A Vision for Ukraine's Future

BY MARIE DILG

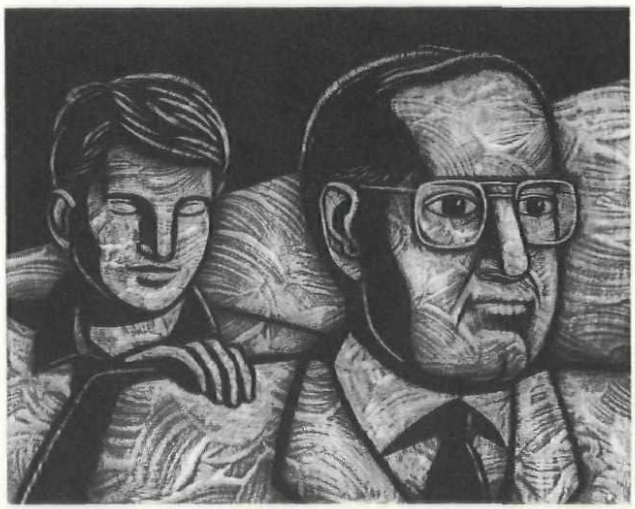
It is nearly lunchtime at the main hospital operated by the University of Ivano Frankivsk in western Ukraine. On the fifth floor, 50 beds are set aside for children with eye problems. The ward is stuffy and grim. Paint is peeling from the walls, and the floor tile is buckling. Most of the children have one or both eyes patched. A few play in the hall; the rest are in their beds, sweating and swatting mosquitoes. A blind three-year-old feels his way down the hall, searching for his mother. A nurse in a dingy white uniform leans over a basin, rinsing out gauze bandages so they can be used again.

"It's hard to believe this once was one of the most progressive eye care facilities in Ukraine," laments Dr. William Selezinka, an ophthalmologist from the Anheuser-Busch Eye Institute of Saint Louis University School of Medicine. Selezinka, who was born not far from Ivano Frankivsk, made plans to visit the area as soon as Ukraine broke with Moscow. For the first time since he fled with his family to the West when he was three years old, Selezinka returned to the region in the summer of 1992.

Ms. Dilg is media specialist, Department of Community Relations, Saint Louis University Health Sciences Center, St. Louis.

In addition to reuniting with family and renewing ties that long ago had been broken, Selezinka was carrying out a medical mission. He brought with him more than 400 pounds of donated medicines and supplies to help ease, at least temporarily, the shortages at the University of Ivano Frankivsk.

"Years of communist rule and neglect practically have turned us into beggars," says Dr. Mikhail Shkromeda, director of ophthalmology at the university's hospital. "The larger cities ended up with the supplies, and we got nothing. That's why Dr. Selezinka's visit means so much to us. Now we can begin rebuilding."



Riccardo Stampatori

Word of Selezinka's arrival spread quickly. Even before he reached the ophthalmology ward, patients began lining up in the hall, hoping he would have time to examine them. A woman whose husband is brain damaged and blind waits patiently. "This is our last chance, our only hope," she says. "We have three children to raise, and if my husband can't see, he can't work. If he can't work, we can't eat. Dr. Selezinka has to help us."

Another man stands on crutches. He lost one leg during the war in Afghanistan and is starting to lose his sight. "Losing my leg was tough, but I knew I could handle it," he explained. "Losing my sight, well, I just can't handle that. I can't work around that like I did with my leg. I need help. I need my eyes."

A young woman holds her three-year-old son, who is almost completely blind. She says he was born that way as the result of a chemical spill. "One night a tanker spilled some chemicals on the road in town. The next day we woke up and the road was repaved. Instead of cleaning it up, the government covered it up. I was pregnant at the time, and I'm sure something released in the air was no good for my baby. That's why he can't see. It breaks my heart."

At times, the needs and hopes of the patients make Selezinka uncomfortable. "They think just because I'm an American doctor, I can cure them just like that," he snaps his fingers. "It just doesn't work that way. I may have better tools to work with than the ophthalmologists here, but that doesn't make me a miracle worker. There are some people

Continued on page 87

Continued from page 88

For the first time in his life the little boy was able to see his mother's face.

I just can't help."

Still, Selezinka plans to see as many patients as possible during his three days at the hospital. He even postponed a visit with relatives in another city so he could spend more time in surgery. "Family is important, no doubt about it," he says. "But right now, I'm needed here. If I can show the ophthalmologists how to maximize the tools I brought them instead of helping the half dozen or so patients I saw today, I can help so many more. It's like the saying, If you give a man a fish, you feed him for a day. If you teach him to fish, you feed him for a lifetime."

His final case for the day is a cataract operation on a 28-year-old woman who wants to see well and look good by her wedding day, which is just around the corner. Her mother and aunt wait outside the operating room in a hallway. There is no waiting room and no chairs, so they stand for the entire five hours Selezinka works. He is helping a Ukrainian ophthalmologist perform the surgery with the new tools from the United States. "I'd rather he do the surgery while I watch," Selezinka says. "I think he'll get more out of it." At least a dozen other ophthalmologists stand around and watch. Because the window lacks screens, there are more flies than surgeons in the room.

Finally, the operation is over. It appears to be a success. "We don't know for sure until the healing begins, but I think we made a difference," says Selezinka. Congratulations and satisfaction replace the silence and suspense that filled the operating room just minutes ago.

Selezinka takes off his scrubs and walks into the hallway, ready to leave after an exhausting day. Before he gets to the stairs, however, he is stopped by the young woman's aunt and mother. They place flowers in his arms, and the aunt grabs his hands and kisses them. Selezinka is somewhat taken aback. "This is worth more than any fee a doctor could collect," he says awkwardly. "This is what makes it worthwhile."

When Dr. Selezinka returned to St. Louis from Ivano Frankivsk last summer, his mission did not end. At his own expense, he brought over the three-year-old blind boy mentioned previously for an operation that restored part of his sight. For the first time in his life, the little boy was able to see his mother's face. Selezinka also brought over a Ukrainian ophthalmologist who studied for three months at the Anheuser-Busch Eye Institute. "She went home with the best souvenir possible." Selezinka said. "She went home with knowledge." □

Dr. Selezinka continues to travel to Ukraine and is working to establish a formal exchange program between the Anheuser-Busch Eye Institute of Saint Louis University and the hospital in Ivano Frankivsk.

Coming in the Next Issue of

Health Progress®

COMMUNITY BENEFIT SERVICES

In January-February, Health Progress *will publish a special issue on the wide variety of contributions Catholic healthcare facilities make to their communities. First, a survey report defines community benefit activities—those activities for which a facility receives little or no compensation and which improve the health status of the community—and details the range of policies and programs that link Catholic hospitals to their communities. Subsequent articles relate providers' community benefit experiences in urban hospitals, multi-institutional systems, and long-term care facilties. Activities described include developing an immunization program, writing a charity care policy and community benefit plan, conducting a community needs assessment, and cooperating with other providers to better serve the community.*