





INNOVATION

BY THE TIME REPORTS OF A nationwide shortage of nurses reached a crescendo in the news media, HMA had already addressed this issue by thinking “outside the box.” Instead of simply trying to hire temporary nurses to fill peak demand periods, which can affect quality, HMA launched “Nurse Select”, an in-house nurse staffing agency. It competes directly with existing labor agencies on base pay and flexible scheduling. Nurse Select facilitates the assignment of nurses to meet the fluctuating labor needs of HMA hospitals that are within driving distance of one another.

In Nurse Select, RNs accept a higher base pay without benefits and agree to work at more than one HMA facility.

Since its inception last June, we have employed several hundred RNs in our Nurse Select markets. Going forward, we expect to employ as many as 200 additional nurses in this program.

In addition to the Nurse Select program, we have completed several international recruiting trips to the Philippines, Puerto Rico and India. During fiscal year 2003, we expect to recruit and place an additional 200 RNs as a result of this effort. With 43 hospitals in 14 states, we are readily able to place candidates in locations that meet their personal preferences and our hospitals’ needs.

Regardless, we perceive nursing as a long-term investment. Thus, our primary strategy is to continue to enhance the patient-care environment so our nurses remain with us for the long-term, regardless of other hospitals’ predatory tactics.

In 2002, we invested considerable sums to improve nurses’ working conditions with enhanced orientation, education and more flexible scheduling. ■

◀ This report honors the dedicated and caring nurses that staff our 43 hospitals.



◀ The 172-bed Mesquite Community Hospital—one of two hospitals HMA acquired last year in Mesquite, Texas.

HMA invested \$3.7 million within months of their acquisition to renovate both hospitals and add much needed state-of-the-art medical equipment.

These capital expenditures helped to increase post-acquisition admissions by 13 percent.

QUALITY FIRST—ALWAYS

WHILE THE PURSUIT OF QUALITY in recruiting and retaining health care professionals, outfitting facilities, or building new hospitals undeniably costs more at the outset, the payback for the community is immeasurable.

The common denominator in our superlative growth is an absolute insistence on outstanding quality in everything we do.

When patients experience the superior health care they receive at an HMA hospital, they are reluctant to accept less. This is one of the reasons why our patient encounters keep rising in each of our markets. Patients who once got their health care elsewhere, now get their health care close to home.

More than anything else, it is the quality element in all HMA operations that has produced our consistent growth record for the past 25 years. ■

HOSPITAL OPERATIONS—2002

Fiscal year 2002 revenues at hospitals we operated for at least 12 months (same hospitals) increased 7.6% to nearly \$2 billion. Occupancy levels rose to 47.5% from 46.0%; patient days increased 2.5% to 844,000; adjusted admissions gained 4% to 298,000, and surgeries performed increased by nearly 6,000 to 177,000.

This same hospital growth last year was primarily the result of needed expansions to our emergency rooms and successful physician recruiting.

Impact of Acquired Hospitals

Figures for the full year are even more impressive when the results of our recently-acquired hospitals are added to the mix.

Total corporate revenues gained 20% to \$2.3 billion. Inpatient days passed the one million mark for the first time in our 25-year history, rising 13.6%; adjusted admissions increased 18% to 344,000, and surgeries rose 16.6% to 202,000, a gain of nearly 29,000 surgeries during fiscal 2002.

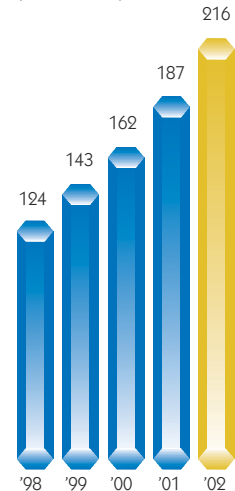
During the past year, our net revenue was comprised of 38% Medicare, 9% Medicaid, 8% private pay, and 45% commercial insurance and other sources.

Inasmuch as a portion of our private pay and commercial insurance patients includes senior citizens, it becomes apparent that HMA hospitals provide a substantial amount of care to the elderly. This is because many HMA hospitals are located in the Sunbelt where retired people congregate.

