

Tbilisi Trip Report

June, 1994

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Borjomi, Georgia June 1994

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Summary of Projects in the Republic of Georgia
June, 1994

A. Ministry of Health

1. Health Care Reform

Second workshop finished last week. Highly successful. See attached summary plus full description. Next one September in Georgia just after St. Petersburg conference. Theme will be Human Resources. I.e., tremendous oversupply of health care providers: what to do with them?

Academic Educational Development (AED): subcontract to AID for short term (usually) training. They are sponsoring MPH candidate from Georgia at Emory Public Health this next year. They will sponsor four Georgians to come to U.S. for short term training in health care financing in U.S. Areas they will help us train people in: health policy reform; health care management; insurance. for one to three months in U.S. Phyllis Greenfield is director in Tbilisi. In a short time they will have funded total of 12 people for training in U.S.

2. Journal

Three issues are ready to be printed and distributed; three more by end of August. I looked over two of them, and was impressed by the selection of articles: broad spectrum of medical areas; astutely chosen ranging from new concepts of pathophysiology to specifics of modern western therapy. Awaiting budget money from AIHA, which hopefully is about to be on the way.

3. Nursing Curricular Change

Ministry of Health so far unable to find a suitable nursing leader who has sufficient command of English. No choice but to await this.

4. Maternal and Child Health Project

Susie Buchter and Al Brann left her two weeks ago. They are now planning a proposal for a three year project to be submitted to WHO.

5. Leaders in Georgia Medicine

A new project I proposed this visit, that I now need to discuss with Jeff Houpt. I have told Georgians this is now a proposal only (see Concept is to pick around ten people a year who will come to Emory for one to three months. Ministry will pay for travel, I will find housing, etc. (already know of 4 certainties). First ones: Director of Neurological Institute (Roman Shakarashvili); Director of Psychiatric Institute (georgui Naneishvili); Professor of Public Health (Otar Gerzmava); Pediatrician; trauma surgeon. They will get

either deeply involved in their comparable department (neurology, etc.) or learn special skills (trauma surgeon). See Monday June 13 for details.

6. Preventive Cardiology

We have been talking to Virgil Brown about this program for over a year now, but haven't gotten off our butts about it. I think it is crucial. They all smoke, have hypertension, and fat-rich diet. It is time we hit at these problems as much as we are hitting at treatment of heart disease. I plan to push this extensively on my return.

7. Electronic library

We are exploring intensively how to get Georgia directly connected to Internet, which will give them access to library databases (and others) throughout the world. We are bring Gia Bochuchava (young computer professor) to U.S. in September to work at Emory Medical Library, Georgia Tech, hopefully National Library of Medicine and Vanderbilt. He will return able to help our partnership with the medical databases. Mrs. Irina Chanturishvili, Levan's mother, is coming in June to learn both about medical data bases and data bases in main Woodruff Library, as well as learn about modern western library methods (she is head of foreign language of Tbilisi State University; 3 million book library). I met with the Director of latter library, found him to be without any vision. On my next visit I will meet with the Minister of Education and start the concept of the electronic library up top. Meanwhile Carol Burns is about ready to send over computer with CD ROM of Medline, which is a good beginning. John Crow, psychoanalyst from Cornell and New York Psychoanalytic Institute, is arriving in a few days to further look into Internet. He wants to make available to Georgian psychiatrists the electronic data base of the Brill Library. He spent a day with me in Atlanta, and we visited my friend Vladimir Slamecka of Ga. Tech., who is the world's authority on setting up Internet in developing countries. Vlad says cost is trivial: about \$50,000. Large implications for every segment of the economy.

8. House staff

Four are starting in transitional program July 1. All made in high 80's or 90 on USMLE. We are putting advertisements in papers over here now for applicants for next year. They will apply to our partnership office and be interviewed by Archil and Sherry. Then I will see them when I come here in December. They will all be in NRMP program. We will plan on taking perhaps four more--this to be determined in part by how current ones do.

9. Health Care Managers

This is a huge need over here, and one that we are barely scratching

the surface with about a dozen of them coming to U.S. for short term training. We need to come up with a plan for more, and perhaps for a longer period of time. All of us need to think carefully about this.

10. NASA Project

Archil and the minister met with NASA when they were over in U.S. a few months ago. NASA has a disaster detection (biological such as epidemics as well as earthquakes) capability through its satellites, which can map down to millimeters--migration of vectors, etc. Georgia has supplied NASA with the maps they requested, and this project is about to start. A second area of interest to NASA is telemedicine (just like everyone else in U.S.). They are working with Multimedia Medical Systems (MMMS) of University of Virginia and Va. Neurol. Institute. My review of their data indicates this is very much in two-cell embryo stage at the moment.

B. Medical School

1. Medical Students

The four who came in Jan. 1994 will leave in July. They spent two months on medicine clerkship, then two months on area of their choosing (pediatrics, surgery, neurology and medicine). This month we are sending them to the Kaplan course so they can take USMLE I and II in the fall, and be able to apply for U.S. residencies (especially ours) for July 1995. They turned out quite well.

Tbilisi Medical Institute, Archil and Sherry have just chosen eight candidates for the four slots to begin in August. I will see them this visit, and take their credentials back to Jack Shulman for us to choose the final four.

This program is turning out to be a resounding success. As Archil said to me, "I knew these students before they went, and they are different now!" (He saw them on his visit.)

2. Faculty Course Directors

The Internal Medicine and Pathology course directors will come to Emory the beginning of August. They will: see how we teach these courses; study our curriculum so they can help with curriculum revision here; study an area of individual interest (neuropathology and pulmonary); explore collaborative projects with our faculty. Either in six months or one year (Jack Shulman to decide) we will take two more, and do this year after year.

3. Curriculum Development

The visiting faculty members will get involved in this, as well as the Georgian Medical Leaders program. This will be a slow but very

worthwhile process. I learned on this visit that the Ministry of Education is involved in a massive educational reform of the entire country, just like health care. I met the Deputy Minister responsible for this, but did not get an opportunity to spend any time with him.

4. Medical Library

This program has so far had many difficulties. Librarians visited U.S. last year, and Morehouse librarians visited Georgia in Feb. Problems with administrative support for them here, purloining by their superiors of the computers given them for the program, etc. This is something we will have to work patiently on while electronic library is set up. Also, faculty members who come to visit us will come back and demand a better library, which will give them needed support.

C. City Hospital #2

1. New Building

See diary following for day of June 14, where I basically said they either got off the pot or else. The Minister reported to Shevardnadze and the Council of Ministers, but so far I have not heard the results. The contractor has said \$1.866 million needed to complete it.

2. Cardiology

We now have trained one cardiologist in ECHO and arrhythmias at Crawford Long for two months; equipment will be on first shipment. Two cardiologists went to Murmansk for one week training in ACLS. Sherry Carlin has done inservice education for two nurses in the hospital. We plan for another cardiologist to come to CWL for two months to focus on the CCU.

3. Radiology

Three radiologists and one engineer (soon to be two) are now training in the one place in Georgia that has a modern CT scanner. They will come to Atlanta and a GE site (Paris or U.S. for engineers) for further training in new future. Will train in head and body CT, and abdominal ultrasound. A CT scanner, C arm machine and portable x-ray machine are ready to be shipped in fall. GE's Moscow representative is to come to Tbilisi and inspect site in new building.

4. Gastrointestinal

A surgeon-endoscopist and nurse have trained in abdominal laparoscopy in Murmansk for five days. Two surgeons are now in St. Petersburg for two weeks for same. One is coming to Atlanta Aug/Sept for training in laparoscopy, and another for training in abdominal ultrasound (see under radiology).

5. Nursing

U.S. nurses from Grady and Georgia State have come to Tbilisi. Three have gone to Murmansk for training in administration, cardiology and laparoscopy. They are intensively studying English now for a visit to Atlanta later this month. Three nurses: administration (chief nurse); cardiology; and operating room.

