

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. bio	re: Edward L. Warner [partial] (1 page)	06/16/1997	b(6)
002. letter	President Clinton to His Excellency Islam Karimov (1 page)	n.d.	P1/b(1)
003. memo	re: Georgetown University Children's Medical Center [partial] (1 page)	09/27/1994	b(6)
004. list	re: Recovery Playroom Patients (1 page)	n.d.	b(6)
005. list	re: Pediatric Intensive Care Unit [partial] (1 page)	n.d.	b(6)
006. bio	re: Leonard L. Silverstein [partial] (1 page)	n.d.	b(6)
007. email	re: Summit Joint Statement (2 pages)	08/06/1998	P1/b(1)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20051

FOLDER TITLE:

Russia [Folder 3]

2013-0534-S

rc1670

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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Nurse Leaders Creating Change :
A Revolution in Progress

Nurse Leaders Creating Change



A Revolution in Progress

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HOPE in THE N.I.S.

June 16, 1997

BACKGROUND

Over the past few years, the republics of the former Soviet Union have witnessed dramatic changes in politics, economics and daily life. Although independence initiated and broadened contact with the West, current economic realities have stymied progress in many areas. Much of the population lacks the resources needed to change local circumstances and encourage reform. Nevertheless, as democratic and market reforms take hold throughout the region, these countries remain committed to developing new knowledge and technologies previously unavailable to them. Since 1989, Project HOPE has been rendering technical and humanitarian assistance to the New Independent States of the former Soviet Union (N.I.S.) to help close the knowledge and technology gap and re-establish health care as a national priority.

Project HOPE began its work in the N.I.S. in 1989 with the development of a pediatric rehabilitation medicine program in Yerevan, Armenia, and a pediatric burn center at Children's Hospital #9 in Moscow. Both of these efforts began as immediate responses to national disasters (the Armenian earthquake of December 1988, and a train explosion in the Ural Mountains in June 1989, respectively), and resulted in long-term training programs designed to improve local infrastructure and capacity for health care service delivery within an evolving market-oriented economy. Although the Armenia program ended in 1995, Project HOPE currently has ongoing health education programs in Russia, Kazakstan, and Ukraine. In addition to these educational activities, Project HOPE has delivered over \$240 million worth of humanitarian medical assistance to all the former Soviet republics.

RUSSIA

Children's Burn Care: Moscow: Children throughout the N.I.S. who have suffered severe burns now have a better chance of surviving and living productive adult lives as a result of Project HOPE's Burn Program at Children's Hospital No. 9 in Moscow. This long-term initiative began in 1989, and has been developed and implemented in partnership with governmental and non-governmental organizations in the N.I.S. Through this program, Project HOPE is working to establish a technologically modern burn center in Moscow by training Russian health care professionals in new burn treatment techniques and providing material support to Children's Hospital No.9. Over the past five years, Project HOPE and Children's Hospital No. 9 have made many accomplishments, including:

- Upgrading existing hospital facilities, including sixty acute care beds, twenty beds for reconstructive surgery, two operating rooms, and four treatment rooms.
- Renovating space in the surgical wing of Children's Hospital No. 9 to establish an intermediate burn care unit, a skin bank, clinic rooms, laboratories, and a library.

- Training Russian health professionals in modern methods of pediatric burn care with an interdisciplinary approach addressing surgery, intensive care, infection control and rehabilitation.
- Providing fellowships for selected physicians and nurses from Russia to study at leading pediatric burn centers in the United States, including the Shriners Burn Institute in Boston, the University of Texas Pediatric Burn Center, and Denver Children's Hospitals.
- Sponsoring U.S. specialists in such fields as burn nursing, plastic surgery, physical therapy, infection control, anesthesiology, and biomedical engineering, to travel to Moscow to provide technical consultation and instruction to Russian counterparts, and to render hands-on care to selected patients.
- Instructing biomedical technicians how to maintain and repair the specialized equipment required for the operation of a modern burn center.
- Creating an infection control program in the Burn Center to identify and track infections, and prevent their spread among vulnerable patients.
- Training Russian health care professionals in the latest rehabilitation techniques and establishing an outpatient rehabilitation clinic, so that children treated at the Moscow Burn Center will not only survive, but have better chances of living normal and productive adult lives.

Since the beginning of this program, mortality among children treated for severe burns at Children's Hospital No. 9 has decreased by almost 32%. Children's No. 9 has become a referral center for burns, for Russia, and all the N.I.S. Not only do families bring their children to Children's Hospital No. 9 for treatment, but health professionals also travel there to receive advanced training in burn care.

Medical Education Reform: Moscow: At the invitation of the Dean of the Medical Faculty, Project HOPE has begun advising on curriculum and staff development of the medical school at Moscow State University (MSU). The medical school at MSU, reinstated in 1992 after a sixty year suspension, requires its students to be proficient in English and is seeking ways to incorporate new and innovative standards into the Russian medical curriculum. Project HOPE has placed a full-time Medical Education Advisor in Moscow to work with MSU and has donated over \$500,000 worth of current U.S. textbooks to date. Additional plans are to establish clinical internships for MSU medical students at Western health care facilities located in Moscow and abroad, develop a modern medical library and computer resources, improve long-distance learning capabilities, and develop exchange programs for the medical students and faculty.

Health Care Management: Russia: Project HOPE is currently developing a Health Care Management program for medical professionals throughout Russia through a grant from the Know How Fund of the United Kingdom, and in partnership with the Open University of the UK. The program aims to develop a Health Care Management curriculum suited to Russia, and to teach that curriculum to a selected number of health care professionals. Those professionals will then disseminate their knowledge through a distance learning program. The program is slated to begin in the Spring of 1997.

School-Based Substance Abuse Prevention: Moscow: Project HOPE UK received a grant from the SmithKline Beecham company for the development and implementation of a school-based substance abuse prevention program to be conducted in the Moscow area. Substance abuse, including tobacco and alcohol, is a tremendous problem among the youth of Russia. Project HOPE's program aims to develop a curriculum to be taught to elementary school students which will be culturally relevant, and will encourage these students to practice better health for later life. In future, this program may expand

to also include accident prevention, as accidents are a major cause of mortality for children in Russia. It is expected that the substance abuse prevention program will begin in the Spring of 1997.

KAZAKSTAN

Health Care Infrastructure Improvement: Atyrau Oblast, Kazakstan: From July of 1993 through August of 1996, Project HOPE conducted a program to improve the health care system in the Atyrau Oblast (region) of Kazakstan in Central Asia. Project HOPE sought to alleviate immediate health care needs of the local population by providing pharmaceuticals, medical supplies and equipment. HOPE also strived to address more long-term needs by training Kazak health professionals and upgrading the existing health care infrastructure. HOPE assisted the regional Public Health Administration (PHA) to improve the basic training and continuing education of physicians, nurses, midwives, and other health workers, through curriculum and faculty preparation programs. HOPE's training and educational efforts in the Atyrau Oblast focused on the following areas:

- High Risk Maternity/High Risk Infant Care: Providing training and selected equipment to strengthen the capabilities of district maternity centers to assess and provide care for pregnant women, new mothers and new babies.
- Tuberculosis Management: Establishing new programs for the diagnosis and treatment of tuberculosis for at-risk groups, with the aim of controlling and ultimately eradicating the spread of this disease. The Atyrau Oblast historically had the highest prevalence of TB throughout the former Soviet Union. Since 1994, more than 1000 people have been treated, with a cure rate of over 90%.
- Cardiac and Emergency Care: Developing the capability of the intensive care unit at Atyrau's Regional Hospital to assess, manage, and monitor acute cardiac patients, and upgrading the emergency treatment and transport capability of facilities in the remote city of Kulsary. HOPE designed and procured equipment and supplies for a new Urgent Care Center which opened in Kulsary in May 1996.
- Biomedical Engineering: Improving local capabilities to maintain and repair clinical equipment by training engineers and technicians in essential service procedures.
- Pharmacy: Helping local hospitals, polyclinics and the PHA to develop formularies for their particular needs, establish inventory systems, and enact rational procurement and distribution procedures for pharmaceuticals.
- Laboratory: Establishing and equipping modern diagnostic facilities for regional hospitals and clinics, and training Kazak lab technicians in current diagnostic procedures.
- Materials Management: Assisting the PHA to establish and sustain a comprehensive inventory system for its hospitals and clinics, to assist in the procurement, distribution and stocking of medical supplies.

Presently, Project HOPE is helping to design and equip a new urgent care facility for the city of Atyrau. Construction is expected to be completed in early 1998. The new clinic will serve the emergency and trauma needs for the city's population of 150,000.

Tuberculosis Management: Almaty, Kazakstan: Building on the experience and success of its Tuberculosis Management program in the Atyrau Oblast, Project HOPE established a similar program for the Almaty Oblast in 1997. In conjunction with the Ministry of Health and the National Tuberculosis Institute, HOPE is operating a mobile clinic to deliver diagnostic services for TB to people living throughout the Almaty Oblast of eastern Kazakstan. Over the next three years, HOPE will work

closely with local counterparts to introduce the World Health Organization's TB treatment protocol, improve local laboratory capabilities to diagnose TB, and provide general education to local communities about tuberculosis. This program is funded by Chevron Munaigas Inc., with additional funding for the laboratory improvement portion of the program from the Lutheran Ministries.

UKRAINE

Tuberculosis Treatment: Odessa, Ukraine: Project HOPE was recently given an award from the World Bank to conduct a pilot tuberculosis program in Odessa in 1997. The program will involve the procurement of tuberculosis treatment drugs to treat 500 patients, while simultaneously training local professionals in the WHO Directly Observed Therapy, Short Course (DOTS) program of tuberculosis treatment. It is hoped that the success of this pilot program will lead to a more broad-reaching tuberculosis diagnosis and treatment program throughout the country of Ukraine, where tuberculosis is an extremely serious and widespread illness.

