

ATLANTA-TBILISI PROJECT

Report of Visit by Ken Walker

Feb. 19, 1994

Conceptual Framework

These individual projects are focused upon three institutions: the Ministry of Health; the Medical Institute of Tbilisi; and City Hospital #2. The individual projects will cover one of three time periods: the present; the near future; the distant future.

Contents

Meeting with Eduard Shevardnadze Friday Feb. 18, 1994

Outline

5:00 p.m. to 6:15 p.m.

Present: Minister of Health; Archil Kobaladze; Sherry Carlin; Ken Walker; two aides.

Introduction

- His speech at Emory
- Emory's close ties with Georgia: Laney, et al
- President Carter and Carter Center

History of AIHA

- Bush, Baker
- US AID
- Lee Hougen
- Jim Smith
- AIHA
- First Lady's visit to other partnership projects while Clintons in Russia

Partnership Projects: this took up about 45 minutes of the meeting

- Given in the order & most of the substantive detail in which they follow in this report. Began with Ministry of Health, then Medical Institute, then City Hospital #2

Request for his specific support:

- Money for completion of construction of inpatient & outpatient buildings
- Coordinating office with utilities and security

Brought up possibility of expanding to another city:

Mr. Shevardnadze suggested Poti. Archil later pointed out that in his opinion this city had the most potential of any city in Georgia: on the Black Sea; lot of economic activity; bustling, relatively unscarred by war.

Asked for him to consider visiting Atlanta on his visit next month. Both the Ambassador and Minister of Health had requested I bring this up.

Mr. Shevardnadze took copious notes during the presentation, as did his two aides. The Minister of Health feels he will almost certainly mention our project in his speech when he comes to the U.S.

Mr. Shevardnadze spoke about 30 minutes. Said he had known about the project but had no idea it was so “imposing.” Talked about his enthusiasm for it, and how it addressed areas of great concern to him. He kept the Minister for a private conversation of about ten minutes. The Minister later said Shevardnadze had said his day had been tough, and he was impressed and delighted to have this presentation at its end--it left him with a sense of hope about what could be accomplished. The Minister was obviously delighted with the results. Archil Kobaladze walked out on air.

A. Ministry of Health

Concept

These global programs are aimed at influencing health care delivery in the future in the Republic of Georgia. A central emphasis is training Georgians who in turn will train other Georgians.

1. Health Care Strategy and Policy Conference

Feb. 28th: five day workshop. Participants limited to leaders of health care in the Republic. The partnership will send over Dr. Victoria Phillips of Emory School of Public Health, and Dr. Piotr Miercewski, former Deputy Minister of Health of Poland. Ms. Sherry Carlin, RN, MPH, has spent the last eight months working with the Ministry of Health preparing for this conference. Ms. Carlin has planned the conference, working with Dr. Richard Saltman of the School of Public Health, and she will preside over it.

I spoke at length with the Minister of Health about this conference and the subsequent one in June. He and his associates are quite enthusiastic and excited about them. They see this as an opportunity to lay out on the table the various problems, discuss them openly and at length, and then begin to make plans for the future. The second conference in June will begin to involve the mid-level people. The ultimate result will be the development of consensus about the future shape of health care. The former Minister of Health, now the Vice Prime Minister, has had a Task Force working for over

two years on planning the future. The members include economists. Ms. Carlin has worked closely with this committee. A number of the members will present the working papers of the Task Force.

The plans for the conference are going along splendidly.

February Health Policy Workshop (complete agenda attached)

Day 1

Introduction Sherry Carlin
Geopolitical Overview: population dynamics; manpower distribution; facilities distribution. Jano Kekelia
Current Realities in Georgia: service delivery and organizational structure Kote Barkaya
Current Economic Conditions: health care expenditures, GNP, etc. Sos Bregadze
Current realities cont'd: finance mechanisms; budget allocations for health care

Day 2

Global Trends in Health Care Reform Piotr Miercewski & Victoria Phillips
Options, Sources, Mechanisms & Implications of Health Care Financing for Georgia:: Review of Working Papers
Review of working papers on "The Law of Georgia on Medical Insurance"
Transitional Period: time & geographic phasing

Day 3

Global Trends in Health Care Reform: Health Service Delivery
Distribution of Manpower & Facilities
Public vs. Privatization of Facilities
Rationing Health Care??
Polish, United Kingdom & U.S. experiences

Day 4

Global Trends in Health Care Reform: Organizational Structure & Management
Options, Sources, Mechanisms & Implications of Health Care Organizational Structure & Management
Transitional Period for Georgia

Day 5

Week in Review
Set Agenda for June Meeting

May 30th: five day workshop with larger group. Focus on implementation plans. The working plans for this conference will be developed during the February conference.

2. Maternal & Child Health Project

Two weeks; May or June; Susie Buchter; Al Brann; lactation expert; obstetrician. Three components:

- a. Neonatology
- b. Lactation promotion
- c. Prenatal Womens' Health Clinics

Goal is to train Georgians in each of these areas to go out and then train other Georgians.

Everyone I met--Shevardnadze, the Minister of Health, the American Ambassador--stressed this problem. It is clearly at or near the top of the agenda. The birth rate is down significantly, the mortality is very high, and the overall health of children and pregnant women is poor.

