DOCTRINE, BROUGHT HOME

The Georgia Pilot

A national platform that cannot land in a specific place is just prose. This is what the Mainspring agenda looks like in one state, with that state's own numbers. Georgia is the natural pilot: it is where this project is grounded, and it is already the platform's proof state in both directions.

Georgia already runs through this platform. Automatic voter registration's biggest American success happened here, under Republican officials, taking the share of eligible Georgians registered from 78 to 98 percent. Sandy Springs proved that structure is a tool and not a creed when it insourced the government it had famously privatized. Metro Atlanta is the national capital of investor-owned rental housing, with institutional investors holding about a quarter of the single-family rentals. And Georgia ran one of the country's clearest policy experiments, which the first section below reports. The pilot translates the platform to state level. Each section ends with what Georgia can do without waiting for Washington.

1. Cover Georgia

Georgia declined to expand Medicaid and built its own alternative: Pathways to Coverage, a work-requirement program. The results are the best-documented case study in the country of the paperwork state. After 18 months, about 6,500 people were enrolled, roughly 75 percent below the state's own first-year projection, while the program had cost federal and state taxpayers more than $86.9 million, about three-quarters of it to consultants. The GAO found Georgia spent twice as much administering the program as it spent on actual care. Meanwhile about 240,000 Georgians sit in the coverage gap, earning too much for Medicaid and too little for subsidized insurance, nine rural hospitals have closed since 2010, and a 2024 national analysis put 18 of Georgia's rural hospitals at risk of closure.

What Georgia can do: expand Medicaid fully, which covers the gap population mostly on federal dollars and is the single strongest intervention available for rural hospital finances; retire Pathways on its own documented record; and stand up a rural hospital stabilization program judged by maternity wards and emergency rooms kept open.

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2. When the ban reaches into the exam room

Georgia has one of the worst maternal mortality records in the country, and the burden falls hardest on Black women, who die of pregnancy-related causes at roughly two to three times the rate of white women in the state. Into that existing crisis Georgia added a six-week abortion ban. The consequences are not hypothetical: the state's own maternal mortality review committee reviewed the deaths of two Georgia women, Amber Thurman and Candi Miller, and found Thurman's death, from sepsis after a 20-hour hospital delay in providing a routine procedure to clear her uterus, had a good chance of being preventable. Reported first by ProPublica in 2024, they were among the first U.S. deaths publicly tied to a post-Dobbs ban. Then Georgia did something this platform names as its own failure mode elsewhere: after the findings leaked, the state dismissed all 32 members of the committee that produced them. When the measurement embarrasses the policy, killing the measurement is not neutral. It is the food-security-survey move, run on maternal death.

The evidence here points in one direction, and this page follows evidence rather than balance. What the committee found is specific: that Thurman's death had a good chance of being prevented with timely care. The broader conclusion, that a ban layered on top of the nation's worst maternal outcomes costs lives, is this platform's inference from that record, not a formal finding the committee issued. We draw it plainly and label it as ours. That same standard is why the platform credits what genuinely works, from whoever does it: Georgia extended postpartum Medicaid coverage to a full year in 2022 under Governor Kemp, a real, bipartisan gain for maternal health worth building on rather than pretending away.

What Georgia can do: restore the clinical judgment the ban overrode, so doctors treat miscarriage and pregnancy complications by the standard of care rather than by fear of prosecution; protect the independence of the maternal mortality review committee by statute, so its findings cannot be dismissed for being inconvenient; build on the year-long postpartum coverage with full Medicaid expansion, the single biggest available lever on maternal death in the coverage-gap population; and fund maternal care in the rural counties where the wards have closed.

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3. Pay the people who do the caring

The care economy runs on direct care workers who earn a median of $17.36 an hour nationally, with median annual earnings just under $26,000, and Georgia's aging population needs more of them every year. The care agenda in this platform, wage floors, benefits, and a real career ladder, mostly runs through a lever every state holds: Medicaid reimbursement rates and the conditions attached to them.

What Georgia can do: set direct-care wage floors through Medicaid reimbursement with pass-through requirements, so added dollars reach workers rather than agencies; create a state direct-care workforce board; and track vacancy and turnover rates as public metrics.

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4. Resilience is a Georgia industry

Hurricane Helene did an estimated $6.46 billion in damage to Georgia's agriculture and forestry industries alone, more than three times Hurricane Michael's toll six years earlier. The storms are arriving faster than the recovery model was built for. This platform's resilience doctrine, the cheapest disaster is the one prevented, and local capacity is survival infrastructure, is a Georgia doctrine: the counties that held together after Helene were the ones with dense local networks, and the state's emergency management and public health systems are the backbone federal coordination is supposed to protect, not replace.

