

Joseph Mountin Lecture
Centers for Disease Control and Prevention
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Forging a Unique Partnership: CDC, Emory, and Atlanta

Good afternoon, and thank you all for your kind and generous welcome. Last month Emory's Office of Public Affairs mailed to several thousand of the University's closest friends a postcard informing them of the appointment of a new president. It carried my photo along with the announcement of the arrival of "Emory's newest freshman." Seven weeks into the job, I'm feeling less like a freshman, but I am nevertheless still finding my way into parts of the campus and parts of Atlanta that I haven't encountered before. So it's a particular treat and a privilege for me to come to YOUR campus, where so much vital and interesting work is being carried out for the well-being of men, women, and children throughout the world. As someone who has listened to reports from the CDC on television news or read updates from the CDC in the New York Times, the Washington Post, and the Cleveland Plain-Dealer over the years, I can attest to the signal importance that Americans everywhere attribute to your work here on Clifton Road. Your presence in Atlanta, as the world increasingly deals with new diseases biological threats, has focused attention on the city and on public health in unique and powerful ways.

So I'd like to talk for a bit today about the remarkable partnership that these three entities have created during the past five decades—Atlanta, Emory, and the CDC. In preparing for this lecture, for instance, I've been surprised to learn how much we have depended on each other over the years. In fact, Emory would not be quite the university it is, were it not for our neighbors on Clifton Road. And the CDC would not be WHERE it is, if it were not for the good offices of Emory.

I'm sure that many of you already know the story of Robert Woodruff's philanthropic support of health care. Mr. Woodruff – who, by the way, was a member of the Emory College class of 1912, though he failed to finish his first year – developed an interest in public health as early as the 1920s. During extended stays at his Ichauway Plantation, in Baker County, Georgia, he noticed the effects of malaria on the population there – not only the physical misery that it caused but also the economic hardships it brought. In one of his first partnerships with the Emory School of Medicine he

recruited faculty members to spend time treating the citizens of Baker County and collecting data on malaria. One of the other partners in that project, which lasted from 1939 to 1957, was the U.S. Public Health Service.

The story of that project and its relation to Joseph Mountin's work during World War II to control malaria in war zones is told fully and well in Elizabeth Etheridge's wonderful history of the CDC, *Sentinel for Health* – a book that I know is on all of your coffee tables. What's fascinating is the direction the partnership took after World War II. The Communicative Disease Center, as the CDC was called at its creation in 1946, had offices all over the country, and a home nowhere. With urging from Mr. Woodruff, Emory University offered fifteen acres of undeveloped land on Clifton Road to the CDC for its first real headquarters. To make the transfer legal, CDC employees raised the money to make the nominal purchase, for a total of ten dollars. So, you see, you might be doing what you are doing today as the CDC, but you would not necessarily be doing it **HERE**, in Atlanta.

On the other hand, the particular constellation of schools and colleges at Emory would not be what it is, were it not for the CDC's presence next door to the Emory campus and, especially, the collaboration between the two institutions. It's because of the long-standing partnership between the CDC and the Emory School of Medicine that Emory developed a degree program in community health as early as the 1960s, which led in time to the medical school's master's degree program in public health and, in 1990, the formation of the newest school of public health in the nation. The rapid rise of the Rollins School of Public Health to prominence among public health schools in America is a direct outcome of the work shared by CDC researchers and field officers and the faculty of Emory University. In fact, these persons have often been interchangeable, as Emory has been fortunate to recruit such CDC luminaries as Bill Foege, Jim Curran, and Jeff Koplan. Likewise, the advantage to Emory public health students in having the CDC next door has made possible special programs like the Humphrey Fellows program, the Foege Fellows, and others.

Just to underscore this point, I'd like to ask you a favor. Will all of you who are alumni of Emory University please stand up? Now, will all of you who have held adjunct or regular faculty appointments at Emory please stand? And now will all of you who collaborate in some way with Emory faculty please stand? And will all of you who have Emory students working in your labs please stand? And will all of you who have family members

who have studied or been employed at Emory please stand?

Thank you. As you can see, the links between the University and this federal agency are visible, many, and intimate. Please be seated.

