

**REPORT TO THE DEAN:  
TRIP TO TBILISI, REPUBLIC OF GEORGIA**

**August 14-21, 1992**

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May 14, 1999

Jeffrey Houpt M.D.  
Dean, Emory University School of Medicine

Dear Jeffrey:

The three of us appreciate greatly the opportunity to go to Tbilisi in order to make a recommendation about pursuing a partnership with a hospital and medical school there. The following report gives an account of our trip and findings.

We located a hospital, the Second City Hospital, which we think will be an almost perfect match. We recommend that we consider setting up a partnership with this hospital as well as with the Medical and Postgraduate Institutes of the Republic of Georgia.

This partnership would give us an opportunity to have a large impact upon the quality of medical care, education and research in the Republic of Georgia. Our investment will consist of providing consultants to go to Georgia to analyze and make recommendations, and to making available opportunities for health care workers from Georgia to come here for training and education. We feel there are a number of reasons why we might consider this partnership:

- This particular hospital is almost an ideal partner. First, the medical director is a strong and natural leader, with good organizational skills and strong motivation. Second, the construction of a new facility offers us a prime opportunity to transform a Republic of Georgia health care institution into a true model--not a transplanted American hospital and medical school, but an appropriate and sustainable enterprise. In this regard City Hospital Number 2 offers the best of both worlds: while the new building provides a blank slate for new beginnings, the established building offers a working institution from which we can draw the best. Third, the Hospital's ties to medical

education in the Republic provide a “multiplier,” giving the maximum effect to our efforts.

- This is a time of change in the health care systems of the former Soviet Union. New ideas about privatization and insurance fill the air and are being implemented without great thought; at the same time, a fiscal crunch is pushing the system to the crisis point. The timing of our partnerships means that we will be able to contribute meaningfully and shape the changes that are occurring in the Georgian health system.
- This is a time of instability throughout the former Soviet Union and the Republic of Georgia--see Section V for a report from yesterday in the *New York Times*. Two things are happening: first, the basic health needs of the people of Georgia are not being met. Second, the failure to meet these basic needs adds to the instability of the government. A partnership can enhance the quality of life of Georgia’s citizens, and in a small but important way help to stabilize the Republic.
- The physicians we encountered and whose charts we reviewed gave evidence of having very high clinical and diagnostic skills. Perhaps because of the lack of modern diagnostic equipment and tests, they are particularly skilled practitioners. It will be fun to work with them, and to introduce them to better technology, while at the same time being exposed to their clinical skills.
- Finally, this partnership can be an exercise in sharing and teaching-- areas in which Emory and Grady have long excelled. The partnership is precisely the kind of activity we are highly skilled at doing

We would not want to minimize the task. Major challenges for improving health care in Tbilisi include:

- 1) Reducing the number of available hospital beds
- 2) Reducing the size of each hospital’s professional and support staff

- 3) Reducing the size of the medical school classes (and perhaps the size of the medical school faculty)
- 4) Improving the quality of the facilities
- 5) Acquiring modern or relatively modern equipment
- 6) Obtaining necessary medical supplies
- 7) Developing a management structure to make and carry out appropriate decisions
- 8) Developing the technical support infrastructure to maintain equipment
- 9) Developing an economic structure to capture reimbursement for health care costs from the private sector of the Republic of Georgia, wherever this is possible

If you decide to explore this alliance further, we recommend two teams go to Georgia within the next two months. One team would consist of the senior leaders of both Emory and Grady, i.e., the individuals who will need to “buy into” making the institutional commitment. The second team would be a team of approximately ten people: a surgeon; an internist; a clinical laboratory specialist; a librarian; a nurse; an engineer; a senior hospital administrator, and perhaps others. This second team would be an evaluation and planning team who would analyze the Second City Hospital in great depth over a seven or so day period, and prepare a report indicating in detail how we can help the Hospital and Medical School.

Two of us (RF and KW) would like very much to be members of this second team, given our experience on this trip. One of us (SB) will be delighted to return to Tbilisi when the Minister decides to pursue further improvements in pediatrics, which he has indicated will occur.

