

GEORGIA

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Thursday, October 9--Monday, November 3, 1997

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Sunday, November 2, 1997

Atlanta-Tbilisi Healthcare Partnership
Summary of Current Projects and Interests

Project	Status
Healthcare Reform	Law presented to President and Cabinet two weeks ago. Now to Parliament for three readings and anticipated passage.
Emergency Medicine Training Center	Turns out about 100 policemen, firemen, security guards per month, trained in on-the-scene resuscitation. Almost self-sustaining.
National Information Learning Center	Running very nicely, on its way to becoming a miniature National Library of Medicine. Three remote sites in Tbilisi, three in cities throughout Georgia. Internet connection about to be 62 kbs thro radiomodem. Service packages to be greatly enriched. Minister has agreed to put budget of \$70-95,000 for next year in State budget.
Non-Governmental Organization	Everyone has agreed to put all activities under one large NGO umbrella. To be accomplished as soon as law governing NGOs is completed and passed.
Medical Education	17 TMSU students to Emory so far, 7 planned for this year. 11 Emory students to Tbilisi for elective so far. Problems now with funding. 11 Tbilisi graduates have been in postgraduate programs at Emory; currently 8 and one on faculty.
Nursing School at TSMU & contiNuing education for nurses	New dean, Gela Arabidze, proposed. Judy Gold of GSU has detailed plans that are progressing. Two rooms for continuing education in World Bank CEC ready December 1. Laura Hurt has detailed plans.
New Medical School at TMSU	Rector putting all his resources behind it. One course director has been to Emory, 2-3 more scheduled for January. Beginning selection of course directors for second year. Plans being formed for interviews of applicants.
Healthcare Administration and MBA	Plan being prepared for short term courses. Agreement in principle about graduate degree with TSU. Working with Georgia State to help them establish MBA program whereby four institutions will pool resources; core at Ga. Tech. Univ.
NIH and Biomedical research planning	Fogarty visit in October. Report due soon. Envision assessment of current resources and plan for future, including US training.
Prosthetics project	Robin DeAndrade & Jerry Allen just in Tbilisi. Detailed recommendations. Now searching for \$50,000 for CAD CAM technology.
Neonatal Resuscitation	Has been an excellent program; need to do a lot more; awaiting budget for next fiscal year.
Radiology Residency and Teleradiology consultation	Plans being laid. Visit by two Emory radiologists in September laid groundwork. Teleradiology consultation contract agreed to in principle with Emory.
Distance learning and telemedicine	In early planning stage. Will be important supporting piece in a number of these projects. Fred Emge of Emory/Egleston/Global Healing fairly far along.
Cardiology & Traumatology	Cardiology visit planned for Spring to assess training and collaboration with Emory. Traumatology assessment team for Spring being discussed.
Tuberculosis	Joint grants between Tbilisi & Hank Blumberg. Microbiology technician now at Emory-Grady.
AIDS	Joint grants between Tbilisi & Carlos DelRio. Visit planned for next year.
General Hospital	City Hospital #2 occupied by refugees, plan scrapped. Working on another plan.
Ga. Tech. Atlanta/Ga. Tech. Univ. collaboration	Meeting planned at Ga. Tech. Lorraine in Metz, France, for Jan. 1998 to get this project going.
Conference on Healthcare Reform & Planning for Future	To coincide with 80th anniversary of Georgian Declaration of Independence in May 1998. Minister has approved, planning about to start.

Thursday October 9

Got up in Atlanta this morning and went to the Emory Conference Center Hotel, where we are having a meeting of all the partnerships between U.S. institutions and the Newly Independent States. Our partnership, the Atlanta-Tbilisi Healthcare Partnership, is one of about twenty-five such partnerships. All the partnerships are funded by the U.S. Agency for International Development (AID), funneled through the American International Health Alliance (AIHA), as previous readers of these chronicles know. Each year there is a meeting of all the partnerships: two years ago in St. Petersburg, Russia; last year in Des Moines, Iowa (Senator Harkin); this year in Atlanta. Yesterday was the last official day of the conference, with private meetings of various sorts today.

I had breakfast with Archil Kobaladze, the partnership director in Tbilisi; Larry Gage, a Washington lawyer who is founder and Executive Director of the National Association of Public Hospitals, as well as on the board of AIHA and having a substantial high profile Washington-type private practice; and his brother, Tom, who is a computer specialist. We had a brief discussion about what to do with the Tbilisi component of the partnership. AID funds are getting less and less each year, and we have been told we are being "weaned." (But we have been told this every year.) That brings up two issues: what to do with the equipment that has been bought with AID funds and used in our various projects in Tbilisi (e.g., the "baby" National Library of Medicine); what to do with our partnership--keep it going or dissolve it. We have all decided to keep the partnership alive, and, we hope, growing. One question is whether to fractionate the partnership enterprises in Tbilisi into individual NGOs (non-governmental organizations) or keep them all under one umbrella. I think we are all leaning toward one umbrella, thereby taking advantage of the managerial and leadership talent we have, which isn't enough to cover all our diverse enterprises. Also, we hope, keeping everything together will give us more credibility and clout when it comes to seeking funding from individuals, foundations and organizations of whatever sort.

We met with Bill Casarella, chairman of the Radiology department at Emory. Bill has been involved deeply in the partnership since its beginning, and just sent two of his people over to start establishing a radiology residency in Tbilisi modeled after U.S. residencies. Larry Gage and others are working to set up a company with a large teleradiology component in the Republic of Georgia. Digitized radiology images would be sent to various places in the U.S. for interpretation. Bill and Larry agreed that Emory would be one of the places, and they will work on the contract.

Then to Grady and some last minute things to do before catching Delta to New York, laying over two hours, then now on the plane to Istanbul. It is 10:30 p.m. Atlanta time

and 4:30 a.m. Istanbul time. Will arrive there about 10 a.m.

I have been getting my mind set up for Istanbul by reading *The Making of Byzantium, 600-1025*, by Mark Whittow. This is a book referred to me by Tom Burns of the history department at Emory, and I am enjoying it greatly. I discovered some time ago that Istanbul *aka* Constantinople *aka* Byzantium *et al.* is central to the history of this part of the world, so I am trying to gather for myself a knowledge of the history. The book is fascinating, and I am getting a lot about the life and times of people during the period.

Friday, October 10

Arrived in Istanbul, met by Demir Baykal. He was a house officer and cardiology fellow with us, finishing about two years ago. Now doing cardiac electrophysiology fellowship in London. Father and two sisters live in Istanbul, and I visited him for four or five days on my January trip earlier this year. That was my first visit to Istanbul, and I was enchanted by the city.

I had been surprised that Demir was in Istanbul and not London, and it turns out his father, who has Alzheimer's, is comatose and terminal. The family has decided to keep him at home, providing intravenous support. I was very concerned that I was intruding, which I obviously was. Demir said he had been in the apartment without going out for three weeks, and I was most welcome. I had gotten to know his sisters and their husbands when I was here in January. I had also met his father and mother when they visited him in Atlanta. His father was a well known obstetrician and gynecologist. During the four days I was there I was extraordinarily impressed by the brother and sisters. They clearly are devoted to their father, and were in total agreement on their course of action, and went about it quietly and without indecision.

Demir and I had lunch and then I went to a hotel and collapsed unconscious.

Saturday, October 11

Got up late, surprised to find how tired I had been. Trip plus working hard to get ready to come. Had a leisurely breakfast and enjoyed reading the *International Herald Tribune*, one of my pleasures when traveling. A good review of the tapes of the Bay of Pigs discussions among Kennedy and his advisers. Quoted Averell Harriman as saying Kennedy had an attention span of about seven seconds, then talked about Kennedy and his women. Contrasted this with his dialogue on the Bay of Pigs, where he came across as thoughtful, patient, probing, analytical and wise in his working out decisions. Made the point that he "compartmentalized" his private and public personas. Side by

side was an article about “The President’s Private Parts” and the suit against him. Reminded me of a fellow house officer when I was an intern who told his patients that when they came to the hospital their “private parts became public parts.” Obviously true of one’s private life also, when a professional politician.

Demir and I went and met the chief physician at a 500 bed hospital. I had remarked casually in January I would like sometime to see one of the fabled houses on the shores of the Bosphorus. Demir had found this physician who had a friend (patient?) who had one of the houses. The physician is Dr. Dizdaroglu. About 55-60 years old, an internist, who has been the chief physician/administrator of hospitals for eighteen years.¹ We went to his friend’s house, which is directly on the Bosphorus banks in a high rent district. The friend has a factory that manufactures refrigerators, said to be the largest such factory in Turkey. House is new, about five years old. As beautifully appointed as one might imagine. Elegant tea, served by wife and daughter. The view was fantastic, with the ships constantly going by. The Bosphorus at this point is about one-half mile wide, and I fantasized about the famous people who had sailed through here since 1000 B.C. or so: e.g., Pericles, who in the third century b.c. lead an expedition from Greece to the Black Sea.

Demir’s uncle is Ismet Sezgin, one of the leading political powers of Turkey. Currently Minister of Defense. The military, since the death of the fabled founder of modern Turkey, Kemal Attatürk, has been the stabilizing factor in Turkey. They insist on “secularism,” i.e., that the state and religion be totally separate. They have brought down three governments over this question, and just a few months ago forced out the Prime Minister, Necmettin Erbakan, who was the first highly conservative Muslim ever elected as Prime Minister. I asked Demir how his uncle had come to have the post of Minister of Defense: “The generals like him.”

Turkey is a microcosm that illustrates many of the political forces operating today in the world. Demir put me onto a new book, *Turkey Unveiled, Atatürk and After*, by Nicole and Hugh Pope, journalists who have lived and worked in Turkey for many years. I followed my practice of reading about countries when in them; propinquity is a great stimulus both to read and to remember. A fascinating history of one of the most complex regions on earth. Eyeopening. I would recommend reading of it by anyone visiting Istanbul. Take it along, read the daily English newspaper (free everywhere), and read the book to gain an understanding of some of the eddies and currents swirling with great strength: Kurds, Cypriots, Islamics, secularists, military.

¹Physicians are often the CEOs of hospitals in this part of the world, a distinct difference from the U.S.

We spent the afternoon riding around Istanbul, a city of about 15 million. I find the city endlessly fascinating. It is very clean. Came to a cross-street and one of the city workers was working on the traffic light, out of one of those elevated baskets from a truck. I thought he was changing the light bulb, but to my astonishment he was washing the exterior of the fixture. I thought that was taking cleanliness to an extreme.

Dinner at Demir's home in the evening, followed by a leisurely stroll down Baghdad Street, so named because it was the road from Istanbul to Baghdad. The equivalent of Fifth Avenue and other similar streets in the world. A stream of people strolling, shopping in the glittering boutiques, watching each other, etc. An operatic group, complete with tuxes, performing in front of one of the stores.

I got a shoeshine from a sidewalk vendor. He made some highly critical remarks about whomever had been shining my shoes, and gave me an incredible shine. I have a thing about shoe shines. First of all, I hate to shine my shoes and left to myself they would never be shined. But I really like superbly shined shoes, and am constantly on the lookout for masters of the profession. The man today I rank amongst the three best I have had the privilege of doing business with. Oscar was the first. When I was in the Vietnam war I lived in a compound in Angeles City, near Clark Air Base in the Philippines. Four of us rented a house, complete with two live-in maids and Oscar, the house boy. We paid \$100 a month for everything. I would get up at 5:30 a.m. to find fresh bread procured that morning from the bakery man who made a daily 4 a.m. circuit. Home in the afternoon and Scotch with ice waiting. The best quality Scotch, at \$2.15 a fifth. Wonder I didn't become an alcoholic. And Oscar. Every night I put out my shoes and opened my bedroom door the next morning to be blinded by the shoes. The next flawless shoe shiner I have come across is Don, at the Hyatt in Bethesda, Maryland. Don is so good I have been known to go down from Washington to Bethesda on the Metro merely to get a shine from Don and talk to him. A baseball raconteur and street-wise individual.

Sunday, October 12

Up late, breakfast with Demir in his home. Then we met the physician from the day before and had lunch in the faculty club of Istanbul University. On the shore of the Bosphorus. A compellingly beautiful place, with outstanding food. The sort of place we need at Emory, absent the Bosphorus.

Then another long drive, this time to a huge park along the Bosphorus. Hashim, the physician's son, was the driver. Age nineteen, sophomore in the business school of Istanbul University. Mother a pathologist who teaches in the medical school. Speaks

excellent English. A fabulous fall afternoon. Everyone out for a stroll. The waters of the Bosphorus a deep azure blue.

Monday, October 13

Rain. Slept until 11 a.m., my time clock beginning to catch up. Leisurely day. Caught Turkish Air at 7:45 p.m. for a two hour flight to Tbilisi. Sat by a pharmaceutical representative from Stockholm who is going to a medical exhibition in Tbilisi this week. His company sells plasma products--Factor VIII and the like. They will set up a joint venture with a country, with blood being collected in, e.g., Tbilisi, and shipped to Stockholm where it is fractionated. In 1992, the first year I came over, meeting someone with this sort of product to sell going to Tbilisi would have been unthinkable.

Met at airport at midnight by a host of friends. A visiting delegation of French physicians were met by the rector and other faculty of Tbilisi State Medical University, and we all sat down and had champagne. They are here to start some sort of joint venture with the medical school.

"Home" to Betsy's guest house, where I have been staying for years. The guest house and Betsy were written up in the *New York Times* a few weeks ago, and Betsy was compared to Humphrey Bogart. A great article.

Tuesday, October 14

Incredibly poor night's sleep, undoubtedly due in part to my having slept until 11 a.m. on Monday. Immediately whisked off to a meeting with the Minister, Bob Parrish (former Grady administrator who I inveigled into a project over here), and two visiting Georgia State University faculty members, who had arranged their visit here to coincide with mine: Yezdi Bhada, Associate Dean, and Bijan Fazlollahi, professor. The two of them, me, Bob Parrish and George Shakarishvili from Tbilisi had met in Atlanta two weeks ago to begin to plan their trip.

