

The Robert W. Woodruff Health Sciences Center of Emory University includes

- Emory University School of Medicine
 - Nell Hodgson Woodruff School of Nursing
 - Rollins School of Public Health
 - Yerkes National Primate Research Center
 - Emory Healthcare, the largest, most comprehensive health care system in Georgia, which provides millions of dollars in charity care each year and includes
 - The Emory Clinic
 - Emory Children's Center
 - Emory University Hospital
 - Emory Crawford Long Hospital
 - Wesley Woods Center of Emory University
 - Emory-Adventist Hospital, jointly owned
 - EHCA, LLC, created in collaboration with the Hospital Corporation of America
- Emory Healthcare also has a community-based health care affiliate network of hospitals and physicians throughout Georgia, Alabama, North Carolina, and South Carolina, with whom Emory shares its resources as an academic medical center and enhances the provision of health care services.

COMMUNITY BENEFITS REPORT, 2006

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For many needing health care the most and who can least afford it, EmoryHealthcare is there, meeting needs that otherwise would go unmet.



Being there

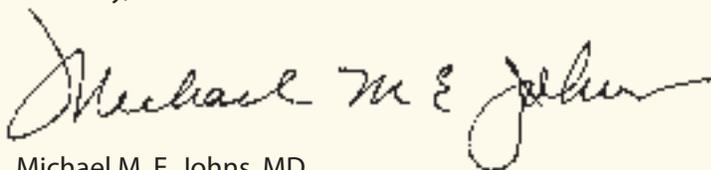
When Hurricane Katrina struck the Gulf Coast in fall 2005, the response here at Emory was both professional and inspiring. Plans were drawn quickly and efficiently over that fateful Labor Day weekend, and people set to work, running at a sprinter's pace even as they realized that they were in a marathon. They met planes, triaged patients, staffed shelters, housed evacuees, set up phone lines to locate patients' families, helped displaced students, and generally reached out with hearts and hands to help people in great need. We can all be proud of this response. But no one should be surprised. Responding to great need is simply what they do best, each and every day.

Clinicians and faculty in Emory Healthcare and in the schools of medicine, nursing, and public health understood full well that this was not only a full-scale disaster but also a crucial teaching moment. Students and physicians in training, like the one in the photo opposite this page, were observing them as role models to understand how to respond at a time like this. The mentors in this case not only provided great leadership but also inspired it in their trainees. "This is what we're all about," they seemed to say to one another. Indeed, helping people in need and being there when they need it is what we're all about.

This is the second in a series of collected stories about what we do in and for the community, whether in our own neighborhood, across town, or at far-flung locations around the globe. It's a chance to take stock, to find inspiration in the good and generous spirit of those around us, a chance to say thank you to those good souls for what they did during this time of crisis and for what they do every day all throughout the Woodruff Health Sciences Center.

We hope these stories will be a source of inspiration to you, just as Emory faculty and staff are to us. It is a great privilege to serve those in need and to bring care where and when it is needed most.

Sincerely,

A handwritten signature in black ink that reads "Michael M. E. Johns". The signature is fluid and cursive, with the first name being the most prominent.

Michael M. E. Johns, MD

CEO, Woodruff Health Sciences Center

Executive Vice President for Health Affairs, Emory University

Chairman of the Board, Emory Healthcare

When catastrophe strikes: Hurricane Katrina

Within hours after Katrina smashed into the coast of Louisiana and Mississippi, Emory Healthcare and other components of the Woodruff Health Sciences Center had mobilized to help those left injured, sickened, and displaced from their homes and schools by the largest natural disaster ever seen in the United States. They met planes of evacuees, helped reconnect people with their families, organized volunteers, adopted shelters, opened their homes, made room for extra students, and worked in droves on double shifts. For many clinicians who may have thought there was little they hadn't seen after a career in medicine, Katrina was a life-changing experience. One doctor who befriended a toddler who had watched her mother being swept away in the floodwaters said, "My tears were for sadness, but they were also signs of respect for the tremendous resilience and courage that I encountered while interacting with those impacted by Katrina."



Beyond the call of duty

With early newscasts of the devastation still blaring from their TVs, many Emory Healthcare workers were ready to rush to areas affected by the hurricane. A quickly formed Emory medical oversight team determined that the infrastructure in those areas was simply too damaged and recommended that most clinicians stay in Atlanta, where thousands of evacuees would soon arrive.

The VA Medical Center served as the field coordination center, and dozens of Emory medical, nursing, and public health faculty, staff, and students joined triage teams that met each plane, screening arrivals to determine

who needed what medical care and to offer reassuring words: “You are not forgotten. We are here.” Before the first weekend was over, they had triaged approximately 2,500 medically fragile patients.

Even more evacuees arrived in Atlanta on their own, presenting themselves at Emory emergency departments for counsel and care—patients with skyrocketing hypertension, patients overdue for dialysis, patients halfway through chemotherapy, patients who had been scheduled for heart surgery, patients whose bodies threatened to reject transplanted organs. Many had lost their medications in the floodwaters, along with their glasses, clothes, and family photographs.

They had no idea where their physicians were. At least two babies were delivered. One doctor later said the experience was as if an entire hospital had suddenly dismissed its doctors and nurses and emptied out all its patients, leaving them bereft not only of care but also without any prescriptions or medical records. For the Emory doctors, every case meant starting from scratch.

Emory Healthcare took these patients in, as they

needed it, without regard to their insurance coverage. Of the almost 400 patients hospitalized in Atlanta area hospitals during the first days after the disaster, nearly 40%—more than 150 patients—were sent to hospitals owned by or affiliated with Emory. Administrators scrambled to free up beds, imaging equipment, and operating rooms in facilities already at capacity. Emory Healthcare doctors, nurses, physician assistants, pastoral care staff, social workers, and others, many already working overtime, volunteered in droves for double shifts, both in the hospitals and in Emory outpatient facilities, where another 800 Katrina evacuees received treatment.

Nor did Emory simply wait for patients to come to them. Emory emergency medicine physicians quickly took the lead to develop a plan to provide medical coverage at shelters—both the large shelter in the Georgia Tech coliseum and many smaller ones operated throughout the city by the American Red Cross, Salvation Army, and other organizations. Emory physicians and trainees, with vital support from Grady Health System pharmacists and other staff, provided essential medical services that prevented deterioration of medical conditions such as asthma, diabetes, and epilepsy. This work not only helped the people in question but also helped keep them out of the city’s already overloaded emergency departments.

Faculty and students in the Nell Hodgson Woodruff School of Nursing also took the lead in coordinating recruitment of 900 volunteers to staff the American Red Cross’s three mega shelters and scheduled nurses and nursing students to provide 24/7 triage for anyone who came into the Salvation Army relief shelter on North Druid Hills. Nursing faculty and students provided more than 360 volunteer hours themselves at this shelter, which they arranged to have “adopted” by the University.

Psychiatry faculty and residents went wherever the evacuees were to care for both pre-existing psychiatric disorders and post-traumatic stress syndrome, depression, and other tragedy-related problems. In the hospitals, clinics, and shelters in the Emory area, Emory Healthcare chaplains worked around the clock to counsel and comfort every single patient.

The Rollins School of Public Health assembled teams of students to visit the six metro area shelters daily, compiling reports on medical conditions and needs under the direction of the lead epidemiologist in the state health department.





Where was the woman they called “Big Mama? Was she lost in the waters, or had she been taken somewhere else?

I must not be in New Orleans anymore

All that Louisa remembered about Katrina was the water, first spreading across the newly mopped floor of her hospital room, then rising to her knees. She didn't remember the helicopter in which she had been evacuated to Atlanta or the transfer from Emory Crawford Long Hospital to Wesley Woods Hospital for further evaluation and care.

It was as if, Wizard of Oz style, she had suddenly been dropped from the sky into a new land. She was not quite sure where Atlanta was or why her family never came to see her. In the confusion of hurricane evacuation, Louisa's last name had been listed wrong on her New Orleans hospital armband, and she couldn't remember it. She knew the first names of her children but not their last. Eventually, Jennifer Schuck, assistant director of social services at Wesley Woods Center, coaxed a street address in New Orleans from the swirl of Louisa's memories. As later would be recounted on CNN, Schuck was able to confirm the address and obtain a last name of the residents. She then spent her every free moment on the Internet, searching locator websites set up by the

American Red Cross and other organizations. Finally, on a website of a small radio station in New Orleans, she found pleading messages from Louisa's children, who had been evacuated to Chicago. Where was the woman they called “Big Mama”? Was she lost in the waters or had she been taken somewhere else?

When Jen made the phone call to Chicago, there were sobs of relief. Then she stepped into Louisa's room. “I have some news for you,” she said. When she added, “Big Mama,” Louisa's eyes brightened in recognition, and she too began to weep. She must be home.

A week earlier, Louisa had arrived in Atlanta with no medical records. Her costs at the two hospitals had been almost \$10,000, the bulk of it at Wesley Woods. Did the mysterious Big Mama have any Medicare or Medicaid benefits left to reimburse these costs? No one at either hospital had asked during her treatment and did not know the answer until long after they had stabilized her condition to the point where she could join her family in Chicago.

Connecting patients with family: Staff at Emory Crawford Long Hospital established a patient locator line that received hundreds of calls from desperate relatives who had been told only that their loved ones had been sent somewhere in Atlanta for care. Social workers and chaplains also worked with the Red Cross and with organizations in Louisiana and Mississippi to get family members connected.

Tracking down the displaced

Emory psychiatry professor Nadine Kaslow watched in dismay as Hurricane Katrina destroyed the sites of at least



five training programs, disrupting not only the lives of patients being served but also those of the young psychology graduate students and postdoctoral fellows working there. Many of the students lost irreplaceable

research data, and all lost time toward their careers. Kaslow made it her personal mission to find every one of these students in the country who had been displaced, tracking down dozens of them and then reaching out to help. At a ceremony in which the American Psychological Association presented her a presidential citation for this work, she reacted with surprise. What she had done seemed natural to her. "In this sea of sadness and despair, I only wanted to do a good deed for a great group of people," she said.

Opening school doors

Katrina struck just as students were beginning the new academic year. Tens of thousands of students at all levels were suddenly left school-less. Their clothes, computers, and books were gone, and their schools themselves were beyond quick repair. The situation was particularly critical for students in professional schools, where the class sequence was less flexible, and for international students with visas but without families in the country.

