



EXTRAORDINARY EXAMPLES OF CARING

MAKING THE
CONNECTION
BETWEEN
COMMUNITY
HOSPITALS
AND THEIR
COMMUNITIES

THE GEORGIA
ALLIANCE OF
COMMUNITY
HOSPITALS

2005
ANNUAL REPORT

GRACE UNDER PRESSURE

MEMBERS, FRIENDS AND FELLOW GEORGIANS:

For more than two centuries, Georgia's community hospitals have served our state, working miracles while coping with challenges ranging from natural disasters to economic depression.

Today, that legacy of grace under pressure continues. Thanks to advances in medicine, our community hospitals are serving and healing Georgians in countless remarkable ways. At the same time, the challenges to these great institutions loom large as ever.

In fact, Georgia's community hospitals are under assault on no less than three fronts: the courts, the legislature, and the federal government.

In the courts, we and a number of our members have been forced this year to defend the very mission of the community hospital, against a wave of more than 50 lawsuits nationwide, seeking undetermined millions under the guise of defending the uninsured. The irony of these suits - against the only institutions that serve the uninsured - is not lost on our members. As I write this, these cases have not achieved much success in the courts, but anything can happen - and in any event, they still drain precious resources that community hospitals could use for better purposes.

Our institutions are also challenged by some in the federal government. A new report from the Department of Justice and the Federal Trade Commission calls for states with CON regulations to reconsider them. We will continue to oppose this simplistic thinking, because those regulations help ensure quality of care and the financial stability of community hospitals, which often serve the patients no one else will treat.

Back here in Georgia, a new legislative season is upon us. And with it comes more assaults on our institutions - attempts to deregulate the industry, extend crippling cuts in Medicaid funding, maybe even challenge the tax exemption of community hospitals.

As an association, we will continue to fight vigorously. With a large freshmen class of new lawmakers from the elections of 2004, we'll be working harder than ever to make sure legislators know our concerns, and know how much our community hospitals mean to Georgia.

I am optimistic and confident we will prevail, because the facts are on our side. Georgia's community hospitals are indispensable to our state - a healing force for patients, a safety net for the less fortunate, and an economic bulwark to the communities they serve. This Annual Report, we hope, paints a vivid picture of the commendable service our hospitals provide.

As president of the Alliance, I am grateful every day for the opportunity to help further the work of these great institutions. Whether you're a member of our organization, a civic leader or a concerned citizen, we welcome - and appreciate - your support.



Monty Veazey
President
Georgia Alliance of
Community Hospitals

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A special thanks to: The Miller family, Jan Godwin, Lindsay Field, Kathleen Trella, Tom Mileshko, Mark Ralston, Melanie Hester, Stephanie Stinn, Erin Ellis, Ken Rhudy, Maggie Crutchfield, Gary Colberg, Tom Matyok, Susan Bates, Andy Riley, Josh Bell, Robert Via, Beth Spencer, Chuck Stafford, Thomas Fitz, Linda Louise Gebing, Dr. Robert Lipson, The Scruggs Family, Jim Peak, Herb Pilcher, Nancy Heffernan Photography, Hayslett Group and many others.

ONE OF
THE GREATEST
CHALLENGES

FOR A COMMUNITY HOSPITAL ADMINISTRATOR TODAY, IN THE MIDST OF BUDGET DILEMMAS, STAFFING RESPONSIBILITIES, COMPETITIVE CONCERNS AND LONG-RANGE PLANNING, IS FINDING THE TIME TO STOP AND APPRECIATE WHY WE'RE HERE.

Our institutions, like dozens of others in the Alliance, are doing truly great things on a routine basis. Our people offer a level of medical care unfathomable a generation ago. And underneath it all are extraordinary examples of caring - examples of institutions, physicians, nurses and volunteers going the extra mile for a patient or a community.

That's the focus of this Annual Report - the extraordinary examples of caring that are the hallmark of the community hospital, where concerns over profit take a back seat to a primary commitment to care.

In these pages, you'll read about a unique outreach program at Southeast Georgia Health System, providing quality medical care to sailors from around the world, as they call on the port of Brunswick. Obviously, treating sailors far from home isn't the business model for a hospital in Glynn County, Georgia, but for SGHS, it's just the right thing to do.

