially for those at-risk populations disproportionately impacted by cancer.” Figure 2 shows MCC’s community benefit by category for Fiscal Year 2016-2017. Total community benefit dollars for this time period were more than $86 million. The MCC Community Benefit report describes each category as the following:

- **Research**: Clinical and community health research, as well as general health care delivery studies shared with the public and funded by the government or a tax-exempt entity.
- **Charity Care**: Total cost of services incurred by Moffitt to provide medical services to patients who are unable to pay.

- **Medicaid Shortfalls**: The Medicaid program pays Moffitt less than it costs the organization to provide care to its Medicaid patients.

- **Health Professions Education**: Cost associated with clinical education and training for physicians and medical students not including government funding.

- **Community Health Improvement Services**: Cost of activities carried out to improve community health beyond patient.

- **Community Benefit Operations**: Costs associated with assigned staff and community health needs assessment.

- **Community Building Activities**: Cost of programs that address the root causes of health problems, including expenses for the development of community-building programs and partnerships. (Moffitt Cancer Center, Community Benefit Report 2017).

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**Figure 2. MCC Community Benefit by Category, July 1, 2016 – June 30, 2017**
While examples of impactful organizations are plentiful, the focus of this work and the literature pertaining, centered on transformational business and the impact/benefit to society from a more altruistic perspective. Literature focused on those connected issues produced numerous, not explicitly related, but not explicitly unrelated areas of research. Social entrepreneurs, social organizations, social innovation, transformative innovation and transformational leadership were all search results in the review. While each topic provided material on a particular discipline, numerous points of connectivity are presented.

Social innovation, as described by Mumford (2002) “…refers to the generation and implementation of new ideas about how people should organize interpersonal activities, or social interaction, to meet one or more common goals.” Mumford’s paper described ten cases of Benjamin Franklin’s involvement in creating social organizations including the subscription library, police force, fire department, the Philadelphia hospital and paper currency (pp. 253-261). Taken for granted more than two centuries later as basic fabrics of society, those decisions/innovations, benefited society. Globally, healthcare initiatives and research drove innovation and discovery. Social innovation created opportunity for new, cutting edge organizations, or transformational change within existing organizations that impacted societal change and benefit.

“In an effort to create societal value, many companies engage in important corporate social responsibility (CRS) initiatives (Zimmerman, Gomez, Probst, & Raisch, 2014). In this work, entitled “Creating Societal Benefits and Corporate Profits,” the authors examine how businesses embraced ventures that served society while earning profits. “…CSR programs depend on the commitment of current management and the profitability of the core business” (pp. 18-21). MCC undertook numerous initiatives that generated benefit including an annual Men’s Forum, providing physical examinations
targeted uninsured or underinsured men, a Mole Patrol mobile unit conducting skin cancer exams at different public locations. While the programs had targeted impact, they were part of a larger community benefit initiative to promote early detection and healthier lifestyles.

Drews (2010) combined qualitative and quantitative research regarding business and the social benefits of CSR. Stating that research was usually conducted in one approach or the other, the study was intended to use a combined approach to evaluate CSR “from a business as well as a societal perspective. The case study concluded that businesses can use theoretical models to analyze the cost and societal impact on initiatives (p. 428-429). Not every CSR initiative is successful, and businesses need to be aware of the fiscal impact as it relates to benefit. Sustainable businesses could create more initiatives impacting societal benefit by utilizing methods of evaluation, assessing business viability/profitability, and corporate ability to engage in additional endeavors.

Transformative innovation (TI) exists when companies “…embrace social, environmental, ethical or similar initiatives as an integral part of their strategic missions” (Bright, et al., 2006, p. 17). “TI plays out in at least one of three ways: (1) it capitalizes on and extends mutually beneficial interdependencies of business, and society or the environment, (2) it invokes a deep shift in values, assumptions and behaviors, or (3) it increases the scope of enacted human strengths.” TI, when successfully executed, created mutually beneficial results where corporate profitability and the creation of societal benefit were not mutually exclusive events (pp. 17-20).

The founder’s intent, to provide cancer care to Floridians, and four institutional events (decisions) created a transformational institution through transformative means. As discussed in Chapter 5, four key events took place that aligned MCC’s business goals to benefit cancer patients. One transformational decision, a multidisciplinary approach, transformed antiquated methods of care delivery and benefited patients through a streamlined process and, more importantly, statistically better treatment as measured by patient satisfaction and health outcomes.
Social entrepreneurship and social innovation in business are growing areas of interest in research. Much of the existing literature describes the topics as businesses either created for, or adapted to, impacting the greater good through their mission and culture of societal betterment (Barki, Comini, Hart, & Rai, 2015; Ebrashi, 2011; Martinez, O'Sullivan, Smith, & Esposito, 2016; Steiner & Teasdale, 2016; Wilson & Post, 2013). The creation organizations designed to serve a specific market sector, while benefitting a geographical and/or societal need is pertinent.

Social entrepreneurs created organizations with a particular social initiative as the centerpiece of the organization (Nicholls, 2006) or via for profit ventures (Cleveland & Anderson, 2001), or though cross partnerships with commercial companies (Ebrashi, 2011; Nicholls, 2006). Social entrepreneurialism at MCC took on many forms. From its founding, MCC was created to provide services, with superior results, to a state that did not have a nationally recognized institution at the time.

Linking to Ebrashi’s research, MCC partnered with many commercial enterprises, Merck as an example, to engage in clinical research trails with the intent to find pharmaceutical treatments for cancer patients. In order to augment that partnership, MCC created a for-profit subsidiary, M2Gen, to partner with pharmaceutical companies seeking clinical annotated data and tissue samples. As a for-profit subsidiary, any profit from that venture was to be rolled back into the research enterprise at the non-profit organization. MCC sought to capitalize on potential from a new market venture, with the overarching goal of enhancing the research arm of the institution. MCC also partnered with other institutions in Florida, other states and nations including a personalized medicine partnership with Tiajin Taishan Cancer Hospital in China. With the goal of sharing discovery and treating patients closer to home, these partnerships enabled a high level of care without having to travel to Tampa for all treatments.

The only cancer center created by the state, MCC’s immediate impact was regional. As the center grew and the research enterprise was founded, MCC’s reach extended far beyond the Tampa Bay
area. Previously, many Floridians were forced to seek treatment options out of state at other institutions with renowned reputations; MD Anderson in Texas, Mayo Clinic in Minnesota or Memorial Sloan Kettering in New York. As MCC progressed through key transformational events, it served patients statewide, nationally and internationally. The benefit MCC provided Florida was not simply the number of patients it served, but the innovative care-model it created. Prior to the center’s inception, Moffitt’s goal was to impact the lives of Floridians with superior care. After more than three decades and nearly 400,000 patients later, MCC exceeded the expectations of its founder.
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<tr>
<th>Source</th>
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Sustainable change |
CHAPTER 4: THE FOUNDER

Introduction: The Founder

Identifying and describing any leader’s personality, drive, ambition, goals and core values can, on the surface, seem fairly easy. What did they stand for? Did their record reflect their words or actions? What did they talk about? How were they viewed by their family, friends and colleagues? What were their accomplishments? However, understanding the core of an individual and how words and actions are translated into lasting results, redeeming qualities and enduring reputation is more sophisticated. The benchmark is time. What did they start that was good, continue to do and did not stop doing for any reason?

A case can be made that H. Lee Moffitt was one of those people who, with fierce passion, made a difference. The founder of Moffitt Cancer Center (MCC) never stopped pushing, working, and impacting the cancer center for institutional betterment. Moffitt was born and raised in Tampa, FL. The son of a welder and a Holiday Inn desk clerk, Moffitt was the first in his family to graduate from college. After graduating from the University of South Florida in 1968, he attended Stetson Law School for one year prior to graduating from Cumberland Law School in Alabama. After practicing law in Tampa for five years, Moffitt successfully ran for a seat in the Florida House of Representatives; ultimately ascending to Speaker of the House from 1982 to 1984. A cancer survivor himself, Moffitt had three friends diagnosed with cancer. The three had to seek medical care outside of Florida and all three died. Impacted greatly by the events, Moffitt made it his legislative, and ultimately his life’s, motivating force to establish a state of the art cancer center in Florida.
Moffitt’s passion for fighting cancer and the institute he founded can best be described by the people who have been around him most or influenced by him greatly, personally or professionally. Moffitt served for more than 30 years as a founding board member at MCC. He did not receive compensation for that position, his lobbying efforts for continued state investment in the center or any other service. He also refused to allow the center to designate an office for him. He practiced law before and after his legislative time in elective office. He utilized his legislative experience to obtain clients to represent before state government. He made a good living but was not rich. His constant and consistent passion was the cancer center that bore his name.

This research project utilized interviews conducted with more than twenty leaders connected with MCC. Board chairs, members of the board, the CEOs, key executive leadership and program directors were asked for their opinion on numerous topics, including the founder. The interview questions are shown in Appendix B. In this chapter, excerpts from several interviews are used describe Moffitt on a personal level and a professional level.

**Personal Insights**

Most interviewees were asked identical questions. There were a few exceptions: his best friend, his daughter, the general counsel at MCC who knew the founder for nearly his entire career and one other founding board member who was a close confidant of Moffitt. Those individuals were asked to expand on Moffitt’s personal traits as well as his professional involvement. To get an in-depth picture of who Moffitt was, these individuals contributed extensive thought, opinion and perspective on H. Lee Moffitt as a person, a professional, a politician, a founder and a driving force for MCC.

**The Hon. Ralph H. Haben, Jr., Esq.**

Ralph Haben and H. Lee Moffitt met at the Cumberland School of Law in Birmingham, AL, where they graduated in 1967. Haben was elected to the Florida House of Representatives in 1972 as a
democrat representing the Bradenton, FL, area. He was eventually elected by his colleagues as Speaker of the House, serving from 1980 to 1982. Haben was H. Lee Moffitt’s closest friend. Moffitt stayed with Haben during the 60-day legislative session in Tallahassee, FL, each year. Haben knew Moffitt better than most.

For the purpose of introduction, and discovering the essence of H. Lee Moffitt, the man, Haben’s recollections not only add depth, but also commentary regarding Moffitt as a person, a legislator and founder of the H. Lee Moffitt Cancer Center and Research Institute.

I began law school at Stetson. Had not been involved politically in any way ever before, just went to University of Florida. Never was involved in student government, just didn't do it. And we got there and as a matter of fact Jim Smith at that time was there, he became the attorney general. (Smith served as Florida Attorney General from 1979 to 1987 and Secretary of State from 1987 to 1995 and 2002 to 2003). And three or four other people that Lee and I became friends with.

They had freshmen elections. And so we were going put together a slate of people and Lee was going to be part of that slate and I kept saying who is Lee Moffitt? I met him, introduced myself up on the third floor of the law school. And so we went through the election. Somehow or other he was running for like secretary or treasurer. And Lee lost. We started hanging around then became friends.

There came a time my senior year, our senior year, when Wilbur Boyd (D-Palmetto) who was our senator from Manatee County, constitutional revision (the Florida Constitution requires an appointed body to review the state constitution every twenty years and submit proposed adjustments) was up. Claude Kirk (R-Jacksonville, elected in 1966) was the governor. And so Senator Boyd said why don't you come and become my aide because you have some law experience now and we're going through constitutional revision and you can advise me. And I
Then contemporaneous (sic), or within about three or four months, Lee had met Senator (Louis) de la Parte (D-Tampa) and he became Senator de la Parte’s aide. So now we have transitioned from law school politics to both working at the same time in the Florida Senate. So we did that for a while and then we both got admitted to the bar. He went back to Tampa and started practicing. I went back to Manatee County. In 1972 there was an opening (for a seat in the Florida House of Representatives); I ran successfully. And then in 1974 he ran successfully.

I had been up here for one term and he was then elected in ’74. During, and I’m trying to think if it was before or after, but I remember he got cancer. And I didn’t think much about it at the time. And finally somebody called me and said he is up in the hospital, this is fairly serious, you probably ought to come up here.

So, we got in the airplane at night and left Sarasota and landed on Davis Island. And went to see him and I realized that this was a serious fricking (sic) deal, he had a damn hole in his leg about the size of a damn watermelon. And I realized he’s lucky to be alive. And so that was an ordeal for a while.

Ultimately he started healing up by this time we had run for the legislature and so we came up here (to Tallahassee, FL) and were friends before we came and it just got closer and closer because the service up here. Lee was just coming up as a freshman. I knew Lee had this thing because of what he’d gone through with cancer which was not pretty. And he had this idea that we should build a cancer center. Now what I did not know at the time, which I now not only know but live with each and every day, Lee Moffitt is the most stubborn person that I have ever met and I have met a lot of really stubborn people. He’s not unreasonable particularly. He can be. But he’s stubborn. And he got in his mind that we were going to have a cancer place.

But he doesn’t know how to do it and so he comes to me and says “Listen, you know Speaker
Brown better than I do. I really would like to get some seed money to begin to plan a cancer facility.” And I said well that's not a problem. He said “Well I just I don't know what to do.” I said well come with me. And so we went up to the fourth floor (of the State Capitol) and went into Hyatt's hall and said Hyatt, Lee needs a little over a million dollars. Well, for what? I said listen. He wants to look at the feasibility of a cancer facility. And he'll take a million dollars and nothing will ever come of it. But if you do not give it to him, he will wear you out. Just constantly, just give him the money. And Hyatt said, okay. So he called the appropriations chairman [to] put money in the budget. And there it began.

For a year, that was his main thing. He did a lot of other things but that was his main influence. And then and actually the year he was elected, Hyatt called me over and said listen. I need somebody, one of our people to succeed me. You need to talk to a couple guys and decide if you're going to do it or not. I wanted to be the United States Attorney for the Middle District I thought. But then I finally gave that up and stayed and ran and of course back then you had Hyatt and me and then Lee. We were all extremely close. Ultimately he became Speaker and was able to complete not what exists today but what existed back then, which was sort of the focal point. And I'm going to tell you something I think to be emphasized. He has never made one penny off of that cancer center. And he could have. He could have made several million dollars. Will not do it, will not talk about it. That's unusual. Lee Moffitt is a good person. I'd like to kill him sometime, but he is a good person.

Lee Moffitt came from middle class but good parents, both of them. But both of them really cared about him. And you know he's sort of a typical story, went to Plant High School (in Tampa), did not have a butt load (sic) of money, but was involved. He went to (University of) Florida for a short time, was always interested in politics. We were both extremely naïve. Had no idea about what the real deal was until we got up here, or actually until we started to
campaign. I mentioned earlier he is the most stubborn person that I know. But that's a good thing. Lee was sort of on the outside looking in. I mean he was well known, well liked. But the name Moffitt was like, ‘is that a plumbing part?’ But I had run and so I had some experience on how to do it.

I remember going door to door in Hillsborough County. It was close but he won. And, of course, once he won then very quickly moved into a leadership position. What's funny is he's stubborn, but his nickname in law school... was Mother Moffitt. Very “let's keep everything under control.” But that's him, it's just “I don't want anything bad to happen, don't want anything bad to happen.”

Lee's very steady number one. Number two, I didn't do so much of this, he did, he would reach out to the Hillsborough people, “what do you need, how can I help you?” I mean I sort of knew but you don’t have to reach out. Believe me they'll be right up here. Don’t worry about it. But he did that, and he was interested in all things Hillsborough, he really was. Because his circle of friends was Hyatt, speaker, me, next speaker, (Rep. Steve) Pajick (D-Jacksonville), (Rep.) James Harold Thompson (D-Quincy), all of the leadership people during that period of time, Lee was close friends with. He was liked and well respected. You ask any one of them though, they will tell you he was stubborn.

The Lee way is the kind of ... he wants to be right. Not in a bad way, he wants to be right because he thinks about things, he sometimes studies them to a fault. He does not want to make a mistake. He doesn't want to do something wrong. He doesn't like controversy. He just doesn't. He wants everything to work out, he wants everything to be good. And for the most part he was able to do that. As Speaker, he was able to accomplish it, not through force of will. I think most of the House of Representatives thought this guy is a good guy. He means well, how can you refuse him?
Let me tell you the classic comment. (Rep.) Elvin Martinez (D-Tampa) one night had had many high balls. And Elvin said you know what? I've looked at the total state budget, I don't know if we can afford all the Jenny's (Moffitt's daughter) of the world. Because that was Lee's opening address, he said he wanted to take care of the children and education, and he means it. The last line of that opening statement was we need to take care of all the little Jenny's of the world. And he meant it, of course Elvin was drunk, says we can't afford all the little Jenny's in the world.’ Which if you think about it really makes the point that he wanted to do the right thing and he wanted to be right.

He and I are so different. And yet we are the best of friends and have been that way for a long, long time. The House (of Representatives) really respected (Speaker) Hyatt (Brown) because of what he was able to do, that he was able to turn it around so that the young guys were now running the rodeo. And they were a little fearful of me because I knew the rules, I was pretty good in debate and, I have a quick tongue. But him they loved him. It's like if Lee wants it let's just do it.

There is nothing wrong with being an advocate. But up here you have to be an advocate within certain bandwidths. Sometime Lee does not recognize those bandwidths. And let me tell you why. That cancer center is so much, it's part of who he is, it is a major part. I would like to know the number of total working hours in a year that he devotes to the cancer center. I guarantee you, I guarantee you it's more than 70% of his time.

The cure is there. 10, 15 years from now all these people that we lose, they're not going to be lost. In other words, my momma my daddy my brother, all could have been saved and he knows that. So it's the best of the best but sometimes when the mission becomes really important, you still have to work in the system. Let me tell you what the system is. It is frustrating. It frustrates him on a fairly regular basis.
I guarantee you, you all are going to have to make a fricken (sic) motorized walker where he can go to the damn board meetings when he gets about 90 years old. Because he’s not going to quit until he dies. Just not. I don't know anybody that is as committed to an institution or an idea as he is.

I don't know any other person that spends the unpaid time that he does, I wouldn't do it. I couldn't do it. But he does it. And not only does he do it, he loves it when something good happens.

Do you want me to tell you what is a realistic expectation (about the future) he has or an unrealistic expectation that he has? Two different things. The unrealistic expectation is to, not for everything, but to find an accepted cure before he dies. And if not that, to continue to grow and fund so that we will be better positioned to realize the first. That is to ultimately find the cure. You're going to find a cure for some of it. You aren't going to find a cure for all of it. So Moffitt, when they find a cure, it's almost their mission doesn't end, it begins. Now we got a handle on it, now how can we develop the procedures and the way to go about getting to where 50 years from now, they used to have cancer back in early 2000's. We don't have that anymore. Like trichinosis in pork.

If you would have told me in the Speaker’s office, when we asked for about a million dollars, that I would be talking about a facility that encompassed acres that was famous, not in Florida, not in the United States, but throughout the world, that it would be ranked in the very top echelon of facilities and it all started with a hole in his leg.

He had an idea, he had the mental makeup, the stubbornness to just keep on and on and on and to continue to fund and it continued to grow beyond anything we ever, ever could have imagined.
For a lot of people in Tampa, one day there was some bricks and mortar and it seems like it gets bigger and bigger and bigger and now it's a part of the fabric of Hillsborough County, that whole area. The jobs, the economic engine that it is, but for me I just remember Hyatt giving him a million dollars where we can just get the frick {sic} out of here.

Who would have thought, they started building it like it'll be an 80-bed facility and he'll be happy and we'll name it Moffitt and go on down the road. And that's not what it is now; it's a world-class program. If any one of those factors would have been different it wouldn't have happened probably, but the most important was him persevering.

Out of all the questions asked of those interviewed, there was only a single question about the founder. Interestingly, all but one person mentioned H. Lee Moffitt before the question was asked. That fact was not completely shocking considering his name was on the door. However, the frequency of responses and the depth to which the respondents went was enlightening.

Jennifer (Jenny) L. Moffitt, PhD

Adding a bit more flavor to the founder himself, Moffitt’s daughter, Jenny, had insight from a number of perspectives. She served as a member of the hospital board at MCC. A PhD professor, Jenny was not politically active like her father and was focused on her career and her interests. She was “recruited’ to serve on an MCC board in similar fashion to general “encouraging” a child to pursue a military career by going to West Point. Jenny had grown up with MCC as part of her life.

I don't really remember a time in my life when it (MCC) wasn't part of the conversation or part of my dad's focus or reason for being. There were discussions about his dream for the center. I remember it, when the hospital was under construction. Of course, the growth that we've seen occur in my lifetime from just an idea to something on paper to something that started to emerge from the ground here in Tampa, just the hospital building at the beginning, and then
adding on the Research Center and that kind of growth happening.

My earliest memories are the classroom here, the Cynthia King classroom in the hospital. That was my first introduction to cancer. The first time my dad had cancer was before I was born. Cynthia would allow me to come and volunteer in the classroom where I got to spend time with, this was when we were still doing pediatric care, and I would come and spend time with the kids in the classroom. Those were my first lessons about cancer and cancer treatment, learning from a young girl being treated for leukemia. I remember her taking me to her room after we left the classroom and showing me the IV and talking about how she received her treatment and the effect that it had on her.

Those were really my earliest memories of coming to understand what this place was and the impact that it had on the lives of the patients that were coming in.

Jenny’s early memories and her father’s eternal drive to propel MCC to the forefront of cancer care and research were always present. However, she pursued her own path and was not actively involved with the daily operations at MCC until after she had established herself professionally. Her board affiliation and her own growth as an adult established her own views on her father’s interest and drive regarding the cancer center. Her father’s personal experiences with cancer are not only part of her recollection, but also her awareness of the disease’s impact.

It’s always interesting for me because I’m trying now as an adult, and within the Moffitt community, to see him as a man rather than a father. It’s always difficult with our own parents to imagine them existing in the world outside of their role as parent... I suppose I’m sort of grateful for Moffitt because it allows me to see my dad in a different perspective than the father perspective.

He has been an incredible, if not intimidating, role model for me my entire life because he is so passionate, so determined, so engaged, so willing to give of himself and of his time and never
resting in his commitment to the cancer center and his pursuits in his goals for this place. It’s been remarkable watching the center develop over the years as well as watching him grow over the years in terms of what he’s learning. He was not someone with medical or healthcare background. This was a passion project inspired by the loss of friends, and so he had to do a lot of self-education in order to be able to make this place a reality and then to remain a participant.

He didn't just say, "Oh, let's get this thing going," and then move on to something else. He will be here until the bitter end. He will... this is a lifetime commitment for him, so it's been remarkable to watch him in that capacity.

The friends that he lost, that all happened before I came into the world when he was very young, as did his first battle with cancer happened before I existed. For me, my memories are of his second encounter with cancer when I was around 12, I suppose. He hid it from me when he got sick because, as a parent, you never know what it means when you get that diagnosis, and especially if your children are of a certain age or not quite sure what the future is and what they can handle or what they understand.

A lot of it was hidden from me, and I was sort of unaware of him being sick. Then when I did find out, as any family member or caregiver knows, it's really terrifying, the threat of the loss of a loved one and the pain of watching someone you love go through the experience, the physical pain, the emotion pain for them.

Jenny believed that her father’s motivation, his experiences with cancer and the death of three close friends were always top of mind. But she also grew to understand that there were specific traits her father exemplified that drove his ambition for excellence in cancer care and research.

I would say visionary, and this comes to me because it’s something that I admire so much in him is to be able to. I mean, we talk about him as being determined and tireless and forever willing
to fight the good fight but he has this incredible capacity to look into the future, if you will. Or to imagine possibilities that I think makes him unusual. This was something I've always both admired and perhaps been a little jealous of, is this ability to say, "Let me think, I'm going to anticipate needs," and then not just come up with ideas, but actually work to make that a reality. It's a really remarkable quality.

It never stops with him. It never turns off, where he's always thinking, "Five years from now, 10 years from now, what do we need to be doing, what do we need to be ready for, how is the culture going to change or technology going to change, how can we adapt to meet changing needs." It's impressive.

I think he, in part, leads by example in that you see that devotion, you see that commitment, and I think it's inspiring. It's sort of infectious to those of us around him. I think the other thing that makes him a great leader, or anyone a great leader, is the capacity to listen to others and to gather information and know that there are times to be in the driver seat and there are times not to be, that you have to trust those around you to contribute that this is a team effort, that this cannot happen without everyone involved in the Moffitt community coming together and sharing information and helping in the best way that they can. You've probably heard him ask people a bazillion times, "Have you found the cure yet?"

L. David de la Parte, Esq.

David de la Parte provided an additional look into the history and depth of the founder. de la Parte, who has long considered Moffitt as a mentor, served as outside General Counsel to MCC from 1990 until moving in house at MCC in 2007 to serve as Executive Vice President (EVP) and General Counsel. de la Parte’s father, Louis de la Parte, served in the Florida legislature and ultimately ascended
to the role of President of the Florida Senate for a short period. After law school, Moffitt worked as the legislative aide for state senator Louis de la Parte.

Dad is why I am here. You can trace pretty much everything back to dad as far as my legal career, professional career. But Lee Moffitt, for a time, worked for Dad when Dad was in the legislature. Lee and Ralph Haben were on their way to Tampa having graduated from law school and decided they would go through Tallahassee and see if they could get a gig in government. At that time, Dad needed an aide. And gave Lee the job. Dad was in the Florida senate at the time representing Tampa, Hillsborough County.

That's where Dad and Lee kind of established their first formal relationship. Lee certainly knew Dad because Dad was active in politics and was elected office and was a lawyer in town. He was 12, 14 years Lee's senior. Lee tells me, and I've heard him tell others, that he kind of caught the political bug from dad. I don't know about that because Lee was political before he went to work for dad. He was student body president here at USF so he already had the political bug. Maybe he just got more refined.

In 1990 I became Moffitt's outside general counsel by virtue of Dad's early retirement (former Sen. de La Parte had served as MCC's outside general counsel) because of an illness. I did that for about 15 years as outside general counsel and private practice. I was recruited to be the cancer center's in-house general counsel by H. Lee Moffitt and Bill Dalton, the then CEO of the cancer center in 2007. And so I moved. I sold my practice to my partners.

Over the years of working for MCC in private practice and internally, de la Parte worked closely with Moffitt on all aspects off MCC business. de la Parte grew to revere Moffitt and learned much about his personality, drive and motivation.

H. Lee is one of the most extraordinary people I have had the opportunity to interact with. Lee is definitely probably, next to dad, the most extraordinary person I've known. No human being
perfect. Lee certainly isn't perfect, but he is able to bring to bear for us, for the cancer center traits, talents, energy that is...again, I have not witnessed in any other organization.

It does oftentimes go back to one person and their unique attributes and traits. And a passion that is just... It's an energy, a life force that Lee has been able to channel to the benefit of this place in his mind. Working 24/7 on whether it's how do we get the cars through the valet more efficiently, more quickly so patients don't have to sit and wait and can get into the place and get the care they needed? To how do we talk the legislature into giving us the hundreds of millions of dollars we need to build a new research tower or to build a new clinical facility?

It's from the very smallest thing, operational thing to the very largest strategic things that we do. He's got a mind that's capable of that. And he's got a passion for it. And he is willing to put himself personally at risk, and he has. If Lee put the energies that he's put to us to his law practice or his political career, he'd probably have a lot more money or he'd be the President of the United States or something. But he chose to put his energies into us into this place, into the Moffitt Cancer Center. And thank goodness we've had someone like Lee who didn't put his own personal interests ahead of the patients and our mission.

He's a tough task master. He's a bear. He is never satisfied. You've got to be prepared when you work with him and work for him to be prepared for a grueling experience. But that has a lot of rewards at the end of it. For me, it was a personal and professional embracing and a leadership towards a purpose higher than self that Lee personified that for me defined Lee and defines Lee's and my experience with him and I think the experience of a lot of people here. There's a lot of people at the cancer center that are here because of Lee, either directly or indirectly. Because of that culture and a lot of those traits that they see or that they want to emulate in some small way.
Theodore (Ted) J. Couch, Sr.

There was likely no one closer to Moffitt in all things MCC than Ted Couch. Couch, a former Tampa banker and businessman, served as the Chairman of the Board at MCC and subsequently on the executive committee and the parent board of directors. A term of endearment often used to describe Couch was “salt of the earth.” Couch was a low-profile, quiet, thoughtful and dedicated driving force in the growth and success of MCC. He was smart and could process a lot of information, formulate a plan, get it moving and accomplish an enormous amount without drawing attention to himself. Moffitt trusted him implicitly. Couch reciprocated with commitment and attention to detail. Couch had a responsibility to the institute as a whole while, at the same time, he always understood the founder’s vision.

The way I got involved was, of course, Lee Moffitt. I met Lee through a partner that I had that owned the Holiday Inn on Fowler Avenue (in Tampa). And so I was introduced to Lee about the time that he was a House Member, actually, prior to him becoming Speaker, I got to know him much better after he had become Speaker.

Everybody knows about Lee. He’s determined, when he makes up his mind that he’s going to do something, he doesn’t let anything distract him. He pushes until he achieves his goals, and his goals are already, always, or for the most part anyhow, right on target as to what the needs are. And in addition to that, he’s just an amazing person to work with, as long as you understand what his position is.

Moffitt Cancer Center is probably the greatest thing that has been accomplished in Florida in my lifetime, and I’m 82 years old. It's all through the genius, I would say, of Lee and his compassion for others who he knew at the time were suffering from cancer but had to go out of state in order to get superior treatment. He wanted to remedy that, knowing that the state was growing at the rate it was growing. The fact that we have as much sun exposure here makes sense I
guess even more. What would you say? Eligible for cancers, or at least skin cancers. So that was his motivation to attempt to get the funding to build a center.

Lee had the motivation to see that a center in the state of Florida was built as he was Speaker, and he had the influence to be able to push decisions like this. So his inspiration led him to secure, through the leadership sponsorship, for I think it was like 60 million dollars at the time, to be dedicated to building the cancer center on the campus of the University of South Florida. I think what he's accomplished, it speaks for itself. Going all the way back to the time that he was in the legislature. The fact that he was probably one of the youngest Speakers of the House that Florida has seen, and the fact that he could actually make a Moffitt happen. Because when you look at Moffitt, what it's accomplished over 30 short years is just nothing short of incredible. Matching up to other NCI centers around the country. As a business person, I think with his style and his brain power, his ability to be able to stay focused, he could have been a very successful businessman. And fortunately for us, he channeled all this into service for others.

I've been around (MCC) for 33 years. The one thing that I really am grateful to Lee for, Lee, at a very young age for me, taught me that you can give, even if it's a stretch because that's when he enticed me into funding a chair in cancer research at the University of South Florida at the time that he was attempting to get the funding to build the center. At that time, I had not had a record of giving. It never occurred to me that I could or should be giving. And so he taught me that I can make a commitment and that I can honor the commitment, and from that time on, I've been making commitments in philanthropy ever since. And it's probably the best thing that I've ever learned. It's certainly made a good life for me.

