

Community Case Study

Themed Issue: Radiation Effects and Events

# Experiences, Observations, and Recommendations Related to Visits to the Semey Region of Kazakhstan from the Perspective of a Hospital Administrator

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## **Abstract:**

This community case study is based on personal experiences as the Methodist Hospital representative assigned to the American International Health Alliance (AIHA) project in Semey, Kazakhstan during 1995-1996. Although I had over twenty years of hospital management experience, the healthcare structure in Kazakhstan was functioning on a rudimentary level, which made my background of limited help. Specifically, the transition from a Soviet Republic to an independent nation had disrupted the economy and left the healthcare system in shambles. Over three visits to the region—Feb 1995, Aug 1995, and September 1996—I was able to see cultural and economic barriers to changing the healthcare structure to a more efficient, all-encompassing medicine model. In broad terms, the lessons I learned were: (1) how poorly prepared I was to help with the terrible conditions in the Semey hospitals; (2) the difficulty presented by dependence on translation, which limited development of strong personal relationships with the Kazakhs; (3) the need to balance various Kazakh interests and the competition among hospitals and entities over control of the AIHA project; (4) an appreciation for Bishop Woodrow Hearn and Dr. Armin Weinberg, who first saw the needs and opportunities to help this region; and (5) missed opportunities to make my role more productive, such as contacting non-government organization (NGO) representatives on the ground prior to travel. The goal of this case study is to share what I learned and experienced during the visits, working as part of an international program that crossed cultural and governmental lines, and these lessons remain relevant today.

**Keywords:** Semey, Kazakhstan; nuclear testing; hospital administration; cultural differences; cross-cultural partnerships

## **Introduction**

In 1995, I was a Vice President at The Methodist Hospital (TMH, now named Houston Methodist Hospital or HMH) in Houston, Texas in the United States, primarily responsible for hospital-based services such as radiology and pathology. At the time, Woodrow Hearn (the Bishop of the Texas Annual Conference), as part of his leadership role in United Methodist Global Missions (UMCOR), had visited the Semey region of Kazakhstan (previously named Semipalatinsk) where the former Soviet Union had tested nuclear weapons.<sup>1</sup> He asked TMH to participate in an American International

Health Alliance (AIHA) program sponsored by the US Agency for International Development (USAID) to provide support to the former Soviet countries in Central Asia and focus on a specific project for the Semey/Kurchatov region of Kazakhstan.<sup>2</sup> The program became a joint effort between TMH and Baylor College of Medicine (BCM), and I was asked to be the TMH administrative representative.<sup>3</sup>

## **Context**

My participation spanned 1995-1997 and involved three visits to the region in addition to supporting US visits by representatives from Kazakhstan. Separately, I made a fourth visit to the region in 2000 at the request of TMH/United Methodist General Board of Global Missions to assess the options for a church-sponsored health improvement program. Historically, TMH participated as a site for basic science or medical clinical research with BCM overseeing the programs. This project required more direct management by TMH and was also different from hospital-based clinical research due to the geographic reach, international involvement, and the potential political implications of nuclear weapons development.

The administrative structure for the project was linked to the Clinical Operations Division of the Hospital, which included my area of responsibility. I had managed renovation and construction programs in the past, so my hospital facilities experience fit into the effort to evaluate the capabilities of the various Kazakhstan hospitals that were available to participate in the program. In addition, my undergraduate degree in physics provided a foundation for participating in the radiation related project. My role was to serve as the TMH administrative representative for the project and provide periodic updates to senior management. This case study focuses on the communications and coordination aspects of my role, providing examples of how the project evolved. I offer a historic overview of my experiences and how my role changed over the three years, along with my observations, lessons learned, and areas that could have made my participation in the project more productive.

