

**August 1, 2023**

The Martin County Board of Commissioners met in a Special Session to discuss Closed Session matters on Tuesday, August 1, 2023, at 6:02 p.m. in the Commissioners Boardroom of the Martin County Governmental Center, 305 East Main Street, Williamston, North Carolina.

## **ASSEMBLY**

Present in the Boardroom: Chairman Ronnie Smith, Vice Chairman Dempsey Bond, Jr., Commissioner Joe R. Ayers, Commissioner Emily Biggs, Commissioner David “Skip” Gurganus, County Manager U. James Bennett, Clerk to the Board Julia S. Rease, County Attorney Benjamin Eisner, Finance Officer Cindy Ange, and Sheriff Tim Manning (with Chief Deputy Drew Robinson).

Chairman Smith called the meeting to order at 6:02 p.m. Commissioner Biggs led the Pledge of Allegiance and Commissioner Gurganus provided the invocation.

Chairman Smith welcomed everyone in attendance and gave a speech regarding Martin General Hospital, the efforts and intentions of the Board, and the gave background about the history of the hospital. Chairman Smith talked about the options that were available and that the hospital would not be closed by the County.

## **AGENDA APPROVAL**

Commissioner Ayers stated the agenda usually had a public comment section; there were a lot of people who were attending Open Session, and asked that Public Comment was added to the agenda.

Commissioner Gurganus made a **Motion** to Approve the agenda with the Public Comments added to the agenda, with a **Second** from Commissioner Ayers. The Motion was **Carried** unanimously.

Chairman Smith stated that he spoke with the Clerk regarding statutes for public comments and it was only required to have one public comment section a month. Chairman Smith asked if a spokesperson could be chosen to speak on the behalf of the group attending for Martin General Hospital.

## **PUBLIC COMMENTS**

### *Martin General Hospital*

Dr. Dhruva Chawla – Dr. Chawla stated the community and patients depended on Martin General Hospital including a large number of employees (working 30-40 years) who were born there. Dr. Chawla spoke about the struggles of nearly having enough hospital beds during Covid – 19 and nearly testing the hospital system. In this struggle, Dr. Chawla reported realizing what difference the hospital could make as other hospital systems did not have any beds available. It was also a realization that the ill patients could maintain at Martin General Hospital for treatment. Dr. Chawla

explained that other hospital systems were asking for advice regarding methods of operation. Martin General Hospital began implementing premier medications and the staff was proven to be as capable as the staff of larger hospital systems. Dr. Chawla reported on the continued success of patient treatment after Covid began to decline. Dr. Chawla stated that 60 patients were accepted a day on average, wherein 40-60 patients were transferred out to other facilities. The patients were being transferred due to the hospital not having certain services such as the Intensive Care Unit (ICU). Majority of the patients being seen at Martin General were reportedly elderly and multiple CMS studies stated that the mortality rate would increase with the loss of certain services. Dr. Chawla explained if an elderly patient was having a heart attack, the next facility to treat them was 45 minutes away. The elderly patient in his example would have passed before arriving to that facility. Dr. Chawla stated it was the right of the people, especially the elderly population who worked their whole life to have quality healthcare. Lastly, the efforts of the staff were mentioned as many employees worked overtime to provide healthcare due to their own dedication and care for the community.

#### Dr. Meredith, Director of the Emergency Room

Dr. Meredith stated Emergency Services would be lost if the hospital was lost. Dr. Meredith stressed how difficult it was to recruit a well trained physician at this time. According to Dr. Meredith, there would be a strain on local and surrounding Emergency Medical Services (EMS) to transfer patients to other hospital systems. The strength of the hospital was reportedly the employees. In Dr. Meredith's 37 years of experience, there were no other hospital systems that had such dedicated employees. Dr. Meredith stated that the community could not afford to close the hospital.