3. Health Care Management

Murmansk: March 14-15. AIHA conference; 7-8 physicians & nurses will go from City Hospital #2 and one nurse from Ministry of Health. The names of the physicians were given to Ms. Carlin this week, and everything seems to be in shape. ACLS training will be part of the agenda; Dr. Gail Anderson will be in charge of this aspect of this conference, which is for all AIHA partners in the former Soviet Union.

AIHA Regional Conference: to be announced. This conference will be aimed at hospital administrators.

New Deputy Minister to Canada, U.S. including Atlanta in April. I met him, first name Khote, and was quite impressed: energetic, personable, focused.

4. Nursing Education

City Hospital #2 nurses will visit Grady & Ga. State University.

Goal: beginning steps to revising nursing curriculum of Republic, thereby changing the role of nurses. This has many widespread implications. Nurses at the moment are basically handmaidens to physicians. Their professional education is far below the level in the U.S. This will have a profound change upon health care delivery in Georgia.

5. Electronic Library

A CD ROM library (similar to BRS Colleague) will be installed in AIHA partnership office in Tbilisi. This will have online: several years of about 100 major scientific journals; a significant number of textbooks covering every field; MEDLINE bibliographic citations since early 1960's. The central machine will be maintained in the partnership office. Institutions and individuals can phone in for their searches.

I personally think this is one of the most valuable efforts we are planning. The physicians (and everyone else for that matter) are totally isolated from the literature of the world outside the Republic. Formerly they were connected only to Moscow, and got what Moscow felt they should have. There are many incredibly bright individuals that I have met in Georgia in every field. Merely giving them access to this information will set off a veritable renaissance.

Carol Burns did a lot of work on this about a year ago, and I have spoken with her since returning. The earlier estimate was around \$15,000. Carol is speaking this week with the CD-plus representative, and will work up another estimate. I met with a professor of computer science at the technical institute in Tbilisi. He is a close friend of Andro Kacharava's. He is extremely bright and able. I see no problem with the maintenance of this equipment. The Ambassador has kindly offered to let us send the update CD ROM disks in the diplomatic pouch.

6. Medical Journal

Major U.S. medical journals are reviewed, articles selected and translated into Georgian, and then made widely available. Three issues of this have been done already. I reviewed the titles selected and found them excellent: from journals such as the *NEJM*, with articles covering a broad spectrum of disciplines. They have been selected with the Georgian physicians and practice specifically in mind, and include very practical topics as well as reviews giving the latest information.

7. Preventive Cardiology

Virgil Brown will visit Georgia this spring/summer and begin to make plans for a widespread effort to attack hypertension, smoking and diet. The aim will be to teach Georgians to mount this program themselves. In association with the American Heart Association.

Smoking is almost universal; hypertension is pervasive and largely untreated; diet is heavy with fats and starches. The long term benefits of this program are probably immeasurable.

I emphasized (through a cloud of smoke from people in the room) to the Minister of Health that I considered this an extremely important program, and one that we should get on with. He is going to set up a group on preventive medicine in his agency that will have ultimate responsibility.

8. Mental Health

This was another topic that was on everyone's minds. They stress the large number of people who have been displaced as a result of the Abkhazian war--another large number of them have come just in the last few weeks. In addition the economic conditions and physical environment now (snow, freezing, no electricity, no heat, no hot water--even at the Metechi Palace Hotel for 24 hours!) are putting a severe stress on the people. Virtually every family has had significant life changes in the last one or two years: deaths in the Abkhazian war; deaths from other causes, such as random

bullets; loss of economic security; loss of houses, etc.

Sherry Carlin has been working closely with the United Methodist Committee on Relief (UMCOR) to do a questionnaire to evaluate the extent. Our partnership and UMCOR have developed a joint proposal to AID to fund a project on mental health that would involve counselors from the theology school at Emory, among others.

9. Coordinating Committee & Office

The Deputy Minister of Health (Lado) has committed space for an office, and I emphasized this to the Minister. (I talked about this with Lado just before he was sent on the mission to try to find Gamsukurdia's body!)

I made the point to the Minister, at Archil's request, that the Coordinating Committee Archil and Sherry have proposed to him is quite important. It will take pressure off Archil, who as coordinator is blamed for a lot: taking money for his personal gain (see later under City Hospital #2); personally choosing the students to come to Emory (I was told by a faculty member there are people who no longer speak to him because their child wasn't chosen). A number of people from a variety of areas will be on the committee, and it will have a badly needed perspective and will garner consensus support for the entire partnership. The Minister agreed to do this.

I made a point of saying to the Minister that City Hospital #2 in fact had been given special status, and he might consider whether or not to make this official. This would have the benefit of giving the Republic and the Partnership obvious leverage over the staff of the hospital, who feel very strongly they make all the decisions and run the hospital just as they did in the past when it was merely another numbered hospital (except now there are goodies to be given out). This is clearly a point of some delicacy, and I mentioned but did not push it. For starters, most of our plans are now just beginning, and we haven't come up (in the eyes of the staff) with anything concrete (this will change with the CT scanner--see later). This is a point we need to bear in mind for the future.

I gave Lado Giorgadze (Executive Deputy Minister of Health) the plaque we made up from the Partnership and AIHA. He was inordinately pleased.

