

KENNESAW STATE UNIVERSITY ORAL HISTORY PROJECT

INTERVIEW WITH BERNARD L. (BERNIE) BROWN JR.

CONDUCTED AND EDITED BY THOMAS A. SCOTT

for the

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Cobb County Oral History Series, No. 95
Interview with Bernard L. (Bernie) Brown Jr.
Conducted, edited, and indexed by Thomas A. Scott
Wednesday, 14 June 2017
Location: Brown home, Marietta, Georgia

TS: Mr. Brown, I gather from what I was reading last night that you must have grown up in Savannah because you worked in a grocery store there for six years. Why don't you talk about your background and where you went to college and some of your mentors in Savannah?

BB: I was a PK; that's called a preacher's kid. My dad was a Methodist minister in South Georgia. In the Methodist system preachers stay in the same geographical area, the conference they call it. I was born in Metter, Georgia which is close to Savannah, but we moved around a lot because the system then pretty much dictated Methodist ministers moving about every four or five years. I lived in a lot of small towns in the South Georgia area. After Metter, I lived in a little town called Pelham which is near Thomasville, and then Vidalia famous for the onions that had not been discovered when I lived there. Then we moved to Savannah, and then we moved to Valdosta. Then at that point I went off to school. In Savannah after I graduated from high school, I went one year to a junior college called Armstrong. It developed into Armstrong State University, and I think they recently merged with Georgia Southern.

TS: If I remember the dates, it was 1959 that Armstrong joined the University System of Georgia, and then 1963 or 1964 that they became a four-year college.

BB: Right. I graduated from high school in '57, and went one year to college there. Then we moved to Valdosta, and I finished my undergraduate degree at Valdosta State College, which is now Valdosta State University. After that I made a decision to go into what at that time they called health care administration. There were very few programs at that time at the graduate school level, particularly in the South. There was one at Duke, which was not a degree program, but a certificate program. Another one was at the Medical College of Virginia, which is now part of Virginia Commonwealth University. Then there was one at George Washington University in Washington D.C. Those were the three closest ones, so I ended up going to George Washington University's program in health care administration. I think I was in the second or third class of that program. That's how new health care administration was in those days. There were just not many programs around.

TS: In what was your undergraduate degree?

BB: My undergraduate degree was in business and economics. You've made mention of working in Savannah. During that time I worked at a grocery store. That was my initial venture into the business world, I guess. I worked in all different levels. Interestingly, at the end of my stay there when I was getting ready to go off to graduate school, one of the two brothers who owned Smith Brothers Grocery Store, Mr. Harry Smith, said they were

thinking about opening a second store. In those days we didn't have the Kroger's and the Publix and Ingles and so forth. He asked if I'd be interested in possibly managing the second store. By then I had about all the grocery business I could handle, long hours, very little time off, and all this. It was not my thing anyway. I said, "You know, Mr. Harry, I don't think that's what I'm really being called to do." He said, "Would you be interested in hospital administration?"

TS: Harry said that?

BB: Yes, Mr. Harry said that. I said, "Well, I don't even know anything about it."

TS: How did he know about it?

BB: Well, he was on the Board of Trustees of one of the local hospitals in Savannah. I said, "It sounds interesting." He said, "I'll arrange for you to go out and talk with the hospital administrator." That was the title back in those days. So I went out, and it was really interesting. He carried me through the hospital. So many things were going on that you don't think about. It was like a little city. In addition to all the medical and health-related things, they operated a laundry and a food service and a maintenance program, all those kinds of things. It was very interesting. What really intrigued me though when we got there was that he said, 'Bernie, you get a lot of satisfaction out of this work because you're working with people. But the salaries in health care are not very high. It's a tradeoff. For instance, my salary is \$12,000 a year.'

TS: In the 1950s that's pretty good.

BB: I said to myself, "\$12,000 a year? If I could ever make \$12,000 a year in my life, that'd be great." So anyway, being a little bit materialistic, I guess, at the time, I said, "Wow, that sounds exciting." I went back, and Mr. Leon, the other brother, called me in the next day. He said, "Bernie, I hear that Harry allowed you to go over to the Candler Hospital. You really need to go to a good hospital. So I'm going to arrange for you to go out to Memorial Hospital." Mr. Leon was on the board of Memorial Hospital [Memorial University Medical Center]. The two brothers were on the boards of two different hospitals. In those days hospitals weren't as competitive with each other as they have become over the years. Anyway, I went out and met with the administrator out there. I think the outcome of that is they really influenced me to explore this field. Then I got really interested and visited and did other things, and that led me into the field.

TS: Did you look at it as a calling?

BB: I did, I did. It became more so as I became more convinced that this was where God wanted me to be. It was very much a serving, caring type of calling where you really do interact with people at a point of real need and a point of real crisis many times in their lives. It was a great field, and I've always believed afterwards that that is where I was supposed to be.

- TS: Why do you think George Washington was ahead of everybody else in this field?
- BB: It was the closest first of all. The only other one that had a master's degree was in Richmond, and I actually applied to both institutions. But the class that I would have gone into at Medical College of Virginia was already filled, so I was an alternate in that program. Then I got into GW immediately. Interestingly, I was called a little bit later and told that someone dropped out of the initial group [at Medical College of Virginia] and asked if I would be interested in coming, but I had already committed at that point. I'm really glad I went to Washington because it was an experience beyond just school being in the national capital. I had only been out of the State of Georgia a couple of times, and mostly to Florida.
- TS: I had wondered if there was somebody there that was very visionary to create that program.
- BB: He was. Professor Gibbs was his name. He was the founding director of that program. He had a military background. He had been head of the army program in health administration. He had retired from the military, and he lived in the Washington area. I had a lot of respect for him. He was a military guy, so he was straight, but I remember he said, "The two things that are very important for you to gain at this particular point in your career are to be able to communicate verbally and in writing." Those are probably two of the worst things I did! I didn't consider myself a public speaker nor did I consider myself all that good a writer. So a lot of the things that we did during that course of work were to make sure not only that you were grasping the essence of the field, but that you were able to communicate and articulate it. That became so important later down the line. I've done a good bit of writing over time, and I think it began at GW because before then I didn't think much about that.
- TS: Was the program connected with the sciences or was it connected with the business school or how did they do that?
- BB: As I recall, it was a joint arrangement between the business school and health sciences. It was sort of a blended type of degree, so we had folks on the faculty of the different schools that would be responsible for different classes. My degree is interestingly an MBA with a major in health administration. Some programs today vary. I've been on the faculty at Georgia State University, and they have what they call the Institute of Health Administration, and they do a dual degree. You have a choice, but you can do both. My son went to that program, and he has an MBA and also an MHA, a Master of Health Administration. He took a few more courses and has a double degree.
- TS: How many years was it? Was it a one-year program or a two-year program?
- BB: Well, it required one-year academic on campus in Washington. Then we did an administrative residency, and that was that you were assigned to a preceptor who was a practicing health executive. I was fortunate. I believe I got one of the best ones in the