You'll read the inspiring stories of the Alliance's "Hospital Of The Year" honorees. Each of these institutions is an outstanding example of the interdependence between our facilities and the communities they serve, extending far beyond the halls of the hospital. As an economic development official in Emanuel County put it, "without our hospital, this county would go away."

And you'll read just a tiny sampling of the charitable work our member hospitals provide for the needy and underinsured every day. In these very human stories lies the heart of our mission - to care for all members of our communities, regardless of their financial means.

As the outgoing and incoming chairs of the Alliance, it's our hope that these stories will offer you an opportunity to reflect, for a few minutes, on why we're all here.

OUR BUSINESS IS CARING.

And our community hospitals have demonstrated a record of caring that Georgia depends on, and can be proud of.

William T. Richardson
William T. Richardson
President and CEO
Tift Regional Medical Center

Kurt Stuenkel
Kurt Stuenkel
President and CEO
Floyd Medical Center

Right: Gary Colberg and Tom Matyok, innovators of the world's only program dedicated to offering medical care to international seafarers.



REACHING OUT

EXTRAORDINARY EXAMPLES OF

IT ALL STARTED WITH A PHONE CALL THREE YEARS AGO. TOM MATYOK, AT THE TIME DIRECTOR OF MANAGEMENT & ORGANIZATIONAL DEVELOPMENT OF THE INTERNATIONAL SEAFARERS' CENTER (ISC) IN BRUNSWICK, GA., CALLED THE NEW CEO AT THE LOCAL HOSPITAL TO SEE IF HE HAD A SPARE WHEELCHAIR. A UKRAINIAN SAILOR WHOSE SHIP WAS HEADED TO THE PORT OF BRUNSWICK HAD MESSAGED AHEAD TO THE ISC THAT HE WAS LOOKING FOR A WHEELCHAIR FOR HIS INVALID MOTHER BACK IN ODESSA. COULD THE HOSPITAL LEND A HAND?

Gary Colberg, new to his job as head of Southeast Georgia Health System, promised to look around. Wheelchairs, it turned out, were in short supply, but he finally found a busted one stashed in a storage room. Matyok said he'd take it. "I figured the hospital's trash could end up being this man's treasure," he said.

It did. Kyden Aleksandr, the Ukrainian sailor, made port a few days later and was stunned to find Matyok waiting for him with the wheelchair. Before taking the wheelchair on board and leaving port, he made two quick purchases: a phone card he used to call his mother with the news, and a map he could use to show her the location of Brunswick, Ga., once he got back to Odessa.

Today, Aleksandr and his mother aren't the only ones who know the location of the small port city of Brunswick in Southeast Georgia. The search for his mother's wheelchair fueled what turned into a unique program to provide emergency health care to the thousands of sailors who make port there each year, often after suffering at sea for weeks with untreated illnesses or injuries.

Matyok says most Americans can't comprehend the lack of health care service available to the millions of seafaring men and women whose labor moves 90 percent of the world's goods and products around from market to market, and Colberg admits the experience with Aleksandr was an eye-opener for him.

"IT'S ONE THING TO HEAR ABOUT HOW THESE MEN AND WOMEN LIVE," SAID COLBERG. "IT'S ANOTHER THING TO SEE THESE CONDITIONS WITH YOUR OWN EYES. WE ALL AGREED THAT SOMETHING SHOULD BE DONE TO HELP. (HOSPITAL) DEPARTMENT HEADS, DOCTORS, EVERYONE JUST SHOOK THEIR HEADS AND SAID, 'HOW CAN WE HELP?'"

Right: Renee Matyok, manager at the new International Seafarers Facility, and Caesar Perez, a shipman on the Grand Quest, discuss health concerns in First Aid.

Left: Two seamen wave from their vessel docked in Brunswick, Georgia.

Within months, Southeast Georgia Health System and the ISC had forged an elaborate system that enabled ships carrying sick or injured crewmembers to radio ahead for help. With time extremely limited in many cases – ships often move in and out of ports in just a few hours to stay on schedule – medical staff would either be waiting for crewmembers at the hospital or meet them at the dock. Medicines were provided, and dockside infirmaries were set up and staffed by mobile triage and management teams. Translators were recruited to help with language problems. Waterside health and wellness screenings were offered to sailors, always with a promise of privacy and anonymity.