6. Administration

The head doctor has gone to Murmansk for administrative training of a week, and the chief financial officer to Almaty for two weeks. Now they are working on a reorganization plan for the outpatient, emergency and admission departments. They have been given a deadline by the minister for this.

7. Clinical Laboratory

David Vroon has come to Tbilisi, and people from Tbilisi have gone to Grady. A new laboratory was being renovated, but this has inexplicably stopped. We are looking into what has happened (probably lack of money, but there are some political problems between the hospital laboratory and the medical laboratory people; they share the same laboratory facilities).

8. Cataract Surgery

New proposal. A talented ophthalmologist would like to come to us and learn technique of phakoemulsification of cataracts. We do this extensively in U.S., but not done to any extent in Russia and Europe. Short course of training; equipment cost about \$50,000. They will buy ticket, and I think we can provide training and equipment. I will go into this with the ophthalmologists at Emory. This would be a boon for the hospital: they would offer a much needed operation with a new technique not available anywhere else.

9. Computerization

At an appropriate time in future we will think about getting a new Digital Alpha computer for the hospital. I think this is doable. About \$30,000 for hardware. I will explore this with DEC people.

D. General

1. Car and Driver

This is very much needed. Use Archil's private car now; driver provided by partnership. We need to explore renting a car from the Ministry, or whether we can come up with funds in Atlanta to buy a used one (\$3000 or so). Also need to get fuel in AIHA budget if possible.

2. Visits by Paul Klever and K. Walker

I plan on coming for about two weeks in May-June and December (last

two weeks) each year. Will discuss with Paul setting up program of him coming every six months in between, so one of us comes for two weeks every three months. We badly need to regularize this.

3. Salary for Sherry Carlin

She has done a literally outstanding job over here. She is deeply involved in all the humanitarian projects, with the ministry of health and health care reform (see conference report at end), with AID, with the Embassy here, with public health, with maternal and child project, etc., etc. Everything in this report and more. Her pitiful salary now is composed of bits and pieces from AIHA, Emory Public Health, and the medical school. This was reasonable the first year she was here--an internship as it were. But for this coming year (starting in July) we need to pay her a reasonable salary. This is something Paul and I need to work on very hard, else we will lose her in a few months. If this happens we might as well kiss all these projects goodbye!

4. The office needs to become a legal body, to save taxes, and make a number of items easier. Archil is to work on this.

5. If the WHO Maternal and Child Health project comes through it needs to be under the partnership office. We all agree on this.

6. A regular schedule of payments for office needs to be established and maintained without fail. Sending money through Moscow through an AIHA account is not feasible--a significant % comes off the top.

7. Medical texts: there is a critical need for standard medical texts to be translated into Georgian for wide dissemination. I will work on this. The texts should include: general medicine (e.g., Cecil); pediatrics; OB-GYN; psychiatry; drugs; surgery; neurology; oncology. Archil and the rector assure me this can be done fairly easily. The books will not be bound etc as well as ours, but will be quite serviceable.

8. Poti: we need to add Poti one way (partnership) or the other (sister city). I will contact Bob Copeland in LaGrange. The City Hospital there will be the focus. Summary: contains 250 beds. Surgery: 60 beds including 30 beds for general surgery, 10 beds for ENT, 10 beds for urology. It has an emergency operating room, an elective operative room, and isolated purulent operating room. It has an endoscopic room with a soviet endoscope of poor quality. It has a trauma dept of 60 beds, which includes 10 ophthalmology beds. Dept. of medicine: 84 beds. Neurology 20 beds. Infectious diseases: 20 beds. Resuscitation dept. 6 beds. It has clinical and biochemical laboratories and x-ray. Centralized heat, water and electricity; own diesel generator; boiler room; mini-power station; laundry.

To Do on My Return to Atlanta

1. Continue writing paper describing project.
2. Present new proposal "Leaders in Georgian Medicine" to Dean Houpt.
3. Figure out how to find housing for one to three month period on Emory campus:
 - Is there a visiting scholar residence?
 - Distribute information to Emory Clinic people & Dept. of Medicine
4. Explore sources of money for computer professor. Will need just enough for food (I have housing) for three months. Talk to Emory Library and Ga. Tech about him. Begin to think about Don Lindberg at NLM and Bill Stead at Vanderbilt. Discuss with Steve Brown.
5. Ask Dean Houpt about support to do cardiological evaluation on Mayor of Poti at CWL.
6. Paul to ask Jim Smith where Poti partnership project stands.
7. Send information about partnership to Bob Copeland in LaGrange, and talk to him about participation of LaGrange. Both of us meet Mayor when he comes.
8. Go over Emory budget for project for this year and discuss next year with Jack Shulman, Judy and Mike Aycock.
9. Make sure we have rigid schedule about when to deliver money to our people in Tbilisi, and they agree to it and know it.
10. Discuss Maternal and Child Project at length with Al Brann & Susie Buchter
11. Discuss urologist Giorgi (Monday June 13) with Sam Graham.
12. Talk to Geoffrey Broocker and Tom Aaberg about ophthalmologist (Jun 14)
13. Go over with Paul plans for Georgian visits this summer (e.g., endoscopist and make sure we are ready.
14. Make sure plans in place for Mrs. Vasadze in library, and for Zangaladze in Neurology Dept.
15. Work on Virgil Brown coming to Georgia with preventive cardiology.
16. Talk to John Rock and Lisa Hasty about Giorgio Gotsadze & fertility.

Saturday, June 6, 1994

Levan Vasadze (a Georgian MBA student at Emory who stays with me in the U.S.) and I arrived in Tbilisi at 11 p.m. after the usual uneventful but exhausting flight from Atlanta via Frankfurt. Nineteen hours since we left Atlanta. I went to Metechi Palace Hotel and unpacked so I could get all the packages and letters I had brought out. Levan had told only one friend he was coming, who met him.

Sunday, June 7

I got up at 7:30 and took my first bath in two days--badly needed. Levan came at 8:30 and did the same thing. He had spent the night visiting one friend after another. Each one had first had a hysterical fit at seeing Levan, then had fiercely attacked Levan's friend who met him for not letting them know in advance.

At 11 a.m. we went to the Ministry of Health. Avto, the minister, welcomed us. Our first order of business was to go to a retreat in the mountains where a strategic health care conference had been planned. The conference was put together by the Ministry of Health, Sherry Carlin who is our partnership's person in Tbilisi, and Archil Kobaladze, who is a prime mover in our partnership, and is its Georgia coordinator. The conference is planned to last from Monday through Friday, but I had been told already the Minister of Health wanted me to go with on a four day tour of the health facilities in Western Georgia. After the meeting we got on a bus for a three hour ride west of Tbilisi to Borjomi. A large peaceful resort in the mountains. Used as retreat and resort by Tsars and later communists. Huge amount of land. Whitewater running through the resort lends a continual mesmerizing peaceful sound. Hardwoods, shrubbery, lot of grass, many little tables under inviting trees. Used now both as a retreat for the Ministry of Health (which owns all sanatoria) and as a sanitorium for GI problems. Apparently doing the latter for many years.

Those of us from outside the country were put up in the Tsar's palace, built at the end of the last century. Ornate, huge rooms, high ceilings, expensive wood paneling, heavy gold brocade. Stalin stayed here when he visited Georgia. Shown his room, desk, peg where he always hung his hat. He slept in

my bedroom, which had an adjoining huge room with a beautiful table. The outsiders in addition to myself who were participating in the conference:

Howard Barnum, senior health economist from World Bank. We are all very hopeful World Bank will fund significant health care in Georgia, and were heartened by the visit of someone as high up as Howard. PhD from Berkeley, taught at Dartmouth and Univ. of Michigan, with World Bank some years. Very bright, very articulate, very positive about Georgia. Has written a well known book on hospitals in developing countries (*Public Hospitals in Developing Countries*).