Although almost all of the academic divisions at Emory were already full, that did not stop schools from offering space to displaced students—but only as tran-

sients, since Emory wanted to assure that Tulane and other hurricane-area schools would not permanently lose the students they would need to rebuild. A sizeable number of the 100 undergraduates offered places at Emory were in the nursing school, which also opened its doors to transient graduate students. Emory's medical school also offered to accept medical students and residents displaced by the hurricane, but national medical education organizations decided to temporarily consolidate all displaced medical students in schools in Houston and Baton Rouge.





Setting another place at the table

On what was supposed to be the first day of class, Tulane University told its faculty, staff, and students to leave New Orleans immediately. Tulane also lined up 10 buses to evacuate those without transportation. Among the 500 people climbing aboard with only a small bag was Ana Chevez, a pediatrician who serves as coordinator of her native El Salvador's national immunization program. Chevez and other high-level public officials from numerous developing countries had arrived in New Orleans only days before to spend a year as Humphrey Fellows at Tulane's School of Public Health and Tropical Medicine. Instead, they spent the first three days of the semester sleeping on a gym floor in Jackson, Mississippi. On Tuesday, after the levees broke in New Orleans, there was no going back. On Wednesday, Hurricane Katrina hit the Mississippi coast, hard enough to knock out electricity and running water in distant Jackson. After five nights in the gym, two without power, the students were bussed yet again, this time to another gym at Georgia Tech. In the meantime, Emory's public health dean, Jim Curran, was on the phone with public health deans across the country, sorting out which schools could take in more

of the displaced students. The Rollins School of Public Health was full, but in an emergency the school could always find another place at the table. Chevez was one of more than two dozen international students for whom the school made room.

Ruben Jamalyan, a health care reform administrator from Armenia, was another, but his journey to Emory was even more circuitous. Because his wife and 2-year-old child planned to join him in New Orleans, he had just gotten a small apartment north of the city. During the evacuation, Tulane administrators tried desperately to get through on Ruben's cell phone, but the networks were jammed. After holding a bus for two hours, they had to leave without him. Unsure what was happening, Ruben made his way to the Superdome. The nightmare of confusion, deprivation, filth, and danger was far beyond what people saw on television, he said. After five awful days, with only minutes notice, he was loaded onto a bus for Dallas and from there to Atlanta and the Rollins School.

At Rollins, the new students were virtually adopted, given clothes, places to live, pots and pans, gift cards, and

study opportunities as close as possible to what had been planned for them at Tulane. Rollins took no money from the Humphrey Foundation for their tuition; that continued to go to Tulane, so faculty there could continue to be paid. Catastrophe was no stranger to most of the arriving international students—many had lived through earth-

quakes, hurricanes, even revolutions and civil wars in their own countries—but Hurricane Katrina gave them unexpected insight into this country’s readiness to open its hearts and homes. That, as much as the public health classes and work experience they received at Emory, is what they will carry home.



Far left: Nursing students spent their fall break in New Orleans working with a clinic to provide food, water, and health care to residents in the Algiers neighborhood.

Left: Emory Healthcare employees collected cleaning supplies to be sent to residents of flooded areas.

Reaching out to help

People from throughout the University opened their hearts, wallets, and homes. Halls across the campus were stacked with boxes of diapers, food, blankets, and clothes. In the hospitals, social services and pastoral care received mountains of clothes and personal items donated by local churches, synagogues, and mosques and sorted and distributed them to patients, many of whom had arrived in Atlanta with only the clothes on their back and shoes moldy from walking in filthy waters. A quickly established Emory website collected more than \$10,000, in addition to fund-raising efforts across the Woodruff Health Sciences Center (WHSC), often led by students and staff. A message sent out by the WHSC

CEO to faculty and staff said not to worry about Emory getting the “credit” for gifts—just give them. Money. Blood. Time. In addition to a service that matched more than 200 health care workers with health-related needs, Emory Healthcare’s HealthConnection switchboard staffed a special line where employees could register to volunteer. A university-wide email calling for 200 volunteers to sort supplies at the American Red Cross went out at 9:44 P.M. one evening, followed the next morning by a second message saying that more than enough people had already signed up. The response was similar when a request went out for people to house evacuees.



Nurse Terri Walter volunteered to care for the cat and guinea pig until Mr. Bennett was released from the hospital.

Taking care of animal friends

When liver transplant recipient Lorne Bennett and his wife Valerie were evacuated from New Orleans, there was no room in the boat for their pets. All the Bennetts were allowed to bring with them was a bag filled with Lorne's medications. An anesthesiologist at the hospital where Valerie worked and where Lorne had been a patient promised to watch over their two dogs, cat, and guinea pig, and some 30 other pets left behind by other evacuated patients and staff. The pets lived on the roof of the hospital until they too were evacuated to Houston.

Meanwhile, at Emory Hospital, nurses and physicians involved with Mr. Bennett's care realized that the couple was grieving over their pets left behind. Pet lovers themselves, the clinicians called social services, where other pet lovers quickly became involved. The story was put

on the Internet, and a couple from Houston volunteered to drive the animals 16 hours to reunite them with their "parents." Social services worker Michelle DePaola took the Bennett's dogs into her home, and nurse Terri Walter volunteered to care for the cat and guinea pig until Mr. Bennett was released from the hospital.

Others were watching out for animal friends as well. Researchers in the areas hit by Katrina were dazed by the loss of research data and equipment, but their first concern after the safety of staff and students was for the research animals in their facilities. Staff at Yerkes National Primate Research Center worked with colleagues at the National Institutes of Health to help ensure that Yerkes' sister primate center at Tulane University was well equipped with food and supplies.

Something for the road: When patients were able to leave Emory Healthcare facilities, they were often handed gallon-size plastic bags filled with soap, toothpaste, nail clippers, and other personal items they would need in the days ahead. Assembled at home according to specifications, these gifts were parting gestures of affection from those who had provided their care.

Offering shelter

Many Emory staff opened their homes to evacuees, included displaced family members of their own. Tomika George Davis (below, in red), a medical secretary at



Emory University Hospital who is from New Orleans, housed relatives for many weeks following the disaster. "Nearly every year, New Orleans has been

evacuated because of a hurricane, and nothing terrible ever happened," she says. "That's why a lot of people didn't evacuate. The Saturday night before it hit, we got a call from my cousin asking if he could come up and stay. During the first weekend, we ended up with 13 people staying. The second week we had 15 people. We had people sleeping on air mattresses all over the place. Some of my family members lost homes—lost everything. It was a very trying time."



Emory Flight provided support to FEMA in the stricken area for months following the disaster, transporting critically ill patients to emergency care. As the work continued, Emory Flight helicopters were staffed by volunteer personnel for several missions, while staff who stayed behind volunteered to pick up the slack.



Medical oncologist Otis Brawley (far left), a captain in the U.S. Public Health Service, ran an urgent care center in St. Bernard Parish last spring.



Many evacuees who needed employment found jobs within Emory, including (left) Enid Broyer, Brenda Brossett, and Antoinette Heron. Emory Healthcare held job fairs to help displaced health care workers find jobs.

Charity care by Emory Healthcare

Almost one in five Georgians under the age of 65 has no health insurance, despite the fact that more than two-thirds of these are either full-time employees or dependents of these employees. This costs the uninsured dearly: an Institute of Medicine study found that they become sicker and die sooner than those with coverage for basic health care. Lack of coverage also costs the health care institution to which the uninsured eventually turn. As the number of uninsured and underinsured Georgians continues to grow, almost every hospital in the state bears some of that cost, but a disproportionate share of those with the most catastrophic and expensive medical problems in Georgia arrive at or are referred to Emory Healthcare. In the 2005–2006 fiscal year, Emory Healthcare physicians provided \$70.7 million in charity care, a 7% increase over totals for the previous year.

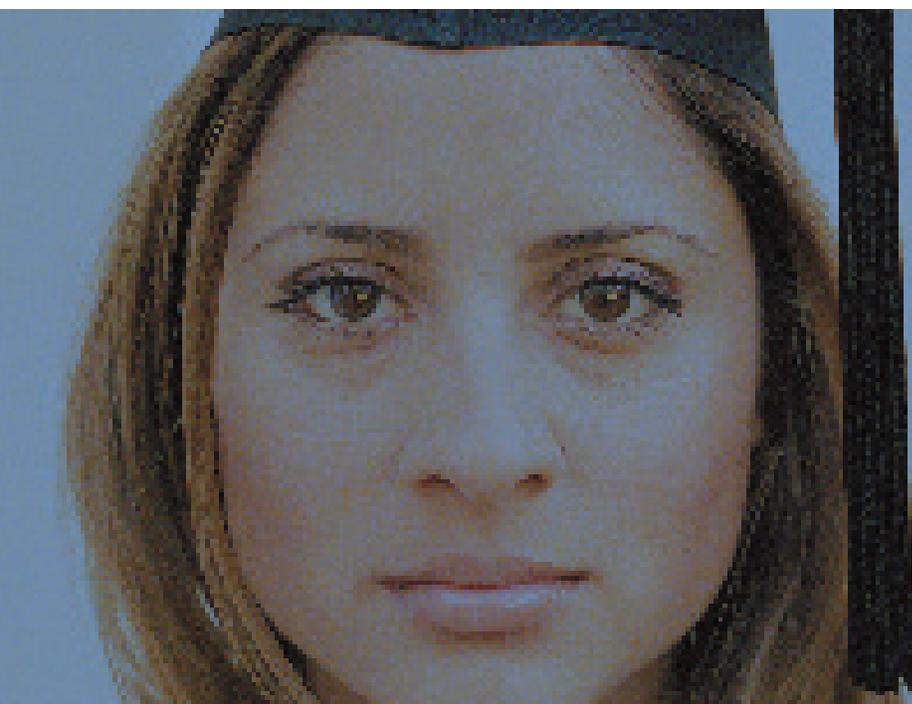


Charity care in Emory Healthcare Fiscal year 2005–2006

Emory University Hospital	34,437,870
Emory Crawford Long Hospital	23,715,887
The Emory Clinic/Emory Children's Center	11,856,283
Wesley Woods Center	675,531
Total	70,685,571

What is “charity care”? Under Emory Healthcare policies, charity care encompasses indigent and catastrophic care, terms used in the parlance of federal poverty guidelines. Indigent care is provided to patients with no health insurance, not even Medicaid or Medicare, and with no resources. Catastrophic care is given to patients who may have some coverage but whose health care bills are so huge that to pay them would be a life-shattering hardship, if even possible. These terms are illustrated in very real case studies throughout this book, with names altered to protect patients’ identity.