## **Key Programmatic Elements**

The project was funded by AIHA for three years and included matching support from TMH. The history of nuclear testing in region was an overarching element in the assessment of the healthcare structure. The first visit to Kazakhstan focused on meetings with local representatives regarding expectations for the project, initial efforts to collect health data as well as to visit to hospitals, the medical school, an orphanage, and a church. We also planned to evaluate the hospitals in the Semipalatinsk region and

select those that would participate in the program. AHIA had staff in the region who facilitated the visit along with representatives from the Methodist Church.

### **The First Visit: February 1995**

The planning for the project was coordinated by Dr. Armin Weinberg's team. Prior to this engagement, Dr. Weinberg had conducted research on the Chernobyl nuclear reactor disaster and was very accomplished in the public health aspects of radiation exposure. The first visit was scheduled for February 1995, and it was obvious that the cold weather and spartan general living conditions would be issues. The team purchased several water purification devices, but fortunately this was not an issue. AIHA helped us to get visas. We traveled from Houston to Frankfurt and on to Almaty, the capital of Kazakhstan, on a commercial airline, and total travel time from Houston to Almaty was about 48 hours with two overnight flights. Once on the ground in Almaty, we went to a hotel for a brief time to freshen up with the expectation that we would travel to Semey that afternoon. Dr. Weinberg and I met with the staff of the US Embassy in Almaty. The meeting with the member of the embassy staff was very casual and provided a brief overview of what to expect once we arrived in Semey. He outlined a project (later identified as Project Sapphire) where the US government removed nuclear material from Kazakhstan. He noted that our project was not a part of the compensation to Kazakhstan for the nuclear material but was related to the overall initiative. He asked that discretion be used in discussing any of the effects of radiation exposure with the press. His closing remark was that we would have something to tell our grandchildren.

Further air travel within the country was done using the national airline, Air Kazakhstan. Air travel in the former Soviet system was of a vastly different style from my previous airline experiences. The airport in Almaty had no amenities other than chairs and a crude restroom. The airline charged for luggage by the pound, and passengers were expected to carry their luggage to the plane. Transportation to the plane was on an open wagon pulled by a tractor, like we used for moving livestock in the Midwest United States. Once the wagon arrived at the plane, passengers spontaneously created a luggage loading line to move bags up the steps of the plane and into racks at the back of the plane. The plane was a three engine Yak-40 with military-style webbed seats. The pilots boarded the plane after the passengers were seated. Because of heavy fog, which foreshadowed many weather issues on this trip, the flight was not able to depart until after midnight. It was a two-hour flight and arrived in Semey during a snowstorm. We were told the temperature was 40 below zero (which curiously is the same in Fahrenheit and Celsius). Several of our hosts met us on the tarmac and drove us to the hotel. We stayed at the Irtysh Hotel located a few blocks

away from the medical school, the regional government offices, and the city center. The hotel was built to Soviet standards, with no hot water, limited heat, and a floor lady who managed room access. The hotel had a restaurant on the first floor where we had breakfast some days. On our first morning, the only occupied table in the restaurant was a group of US contractors working on removal of missile sites in the region. We had most of our other meals at a private restaurant a few blocks away, which were adequate if you liked beets, horse meat, and smoked fish.

Over the week the teams visited six hospitals in addition to the medical school offices, orphanages, government offices, research offices, and the local Orthodox Church. The site surveys of the hospitals were part of the process of selecting partner facilities for the project. The hospitals visited were the Oblast Diagnostical Hospital, Inter-Oblast Oncology Dispensary, Ophthalmology Hospital, Oblast Children's Hospital, Oblast Clinical Hospital, and Central City Clinical Hospital.

By American standards, the hospitals in Semey offered only basic services. The facilities were deteriorating due to lack of maintenance, the harsh climate, the poor local economy, and the loss of the financial support of the former Soviet Union. The overall training and experience of the medical professionals appeared adequate but would have benefitted from better diagnostic, therapeutic, and nursing services. Facilities operations, biomedical instrumentation, nutrition, and pharmacy services were rudimentary. The infrastructure issues posed a large challenge in establishing meaningful three-year project goals for improving the region's health system. Developing a long-range plan for regional inpatient services was a first step. While there was centralized funding of healthcare, we saw no federal, Oblast, or city planning functions that would minimize duplication of services, set standards for clinical utilization, or prioritize capital projects.

