



# GEORGIA BUSINESS HISTORY INITIATIVE

*Sharing the Stories of the Businesses that Built Georgia*







## **GRADY HEALTH SYSTEM**

### **A PROFILE IN GEORGIA'S BUSINESS HISTORY**

Grady Health System's mission is to improve the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally responsive, ethically, and fiscally responsible manner. With a commitment to the underserved populations of Fulton and DeKalb counties, as well as residents of metro Atlanta and patients across the state, Grady has been on the cutting edge of innovation and equitable access since its founding as Grady Memorial Hospital in 1892.

# GRADY HEALTH SYSTEM

A PROFILE IN GEORGIA'S  
BUSINESS HISTORY

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## Purpose & Origin

*"Today marks a new era in the history of our city--an era of prosperity and growth that will far exceed the measure of our past achievements. Every city should take care of its sick and suffering. Atlanta is marching upward and onward, and is setting a pattern for the world to imitate."*

*- Mayor William Hemphill, May 25, 1892*

The origins of Grady Health System can be traced back to the **Reconstruction Era**, when charitable and religious organizations established **almshouses**, in which those in need could find food, shelter, or basic medical care. Such facilities were needed due to the large influx of freedmen and poor farmers who fled to the cities in the aftermath of the Civil War.

As the population in urban areas grew, so did the outbreaks of contagious diseases, such as yellow fever, malaria, and cholera. As the number of patients increased, so did the costs to treat them.

In the years following Reconstruction, Atlanta, like many Southern cities, looked to rebuild itself. Hoping to attract Northern investors, Henry W. Grady, owner and managing editor of the *Atlanta Constitution* newspaper, argued in his editorials for the establishment of a municipal hospital.



In the 19th century, as urban populations grew, and the threat of public health crises loomed large, there was a movement in cities across the nation to establish charity hospitals to provide care for those who could not afford it. In 1873, faced with the yellow fever epidemics across the South, the Atlanta City Council convened a committee to discuss plans for a hospital. Unfortunately, a financial crisis put an end to the effort, and the issue was put on hold.

In 1879, the City of Atlanta once again addressed the need for a public hospital. Arguments appearing in the *Daily Constitution* in support of building the hospital included the following:

- Atlanta was one of the few cities in the nation with at least 30,000 citizens that did not have a public hospital to treat accident or disease victims who could not pay for care.
- Such a hospital would benefit all citizens by preventing and stopping the spread of disease.
- The hospital would be used for teaching and would lessen the burden on private doctors.

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Top image: Grady Hospital Building, circa 1892. Courtesy of Georgia Historical Society. Bottom image: Grady Hospital Administrative Offices, 2019.

**Did you know...** that the original Grady Memorial Hospital building is still in use today? Upon opening, the hospital boasted approximately 100 patient beds, one operating room, a consultation room, a dining hall, a pharmacy, and the staff included four doctors, twelve nurses, and eighteen additional employees. Today, the building houses administrative offices for Grady Health System.



The conversation continued for ten years. In 1889, Atlanta Councilman Joseph Hirsch introduced a resolution to city leaders to establish a public hospital in honor of Henry W. Grady, who had died that year. The time had come for the city to move forward with Grady Memorial Hospital.

By September of the following year, the city had purchased land in an area that was easily accessible by walking or trolley and located near the Atlanta Medical College. City leaders laid the cornerstone for the new Grady Memorial Hospital in December 1891 and dedicated the finished building on May 25, 1892.

## What is a Public-Private Partnership?

In Atlanta, like other major cities, the establishment of a hospital proved to be too large of a financial burden for the charitable organizations to continue without financial help from the city government. In 1886, the City of Atlanta agreed to pay a daily rate of sixteen cents per patient to support the work of these organizations. By 1890, the idea of a **public-private partnership** to provide medical care for the poor was well established in the United States.

Within this public-private partnership, the City of Atlanta would provide the funds to buy the land and build the hospital, and private donors would provide the funds to equip and run the facility.

*"Atlanta, GA. Northward view across the tracks on Whitehall Street, with wagon train. Barnard, George N, photographer. Atlanta, Ga. Northward view across the tracks on Whitehall Street, with wagon train. Atlanta United States Georgia, 1864. Photograph. <https://www.loc.gov/item/2018666989/>.*



Amount Raised



This pie chart shows the breakdown of the original fundraising effort in 1890-1892.

- City of Atlanta - \$30,000
- Private Fundraising by 1890- \$68,000
- Additional Fundraising by 1892 - \$6,000

What was the total amount raised by the opening of the hospital? With inflation, what would this cost be today?



PRIMARY SOURCE INVESTIGATION:

**Atlanta Constitution editorial by Joseph Hirsch**

**THE GRADY HOSPITAL.**

**THE CONTRACT FOR THE BUILDING AWARDED,**

**But the Committee Wants \$25,000 to Complete the Work, and Calls for it From the People.**

The contract for the H. W. Grady hospital building has been let.

But the building committee wants \$25,000. And the money must come at once.

When the erection of the hospital was first determined upon committees were organized and subscription papers were started.

Here is one of the papers:

**THE H. W. GRADY HOSPITAL.**

We, the undersigned, hereby subscribe to the fund for the construction of the H. W. Grady hospital, of Atlanta, the amount opposite our respective names.

Payments are to be made one-half cash, one-third in one year, and one-third in two years. The deferred payments are conditioned upon the payment by the city of Atlanta of \$15,000 in 1890, one year, and \$15,000 in 1891.