And word spread. Across the seas, seafarers heard about the availability of health care in Brunswick, Ga. A Maltese-registered vessel with four sick and injured crewmembers had already been turned away from two ports when the captain heard from another ship that medical care was available in Brunswick. The Georgia port was not on his itinerary, but he diverted to Brunswick long enough to get care for his men, including two men with severe skin infections and another with an abscessed tooth.

A Croatian mariner injured his back at sea and suffered for two months without medical care, despite making port twice before reaching Brunswick. His ship was docked for only five hours, but in that time he was able to get to Southeast Georgia Health System where he got treatment for the condition and the pain. Without it, the attending physician said, the pain would have eventually left him disabled.





When a Chinese-owned and -flagged ship arrived at Brunswick, crewmembers were forbidden by law from disembarking, despite the fact that a number of them were ill. But through the ISC a medical team from Southeast Georgia secured permission to board the ship and conducted a comprehensive 'sick call' in three hours.

The program itself, meanwhile, has continued to expand and grow stronger – and to draw attention. Colberg and Matyok say they've been contacted by officials from port cities up and down the Atlantic coast for information on the Brunswick program. And earlier this year, Matyok left the ISC to join the hospital staff, where he now oversees the hospital's maritime health care program directly.

“THERE WAS A LAUNDRY LIST OF REASONS FOR BECOMING A PART OF THIS TEAM,” SAID MATYOK. “BUT THE SIMPLE TRUTH IS, I WANTED TO BELONG TO AN ORGANIZATION THAT CARES ENOUGH TO TAKE AN EXTRAORDINARY LEAD IN THE COMMUNITY.”

“Southeast Georgia Health System is the only hospital in the country performing this amazing service, and as far as we know it's the only hospital in the world taking care of seafarers this way.”

For his part, Colberg admits to a measure of pride in the uniqueness and success of the seafarer program, but says the same motivation and commitment can be found in not-for-profit community hospitals throughout Georgia and the nation.

“This is what we do,” said Colberg. “In this day and age, communities cannot be geographically bound. We solve problems for individuals who need our help. It's part and parcel of our mission and our service ethic. It's what we do. And it's the right thing to do.”

Kyden Aleksandr's mother no doubt agrees.

This fall, the Georgia Alliance of Community Hospitals awarded Southeast Georgia Health System the 2004 Hospital of the Year Award in the large (151+ beds) hospital category. Southeast Georgia Health System was a runner up in this prestigious category in 2002.

In addition to the Brunswick campus, which began helping seafarers in 2001, Southeast Georgia Health System operates a 40-bed acute care hospital located in St. Marys, Georgia, and three regional family care centers.

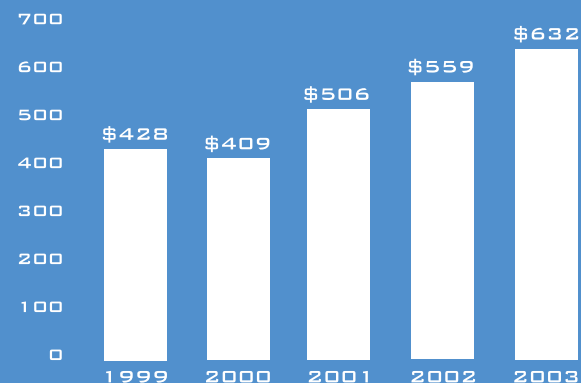
The health system has more than 200 staff physicians, representing nearly every major medical specialty. More than 70% of these physicians are board certified by the American Boards of their specialties. In all, Southeast Georgia Health System employs more than 1,500 people.

With revenues of \$200,000,000, Southeast Georgia Health System is a public, not-for-profit organization that receives no tax dollar support from area residents.

Left: Joel Aragon, a shipman from the Philippines, strikes a defiant pose in the off-load ramp of his ship.

Right: Two seamen wait for their ship to dock in the Brunswick, Georgia port.

WORK MAKING THE NUMBERS



The 60-plus not-for-profit hospitals that belong to the Georgia Alliance of Community Hospitals provided nearly \$630 million in indigent and charity care in 2003.

COMBINED INDIGENT AND CHARITY CARE
FOR ALL GEORGIA ALLIANCE COMMUNITY HOSPITALS
(IN MILLIONS OF DOLLARS)

WE SOLVE PROBLEMS FOR
INDIVIDUALS WHO NEED OUR HELP.
IT'S PART AND PARCEL OF OUR
MISSION AND OUR SERVICE ETHIC.