Louis Ederington, a macroeconomist from the University of Oklahoma spending a year working for Georgia. Bright, highly informed about Georgia's economy, many insights into it. He said the adjustment to a market economy was quite difficult for the small republics of the former Soviet Union who had no energy resources, such as oil. One big problem is trade relationships with other republics and countries. What happened initially after the break-up was that the central banks would transfer "money" to the central bank in Russia, although the cash to back up the transfer was nonexistent. This was a great advantage to the small republics but hard on Russia, which eventually refused to accept anything in transfer but the cold hard cash. The republics then had to go off the ruble, and print their own money, which is not acceptable to other republics, etc., as payment. So the little republics cannot buy anything. Another problem is inflation: it has been running at 10,000% in Georgia, but is diminishing. Collection of taxes is another big problem. The procedures are not in place to do so. At the money what taxes that are collected cover 25% of the budget, and printed Georgian money the other 75%. The good news is that the political situation is stable at last. I can see a vast difference between last June when I was here, and the Abkhazian war was at its height, and now. Even a difference from when I was here in February.

Robert Stevenson, member of a retired executives group that helps developing countries. Former executive of Upjohn. Gregarious

avuncular person who is a lot of fun to be with.

Jim Setzer, 40, Emory School of Public Health. Spent several years in Africa, expert in health care in developing countries.

We had dinner in the cafeteria at the ungodly hour of five, then spent the next three hours of daylight wandering around the grounds. Peaceful, tranquil, serene.

Monday, June 6

Terrible jet lag yesterday, but slept like a baby. Room temperature high 40's I judged. Got up at 8 to find no hot water, even though it had been promised. Said the heck with bathing and shaving, went to breakfast. Then talked to our housekeeper at the palace about cold water, and I wanted to call Levan in Tbilisi to arrange weekend plans. Got sent to the Director's sumptuous office. Florid mustachioed portly physician who had been director for 30 years. Horseman. Had a good talk with him. He shouted into the phone several times, then assured me there would be hot water. I went back to the room and there was. But of course the bathtub etc was from early 1900, so required a great deal of technical facility to bath.

Then the conference began in the conference room of the palace. Thirty-five or so people. Majority were members of the "Hilary Committee" on health care reform, that had been working three years; Sherry Carlin has been working closely with them a year. The Minister did Emory and me the honor of introducing me first, and making a lot of kind comments about Emory and me. Then the others as listed above. Sherry Carlin, our person in Tbilisi, started the conference with an excellent overview of the problems. She made up the agenda, which I have attached.

I gave my comments. Started out by saying how much Emory University School of Medicine appreciated being able to participate. Said that last night when I went to bed I imagined I was Josef Stalin (who was a Georgian who grew up in Gori, a small village a few miles from here; I have visited his birthplace there; Gori is appropriately named), the most powerful man in the Soviet Union, lord and master of all I surveyed. Then I awakened and found there was only ice cold water, and I faced the cold hard reality of the world

and realized I was really the Minister of Health of Georgia! I said we admired the professionalism and spirit of the people of Georgia. I said they had an enviable opportunity with health reform, as compared with the U.S. We in the U.S., I said, have a well-developed but faulty system; reforming it is meeting with incredible obstacles in the form of entrenched interests. Reform will be like making sausage--an ugly sight (I borrowed this from Ross Perot). Georgia, on the other hand, is like Michelangelo sitting down at a blank canvas: they can paint however they choose. They do not have problems-- they have opportunity. The Georgians all enjoyed this, all of them who spoke later referred to it to say how much they disagreed with "my interesting way of looking at their problems."

Then the main presentation was given by the economist of the Ministry of Health, a very impressive man, Mr. Jinjolava. Summary of his speech. Georgia has two burdens in health care:

- Several centuries of Georgian medicine with excellent traditions
- Current system of former Soviet Union

Some statistics (see attached agenda for many of them):

- 5,000,000 population
- 37,000 physicians; 74/10,000 pop.
- 55,000 hospital beds; 108 beds/1000 pop
- 1357 outpatient facilities of which 724 are in rural areas
- Everything 50% empty
- Most medical personnel now have no work
- Now maintaining system and not personnel
- Need to destroy current system and build new one
- Financing now 75 cents per capita

Some premises and plans:

- Medical market cannot be completely free, but must have some regulation
- Health care very much in economic sector, but not thought to be under
- Soviets
- Too many resources (people & facilities) for population

- Incentives in current system not appropriate
- Current system doesn't fit into country's strategic economic development
 - plan of a market place economy
- Health care laws must be totally changed (most of them now written)
- Three main targets of new plans:
 - To provide population with a plan that can be accomplished
 - Save the valued parts of Georgian medical tradition
 - To have a model that fits in with the rest of economic plans
- A lot of thought and planning needs to be given as to how much and where the State will regulate the new system. Must be very careful here.
- Tasks of the Ministry of Health
 - Articulate and outline basic problems
 - Determine the responsibilities of State in medical care
 - Distribute grant support
 - Implement health care policies, such as licensing
 - Plan and implement medical care laws
 - Defend human rights
- Some characteristics of Soviet system:
 - Quantities decided centrally
 - Continuous refunding, even when facilities empty
 - Needs of institutions paramount, not individual
 - Strict regulation
 - Get same salary whether work or not work
- Under new plan work will be rewarded proportionately
- There will be a minimum guaranteed health care package for entire population:
 - Urgent care
 - Social diseases: TB, venereal, other infections
 - Mother and child care
- This will start out at what country can afford, and be broadened in future
- Three levels of medical care programs:
 - National ("Republican")
 - Community (municipal)
 - Regional
- National will be composed of minimum package; local officials can add

to.

- National also will take care of sanitary and epidemiological surveys, disasters and outbreaks, medical education & some research.
- State will either finance programs or see to their financing.

This talk was quite well received, notably by the World Bank man. He clearly has had a vast experience in countries such as Georgia undertaking health care reform, and he was highly complimentary about the specifics. We all hope this augers well for the outlook for help from them.

The talk above was broken up by lunch, and it was followed by two hours of comments, questioning, and statements of support by all the Georgians at the table--e.g., the Director of the Neurology Institute. We had our usual dinner in the cafeteria. A word about it. Very plain and simple fare. Totally different (thankfully) from the usual full scale meals I have at various places as the guest. Begins with a salad of tomatoes, cucumbers, a small big of lettuce; cheese and bread; borscht that is excellent; a dish with a small amount of meat and something like mashed potatoes; honey for dessert that bread can be dipped into. After dinner a group of five people got together and wrote out a summary of what had been done during the day. They are attached.

Tuesday June 7

This morning the Minister, Archil and I went to Western Georgia in the Minister's car. This is where Abkhazia is, and where all the fighting has been. Borjomi is three hours west of Tbilisi (about 150 miles). We headed initially for Zugdidi which is about four hours (200-250 miles) east of Borjomi. The countryside was beautiful. We began in the mountainous region around Borjomi. Valleys between the mountains with rivers and homes clustered around them. A lot of farming, mostly small plots. Corn, grapes. We then came to a pass with an underground tunnel several miles long. This brought us officially into Western Georgia, which began to develop a flatter and increasingly tropical appearance. (We ended up at Poti, their port on the Black Sea.)

About three-fourths of the road was potholes, the rest actually excellent two lane highway. I was told two years ago all the roads were like the latter.

We went at breakneck speed--60 to 70 miles an hour. We raced from one pothole to another. The driver was highly expert at detecting potholes a mile away and deciding whether he could avoid them at a high rate of speed, or slow down for them. There were no seatbelts in the car, and I devoted some time to thinking about matters such as closed head injuries and the like. We had two problems with the car. First the fan belt broke. Then the seals around the transmission ruptured. On both occasions the driver pulled out a formidable set of tools and repaired the car on the spot. It is a relatively new Russian sedan, and I developed quite a lot of respect for its hardiness as the week and the roads rolled by.