W. A. Moore .....	\$5,000
S. M. Inman .....	1,000
Atlanta Constitution .....	1,000
Fulton Cotton Spinning Company .....	1,000
James Hirsch .....	1,000
H. T. Inman .....	600
Dr. A. W. Calhoun .....	500
Chattahoochee Brick Company .....	1,000
L. P. Grant .....	1,000
M. C. Kiser .....	500
Venable Bros. ....	250
Hunnicut & Bellingrath .....	200
White, New York .....	250
George Muse .....	100
Cash .....	100
Hunter P. Cooper .....	100
Campbell Wallace .....	100
George Windship .....	300
Mrs. D. R. Wadley .....	100
L. DeGive .....	175
W. H. Moor .....	25
W. T. Crenshaw .....	25
City .....	30,000
Benevolent Home Property .....	20,000

The private subscription figures up \$14,325. Then the \$30,000 added by the city makes \$44,325.

The Benevolent Home property, which was given by the trustees, makes the amount now assured \$64,325.

The committee knew of the deficit when the contract for the building was awarded, but relying upon the generosity of Atlanta, let the contract.

This morning the committee comes before the public in a card reading:

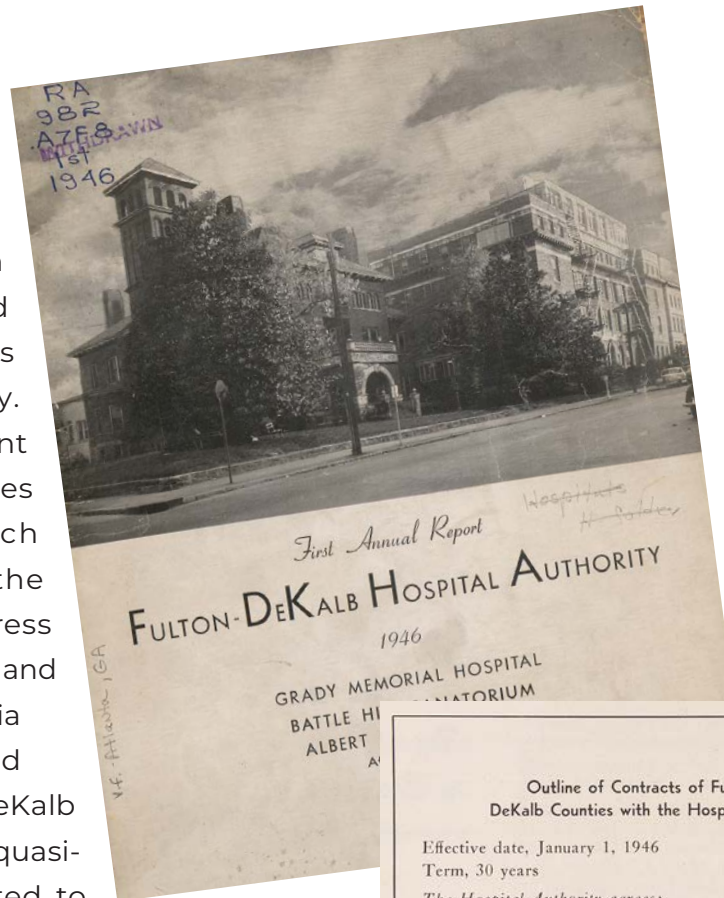
ATLANTA, Ga., October 22, 1890.—EDITOR CONSTITUTION: As will be seen in your issue of yesterday the Grady hospital committee met at the mayor's office for final action in letting the contract for the building of the hospital. The contract has been let and the buildings are to be completed within a year. Your committee desire to lay the corner stone on Christmas day, and now in behalf of the committee and the vast amount of good that is expected to be derived from the hospital, I beg to call upon our charitably-inclined citizens to come forward and subscribe such amounts as they can to assist in making up the \$25,000 deficit in the amount necessary for the completion of the hospital. I hope that a further appeal for this great cause will not be necessary, but that the friends of the Grady hospital will come to the front with the usual liberality of Atlanta's citizens to complete the good work. Amounts to be subscribed may be left at THE CONSTITUTION office. There is no reason why this amount of \$25,000 should not be raised in a few days so that we can publish in the daily papers a full list of the subscribers, who, by their deeds of charity, are building an institution for our city which shall for all time be a monument to our beloved Grady and a home for the afflicted in our midst.

**JOSEPH HIRSCH,**  
Chairman.

**Questions to consider:**

- What is the purpose of this article?
- Who were the highest donors toward the original construction?
- According to the article, how much was the deficit at the time of this writing?  
From whom does the committee expect the additional funds to come?

Over time, the public-private partnership impacted the overall work of the hospital both positively and negatively. Governance was split between medical professionals and political appointees at various times in Grady's history. Without clear and consistent oversight, there were episodes of mismanagement which brought the hospital to the brink of **insolvency**. To address challenges around governance and fundraising, in 1941 the Georgia General Assembly approved the creation of the Fulton-DeKalb Hospital Authority (FDHA), a quasi-government agency dedicated to improving the public health of Fulton and DeKalb counties in partnership with the Grady Health System. The authority would provide guidance to the hospital and advocate on its behalf with local governments. This arrangement also allowed the FDHA to raise money for the hospital, making the fundraising efforts more efficient.



## What is an Authority?

In Georgia, an “authority” is a **quasi-governmental agency** that can operate like a business and provide services across city or county boundaries. Created by a local or special act of the General Assembly or a local or special amendment to the Constitution, they are created to serve a specific public purpose. Local governments use authorities to provide a wide range of services to their citizens. Other examples of authorities in Georgia include the [Georgia Ports Authority](#) and the [Jekyll Island Authority](#). Learn more at [New Georgia Encyclopedia](#).