The hospitals selected as partners had the clinical specialties required to support the region. All had similar administrative structures with a hospital director (physician) appointed by the state or Oblast government. Daily operations were managed through chiefs of individual services, supplemented by a bookkeeper to manage payroll/accounts payable and an economist to plan and manage expenses. Hospitals received an allocation from the state based on the number of occupied beds, which incentivized high inpatient utilization.

All four hospitals had major building problems. For instance, the Oncology Dispensary had started a heating system update and ran out of funds. There were exposed dirt trenches in the corridors that made cleaning and sanitation impossible. The Central City Hospital had similar issues with a renovation of a surgical wing, but for

unexplained reasons we were not allowed to tour the site. The construction management process for major projects was unclear. The Children's Hospital maintenance superintendent said the facility had back up boilers and generators, but he had not seen them used in his three years of employment. My recommendation was that initial investments should focus on correction of infection control issues (sealed floors, water for hand washing, improved housekeeping) and then on infrastructure (particularly electrical distribution and plumbing). Heating was all through centralized hot water systems, so there was no air handling or ventilation equipment. Life safety for building disasters was nonexistent, but given the general state of the building, fire alarms, sprinkler systems, and backup generators were less important than critical healthcare improvements.

While there were small, centralized kitchens, the food was basic and limited. Families brought in food to supplement patient meals. Nutrition is such an important part of health and healing that dietary supplement improvement also needed to be a part of the long-term hospital improvement plan.

Biomedical instrumentation and equipment repair varied greatly across the hospitals we visited. The Diagnostic Hospital had a basic electronic shop while the Oblast Hospital had only hand tools and a work bench. The need to develop a centralized repair and preventative maintenance service was obvious. However, how such a system would function under the state-managed program would require discussion.

The lack of pharmaceuticals was an apparent problem, particularly for pain control drugs and antibiotics. The medical staff wanted access to chemotherapy medication, but considering the situation, that seemed like a secondary issue. This afforded an opportunity for USAID involvement, assuming a system for receiving and distributing drugs could be created.

During the visit, Dr. Weinberg was notified that representatives from Kurchatov—the city where most of the nuclear research took place—demanded to participate in the program. Dr. Weinberg and a small group traveled the 190 kilometers to the city, and it was agreed some level of participation would be developed. This unexpected event took a while for the AIHA/USAID team to explain and for the TMH/BCM team to understand. In hindsight, we all got a firsthand education in the realities of government-to-government negotiation in developing countries.

I participated in several site visits to Semey programs, including a research lab that had data on radiation exposure across the region. The Medical School expected to

participate in the AIHA project. It was surprising to find many orphanages in Semey. The orphanage we toured was Number 14. We attended a service at the Orthodox Church. It was one of the few church buildings not destroyed during World War II. Our return travel was uneventful, although it was again impacted by weather, the remoteness of the region, and limited airline service.

The lessons learned from this first trip fell in two broad categories: coordination and priorities. A briefing document was prepared that included information from all project participants. The briefing document covered key points listed below:

- All future travel must be around the warmer months.
- Air travel to Semey was limited.
- Communications from Semey were challenging, with calls placed through operators but rarely completed. Connections from Almaty were better but expensive (\$3.00/minute).
- Email was functional but required specific computers/modems.
- Efficient use of time was critical.
- Translation made all meetings longer than expected, with the persistent concern around the accuracy of the translation.
- Meeting schedules need to be planned well in advance, and time for social events (dinners/receptions/recreational trips) should be built around the important business events.