Of course, there are many other instances of unreimbursed care, such as the difference between what some procedures or treatments actually cost to provide and the amount an insurer is willing to pay. If such treatment is in the best interest of the patient, then Emory Healthcare provides it, even when doing so costs the institution money. Losses from unreimbursed care are not included in the charity care figures listed on page 12.



In a patient so badly injured, only Emory had the expertise to make the delicate repair of the aortic tear caused by the impact of the collision.

(Still) on the way to a good life

Trish Thomas had it all: a new college degree, plans for graduate school, and a summer job. What she didn’t have was health insurance. When an uninsured driver plowed into her car, she was taken, unconscious and barely breathing, to the closest community hospital, where doctors began to tend her multiple broken bones and other points of damage—except for one, a tear in her aorta. In a patient so badly injured, only Emory had the expertise to make the delicate repair needed.

When she arrived at Emory University Hospital, it

was clear that stabilizing her condition enough to operate was not going to be quick. And very likely, it was never going to be paid for. Her car insurance had not covered even the medical costs at the community ER, and her application for Medicaid was still under review. After weeks in rehab—at a cost of more than \$300,000—Trish now is ready for her heart operation. Emory may never receive payment for this either, but Trish’s physicians believe the surgery will put her back on the road to the life toward which she was headed before the accident.

Who will be there for my wife?

In the Gainesville church where he serves as pastor, Alejandro Miguez offers thanks, even though his family has been hard hit in recent years. The first blow was the return of his wife's lupus, a disease in which a person's immune system attacks the body's own organs. The second was when Juanita's form of lupus did not fit the guidelines for a clinical trial she had hoped to enter at the NIH. And the third blow—the one that sent Alejandro into a panic—was when a recent change in Georgia's Medicaid legislation meant his wife's care would not be covered except in emergency situations, as defined by the state. (The Miguezes are legal residents—they have worked and paid federal and state taxes for almost a decade—but they are not U.S. citizens.) Such an emergency seems inevitable, when the lupus will have completely destroyed Juanita's kidneys, making her eligible for a transplant. But until that day of crisis, cried her husband, who will be there for my wife? Emory Healthcare will, said Dr. Antonio Guasch, the Emory Clinic nephrologist to whom she had been referred by her local hospital as her condition worsened. Pastor Miguez's prayers of thanks are for Guasch and the team of other Emory clinicians and social workers. The unreimbursed costs of care to Emory so far in the past year: \$15,000.

On the road to recovery

For years, 58-year-old Hank Beeson had driven a truck hauling peaches and apples. It was hard work, without fancy benefits like health insurance, but it was one of the few jobs available in his part of South Georgia. And besides, he liked watching the sun rise over the horizon while the miles slipped by and coming home tired but satisfied with tales of the open road for his grandchildren. But one day his travels ended abruptly. When the chest pain hit, he was rushed, stunned, to the closest regional medical center. Because his heart attack was complicated by irregular heartbeats, he was transferred to Emory Crawford Long Hospital.

After performing bypass surgery and implanting a pacemaker, his Emory Healthcare clinicians struggled to stabilize his condition and to care for a surgical incision that resisted healing. A team of clinicians and social workers met weekly to look for possible long-range solutions for Mr. Beeson, helping his family apply for Medicaid and disability benefits. Medicaid paid only \$8,000 of the more than \$300,000 that Emory Crawford Long expended on Mr. Beeson's surgery and care. Nevertheless, this care made it possible for him to be transferred to a long-term acute care facility near his home and eventually to a local rehab facility where the care team there hopes to get him back on his feet.

When medical “coverage” doesn’t reach

When he awoke at Emory Crawford Long Hospital and found himself with a tracheostomy and on a respirator, 85-year-old Bill Jenkins wanted to die. He already had gone through debilitating treatment for throat cancer. This was too much. His son was ready to honor his father’s wishes. But when his daughter arrived from Indiana, she convinced her father to reconsider and to reverse his living will. When Mr. Jenkins had first arrived at the hospital, the care teams had pulled him from death’s door. Now, honoring his new decision, they readied him to continue to live. It was not easy, but slowly, steadily, he grew more stable while the Emory social services team began an exhaustive search for a nursing home close to his daughter’s home that would be able to manage his tracheostomy. Six months after he arrived at Emory, he was transferred by air ambulance to a facility in Indiana.

Mr. Jenkins was never counted among the 19% of Georgians with no health insurance, since he had Medicare. But he had no other resources, and his children had no legal responsibility to pay anything. For the six months of care he received at Emory, Medicare paid less than \$50,000. The remaining costs, well over \$900,000, were simply “eaten” by Emory Healthcare. Thanks to superb care, Mr. Jenkins left Emory alert and comfortable, ready to make the most of the rest of his life.

An unexpected part of the curriculum

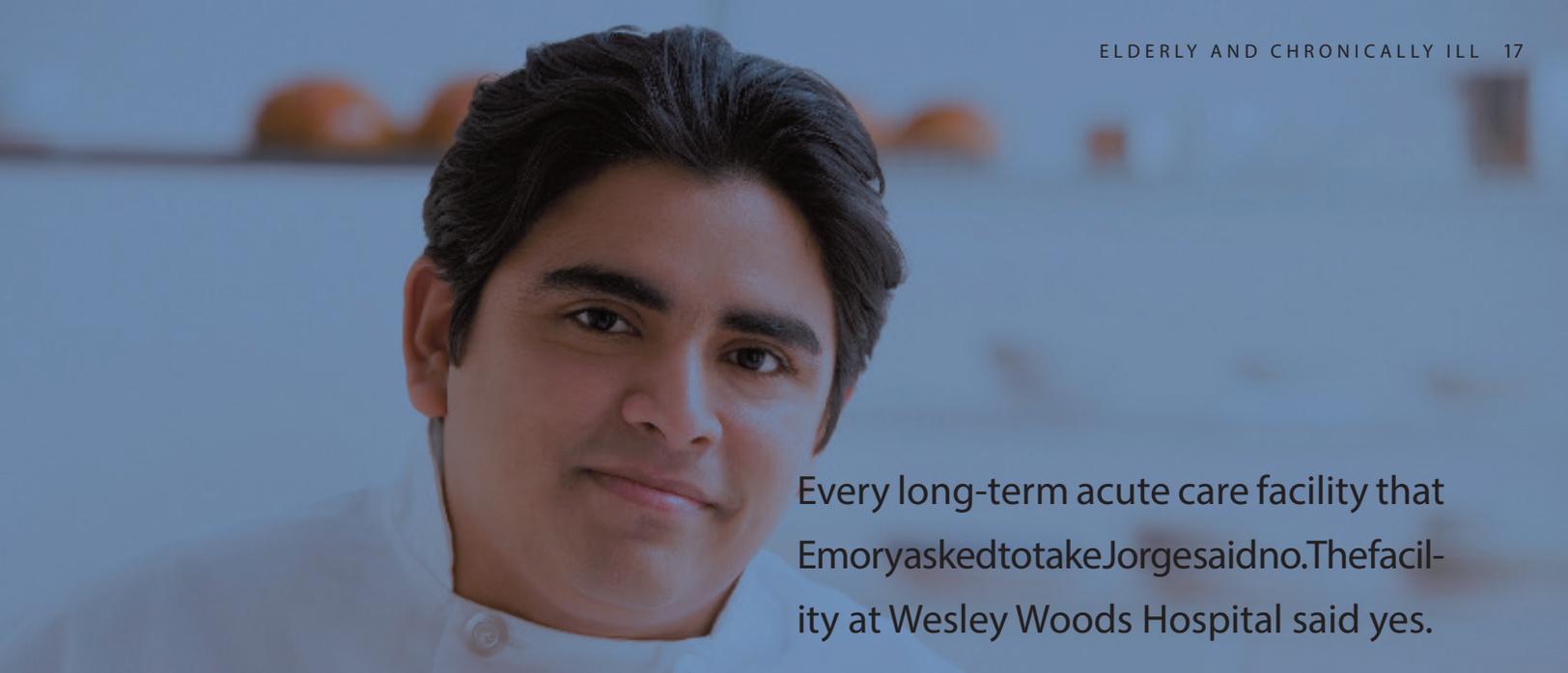
When 24-year-old Megan Sharp was diagnosed with a particularly invasive type of breast cancer, she was stunned, understandably. Halfway through her studies to become a physician’s assistant, she had expected to be providing care, not dealing with a complex chemotherapy regimen of her own. The fact that she had health insurance provided some comfort, but the next shock was when she realized her policy covered only 80% of charges, with a \$1,500 annual cap. After her first month of surgery and treatment, she already owed more than \$2,000 that would have to come out of her pocket. Furthermore, her aggressive cancer meant she would be receiving care—and bills—for at least a year. Emory’s Winship Cancer Institute helped her apply for charity care through Emory’s own program, and Emory began to forgive the medical costs not covered by insurance. During the first six months, the institution lost approximately \$15,000 in unrecovered costs, with more losses to come. Megan did well with her treatment, however, and has been able to resume her studies. She knows she could never have afforded such good care without Emory’s willingness to forgive the uncovered charges and says that Emory’s empathy and generosity at this difficult time are going to make her the most compassionate health care provider imaginable. “I learned it from the best,” she says.

Caring for the elderly and the chronically ill

In terms of bringing in money, Wesley Woods Center is a loser—big time. In 2005–2006 alone, it lost more than \$1.6 million. But in terms of services provided to the elderly and the chronically ill of many ages, it is hard to imagine a more successful organization, as illustrated in the stories that follow.

The reasons that this key component of Emory Healthcare loses money each year are fairly straightforward. Seniors are the most rapidly growing segment of the population, the ones most likely to have complex, overlapping health problems, the ones least likely to have either personal resources or adequate medical insurance. Although some Wesley Woods patients and residents do have adequate insurance or ample resources, the center receives little or no reimbursement for services it provides to the majority of more than 30,000 older adults and chronically ill patients served each year in its hospital, outpatient clinics, and nursing care and retirement facilities.