Four people who were close to Moffitt early in his life and career, through their words, give insight into the person from both a human and professional perspective. They have known and
observed the man from multiple perspectives: his strengths, weaknesses, drive, ambition and purpose. Their relationships began before the cancer center existed and they journeyed with him throughout.

**Professional Insights**

The people who have worked with Moffitt in only a professional setting also have unique insights into the founder. Their relationships are, for the most part, professional and based on progress, discovery, care, treatment and success of a single institution. Many people were involved, associated with, or governed MCC for extended periods of time. Since MCC had been treating patients for only 32 years, a high number of doctors, researchers, clinicians and executives had experience in other renowned institutions prior to joining MCC. Thus, an additional asset was the experience brought to MCC from previous cancer centers and businesses. That said, it took a bold person to leave the comforts of a known, reputable organization and move to MCC. The culture, mission and mindset were ingrained by the founder and the people who were entrusted to lead the institution early on.

Many of these leaders also add insight into the founder and how the culture was solidified. Throughout the following section, Moffitt’s vision, determination, passion and commitment were made clear.

**The Hon. Connie Mack III**

Former United States Senator Connie Mack (R-FL) served in the US Senate from 1989 to 2001 and in the United States House of Representatives from 1983 to 1989. A banker by trade, he served as president at a small community bank in Lee County, FL, prior to entering public service. Mack was the grandson of legendary baseball player and manager, Cornelius McGillicuddy (Connie Mack) of the Philadelphia Athletics (then the Oakland A’s).

When Mack was a young man, his brother Michael was diagnosed with melanoma, which was treated and remained in remission for a decade. At age 35, Michael died of melanoma. Mack recalls that
defining event as a significant motivation for seeking public office. Over the decades, Mack’s family was impacted greatly by cancer. His father, mother, wife and daughter all experienced the disease. Mack himself was diagnosed with and treated for melanoma while serving in the Senate. While serving in the Senate, Mack wanted to impact cancer research and treatment. The National Institutes of Health (NIH) oversees numerous health related departments/agencies, including the National Cancer Institute (NCI). Mack had a vision of doubling research funding at the NCI to enable more scientists to focus on these diseases. The Congress is a representative body that acts and reacts to influences in their districts, nationally and internationally. Advocates for heart, lung, diabetes, HIV, Alzheimer’s and numerous other diseases were interested in increased federal funding as well. Mack realized that increasing/doubling funding for NIH, as opposed to just the NCI, would provide collective support to influence the congressional budgetary process. That coalition was successful.

Nearing the end of his second term in the Senate, Mack made the decision not to seek a third term. As he was winding down his tenure in public life, Moffitt approached him about serving MCC on the board.

I wouldn't have spent 17 years at the Moffitt Cancer Center if it hadn't been for Lee. Lee and I spent some time together not long after I announced that I wasn't go to run for re-election to the Senate. We had dinner together. Lee was just wanting to know a little bit more about why I was doing what I was doing with respect to cancer research and doubling NIH. I think both of us, even though we were representatives that came from two different parties, we had a mutual respect from day one.

At some point, and I don't think it was that night, but at some point Lee said to me, "We'd like for you to join the Board at the Moffitt Cancer Center, and because I know you're the type of person who doesn't just want to be another member of the Board, we'd like you to be Chairman of the Board." So, I jumped at the opportunity because it fit right into the way I kind of saw my
future after getting out of politics and being involved more in cancer research and cancer
treatment was exactly what I was interested in doing.

The experiences and the drive to impact the fight against cancer bonded the two men. While
having the stature of a general, Mack was also a soldier in the war. Moffitt realized that and recruited
him to serve. Moffitt identified and recruited like-minded people, not political but in mission, to serve as
leaders, to become part of the MCC community and mission. Mack saw in Moffitt the qualities and
commitment of an individual who enticed free thinkers to lead and advance the cancer center.

Lee, being the type of person that he is, it was very clear what he was trying to accomplish, what
role he thought that I could play in helping that come about. His commitment to continue effort
to expand the resources for the Moffitt Cancer Center. I love the guy. He really has made a
difference. So, how do you sum him up? Passionate, determined, committed, focused, visionary.
There's a saying "enthusiasm is contagious." His leadership style is kind of based on that. He's
not a rah-rah type, but his actions speak louder than words of his commitment. And because of
that, he can draw others into what he's trying to accomplish.

Timothy (Tim) J. Adams

Tim Adams was the Chairman in 2018, after serving 26 years on the MCC board. Adams was a
retired executive from Time Warner Customer Service.

I'd come to town and I’d just assumed a leadership role at Time Customer Service. And my
predecessor had engaged Lee as a lobbyist, and so we met that way. And an opening came up
on the board; I was 30 at the time. I think Lee wanted to recruit some young folks, so that's how
I ended up here.
Adams had a front row seat to the rapid growth at the cancer center and had participated on the board for a great portion of his career. Adams was a Moffitt disciple and understood the founder’s passion, motivations and drive.

If we didn't have that singular focus, or we let ourselves get distracted, I don't think we'd have come this far this fast. It all starts with Lee obviously, and the vision and mission. So particularly the vision and mission, I think, which sprung from Lee. Lee had a lot to do with recruiting of leadership both on the boards and management that agreed with the vision and mission.

I think Lee is extremely unique, and I don't know of anybody else who's built something like this from scratch. I don't know the Facebook guys and the Google guys. But if you think about what Lee's done, it's really been determination and perseverance, but the really cool thing is, he pretty clearly early on realized, "This is how I can help the institution." By making sure everybody keeps focused on mission and doing his things with the legislature that he does. And he also realized, "There are things I can't help with" and surrounded himself with people with pretty unique skills.

Adams appreciated the thought process that Moffitt possessed and learned over his years on the board that knowing what you know and knowing what you don’t know is vital to organizational success in business. Even at a non-profit, where success is not based on bottom line market share or stock value, Adams knew that MCC’s success depended on smart and successful people, working in tandem for a singular purpose.

Look at the founding set of board members. They all complemented one another and had different skills, and I think it takes a big person to say, "Here's what I'm good at and I'm going pursue that. And here are some other things that I'm willing to cede control to other people to benefit the institution."

I think the recruiting, the keeping the institution focused on mission, and then obviously, the
stuff in his wheelhouse that he's done remarkably well over the years, really distinguish him. A lot of founders, I think, would be unwilling to cede any control to anybody. Lee did a wonderful job of saying, "Here's the kind of talent I need to bring in to push this place along."

**Edward (Ed) C. Droste**

Ed Droste was one of the significant examples of how the adopted mission passed from hand to hand. Droste was a successful business man who owned and operated a large real estate management company. He also was one of the founding members of the Hooters restaurant enterprise. Droste had an accomplished career, acquiring wealth and notoriety. He didn’t need to work or devote his time to philanthropic activities or organizations, but he did both.

Droste had gotten to know Sen. Connie Mack in the early 1990s and became politically active, supporting candidates and causes that piqued his interest. Mack had come to know Droste as a capable and personable individual with business acumen accompanied by focus and determination. As Moffitt recruited Mack, Mack recruited Droste. Droste served as the Chairman of the Moffitt Foundation Board and as a member of the Executive Committee, making him a member of the MCC parent board. As Droste immersed himself in the MCC foundation, his relationship with Moffitt grew.

Having been around Lee a lot, I'm amazed at some of these visions. We have a lot of restaurant concepts that take off, but one vision ended up somewhere else. They're successful but very dissimilar from what the original goal was. Moffitt, to me, obviously exceeds Lee's wildest dreams and the legislature's wildest dreams, but I think to be the superior resource and alternative for Floridians initially and nationwide, they've achieved that in spades.

When you say visionary, that comes with the thing that he sees what he wants this thing to be, that light on the hill. Whether it's in a legislative session on how to present a position, they better follow this way because he's got a vision of how that's going to be accomplished. But I
think it's good. He's not only the pioneer that led the troops over the hill, but he's also the standard.

He's a pretty demanding leader. But from where I sit, I see him as a tremendous addition to meetings, to groups, whether it's a fundraising event or a strategic session where our sleeves are rolled up and it's a five-hour meeting and we've got to come to some decisions. He and Connie Mack are very similar, I think, (they) bring that statesmanship type of diplomacy, but a razor sharp focus on some of the priorities and some of the strategies. It's fascinating to watch them work.

Significant commentary regarding the founder has already been stated, however, MCC's executive leadership added additional perspective.

**Alan F. List, MD**

Dr. Alan List served as CEO of MCC beginning in 2012. Prior to ascending to CEO, List was MCC’s Physician in Chief. A malignant hematology doctor, List had been recruited to MCC from the University of Arizona where he led the blood and liver transplant program and leukemia program as Associate Center Director for Translational Science. List continued to practice medicine and conduct research while serving as CEO.

List was one of the experts in his field that came to MCC from a university structure, conducting treatment much differently than the MCC model. It can be difficult for faculty to adjust to an interdisciplinary model of treatment from a departmental structure that the vast majority of university medical programs followed at the time. But List was a believer. He was like-minded in that the structure and delivery of care as organized by MCC far exceeded the standard of care in other institutions. List concurred that the founder was the early, present and continuous driving force.
Lee is a guy who's highly motivated, highly focused, and definitely goal-oriented. Initial motivation came from losing friends that had cancer and his own experience personally. But to lose such close friends over a short period of time really is what struck him. Lee is someone who, once he gets started with something no one's going to stop him. He pushed and pushed; he had a lot of resistance, but he had the fortitude and the vision to see this through, and certainly made it a reality. Still, obviously, very much involved and this is his baby, he wants it to succeed, and obviously still influences things today. He's the founding father. The good thing about Lee is he's still visible, comes in not just in the C suite but he's in through the hospital, the clinics, so when staff see him they want to talk to him, they want to meet the founder. He is the inspiration for a lot of the staff here. And the other thing about Lee, thinking back to when I first met him, he's truly a statesman.

William (Bill) S. Dalton, PhD, MD

Dr. Bill Dalton served as MCC’s second CEO. Dalton is a researched-based physician, which is why he placed the PhD before MD in his title. Dalton had served as Associate Center Director for Clinical Research from 1997 to 2001. He served as Dean of the University of Arizona School of Medicine for a short period before being recruited back to MCC to serve as CEO from 2002 to 2012. In 2012, Dalton transitioned to CEO of M2Gen, a for-profit subsidiary of MCC.

Dalton, like Moffitt was a force to be reckoned with. Not a gentle leader, Dalton had a commanding presence and a forceful leadership style. In passion and drive, Dalton and Moffitt had equally strong personalities, like two alpha dogs in the same space. While the personality makeup of both could, and at times did, lead to the clash of the titans, both men had an appreciation for the other’s commitment and sense of purpose.
I remember the first time I met Lee Moffitt. I had not yet decided to join, was visiting and the passion in his eyes about why I needed to come here was captivating. And I had never seen anybody... I work with a lot of passionate people. There was an intensity with that passion, wanting to do the right thing and he is a driven, committed person, who is also transparent about what he is trying to do and how he is trying to do it. And I think the whole idea of creating an instrumentality of state was masterful, so he's brilliant in that regard.

When asked about Moffitt's leadership style, Dalton responded:

You don't have an option. When he says you're going to do something, we're going to do it, which I appreciate. His leadership is, again, captivating. You want to be part of it. And there is no other choice.

G. Douglas (Doug) Letson, MD

An orthopedic oncology surgeon, Dr. Doug Letson served as EVP of Clinical Affairs, Physician in Chief. Letson joined MCC in 1992. Known for his innovative medical thought process and subsequent surgical innovations, Letson appreciated and respected the design of medical delivery at MCC. He was one of the early physicians who worked to define interdisciplinary care, a model of care based on disease site/type and not by individual departments of surgery, radiation etc. Letson also appreciated the founder, having worked at MCC for a long period of time and developed a personal and professional relationship.

His internal energy, his drive, and his expectation of perfection, when you begin with H. Lee, and once you know him, you know that he wants nothing but the best for patients. Lee is a, first of all, a very, very caring human being. He cares about people. He cares about not only the patients that are here; he cares about all the employees that work here, and that's not something that you can teach. That's not something that is learned. That is his internal heart that comes out. He
wants this to be the best cancer center in the world, and he's driven every day to find out ways that he can help this cancer center succeed in being one of the best cancer centers in the world.

He leaves no stone unturned.

He's driven for the best care, and he never settles for average. I remember when we first obtained a US News and World Report (ranking) of (number) 6 (cancer center in the country), which is the highest we've ever been rated. I was talking to him over the phone, and being in the physician in chief, I was pretty proud of getting up that level. When I talked to him he never applauded number 6. Even though down deep inside he was happy, but what came out was how do we get to five? How do we get to four? How do we get to three? It's always pushing the needle forward, and how does he get to that next level? And that's what I loved about him, and that's what I appreciated about him, because you know that, yes, you've accomplished something, but you can't stop and wait and say, "Okay, pat yourself on the back." We still have so much more we can do, and so you keep pushing forward.

You don't want to displease him. You don't want him to be unhappy with anything, and so you work so hard to help him live his vision and help him accomplish his vision. And even though his expectation is so high out there that it's almost impossible to reach, your drive is to continue to get there, and it's kind of like the Vince Lombardi approach in the way I look at things. And so, Vince Lombardi, in his football, your goal is perfection. You want to have perfection in every play.

Lee doesn't want to be patted on the back, and he doesn't want to be able to be the face of any of that. He's all about outcomes, and so he wants to influence the outcome, but he doesn't want to be the one taking any credit for anything that's going on.
**John (Jack) A. Kolosky, CPA, MBA**

Jack Kolosky served as EVP, Chief Operating Officer (COO) and President of the MCC Hospital. A CPA by training, Kolosky joined MCC in 1999 from Georgetown Medical Center in Washington, DC. Previously he served as Associate Vice President and Chief Financial Officer of the University of Texas M.D. Anderson Cancer Center in Houston, TX.

Kolosky had executive experience through MCC’s rapid growth and worked with leadership and the board to ensure a steady bottom line. With his experience from other institutions, Kolosky brought significant healthcare, specifically cancer care, experience to the cancer center. In his many roles at MCC, he had the opportunity to interact with founder on financial and operational issues.

The words I always use about Lee is that he's a force of nature. When people said that we didn't need a cancer center, Lee persisted and achieved it.

I think that Lee's leadership...he brought on a good, smart board in the early days. Lee would say this himself, I think, that he didn't know everything, but he knew other people who knew a lot of things that would really help. I think those board members really put the foundation in for the future success of the cancer center. Lee contributes mightily to the mission and growth of the cancer center. Even though it's probably infinitely larger than even he thought (it) could be at that time.

When I walk the hallways and sometimes people will see Mr. Moffitt, the first thing is they'll be amazed that he's here, and he's around, and he's active in there, because so many places that are named after somebody, the person is no longer around.

**Yvette Tremonti, CPA, MBA**

Yvette Tremonti served as EVP/Chief Financial & Administration Officer. She joined MCC in 1996 and has served in numerous positions including Vice President of Human Resources. Prior to joining
MCC, she worked for Earnst & Young. Tremonti’s experience overseeing HR at MCC gave her a front row seat to the type of people leadership and the board recruited to the center. Adopting the vision and forward-thinking mindset of the founder, the board and executive leadership, Tremonti helped to land some of the best and brightest scientists, physicians and staff that would impact MCC’s success.

The vision of one person is how it started and I think that person’s vision has been so big that his involvement, Mr. Moffitt, such that he is never satisfied. Lee is definitely a visionary. I think to have this place be what it is today, when it was a vision and not even out of the ground a little 30 years ago is amazing. So, I definitely think he is a visionary, I think he is strong-willed and because of that has just continued to push us as an organization to just continue to be better, so that we can be a resource for the organization and I think he is passionate about this organization and what it stands for and what it does as far as providing cutting edge care for patients. And I think he is a tireless advocate for the organization, as well.

_The Hon. William (Will) W. Weatherford_

One final perspective from a former elected official who came to understand and appreciate the focus on cancer research and care as well as the mission of MCC, “…to contribute to the prevention and cure of cancer.” Former Speaker of the Florida House of Representatives, Will Weatherford (R-Wesley Chapel) became a warrior for MCC. Weatherford not only represented a geographical area near MCC, but his family had also been touched by cancer, a brother died at a very young age from a brain tumor in 1995.

During his tenure as Speaker of the House (at the time, the youngest serving Speaker in the country at 33) Weatherford was a bright, energetic legislator with a fondness for innovative and entrepreneurial thought. He understood that MCC was a special place, not only in his region but well
beyond. He visited the center numerous times and formed relationships with the CEOs (Dalton then List) and other senior executives. He had known the founder for a number of years, beginning when Weatherford was a staff member in the Florida House. True to form, Moffitt had talked with Weatherford often about the cancer center, its growth, innovation and its needs, specifically capital for building and expanding to meet patient demand. Weatherford got it. Throughout his tenure, Weatherford helped to secure nearly $400 million in cigarette tax revenue for MCC’s expansion needs. That revenue source, paid annually over a period of time, allowed MCC to bond to build a new outpatient facility. Weatherford was a believer and appreciated the way MCC focused on cancer and attracted talent and grant dollars into Florida.

If you grow up in Tampa Bay, which I did, I moved here when I was, I guess it was 1987. From a timeline standpoint, pretty close to the infancy and the beginning and the genesis of the Moffitt Cancer Center. If you grow up here, it's kind of hard not to know what Moffitt Cancer Center is. Some of that's because just the brand is recognizable. The other part of it is, typically you know someone who has had cancer and unfortunately everybody has experienced it in some way, shape or form with family member or friend. So just knowing that Florida and more specifically, Tampa had a cancer center, I knew people who had been treated there and just living in this community [I] had driven by the campus a few times and knew it was there.

Didn't know who Lee Moffitt was, didn't know the history behind it really until I got involved in the political process. It kind of morphed and my first job in politics was working for Allan Bense (R-Panama City) who was the Speaker of the House for 2004-2006. I was his legislative aide and you are there to kind of field a lot of meetings, some of which you're sitting in with the Speaker of the House, some of which you're just taking meetings that he can't attend. So Lee Moffitt, as he does, darkened the hallways of many people's doors in Tallahassee, kind of showed up unannounced. As the former Speaker, there is a long-standing tradition that you always make
time for Speakers, but I believe Allen was on the floor of the House at the time and couldn't come off the floor so somebody said, "Hey, could you go meet with Lee Moffitt?" And I said, "Is that the Moffitt of the Moffitt Cancer Center in Tampa?" And they said, "Yes". So I said, "Sure, I'd be honored to do that." So I walked out and, "Hey, Mr. Speaker."

And we came in and he was working on the budget for Moffitt Cancer Center and wanted to talk about some of the issues that were facing it that year and I just sat there for the first time and listened to Lee tell me what was going on at the Cancer Center, what they were doing and really, for the first time, getting an understanding of the history. He actually took the time to walk me through. He said, "Hey, do you know much about us?" I said, "No." Where you from? I said Tampa. He said, "Well, you should know about the history of the Moffitt Cancer Center." And he walked me through the history of the cancer center. And that was my first... that was a long way of saying that was my first knowledge of the Cancer Center in its truest form and really to appreciate what had happened from my childhood to that point when I was 25 years old and how this cancer center had grown to be such a preeminent research and treatment facility.

H. Lee is a person who was a political mentor to me and a friend. His scrappy, never-say-die, persevere, grit persona is throughout the DNA of that institution and it would not be what it is today if it wasn't for that grit. I think that Lee was the catalyst for it but because it is in the DNA, everybody who is there has it to a certain extent. You kind of sense it when you talk to the employees. Doesn't matter if it's government relations, or you are talking to the CEO, no matter who I talk to, you get a sense of purpose and a sense of grit with the employees and the leaders at Moffitt. I think that started with H. Lee and it has worked its way all the way up.

Weatherford, like others, understood and appreciated that the founder could have a disarming demeanor in social settings. However, when focused on a particular outcome, central to the center’s future, Moffitt was all business and didn’t particularly tread lightly. Referring to his leadership style:
It's not always soft. Lee will never be remembered for perfect bedside manner or his soft-spokenness or being a shrinking violet. This is a guy that, if he has something on his mind, and he feels really strongly about it, you are going to hear it. And it doesn't matter if you are the governor of the state of Florida, it doesn't matter if you are Speaker of the House, it doesn't matter who you are, he is going to tell you what he thinks. And he's going to fight. I can't remember how many times I would tell Lee over the years, "Lee, it's just not going to work this year. Let it go." And then he would come back two days later and pulled something out of the ditch in some committee in the Senate and it was back on again.

It was always amazing to me that he had that personality to not cave. I was too young when he was Speaker of the House. I wish I could have seen it. I have read about his tenure. It was a very successful tenure because he worked well with his counterpart. His ability to lead through sheer force. He's smart, he's strategic, he thinks things through, he's playing the angles, he's triangulating, but he just won't go away.

There is something to be said for a guy that just won't go away. It's like a Rocky Balboa mentality. You just keep punching me in the face but I am going to keep getting back up and eventually, you are going to wear out. Speaker Moffitt has an ability to just keep fighting. When everybody else is tired, when everybody else is punched out, his leadership style, it's like he makes up for whatever shortcomings you may think of or come up with [of] his and there aren't many, he makes up for all of them with just his grit, his desire, his unwillingness to relent and I think that is a very rare trait in today's world and in politics. That's what makes him great.
CHAPTER 5: TRANSFORMATIONAL EVENTS

Introduction: Transformational Events

Moffitt Cancer Center (MCC) began as a statutorily-designated direct-support organization (DSO) to the University of South Florida (USF). The Florida Legislature first appropriated start-up funds for the proposed hospital in 1981, and in 1986 MCC began serving patients. In 2018, MCC was the only National Cancer Institute (NCI)-designated Comprehensive Cancer Center (CCC) based in Florida, providing interdisciplinary care to annually treat more than 64,000 patients from all 50 states in the U.S. and more than 130 countries, and employing more than 6,100 faculty and staff.

Figure 3. Depiction of Four Transformational Events

Since its inception, numerous leadership figures and decisions influenced MCC’s culture, growth and success. Chapter 5 digests and interprets the interviews to identify their commonalities (and in some cases differences) with which to make sense of MCC’s evolution. This chapter begins with a short
case study to set the stage. Next, four specific events are addressed: 1) 1990 Legislation, 2) Interdisciplinary Care, 3) CCC and 4) Moving Faculty to MCC. These are events that the interviews indicated re-directed and/or transformed MCC in material and often unexpected ways (see Figure 3).

**A Brief Case Study**

Monday, April 16, 1990 was a spring day in Tampa, Florida and the H. Lee Moffitt Cancer Center and Research Institute Board of Directors meeting was scheduled at 9:00 AM. Springtime in Florida also meant that the Florida legislature was in session in Tallahassee, FL. During the 1990’s, the legislature normally conducted its annual legislative session from the first Tuesday after the first Monday in March for a period of sixty days, concluding near or in early May.

H. Lee Moffitt (Moffitt/the founder), the founder of Moffitt Cancer Center (MCC), served on the institution’s Board of Directors. Moffitt was a member of the Florida House of Representatives from 1974 through 1984, ascending to the position of Speaker of the House during his final two years in the legislature. It was during his time leading up to and serving as speaker that the legislature passed legislation creating a cancer center, codified in state statute, to serve the citizens of Florida. Originally called University of South Florida Cancer and Chronic Diseases Research and Treatment Center, Inc., the center was designated in statute as a direct-support organization (DSO) as defined in chapter 240.299 of Florida Statute. At that time, MCC had minimal control over its growth, direction and governance. The original structure mandated that the president of the University of South Florida (USF) and the chairman of the Board of Regents (later the Board of Governors), or designee, serve on the board, and reporting requirements were structured through the university.

Since MCC opened its doors and served its first patient in October of 1986, patient demand grew with the state’s accelerating population. The internal leaders and the founder knew that in order to achieve the original vision, to serve the cancer needs of the state, the governing structure needed to
change. MCC was actively recruiting a center director who would lead the young institution, establishing a significant research operation and working toward the NCI designation as a Designated Cancer Center, ultimately seeking designation as a Comprehensive Cancer Center (CCC), the NCI’s highest designation for cancer centers. The process of recruiting a nationally-recognized center director proved extremely difficult, as the duties and authority of said position were not clearly defined and were potentially hindered by the university’s reporting structure.

Moffitt worked with local legislators to develop legislation outlining, in statute, the duties, responsibilities and authority of the center director position. House Bill 2899 (HB 2899) was filed by Rep. James Hargrett (D-Tampa) and Senate Bill 1498 (SB 1498) was introduced by Senator John Grant (R-Tampa). The proposed legislation designed a new structure that would make MCC a self-governing institution and shift power away from USF.

Tensions were high. The faculty submitted a letter in opposition to the legislation but MCC’s founder and others pressed forward. A board vote on proceeding with the legislation was on the agenda for the morning of April 16th. According to the minutes, eight members of the board were present, including Moffitt (likely via phone). Six members were absent. After a short meeting approving previous minutes and agenda items, it was moved and seconded to adjourn to executive session at 9:15 AM. In executive session, a vote to adopt revised Moxley Principles and Policies passed 5 to 1, with H. Lee Moffitt abstaining.

The minutes simply stated, “After discussion, the following motion was proffered.” Motion: “Mr. Speer moved to recommend the passage of House Bill 2899 related to the governance of Moffitt Cancer Center: Mr. Smith seconded the motion. The motion failed with four dissenting votes and three in favor.” The university had won a battle.

What would H. Lee Moffitt do now? The former Speaker of the House and founder of the institution was stifled, prohibited by a vote of the board from pursuing the legislation that he knew
would set MCC on a path of self-governance, independence and growth. His board had spoken; he was on the losing end and it was over for that legislative session...or was it?

Setting the Course: People and Decisions

The research conducted for this project centered on twenty-one interviews with people involved with the evolution, growth and success of MCC’s first three decades. Interviewee bios are included in Appendix C. Chapter 4 illustrated the personal and professional traits of the founder, H. Lee Moffitt and the institutional history; creation, early challenges, growth, space constraints and adoption and adherence to MCC’s mission. He served as an inspiration throughout the organization’s history. This chapter focuses on the findings regarding the transformational events that set MCC on a successful trajectory based on influential leadership and landmark decisions. While it was at different times that leaders served and that decisions were adopted, all were interrelated and committed to achieving the institution’s mission “...to contribute to the prevention and cure of cancer.”

People

Leaders at the executive and board levels were instrumental contributors to the advancement of MCC. The visionary leadership attributes of MCC chief executive officers (CEO) and board chairs not only moved the institution towards growth and success but also developed a mission-driven organizational culture that remained a fundamental part of MCC’s DNA. While a countless number of people helped to advance MCC over the years, the innovation and impact of certain leaders were notably recognized through the interview process. These groups, CEOs and board chairs, exhibited the dynamic visionary leadership that contributed to vital actions at key junctures and made MCC the mission-driven institution it became. The imprint that CEOs and board chairs left on MCC helped to set the organization on its path to be a highly-regarded institution of transformational change.
**Decisions**

The interview data collected for this research showed that decisions made regarding four transformational events had a great impact on MCC’s first 30 years. Each decision, adopted by the board and/or leadership, led to a transformative event that set MCC on a course that has positively impacted patient treatment, research in the fight against cancer, reputation and the business bottom line. The first event was the pursuit of legislation to enable independent governance over the business, medical care, research and education endeavors of the institution. The second was the creation of an innovative model of interdisciplinary care, whereby department organization centered on disease site, not individualized departments based on training and practice expertise. The third event was the decision to design and achieve CCC status, the highest-ranking award by the NCI. The fourth was resolving to bring the physicians and researchers, faculty, in house and forming the Moffitt Medical Group (MMG) and Moffitt Research Institute (MRI). Chapter 6 later describes that these transformative events were not all explicitly noted by interview respondents, but rather were identified as important decisions that transpired into transformational events which ultimately became part of the MCC legacy and propelled the cancer center forward based on several common themes observed across interviews.

**Leaders, Culture and Imprinted DNA**

Leadership personalities, descriptions and decisions would be incomplete if not incorporated with the types of individuals chosen to run the organization. The interview process revealed certain common attributes of leadership inherent in the institutional prototype. MCC CEOs and board chairs were instrumental actors in the organization’s evolution. They led the organization in the right direction at the right time, and showed dedication to advancing the beliefs, values and principles representative of MCC’s mission-driven culture.
The three CEOs, Ruckdeschel, Dalton and List had individual leadership styles but a similar mentality as to moving the institution forward: innovation, commitment, cause and mission. Each served crucial roles at critical times in MCC’s evolution. An aviation analogy: prior to Ruckdeschel’s hiring under the new governance structure, Nick Porter taxied the plane down the runway, Ruckdeschel took it off and ascended to 10,000 feet. Taking the helm, Dalton spirited the plane to a cruising altitude of 30,000 feet and List flew it across the country. Each leader made progress in his time, having left indelible fingerprints on the progression of institutional growth and success.

The chairs of the board, in similar fashion, were driven by mission and they led not with iron fists, but by appreciation of the team of brilliant innovators who surrounded them. To quote Apple founder, Steve Jobs, “It makes no sense to hire smart people and then tell them what to do. We hire smart people so they can tell us what to do.” The board’s responsibility was to enable a similar mindset at MCC. The board chose leaders who unlocked entrepreneurial spirit and innovative corporate, business and care structure. In addition, the board gave executive leadership freedom to hire like-minded individuals. The board sought not to manage daily operations but to empower those they chose to lead. While the board was responsible for advising, setting certain goals and making sure the institution was fiscally stable, the leadership choices reflected the passion and commitment initially instilled by the founder.

Nick Porter, former EVP and COO spent nearly two decades at MCC on staff, and later served on the MCC Hospital Board. Porter was an institutional icon who observed board and executive leadership challenges and successes for nearly 20 years.

Ruckdeschel clearly played that role early on because of his just unbelievable belief in himself. I’ve never met anybody closer to Trump than Ruckdeschel. Then you get to Bill Dalton who was totally driven by science and excellence in science, setting that standard one step higher every time he could possibly do it. Then an individual like Alan List who is like a concert pianist, totally
accomplished in everything that he can do and he is the kind of people that others can look up to.