We arrived at Zugdidi (25,000 or so) about 2 p.m. It is 15 miles from the Abkhazian border, and bore the brunt of the fighting in the area that still belongs to Georgia. The minister of health had said we were going there to see the Prime Minister, who was in the midst of a reelection campaign for his post in the legislature (this being separate from his office as Prime Minister). The minister had not said any more than this, but I had been told earlier that the Prime Minister (Otar Patsatsia) had taken over personally the construction of the new hospital we are helping with over here--so clearly it was important for us to relate well to him. We went first to his election headquarters, to be told he was down the street. We went a few blocks to a theater-like structure (small town one, that is--like Washington, Ga., US, theater when I was a kid growing up). On the way in I casually asked Archil Kobaladze if the minister of health had any particular points he wished for me to make to the prime minister. Archil replied over his shoulder that the minister had said perhaps I might say something about the possibility of our partnership eventually helping Zugdidi. We then went into the building. Heavy curtains, dark, packed to the gills with over 200 people, all listening with great intentness to the prime minister, who was delivering an impassioned old-fashioned political speech, as near as I could tell from the tones and posturing, since of course I could not understand the language.

I anticipated we would wait in the back until the rally was over. To my horror we were lead down to be on the podium. At that point it occurred to me I might be expected to say something, so I hurriedly and desperately began thinking of what to say, and jotting something down. Sure enough, after the prime minister was through, the minister of health got up, and Archil translated for me what was an introduction of the "distinguished professor

from Emory University in Atlanta.” Here is what I said:

This is the first time I have been in Zugdidi. It is a privilege to be here with the minister of health and the prime minister. The beauty of your city and countryside reminds me of my home in Georgia in the United States. It is an honor to participate in a meeting with the prime minister. I have heard he is a man of legendary political skills (what I had actually heard was from the American economist, Ederington at Borjomi, that the prime minister could talk an hour and say nothing; I transmuted this into my statement, not without some justification, I thought). Politicians in the U.S. would do well to sit at his feet and learn from him. Most importantly, I understand he always takes care of the people in his district. I am visiting the Republic of Georgia from Emory University School of Medicine in Atlanta, Ga., in order to work with the prime minister and minister of health to improve the health of the people of Georgia. Emory has had a close relationship with the Republic of Georgia for many years. We now have nine physicians from the Republic studying with us and plan to have many more. These physicians will come back to help the people of Georgia. We are particularly interested in working with hospitals. In Tbilisi we have been working with City Hospital #2, working to make it a modern hospital that can give the people of Georgia the best in health care when they are ill. I understand there is a fine hospital in Zugdidi. Our hope is that we can work with the prime minister to work with your hospital, and set up a partnership with the health care workers in this area. We admire the professionalism and spirit of the people of Georgia, and in particular the people of Zugdidi and their prime minister. We consider it a privilege to work with him to help you.

I considered this a passable effort for five minutes notice. The audience was kind enough to give me an ovation, and the prime minister his thanks. The minister of health told me later Shevardnadze was told about my speech in detail, and was highly entertained and appreciative (Western Georgia is where the Abkhazian war has occurred and the people are full of despair and unrest, and Shevardnadze needs the prime minister to keep the them in the fold).

We then visited two hospitals. The first one was owned by a local industry. I saw about ten physicians and twenty nurses. There were 115 beds, 100 of which were occupied by refugees. There were a few trauma victims. Their chief trauma surgeon was hospitalized at the next hospital I saw, the municipal hospital, due to a motor vehicle accident three days earlier. This municipal hospital had a huge number of amputees and no refugees. They told me they used to have 2-3 amputees a year; now there had been hundreds. The hospital was only a few miles from the border. There were bullet holes everywhere, and I was told the hospital had been terrorized repeatedly. The minister of health and I visited most of the patients. I saw an old man whose leg clearly had osteomyelitis, and who had been there two months. He told me he and his son had been going back to their house to get some belongings when a mine went off under them, killing the son and injuring the old man. The old man buried his son, then crawled to the hospital. When I asked, the surgeon said he was getting vancomycin. We then went to the abdominal trauma area, where we only saw a few mostly elective cases.

We then went into a room, and unexpectedly (for me) saw the surgeon from the other hospital. He was delirious; his son and other family members were crying. There were two physicians in the room with him. He was obviously in shock: pale, cyanotic, cold extremities. There three days. I saw his chest x-ray which showed fairly extensive what I took to be pulmonary contusions of the left lung and a hemopneumothorax with subcutaneous emphysema. Archil Kobaladze, our partnership coordinator over here and an internist, asked me what I thought. I murmured the man was obviously critically ill and badly needed looking after. We then retired to a conference room. I wasn't certain how to behave--was I a visitor only, or should I do more? I finally asked a few questions: what was his urine output (not measured); what about his hematocrit, BUN, creatinine (not done since admission); urinalysis (bloody); abdominal films (not done). Archil told me the physicians said "he is someone who is always complaining, and that is what is wrong with him now." At this point I decided to be aggressive, and told the minister the man in effect needed a doctor, and if he wanted him to survive he needed to get him one "instantly." The minister ordered up a helicopter and he was taken to Tbilisi, where I was told later he was fine. This was a sobering experience for me. I had been quite impressed with their handling the orthopedic injuries, and accepted their statements about abdominal trauma. But the surgeon was clearly being handled totally inappropriately. To give them their due, the

surgeon was complicated, undoubtedly had closed abdominal injuries, etc. But on the other hand they showed to me no appreciation of what was happening to him, and had not done the things that should be expected.

We then went to the home of one of the local cardiologists. An impressive home. Large. Capacious library with many books in several languages. The cardiologist, who spoke excellent English, and his wife were stout (as we say), and the table bespoke of their culinary achievements. A huge "Georgian table." There must have been thirty dishes. Vodka (ice cold, with pepper); wine; champagne; papaya juice; lemonade. We began the requisite round of toasts. Then the prime minister appeared. He instantly dominated the room. A man with a golden tongue. He spoke excellent English, which surprised me greatly as he is in his late sixties. Told me he had majored in it in high school. I decided for a Georgian of 55 years ago to major in English meant he planned to go into the KGB or foreign service. He gave several flowery speeches about various things. He reminded me very much of Everett Dirksen: florid, jowly, old time politician. I was much taken with his people handling skills. He will clearly continue to be elected while his generation votes, then the younger ones will kick him out. He has taken personal charge of completing the building of the new hospital at City Hospital #2, so I understood why the minister of health wanted me to do well with him.

We then went to the home of the mayor of Zugdidi, accompanied as usual by guards with machine guns. Another Georgian table. About 7 p.m. now. This man is involved in pharmaceuticals in some fashion.

We then went to Kobe, a town of about 30,000 or so some 20 miles down the road. Went to the home of the mayor of Kobe. Forty. Owned a 400 acre farm with his brother, 66% of it in soybeans, rest in corn. Trained as an engineer. Good English. Smart and capable. His home, which was impressive too, had bullet holes all in it. Father killed by "bandits" a year earlier, brother killed a few months ago in the Abkhazian war leaving a thirteen year old girl who was being looked after by the mayor. Sat down to our third Georgian table since 4 p.m., it now being about 10 p.m. As usual, vodka, wine, champagne, toasts, etc. As one might imagine, I was now well into about my 20th toast--hadn't been able to keep up that well with the alcohol consumption! One of the guests was a 30 year old judge--youngest in Georgia. Bright, articulate. Told me the law in Georgia was strictly objective, and did not depend at all on the

subjective opinions of the judges, as it tended to do in the U.S. Then went to bed. Archil and I had to sleep together, and it was hot--no wind, windows closed, no water in bathroom. Fortunately we both had had enough alcohol that we instantly became unconscious.