Every long-term acute care facility that Emory asked to take Jorge said no. The facility at Wesley Woods Hospital said yes.

Waking up at Wesley Woods

Jorge Fernandez, 36, worked as a cook in a small restaurant until his long-standing diabetes severely damaged his vision, making handling hot pots and pans too dangerous. Let go from his job, he was still looking for other work when double vision and blinding pain suddenly brought him to his knees. The emergency department at a north Atlanta hospital transferred him to Emory University Hospital. There, before doctors had even finished evaluating him, Jorge suffered cardiac arrest and possible cerebral injury.

For the next five months in the neuro ICU, Jorge was surrounded by a swirl of people, a frenzied pace, and a buzz of incomprehensible English words. With around-the-clock care, he appeared to regain function, but he remained on a ventilator. His clinicians believed that he needed to be transferred to a long-term acute care facility. Other patients—some paying, some not—badly needed space in the unit, and the neuro ICU clinicians believed they had done all they could for Jorge.

Jorge's Medicaid benefits had long since run out, and

he and his wife had never had health insurance, despite their having always worked two or more jobs since arriving in the United States 15 years earlier. The unreimbursed costs of his care in the neuro ICU were approaching \$1 million.

A team of physicians, nurses, hospital administrators, social workers, and chaplains worked with the family to determine what should happen next. Every long-term acute care facility that Emory asked to take Jorge said no. The facility at Wesley Woods Hospital said yes. Emory Healthcare would continue to cover the costs of his care, which administrators anticipated would go on for years. But even they had not fully appreciated the experience and skill of the ventilator care team at Wesley Woods. Jorge arrived there on a Thursday afternoon. By Saturday morning, he was breathing on his own. After a week, he began physical rehabilitation, where the earlier accomplishments of his neurologists began to shine through. Three weeks later, he was able to return home to his wife and two children.

Caring for babies and children

Children's Healthcare of Atlanta knows the meaning of unreimbursed care. The top-ranked hospital system provides lots of it at both its campuses: Children's at Scottish Rite and Children's at Egleston, which is adjacent to Emory University. Early in 2006, Children's commitment to Atlanta's pediatric population expanded when it assumed responsibility for the management of services at the 82-bed Hughes Spalding Children's Hospital, a component of Grady Healthcare. Both Children's at Egleston and Hughes Spalding are staffed primarily by Emory pediatricians. That means when Children's has to absorb the costs for nursing, labs, and other components of hospitalization for thousands of indigent patients seen in those facilities, the Emory pediatricians who provide care to those patients also are likely going to lose money. And those losses are in addition to uncompensated care provided to other infants and children in the Emory Children's Center for outpatient care and in Emory Crawford Long Hospital's neonatal ICU.

Throughout the decades, Emory has partnered with the state in screening newborns for a variety of genetic disorders, ensuring follow-up and diagnosis for babies with abnormal test results. Since the late 1970s, more than 2 million newborns in Georgia have been screened for inherited metabolic diseases, saving lives and preventing disabilities in thousands of children.





In the middle of her infusion cycle, her private insurance suddenly terminated her coverage.



No time for time out

Tracy did her best to be a normal 8-year-old, despite frequent flare-ups of her Crohn's disease. The abdominal pain could be bad, but she preferred it to the other, more embarrassing symptoms: rectal bleeding and persistent diarrhea. There was never any problem getting Tracy to cooperate with the medication regimen that kept her intestinal inflammation under control.

After she began a series of outpatient antibody infusions at the Emory Children's Center, the number and intensity of her flare-ups decreased, she gained weight, and she had started to feel, well, like a normal kid. But in the middle of her infusion cycle, her private insurance suddenly terminated her coverage. With help from the Emory Children's Center, her parents began seeking a new insurer who would take their daughter. Unwilling to disrupt Tracy's infusion schedule until coverage was in place, her doctors sweet-talked a pharmaceutical company into providing the drug she needed for free, and Emory waived all physician and other professional fees associated with her treatment.

The price of knowledge

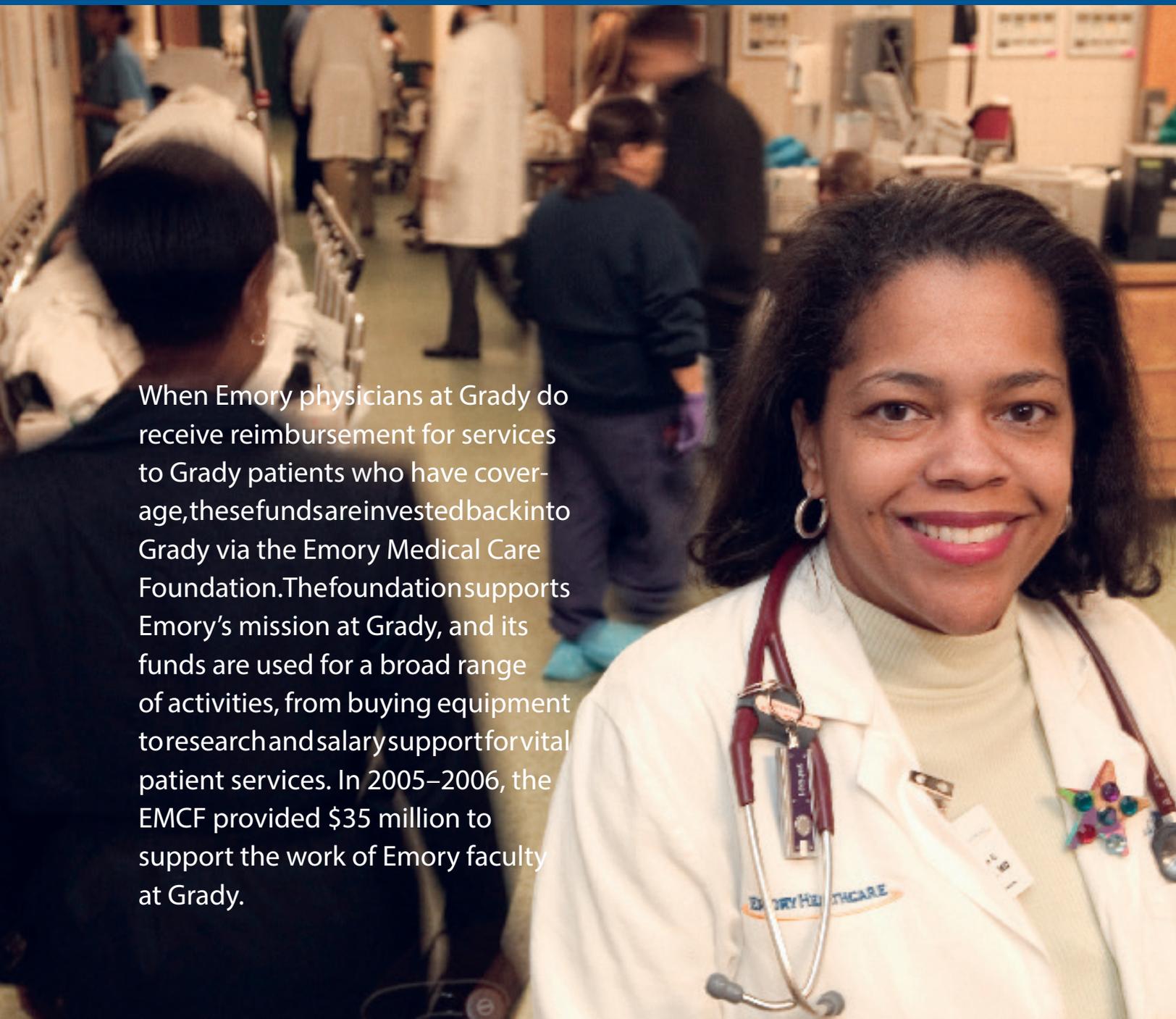
Before Renee and her parents traveled to Atlanta, the 5-year-old had never been away from her hometown in Tennessee. But her doctor there had insisted that she needed to be seen by the doctor who could diagnose definitively the strange disease causing large, coffee-colored patches and small, rubbery bumps on her skin.

At Emory's genetics clinic, pediatric geneticist Paul Fernhoff put a name on the little girl's problems—a rare disorder called neurofibromatosis type 1—and designed a surveillance and treatment plan focused on preventing dermatologic and nervous system complications. The Tennessee primary care physician had warned his Emory colleague while making the referral that the little girl's family had no insurance. But Fernhoff had the unusual expertise the child badly needed, and Emory agreed that he could provide it with no hope of compensation for himself or his staff.

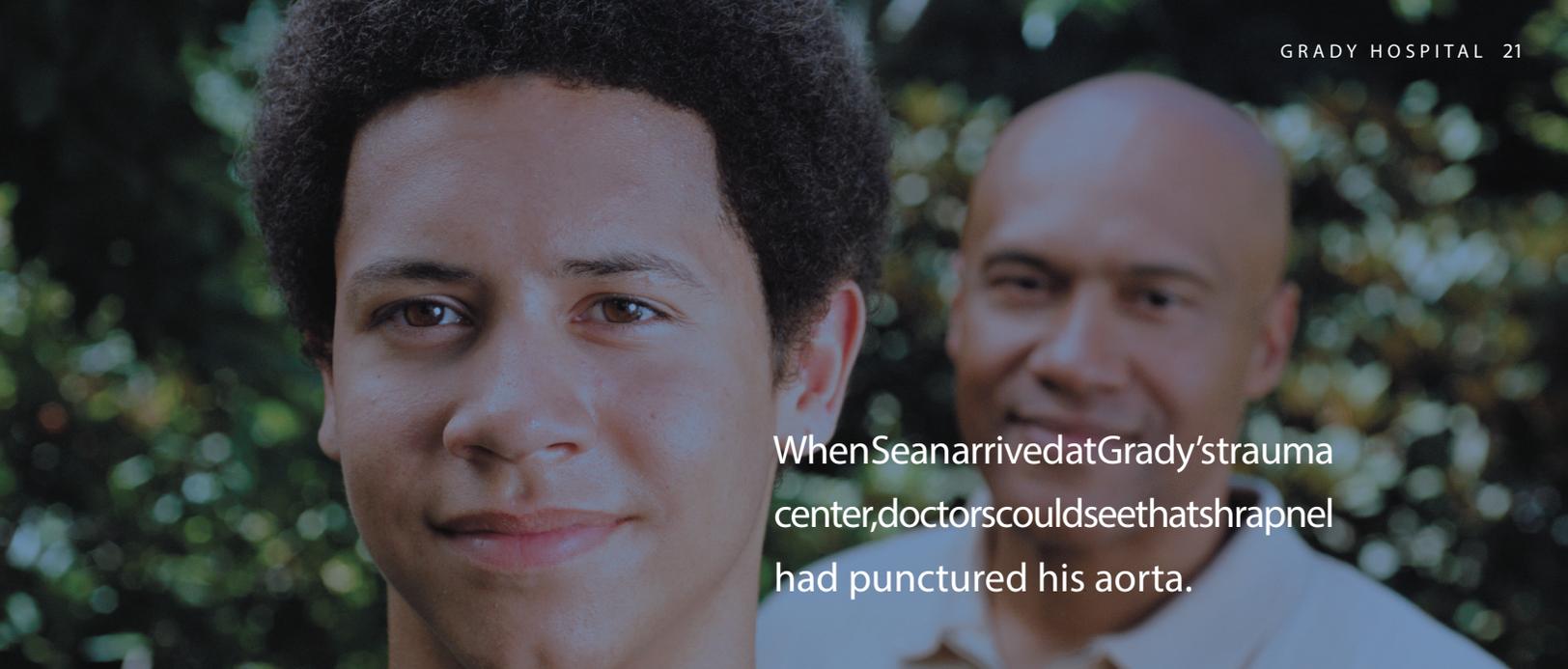
Renee's disorder is one of numerous examples illustrating the specialized and unique diagnostic and treatment services to be found within Emory Healthcare.

