

**WRITTEN TESTIMONY  
BEFORE THE HOUSE  
GOVERNMENT REFORM  
SUBCOMMITTEE ON CRIMINAL JUSTICE,  
DRUG POLICY AND HUMAN RESOURCES  
REGARDING MARYLAND GENERAL HOSPITAL**

**BY**

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Good Morning Chairperson Mark E. Souder, Congressman Elijah Cummings, Members of the House Committee on Government Reform-Subcommittee on Criminal Justice, Drug Policy, and Human Resources, distinguished government officials, and my fellow Marylanders.

Thank you for allowing me to speak with you today. My name is Jerry Lymas. I have been a proud and active member of the Baltimore community for over 30 years. I attended Morgan State University where I first met Parren Mitchell who was elected to Congress in 1970 representing Baltimore's 7<sup>th</sup> Congressional District. In September 1971, I attended law school at the University of South Carolina and become one of the first six African American students to desegregate that law school. I served two years in the United States Army following my graduation from law school in 1974.

When I returned to Baltimore, I served on Congressman Parren Mitchell's staff as special assistant. In that capacity, I acted as the Congressman's liaison to the community on all issues including healthcare issues. In that capacity, I regularly met with the community on organizations, churches, not for profit entities, and other groups, and became intimately familiar with the needs and concerns of the Baltimore community. During that time, among other projects, I worked with the Veterans Administration to build a hospital in downtown Baltimore and to ensure that minority owned contractors participated in the construction of that facility. I also helped to get federal HMO certification for the second African-American owned health maintenance organization in the country, Monumental Health Plan.

In 1983, I left the Congressman's staff to establish a business that focuses on neighborhood development projects. Since 1983, I have worked on the development and management of over forty such projects, examples of which include developing child care

centers, apartment complexes for churches, and other businesses in the community. One of the largest projects I helped develop involved rehabilitating a large unused building into a state office complex. This project and others brought housing, services and jobs to the community. In addition, I have come to know, and have relationships with, the community organizations and their leaders as I have negotiated the process of developing commercial establishments in a number of Baltimore neighborhoods. I see it as my personal mission to make a difference at the neighborhood level and to facilitate the connection between the needs of the community and those resources that are available in order to better the community as a whole.

Maryland General Hospital became a part of the University of Maryland Medical System (the "System") in 1999. As part of the Affiliation Agreement, the parties agreed that the System would not change Maryland General Hospital's governance structure and as a result their management structure for a period of three years. As an indication of the System's vision for Maryland General Hospital's future, one of the System's first acts after the three-year "no touch period" was to invite H. Mebane Turner, M.D., the President of the University of Baltimore, Ken Harris, City Council Member, and me, among others, to join the Board of Maryland General Hospital in 2001. At that time, I understood Maryland General Hospital's vital role in the community of providing critically needed medical care to an underserved community as well as the economic impact a hospital of its size has in terms of community jobs and overall development. I accepted the invitation to become a member of the Board because I felt I could play an important role in linking the community needs to the many and varied resources that Maryland General Hospital has to offer.

With that as a background, I would like to speak with you today not only as a member of the Board of Maryland General Hospital or as the chairperson of Maryland General Hospital's

Community Development Committee, but also as a long standing and knowledgeable member of the Baltimore community. Based upon my experience both in the community and as a member of the Maryland General Board, I know that Maryland General is currently serving the community in many important ways and will continue to serve the community with an even greater impact. Maryland General is right now expanding its important existing role in the community. Indeed, efforts are now being made to create new opportunities to bring Maryland General Hospital into the community and to bring the community into Maryland General Hospital. Most importantly, with Ed Notebaert's leadership, I see a renewed commitment at the highest levels of leadership to transform Maryland General Hospital into a true community hospital providing high quality care with a focus on being a valuable and valued member of the community.