Then you have the leadership that came at the chairman of the board level, Ted Couch, who's the salt of the earth. Even (Former USF president) Frank Borkowski, you know, bought a certain amount. (Former USF president) Betty Castor and others. Frank and Betty were part of the university system and the University of South Florida. Ted Couch wasn't, Bob Rothman, Connie Mack, and Tim Adams (were not). These are all individuals who just are great leaders...are people who are totally dedicated to making sure that the place does what it's supposed to do and that makes it a success. Then you got Lee Moffitt who's on every single phone call, every single time.

Porter was the embodiment of instilled mission and regularly spoke of MCC’s phenotype.

It spent a long time building a culture that was, the way I would describe it is, years ago, you would hear the story of the individual at NASA sweeping the loading dock and the reporter asked that person, "What are you doing," and that individual said, "I'm putting a man on the moon." Well what we tried to do at Moffitt was to have every employee that was walking around say, even though I'm pushing a broom, I'm here to cure cancer. That was the focus and that's what it was all about.

You are constantly looking for the right DNA. Not that every person looks alike, thinks alike, or talks alike, but just what drives them is what the place is all about. It was a concerted effort both on the administrative side, the clinical side and the science side to do that. The scientists were picked for their expertise, there was a conscious effort to make sure that these people are good people.

It's kind of like the way NASA was built, it was the way Southwest was built earlier on.

Companies took the time to make sure that they hired the right people who had the right vision
and wanted to be working together. It's like any set of books that are written. In any given time
people can play a major role in seeing the success of a cancer center happen.

Very few cancer centers think that way, act that way. Cancer researchers, for the most part, are
very individualistic. They are not interested in sharing data. They're not interested in
collaborating. They're interested in being first author on a paper and being the one who stands
up and announces the new insight into whatever it is. Basic science or clinical investigation on
their own. Moffitt is exactly the opposite, where it is a group of people trying to get to an end.

The role of leadership changes with the leader and the leader's philosophy. It's adopting a focus
and a culture of servant leadership and allowing that servant leadership to spread throughout
the organization with the understanding of establishing a very strong mission orientation, very
strong values and you have to support those values and live those values. Make sure that people
believe in those things, and they believe in them the most when they see the leader doing that
stuff. The leader absolutely believes in them.

L. David de la Parte, Esq. served as MCC’s General Counsel externally and then as an employee
for nearly 30 years. Working from both external and internal perspectives, de la Parte observed nearly
ey every success and every challenge. His close association and mentorship under the founder ingrained in
him the adoption and adherence to the culture set forth by Moffitt and carried on by early adopters of
MCC’s mission.

I think you can think about organizations like Microsoft or Google or Apple or Ford Motor
company and these founders of these institutions, these large, successful historic times
institutions, businesses, companies, enterprises. There's some very good decisions, choices have
been made over the years by Lee and others. This place, over 30 years, has had at least a half a
dozens inflection points where our trajectory could've ended up being flat or downward versus
up. And the selection by the board of some key management, key executives, key scientific
leaders have just been critical. And those inflection points again being inflection points to continue a growth and success versus stagnation or decline.

I'll throw out some names early on, Jack Ruckdeschel, really our first center director. The kind of talents that Jack had, his boldness, his passion and compassion for patients. His fearlessness, his leadership. Bill Dalton, a different CEO, a different person with talents but the right person, the right CEO for the time to lead us, to lead this place from a management standpoint, from an executive standpoint, a scientific standpoint. And now Alan List, just some crucial decisions that the board has made collectively.

A lot of the culture that we have here certainly from an employee/employer standpoint, from a patient standpoint, from a management team standpoint is Nick. Nick Porter's transparency, his honesty, his sponsorship, mentorship, nurturing of employees, and of his reports.

There are hundreds of people that have been in leadership, or not in leadership, that somebody has chosen well. On the board's side, some early recruits that Lee brought to the board and brought to the trailblazing that was done in early years in the battles, the fights, political and otherwise.

Senator Mack was appointed board chair while Ruckdeschel was the CEO and Center Director. Mack played a vital role in recruiting Dalton back to MCC, after a brief stint as dean of the University of Arizona Medical School, to serve as President, CEO and Center Director. Mack served on the board into List's tenure as well. He had keen insight into the types of leaders necessary for key periods of growth.

Jack Ruckdeschel was exactly the right person for Moffitt at the time he came. His job was to make sure we received the designation of a national comprehensive cancer institute. He did that. And as I've said about others before, like with (former) Speaker (of the U.S. House of Representatives) Newt Gingrich. Newt is the kind of guy that if the objective was to take the hill, he came up with the strategy or the tactics to take the hill.
Bill Dalton, was center director for probably 10, 12 years. I think you would have to give Bill a tremendous amount of credit for what has happened at the Moffitt Cancer Center. Alan List and Tom Sellers following on. These are really top flight leaders.

You had leadership at every level. You had the board level, the inspiration from Lee Moffitt who created the cancer center, and the leaders at the corporate level. Clearly, the leadership team that Moffitt (MCC) has been able to develop over the years is a major component of the success that has taken place.

Another long-term participant was Adams. His lengthy tenure on the board, subsequently as chair, came with staunch adherence to the code that MCC leadership lived by. He understood the decisions that charted MCC’s path and was committed to the formula of ingenuity and mission while giving executives, physicians and researchers the space to innovate, create and question existing norms, traits learned from his mentor.

It all starts with Lee obviously, and the vision and mission. Particularly the vision and mission, which sprung from Lee. Lee had a lot to do with recruiting of leadership both on the boards and management that agree with the vision and mission. Recruiting, keeping the institution focused on mission. A lot of founders, I think, would be unwilling to cede any control at all to anybody. I really think Lee did a wonderful job of saying, "Here's the kind of talent I need to bring in to push this place along."

All of our CEOs have done something unique. I think they've all been really well suited for our point in time when we were where we were. The first CEO (Ruckdeschel) was a very aggressive person. It really took that to push us forward, to get the original NCI designation. He may not have been such a good post-person, and so Dr. Dalton came in and had the big vision. Now we have Alan with a ton of credibility and probably a much better ability to run an organization as big as this. Because he's got to cede control.
On the board side, you can't leave out people like Ted Couch who, to this day, continue to do the hardest lifting we've got here in terms of board work. So there were some giants on those original boards, and we just need to keep the talent coming.

An entrepreneur, business and philanthropic leader, Droste understood how founders and leaders can leave an indelible mark on an institution.

I see mirrors of other businesses I'm in where the founders are sometimes some of the hardest people to deal with, because they do have their vision and its tenacity that got them where they are. I see that all the time with Lee that he is compassionate, caring, genuine, social, personable. It's fun to dream about developing this thing that's going to fight cancer, but when the mission is so substantial, you're not walking into a restaurant where you want to make sure your ticket times are down and everybody gets a good meal, there're people going in there, and those four valet stations are packed, early in the morning to late at night, every one of them needing help and hope. The patients, above all, really set a tone and an urgency whether it's an appointment or a lab or anything. Ruckdeschel was a scary guy but I think, at that time, a rebel once in a while knocks a few doors down. But a lot of organizations at that stage need that or you sit around and plan all the time.

I was amazed with all the chairman. Bob Rothman had the temperament yet the business acumen. Allen List is a fantastic CEO as was Bill Dalton. They all have tremendous skill sets and I think that that's a credit to the quality of the talent that the cream does rise to the top because it's already such a highly intellectual personable type of management group. If you rise in that group, you've got that blend that's so fascinating. You can tell that there's a sincereness there of everyone, but a commonality too that's not in every organization.

Having served as CEO, List had responsibilities of running the day-to-day operations, coupled with reporting responsibility to the board of directors. Following other trailblazers, List recognized and
understood the complexities of the organization. As a results-oriented physician, List appreciated the institutional culture and the committed people around him, starting with the founder.

Lee is the top and he's the one that made it a reality. But Jack Ruckdeschel and Jack Pledger, in that first 10 years or so, they were critical, they moved mountains, they created. They got some of the best talent here and provided the support and laboratory space and clinic space that was needed. That, I think, was groundbreaking so I'm very impressed with what they were able to accomplish.

Then Bill (Dalton) was here and CEO 10 years. I think when Bill took over, I'm not sure of the size, I don't know if it was 1,800 employees or in the 2,000 range, but it's grown dramatically ever since to over 6,000. The other people that are key in all of this, Ted Couch is critical. Bill Dalton brought a new vision for cancer care. Ted Couch has been quietly behind the scenes not only supporting us financially with endowed shares and in other ways as well but has always been there as one of the key board leaders. Even to this day he's influencing people, he's incredibly effective in influencing other board members, and they all respect him. He's a quietly honest individual and with that respect he can obviously influence others. He's been critical. Any of our board chairs have been very important throughout the years. Connie Mack, after Ted, and remains very influential in helping us. He's been critical as well.

Bob Rothman has been. He served for eight years and he's been incredibly helpful, he's giving a lot of money but also helped us with connections and remains very active. Tim (Adams) has just been in his role for the last year and a half or two years, but I think our board has now evolved so that it's contributing in new ways. We have a much more diverse board as it relates to real world business experience, particularly in biotech and investment, which is something that we really needed.
C. Douglas Letson, M.D., Physician-In-Chief and EVP, began his career at MCC in 1992. Dr. Letson worked with each of the CEOs and was instrumental in creating an environment enticing physicians recruited by MCC. He specifically understood and appreciated the roles of MCC leadership and specific junctures.

I think that there's not one accomplishment that set us off on that course. I think it was a progression over time. I think certain things had to occur at certain time periods for us to continue to move forward, to get to the level where we are today. We needed different leadership at different times, with different styles. I think that if Alan List would have started in 1990 when Ruckdeschel started, he would not have been able to move that needle to get us off the ground because he didn't have that strong personality, and that leadership approach to take the risks and chances that Ruckdeschel did. Alan is a very thoughtful individual, that is not a risk taker, and that he has to have data for every decision that's made. Early on, we didn't have to have that. You needed to have a risk taker, and so I think having Ruckdeschel early on was important to move us off that local county approach. Then we needed to have somebody that really began to get the research involved. We've been so successful because of innovation, and Ruckdeschel was an operation guy. He was not an innovator. Although he started us with research and then began the campaign to the comprehensive cancer center, that was the leadership of Jack Pledger and the research, and that he was able to install the research. But Ruckdeschel didn't have the vision of the research and those novel technologies. That's what really set us apart when Bill Dalton came in, that he was able to be the visionary, and had this great vision. In fact, we were leading the country in some of this vision on how we were going change cancer care, but he couldn't operationalize it, and it was really before it's time.
All of that was important, because the leadership of the board, between H. Lee Moffitt and the other institutional board leaders, were able to see what the institution needed to get to that next level. It was the institutional board that realized a change needed to happen every so often. I don't think that many institutions would be bold enough to do that. When you've gone from nothing to a high level, changing that personnel that's a hard decision. That is something that only a very strong board like we've had here is able to see through all that and be able to make those changes.

1990 Legislative Initiative

The first transformative event, the 1990 legislative initiative, is explained in greater detail than the others given that it was somewhat of a starting point that allowed for subsequent key decisions that transformed MCC. This legislation enabled independent governance over the business, medical care, research and education endeavors of the institution. Had this event not occurred, the course of MCC’s growth would likely have been much different.

The Legislative Process

The Florida Constitution mandates the structure of state government, including the design and length of each year’s annual legislative session. (A Constitutional Revision Commission is appointed every 20 years to review the state’s constitution and articles, make recommendations for change and write amendments that must be approved by the voters in the November elections.) As of 2018, the governing structure of the state (as defined in Article III of the Florida Constitution, contained in Appendix D) reflected the federal governing makeup, including the separation of powers: a bicameral legislature, House and Senate, an Executive Branch led by the Governor and a Supreme Court.

The House of Representatives consisted of 120 members representing districts; serving two-year terms. The Senate was comprised of 40 members representing distinct districts and serving four-year
terms. (In 1992, the legislature passed term limits in Florida, limiting House members to four consecutive terms of two years each and Senators to two consecutive terms of four years each. The provision did allow for members to seek office in the other chamber or sit out a term and the process would renew.)

The legislature was designed as an elective body of citizen legislators who served each year during the legislative session, then returned to their districts and jobs/businesses for the remainder of the year. Additionally, by design, legislators received limited compensation for their service. (In 2018 compensation was less than $30,000 annually.)

Article III of the constitution called for a 60-day annual legislative session in the state capital, Tallahassee, FL. Section 3. (b) states that the session will begin the first Tuesday after the first Monday in March in odd-numbered years, and the same rule applied for even numbered years unless the legislature passes legislation stating otherwise (The Florida Legislature, Florida Constitution, Article III). While each legislative session is limited to 60 days, unless extension or a special session is required, leaders of each chamber, Speaker of the House and the Senate President, designate “Committee Weeks” for purposes of organizing committees and subcommittees, hearing proposed legislation (bills) in those committees and advancing policy and budget initiatives prior to the beginning of session. The number of weeks designated for committees were the discretion of the presiding officer. While normally the House and Senate would meet in the same weeks, that was not always the case nor was that required by any statute. In accordance with the constitution, the legislature must meet 14 days after election for an organizational session wherein the bodies elect their presiding officers and prepare for upcoming committee weeks and the legislative session. In an election year, this occurred two weeks after the November election. Committee weeks would follow as prescribed by the Speaker and/or the President. Often, five to seven weeks were designated for committee meetings prior to the annual session.
That succinct description of the process was necessary for the purposes of understanding that the legislative process was actually longer than the simple 60-day legislative session as prescribed by the constitution.

Moffitt traveled to Tallahassee for nearly every committee week and the legislative session. He knew what had to be done in order to pass his legislative initiative. In his opinion, it was vital to the growth, independence and success of MCC.

Each chamber of the legislature designed their own committee structure and appointed members to serve on those committees. Committees appointed chairs who ran the committees, set agendas and calendared bills to be heard by the committee. Passing nearly any legislative initiative required a tremendous amount of work. Committee membership varied in size, depending on jurisdiction. Committees and subcommittees could range from a few members on a narrowly-focused policy committee to the much larger budget committee. Each member, representing one vote, was equally important as the next. Staff too played a prominent role in the process.

**Passing of a Bill**

In order to successfully pass a bill in the legislative process, numerous components had to be meticulously executed. First, legislation had to be designed and written in adherence to House and Senate rules. The proposed content had to be clearly defined and linked to the proper statues, or propose a new statute, and serve a single subject purpose. Each individual bill required a sponsor, who submitted the proposal to bill drafting where it was refined/written to conform to the chamber’s rules. Once the bill was drafted and accepted by the sponsor, leadership referred the bill to a committee or series of committees. (The more committees a bill was assigned to, the more difficult is was to pass. The lobbyist terminology for multiple committee assignments was “putting more ‘love’ on the bill,” which was not advantageous.) Once a bill was referred to committee(s), staff conducted a bill analysis. The
analysis would determine whether the bill met certain criteria, including any fiscal impact to the state budget (cost to the state) and/or policy initiatives that were either in line with or counter to the chamber’s ideology at the time. Further, the analysis would describe, in detail, what the specific piece of legislation intended to do. The staff analysis could enhance the bill’s chance of passage or negatively impact it.

After committee referrals and staff analysis, the bill could be placed on the agenda of the first committee of referral. In any legislative session, hundreds or thousands of bills were filed annually. (As of 2018, House members were limited to six bills each in any given session while there was no limit for senators. In the 1990’s there was no such limitation in the House.) With so many proposed changes to Florida law annually, it was impossible to hear every bill in committee, let alone pass them.

The passage of legislation was a delicate balance of both internal and external pressure. In his stump speeches as a United States Senator, Chair Emeritus of the MCC Board of Directors, Connie Mack, told his audiences that “government is not a neutral entity” and responded to influences from inside and outside the elective body. In essence, Newton’s theory of motion simplified; an object in motion will remain in motion until acted on by an equal and opposite force. Legislation, by design, was action. That action was supported or opposed depending on policy, ideology, fiscal restraint or any other influences such as business competition.

Lobbyists acted as an external force within the legislative process, representing businesses and/or individuals to impact the passage or defeat of certain legislative initiatives. Over the years, lobbyists had developed a reputation as trying to influence, or buy through political donations, elected official support. As with other professions, such as law, medicine and business, some of the reputation was warranted by the “bad apples” who may have stepped outside the bounds of decency. However, the lobbying community at the state and federal government levels had become a part of the legislative process, representing their client interests and influencing by regular participation in political and
legislative activities. There was an old adage the “government can cure you or kill you,” and lobbyists worked to make sure the latter was not the case.

Moffitt, having transitioned from lawmaker to founding board member of MCC and lobbyist, knew how the system worked. While Moffitt never received compensation from MCC, and therefore was not required to register with the state as a lobbyist for the center, he was MCC’s most prominent, present and focused influencer. Moffitt, at the time, was a lawyer-lobbyist representing paying clients before the legislature and the Executive Branch. His passion and drive for the center he created was always at the forefront of his mind, and he spent a significant portion of his time working on MCC issues, including a very important piece of legislation in the 1990 session.

Once placed on a committee agenda, the bill was heard before the committee of reference, discussed, debated and put to a vote. If the sponsor and lobbying entity did their job(s) prior to the hearing, the discussion was minimal and the vote was successful. Lengthy debate and numerous questions could place a cloud over the bill and diminish the likeliness of passage. The key to good lobbying was knowing the vote count prior to the committee hearing, not having to present before the committee and engineering a smooth process. While a bill was before a committee, it was also available, vulnerable, to the amendatory process. Once a statute was “opened” by a bill, any member could offer an amendment that might have been contrary to the initial intent of the bill, making passage difficult or negating the original purpose. Awareness of pending amendment proposals and developing strategies to contend or counter them was equally as important as the early-stage education and support requests.

Once a bill passed its initial committee, it would move forward to the next committee of reference where the same process would repeat. The higher up the committee chain, the more rigorous the process. As the session progressed, timing was limited to get bills heard in committee. Additionally,
the higher committees were tasked with passing necessary legislation and budget allocations in order to end the session within the 60-day prescribed time.

At the end of committee meetings, there were always bills that did not make it through the process. Even if bills had support and numerous co-sponsors, there was not enough time or support to pass everything, even worthy legislation. There was a provision that a bill could be “withdrawn from committees of reference” and brought to the floor for debate and vote if it had not worked its way through the committee structure. That task, while not impossible, required additional tactical expertise and, quite often, agreement from the presiding officer.

Regardless of how the bill passed through committees and the floor in one chamber, it had to be agreed upon by the other. Bills were constructed by the bill drafting staff in each chamber, so while the House and Senate versions of the bill were similar, they were not always identical. Once a bill passed one chamber, it was “placed in messages” to the other, meaning it was available for consideration in the second chamber. If the bill was placed on the calendar, it was brought up for discussion, potential amendment, debate and passage. If the bill was amended in the second chamber, it was sent back to the first for additional consideration. That back-and-forth process was dangerous in that, in the final days of session, the chaotic pace could lead to the bill’s demise due to disagreement between the two bodies. If the second chamber agreed on final passage of the bill, after certain parliamentary procedures were followed to align the differing bills into one final version, the chamber would vote and pass the bill.

Once an identical bill passed the House and Senate, it was sent to the governor for approval. The governor, within a specified period of time, had the right to approve the legislation and sign it into law or to disapprove and veto the bill. Most bills had implementation dates in the legislation or specified “upon becoming law.” Florida’s fiscal year was from July 1st through June 30th and a majority of legislation passed became law on July 1st of the next fiscal year.
The vast majority of bills were passed in the waning days of each year’s session. Therefore, the governor did not receive the bills until the legislature had adjourned for the year. If the governor vetoed a bill at that point, the sponsor and/or supporting entity would have to wait until the following year to bring a new bill before the legislature. There was a provision for special sessions to deal with budgetary or other matters wherein, if a vetoed bill was “within the call” of the special session, it could be brought back up for an override vote of the governor’s veto.

**A Defining Moment**

Moffitt had served in the Florida House of Representatives, ultimately achieving the prominent position of Speaker of the House and was an attorney. He knew the process. Additionally, as a staunch advocate for MCC, Moffitt was focused on protecting and developing the institution. He and his allies on the board had become concerned and frustrated with the connectivity to the university where the cancer center resided. The university controlled the campus, had membership on the board, employed the faculty and, in Moffitt’s mind, had a different set of priorities and a different perspective regarding MCC’s position and future.

In its early days as a small hospital, MCC hired the Hospital Corporation of America (HCA) to serve as the administrative structure; supplying a CEO, a Chief Financial Officer (CFO) and a COO. After three years, MCC hired Nick Porter, EVP and COO at Johns Hopkins in Baltimore, MD, to serve as Executive Director. Porter was charged with recruiting an internal, MCC-employed CEO. There were a number of obstacles in that endeavor: the short time in existence, lack of reputation, space for expansion and new programs and, a huge hindrance, the lack of defined authority that the new CEO would have in running the center. The search ended in frustration while pursuing early possible contenders.
Moffitt had a vision for something far greater than a small cancer center on a university campus in Tampa, FL. He wanted the center to serve as a resource for the state, a leading research institution and a trusted and respected cancer facility for patients in Florida and beyond. He had an indelible memory of his conversations with R. Lee Clark, former Director and Surgeon-in-Chief of M.D. Anderson Cancer Center in Houston, TX.

R. Lee Clarke, years ago, told me of the mistakes he made at M.D. Anderson. He said that one thing that you have to do if you’re going to be a successful institution is that you have to remove the shackles of the medical school. And the organization of medical schools is not conducive to the concept of NCI comprehensive centers where the center director has the control he needs to be able to run it.

If you’re looking at early on, the critical event in my mind ... I’m a lawyer, what in the hell do I know about cancer centers, hospitals, doctors all of this? ... was when I formed a friendship with R. Lee Clark at M.D. Anderson. He was a surgeon. He wrote the National Cancer Act for Richard Nixon. He created M.D. Anderson which was 40 years ahead of us. He had been down that path before and out of his sheer generosity and kindness, he took me under his wing and he gave me a roadmap that I strictly followed that helped, to a large extent, to get us to where we are today. He truly was a visionary.

Clark told me that we needed to follow the NCI guidelines. We couldn’t hire a center director because of the fact that the center director had no power. The center director would have to go by chance. The center director here at the cancer center would have to go to each one of the department chairman and beg for a surgeon or a pathologist or whatever, and didn’t have control over the space, didn’t have any control over the hiring, didn’t have any control over the money.
Others in the founder’s inner circle shared his frustrations with the existing relationship with the university. Moffitt knew he had to pass his bill to ensure a clear path forward for the institution he created. The interview answers associated with defining decisions for MCC’s first three decades revealed that self-governance was paramount. Interestingly, only a few respondents, including the founder and general counsel, referred to the 1990 legislation by name or title. Numerous people, however, stated that MCC needed to create self-identity and control, or recalled legislative changes that led to MCC’s later state of self-governance. Sen. Mack stated:

Somewhere along the line, someone told Lee how important it was for the institution to be independent, free-standing, which allowed for decisions to be made and actions taken place in a very short period of time. Very little bureaucracy.

MCC’s Center Director and EVP, Thomas A. Sellers, PhD, MPH, added:

One of the things that he learned from M.D. Anderson was you have to associate with a university but don’t be married into a single institution. So, M.D. Anderson will always be part of the University of Texas system. We don’t have that restriction and there was a time in our history where that was very helpful in giving us a little more flexibility to achieve our mission. I think that was probably the most important one.

The former Executive Director, retired COO and EVP Nick Porter, was involved with nearly every decision in the early years and had his finger on the pulse of internal and university tensions. When asked about MCC’s relationship with USF, Porter was not shy.

A little bit like in the 20 years ago with Ireland and Northern Ireland, nobody liked each other. Well, let me put it this way, since the majority of the faculty were USF and the majority of the board of directors were non-university related, the board of directors and the chief administrative people were relatively steadfast Moffittites and the University of South Florida
was, “Hey, this is our cancer center.” You know, “You people are were supposed to do what we
tell you to do, when are you going to figure that out?” Of course we never figured it out.

When asked about separating from the university Porter explained:

Part of it had to do with the requirements that the NCI had in place to become a comprehensive
cancer center. In order to do that, the center director had to show, in a very formal way, that
the institution they are involved with would give them the space, the money, you could hire
people, to accomplish certain goals. The University of South Florida at that time didn't get it.
They were not willing to make those kinds of guarantees or even begin talks around those
guarantees. So it became a much more viable way of thinking to think how could we, ourselves
empower the center director with those attributes and Lee Moffitt being a (former) legislator
said, well, I think we'll pass a law and we'll put in that law, all those things that are necessary to
allow a center director to have the authority to actually run a cancer center to the ends of
meeting the mission of curing cancer.

As the founder’s frustration grew, he recalled, once again, the advice that R. Lee Clark had
shared with him. In order to be a successful, stand-alone institution, MCC would need to alter existing
state statute.

Nobody wanted to come and be center director of a brand new, wet behind the ears, unproven
cancer center. So Clark said, "You got to do something." So I got the NCI guidelines. And I got my
manual typewriter. And I typed out the statute, the original statute, it's been changed several
times over the years, giving the center director the power to control the space.

Moffitt wrote the legislation and found two hometown legislators to sponsor it for him: Rep.
James Hargrett (D-Tampa) and Sen. John Grant (R-Tampa).
The Bill(s)

The passage of HB 2899 and SB 1498 became the founder’s focus. It was the most significant legislative initiative that MCC had pursued since its inception. It decoupled MCC from USF in many governing, financial and managerial ways. It established, in statute, the powers of the center director and reorganized the board structure that enabled MCC to begin self-governance in earnest. It was lofty legislation. By no means would the path be simple. Little did the founder know at the time that the fight at home was going to be more difficult than the legislative session in Tallahassee.

The proposed legislation made very specific and significant changes to the existing USF-MCC relationship. The major initiatives in the bill(s) included wide-ranging topics. The bills specified that the governing structure of the center would be vested in a board of directors, serving without compensation, would include the president of USF, the chair of the Board of Regents (the precursor to the Board of Governors that oversaw the state university structure later) or their designee, five representatives of the university system and not more than fourteen nor less than ten persons who were not medical doctors or state employees. It further specified that the directors would be elected by majority vote of the Board of Regents, with the chairman elected by majority vote of the board. The legislation removed direct control from the university.

The legislation added language that enabled other medical schools, not just USF, utilization of the hospital resources. Thus, creating separation from sole linkage to USF.

A vital component created, in statute, the role and responsibilities of the center director, complying with the standards the NCI prescribed to attain Designated Cancer Center and Comprehensive Cancer Center (CCC) status. This provision gave the center director powers to establish mission-focused programs, control of the budget and investment from private or public sources. It also granted control of the facilities, space and equipment.
Reporting responsibilities were adjusted to include the Chancellor of the Board of Regents, the president of USF and the president of affiliated universities. Also included in the language, a requirement that an annual report be submitted to the governor, cabinet and presiding officers of each chamber of the legislature.

Three amendments to the legislation were filed to further clarify responsibilities. One included a statement of intent of the legislature that MCC strive to become a CCC. Another amendment directed the board to create a council of scientific advisors. The final amendment granted the center director the authority to create departments, hire staff, conduct research, care for patients and engage in educational training and activities. The last amendment also made staff members eligible for joint appointments at affiliated institutions. The three amendments are included in Appendix E.

In summation, the legislation clearly defined roles and separated MCC from direct control of the university. It was a bold and substantive initiative. Moffitt had his work cut out, the university was clearly not in favor. As Moffitt explained:

The university was up in arms. Clint Brown was on the board of regents at the time. They went to Clint. Clint came to me. Clint was one of my mentors at the time. And I said, "No." And he went back and said, "Stubborn little bastard isn't going to move."

Conflict

The moment of truth was upon the founder and his friends at the April 16, 1990, MCC Board of Directors meeting. The agenda stated that, after the approval of the previous minutes, a report from the Professional Affairs Committee, the Board Self-Evaluation Summary and a presentation of the financials, the next agenda item was Senate Bill 1498 and House Bill 2899. The agenda and minutes from this meeting are included in Appendix F.
According to the minutes of the meeting on April 16, 1990, eight board members attended, including the Honorable H. Lee Moffitt. (It is likely, from the interview recollections of general counsel David de la Parte, Esq., Moffitt attended via phone for a portion of the meeting. He recalls talking with Moffitt on the phone after the meeting concluded, which de la Parte describes in a later section of this paper.) Additionally, there were six members of the board absent from the meeting, including some of Moffitt’s closest confidants.

Included on the board packet was a copy of the bill, a side-by-side analysis of the two bills, a proposal extended to Jerome W. Yates, M.D., Associate Director for Clinical Affairs at Roswell Park Memorial Institute in Buffalo, NY, whom MCC was attempting to recruit as center director, and his subsequent withdrawal letter stating “the lack of strength in the medical school has proved a major stumbling block in attracting program leaders…” (Likely included to press the point for passage of the legislative initiative). A University of South Florida College of Medicine Faculty Statement document in adamant opposition to the legislation was also included in the packet. These materials from the board packet are included in Appendix F.

The statement document from the faculty identified the university’s opposition to supporting the legislation. The faculty felt that a mutually interdependent relationship would avoid costly replication of facilities, equipment, personnel and faculty.

Apparently, at present, there is a body of opinion that believes that the two institutions should be totally separated with the only common feature being their location on the campus of the University of South Florida. It would seem, too, that the individuals who propose such separation are somehow disappointed in what has transpired to date. However, at no point have we as a faculty been made aware of how or where we have failed. The proposed legislation has created a great deal of confusion and anxiety among members of the faculty working at the hospital as to their academic futures.
The letter continued with a number of points regarding training programs, concern about two specific departments (Radiology and Pathology), and potential loss of state investment. There was linkage to the relationship that the Shands Hospital and University of Florida had and a comment that the relationship should serve as a model for the relationship between MCC and USF. The letter concluded:

We urge consideration of the points which we have set forth in this document. We protest strongly that the proposed complete dissociation of the two institutions will profit no one, least of all the people of the State of Florida and the quality of cancer care for them.

The letter was signed by the chair of the Department of Physiology, chair of Internal Medicine and the chair of the Department of Radiology.

The minutes state that the meeting began at 9:00 AM, previous minutes were approved, the Professional Affairs Committee received the semi-annual report on quality assurance and risk management and that there was a subsequent motion and second to accept the report, which was approved unanimously. The board addressed the board self-evaluation summary and the February financials.

At 9:15 AM, Chairman Borkowski (USF president) “advised the board to adjourn to executive session for discussions relative to the Search Committee and House Bill 2899.” There was a motion and a second and the meeting ended at 9:15 AM. The minutes reflect that “the revised Moxley Principles and Policies document was distributed” and discussed. After due motion and second, the principles were adopted by a 5-1 vote. These principles and policies are shown in Appendix F.