#### Keith Manning Retired Fire Rescue – Roanoke Transport

Mr. Manning reported that the possible impact on Emergency Medical Services would be immaculate and there would be a strain on services. Mr. Manning talked about the extension of transportation to other facilities if the Emergency Room was closed. It was stated that the Emergency Room needed to remain open to provide patients initial treatment (stabilize the patients) before being transferred to another facility for full treatment. He was reportedly born in Martin General Hospital when it was located on Liberty Street and had lived in the community his whole life. Mr. Manning stated that people depended on Emergency Medical Services (EMS) and EMS depended on volunteers who had other jobs. Mr. Manning reported on the strain of response times if the Emergency Room was closed. Mr. Manning stated that a truck would have to transport a patient 45 minutes to the closest facility and another call team would have to cover the calls for the first truck that initially went out. Mr. Manning stated that the hospital was an important asset.

There were no further comments from the public.

Chairman Smith expressed appreciation for those who stepped forward to make a public comment. Chairman Smith stated that the Board had great concerns regarding the hospital and nobody on the Board wanted it to close based on many factors. Chairman Smith reported this issue could effect Economic Development, wherein companies would not want to come to Martin County people would not want to retire where they could not receive medical services within a certain mile radius. Chairman Smith stated the Board was not trying to close the hospital; the Board was trying to find ways to keep the hospital and medical services open, in which citizens were entitled to. It was

stated that the Board would do everything in their power to ensure this, but there were some constraints that they were facing. Chairman Smith thanked the audience for their comments, attendance and their thoughts that were also shared with the Board.

Commissioner Gurganus stated he had the opportunity to serve on the hospital board for 2 years. He had a knee replacement at Martin General and he had the opportunity to meet and thank people by making visits at the hospital. Commissioner Gurganus stated he understood the tension and stress that they worked under. It was reported that it was enough to be stressed and have to take care of the ill, but uncertainty made things worse. Commissioner Gurganus stated that he sincerely appreciated everyone that worked at Martin General. Commissioner Gurganus spoke about the uncertainty of the hospital and the special employees working regardless of the uncertainty to keep the services up. Lastly, Commissioner Gurganus asked the public to understand that the Board wanted to keep the hospital alive in some way, form, or fashion. There were reportedly a lot of smart people who knew about hospitals working with the Board to resolve the issue. Commissioner Gurganus thanked the staff and those attending the meeting.

Commissioner Ayers thanked the public for attending the meeting in support of the hospital and the staff. Commissioner Ayers stated that the support from the audience made him feel good and enlightened. Commissioner Ayers stated that the Board had continuously worked on this issue to find a resolution as soon as possible.

Commissioner Biggs stated that she agreed with the public comments, Martin County needed a hospital, and the Board would do everything to keep the hospital open.

Vice Chairman Bond Jr. stated that he wanted to do everything in his power to keep the hospital remain open, he wanted to hear every side, expressed appreciation for the supporter that attended the meeting to voice their opinion, and he was not at the meeting to close the hospital.

Chairman Smith announced that the Board was going into Closed Session and the public would be asked to return the meeting during Open Session.

**CLOSED SESSION(S) – 1. N.C.G.S § 143-318.11. (3) Client /Attorney Privilege 2. N.C.G.S § 143-318.11. (5) Contracts/Agreements**

At 6:27 p.m. Commissioner Biggs made the **Motion** to Enter Closed Session (s) 1. N.C.G.S § 143-318.11. (3) Client /Attorney Privilege and 2. N.C.G.S § 143-318.11. (5) Contracts/Agreements, with a **Second** by Commissioner Gurganus. Motion was **Carried** unanimously.

At 8:50 p.m., Commissioner Gurganus made the **Motion** to Exit Closed Session(s) 1. N.C.G.S § 143-318.11. (3) Client /Attorney Privilege and 2. N.C.G.S § 143-318.11. (5) Contracts/Agreements, with a **Second** by Commissioner Ayers. Motion was **Carried** unanimously.

**OPEN SESSION**

Chairman Smith stated that the Board of Commissioners discussed in closed session and there was

more information that was needed.

**BOARD REPORTS / COMMISSIONERS' COMMENTS**

**ADJOURNMENT**

At, 9:01 p.m. Vice Chairman Bond Jr. made a **Motion** to adjourn the meeting, with a **Second by** Commissioner Gurganus. Motion was Carried unanimously.

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Ronnie Smith, Chairman

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Julia S. Rease, Clerk to the Board