At Archil's suggestion, I hosted a dinner Thursday night at the Metechi Palace for the Minister of Health, a Deputy Minister, the American Ambassador, Archil, Sherry and myself. The Minister brought up his concerns: the displaced people from the Abkhazian war; child and maternal care; mental health; tuberculosis; vaccinations and immunization; intravenous drug abuse; infectious diseases in general; cardiovascular problems. The Minister and the Ambassador also used this occasion to tell me what they wanted me to stress with Schevardnadze.

(10. Retraining Physicians)

A Potential Future Project

Several times the problem of what to do with all the physicians they now have was brought up. They see this as a pressing need. There are large numbers of them. The anticipation is that many fewer will be needed, and that many of those that are needed are in severe need of additional training in western medicine. But the people I spoke with are not at the point they have the information or plans at the moment. Paradoxically, in the former Soviet Union the continuing medical education of physicians was much better arranged than in the U.S.: every physician had to have a period of retraining every five years. The Postgraduate Institute exists only for that purpose. Many of the hospitals have staff from the Postgraduate Institute (in addition to faculty from the Medical Institute and the resident hospital staff) whose sole purpose is to provide continuing medical education to the physicians.

We of course do not have a plan for this now, but I insert it because it is viewed as such a problem, and we need to keep it in mind.

B. Medical Institute of Tbilisi

1. Student program

Four students arrived here at Emory in mid-January to begin this program. I met with the Rector, who had me present later to the executive faculty and the fifth year students. I found the Rector and faculty wildly (only word to use) excited about our actually having the students over here. I took letters

from all the students plus photographs of them to the Rector and their families, who had me for dinner one night. The School clearly views our taking students as highly significant, and that was made plain to me at every meeting. The students are focusing their energies on getting accepted, since they view this as (1)an incredible opportunity to experience western medicine, which they look to with awe, and (2)getting a toe into the possibility of coming to the U.S. for house staff training.

Jack Shulman and I worked out a plan which I proposed to the Rector and executive faculty of the Institute whereby four students will be taken in mid-July and in mid-January to the junior medical class at Emory. They will spend two months on the medicine clerkship, then two months on their choice: pediatrics, surgery, medicine, etc.

When I arrived everyone made clear to me that the selection process had to be worked out in minute detail. Archil Kobaladze, Sherry Carlin and I worked out the selection process given below, and I presented it to the Rector, faculty and students. I would have felt more comfortable passing this through Jack before telling them this is how we would do it, but I don't think there is anything to it that will meet with significant objections. We can always change it for the group to come after the next one if anyone spots problems.

1. **English** : students must be effortlessly proficient in medical and ordinary conversational English. For the next year we will continue the testing we did in the Fall of 1993: the students are given an essay topic on which to write during a monitored time period. TOEFL will be required beginning in August 1995. The score will be sent to Emory.
 2. **Scholastic record**: the faculty of the Tbilisi Medical Institute will pick the courses they feel are important. These will be the major courses in medical school, such as pathology, anatomy, pharmacology, etc. Emory will be furnished:
 - a. Individual student's grade in each of these subjects, plus the overall average. (Grades are already given in each course, on a scale of 1 to 5, with 5 being tops.
 - b. A graph will be supplied that shows the distribution of the entire class in these same courses, so that the individual student's class standing can be determined.
 3. **Clinical Evaluation & Interview**: this will be done as in Fall of 1993. There will be stations where physical examination and major subjects will be covered. Questions & replies will be in English. Manned by faculty of the Medical Institute plus Ms. Carlin & English language teachers. English ability will be graded also. A standard reporting format will be devised.
 4. **Letters of recommendation**:
 - a. Dean's letter, which will include:
 1. Student's biography
 2. Narrative description of basic science performance
 3. Same for clinical performance.
 4. Character & work habits.
 5. Scientific potential
 6. Overall recommendation of the faculty of the Institute
 - b. Chair of a major department, chosen by the student.
 - c. Faculty member, chosen by the student.
 - d. One outside individual: family, teacher, etc.
 5. **Personal statement** by student. Should also include what he/she feel they can do for the Medical Institute and for the Republic.
 6. **Future**: performance on USMLE Part I.
- All of above information will be sent to Emory for a final decision.

I

spent some time stressing to everyone how hard the students were working here on the clerkship, and how much was expected of them. I said we were only interested in very able students who were serious, worked exceptionally hard, and who would return to the Republic and work the rest of their lives improving health care and academic medicine. I said the graduates of this program would compete with other U.S. students for house staff positions, and that we felt they would be in a good competitive position.

2. Faculty and Curriculum Program

Jack Shulman and I planned before I went that two faculty members from the Medical Institute will be invited to come to Emory in mid-July and stay two months. They will be the course directors of courses in the Medical Institute. One will be from the basic sciences and the other from the clinical sciences. All courses will be included ultimately. The timing of the visits will depend upon when the specific courses are given at Emory. Following requirements:

1. Fluent in professional and conversational English
2. Minimum expected term of service to Institute of 10 years
3. Present or future anticipated leaders of Institute
4. Demonstrated leadership, scholarly & teaching abilities
5. Intense work ethic
6. Substantial interpersonal abilities

Four principal goals:

1. Learning to be course director
2. Intense study of Emory curriculum in order to return & begin revision of Medical Institute curriculum.
3. To develop expertise in a particular area of clinical or basic science: e.g., ECHO cardiology, etc.
4. To begin a research collaboration with an Emory colleague.

