Good afternoon. I’m very pleased to have this opportunity to be here with you. I know that most of you have come here after a full day of the extraordinary work you do in the Emory University Hospital, over at the Clinic, and elsewhere in our healthcare system. As one who has worked side by side with medical researchers and clinicians in several different chapters of my own career, I have some degree of understanding of how you spend your days. And, as one who receives all of his health care from you and your colleagues—with the exception of those regular dental visits—I can say from personal experience how good you are. So I truly honor your work, and I appreciate the fact that you have carved this time out of your many responsibilities to join me as we reflect together about the future of Emory University, Emory Healthcare, and this hospital.

Standing here in this room with you, where so much of our history has been recorded and discussed, moves me to reflect about how far this institution has come since its fairly humble beginnings. As you know, the Emory University Hospital this year is celebrating its hundredth anniversary. In the first years of the twentieth century, the Methodists of North Georgia decided that a Methodist hospital would add an important dimension to health care in Atlanta, and with the help of Asa Candler they bought and renovated an old mansion at the corner of Auburn Avenue and Courtland Street. This house had served as General Sherman’s headquarters following the Battle of Atlanta. It was renovated and expanded, and in 1904 it opened its doors as the Wesley Memorial Hospital, with a handful of community physicians, fifty patients, and a training program for nurses. A home for the nursing staff was rented next to the neighborhood Methodist church, and another house was bought next to the hospital. These three buildings served as the hospital and nursing school until December 1922, when a new hospital funded by Asa Candler opened on Emory’s Druid Hills campus, five miles away. The twenty-five patients on Auburn Avenue were driven to Emory in ambulances provided by Atlanta’s funeral homes, and Emory University Hospital was born.

Now it’s no accident that the hospital moved to Druid Hills just seven years after the University was chartered, and only five years after the first medical school buildings went up on Clifton Road. The University made a decision early in its existence that medical education and clinical care would go hand in hand in the same location. Emory University’s early planners
clearly understood that to create a rigorous and top-notch training program for future leaders in health care and the health sciences, it was necessary to bring the teaching and clinical functions close together. So they moved the hospital out here and created what we now know as this first-rate and history-making hospital.

We cannot overlook, and should never forget, how vitally important this hospital and our other healthcare facilities are to this university, and to Emory’s identity and strength and mission. Just to put things in perspective a bit: the hospital on Clifton Road that started out with twenty-five patients in 1922 now is licensed for 579 beds and is operating at a capacity of 515. It employs some 2700 full-time-equivalent employees, who together in the last fiscal year attended to approximately 25,000 emergency-room visits, processed some 22,000 inpatient admissions, and performed some 12,000 surgeries, of which 325 were solid organ transplants. Clearly this hospital—and, by extension, Emory University—is in the process of “making people healthy.”

And, of course, it’s not just Emory University Hospital but also the Emory Clinic, Wesley Woods Hospital and Center, the Emory Children’s Center, Crawford Long Hospital, and our close partnerships with Emory Adventist, Grady, the VA, CHOA, and HCA. In the past eighty years, everything that we are involved in clinically, whether in-house or in partnerships, has grown to become a top destination for patients throughout Atlanta and from around the world. And it is this incredible nexus of health services, combined and infused with education and research, that proudly proclaims the name “Emory Healthcare.” By this very fact, Emory Healthcare immeasurably ennobles and enhances everything we are and do as a university.

This is why my Cabinet colleagues and I are so strongly and totally committed to enabling all of you to carry this legacy of teaching and creating knowledge and caring to even greater heights. I know each of you shares this vision.

I want to point out a few of the things now in process that will move us forcefully in the direction of these greater ways to serve our mission.

First, as many of you are no doubt aware – because you’re engaged in it personally – the University last spring launched a strategic planning initiative that will continue through this coming spring. That effort is being guided by a steering committee co-chaired by Mike Johns and Earl Lewis, the University’s provost. This year-long process will offer opportunities all along the way for very significant input by our health sciences faculty and Emory Healthcare leadership to help shape the future for Emory University.
John Fox and all of the health-care deans played an important part in the very first step, as we brought together, in thirteen different committees, some 150 faculty members from across the University to think about the distinctive opportunities that Emory should seize. Without question, many of those opportunities will be in health care.

As we move forward in our planning, we are looking for those themes that cut across the various divisions and departments of the University to offer us the greatest possibility of synergy – so that what will help Emory College might also help the medical school, and what will help the School of Public Health might also help the hospital, and what might will help the hospital might also help the theology school. We don’t know for certain yet what all of those themes will be, but they will be themes that will lift all of our boats by a significant measure. I am convinced that no great University can be so without balance, just as no great athlete can win the Olympic decathlon with strength on only one side of the body.

Now it’s become a custom at Emory, not only in the health sciences but also in the arts and sciences and in the professional schools outside the health sciences center, to think of Emory as a body with two distinct halves. And the dividing line between those two halves is either Clifton Road or, in some ways, Asbury Circle. In either case, Emory Hospital is perceived to be on one side of the body, along with Emory Healthcare, and the rest of the University is on the other. And that’s where we get the odd expression of “the medical side and the University side,” or “the healthcare side and the University side.” The truth is that we are all Emory University, whether we are engaged in neuroscience or German literature, oncology nursing or constitutional law. This is no longer Wesley Memorial Hospital, it is Emory University Hospital, inextricably a part of the University. There may be different parts to the University, but, to borrow a way of thinking from my religious background, there is only one body, and all of its different parts are both valuable and necessary.