The following is the entire entry that followed:

<table>
<thead>
<tr>
<th>House Bill 2899</th>
<th>After discussion, the following motion was proffered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion</td>
<td>Mr. Speer moved to recommend the passage of House Bill 2899 related to the governance of Moffitt Cancer Center; Mr. Smith seconded the motion. The motion failed with four dissenting votes and three in favor.</td>
</tr>
<tr>
<td>Adjournment</td>
<td>There being no further business, the meeting was adjourned at 10:20 a.m.</td>
</tr>
</tbody>
</table>
There was no description about the discussion/debate which took place. It seems unlikely that much discussion was necessary for the other item, adoption of the principles. More likely, the majority of the 65 minutes was spent on the legislative initiative. A record of the final vote was not included in the minutes. There was one person not attending who was a participant at the 9:00 AM meeting. April 16th would have meant the legislature was in regular session, and Moffitt was always in Tallahassee during session. Therefore, Moffitt likely called in and hung up to go to a meeting or left the call as to not be part of the debate and vote. A tie is a loss when it comes to legislation.

The most interesting fact of this discussion is that the board was debating a bill, an existing bill, not an idea about a bill. Therefore, Moffitt had already done a lot of work on the bill. He had written a bill, found sponsors in the House and Senate, and those bills had been drafted and assigned bill numbers. A staff analysis of the House bill (Appendix E) had been released on April 9th and was so positive it nearly compelled immediate support. If not for the staff signatures, one might assume the founder wrote it himself. In short, it was already active legislation moving through the process.

Additionally, it was session, not a committee week, so the process had been going on for months. Moffitt spent a lot of time educating elected officials on the history, purpose and mission of MCC. He talked about the will of the legislature and how things worked, which he knew as well as anyone.

It is easy to surmise, from the comments of the leaders interviewed for this work, that the founder was not about to give up on his vision for independence. His focus, tenacity, will and personality were not about to let a little thing like a directive from his board interfere with his goal.

A few of the early MCC leaders shed light on the time and some of the events. de la Parte was a strong advocate for the center and the founder. He recalled issues around a significant board meeting during the 1990 legislative session.

It was at one of a number of inflection points in the cancer center’s maturity and evolution that could have gone differently. Could have not been one in a series of inflection points that's led to
an extraordinary successful enterprise and fruition of a dream. It could have led to the dream not being realized and the cancer center being mediocre, not extraordinary. It was at a time when the cancer was struggling to marshal the resources and the focus around cancer and around growing the political enterprise and positioning ourselves for the research enterprise and untangling ourselves from the larger University of South Florida; the larger health sciences center and medical school. At that time, they employed all our physicians. We didn't have that many scientists at that time, but they employed all our physicians. We employed the nurses and the staff, but all the doctors, and to the extent that there were PAs (Physicians Assistants) were employed by USF by the USF practice plan.

The doctors were spread across all the departments in the College of Medicine. The problem with that is the traditional departments in the College of Medicine, they didn't have just cancer to deal with, they weren't just training cancer docs. They weren't just treating cancer patients. That, on top of the fact that their enterprise was being used to offset the cost of education and the cost of the larger campus. The necessary focus wasn't there, the resources weren't there, and H. Lee knew that in order to beat this disease, we had to be laser focused, we could not be distracted. All resources, human and otherwise, needed to be focused on cancer, and as part of the University of South Florida, that could not be accomplished. H. Lee with a little bit of help from me, devised a restructuring of the cancer center from a legal standpoint that would give the center director of the cancer center absolute control over all the resources needed to do the job that we'd been charged with doing. Control over the labs, control over the faculty, control over all the money that was generated by virtue of the cancer care, the grants, the research grants that were coming in, which at that time went to the University of South Florida. Once the university finished subtracting all their fees and tariffs and overheads and administrative expenses, and reallocation to other parts of the university that had less resources. We would get
what was left over to put to cancer research, put to recruiting physicians, what have you. And it wasn't enough, and it wasn't ever going be enough.

At that time, a significant percentage of the board of directors were university individuals. The dean of the College of Medicine, the vice president of Health Sciences, the president of university, and when the restructuring that vested really in the chief executive officer of the cancer center, all those things needed to do the job, and remove those from the university, were voted on by the Moffitt board of directors in the form of a bill, draft legislation to be submitted to the legislature to restructure, reform the cancer center so it could better achieve its mission. I presented that proposal at the board meeting. We were in the middle of session. H. Lee was in Tallahassee running the bill. He wasn't at the board meeting. The board voted not to support that legislation. And as I recall, it was one or two votes. What had historically been unanimous votes on almost everything, if not everything, and has since then been almost unanimous votes on almost everything, almost everything turned into this split, very contentious vote, where people voted along the university lines and voted along the Moffitt Cancer Center lines.

I remember calling Lee to report the outcome of the board meeting. No way of knowing that I'd failed. Part of my job was to advocate, why it was going to be good for the cancer center. I was not able to pull that off, nor were Lee's dear friends that he had brought onto the board who were committed to killing for him if they had to. And I'm waiting for Lee to just really hammer me over that failure and I'd say, "Lee I have to tell you, unfortunately the board did not vote to approve this bill, this legislation. Lee just very, very calmly said, "Well David look, you know, you did the best you could. You did a good job, but the legislature's going do want it wants to do. I mean they created us, we're a creature of the legislature, and if the legislature chooses to reform or restructure the cancer center, I mean really it's out of the board's hands. I mean
they're going have to comply with it.” And lo and behold the legislature chose to reform and restructure the cancer center.

Putting the exclamation point on the successful outcome of the 1990 legislative session for MCC, Nick Porter concluded:

So years and years ago that negotiation with the legislature began and obviously ended up happening and it was also a combination of the, and this is not just the University of South Florida, but almost any university in its utter lack of wisdom, not understanding that partnership is much better than divisions. So rather than saying, “Look, the university says you do it this way or we’re going to squish you,” you know, people don't like being threatened and they typically can find ways to survive. The university just never got it, and therefore they ended up being totally surprised one morning waking up saying, oh my God, this place has actually pulled it off.

The founder had won. Working through the legislative process, Moffitt had designed a bill, found sponsors, worked the bill(s) through the committee process, met with staff, members and leadership and did his job lobbying the legislature to pass his bill. The founder and others acknowledge that the passage of SB 1498, included in Appendix E, was the most important adjustment to state statute for MCC since H. Lee Moffitt created the cancer center while serving as Speaker of the House.

Interdisciplinary Care

Universities normally structured their healthcare professional departments by area of training and expertise. Surgeons worked in the Department of Surgery, radiologists in the Department of Radiology and other professionals in departments that train and practice in specific areas of medicine. Practitioners in the community often reflected that organizational structure in private and/or group practice. When a person received troubling news from their family doctor, they were often referred to multiple doctors in varying locations. Using a tumor as an example, a patient received news that a tumor
had been identified. The family physician referred the patient to a surgeon, who was trained to remove such things. Additionally, for good measure, they were referred to an oncologist, who treated the majority of casework with chemotherapy. And lastly, patients would receive a referral to a radiation oncologist, with training and expertise in radiating tumors to shrink and possibly eliminate them. Each physician was highly skilled and trained impeccably. However, it is possible that the patient, after multiple trips to different parts of town or beyond, may have been advised of three completely different treatment regimens. Oftentimes, the patient was frustrated, frightened and confused as to who was right and what advice they should follow.

Consider the old adage of “If you’re a hammer, everything looks like a nail.” In the context of cancer care, if a particular treatment option was the center of a given practice, then it was likely to be highly utilized. Surgeons were trained to cut out tumors. Radiation oncologists were trained to shrink tumors through radiation. Whether trained to deliver chemotherapy or any other area of expertise, doctors were trained, performed and practiced in the areas in which they excelled.

Like many universities, USF was structured by department. The majority of physicians who practiced at MCC were part of that structure. At the time, the faculty at MCC were USF employees. MCC paid the university for the practices through hospital and clinical care revenue, but the doctors still wore white jackets with the USF emblem. Additionally, the practice groups followed the same structure at MCC as they did within the university.

The 1990 legislative initiative not only gave MCC the power of self-governance but also codified the duties and powers of the center director in state statute. That legislation made it more possible that MCC could find and recruit a superbly qualified candidate to serve as center director. Prior to the passage of the legislation, MCC had been frustrated by top candidates turning down, or not even showing interest in, discussion on the position (Appendix F includes letters showing correspondence with Jerome W. Yates, M.D., Associate Director for Clinical Affairs at Roswell Park Memorial Institute in
Buffalo, NY, whom MCC was attempting to recruit as center director). That significant piece of legislation enabled MCC to recruit a center director who knew the scope and boundaries prior to hire.

Dr. John (Jack) C. Ruckdeschel was a medical oncologist who specialized in lung cancer. An Albany Medical College graduate, Ruckdeschel interned at John Hopkins School of Medicine, did his residency at Beth Israel Deaconess Medical Center and did fellowship programs at the NIH and Baltimore Cancer Research Center. Ruckdeschel was recruited and hired as MCC’s first center director and first CEO under the governance structure after passage of the 1990 legislation.

Also a significant impact person identified in the interviews, Ruckdeschel made a transformative decision at MCC early in his tenure. With experience from his time in Albany, he focused on the patient as the center of treatment, not the area of expertise of a physician. Ruckdeschel designed and implemented a model of care called interdisciplinary care, focusing on disease site as opposed to departments of like-trained faculty. Some respondents referred to this methodology as multidisciplinary care. MCC’s Physician-in-Chief, Letson, clarified:

They are relatively interchangeable. Moffitt has been a multidisciplinary team, but we have been gravitating to an interdisciplinary approach.

Multidisciplinary: people from different disciplines working together, each drawing on their disciplinary knowledge.

Interdisciplinary: integrating knowledge and methods from different disciplines, using a real synthesis of approaches.

Ruckdeschel described his experience with this methodology and how MCC adopted it as its method of diagnosis and treatment:

When I was in Albany we had a couple of pseudo teams. We had one really good team which was the thoracic team. A thoracic surgeon who’s a M.D., PhD, came down from Minnesota, and he and I were mostly on faculty at the time. We went out to Chicago, and met with the thoracic
group there, and it was a medical oncologist, the radiologist, and the surgeon, went down to radiology and looked at x-rays together. We thought we could do better than that. We set it up, we got everybody involved with it. It worked well in Albany. So when I went to Tampa I knew the model, I knew how it worked. I knew that I couldn't let departments like radiology, or the thoracic program, or even pathology assign a specialist of the week.

Ruckdeschel took his base of knowledge from Albany, refined the process and implemented the care model to better serve patients. With all the physicians, surgeons, radiologists, medical oncologists and others in the same room to review results, an agreed-upon treatment protocol could be more readily established. MCC referred to these meetings as tumor boards, where the physicians, all experts in their fields, were joined in one room to seek agreement on protocol. Those meetings created an environment for healthy debate, and there was sometimes debate, about patient treatment. Was surgery first, or radiation or chemo? The professional had to make their case, debate the merits, research facts and data and then the group would come to a mutual decision.

From an ease-of-use perspective, the patient had to visit only one location. They may have seen multiple doctors during the diagnoses phase, but the decisions about treatment were made at the tumor board and the patient received the agreed-upon protocol at the same location where they went for diagnosis.

From a physician perspective, departments organized by disease site enabled communication, idea sharing and discovery information to flow freely between the team. Ruckdeschel stated:

I made it clear in my offerings to the board before I came that, in order to distinguish the institution from the community practice we had to do complete interdisciplinary care. Being a lung cancer specialist, I need to go to one conference a week that includes all the thoracic surgeons, medical oncologists, radiation therapists, radiologist, pathologist, nurses, dieticians, and trainees once a week. And I'm completely up to date with not only what I've learned in my
meetings and in my reading, but what all those other individuals bring from the surgical, the radiotherapeutics, the biology, the pathology, literature, to it. So, I'm updated every single week all the patients with lung cancer in the institution. And there were quite a few.

A private practitioner in the community doesn't just see lung cancer. He sees breast cancer, lung cancer, colon cancer, lymphoma, everything. That's the nature of the job. He doesn't have time to go to a dozen different conferences a week. It's extremely rare that they ever talk about the cases between them. He might say to a radiotherapist, "Hey I got a patient with this problem. Can you take care of that?" And that's about it.

But after a patient has seen a surgeon, a radiotherapist, a medical oncologist who has a complex plan of care outline, then it is not likely as ever to happen that all of those practitioners will get together on a conference call out in the community and discuss exactly what to do with the patient, while looking at all their x-rays and everything at the same time.

I think Moffitt was really the first of the cancer centers to really go completely to interdisciplinary care. What it meant was doing away with medical oncology clinic, doing away with surgery clinic, doing away with hematology clinic, and making sure that all of those were done. We were able to do that and divvy up the space differently. As we hired, we hired into teams. We never again hired a general oncologist, or general hematologist. They came into specialized areas. They were either myeloma experts, or transplanters, or pancreatic specialists, whatever, but they went to a team. We never again hired just generalists in the place.

I think that was really the core of the success clinically of the place. Because we very quickly distinguished ourselves as not doing the same thing as the community people. We went from under 3,000 patients a year when I got there to 17,000 when I left. And it'd already become when I left, the third largest cancer center in America.
From the board perspective, leaders understood what the decision meant for patients and the culture at MCC. Tim Adams served on the MCC board for nearly three decades and was later named chairman. For the board, fiscal stability was very important. However, the instilled culture of the organization, the passion for patient care through treatment and research, and living up to the mission superseded everything else. As a nonprofit, MCC’s leaders needed to make sure the books were balanced, but they didn’t have to worry about stock prices, earnings ratios or dividends; they could center everything on the patient and concern themselves with reputation by outcomes.

Tim Adams, long time board member who served as chairman beginning in 2017, described the situation from the internal, not university, viewpoint.

We were frustrated for a number of years because the faculty sat at USF, and no fault of USF, but they’re in traditional medical school kind of slots. So the surgeons are in the department of surgery; the radiation people are in the department of radiology. At Moffitt, we practice a team-based approach. You want surgeons working with radiologists working with medical oncologists. That just couldn't really work well in the medical school environment. So, the interim step was to form a department of interdisciplinary oncology where the people left their functional silos and went into a department of interdisciplinary oncology that essentially was the docs who worked at Moffitt. That precipitated a little better team-based care, but they still sat in matrixes. So, you're in the department of interdisciplinary oncology but you're also in the department of surgery, and so there was still friction there, and ultimately USF and Moffitt agreed it'd be best to just have the doctors come completely over to Moffitt so that they didn't have that sort of friction that was impacting patient care really. (Subject of a following section)

Dr. Letson began his career at MCC in 1992 and played a part in the transformation of the patient care model. A graduate of Louisiana State University, Letson pursued a fellowship in musculoskeletal oncology at Massachusetts General Hospital Harvard Medical School. As MCC’s
Physician-in-Chief, he was a leading proponent of the multidisciplinary design from both the physician and patient perspectives.

Moffitt cancer center is a specialty cancer center that is a multidisciplinary cancer center that takes care of a patient from beginning to end. From diagnosis to novel treatment therapies, to either end of life, or for continuing care. The cancer center is special in that it is an institution that has its own hospital, and that specialized only in cancer care. Where many institutions have a cancer center within a medical system, or hospital system. This is a very rare situation. Essentially, all the people that are hired by the Moffitt cancer center are supportive to cancer treatment.

Interdisciplinary care is an opportunity... In order to treat cancer effectively, you have to treat it with multiple disciplines, multiple modalities. Moffitt is special in that you can have these interdisciplinary care teams that all worked for one institution. We have one goal in mind, and that's cancer therapy. Interdisciplinary oncology teams here at Moffitt specialize in cancer care for a specific type of cancer, which is rare. In most institutions around the United States, you might have a medical oncologist that treats solid tumors, and might treat lung cancers, and GI cancers. Here, the interdisciplinary team takes care of a specific type of cancer, such as the lung cancer team. You'll have the medical oncologist, surgical oncologist, radiation oncologist, all giving therapy for a specific type of lung cancer. But you'll also have pathologists and radiologists that are specialists only in lung cancer. And you will have nurses, PA's, and other personnel dealing with the overall cancer care. Whether it’s physical therapists, occupational therapists, they're all on a specific organ team. So the interdisciplinary care means that you’re treating cancer in its totality, and here the interdisciplinary care teams are all focused on one specific type of cancer.
University structure is, for the most part, made up as an academic structure, where you have departments of surgery, departments of medicine, departments of pathology. These separate departments will have multiple individuals in those departments, of which, they will have some sort of sub specialty in a specific disease type.

Here at Moffitt, we don't have a traditional academic structure. We have clinical programs set up as disease specific programs. Your research, your education, your clinical care, everybody is focused on one specific disease. So that means that when you're getting your clinical program together, and you're doing retreats, clinical meetings, everybody is focused only on one type of cancer.

Former board chair and retired US Senator Connie Mack summed up his assessment of interdisciplinary care concisely.

One of the fundamental things that they came up with was this notion of "get rid of the silos," this interdisciplinary approach to treatment. I think that's number one.

Multidisciplinary care teams providing patient-centered care were described in the 2017 MMG Annual Report as physician teams that included surgical oncologists, medical oncologists, radiation oncologists, diagnostic imaging radiologists, experts in anatomic pathology, hematopathology and laboratory medicine, anesthesiology, hematology, cancer genomics, internal and hospital medicine, cardio-oncology and supportive care. Advanced practice professional teams included advanced registered nurse practitioners, physician assistants, certified registered nurse anesthetists, anesthesiologist assistants and registered radiologist assistants. The use of multidisciplinary clinics made it possible for patients to meet each member of the care team in one day. Rather than making multiple trips for multiple appointments, by having one extended appointment patients were able to be evaluated by multidisciplinary team members and leave the same day with a treatment plan. Thus, the
multidisciplinary clinic visit reduced the time from evaluation to treatment. Table 4 shows the impressive list of MCC interdisciplinary departments (Moffitt Medical Group, 2017).

Table 4. MCC Interdisciplinary Departments, 2017

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<td>Adolescent &amp; Young Adult</td>
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<td>Anatomic Pathology</td>
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<td>Anesthesiology</td>
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<td>Blood &amp; Marrow Transplant &amp; Cellular Immunotherapy</td>
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<td>Breast Oncology</td>
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<td>Cutaneous Oncology</td>
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<td>Diagnostic Imaging &amp; Interventional Radiology</td>
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<td>Gynecologic Oncology</td>
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<td>Head &amp; Neck Oncology-Endocrine</td>
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<tr>
<td>Hematopathology &amp; Laboratory Medicine</td>
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<td>Individualized Cancer Management Internal &amp; Hospital Medicine</td>
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<td>Malignant Hematology</td>
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<td>Malignant Hematology &amp; Cellular Therapy at Memorial Healthcare System</td>
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<td>Neuro-Oncology</td>
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<td>Radiation Oncology</td>
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<td>Sarcoma</td>
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<td>Senior Adult Oncology</td>
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<td>Supportive Care Medicine</td>
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<td>Thoracic Oncology</td>
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Comprehensive Cancer Center (CCC)

Each of the landmark decisions that became transformational events at MCC over time are inextricably linked. Without the passage of the 1990 legislation, the search for a center director would have continued to be stymied by structural confusion and blurred lines of authority and decision-making ability. If not for that first center director, Jack Ruckdeschel, the interdisciplinary methodology of faculty department design and patient treatment may not have come to fruition. Additionally, the passage of that legislation attached the powers of the center director while mandating, in statute that the center strive to become NCI-designated CCC. Beyond the evolution of the care model, Ruckdeschel was also tasked with creating an environment to promote and excel in cancer research.

The NCI awards designations to specific entities for research achievement in cancer. The first designation is that of Designated Cancer Center. The CCC designation is the most prestigious and
sought-after award. As of 2018, there were 49 institutions in the country that carried such distinction.

CCC designation is based solely on research, not patient care. Many institutions touted the CCC designation in marketing as a differentiator, including MCC, which could be interpreted as better patient care. The following is the NCI’s description of the impact of cancer centers on cancer care (National Cancer Institute, NCI-Designated Cancer Centers, 2018):

The cancer centers develop and translate scientific knowledge from promising laboratory discoveries into new treatments for cancer patients. Many cancer centers are located in communities with special needs and specific populations. As a result, these centers not only disseminate evidence-based findings into communities that can benefit from these findings, but the centers can also, through the experience of working with those patients, help inform national research and treatment priorities.

Each year, approximately 250,000 patients receive their cancer diagnosis at an NCI-Designated Cancer Center. An even larger number of patients are treated for cancer at these centers each year, and thousands of patients are enrolled in cancer clinical trials at NCI-Designated Cancer Centers. The centers also provide public education and outreach programs on cancer prevention and screening, with special attention to the needs of underserved populations.

The rapid pace of discovery and the improved cancer treatments that the NCI-Designated Cancer have helped pioneer have contributed substantially to the increase in the number of cancer survivors in the United States, as well as to the quality of their lives (NCI, NCI-Designated Cancer Centers).

The NCI had very strict guidelines for awarding the designation. Once awarded, renewal was required every five years which was not a perfunctory process. With the designation, research money to be awarded to each institution over the five-year period. The NCI described why the Cancer Centers Program is important to cancer research as follows:
The NCI grant funding to the cancer centers supports shared research resources, provides developmental funds to advance scientific goals, and fosters cancer programs that draw investigators from different disciplines together. In addition, individual cancer center investigators are highly successful at obtaining research funding from NCI and other funding agencies and organizations. Indeed, research proposals from cancer center investigators account for about three-quarters of the successful investigator-initiated grants that are awarded by NCI.

The centers also offer training for scientists, physicians, surgeons, and other professionals seeking specialized training or board certification in cancer-related disciplines (NCI, NCI-Designated Cancer Centers).

To begin establishing a significant research program, strong leadership was required, someone who understood what the process would take. The institution had its center director and Ruckdeschel knew the expectations. Nick Porter, who was responsible for the daily operations at the center, was involved with recruiting Ruckdeschel to the center and worked diligently on the transformation under new leadership. Porter, too, was cognizant of the mandate to create a research entity worthy of designation.

It took an individual like Jack Ruckdeschel, who was the center director, he might not have been a PhD, but he certainly understood science to a certain degree. He certainly understood cancer and he was very willing to be very aggressive in recruiting. He had the foresight to recruit Jack Pledger, who was a basic scientist, who was highly trusted throughout the basic science world, which then would allow him to recruit other basic scientists to Moffitt. (That) allowed us to bring in many of the earliest basic scientists who were genuinely superb individuals and begin to weave that together.
It allowed us to present to (the) NCI that we had programs with scientific merit, scientists that were competitive, and that the cancer center, administration and board of directors were there to make sure that they were successful. When Jack Ruckdeschel was hired in ‘93, it was about 10 years later that we became an NCI Comprehensive Cancer Center. There was not one living individual when I went there who would have even bet a penny that we could become an NCI Comprehensive Cancer Center. But we put the dominoes in the right order and worked very hard to prove that we could do the science and that we really mirrored what the NCI wanted to support with the core grant. Which was to provide resources to allow scientists and others to be the most effective they could possibly be in a cancer setting.

As to why the designation is so important, Porter continued:

Ruckdeschel knew the importance of the CCC designation: what it meant to MCC, what it meant to the center’s reputation and what it meant for the future. Again, while not a PhD scientist with an enormous research history, he had the foresight, the vision, and the fortitude to push for excellence. He surrounded himself with people of distinction and created a research enterprise. The ability to meet challenges was common to other MCC leaders, including the founder. His leadership and tenacity willed the institution forward.

The comprehensive status was ours. That was where the importance was. It's like getting the Nobel Peace prize or it's like winning the World Series. I mean, that's what we did to show that we were excellent. And we used it heavily in marketing. But in point of fact, the comprehensive designation, even the NCI designation, has nothing to do with the quality of your patient care. Zero!

So to me, the comprehensive designation, as I think it was to Lee, was the mark that not only had we done this, but we had done it right. We had done it to the highest standards, and we were as good as any place in the country.
MCC’s first CEO, William S. Dalton, acknowledged the institution’s efforts after being recruited from the University of Arizona. Asked about what decision(s) set MCC on a course to build its reputation, Dalton commented:

The first was the commitment to becoming an NCI-designated center. Arizona was one of the first NCI-designated centers, and to be honest with you, when we were designated, it was like, "Hey, we got it." And that was it. No one talked about it and it wasn't a big deal. When I was recruited here (to MCC) and it was real clear that that was the goal, I had never seen such a concentration and commitment by everybody to achieve NCI designation. When it was achieved, it was a massive celebration. I think it tells you the value that people feel that they can create. So, I think gaining NCI designation was the first pivotal and then followed by comprehensive status.

COO and EVP John (Jack) A. Kolosky added commentary about the utilization of "comprehensive" by some other institutions:

There have been places that have used the word comprehensive cancer center in their title, and they may be community cancer centers, and I know that they’re trying to boost their reputation locally. But, the definition of comprehensive as we use it really is to try and differentiate ourselves as the only NCI cancer center, National Cancer Institute center that has earned the reputation, earned the title of Comprehensive Cancer Center, and the only one that is based in the state of Florida. That's something that's unique and clearly above and apart from anybody else in the state of Florida.

Dr. Thomas Sellers, MCC’s Center Director and EVP and a nutrition and genetics scientist, oversaw the research endeavors at the center. Sellers was responsible for growing the research enterprise and recruiting new scientists. Sellers saw the CCC designation as a necessary tool to recruit the best and brightest minds from around the globe.
Well there's only 70 (designated centers) in the country. There's only 45 that are comprehensive (CCC). It is a difference because, at least for patients, you're going to get tomorrow’s standard of care today. To get an opportunity to participate in clinical trials.

I think in terms of the scientists, being able to recruit a scientist, the cancer center support grant provides funding that builds an infrastructure. So get access to the latest and greatest technologies and tools, and that matters.

In 2018, MCC was the only NCI CCC based in Florida. Mayo Clinic had a presence in Jacksonville, FL, but its CCC designation was linked to the campus in MN. Since MCC opened its doors in 1986, the population of the state of Florida had more than doubled, becoming the third most populous state in the nation. Other centers, the University of Florida (UF Health Cancer Center, formerly Shands) and the University of Miami (Sylvester Comprehensive Cancer Center), planned to seek designated status from the NCI but had not yet been reviewed. (Note: Sylvester had been CCC in the past but had lost the designation decades prior). Many saw the concept of multiple centers designated in Florida as a growing necessity. With more than 120,000 cases of cancer diagnosed in Florida annually, the burden of cancer care was great and continued to grow. While the designation is not directly related to care, the bench-to-bedside discoveries at CCC’s could enable patient access to clinical trials and new treatments.

A founding board member and former chair, Ted Couch had served on the board prior to when the first building was constructed. He was a participant in all the key decisions and had watched MCC grow from nothing to a small hospital with just over 400 employees to a CCC with more than 6,100 employees.

So it is the only one in the state of Florida thus far. I think there's the possibility that some other medical centers are going to attempt to have an NCI designated status, and I would encourage them to do so because the state's becoming a huge population center and it's pretty hard for Moffitt to be able to serve everybody the way we'd like to serve.
The CCC designation carried with it an institutional reputation as a national leader in research. It defined a cancer center and contributed to the ability to recruit innovative researchers who made dramatic discoveries. The statute passed in 1990 enabled MCC to advance under self-governance. Ruckdeschel became the chief sailor, but he needed a steady hand on the rudder, someone to steer the ship to land at the proper destination. For Ruckdeschel, that person was W. Jack Pledger, PhD. Prior to joining MCC in 1995, Pledger had been a professor at Vanderbilt University and the University of North Carolina Medical School. He also spent time at the Dana Farber Cancer Center and Harvard Medical School. Pledger had credentials and he knew a lot of people in the research community. He was hired to build the team of research professionals who would prepare MCC for NCI designation.

Moffitt Cancer Center had a mission to contribute to the prevention and cure of cancer. In addition, the standard by which it would be recognized as reaching its potential, to become a Comprehensive Cancer Center at the NCI. To reach that particular standard which is the highest the government can give to any cancer center, Moffitt needed to not only have an incredibly very good cancer treatment center but they also had to have a research emphasis that would put them up in the leaders of the country. So the idea would be to develop the research programs that would support a Comprehensive Cancer Center which required at least three programs. One of those could be a clinical research program. In addition, a population science program so that’d be a total of four. In developing cancer centers and to be able to qualify, you have to have at least three programs and each of those programs have to have at least three funded investigators and the total amount of research will actually be the driving force for the kind of funding you can get from the NCI. My job was to develop the basic research programs that could support this Comprehensive Cancer Center. To recruit the faculty. To make sure they all became funded with NCI funds so we
could prove that we were doing cancer research and to develop the core facilities that would support that research.

A cancer center core grant provides money to the institution. But 80-90% of that money that they will provide is given to you to support NCI funded research. So if you don't have any research, there's no reason to have a cancer center. What we did over the first three years was to develop the programs that allowed us to become NCI-designated cancer center and I'll point out that took three years.

Then the other part was to become comprehensive. In the late '90s you had to become a clinical cancer center like we had just become. And then, on your next competing renewal after a three-year window, you could then seek comprehensive status. Now that since was changed a little bit but after we developed the NCI designated cancer center, two years later we went in for our competing renewal where we sought comprehensive status and we were awarded comprehensive status. From the time that I got there until comprehensive status was reached it was a five-year period.

The cores that we used for the NCI to support have really increased and technical abilities have increased in the number of people they serve and are now ranked as some of the best technical support facilities in the country. So it continues to grow and continues to be the beacon.

According to the MCC website, “...as a National Cancer Institute-based Comprehensive Cancer Center, Moffitt is committed to continually developing and evaluating new therapies that can improve patient outcomes and quality of life. At Moffitt, patients can access the “gold standard” in cancer treatment, as well as novel options, such as immunotherapies, targeted treatments, interventional radiology services and hormone therapies, through our robust clinical trials program” (MCC, Cancer Treatment).
Moving Faculty to MCC (MMG and MRI)

Building on the institutional advancements after MCC gained self-governance, moving the faculty to MCC employ, and the subsequent creation of the MMG and the MRI, was a bold and visionary decision. Prior to 2008, the faculty at MCC, physicians and researchers, were employees of USF. MCC paid the university from its revenue generated from the hospital and clinical operations, and the university, in turn, paid the physician salaries. That system gave the faculty university privileges for teaching and research purposes. Additionally, tenure was conferred by the university. The structure, not including the multidisciplinary care model for patient care, was similar to other university-connected hospitals and practice groups. The majority of faculty had been trained in such an environment and were used to the structure.