Wednesday June 8

I awakened early, went downstairs and found the mayor's mother. There was a kettle of hot water boiling on the stove--this area is the tea growing area, and they are always prepared. I had taken along my instant coffee (based on previous experience), and finally awakened after three cups of coffee. To the point I tried to converse with the mother--who wore black, as did 95% of the people there, all having lost relatives recently--in German. The last time I used mine was at Emory at Oxford, 1955. But we at least understood each other in a rudimentary fashion. Many of them speak German. They have looked to Germany, apart from Moscow, for much of their intellectual life. They have now turned to the U.S., but still do a lot of business with Germany.

The minister of health explained to me later that we had gone to Western Georgia for three reasons: for me to be shown to the prime minister; for him to see his people there, since the Abkhazian refugees were to be returned next week; and to see the Mayor of Poti. Several days later I saw Shevardnadze, the day before they started attempting to return the refugees. As I understood this, many Georgians had been displaced and, in fact, compelled to leave Abkhazia (an "autonomous" part of Georgia, so created by Stalin, whose ethnic minority is insisting on a separate state, and who in fact won a war with the rest of Georgia over this question just five months ago). Shevardnadze was doing what appeared to be the politically expedient thing, i.e., show that he thought the refugees should go back from whence they came. As of this writing the question is still open, but there has been no renewed fighting I know of.

We then went about 30 miles to Poti. The eastern seaport of Georgia, and in fact, the only substantial port for most of the Caucasus region: Armenia, etc. Town of 50,000+, I think. Tropical like, e.g, Savannah, Georgia. Went straight to the mayor's office. Age 50, imposing, tall (6'4"), articulate. He had been mayor 13 months. Mayors at this moment are appointed by Shevardnadze since there is no new constitution, but in a few months when it is approved

they will be elected. The mayor had run a food business of some sort in Tbilisi until about 10 years ago, when he was sent to Poti, which is his home, to run the tea business there. In 1990 he was in charge of the All European Water Skiing championship that was held in Poti. He had all the facilities built, and apparently it was quite successful. He told me Gamsukurdia was President then. At 10 a.m. on the day of the championship, which was to start at 1 p.m., Gamsukurdia showed up in his seat with his hangers-on, and told directed that the championship start. The mayor (not mayor then, of course) blanched and was speechless. One of the President's sycophants said: "Why don't you just do what the President said." The President all this time was staring fixedly ahead. The mayor in desperation found the Georgian team, and persuaded them to put on a practice session for two hours, just as if they were competing. The President was content. The mayor talked at length about how crazy he was.

The mayor was getting ready next week to welcome back from the U.S. 50 high school students from Poti who have spent the last year in the U.S. When he became mayor he surveyed all high school students, found 100 who could speak English passably, and sent the 50 best to the U.S. for a year. Has 50 more ready to leave in late August, and plans to continue it. I was so taken with this farsightedness that I was immediately captivated by the mayor. He has a plan for health care reform. Said he had 15 physicians for every patient. He plans through insurance to give money to the patients who, in his opinion, will then choose only one of the 15 physicians, and the other 14 will have to find something else to do. There are two huge hospitals in the city. He plans to close one. I visited the one he plans to keep. Very nice facilities, with a huge building. Separate infectious disease hospital (mostly hepatitis, to my inquiry). I looked at some x-rays, which I one of the things I like to do to get an idea about the hospitals. Very poor quality, as usual. They had practically closed their analytical laboratory, since they have no reagents.

Then we went to a huge outpatient clinic facility several miles away. I asked to have several records pulled, and had various parts of them read to me, to the great interest of the minister of health. I looked at the EKGs in the record, and found them and their interpretation acceptable. X-rays were folded up in the record, and were of the usual poor quality: overpenetrated. Each record had a list of diagnoses, and they were what one might expect: hypertension; heart disease; etc. I visited a physician and asked her to tell

me about a patient she had just seen. A 30 year old man with fever, and she kept talking about muscle inflammation of the muscles of the back. I could not get to the bottom of this, and gave up. Illustrates once again something I often find: there will be nine things that accord with Western medicine, then the tenth will be something totally inexplicable. They showed me proudly their AIDS laboratory, with reagents. Every patient is tested. I asked how many positives they had found in the last year: none. I passed by the financial office, and found it running on abacuses (this was true of the other hospitals I visited in Western Georgia; used to have computers before the war).

The mayor took us out to the port and gave us a ride on a tugboat. A bustling harbor, with ships from everywhere. Impression of better economic times than elsewhere in Georgia.

The major then took us to his home for the ritual toast with champagne. Beautiful house. Elegantly furnished with finest furniture, modern paintings, many books, garden tended by the mayor. Son, age 18, now doing water skiing in Moscow. Plans to go into business. Then went to view the hotel built for the water skiing championships, which is where partnership people will stay if they come. Nice hotel. Clean rooms. Very tropical. Then the usual Georgian table.

During the course of the afternoon it came up that the mayor had had a heart attack five years ago. I was surprised, since he is slender, does not smoke, and appears superficially in good shape. But during the afternoon he had angina when going up several stairs, and told me he had it several times or more a week, whenever he exerted. I was quite concerned given his age, but I kept this to myself for the time being.

Afterwards I told the mayor I was ready for business. The minister of health said he viewed Poti as the key to the region in terms of health care. It serves an area of about 500,000 or so people. Its sister city is LaGrange, Georgia, and the mayor will be visiting Atlanta and LaGrange in July as part of the sister city project. The mayor and his chief physician adviser and the minister view these as the areas of need:

- Diagnosis: x-ray; clinical laboratory; cardiology
- Emergency abdominal surgery

- Stroke
- Tuberculosis
- Cancer
- Maternal and Child Health and OB-GYN

Shevardnadze sent a letter to AIHA some months ago asking that Poti be added to the partnership project. Jim Smith apparently has the letter, and I suspect is waiting to see if we are funded for the next year before acting upon it. I told the mayor and minister we might consider the following:

I would ask Dean Houpt if we could evaluate the mayor's cardiovascular system when he comes to Atlanta. I made the point to the mayor about our superb cardiac facilities, and while I could not speak for certain, I thought there was a possibility (through CWL) that we could do this.

I plan to talk to Dean Houpt about a new program when I return to Atlanta, "Leaders in Georgia Medicine." Through this program the Republic would provide the airline tickets for several leaders a year to come to Emory for one to three months, and we would go to the Emory community and find housing and living needs (I already have lined up three people who would do this, and know of one more). Poti could add an abdominal trauma surgeon to this list, and perhaps one or two more, depending upon whether we can do this, and the agreement of the minister of health.

Paul Klever and I will look into where the partnership agreement stands.

I will talk to Bob Copeland in LaGrange, and see if he might be interested in leading the health care effort in Poti. He and LaGrange would be perfect. Their medical center is quite comparable in a number of respect to the one in Poti, and they have strengths in most of the areas that Poti needs, e.g., cardiology and oncology. We can help in the others. Also, our administrative set-up with AIHA can be used to help LaGrange get started.

We left the matter there, with me to follow-up in Atlanta. We then made a

breakneck four hour ride in the darkness to Tbilisi, where I had insisted on going (instead of back to Borjomi), so I could have an air conditioned night of sleep and a hot shower. Got in at midnight.

Thursday June 9

Hot shower. Levan came in and had his first hot shower since we arrived on Saturday. Archil and I had a meeting with the minister of health at 1 p.m. and I spoke to him about my plan for Leaders in Georgian Medicine. He liked the idea and said he could fund the tickets. We agreed to meet with two likely initial candidates the following Monday. I stressed again this was not certain, but that I needed to get back to Emory and speak with the Dean.

We went to Borjomi, where the workshop had continued in progress. They had just arrived at their recommendations (see them attached). At night we had a Georgian table banquet, with Archil as *tamada* (toastmaster). He toasted without stop until I went to bed at midnight. He continued, I was told, until 3 a.m. The next day he had severe laryngitis, or, as I characterized it, a new syndrome of "tamada-itis."