### Outline of Contracts of Fulton and DeKalb Counties with the Hospital Authority

Effective date, January 1, 1946

Term, 30 years

#### *The Hospital Authority agrees:*

To provide facilities to take care of the indigent sick of the contracting counties who require medical aid and hospitalization.

To provide facilities to take care of all emergency cases which originate in the counties, irrespective of the places of residence of the patients.

To furnish treatment and care to employees of the counties who are injured in line of duty.

To maintain standards of medical aid and hospitalization which are in keeping with the usual services that are rendered by hospitals of like size and character, to the extent that facilities are available.

#### *The Counties agree:*

To use exclusively the facilities of the Authority in caring for the indigent sick who are entitled to receive medical aid and hospitalization.

To pay to the Authority such an amount as may be reasonable and necessary to assure the continuous operation of hospital facilities in an adequate manner, and to meet obligations of debt service and reserves, in accordance with agreements from year to year.

To levy in the respective counties the identical tax millage rates which may be required to effectively carry out the intent and purpose of the agreement, within legal limitations.

#### *All Parties agree:*

That the Authority shall be operated as economically as may be consistent with good hospital practice.

That the Authority shall not be operated for a profit.

That the sums received from any source other than payments by the counties and for services or refunds, may be appropriated in the discretion of the Authority for any purpose, including reserve and capital investment.

*Fulton-DeKalb Hospital Authority Annual Report. 1946. Courtesy of Georgia Historical Society.*



## Attaining Financial Stability & Sustainability

*“There’s a common misconception that Grady is completely supported by public funding, or a combination of public funding and insurance, when in fact, the hospital system really relies on the philanthropic support of individuals and institutions alike.”*

*- Joselyn Butler Baker, president, Grady Health Foundation, 2023*

Throughout its more than 130-year history, Grady Health System has benefitted from private and government funding and struggled to stay afloat, all while trying to maintain its mission of access and excellence for those in need of medical services.

Grady at times had to find creative ways to meet the financial needs of a new and growing hospital. During the final push to equip the hospital in time for its opening, some funds were raised through a benefit baseball game. Later, in 1910, as funds were needed to modernize the ambulance service, the money came from the city after voter approval.

As the need increased over the next twenty years, Grady continued to expand, but soon the needs outpaced the financial support. By the 1930s, Grady was starting to struggle. The Great Depression quickened the decline with more people needing charity services and fewer people having the ability to donate funds.

Despite these financial struggles, philanthropic donations from wealthy citizens such as Robert Woodruff, president of The Coca-Cola Company, funded medical education and research, which put Grady at the forefront of medical advances and research.



### PRIMARY SOURCE INVESTIGATION: Two Ambulances

Compare and contrast images of a horse-drawn ambulance and the motorized ambulance.

Questions to consider:

- Describe what you see in each photo.
- What difference do you think a motorized ambulance made for comfort and efficiency of patient transportation?



*Top image: Grady Hospital Ambulance, 1896. Courtesy of Georgia State University. Bottom image: Charity Hospital Ambulance, New Orleans, LA, 1912. Courtesy of Internet Archive Book Images.*

Additional support came to Grady in the form of new government programs enacted in the 1930s, known as the “**New Deal**,” to combat the effects of the Great Depression. The programs provided federal funds to states to aid in public health and public works projects. In two and a half years, Grady received over a half-million dollars through the Civil Works Administration (CWA) and the Federal Emergency Relief Administration (FERA) to build new additions and to complete renovations and repairs. The funds were also used to create new services for the community.

Following World War II, Grady received funds from the federal government to expand its facilities further. From its inception, the hospital was segregated along racial lines. The new federal funding required qualified hospitals to provide free or reduced-cost care for poor patients and to segregate patients by race. Grady accepted the funds, expanded to a new building, and remained segregated for another twenty years.

While the passage of the Civil Rights Act of 1964 officially ended legal segregation, Grady remained a segregated facility until 1965, when the newly created **Medicaid** and **Medicare** programs required hospitals to desegregate to be eligible to receive compensation for treating uninsured patients. On June 1, 1965, Hospital Superintendent Bill Pinkston sent a memo to the hospital stating that *“All phases of the hospital are on a non-racial basis as of today.”*



*United States President Lyndon B. Johnson signs the Civil Rights Act of 1964. Among the guests behind him is Martin Luther King, Jr. By Cecil Stoughton, White House Press Office (WHPO). Public Domain.*

The Medicare and Medicaid reimbursements eased the financial burden of providing care for the uninsured. These funds, along with private donations, helped fuel the hospital's expansion in the 1970s, including centers focused on:

- Pediatric Intensive Care
- Muscular Dystrophy
- Nephrology
- Poison Control
- Diabetes
- Sickle Cell
- Burns

The new building and expansion projects, while needed, continued to strain the budget. By the early 2000s, Grady was in severe financial difficulty and in danger of losing its **accreditation**.

When faced with the threat of the public health crisis that would ensue if Grady closed its doors,

## Segregation at Grady

Beginning with the original structure of Grady Hospital, segregation was evident. The main building would house White patients, while the outbuildings would house Black patients. When the hospital expanded after World War I, there were entirely separate facilities for both patients and staff that became known as “The Gradys.” Much-needed federal funding after World War II required the hospital to remain segregated. However, with the passage of the Civil Rights Act of 1964, desegregation now became the requirement to receive federal funds.