We discussed their desire to establish an MBA two year course in Tbilisi. Georgia State University already has a presence here: Judy Wold, Dean of the Nursing School, has been a pillar of our partnership for several years, working with Laura Hurt of Grady. Laura has focused upon the continuing education of nurses already in practice, and is one of the world's authorities on how to bring nurses in countries such as Georgia up to speed. Judy has established the nidus of a nursing school at Tbilisi State University (TSU). It will complement the Emory-modeled medical school we are working on there. We have also gotten the approval of the rector and faculty to establish a healthcare administration school at TSU. Bijan is quite experienced in this

kind of project, having just established a two-year MBA program in Baku, Azerbaijan, that will turn out its first graduates this year. The leadership at Georgia State wishes to increase its involvement internationally, and Georgia makes sense given the involvement of its nursing school and the Emory involvement. We are also working on getting Georgia Tech in Atlanta to collaborate with Georgian Technical University in Tbilisi

The Minister of Health strongly supported an MBA program that would have a healthcare administration division. At Georgia State the Masters of Hospital Administration program is within the Business School. Georgia State Business School is highly respected, ranking sixth in the nation in their executive MBA program. We all agreed to work on the idea during the rest of the week.

Today is a holiday in Georgia, a celebration dedicated to the first capital of the country, Mtskheta. We started out for Mtskheta, and stopped to visit Dzhvari Monastery, one of the important icons of Georgia. My first visit, in August, 1992, began with a midnight arrival from Moscow, followed by a gigantic Georgian table that lasted until 3 a.m. Then up at 7 a.m. and a visit to Dzhvari. Visits of foreign dignitaries are considered incomplete without a visit there. Apparently St. Nino, who brought christianity to Georgia in the fourth century, had a cross erected here, and a church was built later. It stands on a high promontory (I call it a mountain; the Caucasus-intimate Georgians call it a hill) overlooking the Georgian military highway (main road for centuries between Georgia and Russia) and the intersection of two large rivers. You can see Mtskheta from here, which was our next stop. At both places there was a horde of people, all enjoying the holiday and paying homage to the churches.

After Dzhvari we went down to Mtskheta, which was a town in the time of Pliny around the third or fourth century b.c. Then to the cathedral of Sveti-tskhoveli (1029 a.d.), one of the most sacred christian places in Georgia. All the old kings of Georgia are buried on the floor, the oldest of which I could find was King Vajhtang Gorgasali who died around 500 a.d. Large, complex and impressive.

We went to a home one block away from the church for a Georgian table. About fifty people, and the usual heavily laden table.

A team from the Fogarty Institute of the National Institutes of Health was in Tbilisi this week; we had coordinated our visits. Led by Dr. Richard Krause, who was dean of the medical school at Emory about five years ago; Carlton Western, one of the world's authorities on AIDS, and Amar Bhat, an administrator at the Fogarty whose brother-in-law is one of our residents at Emory, Eric Schelbert. Dr. Krause gave an

eloquent and erudite toast at the dinner, linking the healing waters of Tbilisi (which are warm and have to do with the story of how Tbilisi was named) with the healing waters of Bethesda.

Afterwards I took the Bethesda team up to the patio on the Metechi Hotel, overlooking Tbilisi. One of my favorite places. They arrived last Thursday, and we discussed at some length their findings and impressions of science in Georgia.

Wednesday, October 15

Slept a lot better last night. Bob Parrish and I had breakfast with Yezdi and Bijan this morning and discussed the MBA project. Bijan had been here in April and had laid the groundwork. The concept is to have a program with a core curriculum at one institution, Georgian Technical University (GTU)² and with three participating institutions: TSU; Institute of Economic Relations; and Tbilisi Business School. Together they have the resources needed for an MBA program. Each institution would contribute something unique. E.g., the healthcare administration part would be at TSU. Other parts might be: management; risk management insurance; computer information systems; decision sciences; and international finances. Bijan thinks he would like to call the program "The Caucasian Academy of Management," and aim at getting it to be an important part of the entire Caucasus region. In my experience there is a lot of talk about regional programs and cooperation amongst Georgians and US people over here, but little if anything comes of it. Perhaps because all the countries are so destitute at the moment, they can't see sharing nothing.

I was impressed with the efficiency and focus with which Bijan was getting his ducks in a row. I have been in the business of inveigling others to help with an international enterprise for five years now, and I can fairly rapidly divide people into two groups, with no overlap: those who find the prospect exciting and adventuresome and who participate with vigor, and those who have no interest whatsoever. The ones who are interested are further subdivided into people who just seem instinctively to know how to go about it effectively, and those who couldn't sell ice at the equator. Bijan is four-plus in the group of highly effective people. Carol Burns of the library the Partnership has established over here is another example, as are Judy Wold, Laura Hurt and a host of others.

Ran into Betsy of Betsy's. Recent write up in the *New York Times* and *Newsweek*. She

²Tbilisi State University and Georgian Technical University each have over 30,000 students, and are the equivalents of the University of Georgia and Georgia Tech. The two dominant institutions of higher learning here.

told me I looked “prosperous’ since my last visit. Read that “you’ve gotten fat.” Illustrates nicely how Betsy has gotten to where she is.

Then a surprise. Minister of Health Jorbenadze (Avto) had asked me on Tuesday to come and go with him to a meeting of the cabinet at 11 for a presentation of the health reform law proposal. This proposal is the culmination of about four years effort. Upon arriving there was President Shevardnadze and the cabinet, and a host of medical notables in the room. I instantly sensed I would be expected to say some words of support after Avto had presented the proposed law. I furiously and surreptitiously started jotting down some speaking points. Right on. First, several of the important medicine people spoke in its support, then Toralf Hasvold of WHO. He has done a lot of work on the new law. Then I was motioned to get up and speak:

Mr. President, Members of the Cabinet. I represent the Atlanta-Tbilisi Healthcare Partnership. We strongly support this proposed law. It represents an extraordinary accomplishment on the part of the Minister of Health and his colleagues. It is carefully calibrated to provide acceptable and accessible health care within the constraints of the resources of Georgia. It is a very modern document, perhaps the best and newest healthcare law in the world. President Clinton would give a lot to have been able to have accomplished a similar law during his first term. The focus is on the future of the Georgian people: women; children; preventive health; education; research. It is flexible and adaptable and can be modified to meet the changing needs of Georgia in the future. It has been put together with wisdom. Our partnership respects, admires and strongly support what the Minister and his colleagues are proposing.

To our library here, the National Information Learning Center (NILC). Planned and implemented by Carol Burns of the Woodruff Medical Library of Emory, and opened by President Shevardnadze in December, 1997. Zviad Kertava, a rheumatologist here who has worked with our partnership since we started, is the director. We used somewhere around \$200,000 from US AID to put in the computers, servers and the like, partnership funds from wherever we could find them to renovate and furnish the wing, and a \$50,000 grant from the Soros Open Society institute here in Tbilisi to do several things, among them bringing over Karen Marsh, a medical librarian at the University of Cincinnati, for four months in the summer to give it a big push. The next big push has to be to find stable funding, which is one of my projects during this visit.

My main purpose today was to get Dato, the PhD computer genius who runs that part of the NILC, to fix my computer. I had dialed into Emory from Istanbul using the free ppp connection, and there had been a disastrous crash from which the machine hasn’t fully recovered. Dato handily fixed matters, resetting the extension manager on the Macintosh defaults, and not the one that included the free ppp program. He said

free ppp programs were causing a lot of problems with conflicts. I've gotten so dependent on the laptop I cannot imagine being without it on these trips.

Bijan, Yezdi, Bob Parrish and I went to meet with Mr. Joseph Owen, resident representative of the World Bank here. The Bank has two loans of interest to us in Georgia. First is the healthcare loan: a current one of about \$17 million, and a second one of similar size to come on line in about one year, with distant plans for a third. The plans on how to use this second loan are now being laid, and we hope to get some money for healthcare administration from it. Second is a business sector loan, and we would like to get support from this for the MBA program. We had a good talk with Mr. Owen, who came across as highly knowledgeable. He has two characteristics that I find invaluable and fairly rare in people in his sort of business: he asked us how he could help us, and he asked us for our impressions and ideas about Georgia. Then he sat back and listened.

Off to a meeting of the Young Scientists Club, with Dr. Krause and others members of the Fogarty delegation as honored guests. Dr. Krause spoke at length and eloquently about being a scientist, about the commitment of Georgian leaders to establishing an appropriate biomedical research establishment and how the Fogarty intended to be of support to the effort. Many young people who presented their fledgling efforts. And questions to him, e.g: does the NIH favor American scientists over foreign scientists in giving grants?; how many foreign nationals work at the NIH?; how do you find out who is working in your area of interest in the US?; etc.

Dinner with the AIDS Institute staff and the Fogarty delegation. In the Hunters Club, whose walls are affixed with boar heads and the like. A Georgian country-western band. Dr. Krause cut quite a figure dancing with the women, with the greatest of gusto and energy.

Back to Betsy's and discovered David Psanava, a fourth year medical student³ waiting for me. Three years ago or so I went on a visit with the Minister to the hospitals in Zugdidi, which at that time was on the periphery of the war with Abkhazia⁴. In one of the hospitals I was asked to evaluate the chief physician, who

³Medical school begins after high school here, as in the rest of the world except the U.S. and Canada. Lasts six years.

⁴A civil war similar to that in Bosnia. Abkhazia is a part of Georgia whose natives came to Georgia 300 or so years ago, and wish to be a separate country. A terrible war, with many people on both sides killed. Somewhere around 500,000 ethnic Georgians were driven out by the Abkhazians, and to this day occupy hospitals and hotels around the country. Russia supported

was comatose after being in a motor vehicle accident five days earlier. Stuporous, chest tube, probable abdominal injuries, no chemistries, dry without intake/output measure, no idea what creatinine was, one hematocrit at beginning, etc. I basically told the Minister what the man needed was a doctor, and he was airlifted to Tbilisi. Two years later he came up to me in Atlanta and introduced himself as the patient I had seen in Zugdidi, to my astonishment. So here was David, a student in one of the forty or so private medical schools. He wants to do an elective at Emory.

We have a program with the state medical school here, Tbilisi State Medical University, where seventeen students so far during the past five years have come for four to six months, and ten or so of our students have spent one month's elective here. Seven of their students are coming over to Emory beginning in January. We have deliberately not extended this offer to the forty private schools. These sprang up after the breakup in 1992 of the Soviet Union, and exist principally for the tuition the students give to the professors, much like the US before Flexner. I asked David at length about his curriculum, and was disheartened by his replies. No laboratories; no slides; no cadavers. Pathology, e.g., is given solely in two hour lectures. No slide work at all. He sees patients as one among many medical students, and is basically a spectator. This situation will be changed in 2-3 years, when a law will go into effect licensing medical schools. It is written so as to get rid of most if not all the private schools.

Our policy about not giving the opportunity for private school students to come to Emory is a good one, for a number of reasons: we don't want to encourage or support the medical schools in any way; how would one choose which students to take? But here is David, bright and personable, with whom I feel a special bond because of his father. I simply told him we did not have a policy of accepting private school students, but let's the two of us get together again during my stay here. What I'd really like to suggest is for him to transfer to one of the state schools, but I was not about to do that without some thought.

Thursday, Oct 16

The exit meeting of the Fogarty delegation with the Minister of Health. I was sitting on the side of the table with the Fogarty people, but the Minister ostentatiously pulled me to sit by him, smiling. Dr. Krause made several points in summarizing his findings:

-he didn't see enough on this visit to give proper conclusions as to the current state of scientific research in Georgia

the war initially, but now is at least neutral. A peace fire exists, with border hostilities, and with Abkhazia slowly starving to death.

-Georgia is now giving out grants for one year periods; at least some grants should be given for three years, in order for labs and projects to really accomplish something

-an outside committee should be asked to come in and ruthlessly evaluate current science, and make recommendations about what to keep and what to get rid of

-the NILC is a great asset, and should expand services and times it is available

-the Emory connection should be expanded to include research. E.g., students might come over to Emory for several month electives, etc.

He will write up these points and others and send them to the Minister, as well as to us. He is coming to Emory the first of December to give a lecture in memory of Ken Sell, recent chair of pathology who died, and will meet with Jack Shulman, Tom Lawley and me about possibilities of cooperation.

I attended the First Congress of Radiology of Georgia at the Metechi Palace. The president is Frydon Todua, who runs the only state of the art medical facility in Georgia. Two CT scanners, one MRI, dopplers, etc. Solely devoted to cancer patients and certain types of surgery. Fee for service only. Smart, energetic, ambitious. Two people from our department of radiology, Debbie Monticello and Srinu Mukundan, were over here one month ago to begin establishing a US style radiology residency with him. The Partnership gave him a mammography machine, and the National Library of Medicine gave the teaching film files of the American College of Radiology.

Dr. Todua had asked me to speak a few words of welcome during the opening ceremonies, and I did so: lauded him for his vision and leadership, spoke about the partnership efforts to help him, etc. I was followed by an older distinguished Russian radiologist who spoke in (untranslated) Russian. At one point he made some obvious comments about Georgia and Stalin, to what I took as the wry amusement of the Georgians. Stalin is still a touchy topic here, especially in his home town of Gori, which is about 45 minutes from Tbilisi. I later found out he had said there were a number of Georgians who had played an important role in the affairs of Russia. He named a Georgian radiologist, then went on ".....and then there was Joseph Stalin."

Irina Chanturishvili had asked me to see a patient in consultation at the Republican Hospital. Irina is the mother of Levan Vasadze, who lived with me for two years while getting an MBA at Emory. The patient was a 50 year old woman, the wife of an obstetrician, who had been in a motor vehicle accident five days ago. The chief of neurosurgery was her physician, and clearly didn't like very much the idea of me being

asked to see her. No medical people to translate, so that made it doubly difficult. Accident, did okay, then became unconscious and had an epidural hematoma (I could understand that myself) removed four days ago. Now she was conscious, spoke to me in English. I did a cursory examination, since my only goal was to reassure the family when I saw she was conscious. I then told the family and the patient that if I had to have neurosurgery in Tbilisi, I would surely get her physician, because he had done such an excellent job! The neurosurgeon warmed up several degrees, and I left all of them happy.

The hospital as usual was: dirty; dilapidated; meager equipment; unpleasant atmosphere and uncomfortable rooms. It is perhaps the leading large hospital in Tbilisi. The patient did have bilateral Babinskis and weakness of the left leg (but not arm), and I would have given anything to see a CT scan, but since I was certain one had not been obtained (I don't think they have a machine) I did not want to even ask. It would have embarrassed the physician and made the family feel insecure. I simply went for the *gestalt*, which was that she was conscious and moving everything, and could speak well, and let it go at that.

Lengthy leisurely lunch with Irina and Bob Parrish. Spoke to Levan in Moscow on the cell phone. I will be going out through Moscow in order to visit him.

Back to the NILC where I telnetted in to Emory and answered all my email. Considerable amount. But so nice to keep up, even when nine time zones and thousands of miles away.