Friday, June 10

Had the usual breakfast at Borjomi of bread and coffee. Then the rest finished fine tuning the recommendations. I sought out the Director of the sanitorium, with whom I had spoken on Monday about hot water. He had offered to give me a tour, and we had a happy three hours. He and I hit it off instantly. I was quite taken with a tirade he carried out in Georgian, which unbeknownst to him was translated for me. He found some tiny bit of dust, and fussed loudly about it; he is a man who takes pride in his work, which is a rarity in the U.S. and here. He had arrived at Borjomi in 1963 and found only the palace. He had built the sanitorium and all its buildings and cottages. It is for gastrointestinal problems, as was popular in Europe for the last century. I was astonished at what I saw. Borjomi is a hot springs, and the water is piped directly into the sanitorium. There were huge areas for: steam treatment of respiratory ailments (most of them described to me were imaginary, altho they did do some with bronchitis in smokers); hot water lavages of the stomach and duodenum; enemas; huge exercise areas with excellent equipment; all sorts of physical therapists; ten stalls where hot

mud is piped in directly for mud packs that are put on the abdomen and extremities; an update GI endoscopy suite with Olympus scopes (physician seemed quite competent; they do no surgery, but send patients to local hospital after taking biopsy when they find cancer); a good laboratory; etc.

The place is absolutely perfect for a splendid rehabilitation facility for orthopedic injuries from the Abkhazian war, neurology stroke victims (a lot of them in Georgia, with hypertension, rampant smoking, and poor diet); and closed head injuries, which are quite common (when they live) high speed and small cars and no seat belts. I spoke at length with the Director about this possibility, and later with the minister of health. They both seemed quite interested, but we will see if my suggestion leads anywhere.

We got into the bus and returned to Tbilisi, a two hour ride through scenic country. A quick shower, then down to the ministry of health to work for several hours with the minister to get ready for a 9 a.m. meeting with Shevardnadze the next morning, Saturday. At the hotel there was a big to-do: the Minister of Defence of Russia was in town to meet with Shevardnadze. Howard Barnum from the World Bank and I both thought our meeting with Shevardnadze would be canceled. We arrived at the ministry at 7 p.m. I was in short-sleeve shirt, no tie, no coat, expecting a heavy work session for several hours. The minister was in the court yard. Our meeting with Shevardnadze was in 15 minutes!

We went to government headquarters and were immediately shown in. Howard Barnum spoke first about the World Bank, its interest in Georgia, and his impressions of the health care reform conference. He had been quite impressed, and said so. Then I made some remarks: I had just come back from a visit to Zugdidi, Khobe and Poti; met with mayors and prime minister; visited hospitals and many patients; need for improved health care was great; physician ability was at a level that with not too much additional training, and equipment, they could give good modern western medical care; health care reform plans looked excellent; I had developed enormous respect for the leadership of the ministry of health; we needed Shevardnadze's support for the application to the World Bank (Howard Barnum had made this clear, saying it was highly unusual for most heads of state over here to indicate health care was any sort of priority).

Shevardnadze said all the appropriate things, and was quite gracious. The minister told me later he had heard of my talk for the reelection of the prime minister, and was tickled, but had not said anything because other people were present.

We went back to the ministry of health and discussed the health care reform plan for the next three hours, then called it a night and went to the hotel.

Saturday June 11

I had asked Howard Barnum to meet with Levan this morning, to talk about possibilities of Levan working at the World Bank when he finishes his MBA at Emory next year. They had a good meeting. Howard outlined the possibilities, and said that someone such as Levan who spoke a number of relatively rare or rare languages (Georgian; Pharsi; Russian; plus English) would have an excellent chance of entering the Bank's management trainee program. He invited Levan to stay in his home and spent a couple of days at the Bank this summer, which pleased both Levan and me no end.

I went then with Levan to his parent's house up in the mountains above Tbilisi, and spent the rest of the day and night with them. Their house in downtown Tbilisi, in the family for 100 years (well known Georgian family; were counts who had whatever counts have--baronies??--about two hours from Tbilisi) was burned down during the uprising against the Communists. The government put them in what had been the Communist dachas up in the mountains, which were used as summer homes. Most of them are now filled with Abkhazian refugees.

We had a wonderful time. A lot of walking and viewing magnificent mountain scenery, and a lot of talking. Outstanding miniature Georgian meal. Ten hours of mountain air sleep.

Sunday, June 12

Levan and I got up at 11 a.m., had coffee and cake, and then went with his mother to the home of an artist. When I was here in February of this year the Vasadz'es had gotten a close friend of theirs, an artist who has painted Bush and Baker for Shevardnadze, to start a painting of me. It was ready. I

prepared for it to be realistic, and figured I would dislike it as everyone who is faced with a realistic painting feels. It was and I did. Nevertheless I said the appropriate things. Mrs. Vasadze, to my surprise, honestly said she didn't like it--too stern, etc. The artist lives with his father, a famous Georgia actor, and his mother, a professor of humanities. I liked all three of them a lot. Packed up painting to bring home. God knows what I will do with it.

Levan and his grandfather and I went sightseeing. His grandfather is 75 or so. Retired professor and chairman of geophysics at Tbilisi State University. A truly wonderful old man. Speaks English well enough. Warm, articulate, loves his grandson. Levan paid him what to me was an ultimate compliment: he said Mr. Chanturishvili had lived under Stalin (his father was executed in the 1937 holocaust), Brezhnev, Gorbachev and now in freedom. During all this time, Levan said, his character and integrity were absolutely constant. No matter what happened politically, he did not change as a human being. We went to the zoo, which is in deplorable shape. Very few animals. I took a picture of a sign on a tiger cage (no tiger) that said the barrier was there for visitors' safety; written in Georgian (translated by levan): "No shit!" We walked about the old town of Tbilisi and then had a wonderful lunch, Georgian style, at a restaurant.

Returned to the hotel in Tbilisi, and went to the home of the minister of health (Avto Jorbenadze) for dinner. He is the third minister I have known in the last two years, and by far the most able. About 40. Graduated medical school, I think did some public health, then military, then ministry of health. Quite decisive, doesn't mind firing people who are not doing their job (unheard of over here). He lives in one of the oldest and best sections of Tbilisi, just down the block from Shevardnadze regular house. (They are both from the same area of Georgia, and it is my impression they have a close relationship.) A small intimate dinner, which was obviously an honor to me. Wife (who did all the cooking), son who is in first year of Tbilisi Medical Institute (outstanding English; smart), close friend who is a city judge, and younger friend from foreign ministry who did the translation. Georgian table. Lot of talking and toasting. Very warm and intimate atmosphere. I tremendously enjoyed it. Back to hotel and bed.

Monday, June 13

At 8 a.m. met in ministry with the Director of the Institute of Neurology (50's; traditional outstanding clinical neurologist; also deeply involved in epilepsy research; a Charles Addams type of humor when seconding toasts at Georgian table) and the Acting Director of Psychiatry Institute (early 40's; liked him). We talked about my concept for Leaders in Georgian Medicine coming to Emory. They would pay the ticket, we would find housing. I stressed once again this was a proposal, and I had to go over it with my colleagues at Emory. But I feel good about it, think it is eminently do-able. I went over my concept of the program:

- English must be spoken very well
 - One goal is to form bonds with colleagues in same area
 - Make a detailed study of Emory research in their area
 - Plan collaborative research if this is feasible
 - Georgians learn how modern western department works
 - Plan for faculty to come back and forth over next years
 - They will use what they learn to heavily influence Georgian medicine
 - Fall out for City Hospital #2 and Tbilisi Medical Institute
-
- They need to give me a CV and write a statement about:
 - Their personal interests
 - Their departmental strengths
 - What they think they might accomplish
 - They would plan on giving a presentation early on at Emory about their area of interest in Georgia, and their department (or institute)

The neurologist promptly said stroke was a big problem. The psychiatrist said post-traumatic stress, adolescent aggression and newer combinations of psychotropic drugs with other agents (e.g., beta blockers) were of great interest.