HOSPITAL BEDS	WHITE	BLACK
Public		
Grady Hospital	322	300
Private		
Catholic Colored Clinic	0	4
Crawford W. Long Hospital	324	0
Dwelle’s Infirmary	0	18
Emory University Hospital	231	0
Georgia Baptist Hospital	194	0
Henrietta Egleston Hospital (Children)	44	0
McLendon’s Medical Clinic	0	34
Piedmont Hospital	132	0
St. Joseph’s Infirmary	148	0
Scottish Rite	64	0
Wm. A. Harris Hospital	0	35
<b>TOTALS</b>	<b>1,459</b>	<b>391</b>

Questions to consider:

- What do you notice first in the chart?
- What inferences can you make about the total number of beds in the various hospitals and clinics?
- What were the demographics of the general population of Atlanta in 1947? What percentage of the population could be accommodated in the hospital at once?
- Research the hospitals and clinics in this chart. How many are still in service today?

community members and business leaders mobilized to save the hospital. HealthSTAT, a grassroots organization made up of hundreds of healthcare workers and public health students, started the “Grady is Vital” campaign to raise awareness, and later that year the FDHA and the Metro Atlanta Chamber of Commerce created a task force to save Grady.



### PRIMARY SOURCE INVESTIGATION:

### “We can make a difference now” - *Atlanta Journal-Constitution*

What is a “grassroots” movement? A grassroots movement starts with individuals or small groups taking up a cause to influence a policy maker or politician; they mobilize people by using phone calls, e-mails, or face-to-face contact.

[Read “We can make a difference now” from the \*Atlanta Journal-Constitution\*](#) and answer the following questions:

- How does HealthSTAT meet the definition of a grassroots organization?
- Why was this organization formed?
- What efforts did they take to save Grady Hospital?
- How did HealthSTAT define success?
- Can you identify other grassroots movements in Georgia’s history?

The task force recommended the creation of a **non-profit corporation** to govern the hospital. The FDHA maintained ownership of the hospital, while control of the hospital was given to the newly created Grady Memorial Hospital Corporation (GMHC), a non-profit board led by former Georgia-Pacific CEO Pete Correll and made up of community business leaders.

Immediately, the board began reducing waste and enacting cost-cutting measures, but it wasn't enough. As in the past, philanthropic donations from concerned and capable citizens were needed to save Grady once again.

Echoing its namesake's example of supporting Grady, the Robert W. Woodruff Foundation immediately pledged \$200 million paid out over four years on the conditions that the GMHC oversee the hospital, receive a 40-year **irrevocable** lease on the current land and buildings, and a guarantee of county funding. Health insurance company Kaiser Permanente pledged \$5 million, and The Home Depot co-founder Bernie Marcus donated \$20 million to fund a Stroke and Neuroscience Center and improve the trauma center.

Under the leadership and philanthropic examples of Pete Correll, Tom Bell, and Michael Russell, over \$300 million was raised, enabling Grady to buy new equipment and upgrade to an electronic records system to aid in patient care and billing. These improvements helped Grady retain its **accreditation**.

Looking beyond the "now" into the future, Pete Correll led the effort to create a reserve fund to ensure Grady could weather any future crises.

## Improvements & Medical Innovations

Woven throughout the financial challenges, there have also been many medical innovations and research breakthroughs that have greatly impacted the world of medicine.

## Leading the Way

These three Atlanta businessmen led the task force that put Grady back on track toward a sustainable future, ensuring its place in the healthcare delivery system in metro Atlanta.



**Pete Correll** – former Georgia-Pacific CEO; served as co-chair of the Grady task force and on the governing board.



**Tom Bell** – current chairman of Mesa Capital Partners; served on the Grady task force and the governing board.



**Michael Russell** – CEO of H.J. Russell & Co.; served as the co-chair of the Grady task force and on the governing board.

From the very start, Grady was a teaching hospital. Atlanta Medical College, which later became part of Emory University in 1915, partnered with Grady Memorial Hospital and its professors and students worked closely with the staff at the hospital. In 1975, when Morehouse College established a medical school, it also took on a significant role at Grady regarding patient care, medical education, and clinical research, with a specific emphasis on training doctors for minority communities. Both medical schools continue to be working partners with Grady Health System today.



Additionally, in 1898, the Grady Hospital Training School for Nurses opened, followed in 1917 by the Municipal Training School for Colored Nurses.

Some Georgia “firsts” at Grady include:

- 1896 – the first children’s ward
- 1921 – the first open heart surgery
- 1923 – the world’s first comprehensive cancer center, the Steiner Clinic
- 1942 – the first cardiac catheterization lab, one of only three in the world



In keeping with its focus on innovation, Grady was at the leading edge of adopting new medical techniques and innovations, including prescribing insulin for diabetes, the use of the X-ray machine, safe blood transfusions, and creating a blood bank. In the years following, Grady established a state-of-the-art HIV center, a Level 1 Trauma Center, and a Burn Center.

With Grady’s restructure and expansion in the early 21st century, the Marcus Stroke and Neuroscience Center was established, and the Correll Pavilion was built to house many outpatient and rehabilitation services. All of these innovations have allowed Grady Health System to remain at the forefront of healthcare, not only in Georgia, but throughout the nation.

## Building on Success

Today, Grady Health System continues its tradition of access and excellence for current and future generations through the solid public-private partnership model and the philanthropic legacy of the citizens of Georgia.



*Top left: A CT Scanner at the Marcus Stroke and Neuroscience Center. Bottom left: Grady Hospital and Steiner Cancer Clinic. Courtesy of Georgia Historical Society. Bottom right: Grady’s Correll Pavilion.*

## CASE STUDY

## The Need for a Public Hospital: Then and Now



### Contagious Diseases in the 19th Century

In many cities, the need for public charity hospitals became evident in the 19th century, as increases in population and lack of sanitation often led to the rapid spread of infectious diseases.