IT'S WHAT WE DO.

AND IT'S THE RIGHT THING TO DO.

- Gary Colberg, CEO of Southeast Georgia Health System





WHEN ANDY RILEY MEETS WITH EXECUTIVES LOOKING FOR THE PERFECT RURAL SETTING TO RELOCATE OR EXPAND TO, HE KNOWS HE HAS AN ACE IN THE HOLE HE CAN USE AS HIS SALES PITCH CLOSER:

EMANUEL MEDICAL CENTER

EXTRAORDINARY EXAMPLES OF WORKING TOGETHER

When Andy Riley meets with executives looking for the perfect rural setting to relocate or expand to, he knows he has an ace in the hole he can use as his sales pitch closer: Emanuel Medical Center (EMC).

"We point with pride to our medical center as a very real regional asset when we are touring industrial prospects," he said. "We're about a 90-minute drive from Macon, Savannah and Augusta, and when one of our residents has a medical emergency, a drive like that can mean the difference between life and death. Try convincing a company to move to your town when the nearest emergency room is that far away...they'll say, 'no thanks.'"

In Emanuel County's city of Swainsboro, the local community hospital is essential to sustaining and increasing a strong business base in the area, said Riley, president of the Swainsboro/Emanuel County Joint Development Authorities. According to Riley, Emanuel County has seen nearly 2,200 jobs disappear during the past several years, due to NAFTA and other regulatory agreements that provide companies with access to cheaper overseas operations. Faced with a declining employment rate, Riley's job was to lure businesses to the area and convince local companies to stay put. One of his most effective tools in convincing potential employers to come to Swainsboro and hanging on to existing businesses is the promotion of EMC.

"If Emanuel Medical Center wasn't in this community, there's no telling how much commerce this city and county would lose," Riley said. "It's not unrealistic to wonder whether or not our community would even exist without the hospital. Whenever I make a presentation to an organization trying to convince them that Emanuel County is a great place to live and set up shop, it's often the hospital that turns the tide in our favor."

According to Riley, Emanuel Medical Center enhances the community on several levels - by its services and innovative programs, the quality of health care found at the hospital, and the competitive pricing of EMC's services. Incorporate a \$14 million renovation that will include a 45,000 square foot addition, housing a new eight-bed ICU unit and 18 more acute beds, and you have a hospital that can make a serious argument for itself as a multi-regional health care facility.

Riley's latest efforts revolve around filling space in Pathway Technology Park, a newly-constructed multi-use business campus he hopes will continue to reverse the trend from the previous decade of lost businesses from Emanuel County. The community hospital in Swainsboro makes filling the space at Pathway...and his job as community pitch man much easier.

"One company official I spoke to actually admitted that the driving distance to the hospital was the determining factor in his company's decision to relocate to Swainsboro," he said. "When you consider a factor like that, you realize what a difference a community hospital can make to a company. Providing employees with quality of life issues like that sometimes means everything."

Two hundred and thirty miles away in Cairo, Georgia, Charles Stafford, chairman of the boards at United National Bank, the Joint Development Authority and the Downtown Development Authority of Grady County, is a member of the Multi-County Development Authority

"IT'S NOT
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that promotes businesses in Grady, Thomas, Mitchell, Colquitt and Brooks counties. To that end, Stafford also knows a thing or two about the importance of accessible medical facilities to employers shopping for a new location.

"Whenever a company considers moving to this area, their concerns always surround the issue of health care for the families of their employees," Stafford said. "Grady General Hospital is often the entity that tips the scales in our favor when we promote our community to businesses. Whenever we take executives to the hospital, it's almost always a slam-dunk. Because of the services our hospital provides, we gain a clear advantage over other communities we're competing with. My enthusiasm for our hospital is huge. I never recommend anything unless I'm completely sold on it - and I'm sold on Grady General."

While Grady General's services are important in the process of attracting businesses, Stafford knows of another relationship that exists within his community that strengthens the symbiotic bond between commerce and Grady General. According to Stafford, the grass-roots public support the hospital receives is an equal selling point when wooing corporations.