UZBEKISTAN

Medical Assistance and Research: Uzbekistan: Since October 1995, Project HOPE, in collaboration with U.S. corporate sponsors, has provided over \$7 million in vaccines, medical supplies and pharmaceuticals to the people of Uzbekistan. Urgently needed DPT, Hepatitis A and Hepatitis B vaccines have been provided to a region with resurgent epidemics of communicable disease. In addition, Project HOPE, corporate sponsors and the local public health department have implemented a study to determine the rates of various types of Hepatitis among children living in a central Uzbek community. The study will help to determine the source and means of transmission of these viruses and will serve as a tool to develop a comprehensive plan for reducing the prevalence of the disease. The results of the study will also indicate the most effective strategies for Hepatitis immunization programs in Central Asia.

HUMANITARIAN ASSISTANCE: REGIONAL

In 1991, Project HOPE was selected to coordinate the United States' public-private initiative to provide medical humanitarian assistance to republics of the former Soviet Union. This program responded to a number of urgent circumstances, including elevated rates of death and disease (particularly from infectious diseases); acute shortages of vaccines, medicines, and other related supplies; and a pharmaceutical industry rendered incapable of producing quality drugs in needed quantities. This effort specifically targeted populations most vulnerable to death and disease, including children, the elderly, and persons with chronic diseases. HOPE's responsibilities extended beyond the collection and shipment of product, to include: coordinating the participation of the pharmaceutical and medical supply industries as well as other private voluntary organizations in the initiative; conducting assessment visits to all areas of the N.I.S. targeted for assistance, prior to the shipment of materials; arranging not only the shipment of products from the U.S. to the N.I.S., but also their distribution to individual health care institutions; and conducting validation site visits after the delivery of materials. HOPE private-sector contributions have matched those of the government on an 11-to-1 basis.

Although this U.S. government-sponsored program officially ended in 1994, Project HOPE has continued to deliver donated pharmaceuticals, vaccines and medical supplies to the N.I.S. In total, Project HOPE has obtained and delivered more than \$240 million worth of urgently needed drugs and medical supplies to over 450 institutions in all 15 former Soviet republics. These efforts, in partnership with government agencies, private corporations and other non-governmental organizations, will continue on an ongoing basis as needs are identified and material support becomes available.

June 16, 1997

500TH AIRLIFT CEREMONY

DATE:	Tuesday, June 16
TIME:	12:10 pm - 12:50 pm
LOCATION:	Andrews Air Force Base
FROM:	Brenda Costello

I. PURPOSE

To deliver remarks at the 500th Airlift Ceremony of humanitarian aid to the NIS, highlighting the Administration's involvement in Operation Restore Hope.

II. BACKGROUND

On Tuesday afternoon you will deliver remarks at the 500th Airlift of humanitarian aid to the populations of the New Independent States most in need. Ambassador Dick Morningstar, and several other Ambassadors from nations receiving aid will participate in the event at Andrews AFB.

Since February of 1992, the United States has provided over \$5 billion in humanitarian assistance. Approximately one-third (\$1.8 billion) was delivered through Operation Restore Hope, a State Department and DOD program established to provide food, clothing and medical supplies to the NIS. Approximately 80 percent of this assistance was provided by the private sector. (See additional background attached)

Approximately 200 supporters from the public and private sector, as well as Administration officials and members of Congress are expected to attend the ceremony.

III. PARTICIPANTS

- The First Lady
- Ambassador Dick Morningstar, Coordinator of U.S. Assistance to the New Independent States
- Rouben Shuguarian, Ambassador of the Republic of Armenia
- Tedo Japaridzw, Ambassador of the Republic of Georgia
- Sadiq Safaev, Ambassador of the Republic of Uzbekistan

IV. SEQUENCE OF EVENTS

- The First Lady, accompanied by Ambassador Morningstar, is announced into the hangar.
- The First Lady, accompanied by Ambassador Morningstar will proceed to the

stage.

NOTE: The First Lady is seated next to Dick Morningstar and Rouben Robert Shugarian, Ambassador of the Republic of Armenia.

- The United State Army Colorguard presents the Colors.
- Ambassador Morningstar delivers welcoming remarks and introduces Ambassador Sadiq Safaev, Ambassador of the Republic of Uzbekistan and Tedo Japaridzw, Ambassador of the Republic of Georgia.
- Ambassador Sadiq Safaev, Ambassador of the Republic of Uzbekistan, delivers brief remarks.
- Tedo Japaridzw, Ambassador of the Republic of Georgia, delivers brief remarks.
- Ambassador Morningstar introduces The First Lady.
- The First Lady delivers brief remarks.
- Upon conclusion of remarks, the First Lady works a ropeline from right to left and departs.

V. PRESS

Open press.

VI. REMARKS

Provided by June Shih.

BACKGROUND PAPER ON THE STATE DEPARTMENT DIRECTED 500TH AIRLIFT MISSION TO THE NEW INDEPENDENT STATES AND INCLUDES THE TASHKENT UZBEKISTAN HOSPITAL UPGRADE PROJECT

Summary:

On Tuesday, June 17, 1997 the State Department Office of the Coordinator for US Assistance to the NIS will send off their 500th flight carrying humanitarian assistance to the most vulnerable populations of the New Independent States (NIS). A departure ceremony is scheduled for 12 Noon at Andrews Air Force Base to celebrate this landmark event. People that have supported our humanitarian program from the public and private sector as well as selected senior members of the Administration and Congress have been invited.

Background:

In February 1992, under the auspices of Operation Provide Hope (OPH), the United States Government (USG) conducted a series of 66 emergency humanitarian airlifts to the people of the New Independent States (NIS) that included medicine, hospital supplies, food and clothing. Since that time, the USG has obligated over \$5 billion in humanitarian assistance to the NIS. This funding has supported Agency for International Development (AID) developmental programs, Food for Progress programs administered by USDA and humanitarian deliveries of privately donated and Department of Defense (DOD) excess commodities to all 12 NIS countries. Approximately 33% of this assistance (over 12,000 containers and 500 airlifts) was delivered through Operation Provide Hope, a State Department and DOD program, initiated to move the medicines, medical equipment and supplies, food, and clothing to the most vulnerable populations of the NIS. OPH is a unique program in that it uses USG transportation grant dollars to transport and distribute donations provided by the private sector. Approximately 80% of the \$1.8 billion in assistance was provided by the private sector.

-2-

Current Project:

The 500th airlift mission, destined for Uzbekistan, is supporting our 11th major hospital upgrade project in the NIS since the beginning of our program. Included in this project is the delivery by rail from Germany of 220 containers of DOD excess medical equipment and supplies valued at \$15 million. The C-5 Galaxy cargo plane being used for this mission will carry over \$7 million in privately donated medicines that will be distributed to outlying regions of Uzbekistan including the Aral Sea, which will receive approximately \$2.0 million. Ambassador Richard Morningstar, Special Advisor to the President and the Secretary of State for U.S. Assistance to the New Independent States, will accompany the flight. Included on the plane will be representatives of the public and private sector and a DOD team of medical experts that have worked to insure the success of the program.

Based on a survey completed in March, twelve hospitals in Tashkent and four hospitals in Karakalpakstan were chosen to be recipients of the DOD donation. A U.S. military medical team comprised of approximately 35 medical experts will be responsible for installing the equipment and training their Uzbek counterparts. One of the hospitals receiving support is Second Tashkent State Medical Institute (TASHMI-2), an AID funded American International Health Alliance Partnership Hospital affiliated with the University of Illinois at Chicago, University Hospital. The Partnership focuses on neonatal care and nursing education.

The Partnership hospital will receive approximately \$2 million in equipment and supplies. Examples include: x-ray systems, sterilizers, operating room surgical instruments, laboratory equipment and consumables supplies. This donation will greatly enhance the hospital staff's ability to provide quality patient care.

OPERATION PROVIDE HOPE HIGHLIGHTS: (1992 - PRESENT)

o February 92- Initial emergency deliveries included 66 airlifts within two weeks to 11 NIS Countries carrying emergency medicines, medical supplies and food

o Worked with over 400 Private Voluntary Organizations (PVO's) to deliver in excess of \$1.8 billion in medicine, food and clothing to vulnerable populations in the NIS. Total transportation costs to the USG have been approximately \$185 million. To accomplish this:

- * We conducted 500 airlifts
- * Shipped over 12,000 containers by surface

Completed Major Hospital Upgrade Projects in:

October 92	Tbilisi, Georgia-	\$14.7 million
June 92	Bishkek, Kyrgyzstan-	\$17.7 million
October 93	Moscow, Russia-	\$37.7 million
May 94	Minsk, Belarus-	\$11.2 million
August 94	Chisinau, Moldova-	\$12.5 million
November 94	Almaty, Kazakstan-	\$12.5 million
May 95	Donetsk, Ukraine-	\$18.0 million
August 95	Vladivostok, Russia	\$5.0 million
November 95	Semipalatinsk, Kazk	\$6.0 million
September 96	Ust-Kamenogorsk, Kz	\$2.0 million
October 96	Yerevan, Armenia	\$15.0 million

Today's flight to Tashkent, Uzbekistan begins our 12th hospital upgrade project. The C-5 will carry over \$7 million in privately donated medicines that will be distributed to four regions in Uzbekistan. The PVO's distributing these medicines include American International Health Alliance, Americares, Counterpart International, Project Hope and Heart to Heart International. In addition, 220 containers of DOD excess medical equipment and supplies valued at \$15 million have arrived in Tashkent. A 35 member U.S. military medical team will be responsible for installing the equipment and training their Uzbek counterparts in 12 hospitals in Tashkent and four hospitals in Karalpakstan. One of the hospitals receiving support is the Second Tashkent State Medical Institute (TASHMI-2), an AID funded American International Health Alliance Partnership Hospital affiliated with the University of Illinois at Chicago, University Hospital. The Partnership focuses on neonatal care and nursing education.



*The United States Government and the
Department of State would like to thank
and acknowledge the generosity of over
400 private volunteer organizations
(PVOs) and the many pharmaceutical
companies which have donated their
time, energy and commodities, and have
helped make Operation Provide Hope
an unqualified success.*

Together we have made a difference!