In 1878, a severe outbreak of yellow fever broke out in the Mississippi River area. The disease arrived aboard ships from the Caribbean and quickly spread. Yellow fever causes symptoms similar to the flu, including fatigue, fever, headache, muscle aches, and nausea, and lasting two to three days before starting to attack the internal organs. The name comes from the jaundice, or yellowing, of the eyes and skin that occurs during the latter stage of the illness.

Yellow fever, spread by infected mosquitoes, has a high mortality rate; one in every five infected people will die. By the end of 1878, over 120,000 cases had been reported across the region.

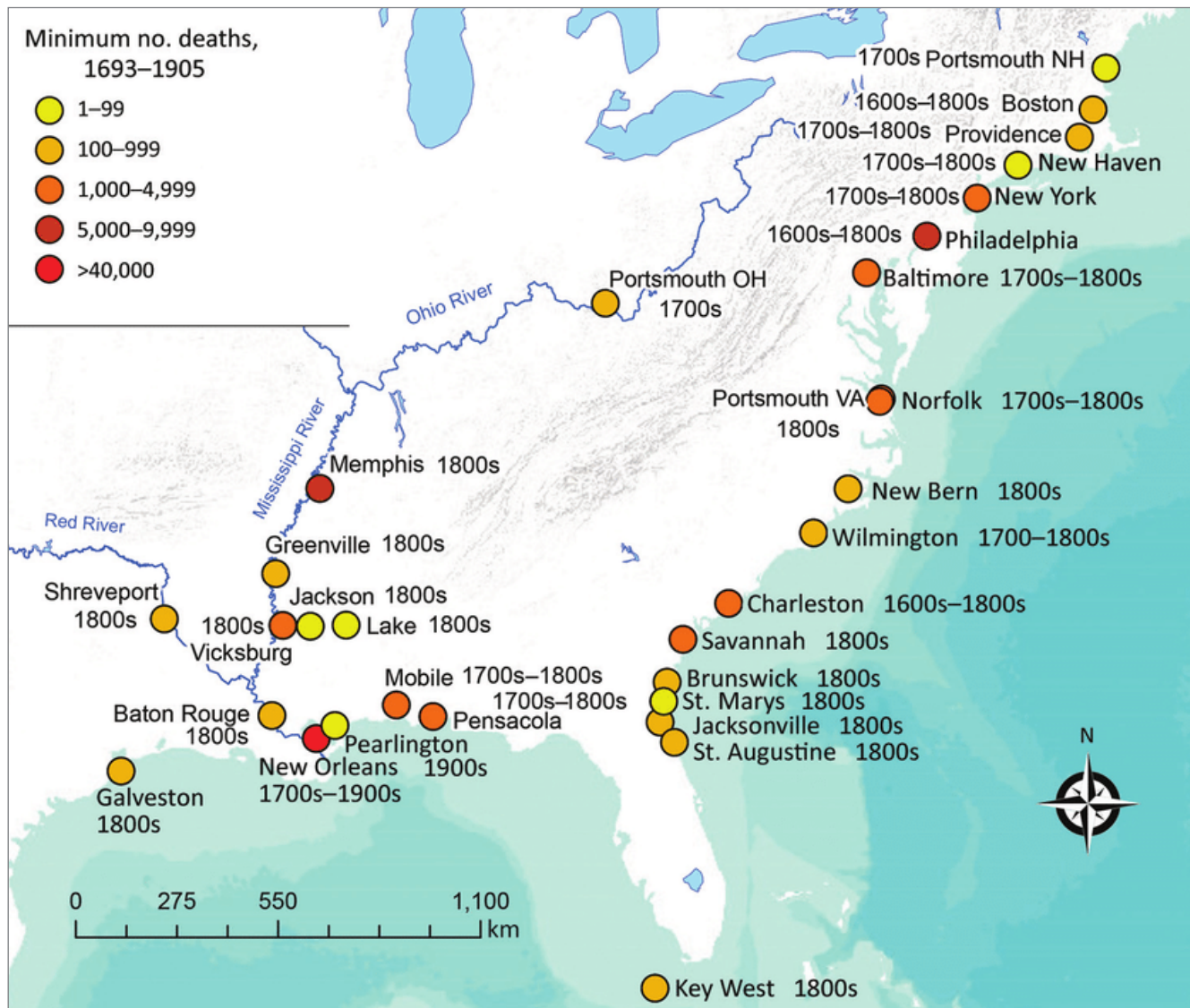
In response, cities across the Southeast built hospitals and instituted **quarantines** limiting travel. Despite these efforts over 20,000 people died, including more than 4,600 people in New Orleans and 5,000 in Memphis. Two years earlier, Savannah reported 1,066 yellow fever deaths, nearly 6 percent of the city's population.

Want to learn more about yellow fever and the Epidemic of 1878? Investigate these resources from PBS.

- The American Experience: [“The Deadly Fever: A Documentary on America’s Yellow Fever Disaster”](#)
- [“Historical Guide to Yellow Fever”](#)
- [“1878 Epidemic”](#)

*Bottom: An illustration from Frank Leslie’s Illustrated Newspaper depicting camps outside of Memphis during the yellow fever epidemic, 1879. Courtesy of Memphis Public Library via Digital Library of Tennessee.*





### Learning Activity: Yellow Fever Map Activity

Georgia Standards of Excellence Map and Globe Skills 6,7,8

#### Yellow Fever Outbreaks Reported 1693 - 1905

Source: [ResearchGate](#)

- What do all of the outbreak sites have in common?
- Why did Atlanta not have a large outbreak of the disease?
- What cities had the largest outbreaks?
- Which time period saw the most outbreaks?