For MCC leadership and the board, institutional reputation and recognition was a major focus. MCC had just gone through a rebranding effort to clarify its independent identity and simplify its marketing identification, including its logo. Its former logo utilized a lot of information in a small amount of space. Further, it included linkage to the university. MCC’s former information, on business cards, letterhead, marketing advertising and consumer materials stated: “H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida. An NCI designated Comprehensive Center.” The former branding colors were comprised of manila and teal. The rebranding effort shortened the marketing image to simply, “Moffitt Cancer Center” and updated the brand colors to blue and white. While the new branding effort created the image of an independent institution, dropping the university connectivity in the material, many faculty walked the halls of MCC donned in white lab coats with the green and gold USF insignia while others wore the new MCC logo. While not a subject of critical proportion, it did create some confusion, visually and otherwise.

More importantly, the ideological and individual institutional differences did not dissipate after the passage of the 1990 legislation. Tensions still existed between the two entities and the strong
personalities of those involved: board members on both sides, the university president, Moffitt CEO, lawyers on both sides and internal faculty who adopted differing viewpoints. The details of all of those situations and issues could have been the subject of a lengthy book or, at minimum, a fascinating reality TV show. An example, without wading into tabloid description of individual personalities by name, will illustrate one instance of the interinstitutional chess maneuvers.

MCC faulty being paid by the university were accustomed to receiving paychecks on a regular schedule. During one heated period, the university did not pay the faculty on a particular Friday and waited until the following Monday to submit payments. The faculty, needless to say, were apoplectic. Confronting the issue, a MCC executive inquired. The resulting answer from a university representative was a simple “Do I have your attention now?” It’s not hard to imagine the ensuing conversation.

While institutional tensions played a role, for MCC the compelling issue was, once again, separation and self-governance. In order to have full authority and guidance of the medical staff and research operations, MCC made the decision to bring the faculty in-house. Related to that decision, from a managerial and organizational perspective, MCC created the MMG and the MRI. The decision to employ the faculty was not taken lightly and required delicate, yet strong, leadership. Faculty, accustomed to a university structure, were not unanimous in supporting the decision. Concern over tenure, university privileges for teaching and research and lack of connectivity with a university were very concerning issues. It took a lot of effort to work through all of the issues. MCC and the university negotiated legal terms and, at the conclusion of the negotiation process, the faculty became MCC employees rather than university employees. The university granted privileges in return for an annual stipend and the cancer center granted tenure.

Dr. Jack Pledger lamented:

Back when I was there, Moffitt gave the money to USF to pay all of our salaries and the physicians more or less were responsible to department chiefs in the medical school even
though the Moffitt was paying their salaries. Moving all the faculty in there finally came to fruition when (former CEO) Bill (Dalton) was there. Then later the complete kind of destruction of the relationship between USF, where we tried to work out the things like IP ownership and pursue the patents and all that stuff. And then all that split up. The first decision to become a comprehensive cancer center followed by bringing the faculty into Moffitt and making them members of Moffitt and then the breaking down of the old ownership. The thought of whether Moffitt was, yes directly, on its own and not in any way overseen by the university. Sort of the total independence.

And then probably one of the later things that I felt was very good. And all this involves with the doctors practice going in (to the) DIO (Department of Interdisciplinary Oncology). So it really gives the Moffitt Cancer Center a lot more control on their own employees that they're paying for.

I started pushing to develop a separate entity for the cancer center called a Moffitt Research Institute. Which then allowed everybody to have the research part put under this research umbrella. And, of course, that's where they put the (NCI core) grant and Dr. Sellers is the director of that institution and the grant. So those are the kind of the ones that I was involved in. But probably the main thing was just making the separation very clear.

We were still bringing in money to the institution through USF and were getting like a 40-45% indirect and they were only giving us probably 20% of that. With the cost to do research it was just ridiculous. We couldn't keep that up very long.

Former board chair Ted Couch linked the decision to employ the faculty as significant and aided physicians and researchers, propelling MCC forward.

I would say that one of the significant accomplishments is what we've been able to do to build our research capacity. What we've been able to do that I think is significant is that research
capacity, the NCI status that we earned in a very short period of time, I think that probably is one of our main accomplishments. And then, probably the next thing, was to be able to manage our medical staff. To be able to hire our medical staff, that was probably another significant move that was costly to go into. But I think that probably it's been a very meaningful accomplishment in being able to run the hospital.

James J. Mulé, PhD, EVP and Associate Center Director, recalled the decision to hire the faculty and the care and communication required.

The other is the separation from USF, was the decision to bring all the faculty over here, was the right thing to do for all the right reasons and do it in a way that both organizations felt it was good and productive and would not necessarily be adverse to each organization. So, I look at that as a win-win, and I think it was crucially important to the history of the organization. So, I view it as it was necessary. I could understand the angst of the faculty members at the time, because they're academics, they're used to having their paycheck come from university and have their academic professorships at the university. So this was a period of time where we had to settle those concerns and maintain the ability for them to have appointments at USF, which is still important to the active faculty here.

I think it was a testimony to the leadership and the board to allay those concerns and make it whole for the employees, for the academics. It was a lot of transparency, a lot of communication, a lot of meetings with faculty to ensure them that this was the right thing to do, and put together a promotion and tenure system, which we didn't have before, and have the faculty involved in every decision that was made, including being members of that committee, set up the departments, the academic departments, similar to what's done in the university, and I think the results speak for itself.
Board chair Tim Adams, having served on the board for more than 26 years, also had a front row seat over MCC’s rapid growth period. He was part of the decision-making process during all of the landmark decisions that matured and propelled the institution.

We were the first in the nation, Cancer Center, to employ our clinical faculty. So, if I look at one single thing that really impacted us, that’s probably the biggest because the faculty, the way we care for cancer is pretty unique. It’s team-based. You can’t do that with a faculty that’s off-site or not part of the organization, and so pulling that clinical faculty in and having them align with mission and with the Moffitt culture probably really set us apart from everybody else.

And other people, obviously in the last four or five years, lots of clinical enterprises have employed physicians, but as far as I know we were the very first Cancer Center to do it and we were way ahead of most other people. And I think that really, really positioned us to pursue mission.
CHAPTER 6: DISCUSSION AND CONCLUSION

This study identified the factors and events that led the Moffitt Cancer Center (MCC) to evolve from a direct-support organization (DSO) at the University of South Florida (USF) into a self-governing institution of transformational change. The role of the founder, leadership and culture, key factors, led to a mission-driving organization that was stymied by cultural, organizational and governance differences with the university regarding directional growth. A critical inflection point, MCC’s organizational and governance future was indelibly altered by the passage of legislation in 1990. The legislative success, coupled with three additional transformative events, evolved MCC into an organization with a future of limitless possibilities.

Individual interviews of MCC board chairs and members, chief executive officers (CEO) and executive leaders revealed the three fundamental factors and four transformational events enabled MCC’s evolution. The findings were used to address the study’s three research questions. A review of the literature regarding founders, visionary leadership, culture and transformative organizations showed that while some facets of MCC were similar to those of other large organizations, MCC was also unique, as discussed later.

Summary of Major Findings

The interview data was analyzed using interpretivist analysis and sensemaking to identify common themes across the interviews in order to determine how factors and events transformed MCC. Primary areas of interest, based on the study’s research questions, were discovery of who or what impacted MCC and the decisions made to propel the institution. The overarching goal was to depict how
and why MCC became and institution of transformational change. There were two key findings, which are described in this section. Finding 1 pertains to the foundational factors that were critical to MCC’s evolution. Assessment of this data led to the identification of three foundational factors that were the focus of a comprehensive literature review. Finding 2 pertains to transformational events. This analysis led to the identification of four decisions that were most significant in MCC’s advancement. Notably, the decision that came first chronologically made possible each of the subsequent decisions. Each of these key findings are described in this section.

**Key Findings**

**Finding 1**

Iterative analysis of the interview data revealed three key factors that were deemed to be important foundational factors: 1) Founder, 2) Visionary Leadership and 3) Culture. These factors, along with Transformational Organizations and Societal Benefit were the focus of the literature review conducted for this study. The literature supported the role and impact of these factors in relation to MCC’s evolution: founder (Conte et al, 2018; Ellis et al, 2017; Leavy, 2016), visionary leadership (Cote, 2018; Taylor et al, 2013; McLarney, et al, 1999; Westley & Mintzberg, 1989) and culture (Bass & Avolio, 1993; Giberson, et al, 2009; Sarros, et al, 2011). Transformational organizations and societal benefit, included in the literature review (Carr, et al, 2004; Ebrashi, 2013), sought to gain perspective regarding organizational creation and adaptation or evolution resulting in high-impact societal enhancement.

MCC also appeared to be unique in some ways, including the ongoing involvement of the founder in a non-executive leadership position. MCC’s societal benefit as an institution of transformational change also had a unique quasi-public/private quality in that it was created as an instrumentality of the state yet operated as a private non-profit. The perceived similarities and differences are further interpreted and described in the discussion section of this chapter.
Finding 2

Analysis of the research led to the discovery four key decisions that were deemed to be transformational events: 1) 1990 Legislation, 2) Interdisciplinary Care, 3) Comprehensive Cancer Center (CCC) and 4) Moving Faculty to MCC. These pivotal events, particularly the first event which was the most unexpected and informative finding, were determined to be the impactful events that enabled MCC to emerge as an institution of transformational change with societal impact.

The first transformational event, the 1990 legislation, made it possible for the subsequent events to occur. While only a few interviewees explicitly mentioned the 1990 legislation specifically, a recurrent theme in participant interviews was MCC’s need for self-governance in the years following its creation. Familiarity with the political process and the impact of such a statutory change helped identify the 1990 legislation as a fundamental decision that allowed for self-governance. Appendix G contains a summary of the recurring themes in the interviews that identified the 1990 legislation as a monumental event, paving the way for future transformative decisions or events.

Interdisciplinary or multidisciplinary care were explicitly stated in several interviews; described as the way MCC organized patient care by disease site. A differentiator, MCC transformed patient care by eliminating a university-style department structure and created teams of specialists focused on a particular type of cancer.

MCC’s status as a CCC was revealed as a monumental achievement in institutional transformation. CCC status is the highest-ranking award by the National Cancer Institute (NCI), part of the National Institutes of Health (NIH). The decision to pursue, and ultimate success in achieving, the coveted NCI-CCC designation was crucial.

The decision to move faculty to MCC was identified as a key event based on the recurring theme of separating from the university and “moving all the faculty in here” or “the next thing was to manage our medical staff.” A bold and visionary decision was made to make faculty employees of MCC rather
than USF. The Moffitt Medical Group (MMG) and the Moffitt Research Institute (MRI) were important organizational additions to accommodate distinct groups, physicians and researchers, in their areas of expertise.

Findings were used to assess the three research questions that were developed to address the aims of this study.

**Research Question 1**: Can we ascertain factors that were critical to the foundation of MCC as a transformational institution?

MCC CEOs and board chairs were identified as the prominent leaders who made a significant and lasting contribution to MCC. While numerous other individuals were mentioned, the majority of responses fell into these two categories of leadership.

The research identified leadership groups which led to the key factors that became a basis of the literature review: 1) Founder, 2) Visionary leadership, 3) culture. Additional research regarding specific actions, decisions and leadership qualities/traits of those individuals could lead to additional substantive findings in future work.

**Research Question 2**: Can we determine events that set MCC on a course to become an institution of transformational change?

Four key decisions made at the board and/or executive level were identified as having set MCC on a certain trajectory: 1) 1990 Legislation, 2) Interdisciplinary Care, 3) CCC and 4) Moving Faculty to MCC. Through this analysis, these four decisions were deemed to be transformational events for MCC, yielding the most significant findings in the research.

**Research Question 3**: What does MCC need to do to continue to be an institution of transformational change with societal benefit?

The research did not yield concise information to address the question of what MCC needs to do to continue to be Florida’s premier cancer center. The need for continuity in funding and commitment
to the organizational culture were mentioned in several interviews. However, due to the lack of consistency to identify what would have been interpreted as common themes, this question is an area for future research.

**Explanation of Model**

Figure 4 below shows the final model of foundational factors and events that impacted MCC’s evolution as an institution of transformational change. Findings of this research were used to evaluate the relative impact of factors and events. The perceived influence of each is indicated (+) in the model.

The conceptual model (Figure 1) explained, in broad terms, in essence a roadmap that could be utilized by organizations to transform, enabling greater economic and/or societal impact. The conceptual model was utilized to describe the factors and events that transformed MCC into an institution of transformational change (Figure 4).

MCC’s three key factors, founder, visionary leadership and culture were overlaid into the model. Similarly, the four transformational events; 1990 legislation, interdisciplinary care, CCC and moving the faculty from the university to MCC were also placed in the model. Finally, weighting of the factors and events, with a (+) designation; denoted on the arrows. The boxes and circles represented the key factors and the transformational events that led to the evolved organization; an institutional of transformational change. The arrows signified causation, reading from left to right, in the model.

The first box, highly skilled, trained, impassioned founder was exemplified by MCC founder, H. Lee Moffitt. As Speaker of the House in the Florida Legislature, the founder utilized his position of power and influence to create MCC in state statute. Moffitt’s founder imprint was significant and his continued participation on the board impacted the direction of the institution. H. Lee Moffitt, in box one, was a high-impact factor in the creation of the organization, the second box, visionary leadership, upper circle, and culture, lower circle. Arrows indicate causation. The creation of the organization was his
accomplishment, therefore the founder’s impact on MCC, the organization (+++), visionary leadership (++) and culture (+) was substantial.

The second box, organization, was the cancer center (MCC). The organization, although small and a Direct Support Organization (DSO) on the university campus, served its envisioned purpose to deliver cancer care to patients in the region and state. Not only did the founder impact its creation (+++), visionary leadership (++) of the board and senior executives and the culture (+) they, therefore, impacted the organization. Equally the organization was impacted by key factors, visionary leadership (++) and culture (+). The organization, MCC (+++), visionary leadership (++) and culture (+) each influenced the transformational events.

The research brought forth four transformational events, the large circle, which evolved MCC into a new organization, listed in the circle. Those combined events (++++) created an institution of transformational change with societal impact through its new structure under self-governance, a (++++) organization. Further description is presented in the discussion section.

Discussion

This worked was based on interviews of twenty-one individuals involved with the creation, growth and evolution of MCC. One question, “Who or what impacted Moffitt greatly?”, presented as the defining question of the study, as it yielded responses to help identify the foundational factors and transformative events that re-directed MCC’s course. In this section, the major findings of this research are discussed in terms of their perceived meaning of MCC’s transformation related to existing literature. This chapter 7 includes this study’s limitations, recommendations for future research, and concluding remarks.
Figure 4. Model of Foundational Factors and Events of a Transformational Institution
Foundational Factors

MCC’s growth and success were shaped by the role of the founder, successful leadership practices and an integrated organizational culture. The founder, a cancer survivor himself, utilized his political position in the state legislature to create the cancer center. The literature showed that founders impact the organizations they create through their experiences and their personal history (Conte, et al., 2017, p. 276). Moffitt did not cease after the building was erected. For more than three decades, he served as a founding board member and remained intimately involved in MCC’s directional and policy development. More than thirty years after the center opened its doors, the founder still traveled to Tallahassee each legislative session to lobby for MCC. The founder’s visionary leadership was imprinted on the institution and the leaders, executive and board members, recruited to MCC possessed or adopted similar characteristics. Leading by example, founders impacted employee’s commitment (Crotts, et al., 2005, p. 61). Moffitt was a visionary leader who sought like-minded professionals to join the cause.

The visionary leadership of the founder created an environment of opportunity to attract additional leaders who shared in his corporate vision. As the “proselytizer,” the founder evangelized his creation and drew talent to MCC (Westley & Mintzberg, 1989, p. 25). The cast of leaders created an MCC culture of commitment and dedication, coupled with the freedom to pursue creative solutions to the scourge of cancer. Schein (1983), mentioned often in culture centered literature, stated that culture was not an immediate occurrence, but over time, cultural values became part of the fabric of an organization (p. 46-47). The founder and the early adopters created an evolutionary culture that changed and adapted throughout the years.

Literature on the three foundational factors enriched the content and enhanced understanding for this work. MCC, as a private non-profit, while also serving as an instrumentality of the state, had a
quasi-private, quasi-public role that was not predominate in the literature. However, material pertaining to the basic foundational factors was plentiful.

Figure 4 above depicts the final model of factors and events. The model, evolved from Figure 1 though research and discovery, shows impactful factors leading to events that transformed MCC. Impact is signified by a number of (+) signs near each corresponding arrow. The preponderance of the interview respondents listed the founder as a significant factor not only in the creation of MCC, but also of his continued leadership and impact on the institution decades later. Visionary leadership and culture presented as important factors in addition to the founder. Figure 4 shows the causality through arrows and the weighted impact that each factor or event had on subsequent boxes or circles. The founder impacted the creation of the organization, visionary leadership and culture. Those factors, in turn impacted the institution. Once the factors became part of the corporate fabric, the founder, visionary leadership and culture created the institutional impetus to pursue transformative initiatives that changed the institution’s societal impact.

**Transformational Events**

Four specific decisions, as described by the interviewees, elevated MCC as a nationally recognized cancer center and established it as an institution of transformational change.

The 1990 legislative initiative specified and empowered the position of center director. The legislation enabled self-governance, control of the board of directors, control of facilities, statutory authority to create departments to fulfill the institute’s mission, and control of the budget and research grant dollars. Passage of the legislation codified those important changes and made MCC accountable, on an annual reporting basis, to the state university system governing board, the Board of Regents (later the Board of Governors) in state statute. That was the single most significant transformational event.
But for the passage of that legislation, the additional three transformational events would not have been possible.

The creation of an interdisciplinary approach was impossible for MCC pre-1990. MCC’s decision to reorganize the patient care model, the second transformational event, designed care around disease site as opposed to departmental organization by area of training and expertise. Rather than stand-alone departments such as surgery and radiation oncology where physicians treat many types of diseases, MCC’s model organized healthcare teams in a defined department that included professionals targeting that specific disease. To clarify by example, all care deliverers focused on skin cancers, melanoma, basil cell or squamous cell carcinoma, were in a department focused only on cutaneous diseases.

The decision to pursue CCC status was possible because the institution, via the 1990 success, controlled the facilities and had authority to create departments and control grant awards. In order to achieve CCC status, a research enterprise was created and MCC recruited researchers from around the country and beyond. CCC was based solely on research and was not awarded based on patient care or number of patients served. As of 2018, there were 49 CCC’s in the United States and MCC was the only Florida-based center in the state. CCC designation was a differentiator and set MCC apart from other centers in the state and region. Without the freedom to create a research enterprise, enabled by the 1990 legislation, control of grant funding and the freedom to recruit highly qualified individuals focused specifically on cancer, MCC’s effort would have been greatly hindered.

The final transformational event, moving the faculty to MCC was also not possible under the previous structure. Under the previous structure most physicians and researchers were employed by the university yet worked fulltime at MCC. MCC paid the university and USF granted faculty tenure. The 2008 initiative moved faculty to MCC. Subsequently, the cancer center paid a stipend to the university for faculty campus privileges while MCC granted tenure. The decision was not simple as faculty were used to a more direct university structure. However, by creating the Moffitt Medical Group (MMG) and
the Moffitt Research Institute (MRI), control of the faculty through that transformational event further separated MCC from direct connection to the university and reinforced self-governance. Those combined events, pivotal inflection points MCC’s history, transformed in the institution.

The final box, an institution of transformational change, showed the evolved cancer center as a freestanding institution with the authority and ability to guide its own future. The transformed institution made decisions, including the creation of new departments, innovative business ventures, and strategic research and education collaborations. Three examples are described at the end of this work. The institution of transformational change (+++++) evolved into a new organization with societal benefit, furthered its mission and achieved the mandate set forth in state statute.

Figure 5. Final Depiction of Four Transformational Events

Figure 5, evolved from Figure 3, depicted that the 1990 legislation enabled the subsequent three transformational events. Lines to the other events signified linkage, enabling the other three events, not causation. While the three events that followed the 1990 legislation were made clear through the research process, concise identification by the respondents, the legislative event itself required an
interpretivist and thematic approach. Creswell (2013) stated “coding involves aggregating the text or visual data into small categories of information” where themes “are broad units of information” (pp. 184-186). The 1990 legislative initiative was only mentioned by title or timeframe by a few participants. Other respondents mentioned numerous factors that they interpreted as important to MCC evolution and maturation, but not any specific initiative or event.

The conclusion that the 1990 decision was, indeed, a key transformational event presented itself through a process of assessing the key phrases, words or concepts that the respondent shared. Each of these information pieces led to the conclusion that the event or outcome described could have only happened due to the passage of the legislation. Specifically, responses such as “we needed to govern ourselves,” “we need to control our research awards” or “we needed to be able to hire a center director,” thematically were linked to the legislative outcome and were only made possible by its passage (Appendix G).

As of 2018, MCC was the only CCC based in Florida and had served patients from every county in the state, every state in the nation and more than 130 other nations. Many organizations engaged initiatives aimed to benefit society while still operating as a successful business (Zimmerman, et al., 2014, p. 18-21). From a small hospital with 409 employees in 1986, MCC had grown to more than 6,100 employees serving over 64,000 individual patients annually. It was a mature, transformational institution fighting cancer and serving a social benefit. Social innovation has been described as the implementation and utilization of new ideas to meet common goals (Mumford, 2002, p. 253-261). MCC, as an institution of transformational change, likely exceeded the expectations of even its founder.

This project was designed to extrapolate knowledge of successful leadership practices, determine what led to and cultivated MCC’s mission-driven organizational culture and identify transformational events that re-defined the institution. Data was collected from individual interviews and assessed using thematic analysis and sensemaking. This process led to the discovery of critical
foundational factors and transformative events that contributed to understanding how MCC evolved into one of the country’s top cancer centers. While the literature helped to make clear many ways in which MCC was similar to other large organizations, there also appeared to be gaps in the current knowledge base, particularly in terms of the unique role a founder who does not assume a senior leadership role in non-profit organization that serves a societal purpose.

Limitations

Future qualitative and quantitative research projects could focus directly on two distinct areas; 1) decision making and decision outcomes of non-profits designed to address specific areas of concern and 2) non-profit institutions of societal impact.

This project began with three research questions, yielding fruitful information from two of the questions. The third, “What does Moffitt need to do to continue to be Florida’s premier cancer center?” did not yield notable data for this research project. Results included reimbursement rates for services, research money, culture, leadership and a number of other unrelated responses. A series of more targeted questions may provide richer data that could be subdivided into categories or themes for review and analysis.

Qualitative research projects relying on interview data can present numerous obstacles. Answers to questions are drawn from the opinion or recollection of the respondent. Responses are derived from the interviewee’s memory regarding an event, conversation or occurrence. Therefore, factual accuracy regarding times, places, circumstances or results are subject to the recall of the respondent and/or their willingness to be forthcoming. In interview-based research, if possible, a greater number of interviewees, logically, should yield a clearer picture with corroborating interview data.
Interview questions must be clearly designed in order to answer the research questions. If particular data is sought, a narrow line of questioning should be considered. Open-ended questions would be useful to elicit responses without targeted outcomes.

Research regarding founders who did not assume leadership positions such as CEO or board chair was not clearly present in the literature. Targeted research regarding company founders who participate in, but do not own or run the organization may be useful. Further, non-profit founders who are committed to a particular cause could be a topic for future societal impact research.

Specific topics for research that could be explored in future studies from this work include legislatively created institutions and societal benefit. Governments at all levels allocate tax resources for a multitude of purposes. Government waste has been the subject of much research and media attention. However, research regarding government investment in institutions of societal impact may be a valuable tool for transforming organizations with shared benefit.

This research project included twenty-one interviews with MCC leaders and program directors. The majority of the program director data was not included in the scope of this work but may be useful in future research endeavors.

Contributions

The aim of this research was two-fold: 1) discovery regarding the creation of MCC via leadership, culture and growth, and 2) institutions of transformational change and societal benefit. The findings of this project could be utilized in future research for non-profit and for-profit entities regarding transformational events that alter the trajectory of an organization. Furthermore, this research adds to current knowledge regarding how visionary leadership and culture contribute to transformational decisions creating societal benefit.
Through data examination of the research material, this study adds to current knowledge and literature pertaining to transformational change and societal impact, while utilizing existing literature regarding such factors as visionary leadership, culture and founder research. The findings in this research contribute to the current base of knowledge.

**Conclusion**

Drive, personal experience, ambition, perseverance and vision have led to the creation of remarkable enterprises that became organizations of societal impact. MCC’s founder had an idea. Due to the death of three close friends, he envisioned a cancer center in Florida to serve the needs of the state. Over a three-decade period, the founder’s creation grew from a small regional cancer hospital into a nationally renowned CCC. MCC earned numerous recognitions, recruited some of the best and brightest minds from around the globe, and led cancer care and research in Florida and beyond. The institution that started with an idea became not only an economic engine for the community and state but also served as an institution of transformational change with societal benefit.

The research illuminated specific elements that contributed to the growth, success and impact of MCC. The concept of the institution started with one person, the founder. His vision, actions, evolving role and constant attention were explored through the research process. Regarding the institution, the concepts of founder, visionary leadership and culture emerged through the interview process as key factors for this study. Recurring results revealed through interview data helped identify the key factors that made a significant and lasting contribution to MCC. Additionally, four pivotal transformational events that changed the course of the center were identified. The factors led to key events, the events led to an institution of transformational change providing societal benefit.

Three topics exemplify what MCC did with the new freedoms that came with self-governance and the subsequent transformational events.
In 2007, MCC created a partnership with Merck & Company, a giant in the pharmaceutical industry. The partnership, with investment from Merck, enabled MCC to create a for-profit subsidiary company. M2Gen, a health informatics company was designed to accelerate personalized medicine. Created by then CEO, William S. Dalton, PhD, MD, M2Gen sought to combine annotated clinical data and tissue samples for study, clinical trials and drug discovery. Drug development was expensive and clinical trials took a lot of time to develop and receive Food and Drug Administration (FDA) approval. One component of the early M2Gen business plan was to create a data base that could house millions of data points and tissue samples, linked to certain genetic markers, for utilization of pharmaceutical companies to fill clinical trials. Clinical trials could take years to fill and complete. M2Gen provided an opportunity to change that by establishing a data base that could match patients to trails in a matter of days or weeks as opposed to years. In business time is money. For cancer patients time is precious. As of 2018, personalized medicine was the future; treating each patient based on their own genetic makeup. The creation of M2Gen was a direct result of MCC transformational change.

Previously unheard-of research was also possible due to transformation. MCC created a Department of Mathematical Oncology which was designed to explore mathematical study of tumor growth prediction. Though that innovative department’s work, findings and clinical trial results showed promise in altering treatment. Mathematicians in the department challenged long establish protocols by exploring how lower doses of radiation or chemotherapy may have advantage over the most tolerable dosages, as had been the norm for decades. Through clinical trials their research showed promising signs in numerous cancers that dosing just enough to impact the disease, taking a break and continuing only when the statistics elevated positively impacted the quality of life for patients and extended life in cases.

In 2008, MCC formed a partnership with the Personalized Cancer Center in Tianjin, China. MCC trained graduate students, post-doctoral fellows, nurses and physician-scientists as part of the exchange
between the two cancer centers. Sharing of information and exporting expertise, the two-way agreement augmented research and aided both entities in the cutting-edge field of personalized medical treatment.

Freedom to partner with other organizations and/or educational institutions was made possible by MCC’s foundational factors and the key events that created an institution of transformational change. The societal impact had only just begun. There was no limit to the potential due to the vision of one man, the people he surrounded himself with, the visionary leadership they possessed, the organizational culture they created and the transformational decisions they made.
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124.299 Direct-support organizations; use of property; board of directors; activities; audit; facilities.--

(1) DEFINITIONS.--For the purposes of this section:

(a) "University direct-support organization" means an organization which is:

1. A Florida corporation not for profit incorporated under the provisions of chapter 617 and approved by the Department of State;

2. Organized and operated exclusively to receive, hold, invest, and administer property and to make expenditures to or for the benefit of a state university in Florida or for the benefit of a research and development park or research and development authority affiliated with a state university and organized under part V of chapter 159; and

3. An organization which the Board of Regents, after review, has certified to be operating in a manner consistent with the goals of the university and in the best interest of the state. Any organization which is denied certification by the Board of Regents shall not use the name of the university which it serves.

(b) "Personal services" includes full-time or part-time personnel as well as payroll processing.

(2) USE OF PROPERTY.--

(a) The Board of Regents is authorized to permit the use of property, facilities, and personal services at any state university by any university direct-support organization, and, subject to the provisions of this section, direct-support organizations may establish accounts with the State Board of Administration for investment of funds pursuant to part IV of chapter 218.

(b) The Board of Regents shall prescribe by rule conditions with which a university direct-support organization must comply in order to use property, facilities, or personal services at any state university. Such rules shall provide for budget and audit review and oversight by the Board of Regents.

(c) The Board of Regents shall not permit the use of property, facilities, or personal services at any state university by any university direct-support organization which does not provide equal employment opportunities to all persons regardless of race, color, religion, sex, age, or national origin.

(3) BOARD OF DIRECTORS.--The chair of the Board of Regents may appoint a representative to the board of directors and the executive committee of any direct-support organization established under this section. The president of the university for which the direct-support organization is established, or his or her designee, shall also serve on the board of directors and the executive committee of any direct-support organization established to benefit that university.

(4) ACTIVITIES; RESTRICTION.--A university direct-support organization is prohibited from giving, either directly or indirectly, any gift to a political committee or committee of continuous existence as defined in s.
for any purpose other than those certified by a majority roll call vote of the governing board of the direct-support organization at a regularly scheduled meeting as being directly related to the educational mission of the university.

(5) ANNUAL AUDIT.--Each direct-support organization shall make provisions for an annual postaudit of its financial accounts to be conducted by an independent certified public accountant in accordance with rules to be promulgated by the Board of Regents. The annual audit report shall include a management letter and shall be submitted to the Auditor General and the Board of Regents for review. The Board of Regents and the Auditor General shall have the authority to require and receive from the organization or from its independent auditor any detail or supplemental data relative to the operation of the organization. The identity of donors who desire to remain anonymous shall be protected, and that anonymity shall be maintained in the auditor's report. All records of the organization other than the auditor's report, management letter, and any supplemental data requested by the Board of Regents and the Auditor General shall be confidential and exempt from the provisions of s. 119.07(1).