I presented this to the executive faculty, and it was enthusiastically received. The Dean wanted to send someone in neonatology as the clinical person, since this is such a pressing national need at the moment. I said we would include that person with the neonatology program (see above), and we would like to have two faculty members from major clerkships to come in mid-July--that we wanted early to influence the major courses, and thereby the curriculum.

There is a clear commitment to revising the curriculum, although I did not get the impression a lot was happening at the moment. This was brought up at the Ministry and the Institute. This brings up another point: the Rector negotiates his budget separately with the government, and not through the

Ministry. So he does not report directly to the Minister of Health, although obviously there is a close connection. Worth us remembering as we deal with both groups.

I gave the Dean the plaque from the Partnership and AIHA at a meeting of the executive faculty. He was excessively pleased, and promptly set up a lunch that began with Rasputin (a highly inflammable Russian vodka, previously unknown to me) and ended with him breaking out an (obviously) treasured bottle of Napoleon's best. I weaved out of the lunch.

3. House Staff Training

We anticipate the students will compete with U.S. students for house staff positions. In addition recent graduates of Tbilisi Medical Institute will apply for house staff positions after taking USMLE parts I and II. Both of these groups will be looked at closely by program directors at Emory. They will have a significant advantage over individuals from other countries in that their work will be known (if they are students), and they can be interviewed in Tbilisi if they are graduates who have not come to Emory.

I met with two graduates who had taken the USMLE and/or ECFMG. One had scores of 90 and the other the high 80's. They had both done this on their own without a Kaplan course, and had taken the test in Turkey. Their English was better than mine. In short, there are impressive young graduates who would probably make outstanding house officers.

4. Research Collaboration

Research collaboration was brought up several times. I said the way we wanted to approach that at the moment was as a product of the various projects we have in operation. E.g., when the neonatology people go over (Susie and AI), they will interact with their colleagues in the Medical Institute as well as in the Ministry of Health. And that research collaboration would occur as a result. In a similar fashion with the course directors, etc.

I do think it would be appropriate for Don Humphrey or a similar person to

pay a visit sometime soon, perhaps with Jack Shulman (if his schedule permits) and me during the May-June visit. Or a year from now when a lot of the projects are up and running.

C. City Hospital #2

Concept
1. The Atlanta partners will provide technological training for the Tbilisi partners. When possible this will also include persuading donors to give the equipment that will be used in the training.
2. Hospital administration & organization will be developed substantively.
3. New approaches to the delivery and financing of health care will be explored.

1. Politics of City Hospital #2 & the Partnership

There was recently a brouhaha about the choice of an individual to learn CT scan interpretation in the U.S. I met with one of them, Kaha, who has been head of internal medicine in the hospital. About 45, seemingly intelligent and knowledgeable about medicine. Personable. He was the one who caused a big argument between Archil and Sherry Carlin on the one hand, and the executive council of the hospital on the other. A young thoracic surgeon had been chosen by the former two, and agreed upon by Ilia, the Hospital Director. Excellent English, young, enthusiastic. But the executive council protested that all the plums (U.S. travel) were going to new people outside the hospital, and they insisted that some of them who had been devoted, loyal, etc., over the years should share in this. So Kaha. His English is marginal. To give him credit, he had just started it again after many years of disuse. I made a tremendous point of his practice in English. I think by the time he comes over he can do all right.

I talked first at length to Ilia, the Chief Physician and Medical Director, whom

I found to be in good spirits and retaining (at least for me during our meeting) his enthusiasm. He made to me several points, all of which came up at my meeting with the executive council:

- They wanted to know what was being done with the money given to the Partnership. They brandished before me the budget prepared by AIHA that had a total of \$634,950 as the bottom line. I was horrified, since I knew for a fact this was not the case. I looked carefully at the document and discovered, of course, that the huge majority of this money was "In Kind" contributions by Emory, Grady and Morehouse, with a very little (pitifully inadequate) hard money for travel, office expenses, and other items.

I grew to have a healthy loathing for this piece of paper and the "In Kind" fantasy. Have you ever tried to explain "In Kind" contributions to citizens of the former Soviet Union? They have absolutely no concept, and in spite of every explanation I could come up with, I felt they ended up feeling that somebody, somewhere (they suspect Archil) was using the money for their own personal benefit.

I recommend we never ever again give a document with "In Kind" (fantasy) money in it out to people who have no concept of this. Let us keep it for people over here who need to know it.

- They felt the partnership coordinator (Archil) was taking over their role in running the hospital. Iliia made a great point to me to reassure them on this point, and I said over and over that "all the decisions for City Hospital #2 are made by the executive council and the head doctor." I think they were reassured on this point.
- Selection of candidates. They told me at great length about their desire to make the selections. I made some points to them ("the Republic of Georgia is giving a lot of scarce resources only to City Hospital #2, and not unreasonably expects that the very best people are sent to the U.S. for training, etc."). However, I did not shout about these points. My own feeling is that we need to be quite sensitive to

this feeling on the part of the staff who have been there many years. They in fact have been quite accommodating about the matter of selection: a number of the people who have been sent over have been people who never before worked at the hospital. Moreover, and here is the real point, as soon as the first substantial piece of equipment (the CT scanner) is in place, I think the entire atmosphere will change, just as it did in the Medical Institute when their students actually arrived at Emory. I think if we behave with care all of them will become quite proud of the project, and will work together with Sherry and Archil to come up with excellent people. And on our part we need to include the best of them in the training.