country. At that time he was called the general director, which is a CEO today, of the University of Alabama Hospital and Clinics.

TS: So that's how you got to Alabama?

BB: That's how I got to Alabama, and it was a great experience. I actually stayed a second year there. I completed my residency, and I stayed on as the director's executive assistant, and that gave me all sorts of experience.

TS: This is 1963 that you're getting your degree?

BB: Yes. Well, I actually got it in 1964. The degree was deferred until I completed that because it's sort of like being a senior administrative resident. You have a choice, and I chose that because I wanted another year of experience under him. I could have received the degree earlier, but I would not have been able to have that position that I had.

TS: What's the name of the person that you did the residency with?

BB: Dr. Matt McNulty. Matthew McNulty. He was a great person.

TS: He was MD or PhD or what?

BB: No. He was interesting. I can't remember exactly what his doctorate was. In those days there wasn't a Doctorate in Health Administration.

TS: Yes, maybe a DBA?

BB: Yes, maybe. I honestly don't recall. He also had a stint in the Air Force Reserves. He was either full colonel or a one-star general. He was very active in that too.

TS: You were really on the ground floor to get a master's degree in this field. Right?

BB: Right. I was the youngest in my class. Most of those that were in those programs at the time were folks that had already come into the field. Then they were going back to get their degree to give them the credentials that were starting to emerge in regard to this profession.

TS: There obviously had to be hospital administrators before this.

BB: That's right. So many were nurses, and some were physicians, while some were in other health related activities. In my class, for example, I had several nuns that were from Catholic hospitals that were getting their degrees. There were several in the military and several doctors.

TS: You have the story in your book [*Lessons Learned on the Way Down: A Perspective on Christian Leadership in a Secular World*] about meeting Bear Bryant while you were there at Alabama. What happens after you finished your residency there?

BB: Dr. McNulty offered me a position to stay there, but I was trying to make a decision. The university teaching hospitals are different than community hospitals. My original goal was to be in some type of community hospital. I had an opportunity to go to Gulfport, Mississippi, to a nice community hospital. It had a good reputation. The Administrator was a fellow who had been there for a while. They were establishing an assistant administrator position. They'd never had an assistant administrator. My responsibility there was to establish some new programs like a human resources program and other functions that were related to cutting edge types of things. I was there for three years.

Then I was contacted by another organization that I wasn't particularly interested at first, but later gained some interest in it. It was from the University of North Carolina, Chapel Hill. There was a fellow there that I think knew about me, although I didn't know him before. They asked me if I'd be interested, so I went there. I was in turmoil over going back to a teaching hospital as opposed to a community hospital. I decided that maybe I needed to check this out more, so I went back there. We were there for a couple of years, and then there was an opening at Augusta at the University Hospital that is associated with the Medical College of Georgia. We really wanted to get back to Georgia by that time. We had had two children, and our family all lived in Georgia, [my wife] Snookie's folks and mine. So this was a great opportunity.

We came back to Augusta, and I was the number two person there, as associate administrator at the University Hospital. It was going well, and then the position at Kennestone [Hospital] opened. I was contacted by the search committee that they had employed and asked if I'd be interested. I really was. I didn't know much about it at the time, but I said, "This would be the top job; this would be the administrator." When they contacted me, I was thirty years old, so I didn't know if I was ready for anything like this.

TS: That's one of the things I wanted you to talk about today, how you got that job when you were so young, but it appears you had more degrees than practically anyone else in the field at that point.

BB: Not necessarily, but Snookie and I talked about it, and our decision was the interview itself would be a good experience. This is the first time I had interviewed for the top job. We set up a time to come over here. There's a long story about this, and I don't want to take too much time, but after the interview with the headhunter, he called me back and said, "You're in the top five, and the board wants to talk with all the finalists." So I needed to come over to Marietta from Augusta, and the day that they had the interview set up, I didn't have time to drive over here. There was a flight that came from Augusta. The timing was right to come to Atlanta, and then I would rent a car and I would come over to Kennestone. Well, it was the worst weather day that they had ever seen. In those days the little planes on the short flights were small, and they didn't hardly get above anything. So we flew through this storm, and I had motion sickness really bad. I wasn't

prepared. I could have taken something, but I would probably have been dopey when I got here. So I really got motion sickness, car sickness, or whatever you call it. I got to the old Atlanta airport. The new one was not built at that time.

I had to get to Marietta in about an hour and a half. I went to get the car that I had scheduled, and the lady said, "I'm sorry. I can't let you have this car because your driver's license has expired." I said, "Oh, my gosh." I didn't have any cash money. I don't know if we had credit cards. I only had a check. The cab drivers wouldn't take it. I didn't know what I was going to do. Time was moving on. They had a C&S Bank station there in the airport, and C&S bank was a predecessor to the Bank of America. The president of the C&S bank was from Augusta, Bennett Brown. The place was closed, but there was a fellow back in the back. I went and knocked on the door, and the guy said, "We're closed." I didn't know what to do, so I just kept knocking until he finally came to the door. I said, "I've really got a problem, and I think you can help me. I have an account with C&S Bank, and I have a check, and I need to cash a check to get some money to get a cab to Marietta." He said, "Where are you from?" I said, "I'm from Augusta." He said, "Well, you know, our president Bennett Brown is from Augusta." I said, "Yes, my name is Bernie Brown." I think he thought I was related to him. So anyway, he cashed the check, and the cab driver got me over to Marietta. I've said that I wasn't praying that I would do well. I was just praying that I wouldn't throw up [laughs].

