

Fulton County Commission Chairman John Eaves
Draft Op-Ed
“Act Now to Save Grady”
550 words

If you’ve been listening to the debate on how to save Grady Memorial Hospital, you know that one thing seems to permeate the discussion lately: fear.

That’s understandable. As human beings, we all fear change.

But in the meantime, the health of hundreds of thousands of patients is at stake. We simply have to take action now, or the debate will soon shift from how to save Grady to who was responsible for letting it close.

So let me set the record straight on what would actually happen if Grady restructured to a nonprofit, nonpolitical board – addressing the biggest fears one by one:

- **privatization** – That’s not what this is. That’s when a private company comes in and takes over a public operation. Nobody is proposing that.
- **loss of control** – That won’t happen. The Fulton DeKalb Hospital Authority – also known as the Grady board -- is filled with talented, smart people who should stay involved. Under a restructure, the hospital authority would remain in place, and would own the real estate and maintain bonding authority. In addition, several members of the current authority would likely sit on the new nonprofit board.
- **county representation** - Fulton and DeKalb counties would be represented on the new nonprofit board.
- **impact to employees** – Daily life would remain the same. The Grady CEO would continue to have the authority to hire and fire and operate the hospital.
- **“white takeover” of a “black institution”** – A new 501(c)3 board would be diverse in all ways -- race, gender, profession, etc. And it would report to the hospital authority.

So why is a restructuring necessary?

Two reasons:

1) The current board structure sets up an inherent conflict-of-interest. Board members are appointed by us -- the very commissioners they must lobby for funding and other needs. So naturally, there’s a limit to how hard they can push, and how independent they can be. It’s not about bad people, but an outdated structure that has outlived its usefulness.

2) Potential new funders, who are used to working with independent, nonpolitical boards, are skeptical of this inherent conflict-of-interest and decision-making driven by politics.

The bottom line is this: If we want more funding for Grady, it's time to adhere to recognized standards for creating an independent board, as every other large urban hospital authority in Georgia has done.

And let's stop focusing too much attention on whether restructuring will or won't open up new possibilities for revenue-generating services, such as medical equipment and non-emergency transportation. That misses the point. While some new revenue sources could be opened up, and that would be beneficial, this is a side issue. The central reasons for restructuring remain -- to take politics out of the day-to-day management of Grady so funders have the confidence to invest.

The current situation at Grady is nobody's fault. Instead, it is the inevitable result of health care costs rising while Grady's funding remained flat. But now we face a choice: take bold action or allow Grady to close.

Every citizen in this region and state -- black or white, rich or poor -- should feel this sense of urgency now.

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