I had the key members of the executive council and the head doctor up to the Metechi Palace for lunch, where I toasted them all fulsomely. This attention (plus the wine) mellowed them out remarkably.

I presented the plaque from the Partnership and AIHA to Ilia at the meeting with the Executive Council, and he smiled all over.

2. Construction of New Hospital Building

There has been clear progress since my last visit six months ago, but there is a lot to be done. Electrical circuits abound. The top floors of the hospital have been painted, and look ready for the final touches. It looked to me as though one month of U.S. labor would finish the project, but I am certainly not a construction person.

At the request of the Minister of Health and Archil I made a big point to Schevardnadze about giving the money to finish the project, and for it to be finished as soon as possible. I specifically said both inpatient and outpatient areas, at the request of Archil. Schevardnadze was receptive, but did not say at the moment he would guarantee it. I was told that the CT site was ready for the final touches, which apparently will be under the direction of GE's Moscow representative.

3. Clinical Laboratory

Three physicians visited Atlanta last June. The City Hospital Laboratory is

now being consolidated with the Tbilisi city laboratory, with both coming under the direction of the City Hospital person who came over here. David Vroon is scheduled to go over shortly with equipment and to institute a thorough reorganization.

4. Nursing

The nursing curriculum is progressing very nicely. Sherry gives lectures, the nurses are working on English, and apparently they are all quite excited. The plan is for them to spend time at Grady and at Georgia State. The goal is to upgrade the nurses' role in the hospital at the same time the curriculum for the nursing school is being revised. This entire part of the partnership will suddenly gain a focus and get tremendous credibility when we have a cardiac care unit up and running, with monitors and modern diagnostic equipment. Sherry will be a tremendous asset as a former CCU nurse in setting this up. The nurses will then have a role that all can see, and the program will get a tremendous impetus.

5. Radiology

Two physicians are coming to Atlanta for training in body CT and head CT. And two engineers will be trained on maintenance by GE. I noted above the problem with one of them being chosen by the hospital. I feel the arrival of the CT will be the watershed in our relationship with the hospital. **We must have it on site ASAP.** As nearly as I could tell, it is a correct statement that the final touches are what is needed for the site to be ready. With a renewed commitment of support from the Minister, and our meeting with Schevardnadze, I feel this can be done with some alacrity. The key point of course is the supervision and certifying it is ready by GE's Moscow representative.

6. Cardiology

A cardiologist is coming over here soon to train on the ECHO with John Merlino. I saw him again when I was over there (also named Kaha), and I was impressed by his enthusiasm, knowledge, excellence in English, and youth (early thirties). The second one, Irma (?), is apparently not at the same level, and will come later.

When the new hospital is ready, we need to pay careful attention to setting up the coronary care unit. We met with Piedmont Hospital recently, and it is possible we can get enough monitors. See my comments above about the nurses.

7. Gastroenterology

A reputedly highly accomplished endoscopist is coming over here as soon as the dates can be worked out. I have passed this by Tom Boyer, who is quite supportive.

The hospital would also like for another gastroenterologist to come over and learn abdominal ultrasound. We need to pass this by Bill Casarella and get his assent. Apparently the GI people do the ultrasound over there, not the radiologists.

8. Administration

I noted earlier the AIHA conference in Murmansk in March, and the participation by seven or eight people from the hospital. AIHA is also planning another regional conference soon.

This is a very important area in the long run. On the flight down to Tbilisi and in the Metechi Palace I got to know a delegation of German lawyers who were down to show the Georgians how to write contracts. Shevardnadze also made a point during our meeting that "we were not ready for independence. We needed a transition phase." All of us who visit are struck repeatedly by the total absence of so many things we take for granted. E.g., I spent a lot of time explaining what a Board of Trustees is, and I don't think even then I succeeded. We really have not yet come up with a comprehensive plan to tackle this problem in the hospital.

9. Outpatient Diagnostic Clinic

We are beginning to get the pieces for this in place: building; cardiology; radiology; gastroenterology; etc. But we have not found successfully anyone from our side who can provide the planning and conceptual framework. Paul

Klever and I will be meeting in the next two weeks with an individual from the clinical faculty who has an immense experience in setting up clinics, and hoping to get his help.