Anyway, I came right to the door, and the guy was there and took me right in. I did my interview, and I think it was probably a blessing in disguise because I felt so bad that I think I was brutally honest about everything. I let it all hang out. I told them everything that was wrong with me and the few things that were right. I think several things attracted them to me according to what they told me later. One is that at the University Hospital we had just built a brand new state-of-the-art facility, which was very similar to what they wanted to do here. Then too I had written some. That just shows how writing later can pay off. I had some articles in national health care magazines and things like that that evidently impressed them a little. All said and done, they offered me the job, and my initial salary was \$26,000, which was twice as much as I thought I'd ever make in my life! But we came on board, and that was the beginning.

TS: Do you remember which board members were there for the interview?

BB: Oh yes, Mr. Wilder Little was the chair of the board at that time. His term was finishing up. Mr. T. W. Lord became the chairman at the beginning of my first full year of service here. Let me see. I don't want to get mixed up with who was here later. There were a couple of doctors, Dr. [James H.] Jim Manning, Dr. [Henry D.] Speedy Meaders.

TS: Was Luther Fortson involved at that time?

BB: Lou Fortson wasn't on the board. He was the first medical director we hired. He was on the administrative staff. He was a really good internist, and we needed a physician to help manage the medical aspects, so he was our first one. Another trustee was Charles "Charlie" Ferguson. He was an African American and a great guy.

TS: He was already on the board?

BB: He was already on the board. Joe Mack Wilson was on at one time. I think he came on a little bit later. I'm trying to think who was there at that time. Knox Wood who died several years ago was on the Board. Most of them have died since then. There was a banker from First National Bank (Bill Beasley). He went off the year I was hired. Some of the real pillars of the Marietta/Cobb County area have been on the hospital authority over the years. At that time—this is a little of the history—it was a hospital authority, a little different structure than what they have today.

TS: Right. And the hospital authority, what exactly does that mean?

BB: Well, the State of Georgia had an act that allowed a public subdivision, a city or county or multi-counties to establish a hospital authority. That authority had the right to raise revenue through revenue certificates or bonds to finance facilities and operations of hospitals. It was good and bad because it probably created more hospitals in the State of Georgia than in any other state per capita. There are so many small communities and so many counties, more counties I think in Georgia than in any other state.

TS: One hundred fifty-nine.

BB: Yes, and they all wanted a hospital. It wasn't always practical to do that. Anyway, that was the founding. There was also what we call the Hill-Burton Act [Hospital Survey and Construction Act of 1946], which was a federal funding mechanism. So some of the funds to build the original hospital here, which was built in 1950, were from the Hill-Burton Act. At that time, interestingly enough, Kennestone was under the Marietta Hospital Authority, which is different than it is today, so there was a transition in that.

TS: Do you think the Hospital Authority began in 1950?

BB: Yes, I think it did. There was another small private Marietta Hospital here on Cherokee Street before then. It was private, not under the public authority. That was the beginning of the hospital authority. Kennestone was built where it sits today on the little hill on Church Street where Church and Cherokee come together. The name of the hospital, you probably know, came from the fact that you could stand at this point and see Kennesaw Mountain and Stone Mountain. Many times I went up on the top or up high, and I could see both mountains. They coined the word Kennestone Hospital, and that was the beginning of that. I believe we are the only hospital in the world that's named for two mountains.

TS: Probably so. Okay, you were interviewed, and they were impressed and offered you the job. Was it on the spot or did you go back to Augusta and wait for them to contact you?

BB: It was so interesting. Mr. Mura, the headhunter, told me, "They're going to make the decision tonight." They had been interviewing everybody that day or close to it. I was

toward the last of the interviews, I think. He said, "We'll be calling everybody tomorrow. I will call all of those that don't get the job, and Mr. Little will call the one to whom the job will be offered." Anyway, I went back to work the next day. I was in my office, and the assistant called me. She said, "Bernie, you've got a call from Mr. Mura from Augusta." Let me say, I did not expect to get the job. I really did not. I knew the other candidates, not all of them personally, but I believe I was the only one that was not currently already in a top CEO position. The others were probably at smaller hospitals or whatever. So it didn't bother me that the call was from Mr. Mura. That's what I expected. But when I got on the phone, he said, "Bernie, Mr. Little would like to talk to you." And Wilder said, "We want you to come be our administrator. We'd like you to come back over here one more time so we can work out the details and see what you need to do about finding a place to live." It was really exciting. Snookie and I had talked about it the night before when I got back late, and I said, "There's no way this is going to happen." Then I go back home the next day, and I said, "You won't believe what happened [laughs]."

TS: Snookie can't be her real name.

BB: No, her name is Annette, but she's always been known as Snookie.

TS: So, she was ready to move to Marietta then?

BB: We'd always had the position that we're a team, and we're in this together, and, yes, she was excited too.

TS: Where did you live when you came here?

BB: Initially, we bought a home off of Powder Springs in a little subdivision called Dunleith. It was interesting that [Harry H.] Hap McNeel, whose house this is [Mr. Brown's current residence] was one of the developers of Dunleith. He did not build our house specifically, but it was a new little subdivision, and it was a real nice house for us. Our last child was born here. We had three children. We were there for twenty years. Then we moved out here.

TS: Oh, I see. So 1971 when you started, I think you said the hospital budget was about \$10 million?

BB: Yes, which to me was a lot. Today in terms of health care costs it's not, but the hospital had around 200 beds, which was a nice hospital. In those days we measured hospitals by beds. We don't do that so much anymore because so many things are handled on an outpatient and ambulatory basis now.

TS: Was it basically three floors and a basement?

BB: I have a rendering downstairs that I can show you. It had the main wing and a couple of small wings on the side that have been added to it. It was on that little hill, and we had

about 700 employees. The budget was \$10 million, and we were landlocked on that particular property at that time. There was a real desire on the board and in the community for a bigger hospital. There are some really interesting things at that particular point. For example, even though it was a relatively small hospital in terms of the major hospitals in the state, we had the second most active emergency room.