The people who might come initially are: neurology director; psychiatry director; public health professor; pediatrician.

We parted with the idea I would discuss the project with Dean Houpt and get back with Archil.

I then had a meeting with Sherry Carlin and discussed the urgent need for her salary to be increased during this coming year. I fear she will not be here much longer if we don't accomplish this. She has been outstanding, and indeed the entire project would have faltered and failed without her. I have committed myself to doing this.

Levan then picked me up. We visited the place where his house had been, where he went to school, etc. We saw the place in front of the government house where he had been beaten by supporters of the Communists, had fallen and been left for dead.

We went to the Turkish baths and had a wonderful time. So hot I thought I was sauteed.

I had dinner by myself at the hotel, then met with an applicant for residency at Emory. He is Georgi Pirtskhalaishvili. Thirty years old, an oncologic urologist here. His CV has some interesting work about urinary stomas that are continent for people whose bladder is removed. I greatly enjoyed talking with him. High 80's in USMLE. Obviously very bright. Said he had reached his limits over here and desperately wanted to come to U.S. We discussed the fact that urology would be almost impossible to crack in the U.S. I told him I would consider taking him into the transitional program, where he could spend two months with the urologists, hoping they would want him. I said I was not too optimistic. His brother in law is Steven Jones, a Soviet specialist who married a Georgian; teaches at Mt. Holyoke; spoke at Emory last year. Comes over here three months every summer. He and I had a wonderful time talking about our mutual attractions to Georgia and our feelings about it.

Tuesday June 14

I had breakfast with Gia Boukuchava. He is the 30 year old computer professor at Tbilisi University, and a friend of Andro Kacharava's, the young physician-scientist from Georgia working in cardiology now at Emory. I have worked with a professor at Georgia Tech to have him over as a visiting scholar at Ga. Tech, and working in the computer center of the medical library at Emory to make a small amount of money for food. I plan for him to come back and work closely with our partnership in setting up hardware and software for searching medical databases in the U.S. I plan for him to spend

some time at the National Library of Medicine and perhaps with Bill Stead at Vanderbilt, so he will be able to help all areas of medicine when he returns: research; electronic library; medical informatics; in addition to his own interests. Levan's mother is also coming to the medical library and the main library at Emory. She is the head librarian of the foreign division of Tbilisi University library, which is gigantic. I want her to come back and help the partnership, as well as know how to search general as well as medical electronic data bases.

I then went to City Hospital #2, the hospital we are working with. I last saw the new building there when I was here in February, so my first order of business was to visit it again in detail. I wanted to know exactly what had occurred since I was last here. Little if anything. A little paint, some few windows, central heating radiator in place. In the second floor of the ambulatory clinic building there was a pile of dog crap: I made a big point of taking a picture of it, and telling the hospital director and chief of construction that this was the only addition I saw since February. I said this several times later during the day. I was told the construction people had just said the week before that \$1,886,000 was needed to complete the building. The hospital director thought this was way too much, the workers simply wanted to ensure they continued to have jobs. We then had a meeting, and I decided very carefully to cause havoc. I said I thought it was time to pull out of City Hospital #2. That we had been coming here two years, and the new hospital building, which we were all depending on, had basically made no progress during that time. I told them I did not blame them. They and I knew the problem was with the politicians who did not give them the money. But, I said, one to two years from now when the project had failed the politicians would not blame themselves, but would point to the partnership and the hospital people as the failures. They ensued a tremendous to-do. This was totally unexpected. We had a long discussion, with me firmly maintaining the point that we need to seriously consider stopping with City Hospital #2 and finding one that had the facilities. They wanted me to go to the minister and tell him this. I refused, saying it would be much more effective if they did and quoted me. (Archil and the director went to the minister, who said he would go Wednesday to Shevardnadze's council of ministers and said "the Americans are going to leave if we don't finish the hospital immediately.")

The chief physician introduced me to an ophthalmologist, Dr. Alexander Alexidze. About 44 or so. Distinguished Georgian family. Well known and successful ophthalmologist who now practices in another hospital. The two of them have decided Alexidze would be an excellent addition to #2 staff, and he is willing to do this if he can go to U.S. and learn the technique of phakoemulsification of cataracts. Done not very much in Europe or Russia, but highly developed in U.S. (and I know this to be true). He would then come back to #2, where he would then offer the latest technique in cataract surgery, and would help to make the hospital a leader. Equipment would cost about \$50,000 he says; made by Alcon. He speaks excellent English, and I was impressed by him. I told them I would see what I could do at Emory and let them know; they would have to provide the ticket, which he says would be no problem. I actually think all of this is fairly easily doable.

We then went to the hotel, where I hosted lunch for the fifteen of them who had gone or were coming to the U.S. After some toasting with wine they settled down a bit, but were still upset (as I had planned).

The current status of all our projects in the hospital, as well as in the ministry and medical school, are at the beginning of this report.

After lunch I met with Paul Mecklinburg. He is about 28, getting his MPH from Princeton and LLD from Stanford (a joint program, believe it or not). His wife is a medical student at Stanford. He told me she was offered a Woodruff at Emory Medical School, but went to Stanford to be with him. This is his second summer in Georgia. He is working on a tuberculosis control project, and he and I discussed the problems: many new cases; no reagents for diagnosis or drugs for therapy; emerging resistant strains; underreporting of cases because of no therapy. We agreed to cooperate if we could think of ways. One of the things I like so much about this project is all the networking I get to do with really fascinating people. He later called me and gave me the name of a scientist who is deeply involved in the Internet, which is something I desperately want to get for Georgia, so they can have access to the electronic data bases of the U.S. (George Gomelauri; ofc 98 28 95; home 22 42 37).

Gia Bokuchava and I then went to the Division of Medical Informatics. I had been astonished to learn there was such here. Before 1991 they had 800 of

them in Georgia (!); now 80, and they aren't being paid. They now have just a few personal computers and nothing else. The director, a Mr. Vasadze, goes to all the international meetings and knows Don Lindberg of the NLM and Marion Ball at Maryland. We discussed the need for the future, and they wanted to know if our partnership had any plans. I said I thought we might be able to get a new DEC alpha computer and computerize City Hospital #2 ultimately. I said Gia was going to the U.S. and would be helpful in this. I also said they needed sooner or later to pick a young person in their area and send him to the U.S. for a year. All this is on my back burner for the moment, since Georgia simply cannot support it at the moment.

I went back to the hotel, and Levan picked me up. We went to the Turkish Baths (immortalized by Alexander Dumas) and had a bath with six of his friends, then went to the hotel and had beer on the patio. Talked at length. One of them is Irakly. Majored in English; honors on graduation. Now works half day with Foreign Ministry translating material. Desperately wants to come to U.S. and get graduate degree in political science. I was quite impressed by him: smart, articulate, motivated, superior interpersonal skills. I told him it was not my area, but I would try to help him. Will speak to friends in Rochester and talk to Tom Bertrand about help at Emory. Then Giorgio, who graduated with engineering degree from the technical school. Good English. Wants also to come to U.S., but it seems to me it will be quite difficulty. Couldn't get into a graduate program, I don't think. Also has wife and child. Other four similar: smart, highly motivated, would like to improve themselves with education in U.S., but probably tied to Tbilisi. Levan says his "core friends" (nine of them) have never done drugs, and are models of fine young men--and I agree with them. They are the ones who are so worrisome: very ambitious, but I at least see little way for them to leave. Levan and I went to his home in the mountains for the night.

Wednesday June 15

We got up late after some wonderful mountain sleeping. Walked up the mountain, admired the view, talked at length about Georgia, life, careers, serenity, etc. Then to the city for some more sightseeing of old areas.

At 4 p.m. I returned to the hotel and worked on this report. Levan met with a old girl friend and her mother.