Emory's role at Grady Memorial Hospital

At publicly funded Grady Memorial Hospital, where 85% of the physicians are Emory medical faculty, the uncompensated care provided by Emory was \$24.7 million in fiscal year 2005–2006 alone, a total that is up \$2.7 million from the previous year. (This is in addition to the \$70.7 million that Emory Healthcare provided in 2005–2006 in charity care, which is mentioned on page 12.) An important part of Grady's mission is to provide care to the uninsured citizens of DeKalb and Fulton counties, and the hospital struggles to stay solvent as these numbers rise and support stays flat. Despite the fact Grady cares for more than 145,000 self- or no-pay patients each year, it continues to provide extraordinary services, many offered statewide, many recognized nationally, thanks in large part to the extraordinary talents, efforts, and generosity of the faculty physicians from Emory and from Morehouse School of Medicine.



When Emory physicians at Grady do receive reimbursement for services to Grady patients who have coverage, these funds are invested back into Grady via the Emory Medical Care Foundation. The foundation supports Emory's mission at Grady, and its funds are used for a broad range of activities, from buying equipment to research and salary support for vital patient services. In 2005–2006, the EMCF provided \$35 million to support the work of Emory faculty at Grady.



When Sean arrived at Grady's trauma center, doctors could see that shrapnel had punctured his aorta.

The last thing on your mind when you see a dying child

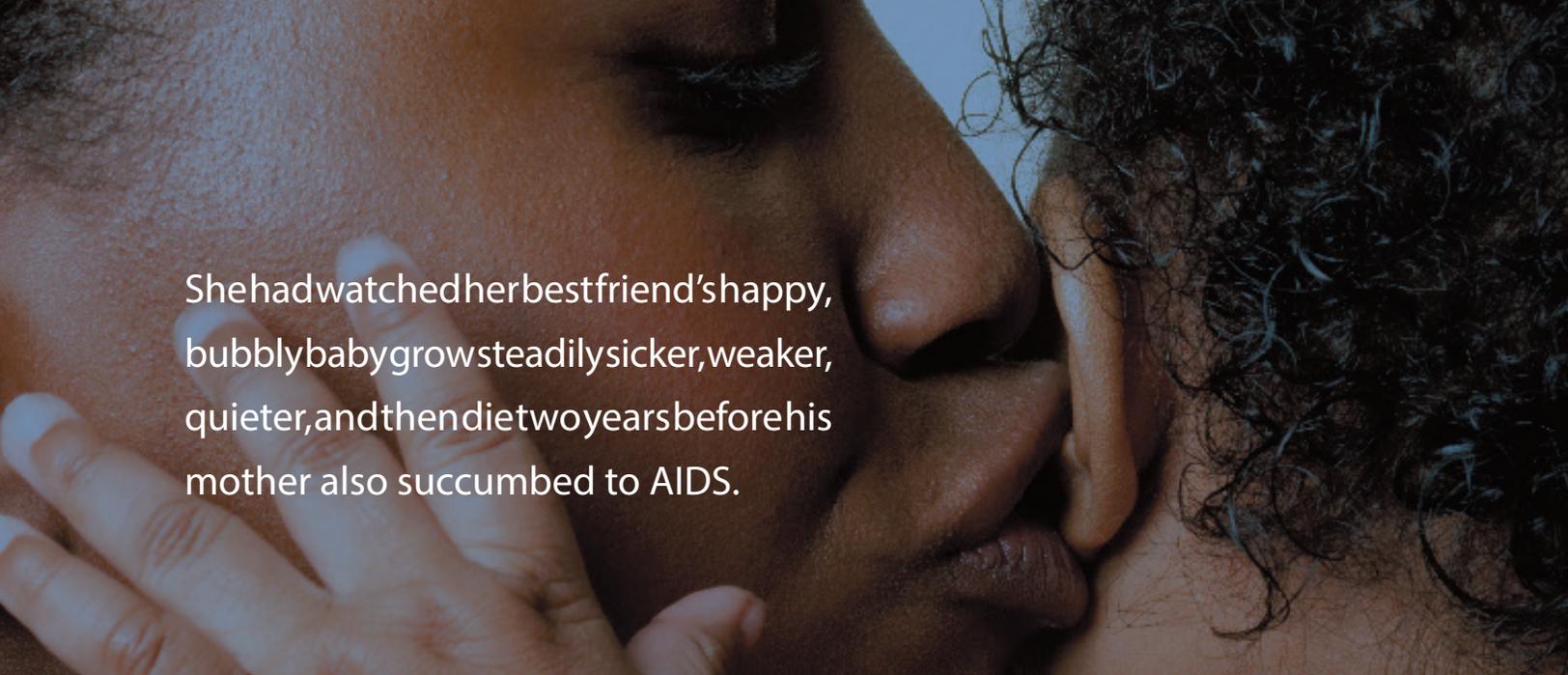
One sunny day in South Georgia, 14-year-old Sean Thomas was examining a 50-caliber shell from a friend's gun when it exploded, sending shrapnel into his chest. An Emory Flight helicopter, carrying a flight nurse and paramedic, was dispatched to transport him to Grady, the nearest level-1 trauma center, 100 miles away. Level-1 means, among other distinctions, that trauma surgeons are in-house around the clock. Not on call. There.

Minutes after the helicopter set down on the Grady helipad, surgeon Jeffrey Salomone opened Sean's chest and managed to control the bleeding from his punctured lungs. The shrapnel had punctured the boy's aorta, going straight through but miraculously not severing the connection to the heart. The wrong move by the surgeon could send blood spurting like a geyser

and mean instant death. This was nothing Salomone hadn't seen and fixed before. The delicate, painstaking surgery took hours. But Sean eventually recovered and went home for his 15th birthday.

Did Sean's doctors receive compensation for their heroic work? No idea, says Salomone. "I get a letter once a year from the Emory Medical Care Foundation saying we billed this much for your services and we collected this much money, which we are placing in the fund to improve services at Grady. The money collected usually represents about 10 cents on the dollar for what was billed. But money is the last thing on your mind when a dying child arrives in the trauma center. When I saw Sean, all I could think about was what I needed to do to keep him alive."

Life support for patients and their doctors: Four times a year, trauma surgeon Jeffrey Salomone volunteers to teach Advanced Trauma Life Support to physicians who cover emergency rooms in suburban and rural Georgia. Many of these doctors, especially in smaller communities, are trained in family practice, internal medicine, or other nonemergency medicine fields. The patients who show up in their ERs, however, are victims of car wrecks, gunshot wounds, work accidents, and the other catastrophes that Salomone and his colleagues deal with on a daily basis. More than 100 Georgia physicians a year take the trauma course, developed by the American College of Surgeons, coordinated in the Atlanta area by Salomone, and taught by him and his Emory colleagues in surgery and emergency medicine, with support from community physicians who know its value firsthand. These physicians say that the course is a lifesaver, both for ER doctors working outside their area of training and for their patients.



She had watched her best friend's happy, bubbly baby grow steadily sicker, weaker, quieter, and then die two years before his mother also succumbed to AIDS.

A rock of Gibraltar in the storm of a difficult diagnosis

Shortly after 17-year-old Belinda discovered she was pregnant, she also found out that the baby's father had infected her with AIDS before he left town. She thought she knew the end to this story. She had watched her best friend's happy, bubbly baby grow steadily sicker, weaker, quieter, and then die two years before his mother also succumbed to AIDS.

But Belinda's story, and that of baby Steven, now a feisty second-grader, has turned out differently, thanks to the Grady Infectious Disease Program (IDP) founded by Emory physicians in the 1980s. During her pregnancy, Belinda's Emory obstetrician at Grady made sure that she had the medicines needed to treat her own infection and lower the chances that her baby would be infected. Soon after Steven was born, Belinda and the baby were sent to the IDP clinic, more often referred to as the Ponce Clinic because of its location on Ponce de Leon Avenue, to meet

their case manager and a team of Emory doctors. The Grady IDP would become their Rock of Gibraltar.

If Belinda had felt alone and overwhelmed by the prospect of handling a complex disease, she no longer felt that way after her first afternoon at the clinic. Selected by the University Health System Consortium as one of the nation's top three HIV/AIDS outpatient clinics, the IDP works to provide as many clinical services as possible under one roof, from medical and mental health to social and nutritional. While Belinda receives care from her doctors, Steven plays with a special IDP babysitter, until it's his turn to receive care. "Thanks to my Emory doctors, Steven is not HIV-positive," says Belinda, "and I was given my life back to make something of it. Steven and I can enjoy life together and make plans for the future, knowing that we will have many, many more years together."