Operation Provide Hope 500th Humanitarian Assistance Airlift Ceremony and Reception

Presiding:
Mrs. Hillary Rodham Clinton

TUESDAY, JUNE 17, 1997
ANDREWS AIR FORCE BASE
HANGAR THREE

500TH AIRLIFT CEREMONY



Since 1992, the United States Government has obligated over \$5 billion in humanitarian assistance to the NIS countries.

ORDER OF EVENTS

Announcement of the Official Party

Presentation of the Colors

United States Army Color Guard

Opening Ceremony & Introduction

*The Honorable Richard L. Morningstar
Special Advisor to the President and
Secretary of State on Assistance to the NIS*

Welcome

*The Honorable Edward L. Warner, III
Assistant Secretary for Strategy and Requirements
U.S. Department of Defense*

Remarks by NIS Ambassadors

*His Excellency Tedo Djaparidze
Ambassador of the Republic of Georgia*

*His Excellency Sadiq Safaev
Ambassador of the Republic of Uzbekistan*

Remarks by Mrs. Hillary Rodham Clinton

500TH AIRLIFT RECEPTION



Since 1992, Operation Provide Hope has delivered over \$1.8 billion in privately donated and Department of Defense excess humanitarian commodities to the NIS through cooperative efforts between the Departments of State and Defense and numerous private organizations.

SCHEDULE

12:45 pm - 2:00 pm

Buffet & Reception

Assorted hors d'oeuvres and beverages

1:00 pm - 2:00 pm

Inspection of the C-5 Aircraft & Cargo

The C-5 military transport aircraft will carry over \$7 million in donated medicines and medical supplies as well as a U.S. delegation which will escort the shipment to Uzbekistan.

2:00 pm

Loading of the Last Five Pallets onto the Aircraft

The symbolic tradition of loading the last cargo onto the aircraft before it takes off for Uzbekistan.

Seating for Dias

Audience <=

- X Russia
- X Belarus
- X Uzbekistan
- X Georgia
- X Turkmenistan
- X Armenia - Rouben Shugarian
- X Mrs. Clinton
- X Morningstar
- Podium
- X Azerbaijan
- X Moldova
- X Ukraine
- X Kazakhstan
- X Kyrgyz Republic
- X Tajikistan (T)
- X Dr. Warner
- X Col. Hardesty

AMBASSADOR RICHARD MORNINGSTAR

On April 4, 1995, President Clinton appointed Richard Morningstar to be Special Advisor to the President and Secretary of State on Assistance to the New Independent States of the former Soviet Union and Coordinator of U.S. Assistance to the NIS. On June 11, 1996, the Senate confirmed him with the rank of ambassador. According to his charter signed by the President, Ambassador Morningstar oversees all bilateral assistance and trade and investment activities of the sixteen U.S. government agencies engaged in technical assistance, trade and investment, exchange, weapons dismantlement and other programs in the New Independent States of the former Soviet Union.

From June 1993 to April 1995, Amb. Morningstar served as Senior Vice President for Policy and Investment Development at the Overseas Private Investment Corporation. In that position, he was responsible, among other things, for development and implementation of strategies for the opening of new investment programs in Russia and the other New Independent States of the former Soviet Union, as well as new programs in Eastern Europe, Gaza/West Bank and South Africa. He coordinated OPIC's seven-fold increase in NIS finance and insurance programs in 1994.

Before OPIC, Amb. Morningstar had twenty years of business, policy and legal experience. For over ten years, he served as Chairman and CEO at Costar Corporation, which was listed by Forbes Magazine as one of the top 200 small companies in the country and recognized as one of the nation's fastest growing exporters. He has advised the Department of Commerce on international trade and technology issues; he served on the Economics and International Trade Cluster and prepared analysis of the Trade and Development Agency for the 1992 Presidential Transition.

From 1970 to 1981, Amb. Morningstar practiced law with the firm of Peabody & Brown in Boston, Massachusetts, and from 1976 was a Partner and Administrator of the Litigation Department.

He has been Adjunct Professor of Law at the Boston College Law School and Commissioner of the National Conference of Commissioners on Uniform State Laws.

Amb. Morningstar graduated from Harvard College with high honors and received a law degree from Stanford Law School. A baseball enthusiast, he is part-owner of the Lowell Spinners, a minor league baseball team in Lowell, Massachusetts. Amb. Morningstar is married with four children.

June 1996



**EMBASSY
OF THE REPUBLIC OF ARMENIA**

2225 R Street NW, Washington DC 20008
Tel: (202)319-1976, Fax: (202)319-2982

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Հասցեգրում 20008, Ռ փող. 2225, NW
Հեռ. (202) 319-1976, Ժապու (202) 319-2982

Rouben Shugarian
Biographical Sketch

Rouben Shugarian is Armenia's Ambassador Extraordinary and Plenipotentiary to the United States of America. Prior to presenting his credentials to the U.S. State Department on March 1, 1993, and to President Bill Clinton on June 11, 1993, Ambassador Shugarian was Press Secretary to Armenian President Levon Ter-Petrosian, the first to hold such a post since the Republic declared its independence in September, 1991.

Prior to serving as the President's Press Secretary, Ambassador Shugarian was an Aide on Foreign Affairs to the President, and in 1991, served as an expert advisor on the staff of the Parliament's Foreign Relations Committee. From 1989-1990, Ambassador Shugarian was press spokesman for the Armenian National Movement.

Ambassador Shugarian graduated from the Foreign Languages Institute in Yerevan in 1985 with a degree in English and Russian language and literature. After graduation, he took a position as an English instructor at the Polytechnical Institute of Yerevan. In 1989, he completed his graduate courses in philosophy and art at Yerevan State University.

Born in 1962, Ambassador Shugarian is married to Lilit Karapetian and has two sons.

DATE OF ISSUANCE: February 1997

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2013-0534-S

rc1670

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JOHN POST

202-736-7060

Edward L. (Ted) Warner, III
Assistant Secretary of Defense
(Strategy and Requirements)

Dr. Edward L. (Ted) Warner was sworn in as the Assistant Secretary of Defense for Strategy and Requirements on June 1, 1993. In this capacity, he advises the Under Secretary of Defense (Policy) and the Secretary of Defense on national security strategy; the resources, forces and contingency plans necessary to implement that strategy, and the DoD policy and planning for US participation in international peacekeeping and humanitarian assistance activities. Dr. Warner also provides policy input to the military requirements process and the Defense Acquisition Board, administers the National Security Education Program, which provides scholarships, fellowships, and grants to individual pursuing higher education in a wide range of international studies, and is the Assistant Chairman of the Defense Policy Board, which provides policy advice to the Secretary and Deputy Secretary of Defense on a myriad of policy issues affecting the United States.

(b)(6)

[001]

Dr. Warner has also taught graduate seminars on Soviet defense and arms control policy at George Washington University, Johns Hopkins School of Advanced International Studies, Princeton University, and Columbia University.

Dr. Warner is a graduate of the US Naval Academy (1962), and has a Ph.D. in Politics from Princeton University (1975). Dr. Warner was born in 1940 and

(b)(6)

SODIQ SAFAEV

Sodiq Safaev is among the Western-oriented advisors of President Karimov and seeks closer ties to the West. Safaev presented his credentials as ambassador to the U.S. October 9, 1996.

Safaev was born in Tashkent February 3, 1954. He earned his doctorate in economics from Tashkent State University; his thesis was on industrial productivity. He reportedly did a graduate degree in history. Safaev served in the Komsomol and the university branch of the Communist Party of Uzbekistan from 1976-1990. He was also a soccer player for 15 years, competing, he says, at just below national level.

Karimov appointed Safaev undersecretary for the commission on the Uzbek language in 1988-89. In 1989 Karimov put him in charge of interethnic relations. Safaev has a keen understanding of and appreciation for regional linguistic and ethnic differences among the population of Uzbekistan and is a proud connoisseur of the rich variety of the country's produce and cuisine.

Appointed to Karimov's executive office in 1990, Safaev spent 1991 as a research fellow at Harvard--a year he calls pivotal in convincing him of the merits of an open society and open markets. In 1991-1992 he served as deputy head, then head of foreign economic relations in the presidential executive. He enjoys the reputation of having played a crucial role in expediting the pathbreaking \$230 million Zarafshan gold-mining joint venture of Colorado's Newmont Gold Company.

Briefly Minister of Foreign Affairs in 1993, Safaev was ambassador to Germany 1993-late 1995. Karimov brought him back to the presidential executive in late 1995 as state advisor for foreign affairs, and appointed him ambassador to the U.S. in the summer of 1996 after Safaev's work in ensuring Karimov's successful June visit to the U.S. Since his arrival Safaev has placed great emphasis on helping U.S. companies overcome barriers to investment in Uzbekistan.

Safaev speaks fluent English, Russian, and fair German in addition to Uzbek. He is reportedly one of four children; his family has been in Tashkent for several generations.

Safaev's wife was born in 1955. She earned her first degree in political science from Tashkent State U., Uzbekistan's premier university, in 1977. She then earned her kandidatura in political culture in Moscow, where she studied in the late 1970's. She taught political science at Tashkent Polytechnic U. 1980-90, then returned to Moscow to pursue her second-level doctorate in 1990.

The Safaevs have a daughter (1974) who is married; has a son (1996) Ibrahim, and has remained in Tashkent; the Safaevs speak with pride of being such young grandparents. Their second daughter Saida (1978) attends American U.; her English has become fluent in a few short months; she would like to study medicine. Their son Jahangir (1988) is studying at the German school of Washington.