Once again, we deeply appreciate the opportunity to have gone to the Republic of Georgia.

Sincerely,

Susie Buchter M.D.                  Roger Foster M.D.                  Ken Walker M.D.  
Department of Pediatrics      Department of Surgery      Department of Medicine

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# Part I

## Report of the Trip

## Report of the Trip

This is our report to Dean Houpt of the trip we made for the School to Tbilisi, Republic of Georgia, from August 14-21, 1992. The individuals who went were:

- a. From Emory: Susie Buchter M.D., Roger Foster M.D., Ken Walker M.D.
- b. From Grady: Don Snell, Gail Anderson M.D.
- c. From Morehouse: Nelson McGee M.D., Dewitt Alfred M.D.

The trip was under the auspices of the American International Health Alliance (AIHA), an organization put together by the American Hospital Association. The executive director is Jim Smith. AIHA has obtained a grant of approximately \$13.5 million from the State Department, through USAID, to put together partnerships between hospitals and medical schools in the U.S. and similar combinations in the former Soviet Union. AIHA hopes to organize about ten such partnerships by the end of September and a total of fifteen for the first eighteen months of the contract period. The goals and details of these partnerships, or alliances, are explained in detail in Section III of this report. To quote from this document:

“The first step in establishing this hospital partnership program is currently underway. Key United States hospital and medical school personnel are traveling to each of the new independent states of the former Soviet Union to visit leading medical institutions, and to meet with their counterparts to determine the interest and commitment of those institutions. They will also explore the possible nature of specific partnership programs. Based upon these visits, AIHA will work with interested hospitals in the development of partnership proposals. USAID and AIHA will evaluate these proposals and make funding decisions over the next several months.

“Upon approval, AIHA will set aside funds for specific partnerships, which will then be drawn down in the form of airline

tickets, etc., as the partners progress through their implementation plans. AIHA's program coordinators will work closely with each partnership to insure that any other applicable resources--such as donated equipment and supplies from US manufacturers--and educational materials are effectively brought to bear."

The University of Pennsylvania is exploring a partnership with the Kiev Medical Institute. The University of Kansas is working with the Bishkek Institute of Obstetrics. A number of private hospitals are also exploring partnerships.

Our trip to look into an alliance began with an overnight flight from the U.S. on Friday August 14th. After a few hours stopover in Moscow we flew to Tbilisi (see Section IV, Travelogue). On Monday August 17th we visited the medical school (The Medical Institute) in the morning. The Dean and department heads were present. We were told there are 32,000 physicians in Georgia; 80% are female. This is about 10% of the number in the state of Georgia in the U.S., with roughly comparable populations. Very few of the older physicians speak English, but about 30% of the younger ones are estimated to do so.

The medical school has 80 chairs, 5 faculties, 12 divisions and 6000 students. The cost per year is 48,000 rubles (U.S. \$320). For the sake of perspective, the Minister of Health makes \$20 per month; a young faculty cardiologist makes \$12 per month; policemen, etc. make closer to \$30. It is designed after the usual European model: the student enters after high school and spends six years in medical school. There are three large faculties, and the student chooses which one to enter for the six year course: Surgery/Ob-Gyn/Internal Medicine; Pediatrics; Social. Two and one-half years are basic sciences, and the rest clinical. There were 1100 graduates this year. Very few go to the U.S. after graduation: only four this last year. The number who are looking to the U.S. and who are taking the FMG exam is increasing.

For the first five years the medical student goes to school from 9 a.m. to 5 p.m. in one of the three faculties listed above. They have rigorous exams every six months during this time. Teaching is mainly by lectures, perhaps

with a few demonstrations. The sixth year they choose which department to work in, and start on the wards, although their actual patient care responsibilities are apparently almost nonexistent. At the end of the sixth year they graduate. They are then assigned to a location where they must practice for three years. They travel for a brief visit after graduation to see the location. Then they spend one year in Tbilisi in clinical preparation for practice in their assigned location. After practicing in their assigned location for three years they may come back to Tbilisi and specialize.