At night we went to the Opera House, where there was a program inaugurating the Healthy Lifestyle wellness program of the Ministry of Health. Shevardnadze and his Holiness the Patriarch of the Orthodox Church attended. A lot of small performances that focused on wellness. Comedies, operettas, etc. All in Georgian, not translated, and my Georgian language skills are not quite up to such, to put it mildly⁵.

Friday, October 17

Breakfast with George Ramishvili, friend of a Georgian in Atlanta, and another student at a different private medical school, who also would like to come to Emory on an elective. I asked about his curriculum and received the same answers. Lectures, no laboratories or slides, little if any direct patient contact. I gave him the same kind of answers I gave David the night before.

⁵Now in my third year with Magda Tevoradze, in a class at Emory. I can read the alphabet, and am struggling with the ergative case, not to mention the instrumental case!

I took the staff of the NILC to lunch. Dato, the computer genius. Helen Phagava, a medical student who spent time with us at Emory, who does the searches and teaches classes in searching data bases, and who has decided to get a PhD in neuroscience. Dato #2, a medical school graduate who, under Dato #1's influence, has decided to go into computing and medical informatics. I basically wanted to provide an environment where they could bring up anything that was bothering them. They had no pressing issues. Principally because they knew I was well aware of the only big one: money and a stable budget, with the ability to pay them more. They are a remarkable group. They have already established connections in three distant cities, and plan more. Our current Internet connection is 28.8 baud, and as soon as we get a radio modem in December it will be 64 kilobytes per second. For the first time we will have a good connection.

I welcomed Archil Kobaladze, who had just returned from the US and Amsterdam (his first grandchild). Tom Gage came to the office with him. Larry Gage, the Washington lawyer who is on the board of American International Health Alliance (AIHA), the Washington Non-Governmental Organization (NGO) that funds us through US AID, is Tom's brother. They and Archil and some others are setting up a company over here, GAMEDCO. Among other things they will have rapid bedside diagnostic kits, and aim to set up teleradiology between here and the US: Emory and Denver will be the initial US sites. I will talk further with Tom about this effort during the week.

A long night meeting with Amiran Gamkrelidze, the Deputy Minister of Health, Bakhuti of the World Bank project, Archil, Bob Parrish and myself. I had asked for the meeting in order to discuss the healthcare administration project with Amiran, and to see where to go next. There is a desperate for modern western style training in healthcare administration. The new system of healthcare they have devised is totally western, but all the administrators here now were trained under the Soviet system, which is as different as night and day. And it is a complex system, with a central insurance fund (contributed to by State, worker and employer), the need to price services, the need to accommodate private insurers, a guaranteed minimum package of benefits, etc. Bob Parrish was here a few months ago, and this is his second fact-finding visit. The initial ideas was that there would be two aspects to the plan for training healthcare administrators: a series of short one week courses, and a MHA program lasting one to two years at Tbilisi State University. On tonight's visit we decided to put forth the following proposal to the Minister::

- a test hospital will be chosen, and two US administrators (Bob and someone else) will work with the administrators intensively for two months, establishing western type administration.

-the next four months short courses will be given to small groups of 30 or so in hospital and clinic administration. These courses will be shaped by the experience in the hospital. Meanwhile there will be monitoring of the hospital and the progress of its administrators.

Amiran said he wanted to start some kind of short courses in January, and he would like Bob's help with the curriculum. The World Bank Continuing Education Center will be open then, and Amiran feels the need to start using it.

Then a really sticky issue raised its head: which hospital would be the test hospital? I need to go a bit into history in order to explain the difficulties that came to light here. The initial purpose of our partnership was to pick a hospital in Tbilisi and help the Georgians make it into a hospital which would both provide excellent care for the populace and serve as a model hospital for others in the country. That was the purpose of our initial visit in August 1992. We chose City Hospital #2 for several reasons, among which was that a shell had been built for a new 120 bed hospital, and was awaiting completion. For several years we worked with the staff of this hospital and planned for the new one to be completed. Due to the economy this was not done, until the first World Bank loan of two years ago. Hospital #2 was chosen to be renovated at a cost of about \$6 million or so dollars. Architects came, a plan was developed, etc. Everything seemed on track.

An issue that came to light during the planning phase was the nature of the hospital. An advocacy group was intent on its becoming a national pediatric center. A compromise was reached whereby it contained both the elements of a maternity/pediatric center and other elements of a general hospital, such as adult medicine and surgery.

A problem that arose unexpectedly two years ago was that refugees from Abkhazia occupied the shell during one night, and refused to leave. About 100 families of 1100 people moved in, posted guards, and would not leave. A word about the refugee problem. Some 500,000 or so native Georgians--the ones who weren't killed-- were driven out of the Abkhazian section of Georgia during the civil war. They had no places to stay, of course, except hospitals, hotels and other shelters. They are a politically potent group who blames the government for not being aggressive enough to conquer Abkhazia and return them to their homes. This is a highly sensitive political issue, as might be imagined.

The government finally gave up on efforts to persuade the refugees in the shell of the new hospital #2 to move out, and decided to find another hospital to make into a

model hospital. The Institute of Traumatology was considered, but, according to my sources, the World Bank insisted that they would only agree to funding a pediatric national center. Therefore Republican Childrens' Hospital #2 was chosen.

Tbilisi does not need another pediatric hospital (there are many hundreds of pediatric beds available now in two+ hospitals) any more than it needs any specialized hospital, be it for cancer, stroke, orthopaedics or whatever. What is desperately needed is a modern US style general hospital that takes care of all specialties, ranging from pediatrics to cardiology to general surgery to ENT to etc., etc. Every hospital I have ever visited here is like the hospital I described earlier: dirty, dingy, equipment of 1950 US vintage and unmaintained, primitive laboratories, rusting x-ray equipment, and so on.

The Georgians say there have been three building phases in recent Georgia history: pre-communist, during Stalin's time, and post-Stalin. The first is outstanding: elegant old marble buildings such as the opera house. The second is acceptable, but barely. The buildings of the third are trash. Most of the hospitals now in use are from that period, having been built during the 70's and 80's.

The physicians here don't know how to take care of patients as we do, since they don't have the equipment. The concept of following metabolic parameters is foreign to them, since they have never had the equipment to measure them. E.g.: one of the students who spent six months with us came back and stood for his oral examination to graduate. He was given a case of acute renal failure. He is a smart student and learned a lot in the US, so he gave the proper answers *a la* Juha Kokko, eminent nephrologist who is chair of our department. He was laughed at, and told promptly he would be flunked unless he gave the answers Tbilisi-style, where there is virtually no laboratory information available (e.g., the pathology department has about three microscopes for 1000 beds). This particular student later went on and made in the 94th percentile on USMLE I.

I would have to be dragged screaming into any of them as a patient. As a high-up official in the US Embassy told me, "thank God if I get sick I can get a plane out immediately to a proper hospital." It makes no sense to me to have a state of the art pediatric center and Jurassic medicine for everyone else. An evenhanded approach is what is needed desperately at this time in the history of Georgia.

But politics are politics, and if the World Bank refuses to allow loan funds to Georgia to fund a general hospital, then we'll have the best pediatric center in this half of the world. Reminds me of the Middle Ages, when the oldest people around were about 25.

We ended the conversation with a plan for Bob and me to visit the children's hospital that had been chosen the next day.

Saturday, October 18

Up early and a visit to Children's Hospital #2 before Bob's plane leaves for London at noon. Not unlike any of the other hospitals I have described. Although the plan is for it to be renovated, that won't be finished for about two years. I simply don't see how it can be used now as a hospital in which to set up a model administration. There are very few patients and little equipment. I wasn't even sure a chest x-ray could be taken. Visited the ICU where I saw one neonate in an incubator that appeared dead to me, and a lad about eight in his third day of coma from a motor vehicle accident. No evidence of surgery having been done. And of course no CT scan.

The condition of the hospital does make the point very clearly that a modern pediatric hospital is desperately needed, but my point is that this is true of every single age group and specialty area in all of Georgia. My question to the World Bank is this: how is the president of the Bank going to be given acceptable treatment when he is unconscious from a car accident in Tbilisi? Or when he has blunt abdominal trauma and ruptured viscera from an accident? Or when he has an acute myocardial infarction? Or when he has pneumonia and needs a ventilator? What will happen to the children of a 35 year old woman who dies with metastatic breast cancer that could have been cured with appropriate technology? What about the father who is the only earner in the family who dies with pneumonia because modern equipment and the knowledge to use it isn't to be had?

A significant question for me involves the residents being trained abroad. We now have nine Georgians doing residencies with us, and two more who stayed with us a year then are finishing their residencies elsewhere. This long-term project has been one of the more important pieces of the partnership, in my estimation. What will happen to them? They won't come back here to practice the primitive medicine they find, having been trained in the best the world has to offer. It's like taking an F-16 fighter pilot and putting him back in 1500 b.c. when his only technology is a wheel!

I actually agree with the Bank's emphasis on women and children. I think in Georgia it should be the dominant healthcare program in the rural areas, and in Tbilisi should be given a high priority. But not at the expense of everything else.

The mindless application of what is an excellent philosophy.

Met with George Gotsadze. About 30, charming, articulate, personable, ambitious,

was an obstetrician, then worked with UMCOR, and now is partner with three other young Georgian physicians in an ambitious company called Curatio. They give prepaid services to a growing number of Georgians, and are working with Kaiser Permanente of California to set up a highly ambitious HMO-type project in Georgia. During the first two years (1998-2000) they will build upon their current facilities and: create four primary care clinics strategically placed in Tbilisi (ranging from a poor district to an affluent one); build a diagnostic center complete with CT, MRI, ECHOs, modern laboratory, etc.; establish an emergency center with about 20 beds that can take care of acute problems such as myocardial infarctions as well as the stabilization phase of acute trauma; and have a package of prepaid health benefits of several service packages, with the extent of services depending upon the price of each package. The last part of the plan is to expand the emergency center into a 100 bed general hospital.

They project a targeted population of about 1.5 million with expected initial membership of 45,000 growing to 250,000 over seven years. Individuals as well as companies will be solicited. Total cost estimated at about \$16 million over a five year period.

An ambitious and sorely needed project. I told George he needed energy and a lot of luck to bring it off. He gave me the plans, and they would do an American healthcare company proud: careful projections of membership, outline of proposed packages and the cost of each service, and so on. They were developed by one of the group, Akaki, who got his master's last year at Columbia, and is now on the west coast with Kaiser working on the plan.

This kind of development gives me great hope about Georgia. The initial phases will concentrate on outpatient services, and are deliberately planned to encompass different population groups, ranging from the poor to the affluent. I am optimistic about their abilities to bring it about.

I noted that the plan for the general hospital was at the very end. Yet one of their big problems is that when they send their subscribers to hospitals now they are charged huge amounts. They have tried to make contracts with the hospitals so they can control costs, but the hospitals are unwilling (=unable) to do this. I asked why they were waiting until the end of the project to set up the hospital, since they were being taken advantage of by hospitals now. Answer: money. Costs too much to build a hospital. This illustrates once again why money such as World Bank loan should be used at this point in time to establish an excellent general hospital.

In the afternoon I had beer on the Metechi patio with Dato Kavtaradze. A student

who spent six months with us at Emory, passed the USMLE exams in the 90th percentiles, and has applied for internship beginning in July 1998.

Had dinner at Betsy's with Larry Kerr. He is the *charge* at the American embassy: i.e., the acting Ambassador⁶, since the previous one has just left and a new one won't be named for six or so months. I have known Larry and his wife two years now. Exceptionally bright and able. About 50. Got his MBA, worked in a Wall Street firm for five years, then came to the Foreign Service. We discussed the expected Congressional appropriation of \$70 million or so for Georgia. He said something around \$200 million was being appropriated for the Caucasus region, with one-third roughly going to Georgia, one-third to Armenia, and one-third to aid in the displaced peoples, such as the Abkhazians and people in the area torn between Armenia and Azerbaijan⁷. This reflects a renewed interest on the part of Congress about this region, and is a significant increase in funding. Due to oil and the desire to prop up the region with respect to Russia.

During this visit one of the books I brought with me and read was *Black Dog of Fate* by Peter Balakian. His parents from Armenia, and survived the genocide by the Turks against the Armenians. The book is what he discovered about this period, and it is excellent.

Sunday, October 19

Up a bit late, met Andro Zangaladze's father. Andro is an M.D., about 35, working in neurology at Emory now. Kelly Jordan, an Atlanta friend, met Andro some years ago when here in Tbilisi on a Friendship Force visit, and invited Andro to Atlanta. Andro is desirous of becoming an intern and then doing neurology. His father, also a physician, has a nursing school here. We agreed I would come to their home for a Georgian meal during my stay here.

At noon Malkhaz, father in law of Andro Kacharava, one of our residents, picked me up and we went to the hippodrome. Lasha, who is one of about four Georgians

⁶Along with Martin Adams, who shares the title.

⁷US aid is not given to Azerbaijan because of problems between them and Armenia over a disputed territory. This territory contains people from both countries, and many atrocities have been committed. US governmental money cannot be used to support projects in Azerbaijan with certain exceptions. However most people think this will change, given the gigantic amount of oil found there--said to be more than in the Arab countries. The US has just stepped up efforts to find a solution.

involved in the horse business with a horse farm and the hippodrome, met us. I saw Peplum, the horse I often ride when over here. A seven year old Arabian stallion. I got on him, and it was like being on a bomb that is about to explode. Didn't like to stand still. Hadn't had his exercise for the day.

A Georgian table. Sergo, Archil's son, was along for the translation. He is 16, enjoys soccer and baseball, came to Atlanta with his baseball team a few months ago, and is 6'3" and growing. The people at the table didn't know him, and asked his name.

"Kobaladze," was the reply. "K or f?" This question amused and encouraged me. In Georgian Kobaladze starts with **f**, which is to us a very hard "k." The other letter is more like a "c." I was amused because I have a very difficult time also in knowing which is which when I hear a word that begins with one or the other, and it delighted me that Georgians occasionally have the same difficulty.

The table proceeded in the usual fashion of toasts to God, to family, to deceased friends, to beautiful women..... Then Archil arrived. He is new to this group of people. I enjoyed watching him and the three Georgians, all about his age, size each other up. Names of friends and relatives and ancestors were mentioned, etc. Four bulls, to use a word Jim Smith of AIHA uses about powerful Washington politicians, taking the measure of each other, and placing each other in the right place in the firmament.