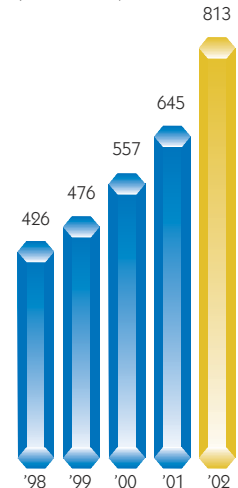
Consistency

Consistent revenue growth is an HMA goal that has been met by HMA's same hospital facilities for the past 56 consecutive quarters.

ADMISSIONS
(in thousands)



EMERGENCY ROOM VISITS
(in thousands)



This remarkable achievement illustrates not only the efficacy of the operating strategies we employ following each acquisition, but also the due diligence we perform and careful selections we make when acquiring hospitals.

Best Balance Sheet in the Industry

Our fourteen consecutive years of uninterrupted revenue and earnings growth is a record unmatched in the health care industry.

The by-product of consistently higher earnings is increasing *internally generated* cash flow. And it

is our superior cash flow, year after year, that generates the funds for acquisitions, physician recruiting and capital expenditures, which are key components of our growth strategy.

OUR OUTSTANDING CASH FLOW reduces our borrowing needs, which are substantially less than those of our competitors. Our debt-to-total capitalization was 33% at fiscal year-end, roughly half the industry level, which gives us competitive flexibility, should the need arise.

In addition, our strong balance sheet aids our acquisition efforts. *No acquisition proposal is conditioned on our obtaining financing.* We have in place the tender, technology, talent, and systems to efficiently acquire and upgrade hospitals. These fundamentals enable us to revitalize ailing hospitals quickly, thereby providing substantially improved health care within the first year of acquisition.

Thus, the combination of operational excellence and a strong balance sheet distances us from our competitors. ■

ACQUISITIONS—2002

We acquired five hospitals last year. They included the 88-bed Lehigh Regional Medical Center in Lehigh Acres, Florida; the 85-bed Jamestown Regional Medical Center in Jamestown, Tennessee; the 129-bed Santa Rosa Medical Center in Milton, Florida; and two hospitals in Mesquite, Texas: the 176-bed Medical Center of Mesquite, and the 172-bed Mesquite Community Hospital. These five acquisitions increased our total bed count by 650 to 5,920.

Each hospital met our acquisition criteria—growing, non-urban communities with demographics that indicated an unfulfilled health care need.

Pricing for these hospitals was in line with our criteria that requires a cash-on-cash return in four years or less.

Rapid Improvement

Subsequent to their joining the HMA family, the five acquisitions posted significant gains in patient volumes and admissions, particularly the two Mesquite, Texas hospitals.

AT THE MESQUITE HOSPITALS, POST acquisition admissions gained 13% and ER visits rose 6%.

By changing the atmosphere in Mesquite to a highly professional cooperative relationship, operating efficiencies increased at both hospitals, allowing for greater capital investment—all within less than a year. ■



▲ The Women's Pavilion at the Riverview Regional Medical Center in Gadsden, AL. HMA makes major investments each year to enlarge and expand its health care facilities, opening many new centers devoted exclusively for women. Its marketing studies indicate that women are usually the final decision makers when it comes to choosing a hospital for their families.



- **Medical Center of Mesquite and Mesquite Community Hospital, Mesquite, TX.** A total of \$3.7 million for both hospitals for renovations and purchase of sophisticated medical equipment. These expenditures were made in the first six months following their acquisition.

- **River Oaks Hospital, Flowood, MS.** \$5 million for state-of-the-art medical technology. Included were purchases of a GE Vivid Seven cardiac ultrasound unit, a GE Case 8000 stress test unit, and a Digital Holter Monitoring system. In addition, this hospital received an ECHO PAC digital physician reading station for echocardiology and the GE Muse System, which enables cardiologists to electronically retrieve the results of a patient's previous cardiac tests for comparison, which is crucial for cardiac diagnosis.