Thursday June 16

Had breakfast with Giorgio Gotsadze. I have known him since my first visit. Son-in-law of Archil, age 30, obstetrician. Very much involved with UMCOR, and with a family practice he and a friend set up. Highly talented manager. I have been pressing him to come to Emory and learn about fertility techniques. I have been impressed about the progress and need for this field in the U.S. Giorgio would be perfect. He is thinking hard about it. I would put him in touch with John Rock and Lisa Hasty. He would pay travel, and we would find him a place. He will let me know.

Visited the American Embassy and Kent Brown. I like him a lot. He is very able. I reported on all the things we are doing, and as usual got his warm support. He said the refugees from Abkhazia are very much on his mind now. Shevardnadze wants to return them (political expediency, as noted earlier). The Russian government has agreed that their military, who are already in Abkhazia, will see to it that they are received peacefully. But the Ambassador says the problem is that while Yeltsin, Clinton and Shevardnadze agree, the Russian military in the trenches pay no attention. This is an hourly problem. So far apparently none have been returned, although the return has been promised every day this week. His other concerns are: Russia's behavior toward Georgia and the other "near abroad" nations on its frontiers; energy (he has just visited the main electrical generating and control plant for Georgia, and said the wonder is not why there is often not electricity, but why there is any at all); and economic reform (lack of knowledge and expertise on part of Georgians, and lack of procedures to implement even when course of action is decided).

We then visited the head librarian of Tbilisi University, Mrs. Vasadze's boss. Three million volumes. University founded 1918. Huge cavernous building that was put up just as perestroika began, and never had money to fill it. The director was in his sixties, and his mind in its nineties. No vision, not willing to try anything new. I took Archil, Levan and Gia Bochuchava along with me to meet the librarian and Mrs. Vasadze. I had two goals: to help Mrs. Vasadze when she returns; to convey my concept of the electronic library to the director, and begin to lay the foundation for the university library's participation when Internet comes. I set the director and Archil upon each

other. Archil of course is very modern, quite impatient with the old ways, and ever desirous of pushing Georgia into the modern west. The librarian said everything was hopeless, nothing could be done, etc. Archil spoke eloquently and with passion about the need to try, and to have determination. We left with the idea we need to make contact with the Ministry of Education (universities under them, except medical university, which is basically independent) and start from the top down. He did give me an English translation of Shota Rustaveli's *The Knight in the Panther's Skin*, which is the most famous piece of Georgian literature. I will treasure it.

Went back to American Embassy where I met with the consular officer in charge of visas. I expressed my concern that Mrs. Vasadze and others of our partnership from over here had been required to say they would not return to U.S. for two years for a job after they return (just like FMG physicians). He showed me a handwritten note in her passport that said this was waived. That ended that.

Levan earlier had gotten a new passport, which he had to pass some extra money for. Georgia is still using Soviet Union passports; they haven't gotten around to printing their own.

At noon we went to our partnership office, where Archil, Sherry and I went over all our projects and where we stood with each of them.

At 1 p.m. Archil and I went to the Academy of Sciences. Their second meeting; first one was organization. They elected me the first foreign member. I as usual made a little speech: honored; my university Emory was delighted to be participating with the physicians of Georgia in improving health care; impressed by wisdom, intelligence, scholarship, compassion and professionalism of Georgian physicians; personally value the friends over here in the medical profession a lot, and I have learned more from them than they from me.

Then back to the Metechi Palace Hotel where I have spent two hours working on this report.

Levan came and we had beer with one of his friends, also Levan. Used to be a rapier champion here. Now skinny, smokes a lot, and had a back pain. I used

this as an excuse to see if he had any epitrochlear nodes. He did, although shotty ones. I debated whether to inquire further, decided it would be without any possibility of doing anything, so didn't. I did mention to Levan I was worried about his friend's health.

At 7 p.m. we went to Betsy Haskell's for our first dinner of the evening. American Ambassador and his wife; Alex Rondevelli who said his daughter is going to Brevard as a student with Tom Bertrand; a finance person who is helping the Ministry of Finance with IMF and other international dealings--his wife is Marina, a behavioral neurologist whom I met the last time at the Neurological Institute--I told her we would like to see her in Atlanta sometime; an otolaryngologist. The finance person went to school with Levan's mother, and he and Levan had a good networking kind of talk, part of which I quietly instigated through his wife in the background. Kent Brown talked about the Abkhazian situation. Irene his wife was in a good humor. Told me they had another year here--I certainly would like for them to be here as long as we are involved, but since I suspect that will be years that would be impracticable--he will be in charge of all State Department affairs of the former Soviet Union, I predict and hope. Betsy Haskell had confused Levan Vasadze with Levan Kacharava every time I talked to her about "Levan," and this led to a lot of confusion on her part and on mine. I need to add last name. Levan is the name of every other male I meet here--the other is Irakly (=Hercules).

Left at 8:15 p.m. and went to Tamuna's mother's home. Tamuna will be my secretary on her return to Atlanta July 1. She is Mr. Shevardnadze's granddaughter, so it was no surprise to find Mrs. Shevardnadze there. A wonderful person. Effortlessly dominated the room, in a warm and interested fashion. Told me she like Switzerland best as a country, and U.S. people best as people. Her daughter, Tamuna's mother, was there. The mother of Dato, Tamuna's husband. Ilia, the chief doctor at City Hospital #2 and his wife, who is also related to Shevardnadze, was there. And Levan. Many toasts. Wonderful conversation. Delightful evening.

I have felt inexplicably depressed today. Nonspecific. Perhaps thought of leaving after two super weeks.

Friday June 17

At breakfast the lady who used to run the restaurant brought her daughter Tata, who is a rising fifth year medical student. Wants to join our program, having problems finding out about how to do it from the school. I gave her a note to Sherry for September. Then breakfast with Archil and Sherry. I have spent a lot of time meeting with people at breakfast and over beer and the like in the hotel: students, house officer applicants, families, teachers.

We then went to the medical school. They had eight students ready for me to interview for about ten minutes each: 5 males, three females. I was quite impressed by them, academically, intellectually and personally. Bright, articulate, poised, and present themselves well. I brought all the information back on them for Jack Shulman and I to go over and decide on four. The Rector, Dean and I had quite an argument over whether I was going to get class rank. They don't have this. We finally settled on a compromise. All of the students they consider for us come from the ones who make straight 5's (=A's). The only two other grades are 4 and 3. They gave me the statistics on the students in each rank. It clearly indicates the ones they consider for us come from the very top pool.

I also interviewed the two faculty course directors who will spend two months or so with us in August: pathology and internal medicine. I was quite impressed by them. They are clearly deeply involved in the teaching of their subjects, and knew all the ins and outs. We agreed they would bring over in English a complete course outline plus all the resource material available to them. Pathology is not unlike us. Internal medicine is quite different: bits and pieces over six years, no real intensive bedside clerkship. I think their coming over will be really excellent. I also asked each of them what they wanted to do personally to improve themselves: one is a neuropathologist, and has done a lot of work with glial cells; internist is pulmonologist who is interested in asthma and immunology in lungs.

Then to the Ministry of Health, where the minister said he had some things to do, and would I join him. We went rapidly by car to the Youth Palace, a grand building the likes of which I had not seen in Tbilisi before. Met there by Mrs. Shevardnadze and representatives of UNICEF (Jim O'Neill, director in Georgia plus others). A youth concert had been arranged for us that lasted two hours. For about six people. Dancing, singing, ballet. All by 8-14 year old.

Richly costumed. A wonderful show. Then usual Georgian dessert table, with multiple toasts.

Then at 7:00 Levan picked me up and took me to his house in the mountains for his going-away dinner. Forty of his friends, a gigantic Georgian feast outside under the trees. Many toasts. A number to me for what I was helping Levan accomplish, all delivered with a lot of emotion. There was tremendous amounts of warmth, emotion, bonding, etc. A fantastic evening. Back to the hotel at midnight. Called my office, found (to my relief) I was not missed!

Back to Frankfurt on Saturday June 18, stayed overnight, then back to Atlanta on Sunday June 19, 1994.