As the ranking member of this Committee is well aware, Maryland General Hospital has a long history in Baltimore. It was established in 1881. Over that time period, it has undergone many changes. In recent years, it has served the medical needs of some of its most underserved communities when few others would do so. Maryland General Hospital is the primary health care resource for the community surrounding its facilities. Over the past year, it provided approximately \$13 million (or 9% of total revenues) in uncompensated care to members of the community. In addition, Maryland General Hospital has been committed to providing preventive health services in an effort to try to tackle some of Baltimore's most difficult health problems. Maryland General Hospital provides community focused health care services including free health screening for over 13,000 people per year, as well as free prenatal care, diabetes care, addiction services, mobile mammography services, eye care screening, smoking cessation, rehabilitation services, assistance to patients to access the health care system, and transportation

services. Maryland General Hospital dedicated significant money to these services in the past year. And Maryland General Hospital has ongoing programs aimed at improving the quality of its services and gaining patient feedback. In fact, in April 2003, Maryland General Hospital stopped simply collecting patient survey cards and hired a Patient Service Representative to interview patients in person and to try to solve immediate problems on the spot. These in-person interviews demonstrate that, over the past year, more than 91% of those patients surveyed would recommend Maryland General Hospital to their friends or family members. These in-person surveys reflect the fact that the community is utilizing the hospital in even greater numbers as the number of admissions, surgical cases and ER visits are all increasing each year.

Maryland General Hospital is also a significant economic contributor to the community. For example, the University of Baltimore, June 2003, Economic Impact Study establishes that in 2002, the Maryland General Hospital directly employed approximately 1412 people and paid approximately \$70.2 million in salaries. More recently in January 2004, that study published updated data that Maryland General Hospital employed approximately 1572 people and paid approximately \$88.0 million in salaries. Maryland General Hospital's economic impact on the community will only increase.

Even though Maryland General Hospital has demonstrated a substantial commitment to serving the health care needs of the community, it can always do better, and changes are in the works. During my tenure as Chairman of the Community Development Committee, we have initiated several projects aimed at increasing involvement with the community. The first initiative was for Maryland General Hospital to invest locally by making deposits in minority-owned community banks. The second initiative is the development of a partnership between Coppin State College Helene Fuld School of Nursing and Maryland General Hospital. The goal

of that partnership is to provide practical training to each nursing student onsite at Maryland General, and, in turn, to integrate qualified Maryland General Hospital staff into teaching roles. This partnership gives back to the community in two important ways: 1) it provides young nurses with excellent educational opportunities at the start of their careers, and 2) it helps to fill the critical shortage of nurses in Maryland with qualified people who are interested in, and connected to, the community.

Yet another initiative is to increase community outreach. In 2004, Maryland General Hospital hired Keith Hobbs as a Community Outreach Coordinator. Mr. Hobbs is in the process of meeting with dozens of community organizations, churches, not-for-profit agencies, government officials, providers and other entities in an effort to explain how Maryland General Hospital currently serves the community, how it is changing to better serve the community, and its long term community focused vision. Mr. Hobbs is committed to a real grass roots effort, to being the foot soldier to share the message that Maryland General is bringing more health fairs and health screening programs to the community through partnership with community groups, as well as bringing community groups into the Hospital by providing meeting space within the Hospital. Mr. Hobbs is excited, as am I, about making community events and partnership opportunities a way to focus on the health care needs of the community.

For me, the most encouraging news is that the System's leadership, especially Mr. Edmond Notebaert, who has over thirty years experience managing urban hospitals, is committed to transforming Maryland General Hospital into a true community hospital, and has taken steps to achieve that goal. Recent events at Maryland General Hospital and changes in the leadership of Maryland General Hospital have served to hasten that process. A key focus for me and the System's leadership, at this time, is the recruitment of a new senior management team. I have

every confidence that all new members of that team will possess a demonstrated commitment to managing a quality and community focused hospital.

To conclude, Baltimore is my home. For over 30 years, I have been working to better this community for me, my family, and its residents. I have worked to bring jobs, housing, services, better healthcare, and, in short, a better life to Baltimore. Working as a member of the Board of Maryland General Hospital is part of that commitment. Maryland General Hospital has a long presence serving the ever changing medical needs of the community. Step by step that mission is evolving, and I am watchful of how it is progressing. I must tell you that I am reassured that Maryland General Hospital is able to provide top notch health care services to the community and that it is headed in the right direction. Finally, I am confident telling you that Maryland General Hospital and the System's top leadership share a vision and a resolve not to only provide the highest quality health care services to the community, but to truly be a part of the community and to offer hope and healing to the "faces at the bottom of the well."

I thank you very much for allowing me to speak with you today.