The yellow fever epidemic soon overwhelmed existing medical facilities in infected areas, spurring the building of hospitals in cities across the country. In the twelve years following the epidemic, three major hospitals, three infirmaries, and several smaller medical facilities were built in Atlanta, all of which were privately owned and operated on a for-profit basis, meaning that treatment was only available to those who could afford to pay for it. Atlanta needed a public, charity hospital to treat patients unable to afford private healthcare.

Although there was widespread support for building a municipal hospital, with only six reported cases of yellow fever and one death in Atlanta, the city leaders abandoned the idea, convinced that the city was immune to such outbreaks. The cause to build a city hospital was not taken up again until the Atlanta Benevolent Home, the last charitable hospital serving the “sick and destitute, and those who needed a home,” closed its doors. The hospital’s governing body decided to sell for the greater good. The proceeds from the sale of the property were donated to build the new charity hospital, Grady Memorial.



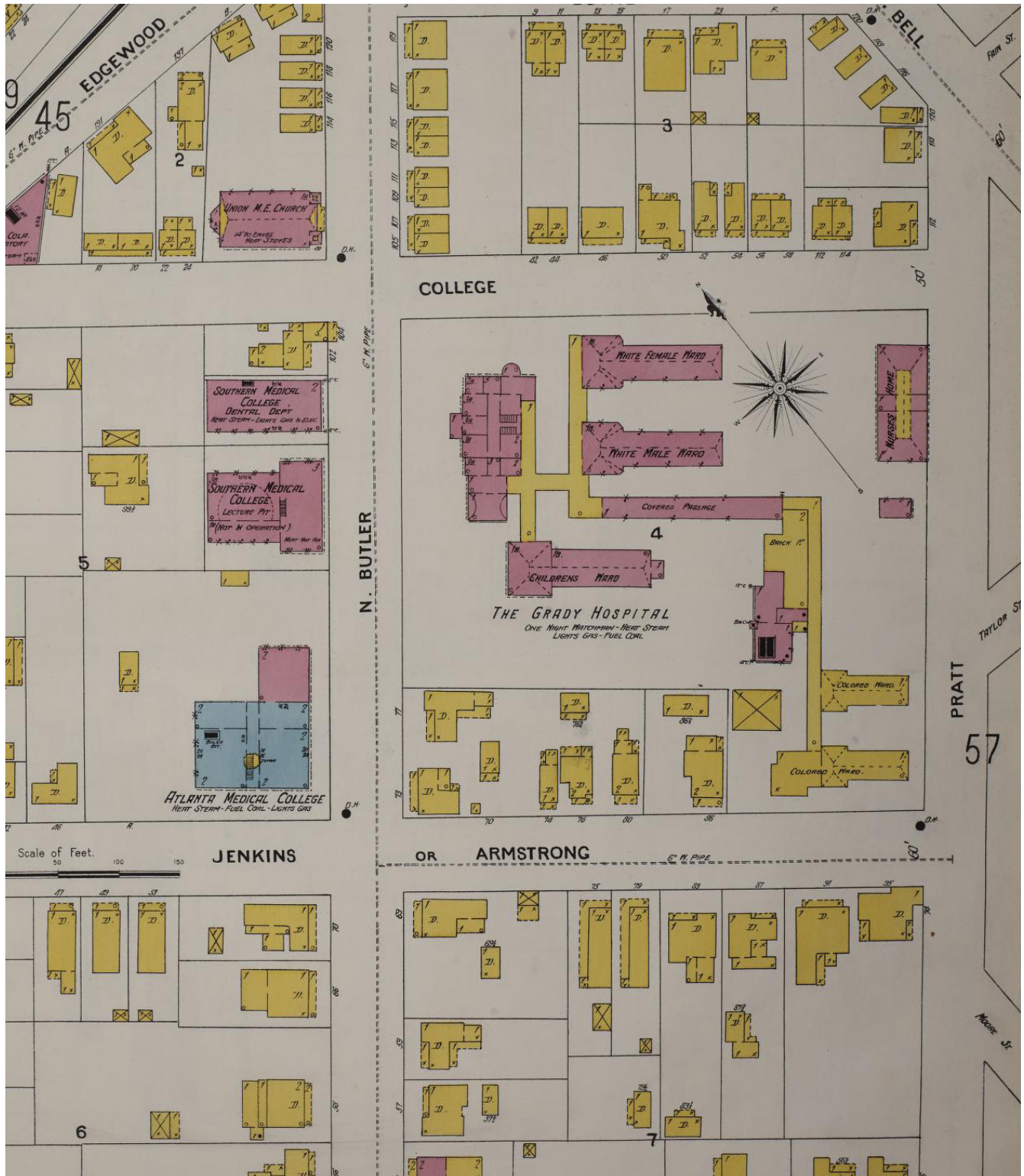
### **Location, Location, Location**

In the 1890s, one of the largest considerations for Atlanta leaders was deciding where to build the new hospital. City leaders wanted a location that would be centrally located and easily accessible to those in need. They chose a site with good drainage one block from the Atlanta streetcar line and close to the city’s center and local medical schools. Built in a primarily residential area, the hospital was easily accessible by foot or the trolley, which was a major consideration for both patients and staff.