TS: Is that right?

BB: Yes, and emergency care in this area has always been focused on that location. We're right here above Atlanta, and you didn't have to go into Atlanta for emergency services.

TS: For everybody north of here?

BB: Everybody north. At the time we were it. I had a theory that we had one of the bigger trauma catchment areas here too because at that time I-75 had not been completed, I-285 had not been totally completed, and they used to route the traffic off I-75 [near Cartersville] to US 41 and then routed it back onto I-75 when you got into Atlanta. That's where the Big Chicken got such recognition because everybody who came through here went by the Big Chicken at the intersection of Roswell Road and US 41. Well, people would come barreling off the interstate, and they'd get on US 41, which was a four-lane road. They used to call it the Four-Lane. And the intersection of Roswell Road and US 41 at the time had one of the highest accident rates of any place in the state.

TS: So you needed an emergency room.

BB: And we had a lot of local folks that came through not just there but all along US 41, feeding such a big traffic load into just a regular four-lane highway that had traffic lights and intersections and all that was not real good.

TS: So it was a reasonably big hospital, but not what it is today by a long shot.

BB: No, it wasn't big. My first charge was, "We need a new hospital." It's interesting, going back to the fact that Kennestone was under the City of Marietta Hospital Authority—at that time the Cobb General Hospital, as we called it then, out on Austell Road, had just been built, and it was a County Hospital Authority. So we had Marietta Hospital Authority and County Hospital Authority. The capability of us at that particular time to generate enough funds to build a new hospital was impossible because the tax base of Marietta was very much smaller than the tax base of Cobb County. So there was some discussion about merging Kennestone and Cobb General, but the timing and the politics were not right. So an effort was made instead to create a second county authority, which was done, and it became known as the Cobb-Kennestone Hospital Authority, which became the hospital authority for Kennestone. Then the Cobb Hospital Authority was the authority for Cobb General. There was some resistance to this, and it wasn't popular with everyone that was involved, but it got done. So this allowed Kennestone to issue bonds and create revenue certificates to support the program.

- TS: I'm surprised they didn't create that to begin with like the Cobb-Marietta Water Authority.
- BB: Well, it was political. In 1950 Marietta was predominant. The [unincorporated] Cobb development had now occurred yet. When I came to Cobb County, the population was a little under two hundred thousand, I want to say. Marietta's population was not a lot different than it is today. Marietta was a mature area and so much of the commercial activity was in Marietta. All of the development around the county hadn't come yet. So in the 1950s Marietta was the center of everything.
- TS: I want to say the 1970 census counted 197,000 in Cobb County [196,793].
- BB: Somewhere in that neighborhood, right.
- TS: It's interesting that they put Cobb General where they did out on Austell Road. That was pretty rural at the time.
- BB: At the time it was a struggle because the shift in population had not occurred yet. I think that it turned out to be okay because the population and economic development moved that way. But, anyway, we started a major building program, and it was one of the largest building programs in the state at that time for a new facility.
- TS: What year was that?
- BB: This was in the early 1970s. The planning began right away, so probably in 1972 we had finished the planning, and I think the construction started in 1973 and completed about 1974. That built what we called the original tower. It was seven or eight stories, and we shelved in the top story initially. We had a state of the art facility at that particular time. A new emergency room was built that was about four times as large as the old one. We were viewed as very cutting edge, modern, and as up-to-date as anybody around at that particular point in time. That created a desire for more physicians to start coming into the community. And Cobb County overall was beginning to grow and flourish. So it was a very attractive area for all of this.
- TS: So early 1970s the tower was built?
- BB: Yes, about mid-1970s it was completed. In the early 1970s the planning began. They had nothing before then. We had to start from scratch on what we wanted to do. We had to acquire property too. We bought out the whole block. The balance of the block where the hospital sat still contained two or three residences. Those people were willing to sell.
- TS: Are you talking about the block going down Church Street or the block going up Tower Road?
- BB: Initially, it was right on the corner of Church Street and Tower Road right where Cherokee and Church come together. Then there were two or three houses [on Church

Street] down the block towards the Square. We bought that property and started obtaining other properties too. There was some property behind us, several acres owned by Emory University. Somebody had given it to them over time just as a gift. So we negotiated. They had no need for it except to sell it. So we bought that from them. Then there were some other little patches of property around that whole area. That allowed us to get into additional phases of development over time. So that worked out well.

TS: So are you saying that a lot of doctors weren't going to come out to Cobb before the hospital expansion happened?

BB: Well, I wouldn't put it negatively. I would say that there probably was not the attraction before then, because they wanted to work in a facility that had the types of services that could help support them in the treating of their patients. It brought more technology in here, and it brought size and the capability to do things that we didn't do before. I don't think it was a negative thing. I just think it was like anything when something new comes that provides services that assists you in your profession. You are attracted to that.

TS: One of my students did an interview with Speedy Meaders years ago where he was talking about a time when they had to persuade women to have their babies at Kennestone.

BB: That's right. You did have that. You had what I call the inward flight. To this day there is still a little of that, but that has subsided a great deal over time. A lot of people had moved out from Atlanta into the suburbs, and their connections were still in Atlanta, like where they worked, and their recreation, and their entertainment, and their physicians and medical support services. So it took a longtime before that subsided. But now it almost works in reverse. People don't necessarily move from down there up here. They move from other areas, and they want to move to a place that has these things. They don't want to drive through the traffic down there.

TS: It's amazing how hospitals are springing up in Cherokee County.

BB: That's right. That's a new frontier today. If you were doing this interview twenty-five years ago, we would be saying what they are saying out there in Cherokee and Paulding and Bartow and other places north of here.

TS: So the new emergency room was there, I guess, by the time of the Southern Airways crash in New Hope [Paulding County, Georgia] in [April] 1977.

BB: Right, it was there.

TS: Do you have memories of how that affected things at Kennestone?