I went out for dinner with Bakhuti, a young Georgian who is the second in charge of the World Bank healthcare project. I have known him two years, and have a lot of respect and affection for him. We discussed his thinking about his future career. The question is whether to spend two years studying to take the USMLEs and then several years in the US in a residency, or to go to Harvard or Boston University and get a two year MHA or MPH and come back and as a key figure in healthcare administration and policy here. Difficult questions. When I left I gave him a book I had been reading during my trip, *My Russian Summers*, a wonderful book about a man whose grandmother was French and who spent most of her life in Russia. Her recollections of terrible times during the twenties and thirties.

Monday, October 20

Breakfast with Greg Guroff and his wife. He is planning a U.S. exhibition of selected pictures of the famous Georgian artist Pirosmiani. We had dinner in Washington a few months ago. Wants to send the exhibition to San Francisco, Baltimore, Louisville, Atlanta and a few other places.

To the office. Checked email by telnet. Long discussion with Archil about our projects.

Various complexities, some substantial, some not. We discussed ideas and plans.

Talked with David Sheshelidze. M.D. (Dato #2) about his desire to go into computers and leave medicine. Proposed to him I try to get him into medical informatics program at Vanderbilt for a masters degree. He is really smart and I think will do quite well. He was interested and excited. I promptly emailed Steve Brown at Vanderbilt to see what needs to be done, and Eliot Siegel at the National Library of Medicine. He would come back to Georgia as the only individual so trained, and would be a tremendous asset to the country. Went to lunch with him and other members of the NILC staff.

To City Hospital #2 and Ilia Chkhivadze, the chief doctor. This is the hospital with the refugees. I talked at length with him about getting the refugees out so the hospital could again be the World Bank hospital. Really put it to him. He said a plan had been worked out whereby they would go to a nearby pediatric hospital whose staff would then come to his hospital. This would work out nicely for all concerned. The refugees now do not have anything over the windows, no heat, no electricity. I said this would be a plus for everyone, and I didn't see why it couldn't work. I put Ilia up to talking to President Shevardnadze (close relative) about it. Told him that ideally he and the President would give a key to the refugee chief on television, with remarks about what the State was doing for the refugees. We'll see what happens⁸.

Dinner with Dr. Bochorishvili, the grandfather of Vato, an intern with us. He is an ENT physician. Vato's father died when he was eight, and the grandfather filled in for father. Much toasting, much wine, lot of talk, etc. We all wove home at 11 p.m.

Tuesday, October 21, 1997

Robin DeAndrade and his chief prosthetics technician arrived late last night, and I saw them at breakfast this morning. When Fitzsimmons Army hospital closed about one year ago they gave our partnership their prosthetics factory to give to Georgia. This was through the auspices of Jim Smith of AIHA and a member of Congress. Robin went out at that time and inspected it, and since then it has been shipped here and the space prepared to receive it. Georgia has about 8000+ patients with below or above the knee amputations, due to: land mines; trauma; disease such as diabetes. The International Committee of the Red Cross has two prosthetic factories here, one in Tbilisi and another in Abkhazia. Each technician can produce about two prostheses a week, and their total output is about 15 per week. Each one lasts two to three years, according to Robin. So the production will be far, far behind the need, and

⁸Note added later: nothing. Archil even talked with the refugee chief and some others. Said negotiation was impossible.

many of the patients are young people in the prime of life. Robin and Jerry will be here for a week.

Visited the AIDS center, where Tengiz Tsertsvadze reigns. A vibrant, passionate and extremely smart man who runs an outstanding show. I gave him a new book just published, *Viral Sex*, by a European who is the world's authority on the evolution of AIDS. A fascinating book. He traces the development from Egyptian cat virus in 3000 b.c. through the present, pointing to outbreaks of what appear to be AIDS in the 1940's. He even analyzed Egyptian cat mummies DNA!

The U.S. Embassy nurse, Maureen Brandt, called and asked if I would see Irina, a Georgian employee who was in a tragic wreck this past weekend. Two young Georgian women, this woman and her sister, had taken two U.S. AID employees to see Mskheta (just like us), and had been broadsided by a truck. The driver, Irina's sister, had been killed, and an AID employee. The second AID person had been critically injured: spleen ruptured, diaphragm ruptured, etc. They had taken him to the hospital I was to go to today, which had no electricity. They had to take the stretchers up five floors on the stairs. Maureen then had gotten him to the pediatric cardiac hospital established by Fred Emge from Eggleston Hospital and Emory and Global Healing, where he had been stabilized and then air-evaced to Telaviv.

I went with Maureen and the Embassy nurse-practitioner, Rosanne Parkhurst⁹, to see Irina. Hospital as might be imagined: cold without heat; dirty; unattractive setting; no equipment. Met a young (35?) traumatologist who was her physician. I asked meticulously all the questions one would expect and saw the x-rays. Three fractures (tibia, acromion, clavicle), which to my unorthopaedic eye had been treated appropriately. No chest x-ray or abdominal x-ray. Rudimentary laboratory studies. I examined her. Facial contusion around left eye. Diplopia, with slight left VIth paralysis; also a mild but definite left facial. Alert, oriented, no pain. I actually could find no fault at all with how she had been handled, and said so in warm terms to the physician and the patient. My feelings intensified about the severe need for a general hospital, western style, with practitioners trained in western ways.

Alex Aladashvili and I had a visit with Rector Roin Metrevelli and Vice Rector Temur Khurodze of Tbilisi State University (TSU). We discussed at length their plans for the new medical, nursing and healthcare administration schools. Focused on medicine. I

⁹I later met her husband. Retired aerospace physician who had trained under Eugene Stead at Duke. Told me about being initiated into the concept of Physician Associates by Stead. I remembered the time well, since Willis Hurst had gotten the same idea from Stead, and started the PA program at Emory.

had been briefed by Archil and Alex about power struggles that were impeding the planning. The course directors are coming to Emory to see how each of their courses is taught, then they are directing the course the next year. On my previous visit I had met with all the candidates, and Alex and I had chosen the ones for the first year. An outstanding candidate for physiology, a 50 year old woman, MDPHd, who spoke excellent English and was quite impressive. Turned down a 26 year old PhD candidate that the chair of physiology had proposed. He objected, and refused to let our candidate become the course director. I spoke at length at our meeting about this, saying it illustrated how almost insuperably difficult starting the new school in a western fashion was going to be.

To my surprise both Roin and Temur were adamant about their intentions to have a western medical school no matter what. Archil and Alex later told me a big reason was that President Shevardnadze had visited TSU and had given a speech in which he had pointedly praised them for their plans. The Minister of Health has also given them a hospital on their campus for this purpose. And it will elevate the prestige of TSU. And they are smart and well-intentioned people. We agreed I would visit the hospital later.

Then to our office and met Tom Gage again. Had just arrived in Tbilisi to start working on telemedicine. I like Tom a lot. No pretension, plain spoken. Crewcut age 50 or so type.

A Georgian table hosted by Dato Asatiani. He is the second person in the Ministry of Financial Control (= General Accounting Office of US), and his daughter Eka is one of our interns. First Georgian table Robin and Jerry Allen had been to, and I enjoyed watching them watching the Georgians during the dinner. Toasts, etc., as usual.

To bed, awakened at midnight by Toby from my office. One of the Atlanta Georgians had a seizure two hours earlier, and CT and later MRI showed 2-3 cm cystic tumor of the medial temporal lobe; couldn't tell if origin was ventricular or temporal lobe. Many subsequent phone calls throughout the next week as operation was planned, meeting with family and concerned people, etc.

Wednesday, October 22, 1997

Awakened, feeling like the devil, after many phone calls and concern. Breakfast, Robin and I went and he visited Irina and pronounced her doing well. The Embassy decided to let her stay where she was, which had been of concern. The Embassy was quite concerned about her health. No insurance, family not wealthy. And, in contrast, the US citizen who was an employee of US AID had been airevaced immediately to

incomparably better care. Sensitive issue. We were all pleased that in fact her care was at an excellent level.

Saw Ramaz Khurodze, rector of Georgian Technical University (GTU). It is the Georgian equivalent of Ga. Tech; 30,000 students, large engineering faculty. I like Ramaz a lot; he is the sort you can do business with easily. A two year effort has been to connect GTU and Ga. Tech in Atlanta. Ga. Tech has an engineering branch in Metz, France: Ga. Tech-Lorraine. Gives postgraduate degrees only, so works closely and cooperatively with local engineering schools. It has brought a lot of industry to the town, attracted by Ga. Tech's involvement. Highly successful. And famous: sued by French government last year for setting up a Web page in English, not French. Teddy Püttgen is the dean, and I have been trying to arrange a face to face meeting with him, Ramaz and me, to discuss Ga. Tech.-Tbilisi. Ramaz and I agreed to send him an email and finally get together in Metz. Ramaz said he had a brilliant freshman computer student, and perhaps he could get involved with the NILC and even come to the U.S. for a summer. We agreed for him to come see us at the NILC.

Lunch with Robin, Archil, Jerry, Tom Gage and Marina (Deputy Minister of Health for trauma). Discussed the prosthetics factory. Turns out prostheses made by the Red Cross here; last only two years or so; Robin said they didn't last but a year or two longer in the U.S. Weight changes, socket changes, etc. Surprising. The cost here is cheaper than U.S., because European materials don't cost as much, and don't have guarantees and liability protection as they do in U.S. A prosthesis here would cost around \$200 or so, and around \$500 or a bit less in U.S.

We also discussed whether Robin might work with Georgia to set up a hip and knee replacement operation. That is what he spends most of his time doing now. Thought about sending cases to Emory while establishing the operation over here. All agreed to think about it further. Such an operation in Atlanta costs around \$20,000. Could probably be done for \$15,000 here due to materials being cheaper.

Met with Victor Metrevelli, director of the World Bank healthcare loan here in Georgia. Son of Roin Metrevelli, rector of TSU. An architect. About 30. Really good talk about progress of the Bank's funding of the healthcare sector.

At NILC I got Dato to connect me to telnet and Eudora. Cleaned out my email box at Emory.

Went to Frydon Todua's Railway Hospital. He gave us a tour. A remarkable place and equally remarkable individual. About 30 beds, oncology and elective surgery, and more diagnostic equipment than we probably have in one building in Atlanta. A new

auditorium since I was there in May. One or two CTs and one new MRI. Negotiating to get a spiral CT scanner (\$4.5 million; only five in Europe, he says), and I have no doubts he will have one the next time I am over here. Video on his desk shows live CT images. He suddenly looked and pointed out a horseshoe kidney that was appearing on the video. I asked him how his hospital always had electricity. He slid his thumb across his fingers, indicating an exchange of money. A few months ago two members of our radiology staff came over and donated a mammography machine from Crawford Long to him. Ten days later it is up and running and doing business. He implored Robin DeAndrade to come over for a week at a time and do hips and knees. "Payment in cash."

A Georgian table at night at the Durglishvilis. Their daughter is with Levan Vasadze, who lived with me two years in Atlanta and is now in Moscow. I will visit them on the way out. This is the first time the Vasadze family and the Durglishvili family got together to celebrate the union. About thirty people. Archil maintains the Georgian table is on the way out; too much time, too boring. Several women told me it was deadly to them, because the tamadan is almost invariably a man, and he rules the table. I wouldn't be surprised if the women do away with it in the future.

The Minister had asked us to come over for a meeting, which we did at 10 p.m. and it lasted until midnight. We called Atlanta, and made sure that things were going well with our Georgian friend who was ill. He presented his scheme for establishing a medical center that would combine the best patient care and clinical research. A miniature NIH of sorts. Several hospitals and institutes are on the same tract of land here, and he plans to put most of his technology money there. One was the Republican Children's hospital that the World Bank is renovating for a perinatal center. The Minister plans to expand the renovation and have it as a general hospital some years in the future. Then there is the Therapy (=internal medicine) Institute, where Philips is putting in a cardiac cath lab, and where Doug Morris of our cardiology division plans to visit in the spring. The Institute of Surgery is adjacent to the other two, as is the Institute of Traumatology and the Institute of Pathology. I listened with great interest, and agreed to visit them during this stay and tell him if I agreed it was a good idea.

Thursday, Oct 23, 1997

Breakfast with Robin DeAndrade and Jerry Allen. They are satisfied with their work on the prosthetics factory. Estimate it will produce 20 prostheses per week at a cost of \$100-200 each with 1-2 year lifespan.. The need is far greater than the combined output of all factories here. Robin said many people in the US have several prostheses: one for ordinary work, one for sports, etc.

To the new university hospital given by the minister to TSU for their medical school. Met by the Rector, Roin Metrevelli, which was quite unusual and indicated that the project is important to him. He began with a discussion of how he viewed the hospital. I was impressed by the depth and detail of his knowledge, and the thinking he had obviously given to it. And this is the president of a university with sixteen faculties and 31,000+ students. I said the hospital needed to be the servant of the medical school and university.

We discussed the role of the hospital in medical education and research. We explored the concept of the hospital, which has about 120 beds, being the center of an HMO. The university has 5500 faculty. Add the students, faculty and families and that is a potential HMO population with a captive audience of around 50,000, which is a good start. Turns out the university now pays the hospital 60,000 lari (about \$46,000) a year for a very basic package of services. We all agreed this was worth further thought.

Lunch at Betsy's with Martin Adams, the new Deputy Chief of Mission of the US Embassy. Arrived here in August, just settling in, but likes it so much he has already sent in his request for an extension to three years instead of two. I had lunch with him at the Cosmos Club in Washington in June. A good person, highly experienced, articulate, seasoned. Learned Georgian over the last year, which I can appreciate. We talked about the newfound interest of the US in this region, with all the oil in Azerbaijan.

A visit to Aieti Medical School, one of the private schools, and probably the best of them. Started by former dean Tvildiani of TSMU. Started out in 1989 solely as a Kaplan-like school to prepare graduates of other schools to take the USMLE. Then evolved into a six year medical school. This summer it will have its first graduates, 50 students. So far 26 of their people have passed the USMLE, which I consider quite a success for students with their poor background, especially clinical. I was shown the course outlines for the basic sciences, which no one could quarrel with. Then asked for outline of the medicine clerkship, and I was once again given outlines, this time of topics such as nephrology, pulmonology, and the like. They don't have what we consider clerkships, for two reasons:

- There are very few patients; hospital rooms filled with refugees; no medicines or instruments to diagnose and treat.

- The physicians don't want the students to do anything but be spectators. As the associate dean put it, "in Soviet medical education

the patient was not part of the process.” The students here, just as in most of the rest of the world, are merely spectators. Alex Aladashvili and I have had many talks about how hard this is going to be to change in the new medical school we are helping TSU set up. The “old mentality,” as people like Archil and Alex call it.