(6) FACILITIES.--In addition to issuance of indebtedness pursuant to s. 240.2093(2), each direct-support organization is authorized to enter into agreements to finance, design and construct, lease, lease-purchase, purchase, or operate facilities necessary and desirable to serve the needs and purposes of the university, as determined by the systemwide strategic plan adopted by the Board of Regents, upon approval of such agreements by the Board of Regents and approval of the project by the Legislature. Such agreements are subject to the provisions of s. 243.151.

(7) ANNUAL BUDGETS AND REPORTS.--Each direct-support organization shall submit to the university president and the Board of Regents its federal Internal Revenue Service Application for Recognition of Exemption form (Form 1023) and its federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

History.--s. 10, ch. 75-302; s. 21, ch. 79-222; s. 6, ch. 85-313; s. 67, ch. 87-224; s. 1, ch. 88-237; s. 75, ch. 90-360; s. 14, ch. 91-55; s. 5, ch. 94-230; s. 819, ch. 95-148; s. 16, ch. 95-243; s. 27, ch. 95-392; s. 96, ch. 96-406; s. 1, ch. 98-99; s. 1, ch. 2000-267; s. 3(7), ch. 2000-321.

*Note.--Repealed January 7, 2003, by s. 3(7), ch. 2000-321, and shall be reviewed by the Legislature prior to that date.

Note.--Former s. 240.182.
Interview Questions

Wilson Dissertation

1) What is your current role/affiliation with Moffitt?

2) How long have you been affiliated with Moffitt?

3) What is Moffitt Cancer Center?

4) What is your perception about Moffitt’s reputation?

5) What is the role of Moffitt?

6) As the only Florida based CCC, is Moffitt distinguished differently than other cancer centers? If so, how?

7) How did Moffitt achieve its position?
   • Policy
   • Leadership
   • People

8) Tell me about Lee Moffitt

9) How about his leadership?

10) Who or what has impacted Moffitt greatly?

11) What is the role of the board?

12) What about leadership?

13) If you could point to one or more decisions, what was important to Moffitt’s success?

14) What are the needs for the future?

15) Looking forward, what are the potential pitfalls/danger areas that Moffitt Cancer Center may face?
APPENDIX C: INTERVIEWEE BIOS
Timothy (Tim) J. Adams

Tim Adams is former president of Time Customer Service, Inc. (TCS) and was responsible for all TCS activities conducted on behalf of Time Inc. TCS employs 700+ people and occupies in excess of 300,000 square feet of office and light industrial space. TCS’s primary responsibility is the fulfillment of subscriptions for the Time Inc. family of magazines, the National Geographic Society, American Express, Kiplinger, National Wildlife, Wenner Media, Foreign Affairs, Smithsonian, and The Week.

Tim is from Webster Springs, West Virginia. He received his Bachelor of Science in Industrial Engineering from West Virginia University.

Adams has incredible financial acumen that has guided Moffitt’s 1.5 million-square-foot expansion over two decades. He was a key negotiator behind a recent $75 million investment in Moffitt subsidiary M2Gen that will benefit countless patients nationwide through precision medicine-based clinical trials. His support of partnerships has enabled Moffitt to extend its expertise globally, to Tianjin Medical University in China, and statewide, including partnerships with Memorial Healthcare System’s Broward County hospitals.
Theodore (Ted) J. Couch, Sr.

Ted Couch, Sr. graduated from Jesuit High School in 1954, entered a Roman Catholic Seminary for one year and thereafter attended the University of Tampa and the Louisiana State University School of Banking.

His full time working career began in 1956 with the newly formed First Industrial Savings Bank of Tampa where he was employed as a runner. In 1958 First Industrial became the Northside Bank of Tampa and moved to a North Tampa location as a full commercial bank. By this time Mr. Couch had worked his way up to becoming an officer of the bank and after holding every office position in the bank in 1966 he earned the title of President. In 1977 Mr. Couch left the bank to pursue the development of commercial real estate in the North Tampa area and to date continues to manage the properties he developed over the last 30 years.

In 1981, Mr. Couch and his partner George Cortner agreed to fund a chair in cancer research at the University of South Florida. This financial support from the community assisted in the appropriation of funding by the Legislature and through the persistence of then House Speaker, H. Lee Moffitt, the Moffitt Cancer and Research Center on the campus of USF became a reality. Mr. Couch chaired the board of directors of the Moffitt Cancer Center for 7 years. In 2000, he stepped down to chair Moffitt’s first capital campaign. This ambitious effort concluded in 2006 after exceeding the $87 million goal.

During his working career, Mr. Couch has chaired the University Community Hospital board and is now emeritus after 27 years of service. He has served on numerous boards and foundations in the community and has been a consistent donor to countless charities in the Tampa Bay Community. He maintains that wealth demands increased responsibility along with personal discipline and that wealth does not bring happiness to a person’s life but sharing of wealth does.
William (Bill) S. Dalton, PhD, MD

Dr. William Dalton is CEO of M2Gen, a Moffitt Cancer Center biotechnology company. Additionally, he is founding director of Moffitt’s Personalized Medicine Institute, established in 2012 to focus on Moffitt’s brand of personalized medicine, Total Cancer Care®. Dr. Dalton served as president and CEO of Moffitt from 2002 to 2012 and was instrumental in helping the Cancer Center achieve tremendous growth and innovation. He facilitated the launch of M2Gen and the development of Moffitt Total Cancer Care®. Dr. Dalton received his Ph.D. and medical degree from Indiana University School where he completed an internship in medicine. He then completed a residency in medicine and fellowships in oncology and clinical pharmacology at the University of Arizona in Tucson. He joined the University of Arizona medical school faculty, where he became professor and dean of the College of Medicine. He also directed the Bone Marrow Transplant Program at the Arizona Cancer Center.

Dr. Dalton joined Moffitt in 1996 and served as associate center director for clinical investigations and deputy director of the cancer center. He also founded and chaired the Department of Interdisciplinary Oncology at the University of South Florida where he is a professor of oncology. Dr. Dalton left Moffitt briefly in 2001 to serve as dean of the College of Medicine at the University of Arizona, returning in 2002 as the cancer center’s president, CEO and center director. A medical oncologist, Dr. Dalton has been a principal investigator or co-investigator for numerous research studies in his specialty of malignant hematology. Over his career, Dr. Dalton has published extensively, served on numerous editorial advisory boards for professional publications, participated extensively on committees for National Institute of Health/National Cancer Institute, American Association of Cancer Research, American Society of Hematology and the American Society of Clinical Oncology. He has also served on many university-based scientific advisory boards.

Education & Training:

Board Certification:
- Medical Oncology

Fellowship:
- University of Arizona - Oncology
- University of Arizona - Clinical Pharmacology

Residency:
- University of Arizona - Medicine

Medical School:
- Indiana University - MD
L. David de la Parte, Esq.

Mr. de la Parte is Executive Vice President and in-house General Counsel at H. Lee Moffitt Cancer Center and Research Institute. He joined Moffitt Cancer Center to establish its in-house General Counsel office in March 2007 after leaving de la Parte & Gilbert, P.A. as its managing partner. He received his Bachelor’s Degree in political science from Florida State University in 1983 and his Juris Doctor from Stetson University College of Law in 1985. While in private practice, Mr. de la Parte concentrated his practice in the general representation of clients in the health care industry and the representation of governmental and quasi-governmental agencies. He became Moffitt Cancer Center’s outside General Counsel in 1990.

He was admitted to The Florida Bar, the United States District Court for the Middle District of Florida and the United States Court of Appeals for the Eleventh Circuit in 1986. He is also a member of the Bar of the United States Supreme Court. He is a member of the American and Florida Bar Associations and was the founding chair of the Hillsborough County Bar Association Health Law Section. He is also a member of the American Health Lawyers Association and the Florida Hospital Association Academy of Healthcare Attorneys. He is considered an “AV” rated attorney by the Martindale-Hubbell Law Directory, which is the highest rating conferred by Martindale-Hubbell for legal skills and ethical conduct. In 2004, he was recognized by Florida Trend magazine as one of Florida’s "Legal Elite."

Mr. de la Parte is past chair of the District 6 Health and Human Services Board for Hillsborough and Manatee Counties. In 1995, he served as co-chair of the Governor’s Special Panel on Child Protection, which investigated the death of Lucas Ciambrone. He is past chair and currently serves on the Board of Directors of Youth Environmental Services, Inc., and Tampa Marine Institutes, Inc., nonprofit organizations which operate programs for the rehabilitation of delinquent youth.
Edward (Ed) C. Droste

Ed Droste was appointed in 2014 to Moffitt Cancer Center’s national Board of Advisors, a growing group of prominent individuals who serve as Moffitt ambassadors and offer their expertise and counsel on issues relating to the cancer center.

Ed Droste is chairman of Provident Management Corporation. He also is the co-founder and partner in Hooters Restaurants, originating in Clearwater, Fla. in 1983. Hooter’s currently has more than 400 restaurants nationwide with sales of nearly a billion annually, as well as locations in 28 countries. Droste was involved in the conceptualization, development and marketing of Hooters Casino Hotel in Las Vegas. He graduated from Iowa State University in 1973, with a B.S. degree in Industrial Administration and Political Science. He was President of his graduating class and was named National Top Alumnus of the Year for his fraternity, Tau Kappa Epsilon. He later dedicated a study hall in his name at Iowa State’s business school.

In conjunction with Hooters Restaurants, Droste formed Provident Advertising and Marketing to coordinate the chain’s promotional activities for the brand and other ventures in a number of industries. Through Provident, Droste also co-founded several successful restaurant concepts, including Pete & Shorty’s Tavern, Adobe Gila’s and Splitsville, which recently opened a location in Downtown Disney.

Droste has served in leadership positions of multiple societies and boards. He currently serves as chairman of Moffitt’s Foundation Board of Directors. Droste was appointed by Gov. Rick Scott to the Florida Prostate Cancer Advisory Council. He also was honored by the Florida Council on Economic Education for his induction into the 2012 Tampa Bay Business Hall of Fame.
Robert (Bob) A. Gatenby, MD

Robert Gatenby, MD is the Chairman of the Department of Radiology at Moffitt Cancer Center and Co-Director of the Cancer Biology and Evolution Program. He joined Moffitt in 2008 from the University of Arizona where he was Professor, Department Radiology and Professor, Department of Applied Mathematics since 2000. He received a B.S.E. in Bioengineering and Mechanical Sciences from Princeton University and an M.D. from the University of Pennsylvania in 1977. He completed his residency in radiology at the University of Pennsylvania where he served as chief resident. Bob remains an active clinical radiologist specializing in body imaging. While working at the Fox Chase Cancer Center after residency, Bob perceived that cancer biology and oncology were awash in data but lacked coherent frameworks of understanding to organize this information and integrate new results. Since 1990, most of Bob's research has focused on exploring mathematical methods to generate theoretical models for cancer biology and oncology. His current modeling interests include: the tumor microenvironment and its role in tumor biology, evolutionary dynamics in carcinogenesis, tumor progression and therapy, information flow in living systems and its role in maintaining thermodynamic stability.

**Discipline:**
- Molecular Oncology
- Integrated Mathematical Oncology
- Diagnostic Imaging and Interventional Radiology
- Myeloma
- Cancer Imaging and Technology
- Center for Immunization and Infection Research in Cancer
- Cancer Biology and Evolution Program
- Evolutionary Therapy
- Education & Training

**Board Certification:**
- Diagnostic Radiology

**Fellowship:**
- University of Pennsylvania, MD
- Hospital of U Penn, Chief Resident - Radiology
Anna R. Giuliano, PhD

Anna R. Giuliano, PhD, is the founding director of the Center for Infection Research in Cancer (CIRC) at the Moffitt Cancer Center. Her career had its inception in the relationship between human papillomavirus (HPV) infections and cervical cancer in women and has evolved over the past several decades to encompass HPV and penile, anal, and oral cancers in men, as well as other infectious diseases and their causal relationships with various cancers. Her work has contributed significantly to our understanding of the rate at which HPV infections are acquired and cleared, the proportion that progress to disease, and also to HPV vaccine protection against multiple diseases in women and men.

An expert in the field of cancer research with a longstanding and successful record of National Institutes of Health funding since 1990, she has been actively involved in cancer epidemiology and prevention studies conducted among diverse populations in the United States and abroad. In the course of those endeavors, Dr Giuliano was a contributor to the 1999 Institute of Medicine (IOM) report titled The Unequal Burden of Cancer and the 2005 International Agency for Research on Cancer (IARC) report that concluded for the first time that HPV is a cause of multiple cancers in women and men. In 2013, at the 100th anniversary of the American Cancer Society (ACS), she was the recipient of the ACS Distinguished Achievement in Cancer Award. Dr Giuliano has authored more than 330 peer-reviewed publications.

**Discipline:**
- Cancer Epidemiology
- Head and Neck-Endocrine Oncology
- Cancer Epidemiology Program
- Center for Immunization and Infection Research in Cancer

**Education & Training:**
- Tufts University, School of Nutrition, Medford, MA, MS - Nutrition
- Tufts University, School of Nutrition, Medford, MA, PhD - Nutritional Biochemistry
- New England Epidemiology Institute, Fellow - Epidemiology Statistics
- University of Arizona, NCI Cancer Prevention Fellow - Cancer Prevention Epidemiology
The Hon. Ralph H. Haben, Jr., Esq.

Ralph was raised in Palmetto Florida. He attended Manatee County schools and received his B.A.E. in Education from the University of Florida in 1964. He graduated from Cumberland College of Law in 1967 and began private practice in Manatee County in 1968. He served as an assistant state attorney and as a municipal judge.

In 1972 Ralph was elected to the Florida House of Representatives. He served on every major committee and won many legislative awards culminating in his election as Speaker of the House in 1981. While serving in the Legislature, Ralph was an integral part of the revisions of the Florida Criminal Code, the Evidence Code and the Probate Code. As Chairman of the Committee he had to carefully evaluate the existing law, the relevant cases and the public policy questions involved in the revisions.

Since 1982, Ralph has maintained a successful law practice in Tallahassee, Florida.
John (Jack) A. Kolosky, CPA, MBA

Jack Kolosky is Chief Operating Officer of Moffitt Cancer Center in Tampa, FL, and serves as the President of Moffitt Hospital. He joined the Cancer Center in November 1999.

Mr. Kolosky is responsible for ensuring that high quality care is provided to its many patients and that the Cancer Center is compliant with regulatory agencies and accrediting bodies, continually monitoring Moffitt's service and delivery systems. Mr. Kolosky also has the role of corporate Executive Vice President/Chief Operating Officer, where he oversees Patient Care Services as well as corporate functions as Information Technology, Internal Audit and Facilities and Support Services.

Mr. Kolosky has more than 30 years of health care leadership experience, including multiple hospital environments, clinic settings and academic, tertiary health care delivery systems. Prior to coming to Moffitt, he served as the Chief Financial Officer for the Georgetown University Medical Center in Washington, D.C., and

Mr. Kolosky is a Fellow in the Healthcare Financial Management Association, a member of the American College of Healthcare Executives, and is active in a number of other professional organizations. He serves on the board of directors of Moffitt Genetics Corporation (M2Gen), the Tampa Bay Partnership and is the past chair of Chapters Health System (the parent corporation of LifePath Hospice). Mr. Kolosky is currently the Board Chair of the Alliance of Dedicated Cancer Centers and the Board Chair of the Florida Hospital Association. He previously served on the board of the Nevada Cancer Institute.

as the Associate Vice President and Chief Financial Officer of the University of Texas M. D. Anderson Cancer Center in Houston, Texas.

Mr. Kolosky received his bachelor's degree in Accounting from Western Illinois University and an MBA in Finance from Drake University. He holds a Certificate from the Harvard University School of Public Health and is a Certified Public Accountant.
G. Douglas (Doug) Letson, MD

Dr. Douglas Letson is executive vice president of clinical affairs and physician-in-chief at Moffitt Cancer Center, as well as prior chair of the Sarcoma Department. In addition, he is a professor of surgery, radiology and orthopaedics at the University of South Florida and director of the USF Orthopaedic Residency Program. As an orthopaedic oncology surgeon, Dr. Letson’s research and clinical interests include: novel therapeutic agents to treat sarcoma; limb salvage for bone and soft tissue tumors; as well as segmental prosthesis, new hinge designs and soft tissue attachment for metallic prosthesis. Dr. Letson has a keen interest in new techniques and design of instrumentation for minimal invasive reconstructive surgery. He collaborated with Stanmore Corporation in England to develop a non-invasive leg lengthening implant, and he is the only physician in the United States to implant and lengthen the limbs of several children successfully.

A graduate of Louisiana State University School of Medicine, Dr. Letson completed his residency in orthopedics at LSU affiliated hospitals, where he was chief resident at LSU Children’s Hospital. He pursued advanced training through a musculoskeletal oncology fellowship at Massachusetts General Hospital-Harvard Medical School and was awarded Clinical Oncology Fellow of the American Cancer Society. Prior to joining Moffitt in 2000, he was with the Watson Clinic in Lakeland, FL, and with the Florida Orthopaedic Institute in Tampa. Dr. Letson is a frequent guest speaker at local and international physician conferences and has received numerous awards, including American Orthopaedic Academy Honor Society, Professor of the Year at Orlando Regional Healthcare, Teacher of the Year for the USF Radiology Department and Best Doctors in America.

Education & Training:

Board Certification:
  • Orthopaedic Surgery
Fellowship:
  • Massachusetts General Hospital – Harvard Medical School - Musculoskeletal Oncology
Residency:
  • Louisiana State University Medical School Affiliated Hospitals - Orthopaedics
Medical School:
  • Louisiana State University - MD
Alan F. List, MD

Dr. Alan List is the president and CEO of Moffitt Cancer Center. He is a senior member in the Department of Malignant Hematology and the Experimental Therapeutics Program. In addition, Dr. List is a professor of internal medicine and oncology at the University of South Florida Morsani College of Medicine. After earning his medical degree from the University of Pennsylvania, Dr. List completed a residency in medicine at Good Samaritan Medical Center in Phoenix, AZ. He pursued fellowships in hematology and medical oncology at Vanderbilt University Medical Center in Nashville, Tenn.

Prior to joining Moffitt in 2003, Dr. List was a professor of medicine and director of the Leukemia and Bone Marrow Transplant Program at the University of Arizona Tucson, as well as Associated Center Director of the Division of Translational/Clinical Research. Dr. List is internationally recognized for his many contributions in the development of novel, more effective treatment strategies for myelodysplastic syndrome (MDS) and acute myeloid leukemia (AML). His pioneering work led to the development of lenalidomide (Revlimid®) from the laboratory to clinical trials, which went on to receive fast-track designation from the U.S. Food and Drug Administration and approval for the treatment of patients with MDS and multiple myeloma.

He is the author of more than 330 peer-reviewed articles and co-editor of Wintrobe’s textbook of Hematology. He serves as a member of the Board of Directors of the Myelodysplastic Syndrome Foundation and the AA & MDS International Foundation and is the President-Elect (2017-18) for the Society of Hematologic Oncology (SOHO). He also is an active member of the American Society of Clinical Oncology; American Society of Hematology; American Association for Cancer Research; International Society for Experimental Hematology; J.P. McCarthy Foundation Medical Advisory Committee; and the Southwestern Oncology Group.

Education & Training:

Board Certification:
- Medical Oncology
- Hematology

Fellowship:
- Vanderbilt University Medical Center, Nashville, TN - Oncology
- Vanderbilt University Medical Center, Nashville, TN - Hematology

Residency:
- Good Samaritan Medical Center, Phoenix, AZ - Internal Medicine

Medical School:
- University of Pennsylvania - MD
The Hon. Connie Mack III

Senator Connie Mack represented the State of Florida in the United States Congress for 18 years, including 12 years in the United States Senate where he played a leading role in economic and health care issues. Senator Mack led a historic bipartisan Congressional effort to double funding over a five-year period for biomedical research conducted through the National Institutes of Health. At the time of his retirement in 2001, Senator Mack served as the Republican Conference Chairman, making him the third-ranking member of the Senate Republican leadership.

Senator Mack became the first Republican in Florida history to be re-elected to the U.S. Senate in 1994 when he received more than 70 percent of the vote, more than any other Republican candidate in the nation. Prior to his election to the Senate, he served three two-year terms as a member of the House of Representatives from southwest Florida. In April 1994, Mack was named by Campaign and Elections magazine as one of the 20 most popular elected officials in America. As a House member, U.S. News and World Report identified him as one of the nation’s most effective “new rising political stars.”

For the past 10 years, Senator Mack has worked with clients to develop and implement strategies to successfully achieve their legislative policy goals. In 2007, he became a founding Partner and Senior Policy Advisor with Liberty Partners of Florida, LLC in Tallahassee and continued in these roles as the partnership expanded in January 2010 into Liberty Partners Group, LLC in Washington, DC. Appointed by President Bush in 2005, Senator Mack served as Chairman of the President’s Advisory Panel for Federal Tax Reform. Currently, Senator Mack serves as Chairman Emeritus, serving after years as Chairman of the Board of Directors of the H. Lee Moffitt Cancer Center & Research Institute in Tampa, Florida. He was a founding trustee of the American Cancer Society Foundation and served as past President. The Senator is a member of the Board of Directors of the Mutual of America Life Insurance Company, is Vice Chairman of M2Gen, and serves on the Board of the Moffitt Cancer Center, where he is the Chair Emeritus.
Jennifer (Jenny) L. Moffitt, PhD

Jennifer Moffitt is assistant professor of English at Florida Southern College in Lakeland, Florida. Before joining the faculty at Florida Southern, she taught for seven years at Florida State University, first as a graduate student and then as a visiting lecturer. Her research and teaching interests include American literature, gender theory, and visual culture studies. Jenny is the recipient of the J. Russell Reaver Award for Outstanding Dissertation in American Literature or Folklore, and the Bryan Hall Award for Excellence in Teaching First-Year Composition. She holds a B.A. in English from Appalachian State University, a M.A. in Literature from Humboldt State University, and a Ph.D. in Literature from Florida State University.
Moffitt was born in Tampa and attended Henry B. Plant High School in Tampa, graduating in 1959. He later obtained his Bachelor of Arts from the University of South Florida in 1964 and his Juris Doctor from Cumberland School of Law in 1967.

Moffitt was elected to the Florida House in 1974, serving Tampa, Florida. He served as Democratic member of the Florida House of Representatives, holding various positions throughout his ten years of service there. In 1976 he was selected as the Most Effective First-Term House member and presented with the Allen Morris Award by the Florida Times-Union. From 1978 to 1980 he chaired the Commerce Committee, and the House Reapportionment Committee from 1980 to 1982. He was again selected by St. Petersburg Times (now Tampa Bay Times) as the "most Effective Member of the House" in 1982, as Chairman of the House Reapportionment Committee. In November 1982, he was elected Speaker of the Florida House of Representatives and served in this capacity until 1984. He retired from the legislature in 1984 to return to the practice of law.

While a member of the house of representative, Moffitt spearheaded a project to build a cancer treatment center in Florida. Moffitt had been diagnosed with a malignant tumor in his left knee at age 29, for which he did a tumor resection. It was this experience, along with the death of friends, Joseph Lumia, Judy Barnett and George Edgecomb, from cancer, that motivated Moffitt to lobby for a cancer treatment center in Tampa. He secured an initial $70-million via the Legislature for the commencement of the construction.

The H. Lee Moffitt Cancer Center & Research Institute officially opened on October 27, 1986, three years after its groundbreaking. Despite Moffitt's objection, the Florida legislature voted to name the facility in his honor. In 2006 he was honored by the Association of Community Cancer Centers' (ACCC) Annual Achievement Award for his commitment to combating cancer through the center he founded. Since its founding the center has expanded its services and was designated an NCI Comprehensive Cancer Center in 2001.

Also, during his legislative career he passed constitutional resolutions that created a merit selection process for the Florida Appellate Judiciary and granting Floridians a right to privacy. Both constitutional amendments were approved by Florida voters. He also led the effort to pass the Water Quality and Assurance Act of 1983, and the Growth Management Act of 1985.
James (Jim) J. Mulé, PhD

Dr. Mulé joined Moffitt in 2003 as the associate center director for Translational Science. His research focuses on characterizing and validating genomic signatures of immunotherapy response, as well as designing and translating novel vaccine and adoptive T-cell transfer strategies to patients with advanced solid tumors. He has been named a Master of Immunology by the American Association for Cancer Research (AACR) publication Cancer Immunology Research. The distinction recognizes his life’s contributions to cancer research; in particular, his work to better understand how anti-tumor immune responses develop and are regulated by the body. The results of his life’s work have helped shape the future of cancer therapy through the development of personalized immunotherapies that use a patient’s own immune system to fight his or her disease.

The clinical application of immunotherapy for cancer is rapidly moving forward in multiple areas, which incorporate the adoptive transfer of antitumor-reactive T cells and the use of ‘therapeutic’ vaccines. Both clinical and immunologic endpoints have shown new promise to the field. Novel dendritic cell-based vaccine strategies designed in the laboratory and proven in preclinical animal tumor models are now entering the clinic, with the intent of providing therapeutic efficacy. Improvements on this approach involve breaking tolerance to tumor ‘self’ antigens by inhibiting regulatory cells, boosting T cell co-stimulation, and administering combinations of recombinant cytokines and other defined molecules with ‘immuno-enhancing’ activities. Development of these improvements is the primary research interest of Dr. Mulé.

**Discipline:**
- Cutaneous Oncology
- Translational Research
- Radiation Oncology
- Immunology
- Melanoma Research Center of Excellence
- Center for Immunization and Infection Research in Cancer

**Fellowship:**
- Fred Hutchinson Cancer Research Center, PhD - Tumor Immunology
- University of Washington School of Medicine, Postdoctoral Fellow - Surgery
- National Cancer Institute, Bethesda, Maryland, Fellow - Surgery
- University of Washington, School of Medicine, MS - Cellular Immunology
Warren Jackson (Jack) Pledger, PhD

Warren Jackson (Jack) Pledger is a molecular cell biologist who is the Associate Director for Research and Deputy Director of the Gibbs Cancer Research Institute in Spartanburg, South Carolina. He has held academic appointments and tenure at the University of North Carolina School of Medicine (Assistant and Associate Professor of Pharmacology and Program Leader of the Cell Biology Program at the Lineberger Cancer Center), Vanderbilt University School of Medicine (Professor of Cell Biology) and the University of South Florida College of Medicine (Professor of Biochemistry and Oncology.)

He moved to the Moffitt Cancer Center in 1994 as Associate Center Director for Basic Research and was awarded the Cortner-Couch Endowed Chair in Cancer Research. Dr. Pledger was responsible for the development, administration and quality of all research programs and cores at Moffitt. He was also responsible for recruiting investigators to Moffitt to support the application for a National Cancer Institute (NCI) Comprehensive Cancer Center. Moffitt grew into a national research institution during his tenure as Associate Center Director for Basic Sciences. He instituted and developed the Moffitt Research Institute and was its Founding Director. Moffitt/University of South Florida Ph.D. program in Cancer Biology was organized under his leadership, which continues to train students. He also served as the Deputy Center Director (2001 to 2013). In addition, he served as the principal investigator at Moffitt’s National Functional Genomics Center (NFGC).

Pledger has received peer-reviewed funding for more than 30 years. He has held numerous National Institute of Health (NIH) and NCI grants, participated in three Program Project Grants (PPG) and was the principal investigator of one PPG. He has served as the principal investigator on several institutional grants including the American Cancer Society (ACS) Institutional Research Grant, the National Genomics Center Grant (Department of Defense), and a U56 / U54 partnership grant with the Ponce School of Medicine Cancer Center. He has over 150 publications in journals, including ScienceNature, Proceedings of the National Academy of Sciences, USA, Molecular Cell Biology, and Journal of Cell Biology. Dr. Pledger is also an associate editor for the Journal of Cellular Biochemistry, Critical Reviews in Eukaryotic Gene Expression and Cancer Research. He has served as a permanent member on NIH, ACS and VA grant review panels and has served on several NIH and NCI ad hoc panels that reviewed Program Project Grants and Center Grants. He was the first recipient of Moffitt Cancer Center’s Scientist of the Year Award.
Nicolas (Nick) C. Porter

Nick Porter is a senior advisor with the THEO Executive Group who builds strong cultures of excellence with senior executives of medical and academic institutions. From 1988 to 2011, Nick was with the Moffitt Cancer Center as its chief operating officer and then as its executive vice president for institutional advancement and corporate relations. Throughout his tenure, Nick was the primary liaison for Moffitt’s board of directors. Prior to joining Moffitt, Nick was chief operating officer of Johns Hopkins Hospital. Nick has served on the board of trustees and the finance committee of the National Comprehensive Cancer Network; the executive committee of the Alliance of Dedicated Cancer Centers; the finance committee of the Association of American Cancer Institutes, and other community boards. He holds a B.A. degree from the University of Baltimore and a Master’s of Education from Loyola College.
**John C. Ruckdeschel, MD**

Dr. John C. Ruckdeschel is the Cancer Institute director and Ergon Chair in Cancer Research for the University of Mississippi Medical Center.

Ruckdeschel, who previously served as the director of the Moffitt Cancer Center in Tampa, led that institution to National Cancer Institute Comprehensive Cancer Center designation and to become the third-largest clinical cancer program in the United States.

He then moved to the Barbara Ann Karmanos Cancer Center in Detroit, where he re-acquired its NCI comprehensive status and completed the process of making Karmanos a free-standing cancer hospital. In both settings he built strong clinical networks by working with community physicians and patients, developing effective inter-disciplinary clinical teams and creating strong programs across clinical, basic, translational and population research.

As a clinician, Ruckdeschel's career has focused on lung cancer and other thoracic malignancies. He's credited with more than 150 peer reviewed manuscripts and co-editorship of the Textbook of Thoracic Oncology. He is currently a North American editor for the Cochrane Lung Cancer Review Group.

Ruckdeschel completed his undergraduate education in biology at Rensselaer Polytechnic Institute and received his medical degree from Albany Medical College in New York. He went on to an internship at Johns Hopkins, residency at the Beth Israel Medical Center in Boston and fellowship at the National Cancer Institute's Baltimore Cancer Research Center.
Thomas A. Sellers, PhD, MPH

Dr. Thomas Sellers is center director of Moffitt Cancer Center and executive vice president. Dr. Sellers research program seeks to integrate a basic science background in nutrition and genetics with observational research methods to try to understand questions such as, why do less than 20 percent of cigarette smokers develop lung cancer and why is a proven effective cancer treatment beneficial to only a subset of patients? His studies are based on genetic analysis of germline DNA and the increasing incorporation of acquired (somatic) events.