FROM : Panasonic FAX SYSTEM

PHONE NO. :

Jun. 16 1997 11:33AM P2

Japaridze, Tedo
(ja-pa-rid-ze, te-do)

Present Position: Ambassador of the Republic of Georgia to the United States of America, Canada and Mexico

Date of Birth: 1946 18 September **Birthplace:** Tbilisi

1967-1974 Completed studies at Tbilisi State University

1974-1989 Institute of USA and Canada, USSR Academy of Sciences, Moscow

1989-1992 Served in several positions at the Ministry of Foreign Affairs of the Republic of Georgia, including:

- Vice Chairman of the Council for UNESCO Affairs

- Head of Political Department

- Deputy Foreign Minister

- First Deputy Foreign Minister

1992-1994 - National Security Advisor to the Head of State

Mr. Japaridze is the author of "White House: Mechanism of Decision Making" (Moscow, 1985), the co-author of "American Political Institutions: History and Current State" (Moscow, 1987). The author of numerous articles on the US domestic and foreign policy-making for academic journals. He participated in conferences, seminars, workshops on different issues of international and regional security. Mr. Japaridze received his Ph.D. degree from the Institute of the USA and Canadian Studies in Moscow. He previously taught at the Tbilisi State University, Department of International Relations and International Law.

Mr. Japaridze is married to Tamar Tchikvadze. They have one son (1982).

He speaks English and Russian fluently.

Mr. Japaridze has an interest in variety of sports, particularly basketball. His hobbies include jazz music and reading history books.

BIOGRAPHIC SKETCH - Tedo Japaridze

(phonetic: ja par EED zah)

Republic of Georgia

Born: September 18, 1946

Education: 1974 Graduated from Tbilisi State University

Career: 1992 National Security Advisor to the Head of State

1989 Served in Ministry of Foreign Affairs in these capacities:

First Deputy Foreign Minister

Deputy Foreign Minister

Head of Political Department

Vice Chairman, Council for UNESCO Affairs

1974 Institute of USA and Canada, USSR Academy of Sciences, Moscow

Languages: Georgian, English, Russian

Marital Status Married to Tamar Tchikvadze; one son, Nika (born 1982)

Arrival in D.C. November 27, 1994

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	President Clinton to His Excellency Islam Karimov (1 page)	n.d.	P1/b(1)

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OA/Box Number: 20051

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Background on First Lady Hillary Rodham Clinton's Involvement with Operation Provide Hope

Operation Provide Hope (OPH), a humanitarian assistance program run by the Department of State with cooperation from the Department of Defense (DoD), was designed to move privately donated and DoD excess medicines, military equipment and supplies, food and clothing to the most vulnerable populations of the New Independent States (NIS) using a unique partnership involving private industry, private voluntary organizations and the government. To date, OPH has shipped over 12,000 containers and conducted 499 airlifts to deliver \$1.8 billion in assistance to the NIS.

From the beginning of the Administration, First Lady Hillary Rodham Clinton has actively supported OPH. Through her travels to Russia, Belarus and Ukraine, Mrs. Clinton learned firsthand about OPH's unique public-private partnership, visiting medical institutions that have benefited from millions of dollars of private and public donations.

In January, 1994, at Children's Hospital #4 in Minsk, Belarus, Mrs. Clinton was on hand for the arrival of the majority of OPH's shipment of \$11 million in pharmaceuticals and equipments, as well as beds and linens. In Moscow, she visited Savior's Hospital for Peace and Charity, which received a significant portion of a \$36 million donation that included equipment and medicine, as well as as beds for its pediatric ward which Mrs. Clinton visited. The hospitals in Minsk and Moscow both participate in a hospital partnership program run by the American International Health Alliance (AIHA), a private voluntary organization that works in cooperation with the U.S. Agency for International Development to pair hospitals in the NIS and Central and Eastern Europe with U.S. hospitals for training and technical assistance. The AIHA partnership program works in close connection with OPH to bring donated medical equipment to its partnership hospitals in the NIS.

During the Russian State Visit to the United States in September, 1994, Mrs. Clinton convened a roundtable discussion at the White House to introduce Mrs. Yeltsin to representatives of U.S. non-profit and private organizations whose humanitarian work has been enhanced by OPH. Participants in this roundtable discussion included: a representative of Pittsburgh McGee Women's Hospital, the U.S. counterpart hospital to Moscow's Savior's Hospital, which Mrs. Clinton visited; a representative of Jacksonville Memorial Hospital, which operates a partnership with a hospital in Murmansk, Russia; a representative of the Gift of Life Foundation, a Rotary Club International project designed to help children in Russia by providing funds and medical support for children needing life-threatening heart operations; and representatives of Our Search, a non-profit organization that has provided medical equipment and supplies to hospitals in Yakaterinskburg, Russia. Each of these programs use OPH to deliver medical supplies to NIS medical institutions.

Also during the Russian State Visit, Mrs. Clinton and Mrs. Yeltsin met with representatives of the Vishnevskaya-Rostropovich Foundation and Georgetown University Children's Medical Center to focus on the partnership between Georgetown and the St. Petersburg Pediatric Institute to improve children's health in Russia. The foundation uses OPH

to transport needed medical equipment and pharmaceuticals to St. Petersburg.

When Mrs. Clinton was in Kiev, Ukraine with the President in May, 1995, she announced two OPH initiatives -- the donation of \$15 million in DoD excess medical equipment to upgrade medical facilities in Donetsk, Ukraine, and the donation by Eli Lilly and Company of \$3.6 million in insulin, antibiotics and other medicines to the people of Ukraine through the AIHA hospital partnership program. Mrs. Clinton made the announcement at the Left Bank Center for Maternal and Child Health Care, which partners with three medical institutions in Philadelphia: the University of Pennsylvania School of Medicine, the Hospital of the University of Pennsylvania, and the Children's Hospital of Pennsylvania.

On May 1, 1996, Mrs. Clinton hosted an event at the White House to commemorate the tenth anniversary of the Chernobyl disaster and to commend the American relief community for its humanitarian work undertaken in coordination with the assistance efforts of the U.S. government. Through OPH, a special combined assistance airlift mission brought over \$15 million of donated assistance -- from private, non-governmental and public sources -- to the Chernobyl victims of Ukraine, Belarus and Moldova.

AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.
1212 NEW YORK AVENUE, NW, SUITE 750, WASHINGTON, DC 20005 TELEPHONE: (202) 789-1136 FACSIMILE: (202) 789-1277
ELECTRONIC MAIL: aiha@igc.apc.org

For Release June 16, 1997

For more information, contact Barbara Ruben, AIHA Publications Manager, at 202-789-1136.

AIHA Partnerships Contribute to Operation Provide Hope's 500th Airlift

Washington, D.C. -- Continuing a five-year collaboration to provide medical assistance to the New Independent States (NIS) of the former Soviet Union, the American International Health Alliance (AIHA) will join Operation Provide Hope, a US Department of State/Department of Defense (DoD) initiative, Tuesday, June 17 to launch its 500th humanitarian airlift to the region. The shipment, which will depart from Andrews Air Force Base in Aberdeen, Maryland, will include ten containers of donated pharmaceuticals and medical equipment solicited from AIHA partner hospital University of Illinois at Chicago Medical Center; AIHA founding member Premier, Inc., of Chicago; and private corporations Eli Lilly & Co. and Schein Bayer. Most of the goods donated through AIHA will be distributed to hospitals in the autonomous region of Karakalpakistan, Uzbekistan.

AIHA, a non-profit organization founded in 1992 under cooperative agreements with the US Agency for International Development, establishes and manages partnerships between health care institutions in the United States and their counterparts in the NIS and Central and Eastern Europe (CEE). Currently, 28 NIS partnerships and 16 CEE partnerships link hospitals, communities and universities to effect systemic change in areas such as emergency medical services, women's health and nursing. Partnerships have sponsored over 4000 exchanges between US medical professionals and their NIS and CEE colleagues.

Over the last five years, AIHA's US partners, their communities and supporting organizations like Eli Lilly & Co. have contributed over \$20 million in medical supplies, pharmaceuticals and equipment to implement important aspects of the partnerships' work. Through Operation Provide Hope, virtually every partner hospital in the NIS has received a shipment of these goods, in addition to \$150 million in excess equipment and supplies from decommissioned US military hospitals. The airlift project has enabled AIHA's NIS partner hospitals to maximize the value as well as the impact of donations from a variety of sources.

First Lady Hillary Rodham Clinton has been an active supporter of AIHA's partnership program,

visiting partner hospitals in Russia, Belarus, Ukraine and Estonia in recent years. In 1994, she witnessed the arrival of a DoD shipment of beds, linens and cancer medication at the Fourth Children's Hospital in Minsk, Belarus; and, in 1995, she welcomed the first leg of a \$3.6 million shipment of antibiotics and insulin from Eli Lilly & Co. at the Center for Maternal and Child Health Care in Kiev, Ukraine.

Since 1992, Operation Provide Hope has transported a total of \$2 billion in emergency medical, food and clothing relief to the NIS. More than 400 non-governmental organizations, including AIHA, have contributed to the project.

#

John Tost
Amp. Pick Warminster
Kathryn Dickey
Heather Barker Bonaparte
Edward Mauer

John Post

Amb. Dick Morningstar

Kathryn Dickey

Heather Conley Bomberger

Edward Warner

500TH AIRLIFT CEREMONY



Since 1992, the United States Government has obligated over \$5 billion in humanitarian assistance to the NIS countries.

ORDER OF EVENTS

Announcement of the Official Party

Presentation of the Colors

United States Army Color Guard

Opening Ceremony & Introduction

The Honorable Richard L. Morningstar
*Special Advisor to the President and
Secretary of State on Assistance to the NIS*

Remarks by the U.S. Department of Defense

The Honorable Edward L. Warner, III
Assistant Secretary for Strategy and Requirements

Remarks by NIS Ambassadors

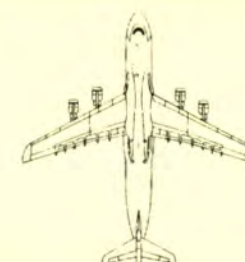
His Excellency Tedo Djaparidze
Ambassador of the Republic of Georgia

His Excellency Sadiq Safaev
Ambassador of the Republic of Uzbekistan

Remarks by Mrs. Hillary Rodham Clinton

Retirement of the Colors

500TH AIRLIFT RECEPTION



Since 1992, Operation Provide Hope has delivered over \$1.8 billion in privately donated and Department of Defense excess humanitarian commodities to the NIS through cooperative efforts between the Departments of State and Defense and numerous private organizations.