Prior to planning the next visit, some Kazakhstan partners visited Houston. The cultural and professional contrasts made for interesting experiences. The visits to Houston felt like vacations for the Kazakh participants, who had a major interest in shopping and sightseeing. My family participated in several impromptu sessions with the visitors and enjoyed the cultural and language challenges.

The key things that came out of the visits were the relationship among clinical providers. In particular, the pathologist on our team, Dr. Tom Wheeler, was able to establish a contact with the pathology program in Semey and develop a long-term research effort around prostate cancer. The nursing team at TMH saw an opportunity to help establish a continuing education structure for the region. The opportunity to develop a cancer registry for the region was seen as an important first step in collecting data on the prevalence of cancer in the region and the oncologist Dr. Terri Hays took on that task.

## **The Second Visit: September 1995**

The objective of my visit was to review the plans and progress on the privatization of the regional healthcare system and to present information on the American healthcare system. The travel was different in that we went through Moscow and experienced the domestic airport terminal, which was only slightly better than the Almaty terminal. The airline was a more efficient version of Aeroflot. Once in Kazakhstan we had to deal with the same logistic issues but were spared from the fog, snow, and freezing temperatures. Betty Carter was a midwife at Harris County Hospital District and was on the same travel schedule. She had previous experience traveling to remote sites. Betty was well prepared with two suitcases: one for clothing and one for food. I learned a lot from Betty!

The planned visit with consultants involved in the pharmacy industry was canceled due to some unexplained federal restriction limiting travel from Almaty. I was able to make a presentation to the local Semey medical community on the evolution of American medicine. My material focused on role of public health measures in improving the quality of life and the standardization of medical education. Unfortunately, the new Kodak Carousel slide projector that I had brought from Houston (along with a special transformer to allow it to work on the local electrical system) short-circuited on the first use and I was left with a basic one slide at a time device. Given the need for translation and the limited ability to use audiovisual material, the overall benefit of the presentation was hard to evaluate. In hindsight, the Kazakhs wanted to hear more about when they were going to get a Texas Medical Center-like healthcare system and were disappointed to hear a lecture on sanitation and the Flexner Report.<sup>4</sup>

We traveled to Kurchatov, which was located 190 kilometers west of Semey on the Irtysh River. Due to the dissolution of the Soviet Union, the city had a population of about 12,000, down from about 30,000 before the retirement of Semipalatinsk Test Site—a then Soviet Union nuclear testing center—in 1991. Many of the buildings were abandoned, and in general the city looked even more distressed than Semey. We met with local officials and toured the government buildings. The hotel was certainly better than the one in Semey. The only food service was in a small house near the hotel, which I was told had been the home of Lavrenty Beria, formerly Stalin's secret service director. The relationship between the local leaders in Semey and the local leaders in Kurchatov was extremely competitive and added a degree of complexity to the project. Kurchatov had been the initial focus for the United States because that was where the nuclear material was stored and where at least two nuclear reactors were still in operation. Unfortunately, the small population, remote location, and almost abandoned state of the city meant it was not the appropriate base of operation for AIHA project.

It was hard to judge improvement in the healthcare system from the time of my first visit, eight months earlier. In general, it felt like the systems were continuing to decay from a lack of supplies, repair parts, and building materials. Most of these issues were related to the poor state of the economy. The government had proposed sweeping changes in health insurance, but it was difficult to believe. There was interest in private pharmacies and drug production, and entrepreneurs had funds to invest. The availability of central banking facilities to aid the import and export of products to the remote Semey location was a burden on the growth of new business.

My notes from the trip reflected a need to restore public confidence in the healthcare system. This would include an equitable distribution system for resources provided by outside agencies, accountability of different institutions that receive assistance, and documentation that resources were used as intended. The programs that would have immediate benefit would focus on the availability of broad-spectrum antibiotics, immunization for controllable diseases, and development of infection control standards (such as antiseptics, soaps, hand washing facilities and dressing for post operative and emergency care). Also of value would be neonatal support items (such as oxygen concentrators), vitamins and folic acid, and baseline clinical testing for anemia, thyroid function, and iron deficiency. Public education was an obvious opportunity, especially in the areas of smoking cessation and alcohol abuse.