The primary focus of his research is ovarian cancer, which is a devastating disease with no clear warning signs and high mortality rates. Dr. Sellers also has active collaborations that involve cancers of the breast, lung and prostate. The underlying theme is identifying inter-individual differences in cancer susceptibility and using that to inform approaches to cancer prevention, early detection and precision medicine to enhance outcomes after diagnosis.

Critical to the success of this effort is team science, necessitating collaborations with geneticists, pathologists, biostatisticians, biomedical informaticists and clinicians. The Moffitt environment enables that to happen naturally.

Dr. Sellers earned his Master of Public Health from Tulane University School of Public Health and Tropical Medicine and his Ph.D. in Epidemiology from Tulane. He was a postdoctoral fellow in genetic epidemiology at Louisiana State University Medical Center.)

Education & Training:

- Postdoctoral Fellow, Louisiana State University Medical Center, 1989 - Genetic Epidemiology
- PhD, Tulane University, 1988 – Epidemiology
- MPH, Tulane University, School of Public Health and Tropical Medicine, 1984 – Epidemiology
- BS, University of California at Davis, 1982 - Community Nutrition
Yvette Tremonti, CPA, MBA

Yvette Tremonti is the Chief Financial and Administrative Officer of Moffitt Cancer Center in Tampa, FL and is responsible for overseeing the financial operations of the center, Digital Innovation initiatives, Information Technology, Construction Planning & Design and the Enterprise Project Management Office aligned with Process Excellence.

In this capacity, Ms. Tremonti also oversees Payor and Partnership Strategy, Strategy and Planning, and Human Resources. Ms. Tremonti supports the successful navigation of the organization through a dynamic healthcare terrain and ensures that department leaders are aligned with Moffitt’s strategy to transform cancer care.

As part of the senior leadership team, she is responsible for ensuring the development and achievement of the long-term strategic and financial goals of superior value, partnership, financial health, research and translation and education. She has worked for Moffitt Cancer Center since 1996. Prior to her current role, Ms. Tremonti served as Executive Vice President of Strategy and Business Development and as Vice President of Human Resources.

Ms. Tremonti has approximately 22 years of health care finance experience. She spent nine years with Ernst & Young in the audit practice focused on for-profit and not-for-profit health care entities. In addition, she served as campus coordinator, recruiter and program instructor for Ernst & Young.

Ms. Tremonti holds a bachelor’s degree in Business Administration from the University of South Florida and a Masters of Business Administration from Auburn University. She is a member of the American and Florida Institute of Certified Public Accountants, the Healthcare Financial Management Association and the Society for Human Resource Management.

She places a high priority on the cancer center’s community involvement, encouraging Moffitt’s leadership and her own direct reports to be involved in organizations and activities that help to enhance the Tampa Bay community. She has taken an active role on the board of directors of the Greater Tampa Chamber of Commerce, the Hillsborough Education Foundation, and the National Comprehensive Cancer Network (NCCN) Board of Directors. She currently is the treasurer of the Hillsborough Education Foundation.
The Hon. William (Will) W. Weatherboard

Speaker Weatherford was the 84th Speaker of the Florida House of Representatives, serving from 2012-2014, during which time he was the youngest Speaker in America. Throughout his four consecutive terms in office, Will was a strong advocate for social upward mobility through free enterprise and education reform. He was also a thought leader on other pro-growth solutions including lower taxes, pension reform, and free market health care.

Will is the Managing Partner of Weatherford Capital, a firm with deep roots in Florida and a strong global network that partners with owners and management teams of high integrity to build great businesses through the provision of capital and strategic business advisory services.

Will serves on the board of Sunshine Bankcorp, the National Coalition for Capital, the U.S. Global Leadership Collation, the Republican State Leadership Committee, Take Stock in Children and Jobs for America’s Graduates. Will also served as a Rodel Fellow at the Aspen Institute.

Will spent six years as a board director at Florida Traditions Bank prior to its sale to Home BancShares in July 2014. Will is the Founder of Red Eagle Group, a boutique investment and business consulting firm.

Will Weatherford attended Jacksonville University, where he received a degree in business in 2002. After graduation, Weatherford worked in commercial real estate but was recruited by Allan Bense, his father-in-law and the Speaker of the Florida House of Representatives, to join state government.
ARTICLE III
LEGISLATURE

SECTION 1. Composition.—The legislative power of the state shall be vested in a legislature of the State of Florida, consisting of a senate composed of one senator elected from each senatorial district and a house of representatives composed of one member elected from each representative district.

SECTION 2. Members; officers.—Each house shall be the sole judge of the qualifications, elections, and returns of its members, and shall biennially choose its officers, including a permanent presiding officer selected from its membership, who shall be designated in the senate as President of the Senate, and in the house as Speaker of the House of Representatives. The senate shall designate a Secretary to serve at its pleasure, and the house of representatives shall designate a Clerk to serve at its pleasure. The legislature shall appoint an auditor to serve at its pleasure who shall audit public records and perform related duties as prescribed by law or concurrent resolution.

SECTION 3. Sessions of the legislature.—
(a) ORGANIZATION SESSIONS. On the fourteenth day following each general election the legislature shall convene for the exclusive purpose of organization and selection of officers.

(b) REGULAR SESSIONS. A regular session of the legislature shall convene on the first Tuesday after the first Monday in March of each odd-numbered year, and on the first Tuesday after the first Monday in March, or such other date as may be fixed by law, of each even-numbered year.

(c) SPECIAL SESSIONS.
(1) The governor, by proclamation stating the purpose, may convene the legislature in special session during which only such legislative business may be transacted as is within the purview of the proclamation, or of a communication from the governor, or is introduced by consent of two-thirds of the membership of each house.

(2) A special session of the legislature may be convened as provided by law.

(d) LENGTH OF SESSIONS. A regular session of the legislature shall not exceed sixty consecutive days, and a special session shall not exceed twenty consecutive days, unless extended beyond such limit by a three-fifths vote of each house. During such an extension no new business may be taken up in either house without the consent of two-thirds of its membership.

(e) ADJOURNMENT. Neither house shall adjourn for more than seventy-two consecutive hours except pursuant to concurrent resolution.

(f) ADJOURNMENT BY GOVERNOR. If, during any regular or special session, the two houses cannot agree upon a time for adjournment, the governor may adjourn the session sine die or to any date within the period authorized for such session; provided that, at least twenty-four hours before adjourning the session, and while neither house is in recess, each house shall be given formal written notice of the governor’s intention to do so, and agreement reached within that period by both houses on a time for adjournment shall prevail.


A bill to be entitled
An act relating to the H. Lee Moffitt Cancer
Center and Research Institute; amending s.
240.512, F.S.; providing for the appointment of
a board of directors to manage the affairs of
the not-for-profit corporation operating the H.
Lee Moffitt Cancer Center and Research
Institute; providing for terms of office;
authorizing the not-for-profit corporation to
conduct certain additional teaching and
research programs; providing for the H. Lee
Moffitt Cancer Center and Research Institute to
be administered by a director; providing powers
and duties of the director; providing an
effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 240.512, Florida Statutes, is
amended to read:

240.512 H. Lee Moffitt Cancer Center and Research
Institute.--There is established the H. Lee Moffitt
Center and Research Institute at the University of South
Florida.

(1) The Board of Regents shall enter into an agreement
for the utilization of the facilities on the campus of the
University of South Florida to be known as the H. Lee Moffitt
Cancer Center and Research Institute, including all
furnishings, equipment, and other chattels used in the
operation of said facilities, with a Florida not-for-profit
corporation certified by the Board of Regents as a university

CODING: Words strucken are deletions; words underlined are additions.
direct-support organization pursuant to s. 240.299. This not-
for-profit corporation, acting as an instrumentality of the
State of Florida, shall govern and operate the H. Lee Moffitt
Cancer Center and Research Institute in accordance with the
terms of the agreement between the Board of Regents and the
not-for-profit corporation. The affairs of the not-for-profit
corporation shall be managed by a board of directors who shall
serve without compensation. The President of the University
of South Florida and the Chairman of the Board of Regents, or
his designee, shall be directors of the not-for-profit
corporation together with five representatives of the State
University System and not more than fourteen nor less than ten
persons who are not medical doctors or state employees. Each
director shall have only one vote, shall be appointed to serve
a term of 3 years, and may be reelected to the board. Other
than the President of the University of South Florida and the
Chairman of the Board of Regents, directors shall be elected
by a majority vote of the Board of Regents. The chairman of
the board of directors shall be selected by a majority vote of
the directors.

(2) The Board of Regents shall provide in the
agreement with the not-for-profit corporation for the
following:

(a) Approval of the articles of incorporation of the
not-for-profit corporation by the Board of Regents.
(b) Certification of the not-for-profit corporation by
the Board of Regents as a university direct-support
organization pursuant to s. 240.299.
(c) Utilization of hospital facilities and personnel
for mutually approved teaching and research programs conducted

CODING: Words struck are deletions; words underlined are additions.
by the University of South Florida or other accredited medical
schools and research institutes.

(3) The Board of Regents is authorized to secure
comprehensive general liability protection, including
professional liability protection, for the not-for-profit
corporation pursuant to s. 240.21.

(4) In the event that the agreement between the not-
for-profit corporation and the Board of Regents is terminated
for any reason, the Board of Regents shall resume governance
and operation of said facilities.

(5) The H. Lee Moffitt Cancer Center and Research
Institute shall be administered by a center director who shall
serve at the pleasure of the board of directors and shall have
the following powers and duties subject to the approval of the
board of directors:

(a) To establish programs which fulfill the mission of
the Institute in cancer research, education, treatment, and
prevention, and in the early detection of cancer.

(b) To control the budget and the moneys appropriated
or donated to the center from private, state, and federal
sources, as well as technical and professional income
generated or derived from practice activities of the center.

(c) To appoint members of the center and determine
compensation, benefits, and term of service.

(d) To control the facilities and grounds of the
center and all space and equipment contained therein and to
alter, modify, or expand the facilities as necessary to
facilitate the mission of the center.

(e) To report to the Chancellor, the President of the
University of South Florida, and the president of each
affiliated university.

CODING: Words stricken are deletions; words underlined are additions.
(f) To provide an annual report to the Governor, the Cabinet, the President of the Senate, the Speaker of the House of Representatives, and the Chairman of the Board of Regents.

Section 2. This act shall take effect upon becoming a law.
SENATE SUMMARY

Revises provisions governing the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida. Provides for the appointment of a board of directors. Authorizes the center to conduct additional teaching and research programs at certain institutions. Provides for the appointment of a center director. Specifies the powers and duties of the center director.

CODING: Words stricken are deletions; words underlined are additions.
The Committee on Higher Education offered the following amendment:

Amendment
On page ____, line ____...
(between title and enacting clause)

and insert: WHEREAS, it is the intent of the Legislature that the H. Lee Moffitt Cancer Center and Research Institute, Inc., at the University of South Florida, strive to become a National Cancer Institute-Designated Comprehensive Cancer Center and that it be organized in such a fashion that will consolidate and focus cancer-related research efforts in a single and administrative programmatic structure, and

WHEREAS, the Center is to be a statewide research institute, a national resource (for basic research, clinical research, and multidisciplinary approaches to patient treatment), and a community resource (through outreach and communication efforts), NOW, THEREFORE,
The Committee on Higher Education offered the following amendment:

Amendment
On page 3, line 21, (after the period, add a new paragraph)

and insert: The board of directors of the corporation shall create a council of scientific advisors to the center director comprised of leading researchers and scientists. This council shall review programs and recommend research priorities and initiatives so as to maximize the state investment in the center. The council will be appointed by the board of the corporation and will include five (5) appointees by the Board of Regents. Each member of the council shall serve two-year terms.

(and renumber subsequent section)
The Committee on Higher Education offered the following amendment:

Amendment
On page 3, line 13,
(after the period, add new paragraph)

and insert: (a) The center director shall have the power to create departments and hire professional staff to carry out research, patient care and education activities. Staff members of the cancer center shall be eligible to hold joint appointments in the cancer center and affiliated academic institutions.

(and renumber subsequent paragraphs)
I. SUMMARY:

A. PRESENT SITUATION:

Because of the high incidence of cancer in Florida, the Florida Legislature in the early 80's funded the creation of a cancer center on the campus of the University of South Florida (USF). The Florida legislature did not provide for a governance structure when the cancer center was initially created through the appropriations process. As a result, the initial governance structure of the Cancer Center was determined by former USF President John Lott Brown, Vice President Albert C. Hartley, and former Vice President and Medical School Dean Andor Szentivanyi, being the initial Board of Directors of a not-for-profit corporation created to manage the Cancer Center.

The initial corporate name was "University of South Florida Cancer and Chronic Diseases Research and Treatment Center, Inc.," and the Articles of Incorporation were prepared by USF attorneys in April of 1984. The president of USF was given the sole power to appoint members of the Board. The first stated corporate purpose was to "engage solely in activities which exclusively support and benefit the University, the Board of Regents of the State of Florida, and the State of Florida."

In June of 1984, the Legislature directed that it be called the Lee Moffitt Cancer Center (Chapter 84-381). In 1985, the Name of the Corporation was changed to the H. Lee Moffitt Cancer Center and Research Institute, Inc., and the Articles of Incorporation were amended by USF to provide that the corporation exist to "engage solely in activities which exclusively support and benefit the University", deleting the language that the Center was to additionally benefit the State of Florida and the Board of Regents. The articles also provided that no amendment could be
made without the written approval of the President of USF, that
the President would be Chairman of the Board, and that the
Chairman of the Board would appoint the Executive Director of the
Center, subject to Board approval.

The Medical Director would be recommended by the Chairman and
elected by the Board, subject to the approval of the Dean of the
College of Medicine and the Vice President of Medical Affairs.
The Articles specifically provided that in addition to the
President of the University and a representative of the BOR, the
following shall be Directors of the Board:

1. Vice President, Medical Affairs of USF,
2. Dean College of Medicine of USF,
3. A Chairman of a Department of the College of Medicine,
4. The Executive Vice President of USF, and
5. A faculty member of the College of Medicine.

There was little flexibility to amend the Articles of
Incorporation or Bylaws as changes required a two-thirds (2/3)
vote of the Board and were subject to the approval of the
President of USF and the Chancellor of the Board of Regents.

The H. Lee Moffitt Cancer Center and Research Institute at the
University of South Florida was statutorily established pursuant
to s. 240.512, F.S. (1987). An agreement between the Board of
Regents and the not-for-profit corporation was executed in
November of 1985. There also exists an affiliation agreement
with the center and USF executed in January of 1987.

The present structure of the Center has created difficulty in
carrying out the objectives of a comprehensive cancer center.
The present professional staff is furnished by various
departments from the medical school with little input or
participation from the center administration. Research is
virtually nonexistent. The National Cancer Institute (NCI)
guidelines state that "a cancer center cannot function adequately
if it is merely an extension of a nondirected group of
departments, with each department maintaining control of its
specialty in the center." (Guidelines for Developing a
Comprehensive Cancer Center, National Cancer Institute, at page
21).

It has been determined by the board that the corporation must be
administered by a top-flight administrator/scientist. However,
recruitment has been hampered because candidates are unsure of
the authority and power of the center director position. Other
centers around the country are also having difficulty recruiting
center directors because traditional medical school
organizational structures impede effective authority being place
in the hands of a director. Historically, it appears that
throughout the world, the most successful cancer centers have
been those with maximum centralized administrative and management
authority over program planning and execution, budgets, space
allocation, staff appointments and remuneration, and procedures.
(Guidelines for Developing a Comprehensive Cancer Center,
B. EFFECT OF PROPOSED CHANGES:

House Bill 2899 would clarify legislative intent as to the organization and governance of the H. Lee Moffitt Cancer Center and Research Institute, Inc., located at USF in Tampa. It would create the position of center director and specify the powers of the center director. It would specify that legislative intent is to create a comprehensive cancer center using the guidelines of the National Cancer Institute (NCI). The legislative goals is for the center to translate the results of research to multidisciplinary care of the cancer patient and ultimately, through education, to the medical profession and the public.

A board of directors would be created (similar to the existing structure) consisting of the President of the University of South Florida and the Chairman of the Board of Regents, or his designee, as directors together with five (5) representatives of the State University System and no more than fourteen (14), nor less than ten (10) directors who are not medical doctors or state employees. Each director shall have only one vote and shall serve a term of three years. Directors may be reelected by the board of the not-for-profit corporation. Other than the President of the University of South Florida and the Chairman of the Board of Regents, or his designee, all directors shall be elected by a majority vote of the board of the not-for-profit corporation. The chairman of the board shall be elected by a majority vote of the directors.

The bill provides that the cancer center may affiliate with other accredited medical schools or research institutes in addition to the University of South Florida.

House Bill 2899 further provides that the cancer center shall be administered by a center director who shall serve at the pleasure of the board and who shall have following powers and duties subject to the approval of the board:

1. Establish programs to fulfill the mission of the cancer center in research, education, treatment, prevention, and the early detection of cancer.

2. Have control over the budget, state appropriations and donated funds as well as the professional income generated by the center.

3. Appoint members of the center and determine their compensation, benefits and terms of service.

4. Have control over the facilities, grounds, and all space and equipment contained therein and may alter, modify or expand the facilities as necessary to carry out the mission of the center.
5. Shall have a reporting relationship to the Chancellor of
the State University System, the President of the
University of South Florida and the president of each
affiliated university, and

6. Provide an annual report to the Governor and Cabinet,
President of the Senate, Speaker of the House and
Chairman of the Board of Regents.

C. SECTION-BY-SECTION ANALYSIS:

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:
   None

2. Recurring or Annualized Continuation Effects:
   None

3. Long Run Effects Other Than Normal Growth:
   None

4. Appropriations Consequences:
   None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:
   None

2. Recurring or Annualized Continuation Effects:
   None

3. Long Run Effects Other Than Normal Growth:
   None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:
   None

2. Direct Private Sector Benefits:
The selection of a nationally recognized scientist as center
director and the recruitment of additional physicians and
researchers will improve the quality of cancer care in the
region and state. The center will not work in isolation but
will integrate its activities with other treatment, research
and teaching establishments to serve the community and state
as a whole.

As the center matures, and as it contributes to the
enhancement of the quality of medical care in the region, and
through its programs of early detection and research, it will
significantly reduce the lives lost to cancer and the costs
associated with treatment of the disease when detected late.

3. Effects on Competition, Private Enterprise, and Employment
Markets:

The establishment of a comprehensive cancer center will
benefit not only the Tampa Bay area and the University of
South Florida, but will have a significant favorable impact
on the state. The further development of the center will
provide a stimulus to private enterprise and will create
numerous employment opportunities. With the cancer center as
a prime catalyst, the region has the potential to develop
into a major health care center not unlike that which
presently exists in Birmingham and Houston.

D. FISCAL COMMENTS:

State financial support should flow directly to the center so as
to maximize the authority of the center director and facilitate
the state mission. If organized properly, and if the center
director has adequate authority, the center could qualify for
"core" grants from the National Institute of Health, further
enhancing the state investment.

III. LONG RANGE CONSEQUENCES:

House Bill 2899 is in compliance with the State Comprehensive Plan.

IV. COMMENTS:

The Moffitt Cancer Center is three years old and is at an important
juncture in its development. If it is to develop into a leading
national resource in the fight against cancer, it must be organized
in such a way as to facilitate the accomplishment of its mission. To
maximize the state investment, the center must strive for
comprehensive cancer center status.

House Bill 2899 creates in law the basic existing structure of the
Board of Directors, and mandates that the President of USF and a
member of the BOR be voting members of the Board.

The bill places powers in the hands of a center director whose
reporting relationship is to the board of directors, the President of
the University of South Florida, the President of each affiliated University, and the Chancellor of the Board of Regents. These powers include discretion over the state appropriated funds as well as the professional income generated at the center. The director also may alter, modify or expand the facilities subject to the direction and approval of the board of directors.

This bill follows the Guidelines for Developing a Comprehensive Cancer Center established in a study sponsored by the National Cancer Institute, National Institutes of Health, U.S. Public Health Service, published in 1980.

This bill follows the recommendations of a distinguished Board of Visitors to the Moffitt Cancer Center: Dr. Robert Day (Director, Hutchinson Cancer Center-Seattle), Dr. Albert Owens (Center Director, Johns Hopkins Cancer Center), and Dr. Alan Sartorelli (Yale Cancer Center). The report was issued in September of 1989.

This bill follows the National Cancer Institute-Designated Comprehensive Cancer Guidelines, published in January of 1990; the NCI guidelines state that federal "core" grants will not be given unless there exists a focus of cancer-related research efforts in a single administrative and programmatic structure. Four essential elements are necessary: interdisciplinary coordination, organizational capabilities, adequacy of the center director's authority, and the commitment of the institution (or state) to the cancer center. (pages 1-2).

House Bill 2899 is consistent with the Policy Statement of the 1989-90 Legislative Issues Conference as follows:

V. AMENDMENTS:

In order for the State of Florida to protect its $100 Million Dollar investment in the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida, the following amendments are recommended:

1. Adding intent language specifying that the legislative goal is to create a comprehensive cancer center using the structure and guidelines published by the National Cancer Institute; that the center is to be a state-wide research institute, a national resource (for basic research, clinical research, and multidisciplinary approaches to patient treatment), and a community resource (through outreach and communication efforts).

2. Adding the creation of a council of scientific advisors to the center director comprised of leading researchers and scientists. This council would review programs and recommend research priorities and initiatives so as to maximize the state investment in the center. The council will be appointed by the Board of the corporation and will include five (5) appointees by the Board of Regents. Each member of
the council shall serve two year terms.

3. Adding that the center director shall have the power to create departments and hire faculty to carry out its education, research and patient care activities; permitting staff members to hold joint appointments in the cancer center and affiliated academic institutions.

VI. SIGNATURES:

COMMITTEE ON HIGHER EDUCATION:
Prepared by: Stanley T. Kypreos

Staff Director: Betty Hilton
APPENDIX F: MATERIALS FROM MCC BOARD MEETING
AGENDA
BOARD OF DIRECTORS
H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE
APRIL 16, 1990

I. Call To Order
II. Approval of Previous Minutes
III. Agenda
   1. Professional Affairs Committee          Ms. Walbolt
   2. Board Self-Evaluation Summary           Mr. Porter
   3. Financials                              Mr. Nash
   4. Senate Bill 1498
      House Bill 2899
IV. New Business
V. Executive Session
VI. Adjournment
MINUTES OF MEETING OF THE BOARD OF DIRECTORS
H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE
AT THE UNIVERSITY OF SOUTH FLORIDA
APRIL 16, 1990

Pursuant to notice duly given, the Board of Directors of H. Lee Moffitt Cancer Center and Research Institute assembled and held a meeting in the Administrative Board Room of the Cancer Center at 9:00 A.M. on April 16, 1990.

MEMBERS PRESENT
Dr. Francis T. Borkowski
J. Clint Brown, Esquire
Mr. Albert C. Hartley
The Honorable H. Lee Moffitt
Martin L. Silbiger, M.D.
Mr. Mac Smith
Mr. Roy Speer
Sylvia H. Walbolt, Esquire

MEMBERS ABSENT
Mr. Donald D. Buchanan
Mr. Theodore J. Couch
The Honorable James T. Hargrett
Ronald P. Kaufman, M.D.
H. Juergen Nord, M.D.
The Honorable T. Terrell Sessums

ALSO PRESENT
Linda Campbell, R.N.
Denis Cavanagh, M.D.
Louis David de la Parte, Esq.
Stephen Nash
Nicolas C. Porter
Francis Ulschak, Ph.D.
Raymond Wood

PREVIOUS MINUTES
Motion was made and seconded to approve the previous minutes as written.

PROFESSIONAL AFFAIRS COMMITTEE
Ms. Walbolt reported that the Professional Affairs Committee received the Semi-Annual Report on Quality Assurance and Risk Management. No trends were noted either by physician or by service. The Committee was advised of a Notice of Intent relative to a surgery case which was performed without the benefit of outside pathology slide review; the Committee had anticipated this action.
Board of Directors
April 16, 1990

The Committee was also informed of the results of a pre-JCAHO survey conducted by HCA consultants.

The Quarterly Report of the Safety Committee was presented; no problems or trends were noted.

MOTION
Upon motion by Ms. Walbolt and seconded by Dr. Silbiger, the Board unanimously moved to accept the Professional Affairs report.

SELF-EVALUATION
Copies of the Board Self-Evaluation Summary were mailed to members prior to this meeting for review. Mr. Porter advised that no significant issues were notable with the exception of number 6 relating to the Board's relationship with the medical staff. He proposed to appoint a focus group of several Board members and faculty to work toward improving interaction between the two groups. Hearing no disagreement, the Chairman asked that Mr. Porter proceed with establishing the focus group.

FEBRUARY FINANCIALS
Mr. Nash reviewed the balance sheet and profit and loss summary for February. He noted that inpatient activity had been very active and was within projections for the month.

Mr. Nash reported that excess contractual adjustments were due to a YTD adjustment to Medicare outpatient contractuals resulting from an interim Medicare cost report.

EXECUTIVE SESSION
Chairman Borkowski advised that the Board would adjourn to executive session for discussions relative to the Search Committee report and House Bill 2899. Dr. Cavanagh and Mrs. Lawman were asked to remain.

MOTION
It was moved and seconded to adjourn to executive session for the remainder of the meeting at 9:15 a.m.
Board of Directors
April 16, 1990

PRINCIPLES AND POLICIES
The revised Moxley Principles and Policies document was distributed for review. Discussion followed.

MOTION
Upon motion by Mr. Brown and seconded by Mr. Hartley, the Board voted by a show of hands to approve the Moxley Principles and Policies as presented on this date; further, hospital counsel should be instructed to rewrite the document in a more succinct format versus its present essay style; and, that Dr. Moxley and Korn/Perry be instructed to begin the recruitment process. The motion was passed with five in favor and one opposed; Mr. Moffitt abstained from voting.

HOUSE BILL 2899
After discussion, the following motion was proffered.

MOTION
Mr. Speer moved to recommend the passage of House Bill 2899 related to the governance of Moffitt Cancer Center; Mr. Smith seconded the motion. The motion failed with four dissenting votes and three in favor.

ADJOURNMENT
There being no further business, the meeting was adjourned at 10:20 a.m.

Donald D. Buchanan
Secretary/Treasurer

Minutes Recorded by
Corrine Lawman
TO:        Board of Directors 
           H. Lee Moffitt Cancer Center 
           and Research Institute
FROM:     L. David de la Parte, Esquire 
           de la Parte and Gilbert, P.A.
DATE:     March 27, 1990
RE:       Proposed Legislation Amending Section 240.512, 
           Florida Statutes

Pursuant to the Board directive to legal counsel to prepare 
an analysis of the differences between House Bill 2899/Senate Bill 
1498 and the proposal extended to Jerome W. Yates, M.D., please 
find the attached point-by-point analysis. For your information 
HB 2899 is sponsored by Representatives Hargrett, Figg, Holland, 
Martinez, Gustafson, Saunders, Wetherell, Boyd, Huenink, Safley, 
Patchett, Hawkins, Mackenzie, Crady, and Abrams and to date has 
been referred to the House Higher Education Committee. SB 1498 
is sponsored by Senators Grant, Kiser, Weinstock, Brown, Beard, 
Davis, Malchon, Margolis, Peterson, Diaz-Balart, Johnson, Meek, 
Crenshaw and Walker and as of the date of this memo has not yet 
been referred to Committee. Both HB 2899 and SB 1498 are identical 
Bills amending Section 240.512, Florida Statutes.

For purposes of the attached analysis, the November 8, 1989, 
and January 10, 1990, letters from Dr. Yates to President Borkowski 
and Nick Porter’s November 15, 1989, memorandum to President 
Borkowski and Dr. Kauffmann are considered to comprise the entire 
proposal extended to Dr. Yates, though the attached analysis in 
many cases makes specific reference to individual sections and 
paragraphs of the letters and memorandum.
AMENDMENTS TO §240.512, FLORIDA STATUTES

HB 2899/BB 1498

§240.512(1)
The affairs of the not-for-profit corporation shall be managed by a board of directors who shall serve without compensation.

Addressed in Item 1.b. of Yates November 8, 1989, letter to President Borkowski (attached hereto) - consistent with existing governing documents.

§240.512(1)
The President of University of South Florida and the Chairman of Board of Regents, or his designee, shall be directors of the not-for-profit corporation together with five representatives of the State University System and not more than fourteen nor less than ten persons who are not medical doctors or state employees.

Not addressed in Center Director search proposals - President of University of South Florida and Chairman of Board of Regents as ex-officio Board members is consistent with existing Articles of Incorporation - amendment replaces Vice President of Medical Affairs, Dean, Chairman of Department of College, Executive Vice President of University and Faculty Member as ex-officio members of the Board with 5 representatives of the state university system - effectively increases minimum size of Board from 9 to 17 - increase maximum size of Board from 20 to 21.

§240.512(1)
Each director shall have only one vote. shall be appointed to serve a term of three years, and may be re-elected to the board.

Not addressed in Center Director search proposals - consistent with existing governing documents.

Coding: Words stricken are deletions; words underlined are additions.
§240.512 (1)

Other than the President of the University of South Florida and the Chairman of Board of Regents, directors shall be elected by a majority vote of the Board of Regents.

§240.512 (1)

The Chairman of the board of directors shall be selected by a majority vote of the directors.

§240.512 (2) (c)

(2) The Board of Regents shall provide in the agreement with the not-for-profit corporation for the following:

......

(c) Utilization of hospital facilities and personnel for mutually approved teaching and research programs conducted by the University of South Florida or other accredited medical schools and research institutes

Authority of Center Director to recommend appointment of non-faculty physicians to Medical Staff addressed in Item 1 of Yates Nov. 8 letter and in Item 2, bullet 6 (P.2) of the November 15, 1989, memo from Nick Porter to President Borkowski clarifying Yates Nov. 8 letter (also attached) — authority of Board to appoint non-faculty members to medical staff to meet clearly determined needs as mandated by mission statement currently provided for in paragraph 2D of Affiliation Agreement between Cancer Center and University of South Florida.

Coding: Words stricken are deletions; words underlined are additions.
§240.512(5)

(5) The H. Lee Moffitt Cancer Center and Research Institute shall be administered by a center director who shall serve at the pleasure of the board of directors and shall have the following powers and duties subject to the approval of the board of directors.

Existence of Center Director who serves at the pleasure of the Board of Directors implicit in Center Director search addressed in Item 1, 1a. and 1b. of Yates Nov. 8 letter.

§240.512(5) (a)

(a) To establish programs which fulfill the mission of institute in cancer research, education, treatment, and prevention, and in the early detection of cancer.