Clearly there is a good fit between these two institutions. And although I have been studying Emory intensely only since April, when the presidential search and I first crossed paths, it seems pretty clear to me that this partnership has much to do with the developing vision of what Emory is and can be.

Some of you are aware that for the past month we at Emory have been focusing on our vision. Emory is a place of remarkable potential for a great and achievable destiny. So it must be as clear as possible about its vision and principles. One of the most immediate opportunities before us is the shaping of such a concise statement of shared vision -- a statement that we all agree can guide us in the coming months, as we begin to develop a strategic plan and aim for a comprehensive financial campaign. As faculty members, staff members, trustees, students, and alumni have talked about Emory's future over the past two months, certain clear themes have emerged. From these conversations it's possible to distill some initial thoughts of what Emory University wants to be, and perhaps in large measure already is. That vision statement -- still a working draft, still preliminary -- is available for you to see on Emory's internal home page, if you have access to it. And I invite your comments about it.

One of the important elements of Emory's vision in its current statement is that Emory must be both a destination and a resource for changing the world for the better. What do I mean by that? I mean that a great university is simply a place where people want to come and stay. If Emory is to be as great as its potential, it must be a place that the best scholars and researchers in the world want to come to, because they will find here colleagues worthy of their aspirations, facilities suitable to their needs, and encouragement to take on the interesting and important work that claims them vocationally. Emory must be a place that the best young people in the world want to come to, because here they will find scholars who are making discoveries, teachers who bring passion and skill to their teaching, and a community where the intellectual quest is inseparable from ethical discourse. And Emory must be a place where, quite frankly, funding also finds its destination -- through private philanthropy, sponsored research, and

the new revenue streams in technology transfer.

It seems to me, in my brief personal acquaintance with the CDC, that a destination is exactly what the CDC has become. It's the place where the best people who blend a passion for service and great skill in research have to come if they're going to carry out their mission in life. Atlanta has been called – usually by people in Atlanta with a stake in all this – the "public health capital of the world." There's some justification for that nomenclature. After all, Clifton Road alone is home to the CDC, the American Cancer Society, the ninth-best school of public health in the country, and one of the nation's leading research universities, with significant international linkages. In addition, the Carter Center of Emory University is on the verge of eradicating Guinea worm and has made great progress in fighting river-blindness and other debilitating illnesses in developing countries. And Emory's partnership with Grady Memorial Hospital has created a laboratory in which the great experiment will help determine whether the public can rationally and effectively shoulder responsibility for the health of indigent populations in America. All of these institutions make Atlanta a powerful magnet and destination for anyone interested in public health, and collaborating together we can actually fulfill the promise of that slogan, "public health capital of the world."

What's more, as we strive to make that promise a reality by attracting the best minds and practitioners to Atlanta, to Clifton Road, we will become an even greater resource for changing the world for the better. This is the other half of the emerging vision for what Emory is and wants to be – not only a destination but also a resource for changing the world. And I think I know enough about the CDC to affirm that this is, after all, what really motivates all of us in this room, is it not?

You already have achieved a level of recognition as a resource throughout the world that would be the envy of any university. I'm told that as China establishes its own version of the CDC, it has used the sounds CDC in the name of the institution – sounds that, in Chinese, mean nothing when strung together, except that they echo the world-famous initials of this place. From Legionnaire's Disease to AIDS to SARS, whenever there is an outbreak of lethal mystery, it is the CDC to which the affected countries turn for help.

In doing this work you fulfill a unique service mission of the scientific

community on behalf of the Federal government. No one else does what you do. The FDA is regulatory, the NIH sponsors research. The CDC alone carries out service in conjunction with not only field research but also a vital function of teaching about public health. Think of what I just said – service, research, and teaching. These are the three traditional components of the mission of any great university. They certainly are the components of Emory’s mission.

We have, then, a kind of parallel mission here on Clifton Road. And because of that we have an opportunity to support each other. And I would say that we even have an obligation to support each other. Both the CDC and Emory University are going through cultural shifts, as we examine our strategies in the light of constrained financial and material resources. It behooves us to make our treasure worth more than the sum of its parts.

How might we collaborate to magnify, through synergy, the power of our resources? Well, again, we are already doing so in many ways, but let me give you just three examples.