There continued to be opportunities for making the visits more productive. There should be a fixed schedule such as 9am to 5pm with lunch limited to 1 hour. Evening time should be used for team meetings but did not require elaborate dinners daily. The visits should have a patterned schedule: arrive in Semey on Sunday and plan to leave the next Saturday based on travel schedule into and out of Almaty.

### **The Third Visit: September 1996**

Although I did not realize it initially, the common theme for this trip was the effort to show to the Kazakh community the commitment to the economic improvement of the region.

Travel was again through Frankfurt to Almaty. On the flight from Frankfurt, I contacted John Post, who represented USAID and was going to Semey as part of the humanitarian aid program AmeriCares, which was sending a plane load of supplies to the region. Also on the flight were two representatives from KKInterconnect, Lonney Plummer and Paul Stepanoff, who were going to Kurchatov to participate in the dedication of a new plant that would build printed circuit boards. KKInterconnect



helped establish the plant as part of a Department of Defense “Defense Conversion” project and would oversee the manufacturing and marketing of the products.

The flight from Almaty to Semey was on a special charter that included dignitaries, such as the Kazakh Minister of Health and the US Embassy Chief of the Political/Economic/Science Section. After a ceremonial lunch in Semey, we drove to Kurchatov for the dedication of the printed circuit plant. The Oblast Governor, Mr. Jakianov, led the celebration that included multiple speakers and a local military style band. The music was mostly Kazakh style, which included a rendition of “The Star-Spangled Banner.” A press conference followed the event, and there were many questions on the health issues of the local population. Given the language differences, it was difficult to understand the questions and answers, but the tone of the exchange did imply a level of a free press as the reporters pushed on the expectation that the government needed to address the radiation-related health issues. A celebratory banquet was held that evening at a Kurchatov hotel.

The next morning in Semey we met with the Governor, and he committed to continued support for the project and restated his plan to reform healthcare in the region. That afternoon, the team traveled to the governor’s country home for a lunch and boat ride on the Irtysh River. The informal settings provided opportunities to develop relationships with the leaders on a more personal level and enabled discussion around specific steps to improve the future of the project, such as meetings in Texas with Bishop Hearn and with other business and political leaders in the United States.

The next day the Department of Defense charter flight with medical supplies arrived at the Semey airport. The DC-8 freighter was packed with bandages, IV solutions, sterile supplies, and other materials; most of which I understand was from the US military stockpile. Unloading the plane and distributing the material was quite the operation. The local nursing teams took charge of the inventory and allocation of the material to the various hospitals. A local military unit provided the physical workforce for moving the boxes and pallets. The soldiers were all young and dressed in an assortment of uniforms, giving the impression that the Kazakh army was also affected by the economic issues.

Later in the day we met with individuals leading the development of privatization of medical facilities. The role of specific facilities in this process was not yet clear. My memory of the meeting is that there was not agreement on how privatization would be funded nor on how participants would be selected. In hindsight, the possibility of abuse or corruption in this process was understated.

The return trip through Almaty to Frankfurt to Houston was becoming routine. The Kazakh representative and US team continued to make visits back and forth. Relationships, particularly on the nursing side, provided an excellent exchange of information and training. Dr. Weinberg and his team worked to develop relationships in Texas for the Semey/Kurchatov representative. The highlight was a visit to Houston and to TMH by the President of Kazakhstan, Mr. Nazarbayev. The fact that the leader of a nation participated in the process speaks to the impact of this project.