BB: Yes, it put the limelight on us a great deal. I think that was the first time I was ever on national television. Everybody said I looked pretty good [laughs]. But it was so interesting. A requirement for accreditation for hospitals and organizations like ours is to

implement an annual mock disaster plan. We did that regularly, and so I want to say a couple of months before that crash we had such a thing. In those days we did it with the police department and the fire department and the ambulance services and all that. We did a joint training exercise because they needed practice on this sort of thing too. We had done something that wasn't the exact sort of thing, but it had burn victims. They actually make up patients to look like whatever the disaster brings. We had had one of those, and so when this crash occurred, the training was really fresh on our minds. So things went as well as you could expect with the chaos that goes with something like that. It was really, really traumatic, but I think our staff and the facilities we had then responded really beautifully.

TS: You were talking about when you got the job, one of the goals the board had was for the hospital to grow. You immediately went to work building new buildings. What were the other things that they were looking for that you implemented over the next several years?

BB: One thing that was my vision of this was that "hospital" was the old term. That described a building where people came when they were seriously ill, injured, or needed immediate care. It was a treatment organization. I think we were one of the first that really grasped the whole idea that we don't want to be just a hospital. We want to be a "health care system." In a health care system, a hospital is a component of it, but it is more than that. It goes into things where you did not need to be institutionalized. There were a lot more things that could be done rather than that. This was an early stage of doing things on an ambulatory or outpatient basis. The other thing was we needed also to be in the business of prevention, of trying to affect our community so that maybe some of these things that adversely affect health don't happen.

So we changed our name from the Kennestone Hospital to the Kennestone Regional Health Care System. We were regional by then and we were a health care system that was not only a treatment center, but was a center to help with rehabilitation, prevention, and services that could be done better outside the institutional setting. One of the things that grew out of that was a wellness program. There's a site today called Health Place, and on the other campuses there is something similar, where these were the first fitness or wellness programs for a hospital. We were pioneers in that. Atherton Place was an idea that we had of something for people at the latter part of their fourth quarter. So that was started.

TS: Is that on the land that Emory University once owned?

BB: It is. I can recall that we got the property, and there was another big chunk of property that one of the homeowners had back there that had about three or four acres behind this property. We bought all of that. I remember with the planners and architects sitting down and in our mind saying, "How would all this fit?" There was the first outpatient surgery facility. There was Atherton Place. There was Health Place. There was an urgent care center. "Would there be some ways that we could keep [the number of patients in] the emergency room down because so many people were coming in there that may not need to be there and that could be handled on a less intense basis?" So that

whole area was conceptualized as to how this would all sit. Interestingly, a lot of it is still there with many, many more things that have grown out there.

TS: You mentioned earlier that Luther Fortson was the first medical director. When did that take place?

BB: He came on board about the same time that I did, maybe a few months before I came. He was already there, and he worked with us for the next six or eight or ten years. I don't recall how long, but he was a really good guy.

TS: Well, he was the primary care physician for my wife and me at one point.

BB: Yes, Lou was a great doctor too! I remember telling him one time, "I really hate it that you've gotten into all this administrative stuff because you are such a good doctor." Everybody would complain about losing their doctor. I had an interesting thing because [Dr. Robert A.] Rob Lipson [president and CEO of WellStar Health System, 2001-2006], who was one of the ones that followed me, was my physician for many years. It was interesting. Even after he took the job as CEO of WellStar, he kept about half a dozen patients because he wanted to maintain his medical license. I don't know that it required him to, but he did that. So he actually was my private physician when he was there. There were six of us.

TS: I think about him every time I pass that spot where the accident occurred. [Editor's note: Dr. Lipson was killed on November 10, 2006, when the motorcycle he was riding was involved in a wreck at the intersection of Church Street Extension and Old 41 Highway in Marietta].

BB: I know. That was so bad! I can't believe that happened.

TS: He was a big supporter of Kennesaw State and helped establish and then completed the MBA program for physician executives.

BB: Yes, he was the spark that made that happen.

TS: I guess I'm wondering about your board a little. How did people get on the board, and how did you work with the board?

BB: Okay, going back to the original hospital authority, that was the board in the early stages. The people that were put on that board were basically political appointees. In other words I can recall that each member of the Marietta City Council appointed somebody, like they've done on some of these other boards. That was not really good, to be honest, because we needed a broad base of people. We needed some physicians, for example. We needed really sharp business people and such as that. So we, like many other hospitals, did a restructuring that occurred somewhat after that. Then a more traditional board of trustees was developed. The hospital authority still existed, and its purpose was to help with funding and things like that. They might just meet once a year. Some of

those people might be on that and also on the board. But then they developed a restructuring that established a board of trustees for the system. They were separate from the hospital authority. And then this board had the flexibility of attracting the types of expertise that we needed on the board. Most of the hospitals in the state—all the hospitals in the state—are on this basis. Today, for example, the WellStar board is such a board. These authorities still exist. The Cobb-Kennestone Hospital Authority still exists. The Cobb Hospital Authority still exists. There's a Paulding authority.

TS: Are they still political appointees?

BB: Political appointees. They are appointed to those particular Authorities, which are the capital financing mechanism for facilities and programs that go on at the health care systems. The new board that's over all operational functions is a self-perpetuating board in the sense that it is made up of representatives from the various organizations that are part of the health system instead of being appointed by a political entity. It helps with accreditation because you've really got to keep politics out when you are being evaluated. I don't think the hospital authority members felt comfortable with all this either. When you're meeting with doctors and dealing with all the technical aspects, to be a friend of so and so to get put on this board is not a good way to operate.

TS: You're on the board now, aren't you?

BB: I'm on the board of the WellStar Foundation, which is the fund-raising arm. I'm not on the operating board.

TS: Self-perpetuating means they choose their own replacements, I suppose?

BB: They do, but they have a process that's spelled out and that has to be approved for accreditation. That's a little misleading. There are parameters for all of this like, for instance, they set criteria for different types of members that they want on the board. They couldn't have all doctors, for example. And representative trustees are from the various organizations that make up the WellStar System.

TS: Do they have a percentage of doctors?

BB: I don't know that it's a set thing. I'm not involved in it now, so I don't exactly know. But there is the desire and the effort to have a very balanced board of medical professionals, leaders from the business community, and other leaders in the community.

TS: Let's go back to the 1970s to the 1990s when you were there. What kind of board was it that you were working with?