First is the continuing partnership between the CDC and our schools of medicine, nursing, and public health. Two years ago, when America’s attention was transfixed by the threat of anthrax being sent through the mail to targets of terrorism, Emory’s head of infectious diseases, Dr. David Stephens, played a key role along with the CDC in that investigation, and he continues as a special adviser on clinical issues for infectious diseases. Dr. Stephens is one of a very large number of Emory faculty who work with the CDC, and a large number of CDC professionals who hold adjunct faculty appointments in the medical school and the Rollins School of Public Health.

A second example, a little more unusual: Emory’s Interfaith Health Program was launched in 1992 at The Carter Center, with the guidance of Bill Foege, following major national studies that identified the importance of faith groups in advancing health in individuals and communities. In the fall of 1999 the Interfaith Health Program moved into its permanent home as a program of the Rollins School of Public Health, in close relationship to the schools of theology and nursing. Much of the work of the program reflects a concern for problems of violence, teen pregnancy, elder issues, HIV, or cancer, and it is carried out increasingly in the international arena. The work has been supported by core grants from foundations you would all know.

And one of the key sustaining partners has been the Centers for Disease Control.

A final example of synergy: How many of you made your way through automobile traffic to work on Clifton Road this morning? One of the important questions that both the CDC and Emory University will need to answer creatively and successfully over the next decade – along with the rest of Atlanta – is how to meet the one of the greatest institutional challenges we face: the growing congestion of traffic in the metropolitan area. To the extent that such traffic significantly undermines the quality of life for our employees and our families, it will hamper our ability to recruit and retain the very best people to accomplish our institutional missions. And to the extent that our campuses remain landlocked and constrained by reasonable attention to the quality of our surrounding neighborhoods, we are going to have to work together to solve some of our ills. Fortunately, we are already doing this on a small scale, through the Clifton Corridor Transportation Management Association and the creative use of parking facilities. I pledge to you that, in striving to meet its vision, Emory will aspire to be the best neighbor it can be.

More substantively, we must find creative ways to explore our parallel missions together. On the University's side, we can seek to develop greater flexibility in our degree programs, so that our students can take advantage of the remarkable international presence represented by the CDC. We need to help our students get into the field – overseas as well as in the States – to work side-by-side with epidemiologists, behavioral scientists, and policy experts. And we need to increase by at least twenty-fold the funding available to permit public health professionals from developing countries to come to Clifton Road and work with our faculty and our CDC neighbors.

On the part of the CDC, the American Cancer Society, and other potential partners, I would hope that there would be a continuing willingness to think creatively about partnering. Recently the Institute of Medicine released its report on academic health centers, including some recommendations for strengthening those centers to meet the needs of health care in the decades to come. Among the study's recommendations runs a clear theme of interdependence and collaboration. We must develop innovative educational methods that link collegial work across the continuum of research and experiment in all settings to develop better care

for patients and populations. All three of our efforts must be linked. To quote from the study, "research develops the evidence base, patient care applies and refines the evidence base, and education teaches evidence-based and team-based approaches to care and prevention."

Furthermore, says the study, academic health centers must turn their focus increasingly from care of patients to care of populations. Medicine in the twenty-first century is not just about the biological basis of disease but also about the social, behavioral, and environmental causes of disease.

If this is not a call for more of what our two institutions do, I'm not sure what would be. The education of health-care professionals seems to me increasingly to be moving into realms of public health and epidemiology in ways that compel a university's interest. But this education is also moving into realms that overlap with schools at Emory beyond the health sciences – with our School of Theology and its focus on the healing of the spirit and the care of the whole person; with the School of Law and its emerging strengths in environmental law, child advocacy, and public-interest law; with the Goizueta Business School, where the economics and management of health care and policy have great potential as part of the curriculum; with Emory College's program in violence studies, which has linkages to the School of Public Health. We have here, on Clifton Road, a remarkable opportunity to experiment in putting together the best organizational structures for assessing the health of communities and, then, caring for them. Together we can forge a set of initiatives truly can change the world for the better. I invite your continuing partnership with Emory and look forward to the fruits of our common labor.

Thank you.