What Georgia can do: fund pre-disaster mitigation at the county level, where every dollar spent before the storm saves several after it; build resilience hubs on the community institutions that already exist, libraries, schools, churches, and co-ops; harden the rural grid and pair it with distributed solar and storage so recovery does not wait on one transmission line; and treat the state service corps as resilience workforce.

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5. The front door, Georgia edition

No state has a bigger stake in an immigration system that works. Georgia is the country's second-largest user of the H-2A agricultural visa program, with more than 43,000 seasonal positions certified in fiscal 2024 (certifications are seasonal slots, averaging around five months, not year-round jobs). Georgia farms lean heavily on that labor, especially in fruit, vegetable, and nursery work. Helene's recovery made the stakes plain: rebuilding farms, forests, and poultry houses takes workers. The platform's front-door doctrine, legal channels sized to reality, courts that decide cases in months rather than years, and enforcement aimed at the wage floor so no worker is exploitable, is not abstract here. It is the labor system of the state's largest industry.

What Georgia can do: enforce wage and safety law on employers, which protects Georgian and migrant workers alike and takes away the profit in exploitation; fund farmworker legal aid and streamline the state-side pieces of H-2A; and speak with one voice, as a state whose economy depends on it, for a federal front door that actually works.

6. Whoever raises the chicken should not be the only one taking the risk

Poultry is Georgia's single largest agricultural sector and the state leads the nation in it: Georgia raises more broiler chickens than any other state, a roughly $6.6 billion sector inside an industry with about a $28 billion statewide footprint. And it is the clearest local picture of the squeeze the platform's farming plank describes. Most Georgia growers do not own the birds they raise; they raise them under contract for one of a handful of integrators, financing the chicken houses themselves, on the order of $1 million or more in debt to build a standard four-house operation, while the company owns the birds, the feed, and the terms. Pay runs through a tournament: growers are ranked against their neighbors and the ones at the bottom are docked to bonus the ones at the top, on inputs the company controls and the grower cannot see. It is the anti-extraction argument made concrete, on Georgia soil, and it is not a partisan complaint: growers across the political map have asked for the same thing, a fair and transparent contract.

> **What Georgia can do:** pass a state producer-protection standard so growers get a firm base price, plain-language contracts, and the right to see how the tournament ranks them; protect the right to join a growers' association without retaliation; back the federal fair-poultry contracting rules rather than the delay; and route state farm support and credit toward independent and pasture-based operations so a young Georgian can farm without signing a lifetime of debt to a single buyer.

7. Georgia already built the diversion model

The platform's drug-policy plank is health-first: treat use as a health problem, divert people from jail into treatment, and measure the system on recovery rather than arrests. Georgia did not import that idea; it built one of the country's strongest versions of it. The state's accountability courts, expanded statewide in 2012 under Republican Governor Nathan Deal, route people with substance-use and mental-health needs into supervised treatment instead of prison. Graduates reoffend at around 40 percent, less than half the rate for comparable people sentenced the ordinary way, and an independent study put the annual savings to the state at about $38 million. Read that graduate figure with care: people who complete a program are a self-selected group, so the honest claim is promising, not proven, and the fairer test is how everyone who enters does, not only those who finish. Even read conservatively, it is the diversion half of the platform's drug plank, already tested and already bipartisan here.

> **What Georgia can do:** fund the accountability courts to meet demand instead of waitlisting people into jail, and pair them with real treatment capacity so the sentence has somewhere to send people; expand pre-arrest diversion on the model that cut rearrests elsewhere; and keep the medical-cannabis program honest and accessible while the national legalization debate, which most Georgians and most Americans now support, plays out in Congress.

The postscript is the point

Georgia is also where the platform's democracy argument was proven. Automatic voter registration was not a blue-state experiment; it was a Georgia reform, run by Republican officials, and it produced the largest registration surge in the country. Defending it, and the election infrastructure around it, is not a partisan ask. It is defending a Georgia success that the rest of the country now cites. That is the pilot's real argument: this platform does not descend on a state from outside. It was built, in large part, from what one state already proved.

Georgia figures are pinned in the Georgia section of the Evidence page: the Pathways record (KFF Health News; GAO), the coverage gap (GBPI), rural hospital risk (Chartis 2024), Helene damage (UGA/Georgia Department of Agriculture), H-2A reliance (USDA Economic Research Service), the poultry sector and contract-grower structure (USDA NASS; Farm Aid), the accountability-court results (Carl Vinson Institute; Georgia judicial data), and the maternal-mortality findings (ProPublica; state review committee).