There is considerable interest in curriculum revision. From a very brief exposure we concluded the curriculum probably hasn't been changed significantly in 40 years. We got the impression the Minister and faculty are quite interested in a new approach, and would be receptive to a careful evaluation with suggestions for change.

In the afternoon we visited the Postgraduate Institute. It has responsibility for all postgraduate education (although the Medical Institute is apparently planning to start having some residencies). Hospitals throughout Tbilisi have departments from both institutes: e.g., two sections of cardiology, one from each institute. The Postgraduate Institute started with 150 students (residents) per year, and now has 3500. Apparently the Institute functions as a second medical school--e.g., when the Soviet Union collapsed, a number of Georgian students were studying outside Georgia, and had to immediately return since Moscow no longer paid their tuition and stipend. They were taken into the Postgraduate Institute. There were eleven such institutes in the former Soviet Union, of which this was one. It was founded in 1935, and oversees (as nearly as we could understand) specialty/subspecialty training, board certification and mandatory recertification every five years.

Tuesday August 18th was spent visiting various hospitals in an effort to decide which one might be appropriate to form an alliance with. We saw collectively and in small groups six to eight hospitals. They ranged from a huge Grady type city hospital of 1500 beds to a small 100 bed hospital that had been for the Communist elite. They were quite clean. Equipment was highly variable. The x-ray department of the 1500 bed hospital was rudimentary, but at the same time there was a new CT scanner that was six months old. The older hospitals were constructed fifty or more years ago. The operating rooms were reminiscent of U.S. hospitals in the forties and

fifties. Some of the ICUs had monitors. We each saw patients and evaluated charts. The charts were detailed and gave evidence of excellent clinical skills and judgement. The CEOs were all physicians. Most were in their forties.

The most impressive thing about the Tbilisi hospitals in general was the disastrous results of mindless Soviet central planning. The overriding central planning goal of the former Soviet Union in health care was to provide mediocrity in abundance. We calculated there were approximately ten times as many hospital beds in Tbilisi as were necessary. Most of the hospital beds are kept open. The wards are staffed by excessive numbers of physicians, nurses, etc. We also calculated that our state of Georgia has approximately one-tenth the number of physicians as the Republic of Georgia, with roughly similar populations. There is a great deal of subspecialization which is unrelated to the need to deal with a complex knowledge base or complex technology. For example, pediatric surgery is divided into: pediatric surgeons for infants up to thirty days; surgeons for thirty days to one year; and surgeons for one year and up. With probing we discovered that complex pediatric surgical cases were referred out of the Republic, or at least they were under the former system.

The first hospital, which all of us visited, was the Central Republican Hospital. This hospital is not a city hospital, but takes patients who are referred from all over the country. The main building is a 14 storey frame panel construction with 52,490 square meters of space. It has 1130 beds, 2436 total staff, 389 physicians, 750 nurses, eight speech therapists, 668 orderlies and 17 clinical units. The units:

|                   |          |                   |    |
|-------------------|----------|-------------------|----|
| Surgery           | 170 beds | Allergy           | 60 |
| Proctology        | 60       | Endocrinology     | 60 |
| Urology           | 90       | Nephrology        | 30 |
| Traumatology      | 50       | Radiologic (!)    | 30 |
| Neurosurgery      | 60       | ICU               | 20 |
| Thoracic surgery  | 60       | Artificial kidney | 10 |
| Ophthalmology     | 60       |                   |    |
| ENT               | 60       |                   |    |
| Neurology         | 130      |                   |    |
| Internal Medicine | 120      |                   |    |
| Cardiology        | 90       |                   |    |

Average daily census: 900 (60%). Admissions 15,500 per year. Length of stay was mentioned, and was quite high. The Administrator lamented his need for a hotel. Since patients come from all over the country, they have prolonged stays in the hospital undergoing diagnostic workups.

We then split into two groups. One group led by Dr. Buchter and Mr. Snell visited the Children's Republican Hospital. This hospital was recognized as the best pediatric hospital in the former Soviet Union, and with future collaboration could be made into a world-class center of excellence.