SCHEDULE

12:45 pm - 2:00 pm

Buffet & Reception

Assorted hors d'oeuvres and beverages

1:00 pm - 2:00 pm

Inspection of the C-5 Aircraft & Cargo

The C-5 military transport aircraft will carry over \$7 million in donated medicines and medical supplies, as well as a U.S. delegation which will escort the shipment to Uzbekistan.

2:00 pm

Loading of the Last Five Pallets onto the Aircraft

The symbolic tradition of loading the last cargo onto the aircraft before it takes off for Uzbekistan.



*The United States Government and the
Department of State would like to thank
and acknowledge the generosity of over
400 private volunteer organizations
(PVOs) and the many pharmaceutical
companies which have donated their
time, energy and commodities, and have
helped make Operation Provide Hope
an unqualified success.*

*Together we **have** made a difference!*



Operation Provide Hope 500th Humanitarian Assistance Airlift Ceremony and Reception

Presiding:
Mrs. Hillary Rodham Clinton

TUESDAY, JUNE 17, 1997
ANDREWS AIR FORCE BASE
HANGAR THREE

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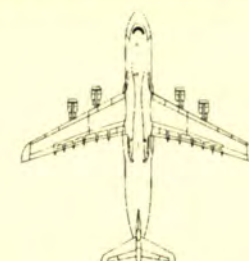
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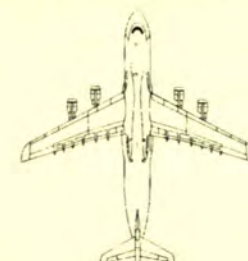
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TUESDAY, JUNE 17, 1997
ANDREWS AIR FORCE BASE
HANGAR THREE

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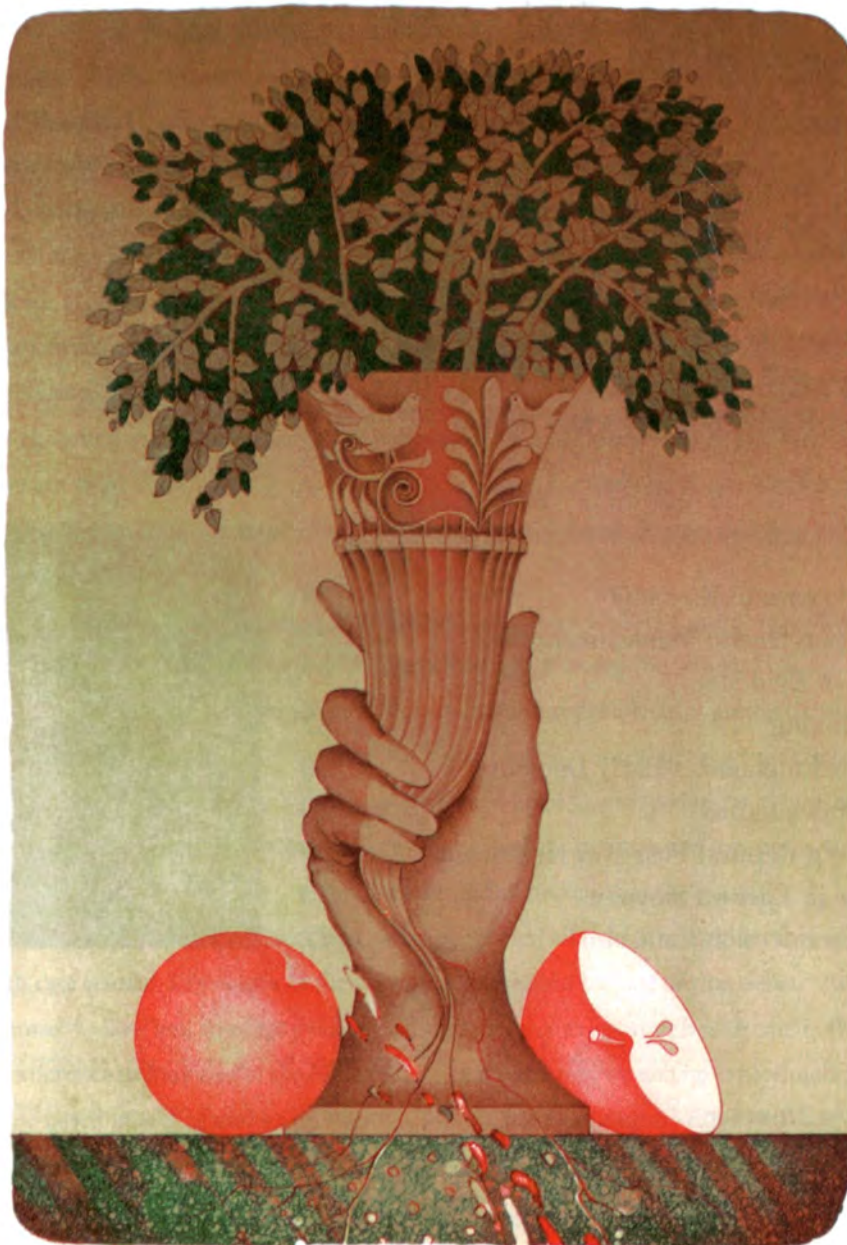
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JOURNAL OF THE AMERICAN INTERNATIONAL HEALTH ALLIANCE

SPRING 1997

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**Exploring the Roots
of a Healthy Lifestyle**

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CommonHealth

JOURNAL OF THE AMERICAN INTERNATIONAL HEALTH ALLIANCE

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Health Care Informatics: Where Caring and Technology Meet

ALSO INSIDE:
NIS CONFERENCE COVERAGE

CONNECTIONS

AIHA's semi-monthly on-line newsletter

Vol. 2, No. 11
June 16-30, 1997

AIHA Participates in Defense Department's 500th NIS Aid Shipment

US First Lady Hillary Rodham Clinton will be the featured speaker at a June 17 send-off ceremony for the Defense Department's 500th humanitarian shipment to the NIS. Representatives from AIHA and four other NGOs will attend the event at Andrews Air Force Base in Maryland.

The airlift project, a joint US Defense and State Department effort called Operation Provide Hope, has transported over \$1.8 billion in emergency medical, food and clothing relief to the NIS since 1992. This month's 500th airlift will transport over \$7 million in pharmaceuticals and medical supplies to be distributed by AIHA and four other NGOs to outlying regions of Uzbekistan. Ten of the airlift containers were organized by AIHA and contain pharmaceuticals for hospitals in Karakalpakstan and Tashkent, including \$1.5 million in insulin donated by Eli Lilly and Company; \$500,000 worth of antibiotics donated by Schein Bayer; \$60,000 in equipment donated by AIHA partners at the University of Illinois at Chicago; and \$16,000 in equipment from AIHA founding member Premier, Inc., of Chicago.

For more information, contact Curtiss Swezy, AIHA director of program reporting and evaluation, at e-mail: curtiss@aiha.com, or at tel: 202-789-1136.



AIHA's First Women's Wellness Center Opens in Chisinau

AIHA launched its new women's health initiative this month with the opening of its first Women's Wellness Center (WWC) in Chisinau, Moldova.

The Chisinau center opened at Polyclinic No. 11 on June 14. Participating in the grand opening and ribbon-cutting ceremony were Moldovan President Petru Lucinskii; Sergei Popov, executive secretary of the Council of the Ministry of Health for the NIS; and James P. Smith, executive director of AIHA.

The center is the first of 14 WWCs scheduled to open this year under the auspices of AIHA's women's health initiative, a project that will provide adolescent sex education classes, family planning counseling, and health promotion and disease prevention to women of all ages. The Chisinau center also will provide childbirth education and fatherhood classes as part of its prenatal education program.

For additional information, contact Boris Gilca, MD, director of the Chisinau WWC, at temporary e-mail: vtur@office.un.md or fax: 3732- 73-36-23; or Cheri Galbraith, US project coordinator for the Chisinau-Minneapolis partnership, at e-mail: cheri.galbraith@co.hennepin.mn.us or tel: 612-347-3631.



AIHA Delegation Attends International Council Of Nurses Meeting

A four-person delegation will represent AIHA at this year's International Council of Nurses meeting in Vancouver, British Columbia, Canada. The June 17-20 meeting will address international partnerships in nursing education, nursing's role at the end-stage of life, workplace advocacy for nurses, and health care rationing and payment methods. The delegation will include: AIHA nursing liaison Sharon Weinstein; NIS Nursing Task Force Co-Chair Jane Younger; Georgian Ministry of Health Nurse Lia Mamaladze; and Anna Anokhina, a graduate student at the Sechenov Nursing School in Moscow.

"This is the first time that nurses involved in the partnership program have been invited to audit the meeting," noted Weinstein. "Hopefully, this will be the impetus behind official registration of nursing associations in the NIS."

For more information, contact Sharon Weinstein at [e-mail: sharon_weinstein@premierinc.com](mailto:sharon_weinstein@premierinc.com).



Yerevan Hosts Second International Nursing Conference

Over 200 participants from across the NIS and US will participate in the Second Annual International Armenian Nurses Association Conference in Yerevan this month. The conference, to be held June 26-28 at the Erebuni Women's Center in Yerevan, Armenia, will address nurse management and continuing education programs. Participants will develop job descriptions, organizational charts and other management tools, and will create patient, staff and nursing student educational materials. First Lady of Armenia Ludmilla Ter Petrossian, American Ambassador Peter Tomsen, USAID Representative to Armenia Geraldine Donnelly, Armenian Minister of Health Ara Babloyan and others will offer opening remarks. The conference is sponsored by USAID and the Yerevan-Boston and Yerevan-Los Angeles hospital partnerships, and organized by members of the Armenian Nurses Association.