Of interest is that the students here make a lot higher on Part I than Part II, due to the primitive clinical facilities here. Students who spend several months with us make the same, indicating it is the quality of the clinical facilities and clinical teaching. All of them make poorest on the psychiatry and behavioral medicine parts of the tests. Psychiatry as it exists in the west is pretty much unknown here. In addition, there is almost no time in the curriculum for it.

The medical school has no microscopes. Pathology and anatomy are taught from lectures and books. They have one hour of lecture, then four hours of “practical.” I pressed hard about this practical part, and it turns out the students sit and study what the lecturer said, then go over it in the books, then go over it again with the lecturer.

Tuition for the year is \$700 US dollars. If they make over 85 on the year-end exam, tuition is free. The school pays the \$895 fee for them to go to Ankara in Turkey and take USMLE I and II. If and when the student gets into a US internship, they must pay it back at \$200 per month, with 50% interest. If they flunk the exam, the school pays for them to retake it, but they MUST make better the second time. Otherwise it is assumed they haven't been studying and are not serious, and must repay the money right away. The administrators are serious.

I had a session with 20 students, and did what I often do with our students: made each one ask me a question, and said the more they thought I wouldn't like to answer it the better. They wanted to know how to get into US internships, why our partnership didn't let them go to Emory on electives, etc. A good group.

I ended up having a good opinion of the intentions of the school and its faculty. They are sincerely trying to help the students the best way they know. And doing the best they can under the circumstances. One suggestion has been to merge them with the new medical school being established at TSU. The big advantage is that these people don't have the old mentality. They are open to suggestion and are quite pragmatic. On the other hand I don't see how the old bulls in the biology faculty at TSU, with the old mentality, would be able to tolerate them. And vice versa.

Back at the office I met with the proposed new director for the nursing school, Dr.

Gela Arabidze. Judy Wold of Georgia State University is setting up a modern nursing school at TSU, and one of our problems has been finding the right leader for it. Dr. Arabidze has done a lot of work with nurses, and has expressed interest. Only problem is he doesn't speak English, which will make it difficult for him to come to Atlanta. I liked him, and decided to spend a bit more time with him next week over lunch or more relaxed surroundings.

A Georgian table in a restaurant next door to the Ministry. Then to the home of Maia Tsereteli. Maia is a strikingly beautiful Georgian woman: tall, fabulous complexion, deep black hair, smart, articulate and personable. She has just graduated from the public health school, and defended and passed her PhD thesis this afternoon. She has started working in our office. All her friends gathered at her home for a dinner. I gave a toast dedicated to "the moustache." The young *tamadan* had a particularly luxuriant growth, black, bushy, something to envy. I said I once had a moustache, but had shaved it when it became white. So my toast was to moustaches as they represent a time of promise in one's life, when all is unrealized potential, as it was with Maia tonight. Etc.

To the Ministry for a phone call to Atlanta and see how the Georgian patient was doing. Then a flying visit to the President's home and a visit with Mrs. Shevardnadze

Long talk with Toby in my office, who is off to Texas for a three day weekend.

Friday, October 24, 1997

Breakfast with Kote Gogolashvili, who is the point man here for Redjeb Jordania. Latter is son of the first president of a democratic Georgia, in 1918, and he has proposed a celebration of the 80th anniversary in May of 1998. Redjeb is professor of maritime history at a university on Long Island. Archil and I are on the healthcare steering committee. Proposed budget around \$250,000. I have serious doubts whether this will be realized¹⁰, and I discovered Mr. Gogolashvili had even more than me. I proposed my idea of coming up with a symposium on healthcare in Georgia, present and future, that could stand alone if the entire celebration doesn't come off. He decided to propose to Jordania that each one of the venues be treated the same. That way any work that goes into preparation won't be in vain. We agreed for him to present this idea to Jordania, and Archil and I will present it to the Minister for the

¹⁰Note added later. Just as I was leaving Tbilisi, Redjeb informed me Columbia University of New York had agreed to sponsor the event, but wanted to focus on politics, human rights and economics. So health would play no role. This doesn't affect the later plans of the Minister and us to have our own conference.

healthcare section of it.

As I was going to the next meeting I thought about the great change that has occurred since I first came here in 1992. That was just after the breakup, and the coup here against the first president, an individual named Gamsukhurdia. No money, no food, no fuel, no electricity, little hope. The refrain from many was "I need." Never get that impression now. Instead the emotion and content of conversations deals with plans for what to do and how to do them. Tremendous and perceptible change. One index that in stark numbers epitomizes the recent history of Georgia is the change in Gross Domestic Product since 1990 (source European Bank for Reconstruction and Development); given as percentage of annual change in GDP, with 1989 being 100:

1990	1991	1992	1993	1994	1995	1996	Level in 1996
-12	-14	-40	-39	-35	-5	5	19*

*Previous figures *annual percentage change*, this figure is *level* compared with 1989

I can look at these figures and remember visits in each of the years. 1995 was very much the beginning of the change. The report this is based upon also makes a sobering point about Georgia: its projected 1996 level is the lowest of the former Soviet republics. E.g., Albania 78% of 1989 level in 1996; Armenia 40; Azerbaijan 32; Poland 105; and Russia 56. The percentage of the GDP spent on health is quite instructive:

Switzerland	9.9%
Western Europe total	8.0
Central Europe total	5.9
Georgia	4.5
Former Soviet Union total	4.1
Russia	2.3

Richard Saltman of Emory Public Health School has edited a just released summary report for WHO, with the full book about to come out: *European Health Care Reforms; Analysis of Current Strategies*. The tables above come from the summary, which has other relevant facts and conclusions. In 1993 life expectancy in the West was 76.9 years, and 66.9 years in the former Soviet Union countries. I suspect it has now declined further. Mortality from cardiovascular disease is number one, far ahead of cancer, which is number 2 and causes 20 percent of mortality; third are trauma, homicide and suicide collectively. This last group is largely adult males in their thirties and forties, so industrial productivity and family life are disproportionately affected.

AIDS and tuberculosis are just beginning to have an effect. These figures make my point, which is throughout this report, that a general hospital is what is now needed in Tbilisi, not specialized hospitals.

Organizations involved in helping countries such as Georgia restructure reiterate constantly this theme, which I quote: “.....the need to push health services to respond to these health challenges [in these countries] by shifting funds from curative to preventive care, and from secondary and tertiary care to primary care.” I feel there should be more of an evenhanded approach. Each large area of population, usually a large city, would benefit from a general hospital that gives comprehensive care across the board, from neonatal to octogenarian, from primary care to cardiac cath and coronary artery bypass surgery, from radiation therapy to rehabilitation. A hospital where new strategies for shifting care to the outpatient arena are utilized, as well as significant reductions in stay. A role model for all such institutions in the region.

At the same time funds must be put into mother and children services, preventive health and primary care. Unfortunately for budgets, all of this must be done concurrently, in my opinion, at least in countries like Georgia, rather than starting at primary care/perinatal units and much later seeing to tertiary care. Once the general hospital, modeled after western hospitals (and paradoxically what our partnership started out to do in 1992), is in place, then all of the funds can be diverted to primary care and public health. My disagreement is not with the overall philosophy, but with the initial phase.

The report summarizes beautifully the underlying themes that most Central European and former Soviet Union countries are basing their strategies upon:

- I Integrating Themes
 - a. Changing roles of state and market in health care
 - b. Decentralization to lower levels in the public sector, and to the private sector
 - c. Greater choice for and empowerment of the citizen
 - d. Evolving role of public health
- II Specific interventions classified in terms of outcomes achieved

The book says that *political will* and *leadership* are two important components in reforming healthcare. I feel that Georgia epitomizes the success and importance of the effectiveness of smart people in leadership positions who decide there will be change.

To Tbilisi State Medical University to meet with the rector. A delightful talk, which hasn't been true of about 75% of our talks. He wishes to visit Emory next year and

meet our new dean, Tom Lawley. I told him I would see if that could be worked out. He wishes to translate into Russian our *Clinical Methods* book. I said I thought that could be arranged. He will give me an official letter to Butterworths Publishers.

A meeting with the seven students slated to come to Emory for three months elective. I had met with Otar Gerzmava earlier, and he had spoken in a very Jack Shulman way about them individually, detailing their strengths, weaknesses, background and personality. I had become a bit concerned about some of the behavioral characteristics described, such as laziness. The fact that their parents are among the movers and shakers over here sharpened the import. Two of the students were an hour late. After they were all there I went over the daily schedule of the medicine clerkship, emphasizing in naked and brutal detail the length, exhaustion and difficulty of the work expected of them. 90 hours a week, I said. Etc. I said it would be better for them not to come than to come and not do what was expected. I would send them home instantly, I said, if they didn't do the work. This would humiliate and embarrass them, the school here, and their parents. After that I asked the two who had come late to meet with me. I told them I considered it a bad sign that they had come late. Indicated to me they might not be interested, and would not work when they came. I made the point repeatedly they were welcome to come and work, or welcome to stay at home if they weren't willing to work. Their choice. We'll see what happens.

I met with six applicants for residency positions at Emory. Good people, all of them. Young, personable, attractive, clearly had worked hard, quite serious. Women and men. I took their names and facts, and said I was not optimistic, but would help if possible.

Lecture then to about 30 students on higher cortical functions. All spoke fluent English, asked good questions. I illustrated the bedside evaluation of short term memory by giving them three things to remember, and had them all repeat them. Then I asked if they had heard that President Shevardnadze had become critically ill that morning? Consternation, alarm. I asked them to repeat the three items I had given them to memorize, and at that point said the Shevardnadze tale had been pure fiction, and was simply to distract them, which it had done highly successfully.

Georgian table at 3 p.m. with Andro Zangaladze's (works at Emory in neurology) father. I had not expected this, but saw no way to get out of it. Usual beautiful table, good food, toasts. His father tickled me greatly. I insisted I had to leave in about 45 minutes. Dr. Zangaladze said his father considered his table a failure if everyone didn't leave drunk. I had seen to it that I drank a maximum of two tablespoons of wine.

To the TB institute and the director, Gia Kechinashvili and his assistant Irakly

Khulordava. Irakly is 30, has passed Part I with a score of 88, and is waiting to hear about part II. Wants to do pulmonary medicine. I hope he will be able to come to Emory as an intern. Zviad and Dato at the NILC have put in a connection with the TB institute and the NILC, so they have online access to the NILC, email and the Internet. They are pleased as punch.

Hank Blumberg of our department came over last year, and has been working closely with them. Hank is an authority on drug-resistant TB. Gia's microbiology technician left for Emory yesterday for training with Hank and the technicians in Atlanta. Hank and Gia have gotten two grants for research, and Hank will return probably in the spring. They have established a microbiology lab since I was here last. They see 40 outpatients a day under treatment for TB, or for initial diagnosis. Would very much like to have access to a CT scanner for about 5 of these patients, given difficulties in patients occasionally to distinguish from cancer, to tell chronic changes from active TB, etc. X-ray screening of people for TB a big problem. Another difficulty is the lack of a decent pathology service in their hospital. Have big problems getting materials for embedding. Cultures take two months. They do use immunofluorescence for diagnosis.

Gia said in the Soviet Union family doctors were not authorized to treat TB, only specialists. Access to medical care by TB patients has remained a big problem. They do not have a program to observe patients taking their medicine in the home. They have to be in the hospital or be trusted.

I was impressed with two things. The progress they are making, slowly but definitely. And their palpable sense that things were happening and they were pleased. The first time I visited they were an emotional disaster: no help from the outside; no drugs; no diagnostic aids.

Back to the NILC and met with the computer genius Ramaz Khurodze had put us onto. Lado Kvilitaia. Age 17. Fluent English. Very much at ease with me in an appropriate fashion. Majoring in "economic informatics." I discovered Dato had already sized him up, and pronounced his blessing. We arranged for him to participate in the NILC internship program. Dato and I will talk to Gia Bokuchava in Atlanta about having him over for 2-3 months in 1998.

Seven of the Georgian students who have come to Emory since 1993 (seventeen in all, with seven more scheduled this year) took Robin, Jerry and me to a pub. An establishment that was unheard of in Tbilisi just three years ago, now there is one on every block--with a lot of turnover. Heineken's (a pervasive beer here and in Moscow), Georgian pizza, etc. During the course of the evening Robin and Jerry

discovered the students were unemployed, or working in hospitals free, and were horrified to find they were going to pay for the evening, no matter what. I had already discreetly tried to pay, and failed. I had expected this, and had been as modest as possible in what I ordered--about \$3 total for two beers and a potato salad mixed with beets and meat. Quite tasty, filling and cheap. Georgian modified from Russia, I take it from the beets.

I took this occasion to update my files on who was applying to Emory for preliminary or transitional residency next year, and getting their scores on the USMLE tests. Over the years we have told the students who have come to spend four to six months with us that we would do everything possible to take them into one of these internships when they applied, providing they did well when staying with us. To my pleasure and horror I discovered that eight are applying. I had thought at the most the number this year would be four. I had thought there would be trickle of about four each year, because of these factors: preparing for the tests is exceptionally difficult over here, with few textbooks, no electricity or heat to study with in the winter, and the costs of the tests: just about \$1000 when the trip to Ankara, Turkey to take them is included.

I had obviously grossly underestimated the determination and will of the students, as well as their intelligence. E.g., one of them made in the 94th percentile on Part I, which is exceptionally rare for FMGs. 92 and 93 are the highest I remember from a gigantic number of FMG applications over the year.

I am very proud of their accomplishments on these tests. One of the students in particular comes from a family with zero money. A former house officer of ours donated the money for him to take the test. He made in the high eighties on both tests, and I am looking forward to having him as an intern.

Upon closer inspection I found some reason for hope in getting out of the dilemma. One wants to go into pediatrics, and two others into neurology. These students took electives on pediatrics and neurology when they were at Emory, and are known by the faculty. I will get with the Emory people and see if they might take them, thereby diminishing the number to five. And four of them just took their last test in August, and haven't heard the results yet, so there is a chance they might not pass. I am not counting on this, however, given the scores they have already made on their first test. I decided I needed to do some thinking about this dilemma.

We now have four Georgians as interns, and they are all doing quite well. Smart, exceptionally hard working. Takes each about two months, perhaps three, to come up to par. We have three others in the PGY II and III years, and they are doing well. Two more have just finished. One is on the faculty in general medicine and the other doing a

nephrology fellowship. Two others stayed with us one year. One of these is finishing his neurology at Yale now, the other is in practice in Covington, Georgia. So we have had experience with eleven Georgians during the last four years, and all have done quite well. The question, of course, is how many will go back to Georgia to practice. The three who won't are Russian or Armenians who are not obligated to go back because of their visa status. The others have to go back at least two years, provided they don't get exceptions due to working in underserved areas in the U.S.