Grady Health Support League, a non-profit organization founded in 1994, is comprised of citizens dedicated to fundraising on behalf of Grady General. Though not officially affiliated with Grady General's foundation, local attorney and last year's League president Josh Bell said their foundation has been approached to officially become a



"THE HOSPITAL ONCE MADE A REQUEST FOR A BETTER SYSTEM TO DELIVER MEALS WITH, AND WE WERE ABLE TO RAISE MONEY THAT HELPED THE HOSPITAL PURCHASE NEW FOOD CARTS, SO PATIENTS CAN RECEIVE WARM FOOD ON THEIR TRAYS. IT'S THE LITTLE THINGS LIKE THAT THAT MEAN SO MUCH."

part of the fundraising arm of the hospital. Bell said that process is currently underway.

GHSL's primary focus is the purchase of necessary equipment for Grady General. "We visit the hospital and go from department to department to find out what their needs are," Bell said. "There are always items on every department's wish list that we try to raise enough funds for. Although some items and equipment are too expensive, we always try to make enough appropriations with the donations we receive to get them closer to a point where they can make the purchases they need."

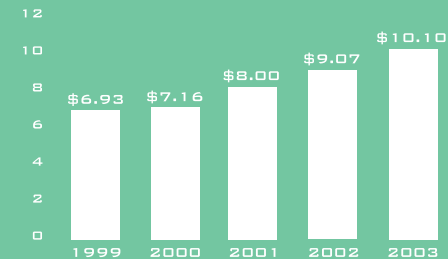
"We've helped the hospital buy all sorts of things, from new maternity beds to fax machines to equipment for the rehab center," Maggie Crutchfield, GHSL's current chairperson said. "The hospital once made a request for a better system to deliver meals with, and we were able to raise money that helped the hospital purchase new food carts, so patients can receive warm food on their trays. It's the little things like that that mean so much."

Since 2000, GHSL has raised about \$125,000 for equipment for the hospital - perhaps not an enormous sum compared to many foundations' efforts, but certainly a princely amount for the citizenry of a rural locale. An auction last March netted the League \$19,000. Stafford believes such community support says a lot to prospective businesses choosing a location.

"What I see mostly are companies wanting to know what the community has to offer their employees, things like cost of living and available housing. But the good business owners and executives always ask questions about what sort of health care facilities we have to offer. I always tell them that we have one of the best hospitals with incredible community support in all of southwest Georgia - and probably the entire state. I tell them if their employees ever have a health-related need, they don't have to look any farther than Grady General."

Above: Maggie Crutchfield, Chairwoman of the Grady Health Support League, and Ken Rhudy, Administrator of Grady General Hospital, try out the heated holding cabinets recently purchased with GHSL fundraising monies. The cabinets make serving patients warm food a little bit easier to manage.

WORK MAKING THE NUMBERS

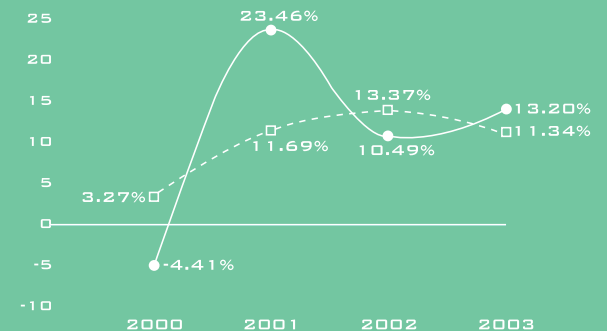


COMBINED ADJUSTED GROSS REVENUES
FOR ALL GEORGIA ALLIANCE COMMUNITY HOSPITALS
(IN BILLIONS OF DOLLARS)

Based on an analysis of financial data the hospitals provided to the Department of Community Health, the Alliance hospitals in 2003 (the last year for which statewide data are available) grossed a combined \$10.1 billion and posted \$74.8 million in combined surplus revenues, for a razor-thin overall margin of .75 percent.

Compared to 2002, the hospitals combined adjusted gross revenues grew from \$9.07 billion to \$10.1 billion, a gain of 11.34 percent; combined indigent and charity care, meanwhile, grew at a slightly faster 13.2 percent, from \$558.7 million to \$632.5 million.

The Alliance hospitals' 2003 indigent care averaged 6.27 percent of adjusted gross revenues versus approximately 3.0 percent for non-Alliance hospitals.



OUR HOSPITALS ENHANCE THE COMMUNITY ON SEVERAL LEVELS - BY THE SERVICES AND INNOVATIVE PROGRAMS, THE QUALITY OF HEALTH CARE FOUND AT THE HOSPITALS, AND THE COMPETITIVE PRICING OF HOSPITAL SERVICES.

