

RESPONSE TO GRAND JURY REPORT FORM

**Report Title: Marin General Hospital: Moving Beyond the Impasse
(Continued)**

Report Date: May 2, 2005

Response by: Sharon Jackson

FINDINGS

- I (we) agree with the findings numbered: FR - See Attachment
- I (we) disagree wholly or partially with the findings numbered: _____
(Attach a statement specifying any portions of the findings that are disputed;
include an explanation of the reasons therefor.)

RECOMMENDATIONS

- Recommendations numbered _____ have been implemented.
(Attach a summary describing the implemented actions.)
- Recommendations numbered _____ have not yet been implemented, but will be implemented in the future.
(Attach a timeframe for the implementation.)
- Recommendations numbered R3 require further analysis.
(Attach an explanation and the scope and parameters of an analysis or study,
and a timeframe for the matter to be prepared for discussion by the officer or
director of the agency or department being investigated or reviewed, including
the governing body of the public agency when applicable. This timeframe
shall not exceed six months from the date of publication of the grand jury
report.)
- Recommendations numbered _____ will not be implemented
because they are not warranted or are not reasonable.
(Attach an explanation.)

Date: 10/11/05 Signed: Sharon Jackson

Number of pages attached _____

**Response to Marin Grand Jury
Report Titled:
Marin General Hospital: Moving Beyond the Impasse (Continued)
May 2, 2005**

Comments regarding Finding F2 and Recommendation R3

Sharon J. Jackson, Trustee

October 26, 2005

Finding F2 and R3:

When the May 2, 2005 Report of the Grand Jury was released, I agreed with F2 and R3 seemed possible; it appeared that the District Board could work with an open mind and proceed to make a strategic plan. Now, however, the board is more firmly deadlocked than ever and committed to a course that could leave Marin County without a hospital in the District after 2008. Loss of the hospital would create a serious risk to health of the public in the District. In light of the series of natural disasters that have rocked this nation and the world over the past six weeks, it is vital that we take this situation seriously.

To recap, in January of 2005 the Board voted to engage consultants to conduct a study of a set of options available to MGH for meeting the pending seismic requirements. The Board entered into an agreement with Sutter Health to consider three options, as proposed by Sutter, along with options of interest to board members and the community. In exchange for including the Sutter options in the study, Sutter agreed to pay up to \$500,000 for the study. The Board engaged the Lewin Group as the master planner along with the architects already working for the District, financing consultant, and a public pollster. The consultants completed their work in June and the final report was submitted to the Board in July.

Near the end of the period of the study, Sutter Health/MGH sued the District seeking declaratory relief from responsibility for financing a retrofit of sections of MGH that do not meet pending (2008) requirements for seismic safety; the District filed a cross-complaint. Since that time the findings of the study have been largely ignored and the political wrangling among District Board members under pressure from the community activists has resumed and intensified. The findings of the consultants have been ignored by three of five board members; instead, the board is preoccupied by the Sutter suit. The present and future needs of the residents of the District are not part of the board considerations.

Summary and conclusion: When this report was issued Findings 2 and 5 seemed to accurately describe the state of the District; Recommendation 3 seemed possible and I agreed with both. However, it is clear now that the board is locked in an untenable position. Any effort to build a new hospital wing, to negotiate with Sutter, or to select the option that the Lewin Group recommended is impossible. The only position the Board can take, given the present circumstances, is to retrofit; yet is the worst of the options except just letting it close. It is now impossible for the Board to take action in the best interest of the public. It is likely that a bond issue for retrofitting will fail. The District will be unable to meet the 2008 (2013 if the District secures an extension of the deadline) seismic requirement and the hospital may close. So, I no longer agree with Finding 2 and believe that Recommendation 3 needs further study.