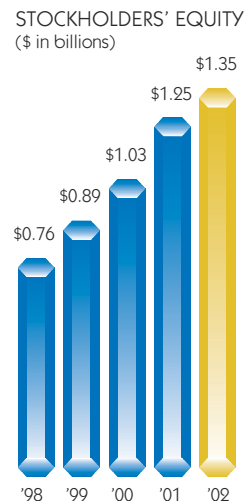
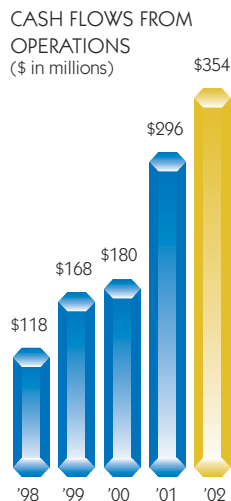
- **Upstate Carolina Medical Center, Gaffney, SC.** \$6 million to construct and equip a 12,000 square foot addition to its current 3,500 square foot ER facility. The expansion was necessitated by a rapidly expanding patient load.

- **Spring Hill Regional Hospital, Spring Hill, FL.** \$4.5 million for an ER expansion, a neonatal ICU unit and corresponding equipment additions.

▲ A sizable portion of HMA's capital expenditures each year is made to equip its intensive care units with the very finest in patient monitoring systems. These upgrades enable staff physicians to perform more sophisticated surgeries. This is one factor in reducing the number of patients that journey to distant cities for health care.

2002 CAPITAL INVESTMENTS

During fiscal 2002, we invested \$116 million in our hospitals for physical plant expansions and equipment upgrades. Upgrading and adding equipment in our hospitals are essential to enhancing quality of care and providing physicians with the necessary tools to treat their patients in their own community. The following is a brief summary of some of these capital expenditures:





▲ HMA hospitals are predominantly located in the sunbelt areas of the Southeast and Southwest, attractive areas for retirees. This aging population, which will grow substantially as the “baby boomer” generation begins to retire, requires progressively greater amounts of health care each year.

• **Charlotte Regional Medical Center**, Punta Gorda, FL. \$3.5 million to build a 13-bed addition, a special procedures laboratory, and to purchase a new nuclear medicine camera.

• **Community Hospital of Lancaster**, Lancaster, PA. \$3.7 million to purchase land for a replacement hospital and install a variety of state-of-the-art medical equipment.

• **Central Mississippi Medical Center**, Jackson, MS. Opened a 47,000 square foot medical office building, which is adjacent to the hospital. It has enabled that hospital to bring in additional physician specialists that were previously unavailable in its market area. This building completes the first phase of a 100,000 square foot expansion project, which is expected to be completed in fiscal year 2003.

Additional investments include a GE LightSpeed CT scanner and two Sechrist 3200 Hyperbaric Oxygen Chambers for the hospital’s Wound Management Center.

• **Heart of Florida Regional Medical Center**, Haines City, FL. \$9 million to renovate and nearly double the size of its ER facilities, add 40 acute-care beds to its current 75-bed capacity, install a dual-head nuclear camera and purchase 20 additional acres of land adjacent to its 40-acre campus to provide space for future growth.

• **Lehigh Regional Medical Center**, Lehigh Acres, FL. Nearly \$3 million for new medical equipment, which included a dual-head nuclear medicine camera, a spiral CT scanner, a lithotripter and an obstetrical monitoring system.

Additional funds are earmarked for fiscal 2003 to renovate its ER Triage/Registration and Waiting room, its Radiology Department, its Medical Surgical/ICU units and to outfit and equip a full-service laboratory.

• **Rankin Medical Center**, Brandon, MS. \$1.4 million to renovate this hospital’s second floor and to purchase a Millennium MG/MC Nuclear Medicine Scanner. This scanner is able to get precise images of the heart, lungs, gall bladder, and bones.

▼ Emergency departments throughout HMA hospitals are given special emphasis as they account for about one-half of all patient admissions.





▲ HMA provides its hospitals with an extensive array of modern diagnostic equipment such as the full body MRI scanner shown above. These devices help physicians detect medical problems at an early stage, which greatly improves a patient's chances for a full recovery.