In a related event, the Yerevan Nursing Resource Center will open June 30. Located at the Erebuni College of Nursing, the center will provide the nursing community with numerous educational resources, equipment and online information. The center is funded by AIHA, the Los Angeles Armenian community, the United Armenian Fund and the UCLA Medical Enterprise.

For additional information, contact Salpy Akaragian, RN, MN, at [e-mail: nssa@ww.mednet.ucla.edu](mailto:nssa@ww.mednet.ucla.edu) or tel: (310) 206-9581, or Armida Chinaryan, RN, president, Armenian Nursing Association, at [e-mail: erebuni@arminco.com](mailto:erebuni@arminco.com).



Yerevan Partners Open Women's Wellness Center, Hold Related Conference

AIHA partners in Yerevan, Armenia will celebrate the opening of an enhanced Yerevan Women's Wellness Center at Erebuni Medical Center on June 30.

Part of AIHA's women's health initiative, the Yerevan Center will expand its women's health services to include patient education and Lamaze childbirth training services. The center has offered a range of comprehensive gynecological and obstetrical services to a growing number of patients at the Erebuni

Medical Center since its opening in 1992, providing care to approximately 12,000 women per year.

Following the opening, WWC staff will participate in a one-day women's health conference, which will highlight issues such as gynecological services, sexually transmitted diseases, breast cancer and the use of laparoscopy. Over 100 physicians and nurses from the center and other health care facilities in Yerevan are expected to attend the June 1 conference.

For additional information, contact Salpy Akaragian, RN, MN, at e-mail: nssa@ww.mednet.ucla.edu or tel: (310) 206-9581, or Karine Sarkissyan, MD, at e-mail: erebuni@arminco.com.

Bringing Fund Raising on Board in Croatia



Zadar - Franciscan partners gather at AIHA's recent CEE partnership conference in Zagreb. David Valinsky is at far right.

With centralized funding and control, it was unheard of in the past for CEE health systems to reach out to the general public for money. But today, as they try to smooth the way to independence, additional funding sources are critical, said David Valinsky, regional vice president for development with the Franciscan Health System of the Ohio Valley, and participant in the Zadar, Croatia-Franciscan Systems of the Poor Health System, Inc. partnership.

"We have antiquated structures and most of our equipment is more than 15 years old," said Viktor Stetic, MD, assistant director of Zadar General Hospital. "The most depressing thing is that we didn't have the possibility of completing plans to update our hospital. Therefore, we expect much from fund raising."

One way partner hospitals in Zadar and neighboring Biograd are meeting the challenge to raise money for new equipment and repairs for aging buildings is through an influential board of directors to help reach out to the community. The Croatian Children and Family Association, which held its first meeting last month, is the first such board in the country.

Chaired by the owner of a thriving Zadar shipping business, the 14-member board also includes other business leaders, the archbishop of Zadar and hospital administrators. According to Valinsky, the first meeting was "extremely well-organized and successful"--so successful that \$30,000 was raised from board members that night. The archbishop brought a \$1,000 donation, collected from his parishioners. The hospitals hope to raise \$500,000 over the next three years.

On hand to cover the meeting were Croatia's national television station and a number of newspapers. "We had ignored the media before, but we now must learn how to use it to help us communicate with the community," Stetic said.

Valinsky said he hopes the Croatian Children and Family Association will serve as a model for other partners who are working to secure additional funds.

"Raising alternative sources of revenue not only gives the community the opportunity to make a difference, it provides support for supplies and equipment that might not be covered by payments by patients and insurance," he said.

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Operation Provide Hope (OPH), a humanitarian assistance program run by the Department of State with cooperation from the Department of Defense (DoD), was designed to move privately donated and DoD excess medicines, military equipment and supplies, food and clothing to the most vulnerable populations of the New Independent States (NIS) using a unique partnership involving private industry, private voluntary organizations and the government. To date, OPH has shipped over 12,000 containers and conducted 499 airlifts to deliver \$1.8 billion in assistance to the NIS.

From the beginning of the Administration, First Lady Hillary Rodham Clinton has actively supported OPH. Through her travels to Russia, Belarus and Ukraine, Mrs. Clinton learned firsthand about OPH's unique public-private partnership, visiting medical institutions that have benefited from millions of dollars of private and public donations.

In January, 1994, at Children's Hospital #4 in Minsk, Belarus, Mrs. Clinton was on hand for the arrival of the majority of OPH's shipment of \$11 million in pharmaceuticals and equipments, as well as beds and linens. In Moscow, she visited Savior's Hospital for Peace and Charity, which received a significant portion of a \$36 million donation that included equipment and medicine, as well as as beds for its pediatric ward which Mrs. Clinton visited. The hospitals in Minsk and Moscow both participate in a hospital partnership program run by the American International Health Alliance (AIHA), a private voluntary organization that works in cooperation with the U.S. Agency for International Development to pair hospitals in the NIS and Central and Eastern Europe with U.S. hospitals for training and technical assistance. The AIHA partnership program works in close connection with OPH to bring donated medical equipment to its partnership hospitals in the NIS.

During the Russian State Visit to the United States in September, 1994, Mrs. Clinton convened a roundtable discussion at the White House to introduce Mrs. Yeltsin to representatives of U.S. non-profit and private organizations whose humanitarian work has been enhanced by OPH. Participants in this roundtable discussion included: a representative of Pittsburgh McGee Women's Hospital, the U.S. counterpart hospital to Moscow's Savior's Hospital, which Mrs. Clinton visited; a representative of Jacksonville Memorial Hospital, which operates a partnership with a hospital in Murmansk, Russia; a representative of the Gift of Life Foundation, a Rotary Club International project designed to help children in Russia by providing funds and medical support for children needing life-threatening heart operations; and representatives of Our Search, a non-profit organization that has provided medical equipment and supplies to hospitals in Yakaterinskburg, Russia. Each of these programs use OPH to deliver medical supplies to NIS medical institutions.

Also during the Russian State Visit, Mrs. Clinton and Mrs. Yeltsin met with representatives of the Vishnevskaya-Rostropovich Foundation and Georgetown University Children's Medical Center to focus on the partnership between Georgetown and the St. Petersburg Pediatric Institute to improve children's health in Russia. The foundation uses OPH

to transport needed medical equipment and pharmaceuticals to St. Petersburg.

When Mrs. Clinton was in Kiev, Ukraine with the President in May, 1995, she announced two OPH initiatives -- the donation of \$15 million in DoD excess medical equipment to upgrade medical facilities in Donetsk, Ukraine, and the donation by Eli Lilly and Company of \$3.6 million in insulin, antibiotics and other medicines to the people of Ukraine through the AIHA hospital partnership program. Mrs. Clinton made the announcement at the Left Bank Center for Maternal and Child Health Care, which partners with three medical institutions in Philadelphia: the University of Pennsylvania School of Medicine, the Hospital of the University of Pennsylvania, and the Children's Hospital of Pennsylvania.

On May 1, 1996, Mrs. Clinton hosted an event at the White House to commemorate the tenth anniversary of the Chernobyl disaster and to commend the American relief community for its humanitarian work undertaken in coordination with the assistance efforts of the U.S. government. Through OPH, a special combined assistance airlift mission brought over \$15 million of donated assistance -- from private, non-governmental and public sources -- to the Chernobyl victims of Ukraine, Belarus and Moldova.

For Release June 16, 1997

For more information, contact Barbara Ruben, AIHA Publications Manager, at 202-789-1136.

AIHA Partnerships Contribute to Operation Provide Hope's 500th Airlift

Washington, D.C. -- Continuing a five-year collaboration to provide medical assistance to the New Independent States (NIS) of the former Soviet Union, the American International Health Alliance (AIHA) will join Operation Provide Hope, a US Department of State/Department of Defense (DoD) initiative, Tuesday, June 17 to launch its 500th humanitarian airlift to the region. The shipment, which will depart from Andrews Air Force Base in Aberdeen, Maryland, will include ten containers of donated pharmaceuticals and medical equipment solicited from AIHA partner hospital University of Illinois at Chicago Medical Center; AIHA founding member Premier, Inc., of Chicago; and private corporations Eli Lilly & Co. and Schein Bayer. Most of the goods donated through AIHA will be distributed to hospitals in the autonomous region of Karakalpakstan, Uzbekistan.

AIHA, a non-profit organization founded in 1992 under cooperative agreements with the US Agency for International Development, establishes and manages partnerships between health care institutions in the United States and their counterparts in the NIS and Central and Eastern Europe (CEE). Currently, 28 NIS partnerships and 16 CEE partnerships link hospitals, communities and universities to effect systemic change in areas such as emergency medical services, women's health and nursing. Partnerships have sponsored over 4000 exchanges between US medical professionals and their NIS and CEE colleagues.

Over the last five years, AIHA's US partners, their communities and supporting organizations like Eli Lilly & Co. have contributed over \$20 million in medical supplies, pharmaceuticals and equipment to implement important aspects of the partnerships' work. Through Operation Provide Hope, virtually every partner hospital in the NIS has received a shipment of these goods, in addition to \$150 million in excess equipment and supplies from decommissioned US military hospitals. The airlift project has enabled AIHA's NIS partner hospitals to maximize the value as well as the impact of donations from a variety of sources.

First Lady Hillary Rodham Clinton has been an active supporter of AIHA's partnership program,

visiting partner hospitals in Russia, Belarus, Ukraine and Estonia in recent years. In 1994, she witnessed the arrival of a DoD shipment of beds, linens and cancer medication at the Fourth Children's Hospital in Minsk, Belarus; and, in 1995, she welcomed the first leg of a \$3.6 million shipment of antibiotics and insulin from Eli Lilly & Co. at the Center for Maternal and Child Health Care in Kiev, Ukraine.

Since 1992, Operation Provide Hope has transported a total of \$2 billion in emergency medical, food and clothing relief to the NIS. More than 400 non-governmental organizations, including AIHA, have contributed to the project.