% CHANGE IN ADJUSTED GROSS REVENUES
VS. UNCOMPENSATED INDIGENT CHARITY CARE
FOR ALL GEORGIA ALLIANCE COMMUNITY HOSPITALS

● INDIGENT/CHARITY CARE □ ADJUSTED GROSS REVENUES

TOUCHING LIVES

EXTRAORDINARY EXAMPLES OF



EVERY DAY IN GEORGIA, PATIENTS FROM ALL WALKS OF LIFE ARRIVE AT THEIR LOCAL COMMUNITY HOSPITAL.

INDIVIDUALLY, THEY RECEIVE A LEVEL OF MEDICAL CARE UNIMAGINABLE A GENERATION AGO. TOGETHER, THEIR STORIES PAINT A VIVID PORTRAIT OF THE CARING, DEDICATION AND PROFESSIONALISM OF INSTITUTIONS WHERE MIRACLES, SECOND CHANCES, AND KINDNESS ARE ALL IN A DAY'S WORK.

HERE ARE THREE OF THOSE STORIES, COLLECTED FROM PATIENTS' AND THEIR FAMILIES' LETTERS OF THANKS TO COMMUNITY HOSPITALS ACROSS THE STATE.

LINDA GEBING moved to Athens without a job or health care coverage, but with every intention of obtaining both as soon as she could. Fate had other ideas; within days, she began experiencing chest pains so severe, she headed straight for St. Mary's Hospital.

Gebing was admitted for a battery of extensive cardiac testing. Fortunately, no serious conditions were found, and she was discharged four days later, feeling better.

Although physically fine, Gebing was faced with a financial setback when she received the bill for her hospital services – the total came to almost \$15,000.

"IT SEEMED IRONIC THAT FOR ALL THE YEARS I HAD WONDERFUL MEDICAL COVERAGE THROUGH VARIOUS EMPLOYERS, I NEVER NEEDED TO UTILIZE THE INSURANCE FOR ANYTHING OTHER THAN ROUTINE VISITS," SHE SAID. "ALL OF A SUDDEN, FACED WITH INSURMOUNTABLE AND STAGGERING BALANCES, I WAS FINANCIALLY HELPLESS."

St. Mary's representative Debra Nunley paid a visit to Gebing's room shortly after her admittance and explained that she might qualify for payment assistance. After receiving the bill, Gebing contacted Nunley and the two of them began gathering the necessary paperwork that would document Gebing's situation. Several weeks after filing her forms and affidavits with the hospital, Gebing received a letter from St. Mary's that said her entire balance would be covered in full – and the hospital staff hoped the news eased her mind, as her debt had been forgiven in her most desperate time of need.

Today, Gebing's life and circumstances are vastly improved. She found a job in Athens, and is once again covered by medical insurance. "But I will never forget or take for granted that time in my life when I had none of those things."

Jayne and Jack Lawless' 52-year-old daughter, KAREN SHEPARD-HAMILTON, was admitted to Douglasville's WellStar Douglas Hospital with severe stomach pains, later diagnosed as acute pancreatitis. At one point, the situation looked so grim that one of Karen's physicians said they "would need a miracle" to save her.

She got it at Douglas.

After remaining in ICU for a month, Shepard-Hamilton was eventually stable enough to be transferred from to a rehabilitation facility. While she was recuperating after the transfer, her parents wrote a letter to Michael Poore, WellStar Douglas vice president, offering their unending

gratitude to their daughter's caregivers – Dr. Anna Thopu, Dr. Vance Boddy and the ICU nursing staff – for saving her daughter's life.

They were, as the family wrote, "as close to angels as you can get."

Sometimes the care families and loved ones receive from a community hospital is just as important as the care of the patient.

Pam Miller Scruggs' father, PETE MILLER, SR., was admitted to Memorial Hospital and Manor in Bainbridge with acute respiratory problems. As Scruggs and her family kept a bedside vigil, she began to take mental notes of the little things that made an indelible impact: the personal attention her family was given by the staff, constant smiles from clinical and non-clinical personnel alike who tended to their needs and requests, or just the cup of fresh coffee or a secluded telephone for private conversations that were always available.

"We observed and appreciated efficient, expert and compassionate care by attractive, polite and friendly personnel [that] surpassed my previous experiences with other hospitals by far," Scruggs said.