BB: Let me say that the good part about it was that the City of Marietta board and the Cobb County-Kennestone board benefited from great people like [Howard] "Red" Atherton, the former Marietta mayor [and state legislator]. These were people who really cooperated with the board to get good people on the board. And [former Cobb County

Commission chairman] Ernest Barrett helped from the county. So it worked fine. To be honest, it wasn't a problem for us [to have political appointees]. It was a problem for all these little communities around the state where local politicians were changing constantly, and they would say, "I want to get this guy in my slot. Take this one off." So it got to be sticky. It never was a problem here because the doctors like Speedy Meaders and Jim Manning were great appointees. But from an overall picture, the political appointees were creating a lot of problems in other places. That was why the new type structures came into existence.

TS: I was wondering earlier that you probably weren't terribly computerized when you started in 1971.

BB: No doubt.

TS: How did that come about?

BB: When we built the first new hospital, there were things like we had a messenger service that carried messages in the hospital. That's how we communicated with anything written. A lot of things had to be written. You could call people on the telephone, but we had runners everywhere. When we got the new facility, we put a pneumatic tube system in, which was state-of-the-art at the time. That took a while for people to understand that you don't have to send somebody up to the floor with the drugs for the patients, but you could put them in the pneumatic tube. So there was a whole bunch of retraining that went on for just something basic like that. Then we had early stages of technology on the information side. I can remember, for example, when a patient came in, they had a deck of punch cards. What you did was you punched in the things that were ordered from the doctor, and then you ran your cards through a reader and it would print out the orders. It was almost worse than doing it manually by the time we figured it all out. So we went through that same stage of technology development. They had hard-drive computers that were almost like a department of itself because it was so big and things could go wrong so easily and you had to have technical people to help all the time. So there was a steep learning curve of how to do that while the technology was moving ahead. So that was on one side.

The other side that may even be more dramatic is the medical technology. I can recall the first lithotripter we had for kidney stones. A lot of lithotriptic procedures—we had people who were cutting-edge in our organization. We were doing things like this very early before it got real popular at other places where we were doing surgery without major incisions into the body. It was a challenge to be honest. Advanced imaging such as MRIs and CT scans were coming into existence. I remember having a heart PET scan performed on me [positron emission tomography], one of the first ones. It was comparable to doing a stress test without you having to move—and all that new technology was coming on board. You say, "It's all expensive!" You don't want to make bad decisions and do something right now, and then in a year replace it with a new discovery. So we had all of those tensions that were coming on. The physicians were driving a lot of that as new things came out. So there is a real balance in all of that.

That's why it was good to have the Lou Fortsons to provide medical direction as part of the organization. So, again, we were one of the first health care systems that brought a medical component to the administrative leadership.

TS: I was wondering if you had a grand strategy that you wanted to be the leader in Northwest Georgia in heart surgery or kidney stone surgery or something of that sort.

BB: You want to be everything. There is a law in the State of Georgia that is called a certificate of need that doesn't permit you to add a service without it being approved. The idea of that, and it's not bad, is that these things are so expensive, and you don't want to duplicate efforts and it not be feasible. So you want to divide up the responsibilities. Heart surgery is a good example. Every hospital can't have a heart program, or other things too such as cancer treatments. So you have to justify what you do and usually receive opposition from competing facilities because they don't want you to take something from them. So heart surgery came here slowly, partly because there was so much opposition. These other programs were not full at the time.

Then it was so interesting when it ultimately came here that it just blossomed because people wanted to be close to home when meeting their medical/health needs. Plus, we do things today that back then were so major. When I was at the University of Alabama, I watched some of the first open heart surgeries in this country. They were some of the crusaders in this field. A heart transplant and some things like that were being done that were just unbelievable. You don't see much of that anymore because there are options that are so much better.

TS: You've written a book on your leadership style [Bernie Brown, *Lessons Learned on the Way Down: A Perspective on Christian Leadership in a Secular World* (Inspiring Voices 2008; 2nd edition 2009)]. Would you summarize briefly how you developed your leadership style?

BB: As I mentioned early on, my dad was a minister. In my day, more than not, individuals followed their father's lead. If you look back in those days, a lot of the doctors had a father or grandfather that was a doctor. The same was true with educators. So many times it was part of the heritage and legacy. I had a twinge about going into the ministry, but I didn't feel like that was what was right for me. I didn't think God was calling me in that direction. I really enjoyed business. I didn't know it until I experienced it, but when I got into it, I felt like this was the right thing to do. I had that one side of me that said, "You are supposed to be in this world to do something to support and help people." So I wanted to do that. Then I had that pull of I really enjoy organizational types of things, building organizations and making them work, and relationships with people, and that kind of thing.

Pretty early on [at Kennestone] we were building our organization. We were ready to grow, and things were ready to come down the line, so I remember working on [our organizational chart]. I followed the normal [organizational] structure where it's wide at the bottom, and it narrows as you rise in the organization, the goal being to go as high as

you can. Then one day it struck me that in a hospital particularly, and probably in other businesses, the success of that organization depended far more on the people that were delivering the services, the people that were hands-on in terms of caring for people. It would be that way I would think in an educational institution too. If you look back, I don't remember who was the president or the principal or the superintendent of the schools I attended, but I do remember the teachers. In the hospital when we got compliments or even criticisms, whatever, it wasn't about who the administrator was. It was about those nurses that took care of them and their physicians.

I came to the realization that the success of a health care organization depends mostly on those that are interfacing directly, hands-on, with the patients and the others around them. If we were going to establish an organizational structure and put it in the true perspective, it should focus on the patient. Therefore, the way the organization needs to be structured instead of looking like a triangle with a broad base at the bottom, it should be reversed and turned upside down. Then those people that are on the front line should really be our focus.

TS: With the triangle pointing down?

BB: Yes, the triangle pointed down, that's right. So that's the concept, turn the organization upside down. That was my concept, and I tried to do this literally as well as figuratively. What that meant is if the most important people are the people that are delivering the services, the second most important people are the people that are right there that are doing those kinds of things that help them do their job best, their supervisors. Below them would be the middle managers who are helping the supervisors help those people. Then ultimately at the bottom of the organization would be the CEO. I tried to promote the idea that if you're going to advance in the traditional way in this organization, you will not be moving up the organization; you'll be coming down the organization.