What we cannot escape is that this single body is divided by a road that’s full of traffic much of the time, and that traffic is getting more intense. We also find that the traffic around the University and leading to the University is becoming more intense, and this has raised important questions about how we will continue to keep this a convenient destination for people seeking health care. To that end, we have been working with transportation consultants to undertake a thorough study of transportation in and around the neighborhoods surrounding Emory. It might surprise you to learn that Emory itself is not the principal source of the tremendous growth in traffic in this area. Yes, we have grown in the past ten years. But the infilling of
residential neighborhoods with condominiums and apartment buildings has greatly increased the number of automobiles in the area. The through traffic using our streets to get from the suburbs to midtown and back has added stress. And our institutional neighbor down the street, the Centers for Disease Control and Prevention, is projecting the addition of some four thousand more employees and two thousand more parking spaces on its Clifton Road campus in the next decade.

At the same time, we are aware that the facilities you have to work in and work with are becoming worn out – in some cases are already worn out. We need to think about how to rehabilitate these facilities so that you can do your job. Should we overhaul them? Should we start afresh, as we did at Crawford Long Hospital? If we knock down what we have and rebuild, how can we possibly manage that in phases, so that we can continue to serve our patients?

All of these questions point to the need to think hard and clearly about how we plan the use of our campus over the next ten to twenty years. You know that we finished a comprehensive campus plan about six years ago, and we have faithfully built many hundreds of thousands of square feet since then. We are in the process of updating that plan – revisiting it to see what we’ve done and what still can be done – and we are doing this in conjunction with planning for traffic, for mass transit, and for other means of moving people in and out of here. Most importantly, perhaps, we are making certain that this physical planning is carefully linked to our strategic plan. It is imperative that the directions of our physical growth and transformation be in concert with the directions of our aspirations for developing intellectual capital and human service, including health care.

Our planning around Emory University Hospital and The Emory Clinic is just now beginning to take on some shape. I know – we all know -- that we absolutely must address the limitations of much of our core clinical facilities here on this campus—not only Clinic A and the Hospital, but also much of Wesley Woods and other facilities. This is a priority in my sense of where we must make some major investments for our future and for the future of the larger community we serve. And Mike Johns has made addressing these facilities issues probably his top priority. With Mike’s record of success in building things – I believe he has already crafted and has overseen about 1.2 million square feet of construction and rehab here at Emory—you can rest assured that our facilities issues will be addressed!

I can tell you that all options are being considered, but some are more likely than others. So, for instance, Mike and I and many others, including our trustees, are all in agreement at this point that Emory University
Hospital should remain connected to this campus. Now I put the qualifier in there about “at this point,” because sometimes, when you are looking at big concepts and big initiatives, a remarkable twist or new insight or unanticipated issue or opportunity becomes manifest, and you have to consider it and deal with it. But at this point, we are pretty unanimous about the importance of having this hospital—and our other clinical facilities here on the Clifton corridor—continue to be an integral part of what we are and aspire to be as a university.

But, as you can imagine with something this big in our local environment here on Clifton Road and in Druid Hills, each option, whether it is the rehabilitation of this hospital, or constructing a new wing to it, or completely rebuilding it—each of these is an extraordinarily complex problem to solve. Every option involves a cascading series of issues and implications for our campus and for the surrounding communities. That’s why I can’t, at this point, go into detail about even the options we are considering. There are just too many ways in which any speculation about where this might all come out could unleash its own cascade of reaction—and all for nought, because we just aren’t there yet. But I do want to assure you all that you could have no better architect or advocate for your future and the future of our clinical infrastructure than Mike Johns.

There is one final important—indeed, critical—element in all of this planning. Our various plans—for more rational transportation options, for upgraded facilities, for a strategy to guide Emory University into the next ten years—are all leading to a comprehensive financial campaign. I expect that next year at this time, we will have determined a goal and a timeline for the campaign—probably well over a billion dollars to be raised in five to seven years—and we will be under way. In Johnnie Ray, our new senior vice president for development and University relations, we have the kind of energetic and imaginative leadership we will require to succeed in this endeavor. And Johnnie has taken significant steps in just a few short months—including the appointment of Phil Hills as vice president for development in health sciences—to make certain that we do succeed, and that the health sciences are a secure part of that success.

In the meantime, we are taking every other measure we can to be certain that we are using our resources to best advantage. Under Executive Vice President Mike Mandl and Vice President for Finance Edie Murphree, we have been carrying forward a plan for strategic resourcing, which will include implementing supply-chain efficiencies and more effective use of our endowment. These efficiencies cannot help but redound to some effect on the work you do here.
I need also to pay tribute to all of the clinical sections, which are recognizing the need to pull together and rationalize our clinical administrative systems. John Fox, I know, has done a phenomenal job, and has built a terrific team of leaders like Don Brunn at the Clinic and Bob Bachman here at this hospital, and I know that John and Tom Lawley are working ever more closely, along with Wright Caughman in the Clinic and with all of our clinical unit leaders, to address a host of complex issues. Under Mike Johns’s overall leadership, we really are building and forging a model of how academic and clinical leaders can maximize the value of the vital partnerships we call the academic health center.

Let me close by saying that all of this work and planning is about one very important thing: It’s about you. And by you I mean not just the people in this room and throughout Emory Healthcare and the Health Sciences Center, but all of our faculty and staff and students, all of whom have aspirations, ideas, and ambitions that must be, deserve to be, enabled and unleashed for the betterment of our human condition.

I want to be very clear about this and very straight with you. I know how hard each of you works and how much you want to do the right things for your patients, your students, your colleagues, for the university, and for yourselves, for your own principles and values. I know how difficult it is, sometimes, to be, as the saying goes, “all that you can be,” when processes, or outdated facilities, or inefficiencies, or other things get in the way of the work you want to do. And that’s why I am so committed to a new assertion of leadership on our part. A new assertion of possibility that can galvanize the support and partnerships and shared commitment that can enable all of YOU in achieving the most and the best that you can.

Thank you.