Grady’s central location played a significant role in providing access to clinical care to those most in need. Throughout the 19th century, only the poor received care in hospitals; wealthy and middle-class people were cared for in their homes. The decision was made to build the hospital in an area surrounded by some of Atlanta’s poorest neighborhoods, filled with overcrowded houses that lacked running water, indoor plumbing, and adequate sanitation. In such poor conditions, disease and illness spread quickly, making easy access to medical care extremely important.

By the 1930s, issues in these communities only increased. To combat the problem, the Atlanta City Council created the Atlanta Housing Authority in 1938, whose first priority was to improve the housing. The dilapidated housing that surrounded the hospital was torn down and replaced with six public housing projects. As more public housing projects were built in the city, the population density in the city grew, and so did the need for public transportation. When the Atlanta streetcar system ceased operations in 1949, it was replaced by a citywide system of buses that allowed people from across the city to make their way to Grady Hospital.





Sanborn Fire Insurance Map from Atlanta, Fulton County, Georgia. Sanborn Fire Insurance Map from Atlanta, Fulton County, Georgia. Sanborn Map Company, 1899. Map. [https://www.loc.gov/item/sanborn01378\\_005/](https://www.loc.gov/item/sanborn01378_005/).



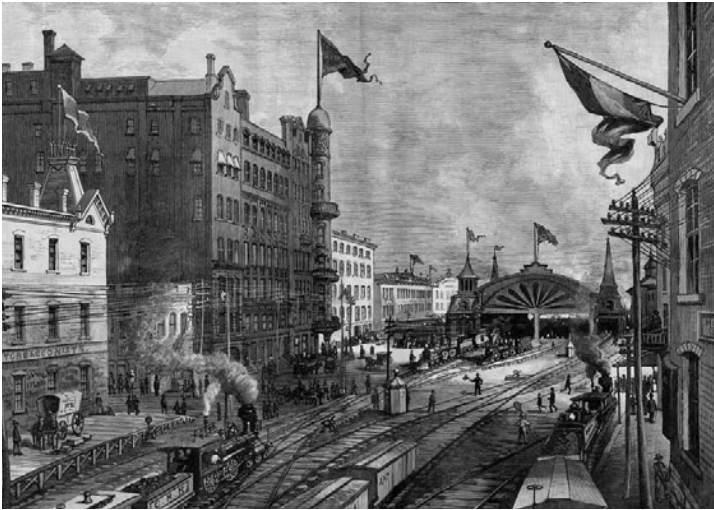


## The Case for a City Hospital, Change and Continuity Over Time

Georgia Standards of Excellence: ELAGSE8R1, ELAGSE R2, ELAGSE8R3, ELAGSE8W1

### Document A: "A City Hospital"

Source: Excerpt taken from the article "A City Hospital", *The Atlanta Constitution*, Monday, December 24, 1888



Atlanta, Georgia—the Commercial Centre, 1887. From Harper's Weekly, February 12, 1887.

*In a city of 70,000 inhabitants there is of necessity a large number of destitute persons. When sickness occurs among this unfortunate class, there is no way of securing an adequate supply of such food and medicines as are needed. In winter also the cold is severely felt, because of lack of fuel and badly constructed houses. The medical attention which such a patient gets may or may not be good. Without proper food and medicine and nursing and medical attention, many a life must be sacrificed which could be saved if the conditions were more favorable.*

*It has been said that Atlanta is so healthy that no hospital is needed. It is true that our city is blessed by an immunity from diseases of an epidemic character, but no matter how salubrious a place may be, there is always sickness and death, and no matter how prosperous it may be, there is always destitution. Again, Atlanta is a great railroad and manufacturing center; a large part of our population is consequently engaged in pursuits that render accidents very common. There should be some place where the injured could be taken in order to receive at once proper surgical treatment.*

#### Document A Questions:

- What was Atlanta's population in 1888?
- According to the author, what groups of people would benefit the most from a city hospital?
- According to the author, why could the case be made that Atlanta did not need a city hospital?
- What is the author's opinion on whether Atlanta needs a city hospital?

# Atlanta's health depends on Grady's survival

By LOUIS SULLIVAN

As a physician, medical educator and former U.S. Secretary of Health and Human Services, I have become increasingly concerned about the disappearance of a number of public hospitals around the nation. Once-proud and important institutions such as the Philadelphia General Hospital in Pennsylvania, the District of Columbia General Hospital in Washington, the Martin Luther King Hospital in Los Angeles and others no longer exist because of inadequate finances and the lack of support from the civic and business communities in those cities.

The crisis at Grady Memorial Hospital does not have to end with the same catastrophe. Atlanta has a

**Dr. Louis Sullivan** served as the secretary of the U.S. Department of Health and Human Services from 1989 to '93. He is president emeritus of Morehouse School of Medicine.



number of committed individuals from our civic and business communities who are willing to support Grady in its time of special need.

In 1975, when I returned from Boston to Atlanta, my hometown, to accept the position of founding dean of Morehouse School of Medicine, I was particularly proud of Atlanta's often-cited motto, "The City Too Busy to Hate." We are an increasingly diverse metropolitan

area, racially, culturally, scientifically, educationally and economically. At this time all Atlantans, whether born here or having moved from other cities, need to support one another and our community, as we all work to keep Grady alive and to restore it to optimum health.

Because I am a "Grady baby," I was pleased to accept the invitation to serve on Grady's planned new governance board. This board will have a number of successful, committed civic and business leaders (black and white) from our city who will be contributing their time, their expertise and their influence to saving Grady and making it stronger.