The Grady Infectious Disease Program (IDP) was established by Emory physicians in the mid-1980s when the impact of AIDS was first beginning to be felt. It moved to the 90,000-square-foot Ponce de Leon facility in 1993, and it now serves over 4,000 men, women, adolescents, and children, a high figure even for a major city. The IDP is particularly vital to those most vulnerable in society, those with alcohol or drug problems, the mentally ill, or those for whom simply surviving in a new country leaves little time to try to penetrate the mysteries of the American medical system.

Access to cutting-edge care: Because of the highly specialized services provided at Grady, including trauma care, the hospital is sometimes the site of major national clinical trials conducted by Emory physicians. This gives Grady patients early access to cutting-edge therapies and accelerates application of these treatments to the population as a whole. Emory physicians reported results of an NIH-funded trial using progesterone to treat traumatic brain injury, for example, in the October 2006 issue of *Annals of Emergency Medicine*. They found a 50% reduction in death rate in the group treated with progesterone as well as significant improvement in functional outcome and level of disability. Progesterone is a promising treatment because it is inexpensive and widely available and has a long track record of safe use in humans to treat other diseases.



Far left: Nursing researcher Joyce King is involved in a gestational diabetes study based at Grady. Left: Emergency medicine physicians like Leon Haley (wearing tie) have worked with Atlanta police to help identify geographic “hot spots” of juvenile gun violence to help reduce this problem and the number of gunshot admissions to Grady.



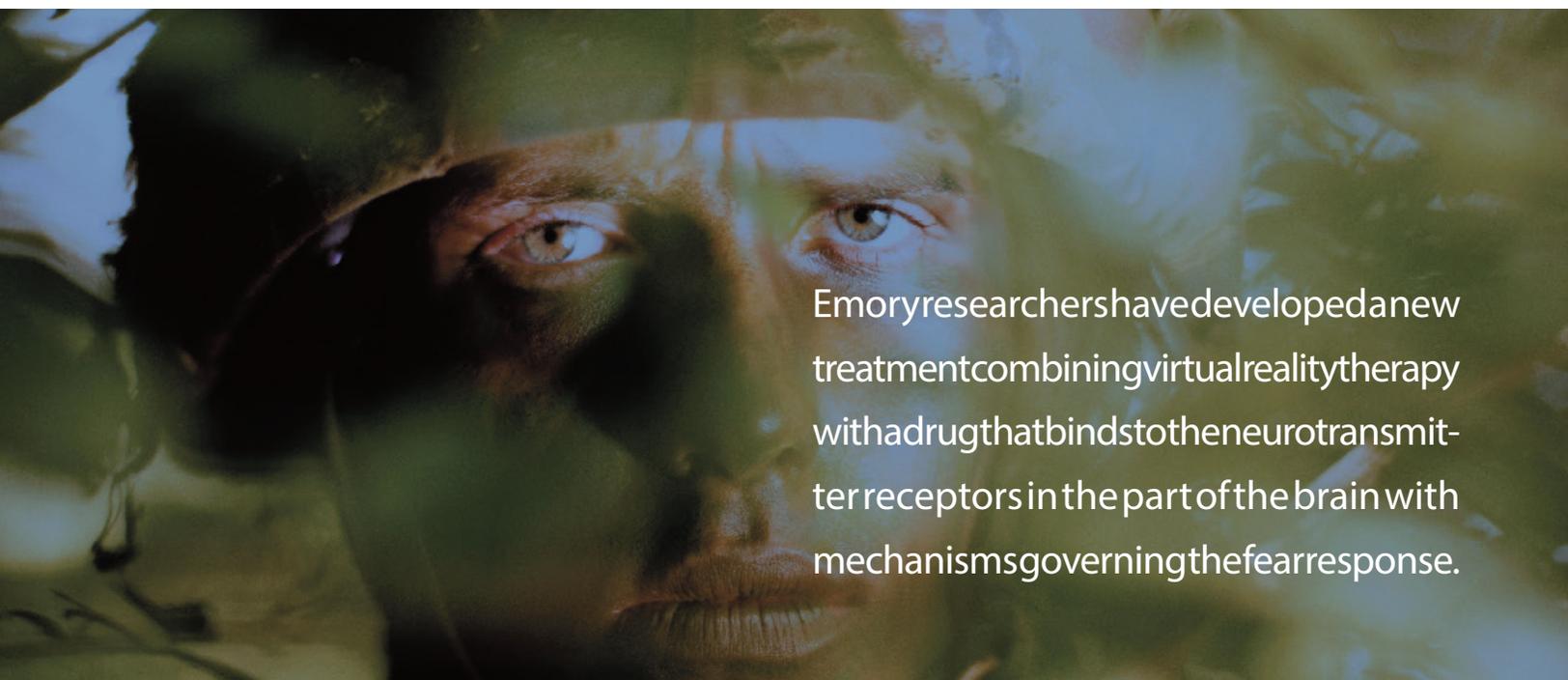
Far left: Emory neurobiologist Donald Stein (wearing tie), who discovered the neuroprotective properties of progesterone, collaborated with ER physicians at Grady to test its effects in preventing death and disability in patients with traumatic brain injury. Left: Ophthalmologist Geoff Broocker (center) teaches residents as he works with eye patients at Grady.

Emory and the Atlanta VA Medical Center

"Proud to serve our nation's heroes." That is what the electronic sign in front of the Veterans Affairs Medical Center near the Emory campus frequently reads, and no one believes that more than the Emory medical faculty who comprise virtually all the medical staff at the center. In addition to providing state-of-the-art clinical care for the veterans seen there, Emory has made the Atlanta facility one of the nation's top 10 VA centers in research dollars received. That's good for the hospital, bringing in both medical expertise and financial support, but it is especially good for veterans of past and present conflicts. One of 158 VAMCs in the country, the Atlanta facility has 173 hospital beds and 100 nursing home beds.



The VA Medical Center is well known for its work in prostheses for veterans who have lost hands or limbs. Now the VA is working with the Emory Eye Center on an expanded clinical trial to see if implantation of a retina microchip can improve functional vision or at least slow progressive vision loss in people with retinitis pigmentosa (RP). People with this hereditary disease usually develop night blindness in childhood. As young adults, their peripheral vision begins to narrow, progressing over many years to tunnel vision and finally blindness. The retina microchip is designed to stimulate retinal cells damaged by RP and possibly other retinal conditions, producing visual signals similar to those produced by the retina's photoreceptor layer. Early studies showed a modest effect in animals and proved the chips safe in human patients. It's too soon to know how well the implant will work in the patients in the more advanced trial now under way, but it's only one of many joint efforts intended to help veterans and other patients get the advanced medical care they deserve, now and in the future.



Emory researchers have developed a new treatment combining virtual reality therapy with a drug that binds to the neurotransmitter receptors in the part of the brain with mechanisms governing the fear response.

Virtual Iraq

Almost one in five Iraq veterans is estimated to be at risk for post-traumatic stress disorder (PTSD), and the U.S. Department of Veterans Affairs believes that the lifetime prevalence among Vietnam war veterans is even higher. Although the memories behind PTSD will never go away, Emory researchers have developed a new treatment combining virtual reality therapy with a drug that binds to the neurotransmitter receptors in the part of the brain with mechanisms governing the fear response. Rodent studies at the Yerkes National Primate Research Center

found that the combination therapy had a positive effect on the extinction of fear, and the first human trial of the therapy was highly effective against fear of heights. Now psychologist Barbara Rothbaum, director of Emory's Trauma and Anxiety Recovery Program, and Emory psychiatrist and Yerkes researcher Kerry Ressler, are leading a new clinical study based at the Atlanta VAMC, which uses a Virtual Iraq module. The study is funded by the National Institute of Mental Health.

Reaching out to the global community

As Jim Curran, dean of the Rollins School of Public Health, is fond of pointing out, health challenges today exist in a world without boundaries. To succeed in meeting the health needs of all people around the world, including those close to home, Emory has to keep an international focus. And because of the special challenges that face many developing nations, it's also the right thing to do. In an increasingly international Emory University, the Woodruff Health Sciences Center works hard to serve distant parts of the world, both on a human-to-human basis and through programs that will enable these communities to better meet their own health needs.



The busy road between the Georgias

As in previous years, numerous faculty and students from the schools of medicine, nursing, and public health traveled between Atlanta and Tbilisi, the capital of that “other Georgia” in Eastern Europe. They have established bonds with their counterparts, provided much help, and learned even more. For example, a medical student traveled to Tbilisi to collect 500 cord blood samples, which were then analyzed by Dr. Glen Maberly in the Rollins School of Public Health, who found that six of every 10 infants showed thyroid deficiency. This information has major implications for development and health and was relayed to international authorities for corrective efforts. Other medical residents worked in tuberculosis testing in the area.



Georgia on our minds

The Atlanta-Tbilisi Healthcare Partnership was founded 17 years ago to improve education and health systems in Atlanta’s sister city. Under the leadership of Emory medical professor Ken Walker, the partnership has become one of the largest and most effective international commitments at Emory, involving Emory’s schools of medicine, nursing, and public health, as well as many physicians working at Grady Memorial Hospital and faculty at Morehouse School of Medicine, Georgia State University, and the Georgia Institute of Technology. The impact has been huge, in areas ranging from Tbilisi’s medical and nursing education to women’s health. This year, Walker was presented an outstanding global citizen award by the U.S. Agency for International Development for his work in establishing a modern pediatric hospital emergency room in Tbilisi, the first of its kind in a post-Soviet nation.



Another first for that other Georgia

The other Georgia got its first university-level nursing school this past year, thanks to efforts of Emory’s own school of nursing. Nursing faculty led by Helen O’Shea worked in conjunction with clinicians in Tbilisi to develop a four-year curriculum that represents an enormous change in a country where nurses traditionally have received only limited classroom education, with no clinical exposure. The process began in 2003, when several Tbilisi physicians attended a summer institute headed by O’Shea and were amazed to learn about clinical instruction at sites like Grady Hospital or the geriatrics center at Wesley Woods. They and O’Shea developed 27 course syllabi. This fall, the first class of 20 students entered the nursing program at Tbilisi State University.