- **Lake Norman Regional Medical Center**, Mooresville, NC. \$1 million to construct a 4,300 square foot, ultramodern outpatient endoscopy center. The center contains 11 prep and recovery stations and includes an additional investment for scopes, cameras and data processing units.

- **Midwest Regional Medical Center**, Midwest City, OK. Approximately \$1 million to expand this hospital's Heart Pavilion. The expansion added 20 monitored telemetry beds and an 8-bed cardiac cath recovery area.

In addition, the hospital purchased a Newton Unloader for its physical rehabilitation department and installed an Image Checker, which assists radiologists in detecting hard-to-see cancers upon additional review of a mammogram.

- **Santa Rosa Medical Center**, Milton, FL. \$2 million for extensive renovations and new equipment.

The hospital also broke ground for the construction of a 40,000 square foot medical office building adjacent to the hospital.

- **Riley Hospital**, Meridian, MS. \$1.6 million to open and outfit a 6,000 square foot, 11-room addition to its emergency department.

- **Lee Regional Medical Center**, Pennington Gap, VA. More than \$1 million for a major renovation of its ER facilities and the purchase of a GE LightSpeed CT scanner.

- **Franklin Regional Medical Center**, Louisburg, NC. Opened a new, state-of-the-art physical therapy unit. It was outfitted with more than \$100,000 in rehabilitation equipment, including an elliptical trainer,

stationary bicycles, treadmills and Nautilus weight equipment.

The new center is one of the best hi-tech centers in the region. It is a boon to patients needing a multitude of therapies, such as cardiovascular or occupational rehab. This service is now available in their community, and patients no longer have to travel many miles to a large city to get this specialized treatment.

- **Davis Regional Medical Center**, Statesville, NC. In excess of \$400,000 to create a digital fluoroscopy center within this hospital's radiology department. The unit is totally digital, which reduces examination times and produces higher resolution images. With better images, earlier diagnoses can be made, thereby providing better health care to the community. The digital images can be transmitted to other medical specialists in Statesville, the State



◀ The healing process can be shortened in patients of all ages when they receive close attention from caring and dedicated nurses. HMA enables its nurses to spend more time with their patients by making substantial investments in data processing equipment that reduces the time nurses spend on clerical work.

▼ Upon discharge, patients are asked to complete a questionnaire that seeks their opinions about their hospital-stay experiences. Their responses are the basis of our entire *Quality Service Management* program. No other data on quality is reviewed more carefully by senior management.

of North Carolina, or elsewhere in the entire nation, if the need arises.

In addition, this hospital was also equipped with a new GE 800 T Senograph Mammography unit at a cost of approximately \$70,000.

- **Sebastian River Medical Center**, Sebastian, FL. \$650,000 for the purchase of a GE LightSpeed CT scanner. It is the only such scanner available from Jupiter, FL to Orlando, FL.

- **Highlands Regional Medical Center**, Sebring, FL, and **Paul B. Hall Regional Medical Center**, Paintsville, KY. \$1.3 million to equip both hospitals with state-of-the-art CT scanners.

THE COMPANY'S CAPITAL EXPENDITURES budget for fiscal 2003 is targeted at \$120 to \$125 million, with the focus on patient care equipment and expansion projects to address capacity constraints. ■

HOSPITAL VALIDATIONS—2002

The superior quality of the health care services provided at HMA hospitals is documented year after year by independent third-party evaluations.

- The Joint Commission on Accreditation of Health Care Organizations (JCAHO) inspected 17 HMA hospitals last year. Despite more stringent guidelines adopted by the Commission for 2002, our surveyed hospitals





▲ To broaden the scope of medical services it provides to its communities, HMA continues to greatly expand its physical facilities for maternity patients.

received an average grade of 92 out of a possible score of 100.