My formal involvement in the program ended in 1997 when I moved to a new leadership role within TMH. In reflecting on the material from the 1997-1999 period, the program increased in scope to include cancer registries, pharmaceutical deliveries, infection control conferences, business and government connections, blood bank training, coordination with General Board of Global Missions on the pediatric program in Semey, Women's Health programs, and the standardization of pathology laboratory practices, among other areas. The cultural, geographic, and financial characteristics of this type of work was complex, and in reviewing the areas touched over the three years, these considerations could not have been predicted during initial project design.

I had the good fortune to make a fourth visit to the region in 2000 as a representative of the Methodist General Board of Global Missions (GBGM). The organization was considering a three-million-dollar commitment to projects that would improve the health of citizens affected by the nuclear testing. Given my previous experience in the area, I was asked to make the initial assessment. The visit included Almaty, Semey, Kurchatov, and Pavlodar, the city that replaced Semey as the capital of the region. The economic improvement in Almaty over those four years was noticeable with a new airport, enhanced hotels and corporate offices, as well as more restaurant options. The same could not be said for the Semey/Kurchatov area where things looked very much the same, except the statues of former Soviet leaders had been moved. I spent a week site visiting facilities in Semey, Kurchatov, Pavlodar, and remote villages where the nuclear testing was conducted. Overall, the healthcare system was still struggling due to a lack of funding. Some of the old issues, such as interregional rivalries and ever-changing politics, were still there, and the challenges of corruption at all levels seemed even more prevalent. In the end, the GBGM project was not funded.

## **Discussion**

The time that has elapsed since my visits in 1996-1997 has no doubt blurred many of the details. Fortunately, the archives that Dr. Weinberg initiated through the Houston Academy of Medicine provided a solid foundation to help fill in my sketchy

notes and poor memory. Looking back on my experiences in the project from twenty-five years later, there are several themes.

First is that I was poorly prepared for the dramatic cultural and physical shock of the February 1995 visit. There were challenges that quickly overwhelmed what I had planned and expected. My career as a healthcare administrator benefited from a stable business environment, mutual understanding of the way decisions were made, and general agreement on high-level governance. Terminology across the industry was standard, as was the process for measuring effective hospital operations. Organizations, like the Joint Commission on Accreditation of Healthcare Organizations, provided a framework for comparing and rating the quality of healthcare. None of those things existed in Kazakhstan, and the infrastructure was so poor I struggled with where to begin remaking the system. The systems we experienced were the only ones that the population knew, and the recent governmental and economic changes had degraded them. A project that would bring meaningful change was quite different from a project that focused only on the health effects of radiation exposure.

Second is the challenges of the language barrier. It was necessary to have translators for all conversations with the Kazakhs (although there is a Kazakh language, all the meetings were in Russian). Most translators were local, provided by the Kazakhs, and the quality of the translation was hard to judge. Only when Sara Rozin, a native Russian speaker who worked with Dr. Weinberg in his Houston office, was part of the conversation, was it certain that the translation was correct. We eventually learned that colloquialisms may not work even when translated correctly. For example, one speaker used the phrase, "It's time to fish or cut bait." After a room full of blank stares, the conversation stopped while we explained the meaning. Most challenging was the difficulty establishing any level of personal rapport when every conversation involved multiple people. My usual style of interacting with people tended to be low-key and unpretentious, but that proved risky in translation. If I said, "I may be wrong," or "I wonder if ..." with the intention providing an opportunity to hear the other person's opinion, then it was translated as a lack of commitment. While I had a professional relationship with most of the Kazakhs, it never progressed much beyond formal exchanges.

Third is the need to balance the priorities of various regional entities. For example, at times, the Kurchatov representatives felt they were the center of nuclear testing issues and the focus of Project Sapphire; this led to trouble with finding a solution which would serve the greatest number of Kazakh regions in the most effective way. At one point during the first visit, there was considerable disagreement within the team regarding how best to address the issue of nuclear testing with the press.

Fortunately, Dr. Weinberg and the State Department representatives negotiated and came to agreements which met everyone's scientific and moral concerns.