I have gotten to where I make it plain to applicants I expect them to return. The big problem is at the moment they don't have anything to go back to in terms of hospital facilities and the technology of the U.S. Tbilisi medical facilities are now no better than Subsaharan Africa, and in some examples worse, according to healthcare people I have meet in Tbilisi who know both areas. It makes no sense to train people in something they cannot do when they return, which is one of the reasons I have been so disturbed about the lack of plans on the part of the World Bank and others for a general hospital where these returning Georgians can give their expertise to their people.

Back to the hotel and discovered a former patient had left me some gifts. A box of 25 Cuban cigars and an old Russian camera, their equivalent of a Leica. I cried about the cigars, because I would have loved to have taken them back to the U.S. and given them to friends like Mike Lubin. But no way am I going to try to spirit them through customs.

Saturday, October 25th, 1997

Worked with Dato on his application to Vanderbilt for a masters in informatics. Sent it by email to Steve Brown, a former faculty member from Emory who did exactly what I am proposing Dato to do now, and who is Chief Information Officer of the Vanderbilt VA Hospital and on the informatics faculty.

Went to the opening of the prosthetics factory of the Ministry of Social Welfare. A joint venture with Otto Boch of Germany, a prosthetics and orthotics concern that wishes to break into the Caucasus market. We estimated about \$1 million or more had been spent on it. State of the art, except prostheses will still be made by hand, just as they are being made in our factory and the Red Cross'. Two per technician per week.

Robin and I decided we will do everything possible to get the CAD CAM machine and technology for prostheses. This will supply Georgia and Armenia and Azerbaijan if they wish. We will approach some congressmen, the VA, and the people who developed the

technology.

Spent some time with Archil's son Sergo. About seventeen, thinking about business or law school. I tried to persuade him to go into medicine. Said his father didn't want him to. I pointed out all old men advise their children against going into what they are in. Talk nonsense such as "I practiced in the Golden Age of medicine, but unfortunately you won't be able to." Grass always looks greener, particular to old men. At the same time physicians are advising their children to go into law or business, the old men in those professions are advising their children to go into medicine, using the same refrain.

Lunch with Temuri Khurodze, vice rector of Tbilisi State University, Archil and Alex. Talked about the hospital the University has been given, and how to make use of it as part of the medical school. Then question of what specific steps to take now to get the new medical school started. We have just had the biochemistry course director at Emory, and two to three more first year course directors are planned for January. I advised them to get an administrative associate dean type as soon as possible. When Alex Aladashvili was at Emory earlier planning the medical school, I arranged for him to meet with Mike Aycocock, who brilliantly played that role at Emory for many years. This sort of position is unknown to them.

I said one of my plans was to get a pool of money and invite Emory faculty, especially recently retired ones, to come over and teach for one or more months. I had in mind people such as Dick Amerson, who has just retired from surgery. I can see this as very practical. Internists, e.g., can come over and make rounds for a month, and help set up their subspecialty services while here. Hopefully when Tbilisi gets a general hospital we can do this.

The plan is to open the school next September, and take graduates of other faculties who have had or will take whatever they need in terms of preparatory biology, chemistry and physics. Alex asked if Jack Shulman could come over in the spring and help them set up the interview procedure, and interview the applicants with them. I said I would try to persuade Jack, who has been here once before. That was in 1993, when things were awful. There wasn't enough fuel for the planes in Tbilisi to fly to Frankfurt, so they usually stopped in some nearby former Soviet Union city and paid cash for fuel. Trouble was, they didn't announce this to the passengers. Simply suddenly and inexplicably descended rapidly. Jack tells the story wonderfully. When they arrived on the ground the plane was surrounded by soldiers with machine guns. The American passengers were terrified, until the purpose of the stop became clear. It has been hard to get Jack back since that experience! But perhaps going to London and flying British Air here (four hours) will help persuade him.

Robin and I went to dinner with Maureen and Ed Brandt. Jerry pleaded off, saying he had eaten enough to last for two weeks. She is the US Embassy nurse, and he is administrator of CARE in this region. They have been in foreign service many years, and are highly experienced. Exemplary US expatriates, who love to work abroad with people of other cultures. They often don't have electricity or hot water. Live in wonderful old apartment. Their daughter is getting her MPH at Emory Public Health School, and is engaged to a senior medical student, Josh Jakum. Josh will come over here in April on the Emory elective we have. Turned out they had spent time near Robin's home town in India, and knew it well.

Sunday, October 26, 1997

Robin and Jerry worked all day on their report. Very detailed on what they found and the plan they feel Georgia should adopt for prosthetics for the future. Some comments from the report on prosthetic need:

In a population of five million there are 5,000+ awaiting limbs. Statistics from the Red Cross indicate that in about 50% the loss of limb is because of Abkhazian war injuries, including mines, bullets and shrapnel. Disease simply lumped together under "Diabetes" accounts for 40%. Diabetes affects 5% of the population, and statistically 5% of these will come to amputation during their lifetimes. Thus an additional 5,000 amputees will be produced. If in any given year 10% of these diabetics come to amputation then 500 limbs per year will be needed. After the backlog has been met, there will be the need of 500-600 lower limb prostheses per year.

I went to a small lunch with Dato Asatiani, his wife and Marika their daughter. Eka, the other daughter, is one of our interns at Emory. The day before Roman Shakarishvili (head of the Neurological Institute here) and his wife had come to their home and said their son George wished to marry Eka. This didn't come as a surprise to any of us. George is now in the US, getting a degree in healthcare policy at Tufts. Working closely with us and the people at Georgia State to set up the MBA and MHA programs here. George had in fact called me several days ago in Tbilisi and said he would have a job in Washington with the World Bank in September, and wanted Eka to come to Washington as a PGY II, and would I help? I assured him I would.

Beso Zhgenti and his friend George, a lawyer, took me to the new Turkish bath. Identical to the older ones I had been to before, but clean. I quote from Alexander Dumas' visit to the Turkish baths of Tbilisi in the last century:

".....we followed our guide to the private rooms beyond. The first was a vestibule

with three benches, where we undressed and were each given a small towel. Then we went to the second room. I confess I had to come straight out again, for I thought my lungs would burst in that hot, steamy air, but after standing in the doorway for a while I grew more accustomed to it and managed to go inside. The stark simplicity of that inner room was almost biblical. It was all of bare stone and contained three stone troughs full of water so hot that at first I could not even put my finger in the coolest of them. My friend Finot, more experienced than I, plunged into the hottest and stayed there with every appearance of pleasure until I gradually worked my way through the other troughs and could lie beside him.

“Suddenly, when I least expected it, two attendants seized me, laid me out on a wooden [now stone] bench and began to crack every single joint in my body, one after the other. Though I felt no discomfort I was convinced they were all dislocated, and half expected that any moment these silent Persians would fold me up like a towel and pop me away in a cupboard.”

Alexander Dumas, *Travels in Caucasia*, translated by A.E. Murch

This quotation comes from *The Georgian Republic* by Roger Rosen, an extraordinary guide to Georgia even though it was written in 1992. I find myself constantly referring to it for facts. The Turkish bath is basically the same now, even to the cracking of every single joint. There is the room with the baths, which has a stone slab for the massage, water as hot as any Japanese bath in Kyoto, an adjoining sauna, and a room with a table for beer and the like.

We had a great time. Beso and I talked at length about his desire to come to the US for a few months. He is 25, and is the cousin of my friend Levan Vasadze. He is a chief inspector in the Georgian Tax Service, where he works with planning and analyzing the State budget, and supervises a staff of five. Good English, very smart. He tried to get an internship in Washington at the World Bank last summer, but didn't succeed. I decided to see what I could do for him in Atlanta, perhaps at the Federal Reserve. Levan has said he will help with the funding.

We went outside and walked across the Mtkvari River, which runs through Tbilisi, and up to the Metechi Church. This church, standing on a rocky promontory in a bend of the river, has a large statue of King Vakhtang Gorgasali on a horse. He is the king who in the fifth century a.d. was instrumental in making Christianity the state religion of Georgia. It is a beautiful autumn day, and the day of *Tbilisoba*, the day of Tbilisi. A yearly festival, where thousands upon thousands stroll through the streets, with multiple crafts being sold, tents with food, and the like. Like the Piedmont Arts Festival but greatly multiplied. I had never seen so many people in Tbilisi.

A young physician who has worked with us and his fiancée, one of the medical students who came to Emory two years ago, went with me to have beer at my

favorite place, the patio of the Metechi Palace Hotel overlooking the river and Tbilisi. She is applying for residency this coming year, and he wishes to come over to Atlanta with her and study himself for the USMLEs. We agreed to see what would happen about her application, and to work from there.

Dinner at Betsy's with David Psanava, a followup visit. Alex Aladashvili came over also. I continued to be impressed by David and his desire to come to Emory for an elective, but at the moment I am not sure opening up slots for people other than at TSMU is wise. The TSMU students are way below our juniors in clinical skills, and it takes one to two months for them to begin to function effectively as juniors. And the private medical school students I think are taught virtually no clinical skills at all. I suggested to David that he apply to Alex's new school and begin over there. He is about 21 or so, and this is entirely possible. They both were interested, and I left it at that. Ball is now in his court.

Monday, October 27

We went to the Soros offices and met with the director, new since I was here in April. I told him about our projects, particular the NILC and the new MBA project, since they are areas where we have mutual interests. Soros is setting up an internet node that will be free to the public, at least initially. Zviad will give him an update on all our activities and we'll see what we can do as joint ventures.

To the Embassy where Maureen, Robin, Archil and I went to see a tragic case, a fourteen year old girl. Bright student, all A's in school. Hitchhiked last year with some colleagues to a school event. Picked up by a truck with a drunk driver, rolled off road and she was caught under it. MRI shows dislocation of spine about L-1, with loss of function of bladder, bowels and legs. Distant relative of General Shalikashvili, recent chairman of Joint Chiefs of US, whose family came from West Georgia. Some months ago the family had asked the US Embassy if she could receive treatment in the US. Unfortunately they have no money, and it is virtually impossible to come up with that kind of money (around \$40,000). Immediately after the accident there was an exploratory laparotomy, common here after accidents because of lack of CTs, and nothing was found. Then five days later rod fixation of the vertebral column. The rods had to be removed because of problems a few weeks later. Since then the mother has kept the patient bedridden, fearing further damage if she gets up. She does have pain when turned in bed.

Up about eight floors to see the patient. Clean apartment, giving evidence like so many others in Georgia of a family barely making it. The patient in bed, with no bed sores, evidence of no function below about L-2. Robin said with mobilization and

rehabilitation she could almost certainly get to where she could walk with braces and crutches. This process needs to be started with mobilization and supervision. There are two problems: (1) the mother is absolutely unwilling for mobilization, feeling further damage will occur; Robin and I point out the damage is maximal now. Studies will need to be made for instability of the spine with mobilization, but if that occurs then the operation will need to be performed; and, most importantly, (2) there are no appropriate rehabilitation facilities in Tbilisi.

She illustrates perfectly the problem now in Tbilisi. No modern facilities. No general hospital that can have a rehabilitation component. What can you tell the mother? We did the best we could: a physician she can trust needs to be found; she needs to be mobilized and go from there. There is an association of disabled people who are very active--even climb mountains--and Maureen will put the association in touch with the mother.

Completely unsatisfactory, but the best we can do. I went back so angry about the problem of putting money into highly specialized perinatal centers while neglecting everything else that I wrote a letter (see next page) to give later to the Minister of Health.

A meeting with Otar Vasadze, Director of the Minister's National Health Planning and Policy Centre, the think tank and "western" idea tank of the Minister. The World Bank is renovating the floor of the building above the NILC into a Continuing Clinical Education Center. Otar, Archil and I chose two rooms for the nursing resource center being given by our parent organization, the American International Health Association. Has mannequins, self help programs all related to updating practicing nurses. The center will be ready December 1. Our NILC and the World Bank center are together because the Minister once said to me "I want everything Western in one place, so I can say to my people 'go there and see what we need to get from the west.'"

To our office and work about getting my Russian visa so I can go out through Moscow and spend the weekend with Levan Vasadze. We--Toby, me, AIHA--didn't think to get the visa in the U.S. Now almost insuperable problems. Irakly in our office went to the Russian Embassy. Takes at least two weeks. I have to be "invited" by an organization in Russia that is on the list of organizations that can invite foreigners. Will cost \$230. Irakly found a travel agency that will get the visa as long as I take a hotel room through them for four days at a cost of \$1000. In the old "Russia" hotel, which Betsy says is a fleabag. We get the Georgian Foreign Ministry (Foreign Minister a friend who was Minister of Health before Avto) involved, to no avail. Otar Gerzmava calls his friends in the Russian ministry. Finally got the visa at 11 a.m. Friday before my plane left at 3 p.m., but only with reservations at the Russia.

To: Minister Jorbenadze

Wednesday, October 29, 1997

From: Ken Walker, Atlanta-Tbilisi Healthcare Partnership

Re: Development of a general hospital

You asked me to look at the cluster of hospitals where you plan to concentrate healthcare services and clinical research. I have done so, and strongly agree with this plan. When complete they will form an impressive center for state-of-the-art comprehensive care, medical education and research. I view the completion of this farsighted and visionary plan as the second phase of the development of outstanding medical care for the people of Georgia. A target date of completion in five years is quite reasonable.

I emphatically think the first phase should be the development of a first class general hospital that can serve the people of Tbilisi and Georgia. The critical need for such a facility is made clear every day, when Georgians die in motor vehicle accidents, childbirth, with infectious diseases, cancer, heart disease and stroke. There is not one hospital in Tbilisi now or in the near future that can competently take care of critically injured patients. The air evacuation of the US Embassy AID employee to Tel Aviv last week, in spite of his having internal bleeding and being critically ill, illustrates this lack of confidence in the medical facilities in Tbilisi.

Georgia, and Tbilisi, are in desperate need of a 200+ bed modern general hospital in which current technology can be used by health care workers who are appropriately trained. This hospital would take care of the needs of every group, from children to adults to the elderly. It would provide all the resources available, from CT and MRI scans for traumatology to radiation therapy for cancer to a maternity unit to modern intensive care units and operating rooms. It would be able to take care of a one kg baby, or a 95 year old with septicemia. Patients with blunt trauma from motor vehicle accidents with ruptured viscera and epidural hematomas would be appropriately diagnosed, operated upon and cared for in an intensive care unit. Patients with breast cancer, who have young children, would be treated and have the potential for cure. A young man who is the breadwinner for his wife and two young children would have his meningitis treated and be cured. Disabled individuals would have a rehabilitation facility where they could learn to be functioning members of society again.