Global vaccines, benefiting India and the developing world

India now has the largest number of people living with HIV/AIDS of any country in the world. Almost half of new cases are women, with a subsequent rise in infected children. HIV infection increases susceptibility to TB, still the country's biggest communicable disease killer of adults. Most AIDS and TB patients are young adults. Their illnesses orphan their children and threaten India's promising economic development. This year, the Emory Vaccine Center is joining forces with another leader in vaccine science and technology, the International Center for Genetic Engineering and Biotechnology (ICGEB) in New Delhi. The goal of the collaboration is to enhance vaccine development for HIV/AIDS and other infectious diseases that disproportionately affect India and other parts of the developing world.

Facing down a major killer of children and young people

So many young South Africans die every year of respiratory infections that Keith Klugman, the first Foege Chair of Global Health, decided to make preventing and treating those infections his life's work. The former head of South Africa's equivalent of the U.S. CDC and the world's leading expert on antibiotic resistance in pneumonia, Klugman is well equipped to take the challenge. It could hardly be more urgent. Pneumonia has always been a threat at the extremes of life, in infancy and old age. Now the global AIDS epidemic is causing large numbers of people in the prime of their life to die of AIDS-related pneumonia. As a result, the average life expectancy in Klugman's native South Africa has dropped into the 30s.

His landmark study of almost 40,000 South African children concluded overwhelmingly that inoculation with the pneumonia vaccine would save thousands of lives among children, including those infected with AIDS. He is now working on strategies to make affordable vaccines available and to increase surveillance capacity for microbiologists in this and other nations. Klugman chairs the international committee of the American Society for Microbiology (ASM), a group with more than 40,000 members and a full-time staff in Washington. He is also lending his expertise to the U.S. government, which recently gave funding to the ASM committee from the President's Emergency Plan for AIDS relief, a \$15-billion initiative to combat HIV/AIDS worldwide. This work is all part of the synergy coalescing around global health in Atlanta and in the Rollins School of Public Health, all part of serving the greater world community.





New hope for Africa in its battle against AIDS

The Rwanda Zambia HIV Research Group (RZHRG), one of the most long-standing and successful in Africa, is headquartered at the Rollins School of Public Health, where founder and director Susan Allen continues to develop prevention strategies against AIDS in these two countries. In the early 1980s, when Allen was doing her pathology residency in San Francisco, she was puzzled, like other physicians, by the deaths she was seeing in young gay men. A Belgian physician told her that the same thing was happening in Africa—except there the deaths were occurring among heterosexuals.

In short order, Allen set off to Rwanda to explore what she thought might be an emerging tropical disease. By the time the AIDS virus was discovered, she already had established Rwanda's first pathology laboratory. When an HIV test became available, she established a mobile HIV testing site there, the first of its kind on the African continent. When Allen found a high rate of infection among healthy women and a higher-than-expected discordance in married couples—one infected, the other not—she began developing couples' voluntary counseling and testing that not only appeared to lower the rate of infection between couples but also provided important

information on heterosexual transmission of HIV.

During the Rwandan genocide in 1994, many of her team on the ground were killed. Today, however, the RZHRG is going strong, even larger than before the genocide and holding numerous counseling sessions like that in the photo above. With funding from the World AIDS Foundation and the National Institutes of Health, Allen's group now works with the largest cohort of discordant heterosexual couples in the world (about 1,000), has developed a vaccine laboratory in Rwanda, and recently started the first HIV vaccine trial in the country.

A similar program in Zambia maintains the world's second largest cohort of discordant heterosexual couples and promotes couples voluntary counseling and testing as an entry point into HIV clinical care, including antiretroviral therapy programs and prevention of mother-to-child transmission. In addition to the main site in its capital city, Zambia has three satellite clinics in surrounding districts and one mobile clinic.

This year, 15 public health students from Emory interned in the programs in Africa, learning firsthand how non-ethnocentric program interventions can change and protect lives.

Helping the most vulnerable

Those who need help the most are often the least visible: Men and women struggling with the demons of untreated mental illness or addiction. Those first made poor, then homeless, by the loss of a job or a health crisis. Individuals and families newly arrived in a land of safety and promise who are without language skills or the families that had been their social network and safety net. Migrant workers for whom home is the road.

Illness, injury, or pain bring some of the most vulnerable to Emory's doorstep. Emory's schools of medicine, nursing, and public health go out and find people in need—and teach their students to help them as well.



Serving—and learning from—the homeless

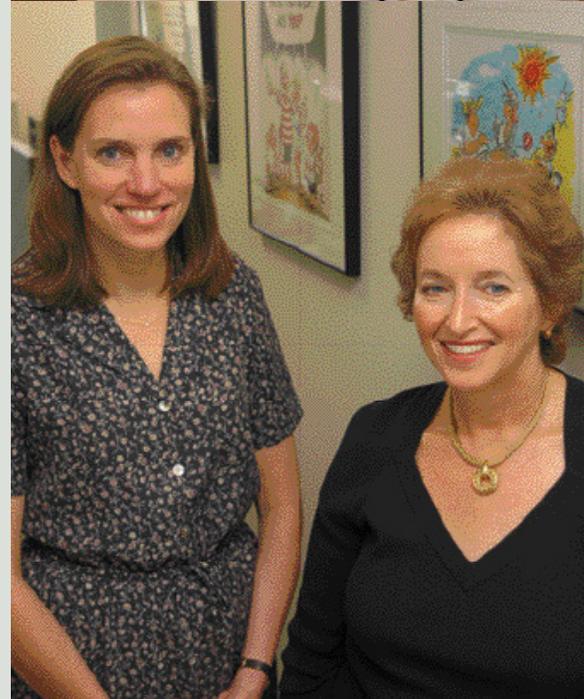
The average life expectancy in Atlanta is 78. For the homeless, it is 42. That disparity makes the homeless a natural focus for the nursing school's mission of social responsibility. The school is a partner in Atlanta's new Gateway Center, established by the Regional Commission on Homelessness. Nursing faculty and students provide much-needed health services, including a self-help education program. "The ever-shifting situation of homelessness presented a challenge," says faculty member Monica Donohue. "The students were able to create a street-workable program only after they turned to the clients themselves to see how they could fit hygiene, nutrition, and exercise into their lives on the streets and in shelters."



Making healthy choices

In parts of Oklahoma, mountains of waste from old lead and zinc mines make tempting playgrounds for children. For the past 10 years, public health faculty member Michelle Kegler has worked with nine Indian tribes to evaluate the effects of intervention programs to teach protective behaviors. The analysis of data now under way will help improve and fine-tune future interventions.

In addition, she and another public health faculty member, Karen Glanz, are conducting another study closer to home in rural Georgia, to see how home, neighborhood, work site, and church affect risky health behaviors such as smoking, unhealthy diet, sedentary lifestyle, and obesity. These and other projects, done in collaboration with partners at the Southwest Georgia Cancer Coalition, are helping them understand the social and environmental context in rural communities to help people make healthy choices.



Giving young women the power and tools to fight AIDS

By age 25, one of every two sexually active young people will acquire a sexually transmitted disease. African American teenagers are especially vulnerable, making interventions tailored to culture, gender, and age a priority. Interventions designed by public health faculty Ralph DiClemente and Gina Wingood are powerful tools in reducing risky behaviors. The CDC gave their SiHLE intervention program the highest-ever rating of any HIV prevention intervention for adolescents in this country. SiHLE is a Zulu word meaning beauty and standing for Sistas Informing, Healing, Living, and Empowering. "We can't work fast enough to disseminate SiHLE to groups eager to lower risk in their own communities," says DiClemente.



Emory opens its collective heart

Emory's Woodruff Health Sciences Center has many strengths to draw on in helping others: its large and diverse health care system, its vast repertoire of expertise and experience, and most important, its energetic, compassionate faculty and staff. They give free health screenings and talks (more than 150 each year to some 3,000 people), volunteer at summer camps for kids with cancer or other diseases, and organize projects to help those in need. Each year, for example, Cindy Cross, scientific program coordinator at Yerkes National Primate Research Center, leads an effort to fill Christmas stockings for kids in three villages in central Mexico. Yerkes employees fill bags with toys and also contribute school supplies and items for babies and senior citizens, and women from Cross's church drive the stockings to the villages. Last summer, Cross herself had the chance to travel there to meet the children for whom Yerkes has come to be a magical name.



Better than bingo

At several retirement homes in the Atlanta area, “monkey biz” is second only to bingo in popularity. It’s part of an



ongoing project sponsored by Yerkes National Primate Research Center that benefits both the

animals living at the Yerkes Field Station and the retirement center residents who make food cups so the animals can enjoy naturalistic foraging behaviors. Yerkes staff provide guidance on what the animals like, and residents have the opportunity to tour the field station and see the fruits of their labor being enjoyed by the animals. Several retirement centers even compete in Monkey Biz Geri-Olympics for the center that can assemble the most cups.