- Our Franklin Regional Medical Center in Louisburg, NC, was accredited by the JCAHO last year with a score of 95, among the higher scores awarded last year by the JCAHO under its new scoring criteria.
- Our Charlotte Regional Medical Center in Punta Gorda, FL, was named one of the Top 100 Cardiac Hospitals in America by Solucient, Inc. Solucient conducts independent annual studies that measure hospitals' clinical practices, operations and financial management.
- The Heart Program at our Medical Center of Mesquite in Mesquite, TX, was awarded a five-star rating by Health Grades, Inc., an independent rating agency that measures quality outcomes for patient encounters at health care facilities nationwide.

- Our Rankin Medical Center in Brandon, MS, was named the best facility for basic life support training in Mississippi and ranked second for the number of people it trained in CPR.
- The dietary department at our Franklin Regional Medical Center was also awarded a perfect score of 100 by the North Carolina Board of Health. ■

APPRAISALS BY PATIENTS

Although the *objective* measurements of independent rating agencies are extremely important, we go a step further and seek the *subjective* evaluations of our patients, as well. We want to know what *they* think about our hospitals' services. Thus, upon their discharge, they are asked to fill out a confidential survey that asks them *their opinions* about everything from their medical treatment, the quality time and personal attention our staff devoted to their concerns

to the overall admissions process, room cleanliness, and the quality of our food service.

These patient responses are the basis of our entire *Quality Service Management* program, and no other data on quality is reviewed more carefully by top management.

Last year, these surveys, which are tabulated by a nonaffiliated organization, reported that patients rated our hospitals' services "good or excellent" 96 percent of the time. The results of these surveys are an important tool for administrators, physicians and hospital staff. They are also one of the many measures that influence staff compensation. ■

HMA ACQUISITION POLICIES

HMA maintains a consistent standard regarding acquisitions. We seek respected but capital-starved hospitals in non-urban communities of 30,000 to 400,000. These markets have favorable demographics and are located at some distance from competitive major metropolitan areas. Typically these communities are located in Certificate of Need states in the southeast and southwest United States.

These regions of the country are attractive to retirees, who require more extensive levels of medical care, the inevitable result of aging.

In recent years, however, HMA has expanded its scope of interest and has identified qualified prospects in the West and central Midwest states.

At fiscal year-end 2002, HMA had one acquisition pending and several others under consideration. In addition, HMA has identified approximately 200 hospitals in a fourteen state area that meet our acquisition criteria.

Our goal is to acquire 2 to 4 hospitals each year. ■

THE ACQUISITION CLIMATE

Opportunities to acquire hospitals are increasing as potential acquisition hospitals are either already experiencing a financial crisis or are approaching one.

Many of their problems are

centered around declining revenues caused by patient outmigration, and a lack of operational focus.

Patient Outmigration

Outmigration occurs when staff physicians conclude they can no longer practice cutting-edge medicine at their non-urban community hospital because its facilities are either outdated, inadequate, or nonexistent.

Consequently, they have no choice but to send patients needing specialized care to better-equipped, ultramodern urban hospitals, even though they may be inconveniently located at some distance from their patients' homes.

Outmigration is endemic in many non-urban communities because their hospitals have little access to capital. This has an enormous negative impact on revenues, operating results and staffing levels.

Operational Issues

Net revenues can shrink significantly when internal procedures for documenting services rendered are cumbersome or inadequate. This can occur in potential acquisitions most often when systems are outdated or difficult to use.

A further problem often arises at the administrative level. Clerical staffs are frequently overwhelmed with the complexities in billing and collecting from insurance

companies, Medicare and Medicaid. As a result, patient receivables soar, a sizable portion remains uncollected, and operating margins decline as cash collections falter.

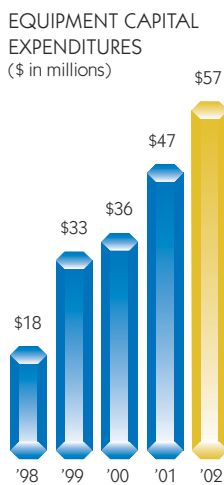
The root cause for these operational difficulties is usually a lack of capital—for recruiting physicians and other staff professionals, for equipment upgrades, for modern

operating systems, and for adequate staff training.