It was more of a mindset than anything else. Interestingly enough, if you turn a triangle upside down, that's the same symbol as a "yield sign" on the road. Yield means that you allow the other person to go first. It's the ultimate philosophy of servant leadership, which was something that I tried to embrace. It was just a lot of fun. It helped me. My ego went away because I once considered myself so important. I really truly felt like, "What can I do to help these people help these people help these people." That was the general leadership style that I had. In my book, which I call *Lessons Learned on the Way Down*, that's the concept that in the organization, as you moved up in leadership, you moved down in the structure.

TS: Did you get much resistance on that idea?

BB: Not a bit. Well, the hard part is it sounds good. Everybody embraces the whole idea. I could tell the board, "This is the way I want to run it." "Oh, that just sounds great!" I could tell the employees, "I'm going to put you all up on a pedestal and do what I can to [put you first]." "That sounds great!" Everybody said that. The problem is making it work. But if you're sold on a concept, and then you work at it, then things start

happening. Before long it really has an impact. One of the stories I tell in the book is about this lady who was one of our real strong nursing people. She was a great nurse. She had a reputation that she didn't hold back on anything. She told you what's right and what to believe and everything. We were building a new parking deck. I don't know if you read this story.

TS: I did.

BB: While we were building the deck, we had the regular parking places all messed up. We were having to work the parking around the whole area. Actually, we were leasing part of [Six Flags] White Water parking lot during part of the day because they had extra capacity over there. Then we would have a shuttle that would bring people back and forth, which took probably about twenty minutes to get back and forth. A lot of these people were getting caught in that. They had children, and getting to work was not easy anyway, and that caused another twenty or thirty minutes. Then when they had to go home, they had to get the shuttle to get back over there. This lady came in, and she was real upset about that and just wanted to talk to somebody. So she came in, and she said, "I'm just fed up with this. Everybody else is too. I'm not just saying it for me. I'm saying it for everybody else." So I listened to her a little bit. Several years earlier than that when I first came to Kennestone, I had the first parking place. Everybody was scared of parking in that parking space. Nobody would ever park in that administrative parking place. I had moved [the sign] and put it in the back of the parking lot at that time. I think we had just moved the sign out there, and nobody was ever out that far. So I would park out there and walk.

When we had the shuttle over at White Water, I put my sign out there in the back at White Water. She said all this, and I said, "I tell you what. Why don't you just take my parking place?" She didn't want to do that because it would make her look bad. She said, "No, I can't do that." I said, "No, why?" She said, "Well, you know people would talk about me if I pulled in your parking place there." I said, "Do you know where my parking place is?" She said, "Isn't it over by that back door over there?" She had come in that way. I said, "No, no, it's at the back of the White Water parking lot. She looked at me, and she said, "You're kidding!" I said, "No." She laughed like, "You're kidding." I said, "No, I'm not." I told her why I did it, and I can't remember exactly how she said it, but it was like, "I don't need to be in here. You're doing all you can do, and I appreciate that." I won somebody over right then. But it's the whole idea of putting that organization in that perspective. I think people responded to it.

TS: [KSU president emeritus] Betty [L.] Siegel talked about the job of [higher education] administration being to facilitate teaching.

BB: Exactly. I saw Betty and [her husband] Joel the other day going to church together. She didn't have on her big glasses, and I almost didn't recognize her.

TS: At least one big topic I want to get into the interview is hospital consolidation, and I guess the first was Cobb General and Kennestone.

BB: Right.

TS: When did that take place, and how did that come about?

BB: Tom Hill was the CEO out at Cobb General at the time. He and I had a real good relationship. It was an interesting thing that precipitated it. In the main Kennestone building at the time, the laundry was in the basement. We were concerned about that because there are more fires and other issues that occur around where there is major machinery. Everything was automated down there, and there was just a lot of stuff that really didn't need to be there. We needed some more space for a lot of other things. So we had come to the conclusion that we needed to just move that laundry out somewhere. It was interesting. Cobb was going through something similar to that. They didn't have an adequate laundry. So Tom and I got into a discussion one day and said, "Why don't we just build a laundry together?" We went through the process, and we got everything done. We built this laundry out in a remote area, away from both campuses. It could service both places. We set up a system to deliver and everything. It went great.

Chet Austin, who was the chairman of the board for Cobb at one time, just loved this idea. You know he ran a chicken manufacturing plant [Tip Top Poultry, Inc.], and knew how that kind of stuff worked. So out of that grew a thought that maybe there are other things that we could do together. Being in the same county, even though we had two authorities, it could make a lot of sense. You don't get into rubbing against political subdivisions and that kind of thing. So we formed a committee from our two boards, and Tom and I were involved with it too. We worked for about a year on a way this could be done and how it would work. In the meantime, it was more than just Cobb and Kennestone because we had purchased Windy Hill [Hospital]. Then Cobb was managing the Paulding and Douglas hospitals. It didn't work out for the long haul, but we were managing the hospital in Canton.

TS: R. T. Jones?

BB: Yes, R. T. Jones. It was just a management contract. We had somebody we appointed up there. I visited them once a month and that kind of thing. It seemed like Cobb was doing somebody else that way too. But, anyway, we said, "If we can put this together, we can benefit from the economies of scale. We can maybe eliminate some duplication. We can bring purchasing power to all of this. We can do a lot of different things." So it took wings. This became the WellStar system. At the time we called it the Northwest Georgia Health System. That was the initial term for that.

TS: What year would that be?

BB: That was in the early 1990s. I can't remember exactly. It went so well that we got a lot of national fanfare over it, saying, "Maybe, this is the trend of the future." Then as a result of that we started being approached. I was the CEO of Northwest Georgia Health System, and Tom was the number two person. I can't remember exactly how we

structured everything underneath us at the time. But we got so much notoriety that we started being approached by some of the other players in Atlanta, initially Piedmont. There was interest there primarily because Richard Hubbard, who had been the CEO at Cobb before Tom, had gone to Piedmont. So, we had that close relationship of Tom and Richard, and I knew Richard real well too. He said, “Why don’t we talk about doing something bigger than this?” So this was the formation of what we called Promina system. That took wings, and then we were approached by DeKalb system, and they joined us, and the Gwinnett system joined us, and the Southern Regional system joined us.