Every age group and disease group would be given the best modern care. Medical students and residents would receive superb training by experienced and gifted teachers. Nurses and hospital administrators would learn in a model hospital.

I feel all the resources available to you at this moment should be put into this project. One of the hospitals in the group mentioned above could be chosen for this purpose. Funds from the World Bank, from Japan, from Georgia and all other available sources should be used to immediately establish this general hospital. This is not the time in the rebirth of Georgia to establish highly specialized hospitals or hospital units. Instead all these efforts should be woven together to establish a general hospital that will effectively take care of all major health problems in Georgia, from the neonatal to the octogenarian.

We would be pleased to work with you to try find additional sources of funding. We understand the embassy community of Tbilisi has become greatly disturbed by the events of the accident this past weekend, and the inability to take care of seriously injured people in Tbilisi. Now might be the right time to raise money for this worthwhile and desperately needed endeavor.

A night meeting with the Minister of Health, and Robin's presentations of his findings and recommendations. Followed what I have learned is best way to go about such: we write the reports long enough in advance to have them translated into Georgian so the Minister can follow. The Minister liked very much Robin's findings, and offered to put up \$50,000 of the estimated \$100,000 needed for CAD CAM technology. We agreed to do everything we could in the US to find the rest.

Then the Minister asked if we could put together a group to assess and make recommendations about traumatology in Georgia. Said this would be his biggest problem next ten years. Motor vehicle accidents, similar to the one with the Embassy personnel the past weekend. I told him we could put together a group of three or four from Emory to come over in the spring if he had the money. I said David Feliciano, the chief of surgery at Grady, was a world famous expert in trauma, and I would try to get him to come over. We agreed to see if we could plan this. I would ask David, an associate, and Robin to come. Perhaps another orthopedist if enough money. In April, when I plan to be here for two weeks.

Dinner at Betsy's with Robin and Jerry. They have done an outstanding job. Perfection. They illustrate something I've learned over the last six or so years: people either like to do this sort of thing, or they don't. No in between. The ones who do take to it like a duck to water. The ones who don't either don't volunteer to come, or don't follow up and return. The ones who come and like it, are people who intuitively (in my opinion) have the skills it takes to love, appreciate and work with people in a totally different culture. Most have these skills, and some don't. I think probably born with them, and cannot be taught. But not sure about this.

Tuesday, October 28

Breakfast at Betsy's with Larry Kerr. Updated him on our projects.

After much thought and talking with Archil, I decided to do two things about so many students applying for internship. First, tell them we could not take eight, if that were the number who turned out to be eligible. Tell them we would do everything possible to help them find another place at Emory or elsewhere, and if we didn't take them this year they would be given first choice next year. Second, to have all of them apply not only to the preliminary program, but to the Transitional Program, which gives us more flexibility. Trouble with this is that the transitional program this year is completely computerized, which is a great difficulty for students over here. They have to get the diskettes from the NRMP, type in all the data, and have the dean's transcript and other letters scanned in. So I met with Zviad and others at the NILC and secured their help in assisting the students. I will attempt to get the diskettes for them at Emory,

and FedEx them to Tbilisi, since it takes 2-3 months often to get mail here, and then not reliable. It will cost each of them about \$135, and I told them I would find the money for that, since they are all virtually destitute, and this is something I am asking them to do for our convenience, as it were.

Otar Gerzmava, the Jack Shulman of TSMU, came and we talked about the seven students who are coming to Emory this year from TMSU. I discussed money, and went over what it cost. It basically costs \$10,000 for us, when tuition is included. Excluding tuition, the cost is as follows:

Fees	\$360	
Housing	150/mo	at Grady dormitory
Food	300/mo	this is a low figure

When pocket money and books are added in, the figure is around \$2000 for a three month stay, which is what we are proposing for the seven students. When we started the project, it was a joint effort of Grady and Emory. Grady provided food and housing, and we provided tuition, money for books, fees (includes health insurance) and other incidentals. The students paid for their transportation. Trouble is there is a new set of administrators at Grady now, and the current ones won't help with what was agreed to in writing by their predecessors.

I was fortunate to get money from Jeff Houpt to set up a pool for our contribution. But, just like the administrators at Grady, there is a new set of administrators at Emory now who didn't start the project, like Jeff did. So we are fast running out of money for Georgia students to come to Atlanta, and for Emory students to go to Tbilisi for a month elective.

I told Otar we would have to charge each student \$1000 for the three month stay. He had told me when we first discussed the money issue that these seven students came from families who could afford this sort of fee. It turns out he had told me that, but he hadn't told the families. When he told them, they objected--hadn't been told, etc. Otar said that was his mistake. One of the things I like about him is that he unhesitatingly says when he has made a mistake.

Otar asked me if we could lower the figure to \$800, and/or give \$200 pocket money. I told him I would not guarantee this; I would try to find the money, but absolutely no guarantee. I said the money had to be paid up front. We left on the note I would meet with the students and tell them personally about the fees.

A meeting with the students applying for residency, and I told them about the

transitional applications, and about there being too many applying this year. Reassured them about our concern and help. I had been touched deeply when we went to the pub with Robin. One of them had said they considered me and the people they had gotten to know at Emory, such as Jack Shulman, to be personally interested in them, and they considered us to be their warm supporters. Total contrast, I was told, to the attitude that pervades professors in the former Soviet Union, who keep a big and frigid distance between themselves and students. This is in contrast to our students, I feel, who look upon all of us as their friends, supporters and mentors. The sort of unconscious behavior characteristic of US medical education, and not thought about until someone brings it up. I reassured them as much as I felt I could, given the immovable fact that there is no way we could take eight.

Alex Aladashvili had arranged for me to meet with some course director candidates for the second year of the new medical school. They will begin coming to Emory in August 1998, so we need to pick them. The first one, Zaza Chaphichadze, is a 33 year old pharmacologist, and would be course director for pharmacology. Took about one minutes to determine he would be outstanding. Even the sort who would make an excellent course director for a US medical school. MDPHd. Articulate. At ease. Clearly highly competent in pharmacology as well as having the temperament to be an outstanding mentor for students. Then George Naneishvili, director of the Institute of Psychiatry. About 42, well known to me. He also will be outstanding as psychiatry course director. We plan to ask Tengiz, the director of the AIDS Institute, to do microbiology, if he will. So we are off to a good start for the second year.

To TMSU and a meeting with the seven students and tell them about the \$1000. A funny meeting with Otar beforehand. He told me O'Henry¹¹ had written a story about students who had to go to casinos and gamble to get money, and he wondered if these seven students would have time while at Emory to get money in this fashion? I immediately told him about my favorite O'Henry story, where Indians kidnapped a ten year old girl, and then offered to pay the parents to take her back. I said I might be offering Otar the same a month after the students arrived, if he were right about a couple of them being lazy. He instantly pointed out my story was closer to the mark than I had perceived, since one of the students was his daughter! Hoist by my own petard.

¹¹I was surprised to hear him bring O'Henry up in such a casual and familiar fashion. I asked Archil, who said all of O'Henry's works had been translated into Russian and were widely read in the former Soviet Union. I had earlier discovered that *Uncle Tom's Cabin* had been read by many more over here than in the US, because the Communists used it to make a point about racial problems in the US, while they had none, according to them.

A decent meeting with the students, who didn't seem fazed about the money. One of them quietly told me later he wouldn't be able to raise it. I had discovered previously he was Otar and Rima's favorite amongst the students. Why? I had asked. "Modest, personable, quiet, charming." I decided to let the matter go for the moment. I could offer to let him not pay, but I couldn't see doing this, with Otar's daughter being one of the student, and the Minister of Health's son being another. No way we can discriminate. I will see what happens with him.

Otar has been incomprehensibly insistent they come over on December 15th, and not the first of January as I have suggested. I have pointed out they won't know anyone then, it will be Christmas season, and Americans spend the holiday with their families and not strangers. This will probably be a moot point, since I'm taking all their papers for visas back with me, and I don't think the papers will be ready by then.

Off to the Opera House and with a special invitation to attend a performance given by President Shevardnadze for the President of the Ukraine, who is visiting. Built around 1900, absolutely elegant and beautiful. Georgia and the Ukraine are getting along famously. Both have the same attitudes toward Russia, and the need to share in the largesse from the pipeline taking oil from Azerbaijan. And both are former highly successful Communists who have taken up the Western games of democracy and human rights, etc. And both have become highly successful politicians, Western style. The Ukrainian gave a resounding political speech, which was by its emotional tones identifiable to me as such, even though in Ukrainian. A funny statement translated to me by Archil about Georgian men marrying beautiful Ukrainian women. The performance lasted about an hour. A series of songs, dances, arias, and piano performances, many from Georgian and Ukrainian folklore.

Wednesday, October 29

Worked in the morning on this report at Betsy's. A rare morning without a schedule. Dato Kuprashvili and I had lunch with two of his friends. Dato was the last Georgian student at Emory, and was by himself. His two friends are just about to graduate from TMSU, and are studying to take the USMLE tests. One had visited as a senior high school student in the U.S., the other had not. Nicholas Chakhvashvili and Andrew Georgadze. Nick's mother, father and grandparents were all gynecologists. Andrew grew up in St. Petersburg. His mother died when he was twelve, and his father moved back to Georgia, and is a surgeon in a small village. Andrew asked him why didn't he practice in Tbilisi, and was told his father likes the people, his friends and life in the village much more than in Tbilisi.

Irina Chanturishvili, Levan Vasadze's mother, called me in the middle of the afternoon

to announce Levan and Nino had a baby boy the night before. Great news. I plan to spend the weekend with them in Moscow, and none of us had expected the baby for two weeks.

To the AIDS center and a show by Tengiz Tsertsvadze, the director. I saw three young men with AIDS, 23 to 28. All from IV drug abuse. The first, Dennis, had been going to flying school in Kiev when he became addicted. I asked which drugs he used, and it was some homemade concoction. Looked very healthy. Has had TB and PCP. CD₄ count 50 when he first came to AIDS center, now 200 on Retrovir and 3TC. Going to law school, the AIDS Centre uses him as a peer teacher. No longer on drugs. Clearly close relationship between him and the staff. The second, Gocha, had been an IVDA in Poti, on the seacoast. Many of the cases come from there, being brought in by sailors. Several episodes of venereal disease, presented with esophageal candidiasis. A ship builder. The third was more typical of our patients at Grady: diarrhea, weight loss, not compliant with medications.

Tengiz showed me his laboratory. They use PCR, measure viral loads, do immuno-phenotyping. The lab can do virtually any test for HIV including subtyping; also CMV, TB, Ebstein-Barr, Hepatitis B and C, herpes, toxo. They have diagnosed two cases of Lyme disease.

Tengiz is 45-50, I would judge. Fluent in English, articulate. Passionate and energetic. Razor thin. Crew-cut black speckled with gray hair. Clone of Larry Weed in every respect: looks, talking, passion. This will immediately resonate with friends of Larry; for people who don't know him it's impossible to put into words. Not married, but woman rheumatologist friend.

His people gave me presentations of their work in the auditorium. Tengiz started by saying our partnership did not give fish to hungry people, but taught the hungry how to fish. Pointed out there was no education of public about health matters in former Soviet Union. Said his center was the most advanced one in the entire republics of the former Soviet Union by far, in what it could do and was attempting. He is excited about working with Carlos DelRio of our department. They have jointly obtained a research grant from a world AIDS group.

The first presentation was by Roman Gvetadze. He has a project to take teaching about safe sex to the high schools. Pilot project now. They will educate biology and other science teachers, who will then do the actual teaching. Based upon my knowledge of the attitudes of Georgian families about sex, there will be a gigantic outcry. I will look forward to a followup on my next visit.

Roman next gave some epidemiological data.

-Number of cases began with 1 in 1989; now known to be 39; estimated number however is 800. New cases in 1996 were 8; in 1997 12.

-The number due to IVDA has grown from 32% in 1995 to 54% now.

Current distribution:

IVDA:	54%
Heterosexual	26
Homosexual	8
Transfusions	8

Gia Kamkamidze, who will go to the NIH for a three year fellowship in January, described AIDS monitoring and the diagnosis of all kinds of immunodeficiency diseases by their laboratory.

Maia Butsashvili, a neurologist, works with correlating HIV viral CSF load with neurological disease. Nino Gochitashvili said she was studying the chronic fatigue syndrome in Georgians; I wished her luck.

We then went to the Mtkvari River and went aboard a boat for a Georgian table on the river. A cold, rainy, wet day. The true beginning of the winter season. River grey, running swiftly. A week ago would have been perfect for such an outing. I allowed myself to have some vodka to warm me, something I do very rarely in Georgia. Usually confine myself to wine, which has a fairly low percentage of alcohol--barely more than the draft beer at Manuel's Tavern on North Highland in Atlanta. In spite of the weather we had a great time. Toasting, singing, dancing, talking. There is a remarkable esprit among Tengiz's people, and he clearly is the fount of it.

To Levan Vasadze's parents house for a pretense at eating. Long discussion of Levan's new baby. He had floated the idea of naming him Levan, but his mother was against this. Father Levan, son Levan, son-in-law Levan: too many Levan's.

Thursday, October 30

Bitter cold, with wind blowing hard all day. Went to NILC and met with the students applying for residency. Got their transitional applications. Then lunch with Giorgi Katsitadze, Levan Bakanadze and Saba Bezhanishvili. They were the group of three students who were at Emory before Dato Kuprashvili last year. When Georgian students who have been at Emory entertain me, they do so by the groups they were in at Emory. Most of the are close friends. Levan's father is the chair of the Anatomy

Department at TMSU. I had met Levan first several years ago. He plans to go into pediatrics. We had dinner at his parent's home, a large airy and light home up on top of one of the hills surrounding Tbilisi. His brother Irakly was there. Irakly is about 28, trained in laparoscopic gynecology in Moscow, but no one in Tbilisi has a laparoscope, so he works for the Minister of Health.