Not-For-Profit Hospitals

The downturn in the national economy and reverses in stock market values have seriously eroded the capital base of many not-for-profit hospitals. These hospitals have experienced a decline in charitable contributions

▼ Modern, well-equipped surgical suites now enable staff physicians to practice many state-of-the-art surgical procedures in HMA's non-urban hospitals. By investing in the latest medical equipment, HMA has been able to attract many physicians with advanced medical specialties, thereby reversing patient outmigration, and improving the quality of care.





▲ This modern, well-equipped nurses' station in HMA's River Oaks Hospital in Flowood, Mississippi, enables its nursing staff to continuously monitor its patients from a centralized site.

and a sharp drop in the market value of those reserves that were invested in stocks. As a result, many now lack sufficient capital to refurbish their facilities, upgrade their medical equipment, or recruit physicians with advanced medical specialties, all of which would enable them to expand their services, thereby enhancing their potential for revenue growth and an improving financial condition.

Not-for-profit hospitals can no longer automatically rely on municipal bond issues to restore their financial health. Counties are presently reluctant to authorize the sale of such bonds because many are already deep in debt, and elected officials are loath to add to the taxpayers' burden.

CONSEQUENTLY WE FIND MANY not-for-profit hospitals more receptive to our acquisition approach than at any other time in our 25-year history.

Acquisition Issues

From the viewpoint of a community that is considering the sale of its hospital, price is rarely the sole deciding factor. Many other sensitive community issues are involved.

Town leaders worry about the

quality of health care their residents will receive if they sell their hospital. They also want to know how quickly the new owner will respond to the health care needs of their community.

Hospital trustees and boards of directors have deep concerns about loss of control. Staff physicians, nurses and technicians are often wary about change.

Elected officials and others fear employee layoffs will inevitably occur should the new owners

focus first on costs and concern themselves later with improving health care service levels.

We recognize that the prospect of change is unsettling and that community concerns must be treated with respect and addressed fairly, openly and thoroughly. Unless these issues are addressed at the outset, no mutually beneficial acquisition is possible. ■

HMA's ACQUISITION APPROACH

The compelling differences HMA brings to a potential community include a reputation for integrity and an unbroken, 25-year record for increasing the quality and breadth of health care services at our hospitals. We immediately commit to the financial resources we will invest to revitalize the prospective hospital acquisition, and we ensure local control of day-to-day operational decisions. Fortunately for us, the hospital industry is a tight-knit community. There are no secrets. We invite community leaders, elected officials, hospital administrators, financial managers, and physicians to contact their peers at any HMA hospital. We are confident these inquiries will result in highly positive responses.

A major issue is timing. The

▼ Low-stress aquatic facilities are one of the many rehabilitation exercise programs available at HMA hospitals.



prospective seller wants to know when promised improvements will actually take place, or whether the buyer's promises are conditioned on its ability to obtain financing, either for the purchase of the hospital or the promised capital improvements.

At HMA there is no delay. We do not have to find financing. We already have it in hand. At fiscal year-end 2002, we had cash and an untapped credit line combined in excess of half a billion dollars.

In short, we have the capital to deliver on promises immediately. This is of great importance because once prospects decide to sell, their concerns turn to how quickly they will see a positive change within their community. ■

POST ACQUISITION STEPS

Within days following an acquisition, HMA introduces its hospital-proven procedures to revitalize that hospital and enhance its reputation within that community. They include:

- A proprietary management information system that provides the hospital management team with the information it needs to improve the quality and efficiency of its health care delivery.
- Computerized accounting and tracking systems that bring order to that hospital's operations and promote efficient resource allocation.
- Signature HMA programs designed to help each hospital increase the level of quality in its health care delivery.

Among the more effective and innovative programs are:

- **Nurse First.** This is a quality-driven program for emergency room patients.

For HMA, the emergency room is the other "front door" to the hospital, with 40%-60% of hospital admissions generated here.