Sherry Carlin's Activities

Extracts by KW from her monthly calendar

- Tour of Radiology Diagnostic Clinic. This is a very interesting clinic. It is totally fee for service, and outpatient only at the present (but plans are being laid for inpatient too). Has a relatively new CT scanner (head and body), modern laboratory equipment, etc.
- Meeting with Warren Townsend. Retired executive of CitiBank; in Georgia with AID helping to develop small businesses. He and Sherry have become close friends, and he has been an excellent adviser.
- Meeting with WHO representative regarding the June conference. WHO is quite interested, and plans are being laid for their participation.
- City Hospital #2: meeting with nurses to develop next month's nursing curriculum: topics, lecturers, times, places. Four hour meeting with Executive Council of hospital
- Meeting with geographer in preparation for February conference. This man will present detailed maps of Georgia at the start of the conference, showing physician, hospital and clinic distribution in the Republic, as well as other health related statistics.
- Lado Giorgadze (Executive Deputy Health Minister): meeting to review plans for Feb. conference.
- Tour of Institute of Therapy (internal medicine). One of their "NIH" type institutes.
- Meeting with Medical Institute students who have come to Emory.
- Michele Lipner: Director of United Methodist Committee on Relief. Our partnership has established a close relationship with UMCOR. They are helping us with shipments, we are jointly putting a proposal on Mental Health to AID for funding.
- City Hospital #2: giving classes to nurses
- Visit to German Embassy with students coming to Emory, in order to get transit visa through Germany
- Meeting with new Private Voluntary Organization ("PVO" or "NGO"-- non-governmental organization) "Save the Children." They have arrived in Tbilisi and set up shop. When our partnership arrived there were only one or two PVOs. Now there are about 38.
- Financial officer at UMCOR: Sherry met with him, and he showed her how to set up financial records for our partnership modeled after UMCOR's.

- Spent all Saturday in Guldani (15 kilometers from Tbilisi) visiting displaced families from Abkhazia. The international groups have developed a questionnaire to get information about these families: nutrition; finances; what aid sources they have used; their health care and needs, etc.
- Weekly meeting of the medical subgroup of the Committee of International Humanitarian Aid groups: update of what each is doing; review to prevent duplication.
- Visit to all mental health facilities in Tbilisi, with particular emphasis on crisis intervention centers. Getting information for our proposal to AID along with UMCOR
- Visits to the maternity houses of Tbilisi (“birthing centers”) to see what facilities, etc., are there, in preparation for Maternal Health Project.
- Visit to all the nursing schools in Tbilisi to review curricula and facilities

TBILISI TRIP DIARY
Feb. 1994

Saturday, Feb. 12

Left Atlanta at 5:45 p.m. Friday. Ten hours to Frankfurt, arrived 8:25 a.m. Saturday. Caught Air Georgia about 3 p.m. for 4 hours to Tbilisi. Takes 24 hours from Atlanta Airport to hotel room here. Now in hotel room at 1 a.m. Sunday trying to go to sleep. Met by Sherry Carlin, Archil, and Paul Klever. The plane was late as usual, customs long and tedious, so finally to bed at 2 a.m. Snow gently falling.

Sunday, Feb. 13

Ground covered by snow. Quite cold. Met today with Sherry, Paul and Archil. Last week with the librarians from Morehouse appears to have been a disaster from start to finish. It began inauspiciously with some of the computers disappearing. Later turned out they had been taken home by one of the librarians, who was afraid they had been stolen. Then the Rector "appropriated" one of the computers that had been brought over for the partnership office, maintaining that it had been sent to the school from the airport, so it clearly belonged to the school (later in the week I told the Rector in effect how much we appreciated him taking care of it for the partnership, and Archil would pick it up for the office; the Rector said that would not be a problem). Next it turned out the librarians who had spent two weeks at Morehouse being taught how to catalog had in fact not done anything since returning. The final insult was that the CD ROM with Medline brought over was damaged beyond repair in route. The recriminations, wounded feelings and acrimony were enough to heat even the frigid air of Tbilisi (20's, with snow).

The four of us went over all the projects we have here. Paul updated me on everything that happened this last week with him. We agreed on a number of issues, e.g., the selection process for the students.

Archil introduced me to a former student of his, Gela Mchedlishvili, who coincidentally happened to be in the lobby. Had trained in thoracic surgery, now decides wants to go into medicine. He asked if I could help him get a

position in U.S. I asked how he did on ECFMG, which he had just received. He made 84 on the basic science, which is quite good. I carefully told him merely to come by later in the week and let us talk about it.

Staying at the Metechi Palace hotel. Only place in town with electricity, heat and hot water. I am to find out later how important this is.

Monday, Feb. 14

This morning I had breakfast with Gia Bokochava (kveli@iberiapac.ge), a computer person who was a close friend and classmate of Andro's. We had arranged for Virgil Brown to have him over to Emory with help from a drug company. He and Andro designed an outstanding intelligent program to advise what to do with elevated lipids. Virgil was so impressed he was interested in having Gia over to work on some other programs. His degree was in theoretical physics, but since then has been teaching and working in a computer lab. I was quite impressed with him. Very bright, obviously a workaholic. I told him we would do everything possible to get him over to Atlanta. He is writing out what he has done and would like to do, and I will see what to do. I estimate all we need to do is get him over, and he will connect up with Ga. Tech. computer center or a similar place.

Went to the Ministry of Health this morning at 10 to meet with Lado Gorganadze, but it turned out he had a recurrence of his peptic ulcer disease last night and is out of commission. Archil says there has been a huge influx of refugees from Abkhazia the last few weeks, overloading both facilities and people.

This afternoon met with the Rector and Dr. Tvildiani. I went over with them what we proposed with respect to the students and faculty (attached as Medical Institute). The atmosphere was cordial, although freezing (same as outside; I estimated 20°, same as outside).