TS: So Piedmont was part of the Promina Health System?

BB: Yes. Now Promina—in *Lessons Learned on the Way Down*, there’s a chapter called “War Stories” if you want to read a little more about that. It tells what it went through, this evolution, and why it did not succeed in the long haul. The main reason, from my point of view, is that it couldn’t really maintain what we needed in the market place that we were competing in at the time because we were not in any way integrating assets. It was more of a joint venture. It allowed the local units (systems), if they didn’t feel it was serving their purposes any more, to get out. It was not a marriage; it was just a relationship.

TS: A loose alliance?

BB: It was tighter than most alliances because we were really doing some interesting things, purchasing and that kind of thing. It really helped though in the long run to see what you needed to do to make something like this work, which means a long-term commitment and the capability of common governance and all of that. See, these people still had their own independent boards. It got a lot of fanfare nationally because it was sort of like what in today’s world is called “virtual” something. You did everything, so virtually, on the surface, you say, “You’re acting like your married, so you must be.” The other thing that happened is that we changed leadership in these different organizations. I retired, and then Richard Hubbard retired soon after that, and several others. We were sort of in the loop together in terms of relationships that we’d had over the years. Some newer people came in and said, “This probably is not going to work over the long haul.” So it was disbanded over time. I look back on it not as a failure, but as a learning experience for these organizations. I remember Rob Lipson and I talked a while back. He was really involved in this too on the medical side of it. He said, “I think we learned the advantages you could bring if you could really make this work, but also what it takes to make it work.” We talked about that, and I really think that was the case. Then in the end the WellStar plans and programs started coming together. Now you see all these other things like Northside moving in several places, and Emory has expanded its influence. So it’s boiled down to instead of a bunch of institutions, there are large systems now that are formed in the area.

TS: When does WellStar come about?

BB: In the beginning with the Northwest system they named it, I think, in 1996. They claim that as the beginning of WellStar as WellStar.

TS: Does Northwest Georgia Health System become WellStar in '96?

BB: Yes, they just changed the name of it.

TS: They just changed the name. Okay.

BB: They were still part of Promina then too.

TS: And then they pulled out of Promina?

BB: Yes, they left Promina in probably about the time I retired, I guess, 2001 or 2002, something like that.

TS: So Kennestone was part of Promina until you retired?

BB: Kennestone was part of WellStar, and WellStar was part of Promina.

TS: I see. Let me ask your thoughts on WellStar. WellStar has done a ton of things for Kennesaw State. One of our colleges is the WellStar College of Health and Human Services.

BB: Right, right.

TS: WellStar put a ton of money into the Prillaman Health Sciences Building on campus, which is where the WellStar School of Nursing is. When did that relationship start? Did that start while you were still there?

BB: The relationship had always been there. It probably got more visible after WellStar was formed. For instance, in the old days there was a real close relationship with the nursing school and the hospital; they actually did clinical work. There's a long history of that sort of thing. I think some other health services went beyond just traditional nursing, like nursing administration, and then they had the MBA program for physician executives. That was coming along. It was not just one point in time. It was evolving over time basically. There were scholarships in the Kennestone system that supported nursing students, and it's always been a really good working, close relationship. I think probably the bigger money came in in later years in terms of being able to support a facility and naming a facility and that kind of thing.

TS: Maybe to wind things up, what are you proudest of in your career?

BB: I didn't anticipate that one [laughs]! Well, I guess it's just bumping into people, and they still like me. It's not always easy to be in a leadership role over an extended period of time. My career is unusual for my profession to be in one place that long (thirty years).

A lot of people will remember you like you built this building, and that happened when you were there, or some will say, “It’s not like it used to be.” And I’ll say, “You’re right. It’s not like it used to be. And if I had to go through what these people go through today, I don’t even think I could handle it.” I guess the things that I’m proudest of are the personal relationships that have been formed over the years and maintained. What I hope I’m known for is being a serving and caring leader. If I can just say that, then my life will not have been in vain! That’s a hard question to answer, but that’s what means more to me than anything else.

TS: Well, have we left out anything that you think we should have talked about?

BB: No, not really. What I’ve enjoyed is you’ve kept it pretty personal. I thought maybe what we would be talking about is remember the date this was done and so on. I’ve enjoyed it. I really have. You’re good at bringing personal things out. When I got through my career and wasn’t dead, I felt like I was supposed to be doing something, and God isn’t through with me yet. This is why I got into the whole idea of a book entitled *Purpose in the Fourth Quarter: [Finishing the Game of Life Victoriously (Inspiring Voices 2012)]*. Right before I retired I’d been on an advisory board down at Georgia State University where they had a really good program in health administration. They asked me if I would be interested in being what they called an “executive in residence.” I didn’t know exactly what that was, but I really enjoyed it. I did that for a couple of years. I taught a couple of courses, and I was a counselor to some of the students in their careers and that kind of thing. It was just a fun type of thing. It was a way of bridging the gap between full-time work and ultimate retirement. Then when I finished with that my son, who went on and is in the same field as a consultant—his company asked me if I would be interested in consulting with them. I told them, “I don’t want to be someone that you just look for to open doors for you and get you in the door because I happen to know a lot of people. If you really want me to give you my real opinion on things, I’ll be glad to do that.” So I did that for two or three years.

Then as an outgrowth of that I was asked to visit Germany. I had made some contacts with some people there from the consulting. So I had the occasion of going over and visiting about five or six of the health systems in Germany and share with them the health system in the United States. Then we followed up with a couple of visits from them over here. That was a lot of fun too. I’ve had an opportunity to maintain my career related to health care, but in the meantime I was trying to search for whether there was something else I was supposed to be doing. So some of the writings that came about—*Lessons Learned on the Way Down* was just putting together my thoughts about my career. Then the *Purpose in the Fourth Quarter* was real interesting because my mom sort of encouraged me to do that. I’ve been blessed.

TS: Fantastic. Thank you very much. I’ve enjoyed it.

BB: Well, I have too. I was looking forward to this, but I didn’t know what to expect. It’s been great, Tom.

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