#

American International Health Alliance, Inc.
1212 New York Ave. NW
Suite 750
Washington, D.C. 20005
Tel: (202) 789-1136
Fax: (202) 789-0519

FAX COVER

To: Nicole Rabner/Office of Mrs. Clinton
Fax: 456-2878

From: Julie Ross, AIHA Publications (julie@aiha.com)
Date: 6-13-97
Pages: 3 (including cover)

Attached is the final draft.

For Release June 16, 1997

For more information, contact Barbara Ruben, AIHA Publications Manager, at 202-789-1136.

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#

ARMITAGE ASSOCIATES L.C.

DATE: June 16, 1997

FACSIMILE FOR: Ms. Nicole Rabner

COMPANY: Office of the First Lady

FACSIMILE NUMBER: 202-456-6244

NUMBER OF PAGES: 3 (including cover sheet)

FROM: Heather A. Conley

62878

COMMENTS:

Dear Nicole:

I hope that this is of some use to you at this late date. If you have any questions, I am on "stand-by." Looking forward to seeing you tomorrow!

With best wishes,

Heather

P.S. - Don't forget to mention PKU!

Comments on Background Paper

FYI

After the break-up of the Soviet Union in December 1991, OPH was announced by Secretary of State Baker in January 1992 at the conclusion of the Washington Coordinating Conference, an international conference convened to discuss the provision of aid to the former Soviet States. Operation Provide Hope (OPH) was the name of the U.S. Government's emergency humanitarian relief operation to the former Soviet Union in February 1992. OPH consisted of 62 airlifts of Defense Department excess medicine, medical supplies and foodstuffs throughout the NIS. Today, OPH, when invoked, generally refers to the U.S. Government's overall humanitarian assistance program to the NIS.

After the initial 62 airlifts of medicines, "Operation Provide Hope" transportation funds were used to ship both publically and privately donated humanitarian aid (medicines, medical supplies, food and clothing) to the NIS by both air and surface. Beginning in March 1992, *hundreds* of private volunteer organizations (PVOs) became involved in the humanitarian relief operation: local Rotary Clubs, church groups, girl scout troops, sister city organizations and international relief organizations. Critically needed medical supplies and medicines were airlifted to locations throughout the NIS; other humanitarian items, such as food and clothing, were transported by ship and land.

One of the most visible programs of the U.S. Government's humanitarian assistance activities has been the donation of excess Defense Department medical equipment, medical supplies and medicines to NIS hospitals in collaboration with the USAID-sponsored hospital partnership program.

Comment

Nicole, the paper is fine. The only thing that needs to be changed is in the first paragraph, fourth line: "military equipment and supplies." U.S. law prohibits the donation of military equipment and supplies as "humanitarian aid."

Themes

1. Public-Private Partnerships - U.S. Government transportation funds have allowed many private organizations to use precious resources to buy additional quantities of medicines and food. In fact, these transportation funds were a catalyst for many PVOs to augment their own humanitarian operations. The private donations also furthered the work of many US Government programs.

2

2. Diversity of PYOs - Operation Provide Hope has encouraged many diverse non-profit organizations to become active in the NIS. Many organizations, which were literally created in someone's kitchen or church hall, are implementing significant projects in the NIS today.
3. Community-Based Initiatives Some of the most successful aid projects (many of which Mrs. Clinton has observed) are people-to-people and/or community-based projects. This has been the key to success of the hospital partnership and sister city programs.
4. Health - Disease does not recognize national boundaries. Investment in a country's health, be it childhood vaccines or medical equipment, will have an enormous economic and political impact. Humanitarian aid should not always be counted in the number of airplanes, sea containers or tonnage - but in human lives. This program has saved and touched countless lives in the NIS.

Did you know that...

1. A USAID project (with OPH transportation funds) immunized 500,000 children in Central Asia in 1992. In 1993-1994, U.S. funds transported Japanese-funded vaccines and cold chain equipment to other republics.
2. OPH funds airlifted oil well fire-fighting equipment from Texas to Uzbekistan to avert an environmental disaster.
3. OPH funds airlifted earthquake relief supplies to the Kyrgyz Republic in 1992.
4. OPH funds delivered urgently needed winter supplies, such as heating fuel and winter clothing, to Armenia in 1993.

FOR OVER THREE YEARS, FIRST LADY HILLARY RODHAM CLINTON HAS SUPPORTED OPERATION PROVIDE HOPE (OPH), THE HUMANITARIAN ASSISTANCE PROGRAM RUN BY THE DEPARTMENT OF STATE WITH COOPERATION FROM THE DEPARTMENT OF DEFENSE (DOD). OPH WAS DESIGNED TO MOVE PRIVATELY DONATED AND DOD EXCESS MEDICINES, MEDICAL EQUIPMENT AND SUPPLIES, FOOD AND CLOTHING TO THE MOST VULNERABLE POPULATIONS OF THE NEW INDEPENDENT STATES USING A UNIQUE PARTNERSHIP INVOLVING PRIVATE INDUSTRY, PRIVATE VOLUNTARY ORGANIZATIONS AND THE GOVERNMENT.

IN HER TRAVELS THROUGH THE NIS, MRS. CLINTON HAS VISITED MEDICAL INSTITUTIONS THAT HAVE BENEFITED FROM OPERATION PROVIDE HOPE' SHIPMENTS OF MILLIONS OF DOLLARS OF PRIVATE AND PUBLIC DONATIONS--IN RUSSIA, BELARUS AND UKRAINE.

MRS. CLINTON FIRST LEARNED OF OPERATION PROVIDE HOPE IN JANUARY, 1994 WHEN SHE ACCOMPANIED THE PRESIDENT TO RUSSIA AND BELARUS. IN MOSCOW, RUSSIA, SHE VISITED SAVIOR'S HOSPITAL FOR PEACE AND CHARITY, WHICH RECEIVED A SIGNIFICANT PORTION OF A \$36 MILLION PROJECT THAT INCLUDED MEDICAL EQUIPMENT, MEDICINE AND BEDS FOR ITS PEDIATRIC WARD. IN MINSK, BELARUS, SHE VISITED CHILDREN'S HOSPITAL #4, AND WITNESSED THE ARRIVAL OF THE MAJORITY OF A \$11 MILLION DONATION OF OPERATION PROVIDE HOPE'S SHIPMENT OF PHARMACEUTICALS AND EQUIPMENTS, AS WELL AS BEDS AND LINENS. THE HOSPITALS-----

If you care to add a last comment about total assistance you could say something like, "To date, OPH has shipped over 12,000 containers and conducted 500 airlifts to deliver \$1.8 billion in assistance to the most vulnerable populations in the NIS".

Nicole- Latvia is not in the NIS therefore was not included in OPH. I didn't mean to change your great work but just wanted to clarify a few points. Those \$figures quoted were the total donation to that particular area and we attempted to put the majority into the partnership hospitals. Unfortunately we had to spread the wealth so to speak. Everything else looks great. You are a fabulous writer.

Give me a call if I can be of further help. Thanks so very much, John Post

*Japanese -
Rostropov.*

September 27, 1994

GEORGETOWN UNIVERSITY CHILDREN'S MEDICAL CENTER

DATE: Wednesday, September 28
 TIME: 11:00 am
 LOCATION: Georgetown University Children's
 Medical Center
 FROM: Liz Bowyer, Nicole Rabner

I. PURPOSE

To visit the Pediatric Intensive Care Unit at Georgetown University Hospital with Mrs. Yeltsin, and introduce her to another public/private partnership emerging between Russian and American medical institutions.

II. BACKGROUND

Vishnevskaya-Rostropovich Foundation

*ship Japanese
donations*

The Vishnevskaya-Rostropovich Foundation was established by Mstislav Rostropovich and his wife, Galina Vishnevskaya, the renowned Russian soprano. The Foundation was formed in response to the deepening health care crisis facing Russia's children. For more than two years, the Foundation has been assisting the major children's hospital in St. Petersburg by providing food and medicine. Now, the Foundation hopes to build a partnership between Georgetown University Children's Medical Center and the Clinical Hospital of the St. Petersburg Pediatric Institute. The Foundation intends to establish at the St. Petersburg hospital a Western-style pediatric intensive care unit, staffed by Russians, with training and technical assistance provided by Georgetown medical personnel. Since March of 1994, when the foundation was reorganized to promote this project, Georgetown medical personnel have become deeply involved, joining the Foundation's Board of Directors and volunteering their time to develop this initiative.

The Foundation is seeking both private and public funds to establish the pediatric intensive care unit at the St. Petersburg children's hospital. Maestro Rostropovich gives benefit concerts to raise money for the foundation and also seeks funds from other foundations.

The Clinical Hospital of the St. Petersburg Pediatric Medical Institute

The Clinical Hospital of the St. Petersburg Pediatric Institute is part of an institute that is famous throughout Russia. The full service pediatric institute consists of 815 beds and a consulting center for ambulatory pediatric patients. Children from every

part of Russia are sent there because of the high-level training of its doctors and staff. However, despite the sophistication and training of the medical staff, many medical procedures cannot be performed because of chronic shortages of pharmaceutical and medical supplies and outdated and malfunctioning equipment.

Leaders of the Clinical Hospital of the St. Petersburg Pediatric Institute have written to the Foundation to urge intervention and assistance with their intensive care for critically ill.

Georgetown University Children's Medical Center

The "Georgetown University Children's Medical Center" is the Pediatrics Department within Georgetown University Hospital. The Department provides care for 30,000 inpatient day visits and 40,000 outpatient visits a year, and has a staff of 500, including 150 full-time faculty.

In 1995, Georgetown plans to open a "Hospital for Children Within a Hospital," an independent children's hospital within the Georgetown University Hospital. Although the children's hospital will operate within the structure of Georgetown, it will have its own board and will work independently. The entire fifth floor of the Georgetown Hospital will be renamed the "Pavilion for Children," and will be devoted entirely to inpatient facilities for children.