After a Georgian table we went to Saba's house for *chai* (tea) and cake. Saba plans to go into neurology. Father dermatologist, mother pediatric neurologist. Two younger brothers. One is six feet seven inches, and of course is a basketball player. Wants to be professional. The other is still in school. The three of them live in one bedroom; grandmother has another, and mother/father the third, and his sister the fourth. As the grandmother said, "Seven of us live here." Very common in Tbilisi to have all members of family together, from grandparents to grandchildren. Saba is studying for the USMLE tests in his grandmother's bedroom. I asked the father what patients he saw most often as a dermatologist: allergy; a lot of syphilis; no AIDS.

To Alex Aladashvili's University Hospital and met with Gocha and George, the director and co-director. George was in Atlanta three years ago taking a course at the Public Health School, and I have gotten to know him well. Anaesthesiologist. They talked about their business plan for the 120 bed hospital: plastic surgery; laparoscopy; ophthalmology. They had developed a western type business plan. I decided they had their feet planted firmly on the ground.

Visit in the Ministry of Health with Amiran Gamkrelidze, the chief deputy minister. We went over with him the eight topics we will go over with the Minister tomorrow. Brought up Bob Parrish and an associate spending six months here. He said they didn't have enough money for six months. I said to tell us how much they had money for, and Bob would submit a budget. I pointed out Bob and whomever comes over with him, perhaps Barbara Bilek who was an administrator at Grady with Bob, were consultants, and when they left Atlanta for three months they had to be paid enough money to make it possible for the to leave for that length of time.

Quick trip back to Betsy's, and over to the Metechi to have a drink with Dato, Nick and Andy. We discussed their future plans. U.S., residency. I make it a habit with all the students I meet over here to visit with them several times every time I come over. In that fashion I get to know them fairly well, and to have a good idea about their capabilities, especially behavioral traits such as willingness to work hard and ability to get along with others. Makes it a lot easier when it comes time to make decisions.

Dinner with Levan Metrevelli and his wife. Levan was the first faculty member we had over from TMSU, in anatomy in 1994. He spent last year on a sabbatical at the

University of South Florida, and came up for a visit. Bright and able. He has just been named the new head of the English division of TMSU. This division was news to me, and Levan explained. There are three divisions in the medical school by language: Georgian, Russian (left over from old days), and now English. He has 23 students, mostly Indian and Turkish, a few others. All instruction in English. A good illustration of why we gave up on influencing TMSU, and decided to go up the steep hill of creating a new medical school.

They have a baby born in Tampa in June. Today they had sent him to the grandmother's, where he will stay until summer. I was surprised, and inquired. His wife is an endocrine gynecologist, who works during the day. No reliable heat and electricity in their apartment. They are spending a lot of time with their jobs, so the grandmother. I later asked Archil if this were common, and he replied it was not, rather emphatically I thought.

Friday, Oct. 31, 1997

Breakfast with Archil, Alex Aladashvilli and Gela Arabidze, the physician who will be dean of the new nursing school that Judy Wold of Georgia State is working to set up at TSU. We discussed the nursing school, then a long talk about Alex's unhappiness with our meeting with the Biology Faculty earlier in the week. He pointed out there were six chairs, and only one of them was there. He felt there was no commitment or interest in the new medical school, and cited the opposition of the chair of physiology to the candidate we thought would be the best one for course director. The chair's candidate was a 25 year old woman who didn't have her PhD. Alex's candidate was 50, scholarly, articulate, and she is an outstanding teacher. I told Alex it wouldn't be worthwhile if it were easy, and he had to develop patience to the hypertrophied degree that is common to all of us in academic medicine. First lesson we have to learn as young faculty. Etc.

To the Minister's and went over eight topics:

1. NILC: see accompanying memo on next page Zviad, Carol Burns and I wrote for him. Emphasized these points: we had three remote sites in Tbilisi, and three in towns throughout Georgia, and were planning more; we were about to install a radio modem and increase our connectivity to 64 kbs, which will improve immeasurably the service we can give; we will then enrich the service packages we offer individuals and institutions. We need a stable budge of \$70,000 (minimum) to \$95,000 (desired) per year; at the moment we are bringing in about \$25,000 per year in service charges. (Carol Burns has made the point all libraries virtually in the world get only about 10% of their budget from services provided.)

Minister Jorbenadze regarding the National Information Learning Center

The National Information Learning Center (NILC) opened its doors in December 1997, and has been in operation eleven months now. Two important elements of the NILC have been demonstrated:

- It is a viable operation, and can be expected to survive and thrive with appropriate financial support
- The NILC is a crucial and necessary component for the development of the entire healthcare sector in Georgia, and potentially the entire Caucasus area. This includes: healthcare delivery; continuing education; medical, nursing and ancillary education; biomedical research; and education of the public. Network connections have been established with institutions in Tbilisi (a,b,c,...) and at remote sites (a,b,c,...). The number of these connections will be increased greatly in the future, and there is the potential for extension to Armenia and Azerbaijan. The NILC has the capacity to become the Caucasian Library of Medicine, bringing pride and prestige to Georgia while enormously enhancing healthcare, education of professionals and the public, and biomedical research in the entire Transcaucasus area.

Support for the continued development of the NILC has come from two important consultants: the *Report on Communications* by communications consultant Andrew Hume for the World Bank ("The NILC.....presents a view to the future in the ways in which learning, knowledge and access to a broad range of health information may be achieved.....At present it is utilizing only about 20 per cent of its capabilities."); the preliminary report by Dr. Richard Krause of the Fogarty International Institute of the National Institutes of Health.

An important development about to occur is the increased speed of connection provided by SaNet from 28 to 64 kilobytes/second, together with a new agreement that the NILC may charge subscribers to cover Internet connection expenses. The quality of the connection with SaNet is also about to be greatly enhanced with radio modems, obviating the necessity to rely on telephone lines.

The NILC is poised now to do the following:

- Enormously increase the service packets provided to individual, institutional and remote subscribers.
- Increase the number of remote sites, both in Tbilisi and throughout Georgia
- Work with the Information and Analytical Center (IAC) and the newspaper *Medicina* of the Ministry of Health to enable and facilitate the publication and distribution of health educational materials to identified key interest (stakeholder) groups, as recommended in the World Bank report by Mr. Hume.

The NILC must have a stable budget for a period of three years, in order to implement its plans and retain staff. We have prepared two budgets: one which is a minimal budget that will enable a continuation of work at about 20 per cent of capacity; and a desired budget, which will enable realization of full potential:

	<u>1997-98</u>	<u>1998-99</u>	<u>1999-2000</u>
Desired	\$97,450	\$119,200	\$143,250
Minimal	\$73,048	\$74,550	\$79,480

Two Budgets for the NILC
Budget breakdowns are attached

Revenue based upon current operations is projected at \$25,260 per year, which comes to \$20,208 after taxation, excluding 20% VAT.

We need at this point in time to work out a plan for financing the NILC through the year 2000. We cannot retain staff or plan for the future if we do not do this. Possibilities include but are not limited to:

- Increase institutional charges
- Charge all collaborating institutions, such as Tbilisi State Medical University
- Increase the number of connected sites and individual subscribers
- Provide services to the Ministry of Health (such as IAC and newspaper)
- Establishing innovative services valuable to commercial and other organizations, e.g., web sites and home pages
- Support from organizations such as Soros, either directly or through grants for specific projects
- Direct support from the Ministry of Health

The Minister stunned us by saying simply he would put the budget into his State budget for the coming year. We were ecstatic.

2. Non-governmental organization (NGO): we planned, with his agreement, to put all our partnership activities under a NGO umbrella. Up to now we have been operating under the aegis of the American International Health Alliance, but particularly in view of the fact our AID money may be shut off, we need to establish a separate legal operation.

3. Jordania conference: I briefed him on the plans for the conference, and gave my suggestion that we have a free-standing health conference. He was enthusiastic and agreed. I could tell he had been briefed by Amiran on our conversation from the night before.

4. General hospital: I told him my opinion about this, that it should be the #1 priority, and not specialized hospitals.

5. Trauma: said we would be delighted to assemble a trauma assessment team. We agreed to communicate about this.

6. Prostheses: he reaffirmed his commitment for 50,000 lari. We will move immediately to work on this.

7. Bob Parrish and administration courses: agreed for Amiran to send us what he would like a proposal for. Perhaps three months.

8. Schools: nursing, medicine, health administration, MBA: I told him where we stood on each. He made comments about his and the president's support for the new medical school.

My uniform experience with these trips is that the final business transactions are on the very last day. I suppose everything has actually been leading up to it.

A visit with Temur Khurodze at TSU. Roin Metrevelli was supposed to be there but had been in Batumi, on the seacoast, with the president and his plane had been delayed. We presented Gela Arabidze as our candidate for the new dean of the nursing school. I am confident he will be approved, because he illustrates the Warren Burger tale. Lyndon Johnson had tried without success to get his crony Abe Fortas confirmed as Chief Justice. When he nominated Warren Burger he remarked he absolutely knew Burger would be confirmed, because "He looks like a Chief Justice." So it is with Gela. He looks like a dean.

We talked at length about the new medical school. I brought up that only one of six chairs had been present at our meeting earlier. Temur said that made no difference, he and Metrevelli had decided the new school was going to be successful, no matter

what. I then brought up that Dr. Chekonia, the choice for Cell Biology, had said she had been approached by TSMU to teach their molecular biology course, and she wondered if she could be involved at Emory in January not only with cell biology, but also molecular biology. I said her teaching at both TSU and TMSU had pros and cons. The advantage is that the rector of TMSU initiated this, so he could not object if we asked some of his faculty to teach courses at TSU. On the other hand, it was hard to work for two institutions and be appropriately loyal. Roman Shakarishvili pointed out the TMSU rector had the rule that his faculty could take part time jobs at private schools, but not at government schools. An obvious reference to TSU. There was considerable discussion, and Temur finally said it was unacceptable to TSU for its faculty to teach at TMSU. I'll look forward with interest to seeing what Dr. Chekonia does about this.

To Betsy's and packing. As usual, all sorts of wine and books and other gifts to leave in storage. The excess baggage fee is usually \$100 without all the gifts. When I left here in May I was told when I checked in that it would be \$60 without a receipt, and \$120 with a receipt.

Lunch with Bruce McClelland, who is the IREX (NGO that supports telecommunications in the former Soviet Union) director for the FSU, and Maureen, his Tbilisi representative. Bruce has a PhD from the University of Virginia in Eastern European languages, and is fluent in 12 of them. He started out in computers and in fact did much of the programming for the predecessor of Ovid. A friend of Vlad Slamecka in Atlanta. Last year before he had the IREX job we had tried to work it out for Bruce to spend four months in Tbilisi as consultant to the NILC, but the timetables didn't mesh. Bruce has some new initiatives for telecommunications, and we discussed them with Zviad, Dato and Archil. There are a number of ways the NILC can work with them, to our mutual benefit.

To the airport, where Irakly from our office turned up at the very last possible moment with my Russian visa. I promised myself privately I would always see to it in the future I got this in the US. Apparently the Russians carefully and with calculation make it quite difficult to get visas in all the other former republics. I seem to remember there has also been some sort of dispute with the US over visa fees.

A pleasant two hour trip to Moscow on Air Georgia, another baby airline created from Aeroflot. I flew business class, which costs very little more, and is *de rigueur* on flights over here. Coach has no seat belts, about three inches between you and the seat in front, and flesh to flesh intimacy with your two seatmates--abutting, as it were.

Arrived at Moscow to find snow, which was a surprise. Dark, dismal, snow mixed with rain, cold with temperature around 0° C. Archil had arranged for me to go to the VIP lounge at Vnukovo, which was wonderful. Large, light, clean, leathery, pleasant customs personnel (unheard of elsewhere in the airport), telephone to call from. Only problem no one speaks English. Archil had also pressed a Russian woman traveling on the same plane into helping me. I had thought he had told her Levan would have a car and driver to meet me. There was no one, and I could tell she was distressed, feeling I was her responsibility. I finally found a resplendent Orthodox priest, complete with a beard that would do the moss on Savannah trees proud, who spoke English, and who told her about the car. The car arrived shortly thereafter and I was much relieved. I am very sensitive about Moscow airports, since I was detained there eight hours by customs when coming from Tbilisi, and was certain I would be deported without even getting word to Levan.

Went to Levan's new apartment. Two bedrooms, near the center of the city, \$1800 per month. Parquet flooring, solidly built. Always water and electricity when I've been here, which is a far cry from Tbilisi. Late dinner with Levan and Manana, his mother-in-law. Nino his wife still in hospital with the baby.

Saturday, November 1, 1997

Up late, breakfast, worked on this report. At 2 p.m. off with Levan to pick up Nino and the baby. In Chevrolet suburban (about \$120,000 over here) with a driver and guard. Levan's company contracts with a security service. Secret service like, with the earphones etc.

We went to the Kremlin Hospital, where Yeltsin's grandchild had been born the same day as Levan's son. Beautiful and elegant very old marble building. Nino and the baby brought down without us being allowed to go up. Levan told me he had bribed everyone, including doctors and nurses, so they would give excellent care to Nino. But even then there were hours and hours when she was in labor (this was the first baby) when only he was with her. They did allow him to be present throughout the delivery, to his surprise and mine. Healthcare personnel throughout over here are highly authoritarian--a lot more so than in the US, although that may be hard to believe! A cute and handsome and quiet baby, who found his voice about 1 a.m. for three hours. Levan very much the proud new father, talking about "my son."

Sunday, November 2, 1997

Up late, worked on report. Levan and Nino still asleep, having been kept up most of the night by the baby. At noon Levan announced he had to be alone to think about the

name for the baby. I know he has been agonizing about this for about five days. In a few hours he came out and announced he was naming the lad "Shio" (**WIO**) for his father.

Levan and I went out for a stroll along the snowy streets of Moscow and lunch. Cold, overcast, gentle snow falling. We went to an elegant elderly skyscraper with lots and lots of marble and space. We ate in the restaurant *Gastronome* on the first floor, which Levan says is currently the best restaurant in Moscow. Large, gigantic ceiling, large marble pillars, a lot of Victorian filigree and such as decorations. Levan asked what did I think the Communists had used this space for? I guessed a meeting hall for important occasions. Answer: a grocery store. Hard to imagine.

Lado Gurgenzidze and his new girl friend, a smashing beauty from Sweden, came over for aperitifs. I have known Lado since 1993, when he was finishing his MBA at Emory. We make it a point to see each other often. A super human being. Heads a unit in one of the Dutch banks in Moscow (Mees Pierson EurAmerica), and has outstanding potential.

Monday, November 3

Shio continued to exercise his voice last night, so Levan's mother in law Manana and I were the only ones up until close to noon. Then to Sheremetevo II and Delta to New York and Atlanta.