Stories such as these are unforgettable episodes to families in need of care. But for community hospitals, it's business as usual – under a rare business model whose ultimate goal is not to boost the bottom line, but to care for every member of the the community – even those without a cent to pay.

"When someone comes into our emergency room with no job, no insurance or no way of paying for treatment, does that make his or her life less important than someone who can pay for health care? No," said Jim Peak, CEO of Memorial Hospital and Manor.

Eight years ago, MHM provided half a million dollars in indigent care. That figure has jumped to an estimated \$2.9 million in 2004. "That's an astronomical increase," he said, "but what's the alternative?"

"THE PROBLEM NON-PROFIT HOSPITALS DEAL WITH MOST IS TRYING TO FIND WAYS TO MAINTAIN THE LEVEL OF QUALITY HEALTH CARE WHILE TRYING TO FIND THE MONEY TO PAY FOR IT. ALL WE WANT TO DO – AND ALL WE SHOULD DO – IS CONCENTRATE ON MAKING A POSITIVE DIFFERENCE IN THE LIVES OF OUR PATIENTS AND THE COMMUNITIES WE SERVE."

From the Left: Patient Linda Gebing at her new job, members of the Wellstar Douglas ICU staff that cared for Karen Shepard-Hamilton and members of the Miller family: Martha Miller Rock, the late Pete Miller, Sr. and Pam Miller Scruggs.

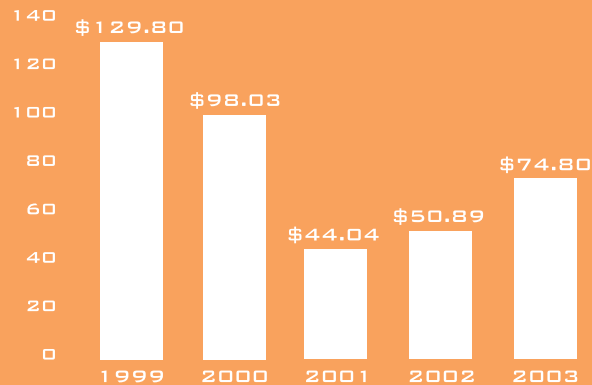
On the Following Page: One of over 100 volunteers at Memorial Hospital & Manor, Monteen O'Quinn, cheers up a patient with a special delivery.

WORK

In addition to their indigent and charity care, the Alliance hospitals in 2003 absorbed a combined \$3.8 billion in uncompensated Medicare and Medicaid charges plus another \$522 million in bad debt.

Over the five-year period 1999-2003, the Alliance hospitals – all not-for-profit institutions – saw revenue growth lag slightly behind growth in uncompensated indigent charity care while their combined margins fell more than 40 percent, from approximately \$130 million to \$74.8 million.

Combined margins for 1999 hit \$129.7 million, or 1.87 percent, in 1999 and then eroded over the next five years to \$74.8 million, or .75 percent.



COMBINED MARGINS
FOR ALL GEORGIA ALLIANCE COMMUNITY HOSPITALS
(IN MILLIONS OF DOLLARS)



WHEN SOMEONE COMES INTO OUR
EMERGENCY ROOM WITH NO JOB, NO
INSURANCE OR NO WAY OF PAYING
FOR TREATMENT, DOES THAT MAKE
HIS OR HER LIFE LESS IMPORTANT
THAN SOMEONE WHO CAN PAY FOR
HEALTH CARE?

No.

- Jim Peak, CEO at Memorial Hospital and Manor



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Don't Expect Them.**

You Shouldn't Either.

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Small Hospital Winner
Memorial Hospital and Manor
Jim Peak with Charles Hayslett
and Monty Veazey



Small 1st Runner-Up
Emanuel Medical Center
Bob Via with Charles Hayslett
and Monty Veazey

Georgia's community hospitals face an incredible array of challenges - from Medicaid cuts and soaring medical malpractice insurance costs to nursing shortages and an ever-expanding universe of uninsured patients. With the Georgia Alliance of Community Hospitals Hospital of the Year award, we seek to salute the entire industry for its perseverance in meeting these and other challenges,



Small 2nd Runner-Up
Grady General Hospital
Ken Rhudy with Charles Hayslett
and Monty Veazey



Large Hospital Winner
Southeast Georgia Health System
Gary Colberg and Susan Bates
with Charles Hayslett
and Monty Veazey

and particularly, to honor those institutions whose creativity, innovation and effectiveness set new standards of performance and service.