It is a 620 bed pediatric facility which spans age ranges of newborn to 15 years. There are 25 pediatric medical/surgical departments represented by the physician staff. Children's is a referral hospital for the Republic of Georgia, which is regionalized into several areas. The physicians participate in outreach education in the regions 3-4 times a year. Medical students and postgraduate students are learners in this setting. In 1990 there were 15,000 patient visits. Eleven thousand of the visits were admitted; the rest were discharged home. About 1,000 surgical procedures are done per year. A high level of care is provided with echocardiograms, EEG, karotyping, etc. The laboratory assessment is hampered by lack of reagents and equipment.

Ken Walker and Gail Anderson visited the hospital that we ended up choosing as the appropriate hospital with which to have a partnership, the **Second City Hospital** . This hospital has 312 beds in an old (thirties probably) and attractive building.

|                  |          |
|------------------|----------|
| General medicine | 120 beds |
| Cardiology       | 60       |
| Gastroenterology | 60       |
| General surgery  | 60       |
| ICU              | 12       |

Staff:

|            |     |
|------------|-----|
| Physicians | 80  |
| Nurses     | 160 |
| Technical  | 220 |

The annual budget is \$11 million rubles (\$73,300 U.S.), with an average cost per patient of 37-160 rubles per day (U.S. \$0.20-\$1.00), depending upon the diagnosis. The budget:

|                        |     |
|------------------------|-----|
| Salaries               | 30% |
| Sick/disability        | 6   |
| Utilities & supplies   | 15  |
| Food                   | 30  |
| Drugs                  | 16  |
| Clothing, sheets, etc. | 16  |
| Energy                 | 3   |

Average daily census 70-80%. The day we visited it was 162 (81%). The average length of stay is 14.5 days.

We were impressed by the hospital having a chief financial officer. We did not see one in any other hospital. She obviously had her hands on all the facts.

The hospital is associated with both the Medical and Postgraduate institutes. It has medical students and residents. The Chief of Medicine is Archil Kobaladze. He is the consultant to the Ministry of Health, and was instrumental in getting this project going. He is an internist and clinical pharmacologist who has spent time in the U.S. He was one of our hosts and was with us constantly. We were quite impressed by him: articulate, intelligent, desirous of improvement.

The Director and Chief Physician is Ilia Chkhivadze M.D. He is a general internist in his early forties, and has been CEO for three years. He told us the hospital personnel three years ago rebelled at having the government assign a CEO. They set up a committee, which nominated four people. He was elected, with everyone--janitors, orderlies, etc.--participating. He came across as a capable, flexible and innovative administrator who has all his people behind him.

A 200 bed addition is nearing completion (December-January). There will be only private and semiprivate rooms, each with a bathroom. We toured the structure. It will have all departments: operating room, radiology, etc. We

have the opportunity to influence the equipment and arrangement of all aspects of this new building.

The old building will in part be used as an outpatient clinic. At this moment there is no outpatient clinic. Tbilisi has segregated its hospitals and outpatient medicine ("polyclinics"). When an outpatient physician sees a patient who needs admitting, the patient is sent with a note giving the details of the case. And vice versa when the patient is discharged and sent back to outpatient physician. Dr. Chkhivadze is intent on combining both.

We saw other hospitals, but none of them came close to fitting so well the match between us and the Second City Hospital. This Hospital is quite similar to Grady: a city hospital; medical students and residents; a new construction project. The leaders impressed us with their capabilities. The new building will give us an opportunity to influence considerably the administrative organization as well as equipment.

Wednesday August 19th the entire group went to see the Second City Hospital, and unanimously decided to endorse its selection. We then visited several other hospitals that we had been scheduled to see earlier. Late in the afternoon we hammered out the details of a proposed partnership and did some sightseeing and shopping.

In the early evening there was a signing ceremony and an interview by Georgian television. Don Snell signed as the representative of Grady. The document he signed (which is attached) basically says we are all going to explore the possibility of a relationship. The document allows Jim Smith of AIHA to budget funds for further travel, evaluation and planning.

## Individuals We Met

~~Alma~~ **Jim Smith**, Executive Director, American International Health Alliance. A highly capable person who is the driving force behind the project. Worked in Carter administration. Knows everyone in the American Hospital Association.