Fourth is an appreciation for the individuals who made the project possible. Bishop Hearn's role in the Methodist Church took him to a remote place in Kazakhstan just after the fall of the USSR where he saw the effects of nuclear testing and resolved to help. Another example were the American citizens living and working in Kazakhstan. The AIHA team were young college graduates from all over the United States. They were early in their careers and saw both the opportunity and adventure. I only saw the hard life of a Kazakh resident a day at a time and admired those who committed not just to a job but to a lifestyle. The final example is the importance of Dr. Armin Weinberg. He had a unique ability to see the big picture and take a positive approach to any challenge. The immediate benefits of this project were difficult to measure but they owed themselves to the leadership and personal efforts of Dr. Weinberg.

Fifth is missed opportunities to be more effective in my role. I could have reached out personally to the AIHA staff in Kazakhstan prior to the first visit. This would have reduced the surprise factors of the weather, hotels, and travel, which almost overwhelmed the first trip. Additionally, I could have provided a list of areas I expected to see in each facility and shared this with the staff in Kazakhstan. Once the tours started, they tended to reflect the interest of the specific hospital leadership team rather than what I may have deemed more important. The AHIA team may have been able to share general information on the various facilities based on the survey schedule.

The final lesson learned is programs like AIHA and USAID affect change at a local level, but the scale and pace of change is difficult to predict.

## **Summary**

In looking back at this experience, my role was different from what I had expected. The initial focus on the health effects of radiation was diluted by the overall challenges of the Kazakh healthcare system and their changing social and economic structure. While my hospital expertise may not have been as relevant, my broader management skills proved valuable as a versatile contribution to the team.

During our visits, we experienced the challenges that the new nation would have to overcome. With the country's strength in natural resources and its location as a crossroads between Asia and Europe, Kazakhstan could be the dominant nation in the region. Unfortunately, as of 2022, Kazakhstan has been in the news recently for the civil unrest following thirty years of autocratic rule. One thing that has proven accurate is

the US Ambassador's statement that we would all have something to tell our grandchildren.

### Notes

<sup>1</sup>"United Methodist Committee on Relief (UMCOR)," Global Ministries, The United Methodist Church, <https://umcmmission.org/umcor/>.

<sup>2</sup>"Our History," American International Health Alliance, last modified 2022, <https://www.aiha.com/ourstory/history/>; "Kazakhstan," United States Agency for International Development, <https://www.usaid.gov/kazakhstan>.

<sup>3</sup>Houston Methodist Hospital, <https://www.houstonmethodist.org/>; Baylor College of Medicine, <https://bcm.edu/>.

<sup>4</sup>Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*, Bulletin 4 (1910; repr. Boston MA: Merrymount Press, 1972), [http://archive.carnegiefoundation.org/publications/pdfs/elibrary/Carnegie\\_Flexner\\_Report.pdf](http://archive.carnegiefoundation.org/publications/pdfs/elibrary/Carnegie_Flexner_Report.pdf).

### Author Bio

Randy Wright is a retired healthcare administrator. Mr. Wright grew up in downstate Illinois and graduated from Eastern Illinois University with a degree in Physics. He later earned a Master of Business Administration from Southern Illinois University at Edwardsville. He was a Certified Public Accountant and a Fellow of the American College of Healthcare Executives. He was an executive at The Methodist Hospital (TMH) in Houston from 1979 to 2000. He joined the executive leadership at Texas Children's Hospital in 2000 and retired in 2017 as the Executive Vice President and Chief Operating Officer. In 1995-96, he participated in the Houston-Semipalatinsk Program as the TMH representative. He made three visits to the region and participated in the exchange program when Kazakh members came to Houston. In 2000 the Methodist Board of Global Missions asked him to do an assessment of the Semipalatinsk/Kurchatov/Pavlodar region for a possible grant opportunity to improving the local healthcare.

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