Cheering on the home team

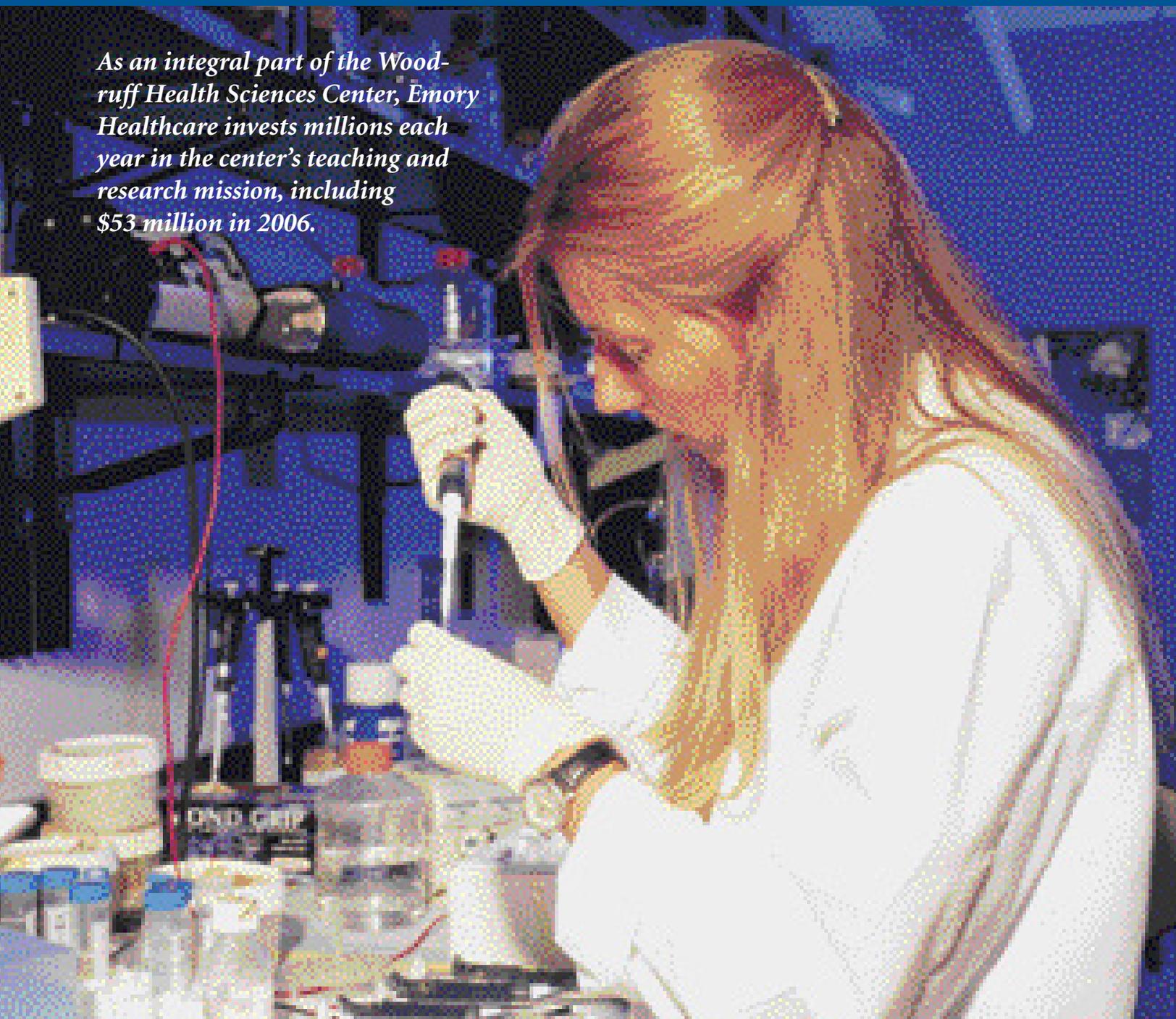
A young boy whose heart stopped after he was hit in the chest by a ball might have lived had bystanders had access to an automated external defibrillator (AED) to get his heart going again. Last year, the Woodruff Health Sciences Center (WHSC) donated such a device to Druid Hills Youth Sports Club, for use in the Medlock Park ball field near Emory’s campus. Designed to reset the rhythm of

the heart, AED devices are increasingly available at professional sports venues, airports, and other places. The gift of the AED and training in how to use it were just one sign of Emory’s desire to support its surrounding neighborhood, says Ronnie Jowers, Vice President for Health Affairs and CFO of the WHSC.

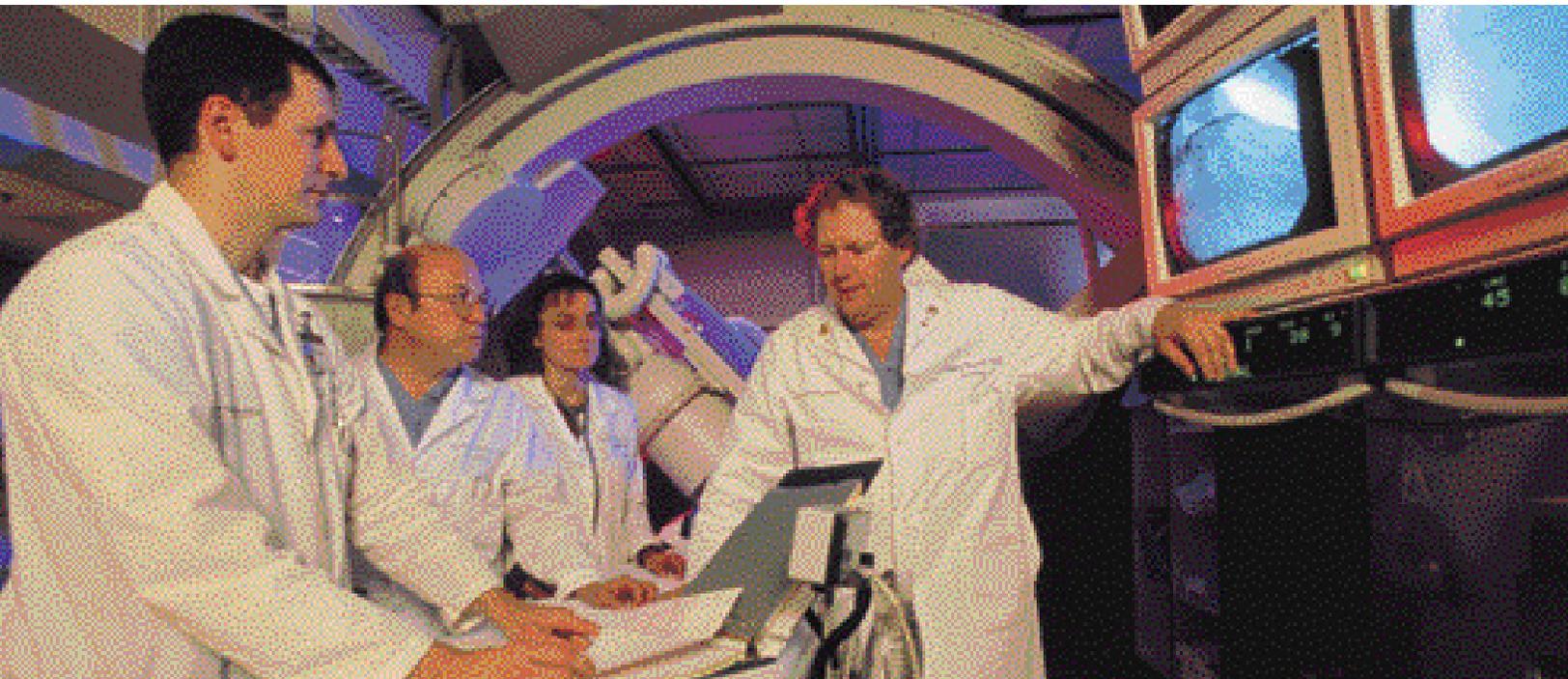
Investing for future good

The Woodruff Health Sciences Center's goal is to transform health and healing, a vision made possible because science, technology, and sophisticated social inquiry are providing new knowledge and insights on which to base a new kind of health care. This new kind of health care must meet the challenges that confront us as a community and make care more efficient and accessible, both in this country and around the globe. As part of its commitment to expanding the science to transform health and healing, the center is investing heavily in predictive and global health initiatives, in innovative ways to train the right kind of health care professionals, and in strengthening the community itself. These efforts do not come cheaply, but the hope is that they will pay off richly to benefit others on a local, national, and global scale.

As an integral part of the Woodruff Health Sciences Center, Emory Healthcare invests millions each year in the center's teaching and research mission, including \$53 million in 2006.



In 2005–2006, the Woodruff Health Sciences Center (WHSC) received \$331 million in sponsored research funding, including \$20 million from the National Cancer Institute to create the Emory-Georgia Tech Nanotechnology Center for Personalized and Predictive Oncology; \$7.4 million from the National Institute on Aging to designate Emory as an Alzheimer’s Disease Research Center; and almost \$9 million from the National Institutes of Health to establish Emory as one of nine centers nationwide to screen libraries of molecular compounds for their potential as new drugs and probes for cancer and other diseases. Emory’s ability to bring in research money greatly benefits both Atlanta and Georgia. But research funding usually costs more in overhead expenses than the grants actually cover. In other words, every grant received by the institution requires a substantial co-investment in infrastructure by the institution itself. Last year, the total cash loss for unrecovered costs for research in the WHSC was \$41.7 million. But supporters of this research understand that this co-investment is worth every penny because they see the future in what Emory’s scientists and clinicians are doing.



Preparing future health professionals

The Woodruff Health Sciences Center (WHSC) brings large sums of money into the Atlanta area to train medical residents and other health professionals and invests substantial resources in financial aid and scholarships. In 2005–2006, investments in financial aid and scholarships to prepare the next generation of physicians, nurses, researchers, public health professionals, physical therapists, physicians assistants, and others totaled \$11 million, representing almost a fourth of the tuition for these graduate and professional students in the WHSC.

But Emory’s investment in meeting the needs of the future extends beyond its current population of students and trainees. To address projected future shortages of scientists and clinicians, Emory is taking measures to interest children in such careers. The School of Medicine, for example, sponsors summer programs to bring minority students in middle school or high school to campus to learn about careers in science and health care. And faculty at Yerkes National Primate Research Center work with children in elementary school to help them understand the potential of science as well.



A robust engine for the economy

With \$2.1 billion in operating expenses, the Woodruff Health Sciences Center (WHSC) has an annual economic impact on metro Atlanta estimated at \$4.6 billion. The WHSC is one of the largest employers in the city, and its investment in construction alone, not to mention its biotech start-up companies, is a major source of jobs and boon to the economy. In 2007, for example, the WHSC will open two new facilities, a new medical school build-

ing on campus and a four-story joint-venture hospital off campus. And construction planned for the coming decade includes a new research building, a new building for the Rollins School of Public Health, a new facility for Yerkes National Primate Research Center, and new hospital and clinic facilities, including a major expansion of the Emory Crawford Long campus in midtown.

FOUNDING LEGACY IN COMMUNITY SUPPORT

The center's namesake, Robert W. Woodruff—the legendary leader of The Coca-Cola Company—dedicated his life to support of the community, at Emory and in Atlanta, in Georgia and beyond.



The Robert W. Woodruff Health Sciences Center
Emory University

For Emory University's **Woodruff Health Sciences Center**, "being there" in the community takes on a variety of meanings—from helping hurricane victims and the homeless to providing charity care to patients in need, from promoting good health in individuals and populations to working locally and regionally and on the global scene. Being there means working together and inspiring one another to meet the greatest needs head on.



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ROBERT W.
WOODRUFF
HEALTH
SCIENCES
CENTER

1440 Clifton Road, NE, Suite 105
Atlanta, GA 30322
www.whsc.emory.edu/