Longtime friend of Bob Johnson. Went over with us on the plane, shepherded us solicitously.

Peter M. Yu, Director of Special Projects, National Association of Public Hospitals. Princeton College, Harvard Law School. Clerked for one year for a Judge Davis of the Appeals Court, and last year for John Paul Stevens of the Supreme Court.

Elizabeth (Betsy) R. Haskell, President, Economic Advisory Project, Washington, D.C. She is the advisor to the Republic of Georgia on economic projects. She had a political people-to-people project with the State Department. Archil Kobaladze came to ask her help in general, and she has become quite involved with Georgia. Was over there the entire time we were. Has become interested in the AIHA project as a consequence of her involvement with Georgia.

~~Frank~~ Megreladze, M.D., Minister of Health, Republic of Georgia. Mid-Has been Minister less than a year. Was a cardiologist teaching in the Institute of Postgraduate Studies before. He is the prime mover behind the project.

~~Archil~~ Kobaladze M.D., PhD. Chief of Medicine at Second City Hospital, member in the medical school, Advisor to the Ministry of Health. Internist, clinical pharmacologist. Spent time in U.S. (at NIH if we remember correctly).

Andrew Galante M.D. Deputy Minister of Health, Social Security Director. A highly capable politician.

~~Ilia~~ Chkhivadze M.D. Director of the Second City Hospital. General internist his early forties. We discovered he was Schevardnadze's son-in-law after we had chosen his hospital.

~~Chris~~ Christopher Jarmuz, Product Manager, DuPont. He went along with the DuPont is giving \$1 million of drugs to Georgia.

Akaki (Aka) Gvakharia M.D. Young cardiologist (30) who translated for us. Exceptionally bright and articulate. Makes \$12 a month. Two

years ago spent six months salary to buy Braunwald's book. Finally got a Macintosh computer a few months ago, has all his patients on it, with hemodynamic data, etc. Moonlights after 11 p.m. by designing fonts in the Georgian alphabet (one of 14 or so unique alphabets in the world) for printers and desktop publishers.

~~Andrew~~ Kacharava M.D. Young cardiologist who has done research in Tom Bertrand arranged for him to come over here and do research with Wayne Alexander. Will arrive in mid-September.

## II

# Memorandum of Understanding

This was signed by Don Snell for Grady Hospital. It basically says the possibility of an alliance will be explored in the coming months.

According to Jim Smith this thereby allows him to set aside a budget for the travel that will be involved.

**III**

**Program Description**

**by**

**AIHA**

Travelogue  
and  
Tips for Travelers

Part IV

## Travelogue and Tips for Travelers

We left Atlanta shortly after 1 p.m. **Friday August 14th** and had about a two hour layover at Kennedy Airport in New York before flying to Moscow. A later section of this report lists tips for travelers.

The flight to Moscow is eight and one-half hours. Moscow is eight hours ahead of the U.S. in time. Arrival was around 10 a.m. **Saturday August 15th** Moscow time. We were met at the international airport by a representative of one of the ministries, who had been retained by AIHA to see to our needs while in Moscow. We were taken by a hired bus to see Red Square, the Kremlin and other sights around the city. We saw Arbat Street, where hundreds of vendors displayed their wares: lacquered boxes, stacked dolls, etc.

At about 6 p.m. we went to one of the domestic airports (Vnukovo Airport) for an Aeroflot flight of about two and one-half hours to Tbilisi. The two flights we had to and from Tbilisi on Aeroflot were among the more redoubtable aspects of our trip. There are no computers listing the passengers: 300 people line up and negotiate with a clerk wielding sheets of paper as to whether or not they are listed on the passenger manifest. We finally got on. We were taken out to the plane, a three-engine jet that resembles a 737. There were 300 seats on the plane; there were about 310 people and a dog who got on. We could tell immediately soap and water were in short supply in Russia. Since we were "VIPs" we were put on last. This has an advantage: we only had to wait 45 minutes before take-off, in a cabin that approached 109° (not only does your shirt get wringing wet--so do your pants!). The downside: the only seats available then are the middle ones. Seat belts are never used by the Russians; after a 30 minute struggle one can usually be retrieved from beneath the seat. The seat in front invariably has a broken back, and pushes up against your face.