Many residents in non-urban communities do not have a "regular" doctor. Instead, when they feel they need medical care, they simply come to the hospital emergency room. As this is often



▲ Preventive medicine is practiced routinely at HMA hospitals. Undergoing a stress test that evaluates cardiovascular efficiency can help to identify a potentially dangerous heart condition.

a patient's first contact with a hospital, HMA's hospitals adopt our "Nurse First" program to assure that every ER visit is as pleasant as possible under the circumstances.

To achieve this, a well-qualified and dedicated registered nurse is selected and then given additional training in ER duties.

The nurse's primary function is to assess the condition of each patient within minutes of arrival. Genuine medical emergencies are recognized quickly, and those patients are expedited for prompt medical attention.

These specially-trained nurses have two essential characteristics:

a high level of emergency medical expertise and an innate ability to handle very intense and emotional situations with a particularly compassionate and calming demeanor, effectively ensuring that every emergency room patient is seen in a timely and caring manner.

- **ProMed.** This program is a computer-accessed diagnostic tool that helps doctors assess a patient's condition, formulate a diagnosis and suggest a course of treatment. When combined with the "Nurse First" program, our hospitals have been able to meet and often exceed our internal goal of providing an emergency department encounter in two hours or less, which is 50 to 75 percent better than the national average.

- **MedKey.** This is a bar-coded identification card our hospitals provide local residents. It contains relevant patient information that streamlines the admission and registration process, and in certain instances, can help speed medical treatment.

The use of the Medkey card is increasing rapidly because we introduce this program into each community when we acquire its hospital.

At year-end, nearly 500,000 cards were in use.

Physician Recruiting

One of the most valuable skills we bring to our acquired hospitals is an ability to add and expand services through selective physician recruitment. Whether it's a new specialist service, or a new physician to address an existing,

growing community need, physician recruitment is necessary to reduce the outmigration of patients to major urban centers.

Consequently, we selectively recruit both primary care and specialist physicians to address the medical needs of the community.

By working closely with the acquired hospital's established medical staff and community leaders, we are able to identify what specialty medical services are needed for that hospital.

These services vary widely, depending on the size and demographic profile of the community and its distance from major urban centers.

Once these needs are determined, we invite physician candidates and their families to visit our communities and our hospitals.

▼ Upon arrival at an HMA emergency department, patients are met immediately by a specially trained nurse, as part of our Nurse First program. Medical conditions are quickly evaluated, and a course of treatment is initiated. This program is a first step in helping keep ER encounter times to an average of two hours or less.





▲ A patient receives his MedKey Card. This is a bar-coded identification card HMA hospitals provide local residents. It contains relevant patient information that streamlines the admission and registration process, and in certain instances, can help speed medical treatment. Approximately 500,000 Medkey Cards are presently in use.

These sojourns enable visiting physicians to learn where and how their skills can be utilized at a given hospital, thereby enabling them to begin building their practices from an existing patient base.

In addition to an improved quality of life and a community in need of their services, recruited physicians are also impressed with the access to the state-of-the-art medical equipment in an HMA hospital. This is precisely why we invest heavily in our facilities and up-to-date medical equipment. We want our doctors to know they can practice sophisticated medicine without having to work and live in the pressured environment of a major metropolitan area.

Physician recruiting is an

ongoing program at all our hospitals. Our recruiting grows more successful each year as the number of openings and locations increase naturally as we acquire more hospitals, thereby providing a greater range of choice for our physician candidates.

In the past three years we've recruited more than 600 net new physicians, including more than 220 in fiscal year 2002.

Community Involvement

Our physicians, nurses and staff members typically reside close to their hospitals. Many become an integral part of their communities and its many activities, which bring the community and its hospital closer together.

The community involvement

is substantial and includes memberships in the local chambers of commerce, civic organizations, Little League Baseball, and local PTAs. They actively support charitable fund drives, outreach programs to children and the elderly, "fun runs" to raise money for various causes and "health fairs" that provide important health screenings to residents.

In 2002, HMA and its employees, raised several million dollars for many charitable organizations, including the United Way, the March of Dimes, and the American Cancer Society.

HMA remains committed to improving the access to and quality of health care in the communities we serve. ■