It will not be an easy task. The reasons for the Grady financial crisis include: a

steady increase over the past decade in the number of persons without health insurance; continuing increases in the cost of health care and in the percentage of the nation's gross national product consumed by health care; and multiple fiscal restraints by federal and state governments and by private insurers in efforts to control costs. While these factors affect the entire health care system, the greatest impact is on the nation's poor and the public hospital systems upon which they depend.

In my informal discussions with members of the proposed new board, I have been impressed by

their commitment and by their realization that, if Grady disappears, our city's health-care system will be thrown into crisis. Our low-income citizens will have a much more difficult time

**If Grady disappears, our city's health care system will be thrown into crisis.**

obtaining the care they need and deserve. The special services Grady has available for all of us, such as trauma care, the poison center, the cancer center and others, will no longer be available. The other hospitals and clinics in Atlanta will not be able to fill the void in health services that would be created if Grady closes.

Without Grady, should Atlanta have the misfortune to experience a terror-

ist attack or a major passenger airline crash, we would be woefully unprepared to care for the many injured persons. Without Grady, Atlanta would be at a disadvantage in competing with other cities for organizations and businesses located elsewhere contemplating a move to a new metropolitan area. Atlanta's convention business, a major part of our economy, would also suffer significantly. We must act to minimize and even avoid these scenarios, if at all possible.

Therefore, I am asking all Atlantans to support the new board and Grady Hospital in addressing the challenges we face. We will be an even greater city because of it.

Any other outcome is not the Atlanta way, and is unthinkable.

## Document B: "Atlanta's Health Depends on Grady's Survival"

Source: *The Atlanta Journal-Constitution*, Wednesday February 20, 2008

Document B Questions:

- What was happening to charity hospitals across the country? Why?
- What groups of people are most affected?
- What is the author's opinion on whether Atlanta needs a city hospital?
- According to the author, what could prevent Grady from closing?
- How would the closing of Grady Hospital affect Atlanta?

## Compare and contrast Documents A & B

Task: Identify and analyze the changes and continuities in Atlanta's need for a public hospital in 1888 and 2008. Using a Venn diagram or chart, list details from each article about the need; what is specific to each, and what is the same.

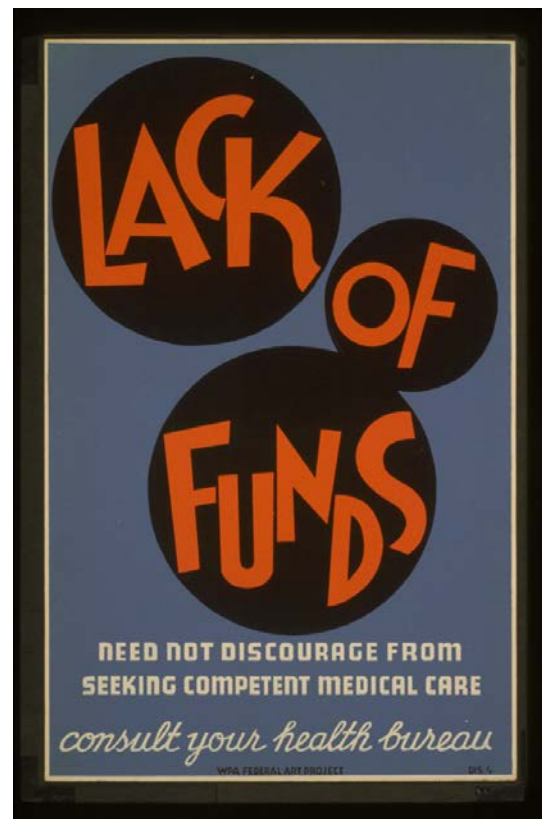
Questions to consider:

- What was the need for the hospital in 1888?
- What was the need for the hospital in 2008?
- What changed between 1888 and 2008? Why?
- What remained the same and why?

## Vocabulary

*All definitions are from Merriam Webster's Dictionary.*

- **Almshouses** - A privately financed home for the poor.
- **Accreditation** - To give authorization to or approval of; to recognize (an educational institution) as maintaining standards that qualify the graduates for admission to higher or more specialized institutions or for professional practice.
- **Insolvency** - The fact or state of being insolvent: inability to pay debts.
- **Irrevocable** - Not possible to revoke; unalterable.
- **Medicaid** - A program of medical aid designed for those unable to afford regular medical service and financed by the state and federal governments.
- **Medicare** - A government program of medical care especially for the aged.
- **New Deal** - The legislative and administrative program of President F. D. Roosevelt designed to promote economic recovery and social reform during the 1930s.
- **Non-profit corporation** - Not conducted or maintained for the purpose of making a profit.
- **Public-private partnerships** - A relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities, usually a government entity and a private company.
- **Quarantine** - A period of 40 days or a term during which a ship arriving in port and suspected of carrying contagious disease is held in isolation from the shore; a restraint upon the activities or communication of persons or the transport of goods designed to prevent the spread of disease or pests.
- **Quasi-governmental agency** - An agency supported by the government but managed privately.
- **Reconstruction** - The period from 1865 to 1877 in which the southern states that had seceded during the American Civil War rejoined the United States.



*Work Projects Administration (WPA) Poster promoting better health care. Library of Congress.*

## Georgia Standards of Excellence addressed throughout this document:

- Map and Globe Skills K-12: SSMGS5 - 8
- Information Processing Skills K-12: SSIPS1, 2, 7, 9, 11
- Middle School Standards: SS8H7, SS8E2
- High School Standards: ELAGSEJ.LE6

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We believe in the value of history.

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We believe our shared history is what binds us together as Americans.

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