This evening we had dinner with Andro's mother Eliko, at her home. I took an entire bundle of mail and gifts sent over with me. Sandro, who spent three months in Atlanta, was there, as well as Andro's brother Levan. Sandro works with the UN in Tbilisi now, and is paid in U.S. dollars (a tremendous advantage). He is the administrator of the UN office here. He gave me a

nabady, which is a gigantic overcoat made out of sheep hair, and used by the shepherds up in the high Caucasus mountains. Totally weatherproof, weighs a ton. Also a hat made out of sheep hair. I made quite a site in the mirror.

There was no electricity or heat. For the first time in many years I appreciated how denervating a temperature of 20° can be. The floors were cold, the walls, everything. It was painfully cold. I had paroxysms of shivering periodically. Tbilisi, like other Soviet towns, has all heat and hot water supplied centrally. All of this is inoperative now, due either to disrepair or no electricity. Except for a few strategic locations: houses that surround the Parliament building, a military base, and ambassadors' hill. People go home at night and go to bed. Or they stay in bed all day. Weather said to be fine until two or three days ago. Moscow today said to be almost zero, coldest in several years. When I got back to the hotel I filled the tub with the hottest water I could stand and soaked in it.

Tuesday, Feb. 15

I met today for breakfast with Andro Zangladadze, a neurologist who works with evoked potentials (nothing else, nothing even nerve conduction or EMG; I told him he was "quite specialized.") Several years ago he by happenstance met a visiting Atlantan in Tbilisi, Kelly Jordan. They struck up a friendship, and he was over to Atlanta for a visit two years ago. Met Chip Epstein in neurology, and decided he wanted to come back. Kelly Jordan found out about our project, and met with me in Atlanta. He would bring Zangladadze over and take care of his living expenses for awhile if we could get something for him to do in neurology.

We went to City Hospital #2 and met with Ilia. The hospital has electricity but no heat. It shares heating with another hospital, and the director there has shut down the heating system--says it needs repairs. Meantime there are 90 patients and a lot of refugees in the hospital. Ilia and I had a long talk about the Partnership. He brought up three concerns. First, his people think there is money meant for them that they are not getting. He brought out the AIHA budget for Tbilisi-Atlanta. To my horror I saw the bottom figure was over \$600,000. I looked closely, and all except a few thousand (for travel, office expenses) was "in-kind" contributions. I tried at length and very creatively ("accounting magic" was a last desperate description) to explain the

concept. Archil later told me he had discovered no way of doing this. I promised myself to let the Washington office know this sort of folderol was wonderful to show to visiting AID people, but it has no use in the ex-communist field. We then discussed at great length his second concern, that of selection of the delegates to go to the U.S. The word "autonomy" kept coming into the conversation. I brought up that the Ministry of Health was making available to Hospital #2 many scarce resources, and consequently could expect that the best people available would be sent to the U.S., whether they belonged to the old longtime staff, or were outside people. This conversation went on for a couple of hours, and was continued over lunch. His third concern had to do with it being publicized that the "Tbilisi coordinators" (Archil & Sherry) did not run the hospital, but instead this was done by him and the Executive Council: "All decisions are made by the hospital administration and not by the coordinators."

At lunch he and I agreed we would have the key members of the Executive Council to lunch at the Metechi Palace Hotel the next day, and discuss these issues with them. I got Ilia to dictate to me a statement that he thought we might agree upon with respect to the problems listed above. I have polished this statement this morning and will present it when we meet.

Last night we had dinner with Salome's parents. A fine old house high on a hilltop, with furnishings carefully culled over the generations. Her father is an architect-interior designer who has a highly successful company. A roaring fire, plenty of fine wine and wonderful food. An outstanding evening.

We came back and Archil, Sherry and I agreed upon the main points to be made tomorrow at the hospital, which I incorporated into the proposed document. We also agreed, at Archil's urging, that we would give a dinner at the Metechi Palace on Thursday night for the American Ambassador, Vice Prime Minister, Mayor of Tbilisi and others, and accomplish various objectives.

Electricity in the hotel was out. I had an opportunity to use the candles I had brought for the purpose. Thankfully the hot water was intact. Outside it is snowing again, and bitterly cold.

Wednesday, Feb. 16

A heavy blanket of snow outside. Still no electricity except for the few things run by the generator (a few lights, one elevator). The furnace does not run, but my room is still quite comfortable. This is not true for the dining room, which has a large expanse of windows and is quite cold. Had breakfast with Andro Zangaladze. A businessman in Atlanta (Kelly Jordan) got to know him several years ago, and had him for a visit to Emory two years ago. He specializes in evoked potentials, and wants to come to Emory for two months and work with Chip Epstein. I had spoken with Chip earlier, and gotten his agreement. While over here he will assess taking the ECFMG equivalent tests next year, and think about his future. Quiet, smart. I also saw Sandro again.

Went at 10 a.m. to the Ministry of Health and went over our plans. He had already been given details by Paul, so this was a piece of cake. I made to him the points Archil had told me about: the Coordinating Committee; support for the office; finish the construction on the hospital. Presented our plaque to Lado Giorgadze, the Executive Deputy Minister, who loved it.

Then went to City Hospital #2. Started out by meeting with the executive council, where they brought up the points I wrote about earlier. Shiveringly cold. Then I took the key ones of them to lunch at the Metechi. I toasted them over and over. They included the chiefs of internal medicine and cardiology, the pharmacist, and several others. About half and half women and men. I had each of them tell me about their families, where they were raised and went to school, etc. After a lot of toasts and wine we all left feeling warm and mellow about everything!