On the other hand, a 1100 mile journey only takes two and one-half hours, while the train--which goes directly through the zone of guerilla warfare in Georgia--takes a day or more.

We arrived at Tbilisi around 11 p.m., and were met by the Minister of Health and his entourage. We were put into two long black limousines, just like you saw Brezhnev and the like riding in on the news, and taken to the *dacha* reserved previously for visiting Communist leaders such as Gorbachev. This is a large airy building that is quite comfortable. Two people share a suite with two bedrooms (small short beds) and a large conference room; the furniture is elegant.

At midnight we sat down to a typical Georgian meal that lasted until about 3 a.m. We gather this is invariable when guests arrive.

**Sunday August 16th** we were taken sightseeing. Tbilisi is quite old, and has many buildings of great historical interest. At 2 p.m. we sat down to another typical Georgian feast. There were about 20 people at a table with something approaching 75 dishes, with others constantly delivered throughout the four hours. Lamb is a staple, and comes in many delicious forms. Eggplant is another favorite. There are many other meats and vegetables. Georgian wine flows like water. Each person has a stack of about five plates, and every ten minutes the top one is taken off and a fresh one added. By some magic the meal ends with only the large plate which, oddly, is used for dessert.

The Georgians have elevated toasting to a profession. There are about twenty toasts per hour. Each meal has an official toastmaster, the *tamadan*. This person gives toasts and assigns them--all visitors must be prepared, although usually you are given a few minutes warning. There are staple toasts that are given at every meal: to the American visitors; to the women; to the families and friends of people at the table, etc. Rams horns are used for special toasts, in which the toastmaster and someone else touch two horns filled to the brim with wine, and then drink them dry without stopping. On a notable occasion one of our party took part in this, with remarkable and not unexpected consequences that night and the next day.

**Monday through Wednesday** were spent visiting the hospitals as outlined previously in this report. Each day had a long meal with a lot of toasting. The people were friendly, warm, open and friendly.

**Thursday August 20th** we had an audience with Eduard Shevardnadze. He spoke to us about the political situation in Georgia, about his fondness and memories of Emory and his gratitude for the possibility of help.

In the afternoon we braced ourselves for the Aeroflot flight, which did not disappoint: heat, packed people, long waits. We spent the night in Moscow, shopped an hour or two on the morning of **Friday August 21st**, and then caught the Delta flight for New York and Atlanta.

## Tips for Travelers

Buy the book *The Georgia Republic* (Passport Books) at Oxford Book Store. Paperback. Outstanding and must reading.

Take toilet tissue for use in hotels, and small Kleenex packs to use when outside.

Small vial of liquid soap to use when outside hotel.

Take money in small bills. About \$50 in one dollar bills good for tips and the like. Rest in tens and twenties. Travelers checks cannot be redeemed in Tbilisi, so don't take them to use there. Credit cards are unknown. Thievery is minimal, but keep it in mind.

New York-Moscow is eight and one-half hours plane ride. Moscow and Tbilisi are eight hours ahead of us.

Electricity 220 volts. So take converter if needed.

Go to Travel Well Clinic at Crawford Long:

- 1) Get Cipro to take one pill every day. Keeps GIs away. (Three members of our team were incapacitated for two to three days with the GIs. One of them suggests the really well prepared physician might want to take several liters of Ringers lactate with infusion sets!)

2) They will give you a gamma globulin shot

3) Take items such as: reglan; compazine suppositories; immodium, ASA, codeine if you scrape something and have pain, etc.

~~6) Clothes:~~ sports coat, suit, casual clothes. All will be used. lot like Atlanta during each time of year. Wear very casual clothes on all flights; they will be drenched with sweat and wrinkled.

Gifts to buy: in Moscow lacquered boxes. A \$50 box on the Arbat costs \$200-300 here. Rugs in Tbilisi (but cannot take one over 50 years old out through Moscow; you can if you go out another place).

*New York Times*

8/25/92