Implicit throughout Center Director search proposals.

§240.512(5) (b)

(b) To control the budget and the moneys appropriated or donated to the Cancer Center from private, state, and federal sources, as well as technical and professional income generated or derived from practice activities of the Cancer Center.

Addressed in Item 2 of Yates Nov. 8 letter and Yates January 10, 1990, letter to President Borkowski (also attached) further addressed in Porter memo in Item 2, bullet 9.

Coding: Words stricken are deletions; words underlined are additions.
§240.512(5) (c) To appoint members of the center and determine compensation, benefits, and term of service. Addressed in Item 2 and Item 3 of Yates Nov. 8 and Jan. 10 letters, respectively – further addressed in Item 2 of Porter memo.

§240.512(5) (d) To control facilities and grounds of the center and all space and equipment contained therein and to alter, modify, or expand the facilities as necessary to facilitate the mission of the center. Control of all space in the Cancer Center is addressed in Item 2, bullet 7(p.2) of the Porter memo and Item 4 of the Yates Jan. 10 letter – the power to alter, modify, or expand the facilities as necessary to facilitate the mission of the Center was not specifically addressed in the Center Director search proposals.

§240.512(5) (e) To report to the Chancellor, the President of University of South Florida, and the President of each affiliated university. The attached letters and memo comprising the Center Director search proposal contemplated a reporting relationship to the Vice President for Health Sciences and a peer relationship with the Dean.

§240.512(5) (f) To provide an annual report to the Governor, the Cabinet, the President of Senate, the Speaker of House of Representatives and the Chairman of Board of Regents. Not addressed in Center Director search proposals.

Coding: Words stricken are deletions; words underlined are additions.
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE
FACULTY STATEMENT
re: House Bill 2899/Senate Bill 1498

At this time when the future of the relationship between the College of Medicine and the H. Lee Moffitt Cancer Center and Research Institute is so clouded by the proposed legislation contained in the House Bill 2899/Senate Bill 1498, it is difficult to remember the level of enthusiasm of the faculty which greeted the original decision to place the cancer center here. It was felt that the future success and growth of each institution would be heavily dependent upon each other. It was also felt that we should pool and share resources where appropriate, foster collaborative research, and fully integrate the training programs, medical students, residents, and the medical profession at large. Even then, the faculty felt that a mutually interdependent relationship would avoid the costly replication of facilities, equipment, personnel, and faculty which would avoid larger dollar outlays by the people of the State of Florida. It was also thought that the skills in Oncology of the then existent faculty would indeed expedite development of both clinical, educational, and research programs at that then new institution. We still feel that these concepts are correct and viable.

Apparently, at present, there is a body of opinion that believes that the two institutions should be totally separated with the only common feature being their location on the campus of the University of South Florida. It would seem, too, that the individuals who propose such separation are somehow disappointed in what has transpired to date. However, at no point have we as a faculty been made aware of how or where we have failed. The proposed legislation has created a great deal of confusion and anxiety among members of the faculty working at the hospital as to their academic futures.

We, the faculty of University of South Florida College of Medicine, would like to present a number of points for consideration which seem of major importance to us at a time when the legislation is still contemplated.
The maintenance of accredited training programs requires a great deal of long term planning. These plans are always subject to review by their respective Residency Review committees and the Accrediting Council for Graduate Medical Education. Abrupt changes in the pattern of training threaten continued accreditation of these programs.

4. It is our feeling that provision of the bills which return all physician earned income to the Moffitt will eventually, if not initially, result in a reduced legislative appropriation. In the best of all worlds these funds would be complementary to an ever increasing institutional budget. However, in the light of existing financial contingencies it seems that something less than this will be the inevitable result.

5. A particular concern to the faculty is the status of two departments, Radiology and Pathology. Continued academic integrity and continuity of these departments is primarily dependent upon their Moffitt base. Unlike the other departments, they have no presence at Tampa General Hospital. They certainly could not maintain their faculty nor could they maintain accredited training programs. Such a change in their status would additionally seriously compromise continuing accreditation at the College of Medicine itself.

5. We believe that the long standing relationship between the Shands Hospital and the University of Florida College of Medicine should serve as a model for the relationship between the H. Lee Moffitt Cancer Center and Research Institute and the College of Medicine of the University of South Florida. To the best of our knowledge the bylaws of the Shands hospital have allowed both the hospital and the college of medicine to prosper and achieve significant national recognition. A review of the bylaws of the Shands Teaching Hospital and Clinics, Inc. discloses that the only accommodation that would have to be made for their adoption by the Moffitt Cancer Center would be a provision for the position of Director of the Cancer Center.

Why should this model not be followed?
We urge consideration of the points which we have set forth in this document. We protest strongly that the proposed complete disassociation of the two institutions will profit no one, least of all the people of the State of Florida and the quality of cancer care provided for them.

THE ADVISORY COMMITTEE TO THE INTERIM DEAN OF THE COLLEGE OF MEDICINE

Carleton H. Baker, Ph.D.  Roy H. Behrman, M.D.
Professor and Chairman  Professor and Chairman
Department of Physiology  Department of Internal Medicine

Martin L. Silbiger, M.D.  April 12, 1990
Professor and Chairman
Department of Radiology

CHB/RHB/MLS/kmo
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THE ADVISORY COMMITTEE TO THE INTERIM DEAN OF THE COLLEGE OF MEDICINE

Carlston H. Baker, Ph.D.
Professor and Chairman
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Roy M. Behnke, M.D.
Professor and Chairman
Department of Internal Medicine

Martin L. Bilbrew, M.D.
Professor and Chairman
Department of Radiology

CRB/RHR/MLS/kmo
November 8, 1989

Francis T. Borkowski, Ph.D.
Chairman of the Board
Chairman of the Search Committee
President, University of South Florida
P.O. Box 280179
Tampa, Florida 33620-0179

Dear President Borkowski:

I am responding to our telephone conversation of yesterday and will attempt to outline my understanding of both a general sense of what was said as well as some of the specifics which require better definition. I believe that clear agreements avoid future misunderstandings. I will first include the items as originally written (letter dated 11-3-89) and then address the item based on our phone conversation.

1. The Center Director should report administratively to the Vice President for Health Sciences and be reviewed and responsible to the Moffitt Cancer Center Board of Directors. This means the Center Director would have a peer relationship with the Deans of the University of Medicine, Nursing, and Public Health.

   a. The Center Director will exercise autonomy in the day to day operations but will report to the V.P. for Health Sciences for issues which will have academic, fiscal, policy or administrative impact on any of the other Health Science Schools. In situations where the Center Director was interfacing with other parts of the University (e.g. engineering) the Center Director would be expected to keep the V.P. for Health Sciences informed about such interactions.

   b. The Moffitt Cancer Center Board of Directors would be the major overseer of the direction, major policies, fiscal health and future development of the Center. They would review the performance of the Center Director who would be responsible for keeping them informed about the plans and activities of the Center on a regular basis.

   c. The Center Director should develop a collegial relationship with other Health Science Deans and to the extent possible resolve problems through negotiations with these individuals or their designees. In situations where there are problems that require rapid resolution, the V.P. for Health Sciences will intercede and resolve the conflict.
2. The Center Director should control primary appointments, space and the finances of the Cancer Center, including professional salaries and departmental recommendations for tenure before they are reviewed by the Vice President. He should have primary responsibility, consistent with University practices, for the salaries and tenure of administrative personnel. He should control professional income for those who are full time at the center and only a portion of the net income from professional fees should go to the respective departmental chairman in the medical school. A rebate of seven and one-half per cent of the net profit derived from professional fees to the chairman of medicine, pathology, radiology and surgery but a fifty per cent portion to the Department of Pediatrics appears to be an equitable arrangement. All outside employment of the full time professional staff at the Cancer Center would be subject to review by an outside employment committee of the center with recommendations going the Center Director for disposition.

a. That there is agreement with the first two sentences of item 2, as originally presented.

b. The exact allocation of F.T.E. positions which are in the center and elsewhere requires more accurate description but it was my understanding from Dr. Kaufman's comments that the following is true:
   1. The legislature allocated 9.5 F.T.E. positions to the center a number of years ago.
   2. That of these positions the Cancer Center now has 3.5 to 3.5 which are split among 22 individuals.
   3. That only one of these is administrative immediate Tampa area (Dr. Robert Good in St. Petersburg).
   4. That with attrition from these positions (I am making the assumption that 3 to 5 of these positions are at the medical school or the Tampa General Hospital) that their assignment will revert to the Cancer Center.

c. That the primary area of concern is outlined in the next two sentences. They would give the Center Director the control over salaries and the major portion of the profits generated through professional income as a result of the reimbursed services carried out by the geographic full time physicians and their trainees at the Center.

1. I believe the Center Director has to be able to set the salary and the Center derive the major portion of the benefit for those individuals who are geographic full time at the Center. There would be no reason for the Center Director to extend the clinical efforts, if all financial advantage would accrue to the departments in the medical school. Just as some of the Department Chairman are concerned about cross-subsidization of the unreimbursed services of their members, I am concerned about the need for the clinical cancer income to
be diverted to support some of the existing and planned clinical research effort (data managers and research nurses), future basic science activity and facilitate the development of new multidisciplinary programs more consistent with cancer center interests than departmental priorities. If this Center is to gain National recognition, then this type of resource planning is important.

2. The expectation that the clinical facility will continue to generate a profit from third party payment may be limited to the next few years.

   d. It is my belief that if the Center is supporting geographic full-time faculty through combinations of F.T.E. which belong to the Center and practice income which is generated at the Center, then it is logical that the Center Director control both the salaries and the profits generated from these efforts. Without this kind of control, the management of these individuals and the incentive to expand both basic science and clinical activities will be at a severe disadvantage. If it is true the Departmental Chairs are free to threaten the withdrawal of THEIR STAFF who are presently full time at the Cancer Center, then there is nothing to prevent a series of future threats unless the Center Director has control over these positions. The Center Director should not expect free personnel from the respective medical school departments and for those part-time individuals who are servicing the Center as consultants, it would be appropriate for the Departmental Chairs to control the major portion of the profits derived.

Although this issue may be resolvable through negotiations on a department by department basis it would be far more desirable to have a baseline policy that says that full timers at the Center will return the major portion of their service income to the Center. Without this, the Center Director will remain at the mercy of the Departmental Chairs when it comes to setting salaries: setting them lower will result in more profits to the departments and setting them higher (which should not be the goal of an academic research center) will be bound by the available income which are directly controlled by the Chairmen. Although you may say the Center Director has the ability to set the salaries but if the control of the clinical profits from those who are geographic full time at the Center are controlled by the Department Chairs, then in fact the Center Director will only have the control allowed by the respective Department Chairs. The Departmental Chairs my set priorities outside of cancer which will deplete the departmental net income, thus making any income derived for the Cancer Center small or non-existent. The Center can not be successful if the medical school departments are given direct control over the major portion of the professional income for the geographic full-timers at the Moffitt Cancer Center.
e. I am sympathetic with the particular problems in Pediatrics which does not have a large number of technical procedures from which to derive other income, but for the other departments this is not true. If the cancer care of indigents represents a major burden, then the Center Director should be sensitive and participate in the satisfactory resolution of this problem in a way that assures access to adequate cancer care for all, regardless of socioeconomic status.

f. We are in agreement that all outside employment, that goes beyond episodic consultation to funding agencies for intellectual input, by full time faculty at the Moffitt Cancer Center would be subject to a review and approval process.

j. The Center Director should have the opportunity to participate or suggest participation in the search process for Departmental Chairs in the various Health Science Schools with major Cancer Center interactions.

We are in agreement over this item.

4. An academic department of radiotherapy should be established with the chairman at the Moffitt Cancer Center.

A. The ongoing association between the radiologists and the radiotherapists is administrative more than intellectual and deserves review.

B. From my perspective there must be a plan to set up an academic Department of Radiotherapy in the Medical School some time in the next two to three years at the outside.

5. The Division or Section leaders for medical oncology in medicine, surgical oncology in surgery, pediatric hematology/oncology in pediatrics and gynecologic oncology in obstetrics & gynecology should be full time at the cancer center and be responsible for the appropriate training and education programs pertinent to their areas of expertise. They should have some responsibility for the quality and implementation of the programs in the other hospitals in the U.S.F. system. They should set the standards for research, education and service, in conjunction with their respective chairs in the medical school and be responsible for the annual performance evaluations for the professionals in their section.

We are in agreement over this item.

6. There will be a need to create 12-15 new positions from a variety of sources in order to build a nidus for each of the
future research programs. This would be independent of the nine
passed along by the previous Dean to cancer interests outside of
the center (e.g. Dr. Good and colleagues in St. Petersburg). As
attrition occurs with these positions they should revert to the
cancer center.

We are in general agreement over this item but there is
a need for verification of the locations of the nine and one-half
items originally allocated to the Cancer Center.

7. ADDITIONAL ITEM. Because in the future there will be a
need for additional laboratory facilities to house an expanded
research effort, it is important that the identification of new
space and support for its development receive the backing of your
office. The identification of interim research space for
potential recruits would also be highly desirable.

Unfortunately, I will not be able to come for a visit on
Friday the 10th of November as planned, but I believe the
conference call was helpful and delineated the problems as I see
them. Because of the conflicting schedules a revisit will only
be possible in early December but perhaps this will give us an
opportunity to resolve all of the areas of disagreement. As I
have said many times before, I believe the opportunities at the
Moffitt are unique and represent a wonderful challenge. After
you and Dr. Kaufman have had an opportunity to review this
summary I hope I will have an opportunity to discuss the issues
over the phone.

Sincerely yours,

Jerome W. Yatze, M.D.
MEMORANDUM

TO: Francis T. Borkowski, President
    University of South Florida
    Ronald P. Kaufman, M.D., Vice President
    Health Sciences Center

DATE: November 15, 1989

SUBJECT: CENTER DIRECTOR AUTHORITY AND GOVERNANCE

The following is a clarification of Dr. Yates’ letter addressed November 8, 1989 (see attached). I have reviewed all items with Dr. Yates and addressed concerns as clearly as possible. You will find my responses numbered as in Dr. Yates’ November 8 letter. They reflect the arrangements Dr. Yates would deem appropriate to achieve the development of the Moffitt Cancer Center envisioned by the Board of the Directors of the Center.

1. The reporting relationships delineated in item one are acceptable as stated in Item 1.

2. Item 2 needs to be clarified in several sections. The intent of the following is to define control over faculty and the resources they generate within the Center. It is Dr. Yates’ strong feeling that the Center Director must have control of the people primarily working the Center.

   • Dr. Yates considers 51% effort dedicated to Cancer Center and geographically full time as primary appointments. Primary academic appointments would be consistent with university practices. University of South Florida faculty appointments would be recommended by the chairmen to the Dean of the Medical School after consultation/concurrence of the Center Director. Any disagreements would be arbitrated by the Vice President for the Health Sciences, with the final decision within the purview of the Vice President.

   • Tenure for primary Center faculty would be recommended by the Chairmen to the Dean after consultation/concurrence of the Center Director. Any disagreements would be arbitrated/settled by the Vice President.
Salaries and bonuses for primary Center faculty would be recommended by the Center Director to the Dean after consultation/concurrence of the Chairmen. Any disagreements would be arbitrated/settled by the Vice President.

Appointments or membership to the Cancer Center would be recommended by either the Chairmen or the Center Director. Appointments would be made by the Center Director with the concurrence of Board of Directors of the Cancer Center. The Board of Directors would review and act as the final arbitrator.

Membership in the Center would be reviewed every three years.

In unusual circumstances the Center Director may recommend the appointment or continued membership of a professional that would not have an appointment at USF. It is Dr. Yates’ belief that this would be done only under extraordinary circumstances. Under those extraordinary circumstances, the Center Director would recommend membership directly to the Board of Directors. The level of membership, salary and length of contract would be recommended by the Center Director with the approval of the Board of Directors. It is recognized that the best interests of both the Medical School and the Cancer Center would not be served by a large number of exceptions.

All Cancer Center space would be controlled by the Center Director and administered in compliance with policy as established by the Board of Directors.

The Center Director would have primary responsibility, consistent with Cancer Center practices, for the salaries and tenure of administrative personnel.

Professional Fees:

a. Professional fees generated by primary faculty would accrue 100% to the Center Director. After clinical practice expenses (including billing expenses and the Dean’s tax) a 7.5% net tax would be paid to the appropriate Chairmen.

b. Non-Primary faculty professional fees generated from practice at the Cancer Center would accrue 100% to the appropriate Chairmen. After clinical practice expense (including billing expenses and the Dean’s tax) a 7.5% net tax will be paid to the Center Director.

c. For both a. and b. above, an appropriate definition of applicable clinical practice expense will need to be implemented. It is envisioned that this would be developed by the Dean and Center Director with final approval by the Vice President and Board of Directors of the Center.
Francis T. Borkowski  
Ronald P. Kaufman, M.D.  
November 15, 1989

The general assumption is that expense also goes with professional revenues. When the Center is primary, that faculty member’s expense would accrue to the Center. When the Medical School department is primary, the faculty member’s expense would accrue to the department.

d. Professional fees generated by non-faculty Center professional personnel will accrue 100% to the Center Director. Applicable Dean’s tax would apply to these fees.

e. Pediatrics would need to be evaluated separately for revenue and cost sharing percentages. It would be envisioned that a rebate of up to 50% of net professional fees may be required.

• Item 2b continues to need clarification. Dr. Kaufman to respond to Dr. Yates. The intent is that positions originally designated for support of the Cancer Center would revert to the Center as circumstances permit.

Dr. Yates realizes that there may be a short term “risk” in the implementation of the item 2 requirements. As stated in Item 2c, “They would give the Center Director the control over salaries and the major portion of the profits generated through professional income as a result of the reimbursed services carried out by geographic fulltime physicians and their trainees at the Center.” Dr. Yates emphasized to me that the income generated from professional fees was necessary to support clinical and basic science research. Dr. Yates also reiterated his expectation that the Center’s profit from clinical services and the state appropriation may be limited to the next few years. Finally, Dr. Yates also reemphasized his belief that “The Center can not be successful if the medical school departments are given control over a major portion of the professional income for the geographic fulltimers at the Moffitt Cancer Center.”

• Similarly, grants and contracts emanating from the Center or other departments in the University must have administrative sign-off by the Chairmen or the Center Division Directors if resources (personnel, facilities or space) are committed for collaborative efforts.

• Outside employment of geographic fulltime faculty as delineated in item 2b is acceptable as stated.

• Items 2e and 2b are acceptable as stated.

• Item 3 is acceptable as stated.

• Item 4: The establishment of an academic department of Radiotherapy is viewed as a very sensitive one by Dr. Yates. He reiterated that a plan to implement such a department over the course of the next three years should be developed.
Francis T. Borkowski
Rohald P. Kaufman, M.D.
November 15, 1989

- Item 5 delineates fulltime leadership roles for Section leaders and is acceptable as stated. Dr. Yates believes that as areas such as clinical laboratory, Pathology, Pharmacology, Epidemiology, Biostatistics, Cancer Control, etc. are defined they should be viewed similarly.

- Item 6: Dr. Yates believes the creation of 12-15 new faculty positions primary to the Center is acceptable as stated. Clarification is still needed from Dr. Kaufman on the nine positions (if any) outside of the Center (i.e. Dr. Good and colleagues in St. Petersburg).

- Item 7's request for support of additional laboratory facilities including interim space appears acceptable as stated.

During my conversation with Dr. Yates, other areas for consideration should be reported on:

A. The recovery of indirect costs by the Center for on-site Center research is assumed as acceptable from previous conversations and correspondence. The indirect cost rate recovery will need to be evaluated in respect to Center overhead, direct support of research and space, recovery of construction costs and ability to fund interim research. Administrative management costs for USF should be deducted.

B. Dr. Yates believes it is important for him to meet with Clint Brown to review the Board of Regents expectations.

C. The intricacies of the state appropriation to the Center need to be further clarified in discussions with Dr. Kaufman and Mr. Moffitt.

D. Dr. Yates believes there must be two representatives from the Center on the UMSA Board; i.e. the Center Director and Medical Director.

Finally, Dr. Yates continues to emphasize the importance of written acceptance of the Center Director governance structure by both himself and Dr. Borkowski as Chairman of the Board of Directors and President of USF. He feels this should be possible before his trip in early December. Dr. Yates believes this will provide him with a clear mandate plus the authority to meet the challenges ahead.

I believe in my conversation with Dr. Yates I expressed the circumstances and implications of structure and governance items covered in his two letters. I believe that Dr. Yates is willing to be sensitive to issues but only to the extent that they would not compromise the ultimate reason he would accept the position as Center Director, and that is to build a comprehensive Cancer Center whose mission would be research, patient care and teaching. Dr. Yates clearly believes he can do this and have the Center recognized as a renowned Cancer Center and simultaneously be supportive of the Medical School and the University of South Florida. At this point, I believe I have stated Dr. Yates'
Francis T. Borkowski
Ronald P. Kaufman, M.D.
November 15, 1989

Position as clearly as possible. Please call me with any questions you may have. Dr. Yates is expecting a phone call from you and/or Dr. Kaufman early in the week of November 20.

Nicolas C. Porter
January 10, 1990

Francis T. Borkowski, Ph.D.
Chairman of the Board
Chairman of the Search Committee
President, University of South Florida
P.O. Box 280179
Tampa, Florida 33682-0179

Dear President Borkowski:

I would like to express my appreciation for all of the consideration and help provided by both you and Dr. Kaufman during the past six months of discussions about the Directorship of the Moffitt Cancer Center in Tampa. It was clear that you were prepared to provide the tools to get an effective job done by allowing the cancer center director the following conditions of employment:

1. A reporting relationship with the Vice President for Health Affairs.

2. Financial control over the technical and professional income derived from practice activities occurring at the cancer center.

3. The ability to appoint members of the cancer center with or without the concurrence of the chairman of the respective academic departments in the medical school, if necessary.

4. The ability to control all of the space in the cancer center and set the priorities for program development.

5. The opportunity to develop outside support for expansion of the cancer center and your endorsement for legislative support for a new research wing at the cancer center.

All of these factors are extremely important to assure the future of the cancer center, but unfortunately are not sufficient to attract me under the present circumstances. Although money is available to develop programs in the center, the lack of strength in the medical school has proved a major stumbling block in attracting program leaders to facilitate the rapid development of the center.
I have attempted to attract investigators of stature using all of the above information and assurances that the University would be extremely supportive of research development for a period of at least five years allowing sufficient time for these efforts to mature and become self-supporting. Although attracted, the leaders with whom I talked were concerned about the 2-3 year down time for their research efforts and felt the environment could not match their present situations. For them the opportunities were outweighed by the risks.

I discussed the possibility of building with less seasoned investigators and my advisors felt I would be trading a secure situation for one that will take five to ten years to mature. Only then would this occur and be dependent on the hope the medical school will undergo positive changes that will enhance the research environment and minimize the practice aspects presently capturing the interest of many of the faculty members.

It is with some distress, that I must withdraw my candidacy and I hope that if I can be of service to you in any way in the future that you will not hesitate asking me. The potential for building a major cancer center in Tampa exists and with the right recruitment will most certainly become a reality.

Sincerely,

Jerome W. Yates, M.D
PRINCIPLES AND POLICIES

The H. Lee Moffitt Cancer Center and Research Institute (the Center) and the University of South Florida are inter-dependent. The University will benefit from the increased opportunities to develop collaborative teaching and research programs in the several areas of fundamental molecular science, statistics, social and behavioral sciences and public health, related to cancer. The University’s College of Medicine will benefit in very specific ways, by the development of excellent programs in clinical oncology, research and education.

The Moffitt Cancer Center will benefit from the relationship by using the affiliation to recruit the highest quality medical and research staff, by offering, not only appointments to the Center, but also full-time academic appointments in the faculty.

In order for the relationship to be durable and effective, a matrix system of governance, with appropriate checks and balances, must be established. It is recommended that the Search Committee for a Center Director, adopt and recommend to the Board of Directors (Center Board) of the Center, the following principles and policies that will define the responsibilities of the Center Director and the overall relationship between the Center and the University. Once adopted by the Center Board, the document is to be forwarded to the University for concurrence.

The principles and policies are:

1. The Moffitt Cancer Center is a specialized center devoted to the care of patients with cancer, and dedicated to the prevention and eradication of this malignant disease. The Cancer Center combines the activities of patient care, education and research, to benefit not only patients receiving care, but also, future generations.

2. The Center Director will report directly to the Center Board of Directors on any and all matters related, directly or indirectly, to the governance and/or executive management of the Center.

3. The Center Director will develop and submit to the Center Board any and all operating and/or capital budgets required of the Center. After Board approval, the Center Director will have the authority over all expenditures in keeping with approved budget(s).

4. For any and all matters relating to the University of South Florida, the Center Director will coordinate with the Vice President for Health Sciences of the University.

5. The Center Director will serve as a chair of the Cancer Program Coordinating Council of the University of South Florida. This new Council will be appointed by the President of the University and will be representative of the several disciplines interested in the field of oncology. The charge to the Council will be to foster the development of University-wide programs in teaching, research and health care in cancer. It will stimulate collaborative multidisciplinary programs and seek funding for such programs.
6. The Center Director will serve as a voting member of the UMSA Board.

7. The Center Director will have executive authority over all matters relating to the operation of the Center. This authority will include the selection, evaluation, salary, and continuation of all non-faculty personnel.

8. Faculty appointments and promotions will be made in a manner consistent with University practices. For faculty who hold or will hold concurrent appointments at the Center, appointments will be recommended to the Dean of the Faculty by the appropriate departmental chairman, after concurrence by the Center Director. Should the Dean, Chairperson, and Center Director be unable to reach consensus, the matter will be referred to the Vice President for Health Sciences for resolution. Such a matter will be reported to the Board of Directors at the next scheduled meeting.

9. It may be necessary to appoint a person to the professional staff of the Center without a concurrent faculty appointment. Such instances will be handled individually, and prospectively by the Board. If such an appointment is requested of the Board, both the Center Director and the Vice President for Health Sciences will be expected to report their analysis of the situation to the Board.

10. Faculty salaries at the Center will be consistent with salary parameters of the College of Medicine.

11. Appointment as a member of the Center will be made by the Center Board upon recommendation by the Center Director.

12. Appointment to the medical staff of the Center will be made by the Center Board upon recommendation by the Center Director.

13. The Center Director will serve ex-officio on search committees for department chairs of clinical departments in the College of Medicine.

14. Two Chairs of clinical departments of the College of Medicine will serve ex-officio on the search committee for the Center Director and the Center Medical Director.

15. The Center Director will control the allocation of all space within the Center. If an allocation is disputed by a Department Chair, the matter will be heard by the Vice President for Health Sciences. If concurrence is not reached, the matter will be brought to the Board for resolution by both the Center Director and the Vice President for Health Sciences, at the next scheduled meeting of the Center Board.

16. In so far as possible, consistent with University policy, indirect cost reimbursements for research conducted on site at the Center, will be made available to the Center for program support.
Principles and Policies

17. The Center Board and the University are committed to providing the resources, including faculty positions, space, and programmatic support, necessary to develop a nationally recognized cancer teaching, research, and clinical care program at the Center. Support will be aggressively sought from local, state, and national public and private sources.

18. It is the intent of the Center Board and the University, that the Center will develop a full-time faculty/medical staff to meet the needs of its teaching, research and patient care programs. This full-time staff will be supplemented by consultants, as determined by the Center Director.

19. Professional fees generated by the members of the Center will be billed and collected by the Center. Following an allocation to the Dean, the funds will be used to pay salary commitments and expenses of the members of the Center. Any funds remaining after the payment of allocations, Center member salaries and Center member expenses, will be divided, with 80% to the Center, for the support of teaching and research, and 20% to the appropriate department.

20. Professional fees generated by consultants to the Center, will be billed and collected by either the College of Medicine department or by the individual consultant, as appropriate.

21. It is the intent of the University and the Center Board that the major cancer programs of the University will be developed at the Center. Every effort will be made to that end.
<table>
<thead>
<tr>
<th>Source</th>
<th>Quote(s</th>
<th>Context/topic</th>
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</thead>
<tbody>
<tr>
<td>Nick Porter</td>
<td>It’s a freestanding cancer center, meaning it’s not part of an academic institution. The Moffitt Cancer Center, almost from the beginning, began to understand that in order to completely devote it’s time, effort and resources towards the mission of the cancer center, to contribute to the prevention and cure of cancer, it could not stay with strong links to the University of South Florida. At the time it was, I think, written into the bylaws that the chair of the Moffitt Board of Directors had to be the president of the university. That was later changed.</td>
<td>Evolution of Moffitt</td>
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<tr>
<td>Sen. Connie Mack</td>
<td>...somewhere along the line, someone told Lee how important it was for the institution to be independent, free-standing, which allowed for decisions to be made and actions taken in a very short period of time. Very little bureaucracy.</td>
<td>Question regarding MCC’s reputation</td>
</tr>
<tr>
<td>Dr. Bill Dalton</td>
<td>I think creating an instrumentality of the state, which creates an incredible ability and opportunity to work with anybody and still be independent is phenomenal and it’s key.</td>
<td>How Moffitt achieved its position</td>
</tr>
<tr>
<td>Ed Droste</td>
<td>Because it’s cancer only. Because it’s not necessarily under the governance of another educational institution...</td>
<td>Decisions</td>
</tr>
<tr>
<td>Dr. Alan List</td>
<td>There’s certain milestones, I would say, or paradigm shifts that I think are very important. We are an instrumentality of the state with a mission for the state.</td>
<td>Decisions</td>
</tr>
<tr>
<td>Dr. Jack Pledger</td>
<td>...the biggest one was the development of the cancer center and then...becoming completely independent from USF.</td>
<td>Decisions</td>
</tr>
<tr>
<td>Ted Couch</td>
<td>...the structure of Moffitt...the existence of Moffitt statutorily, the support that Moffitt gets from the state, the fact that we are independent of the medical school or a university system gives us some advantage...in being nimble in our decisions.</td>
<td>How Moffitt achieved its position</td>
</tr>
<tr>
<td>Dr. Jim Mule’</td>
<td>I think local and state governments play a crucial role in Moffitt’s success...</td>
<td>Role of Moffitt</td>
</tr>
<tr>
<td>Dr. Tom Sellers</td>
<td>One of the things he learned from MD Anderson was to associate with a university but don’t be married into a single institution. MD Anderson will always be part of the University of Texas system. We don’t have that restriction and I know there was a time in our history where that was helpful in giving us more flexibility to achieve our mission. I think that was the most important one.</td>
<td>Decisions</td>
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</tbody>
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