At night had dinner with Archil at his house. No light. Candlelight and space heaters. American Ambassador, Betsy Haskell, Sherry, Archil and his wife. Mayor of Tbilisi invited, but out of city. Many toasts and much conversation about everything. Heard a lot about various business ventures from Ambassador and Betsy.

Thursday, Feb. 17.

Met at breakfast with Gia Bokuchava the computer person. He brought me a statement about his interests. Met formally with Gela Mchedlishvili. About 28. Trained in cardiovascular surgery. Does various operations now. Has

decided he would do better in U.S. in internal medicine, and then go into cardiology, since it is so hard to get into surgery. Studied for ECFMG himself, made 84 on the basic science part. Excellent English. Coming to U.S. in two weeks to begin trying to get a position in an unmatched slot in March. I told him I would help him.

Went to Medical Institute at 10:00. Met with Dean, and then executive faculty, and then fifth year students. Gave them both the same talk about selection process. Talked to faculty about their program. Emphasized bluntly we were looking for the best people. The students were very serious, and wanted to know all the details.

Met David Tkeshelashvili. Graduated two years ago, wants to come to U.S. and be a neurologist. Made 90 on basic science part of ECFMG. Personable, excellent English. I told him I made no commitment, but I would see what I could do.

At 3 p.m. went to visit the Vasadzēs; their son Levan is living with me as he gets his MBA at Emory. Lived high up on the mountain outside Tbilisi. House destroyed in Tbilisi, government gave them an old summer dacha to live in until the house (apartment actually) is repaired. Grandfather was a delight. Taught himself English. About 78. Head of Department of Geophysics in Tbilisi. Son-in-law Levan, daughter, two year old child. A man named Eura and his wife also living with them. Vice Rector and head of geophysics in Sokoumi, and displaced by war. They had a friend who is an artist, and they had engaged him to paint my portrait. Name Gheghechkori. Painted Bush and Baker. I sat for 45 minutes without moving a muscle for the first draft. Told me it would be ready in oils when I returned next time. I, of course, did not like how it looked. Told myself how I was behaving like every other person I know who sees himself/herself on paper and has to confront the reality of it all!

At night I hosted dinner at the Metechi Palace for the Minister of Health, one of his deputies, and the American Ambassador, along with Archil and Sherry. Talked for first half about health problems associated with Abkhazia. Next half spent on our partnership. I was told what points I should emphasize with Shevardnadze. A really good evening.

Friday, Feb. 18

Had breakfast with Giorgio Gotsadze, Archil's son-in-law and an obstetrician. About 30. Working now with UMCOR. I encouraged him to think about doing postgraduate work in fertility. He gave me the New York address of UMCOR, and said we could on occasion borrow their DHL pouch to send material to Tbilisi. Then I saw a 55 year old with Parkinsonism. From West Georgia. Set up by Archil at the request of the Ministry of Health. Parkinsonism for about five years. Andro Zangaladze, the neurologist who wants to come to Emory, had come to bring me some papers. So I asked him to go over the patient and then present him to me. I told the patient he was receiving excellent care in Georgia, with periodic visits to Moscow.

Told this morning I am having the meeting with Schevardnadze at 5 p.m. This was the first time it was confirmed and we knew it would actually take place.

Had lunch with the parents of the students at Emory. I took them letters from each student, and photos which John Borowski made of them. A wonderful lunch. Much toasting. The parents were ecstatic.

Left at 4:00 p.m. and went to Ministry of Health, where the Minister took us to Schevardnadze's office. Waited outside about ten minutes where a fetchingly beautiful young American translator told me where to sit, to call him "Mr. Eduard," which is their equivalent of Mr. President. He came in and we had the meeting I outlined earlier. Long table, beautiful wood. He sat across from me, with Minister to his left and then a male and female aide. He took copious notes.

Back to the Hotel where Archil, Sherry and I had a celebratory drink--several of them, in fact. Then we discussed the project for several hours. I tumbled into bed and got up at 6 a.m. to pack.

Saturday, Feb. 19

Up at 6 a.m. Packed huge amounts of letters from Georgians to relatives in Atlanta. I was given ten bottles of brandy, all of which I (regretfully) left behind. I had great problems packing the *nabady*. Airport at 9, took off at 10. Archil pointed out to me the entire Finance Ministry was on the plane. I

sat next to one of them for the four hour trip, and had a great time talking about Georgia and its finances. Arrived in Frankfurt and got on Delta with ten minutes to spare.

At 38,000 feet and one hour out "Is there a doctor in the plane?" Sixty-one years old, plump, heart attack two years ago, last attack of angina two months ago, just finishing up a physically demanding trip to Russia. Cold, clammy, short of breath, ten minutes of angina, nausea, pulse 120, blood pressure 200/110. Paramedic also identified himself. We gave him oxygen, I told Captain he might have to make a sudden change in plans. He had already picked all the places he could "divert" to. I had them bring the patient and paramedic to cabin I was in. After about 30 minutes on oxygen no pain, looked much better--thank the Lord. I wrote Delta a note and told them to do something nice for the paramedic and his wife.