

Humanitarian Efforts Aid Polish People

BY GENE BROWN

As my flight departed on April 26, 1992, I began to feel anxiety about my trip to Poland: The next nine days would be a new adventure and my first exposure to Eastern Europe. The U.S. Agency for International Development (USAID) had appointed me to lead a team to evaluate physical rehabilitation of children and elderly throughout Poland.

In response to Poland's rehabilitation needs, the U.S. government and the Polish American Congress Charitable Foundation donated more than \$3.5 million during 1991 to upgrade rehabilitation equipment. The USAID team was charged with evaluating whether these funds were sufficient and being used properly. We were also sent to see if there were additional needs and, if so, set priorities for addressing them.

The USAID team was scheduled to visit several pediatric and geriatric hospitals supported by Caritas, the Polish Catholic Charities. The hospitals were scattered throughout Poland, and during our trip we would cover more than 2,500 miles, visiting 13 hospitals in 10 cities. During the flight, I wondered how healthcare provided in Poland would compare with the U.S. system.

When the plane landed in Warsaw, I noticed the airport was small by U.S. standards and showed little evidence of modernization. The 20-minute drive to the hotel took us through a residential area, where all the dwellings were strikingly similar—30- to 40-year-old concrete apartments. I saw no single-family homes.

That evening at dinner, Donna Frago, the European director of USAID, explained that the rehabilitation needs of children and elderly persons had been among the lowest healthcare priorities under the former communist government. She

warned that the needs we would observe would be greater than we could imagine. This proved to be true.

OBSOLETE EQUIPMENT

The first hospital the team surveyed was Voiodship Children's Hospital in Warsaw. The staff greeted us with enthusiasm, eager to show us their hospital. After talking with the director, we toured the rehabilitation department. In contrast to American hospitals, which average a 60 percent occupancy rate, the hospital was full of children with a variety of orthopedic and neurologic disorders.

Most notable in the rehabilitation department was the limited amount of equipment, all of which was 20 to 40 years old. In my 20 years of practicing physical therapy, the only place I had seen some of this equipment was in textbooks from the 1940s! Some equipment could not be

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used because of missing parts that were no longer obtainable. We were told that because of Poland's economic crisis, equipment was a low priority in the hospital's budget. To my surprise, the highest priority was food, followed by medications.

SERIOUS SHORTAGES

On Tuesday the USAID team arrived in Kielce, a small village 100 miles south of Warsaw. The area around Kielce was primarily agricultural and reminded me of rural Wisconsin—except for the farmers using horse-drawn plows.

In Kielce we visited the Governmental Home for Children, a 100-bed hospital for children aged 17 or younger. We met with the medical director and toured the facility. The most common disease treated in the rehabilitation department was "Little's Disease," known in the United States as cerebral palsy. We found serious shortages of medication, equipment, and supplies—items taken for granted in the United States. The hospital did have some rehabilitation equipment, donated by U.S. hospitals, but it was obsolete by our standards.

We also saw infants with respiratory disorders who were not expected to survive because basic antibiotics were unavailable. This was difficult to accept because these drugs are readily obtainable in the United States. Ms. Frago was correct when she said that the needs of the Polish people are greater than most Americans could ever imagine.

DONATED EQUIPMENT

City Hospital #2 is in Katowice, a large industrialized city in central Poland. The air pollution from the steel factories and other industries was overwhelming. The 700-bed hospital has a large pediatric orthopedic service. The chief of orthopedic surgery proudly showed us an operating room completely equipped with instruments, monitors, and surgical tables donated by U.S. hospitals—including St. Mary's Health Center, St. Louis, where I work.

The orthopedic physician told us that more than 450 surgical procedures

had been performed in the past three months with the donated equipment. He introduced me to three young boys whose lives had been saved through use of this equipment.

A COMMITMENT TO HUMANITARIAN PRINCIPLES

In the other 10 hospitals we visited during the rest of our trip, the needs were just as great, the equipment just as outmoded. But during the flight home I found that my initial anxiety about the trip had been replaced by inspiration and confidence in the knowledge that I was able to help in a way that few others could.

As a result of our report, one month after our return, Voiodship Children's Hospital was sent audiologic infant hearing equipment. During the past six months, 10 truckloads of equipment have been sent to the hospitals we visited. Our report to USAID will be used to determine whether additional money and supplies will be sent to Poland this year.

In nine days the USAID team had driven across a nation newly freed from communism. It was clear that during all those years of subjugation the indomitable spirit of the citizens had never faltered.

In the faces of recovering children we saw the value of equipment donated by U.S. hospitals. We had come to know a brave, gracious, grateful people and had met physicians, therapists, nurses, and administrators who are eager to provide their patients with the finest possible healthcare. A firm commitment to humanitarian principles had kept their dedication strong during years of oppression. Freedom has allowed it to flourish. □

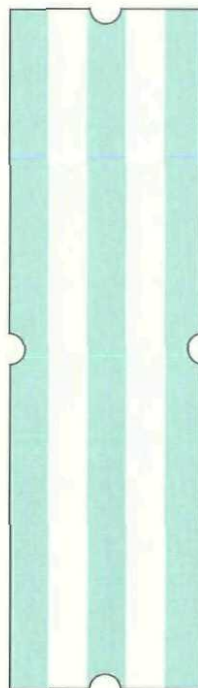
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