Each year the Hospital of the Year Award is presented to two facilities that have made extraordinary strides and exhibited exceptional achievement within their health system and community. Winners are selected in two categories: Small Hospital (150 licensed beds or less) and Large Hospital (151 licensed beds or more). Hospitals nominated for this award must support direct patient care through improving access for indigent populations, demonstrate support from the local community and be innovative in the range of services offered.

The winners listed here exemplify what the Hospital of the Year award is all about.



Large 1st Runner-Up
St. Mary's Health Care System
Tom Fitz with
Charles Hayslett and Monty Veazey



Large 2nd Runner-Up
WellStar Health System
Dr. Robert Lipson with
Charles Hayslett and Monty Veazey



CEO of the Year - Larry Sanders
Columbus Regional Health Care System

Each year, the Georgia Alliance of Community Hospitals presents the CEO of the Year award to someone who has made extraordinary strides and exhibited exceptional achievement within their hospital, health system, and community. Larry Sanders has transformed Columbus Regional Healthcare System from a small hospital serving one area to a large health system providing medical services for west Georgia and east Alabama.



Legislator of the Year
Senator Preston Smith

Over the years, the Alliance has sought to honor a wide variety of Georgia House and Senate members who have distinguished themselves by focusing on critical health care issues and demonstrated an abiding appreciation for the role played by community health care systems. Senator Smith showed much dedication to healthcare issues, such as tort reform, medicaid, medicare, health insurance, prescription drugs, indigent care and emergency medicine.



Top AIIIPAC Contributor
Central Georgia Health System

The top contributor is the Medical Center of Central Georgia for raising the most funds by any hospital to AIIIPAC - Alliance Political Action Committee. This hospital has consistently been named top contributor for its continued excellence in contributions to AIIIPAC.

Don Faulk, CEO of
Central Georgia Health System,
with Monty Veazey

(not Pictured)
Most Improved AIIIPAC Contributor
Hamilton Health Care System

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2005 Calendar of Events**

January 10
2005 Legislative Session Begins

February 9
Executive & Full Board Meeting
GACH "Day at the Capitol"

April 25
HealthLinks Classic
Port Armor on Lake Oconee

June 1
Board Meeting

August 8
Board Meeting

October 12-14
2005 Annual Meeting
at Callaway Gardens

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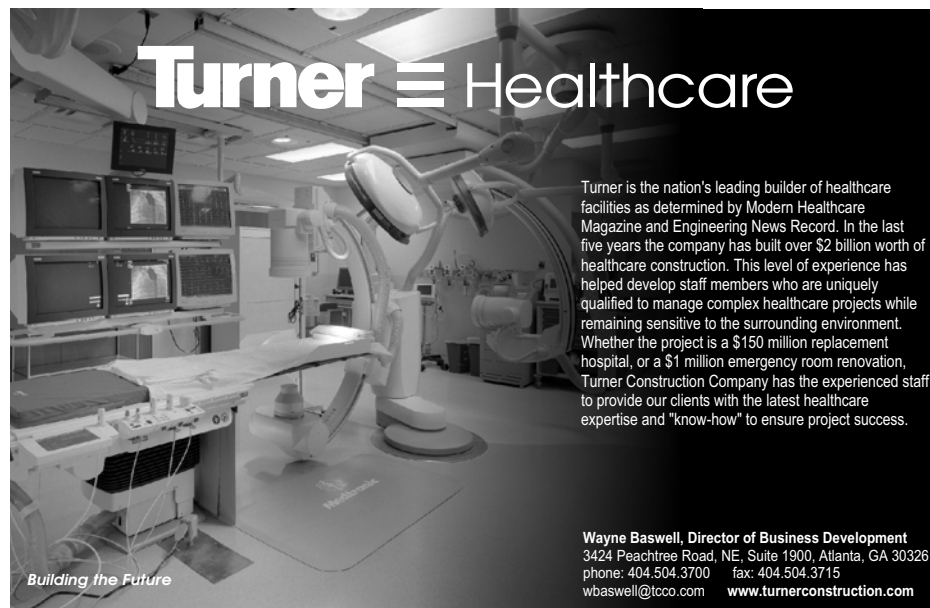
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