According to Dr. Owen Rennert, chairman of the Department of Pediatrics, the unique component of the Georgetown Hospital Pediatric Department is its development of research programs relating to the cause and treatment of childhood illnesses (which hopefully translate into advances in practical care.) The department provides services for the diagnosis and treatment of genetic disease, research on the developing lung and the effects of oxygen, treatment for children with AIDS and HIV, the epidemiology of childhood cancers, and the epidemiology of the high infant mortality rate in the District of Columbia.

The department has received national recognition for its research in a variety of sub-disciplines of developmental biology. The department administers approximately 100 grants and contracts totalling about \$15 million per year and ranks 26 of 140 medical school pediatric departments in NIH funding.

The Pediatrics Department also emphasizes the social context children are placed in, as well as their medical situations. The department has a number of outreach programs, including a mobile pediatric clinic that the department pioneered to deliver health care to children in Anacostia and other underserved areas of D.C. The department has an extensive outreach program to children in the community with AIDS, and is the only federally funded university-affiliated center for the treatment of children with disabilities in the D.C. area.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. memo	re: Georgetown University Children's Medical Center [partial] (1 page)	09/27/1994	b(6)

COLLECTION:

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First Lady's Office
Melanne Verveer
OA/Box Number: 20051

FOLDER TITLE:

Russia [Folder 3]

2013-0534-S
rc1670

RESTRICTION CODES

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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

The Pediatric Intensive Care Unit

The Pediatric Intensive Care Unit at Georgetown University Hospital is an 18-bed multi-disciplinary unit that cares for children aging from a few days to 19 years old. The unit cares for 500 to 600 children a year with severe infections, heart failure, respiratory failure, and patients recovering from major surgery like brain or heart surgery.

The Pediatric Intensive Care Unit (PICU) provides care through a team approach that includes doctors, nurses, respiratory therapists, physical therapists, social workers, nutritionists and pharmacists. The PICU staff includes three pediatric intensivists who are certified in pediatric critical care medicine, and 40 registered nurses trained in pediatric intensive care.

Georgetown runs a pediatric transport system through which a team of specialists transport patients from area hospitals to the Georgetown PICU. Twenty-two area hospitals refer patients to Georgetown.

Georgetown also holds monthly roundtables to discuss the ethical issues of pediatric intensive care.

Tour of the Pediatric Intensive Care Unit with Mrs. Yeltsin

Your tour of the Pediatric Intensive Care Unit will include the following:

The Recovery Playroom

The recovery playroom is for children who have been in the intensive care unit, but have started to recover and have moved to a step-down unit. Patients and their families can play games, work on arts and crafts and other activities in the play room. Five children will be painting in the recovery room during your visit (see list of patients for more information.)

Visit with Patients in the PICU

You and Mrs. Yeltsin will observe four children currently in the PICU, and talk with the mother of Samuel (b)(6) a 19-year old boy with severe lung disease and kidney failure. After all conventional therapy at another hospital failed, Samuel was transferred to Georgetown and placed on ECMO (extra-corporeal membrane oxygenation), a high-tech support system. 003

The ECMO technique is a modified form of cardiopulmonary bypass and is used to treat patients with severe heart or respiratory failure. ECMO machinery supports a patient's lung functions until the underlying heart or lung failure can heal itself (providing the process is reversible). Patients on ECMO require around the clock care by doctors and nurses monitoring the patients and equipment. ECMO is most commonly used to treat newborns – Georgetown is the only medical center in the

Washington area that uses ECMO to treat pediatric and adult patients.

Samuel has been on ECMO for two weeks. He is very sick and unstable.

Visit to the Nurses Station

At the nurses station, you and Mrs. Yeltsin will observe the nursing staff's monitoring system. With this computerized system, nurses can monitor all of the PICU patients from one location.

Press Availability

Following the visit to the nurses station, there will be a press availability set up for you and Mrs. Yeltsin (this is subject to change). Remarks are attached.

Meeting with Directors of the Rostropovich Foundation

This meeting is an opportunity for you to continue your discussions with Mrs. Yeltsin about American public/private partnerships aimed at addressing the acute health care needs in Russia.

III. PARTICIPANTS

-HRC

-Naina Yeltsin

-Vladimir Kocherovets, Russian Deputy Minister of Health

-Father Leon O'Donovan, President of Georgetown University

-Dr. John Griffith, Executive Vice President of Georgetown University Medical Center

-Dan Oldani, Administrator for Georgetown University Hospital

-Dr. Bill Haddad, Member of the Board, Rostropovich Foundation

-Dr. Joseph Bellanti, Professor of Pediatrics

-Dr. Owen Rennert, Chairman, Department of Pediatrics; Board Member,
Rostropovich Foundation

Dr. Gabriel Hauser, Director, Pediatric ICU

-Interpreters

IV. SEQUENCE OF EVENTS

- HRC and Mrs. Yeltsin arrive, and proceed to tour
- HRC and Mrs. Yeltsin proceed to Recovery Playroom and visit with children
- HRC and Mrs. Yeltsin proceed to Pediatric Intensive Care Unit and observe/visit with patients
- HRC and Mrs. Yeltsin proceed to Nurses Station to observe ICU technology
- Possible press availability
- HRC and Mrs. Yeltsin proceed to private meeting with Directors of the Rostropovich Foundation
- HRC and Mrs. Yeltsin depart the hospital en route the Kennedy Center

V. PRESS

Arrival: Pool press

Recovery Playroom: Pool press

Visit with Patients in Intensive Care Unit: Closed press

Nurses Station: Pool press

Private Meeting: Closed press

VI. REMARKS

Prepared by Lissa Muscatine and Gabrielle Bushman.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. list	re: Recovery Playroom Patients (1 page)	n.d.	b(6)

COLLECTION:

Clinton Presidential Records
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. list	re: Pediatric Intensive Care Unit [partial] (1 page)	n.d.	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
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Leo J. O'Donovan, S.J.
President
Georgetown University

Leo J. O'Donovan, S.J., was born in New York City in 1934. He attended Corpus Christi Grammar School in New York City and Iona School in New Rochelle, New York. He holds degrees from Georgetown University, Fordham University, Woodstock College, and the University of Münster, where he received his doctorate in theology.

He has taught at Loyola College (Baltimore), Woodstock College, Union Theological Seminary and the Weston School of Theology. In addition, he has served as provincial assistant for formation in the Maryland Province of the Society of Jesus and was a visiting fellow at the Woodstock Theological Center before becoming president of Georgetown University in 1989.

He has edited five books, the most recent of which is entitled Faithful Witness: Foundations of Theology for Today's Church. In addition, he has published numerous articles in publications such as: *Theological Studies*; *Religion in Life*; *Thought*; *Cross Currents*; *Worship*; *America*; *Communio*; *The Washington Post*; and *The Dallas Morning News*.

He has been as associate editor of the *Journal of the American Academy of Religion* and has served as a member of *America* magazine's Advisory Board. He has also been a consultant for the Committee on Doctrine of the National Conference of Catholic Bishops. He is currently a trustee of the University of Detroit Mercy; a member of the Board of Directors of the Riggs National Bank of Washington D.C.; a member of the Board of the National Association of Independent Colleges and Universities; a member of the Board of the Consortium on Financing Higher Education; and, a member of the Business Higher Education Forum of the American Council on Education.

He was a member of the Board of Directors of the Catholic Theological Society of America before serving as its president from 1981 to 1982. As well, he has served on various committees and boards for the American Academy of Religion and Boston Archdiocese.

He has held a Fulbright Scholarship and a Danforth Fellowship. He was a post-doctoral scholar at the University of Chicago and has several research grants from the Association of Theological Schools.

Father O'Donovan was ordained to the priesthood in the Society of Jesus in 1966. He currently serves as a professor of theology and president of Georgetown University.

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JOHN F. GRIFFITH, M.D., Executive Vice President for Health Sciences, Director of the Medical Center, Executive Dean, School of Medicine and Professor of Pediatrics and Neurology, was appointed to his current position in 1986. He received both his B.A. (1956) and M.D. (1958) degrees from the University of Saskatchewan. After residency training, he completed teaching and research fellowships at McGill (1962-1963), Case Western Reserve (1963-1964) and Harvard (1964-1969) universities. Dr. Griffith was Professor of Pediatrics and Neurology at Duke University Medical Center (1969-1976) and Professor and Chairman of Pediatrics and Professor of Neurology at the University of Tennessee Center for Health Sciences (1976-1986), where he was also Medical Director of Le Bonheur Children's Medical Center. He is past Chairman of the American Board of Pediatrics. Dr. Griffith is a member of the American Board of Medical Specialties, the American Pediatric Society, the District of Columbia Commission on Public Health, the National Advisory Child Health and Human Development Council of the National Institutes of Health and is a member of the Board of Directors of the Association of Academic Health Centers. He is also currently a member of the Mayor's Blue Ribbon Panel on Health Care Reform.

DAN J. OLDANI

4223 SOUTH JUDSON
HOUSTON, TEXAS 77005
(713) 665-6407

1986 to Present

The University of Texas M.D. Anderson Cancer Center
Houston, Texas 77030

Vice President and COO for Hospital and Clinics

The position is the Chief Operating Officer for a 518 bed hospital and an ambulatory care center supporting 500,000 outpatient visits annually. I am responsible for administration and finance for all hospital and clinic departments excluding the medical staff who report directly to the Physician-in-Chief. The hospital and clinics operating budget exceeds \$250 million, and non-physician staffing consists of 4,000 employees. The position reports to the President who is a physician by Board of Regents Rules. The institution also maintains Vice Presidential appointments for research, academic affairs, and Physician in Chief.

During my tenure with the institution I have led the acquisition of new patient care and patient finance information systems, initiated development of a medical staff quality assurance system, and produced a marked increase in net patient care income for the institution. M.D. Anderson's net patient care income for the operation of the hospital and clinics was \$109 million for fiscal year 1986. We will generate \$330 million in net patient care income during the current fiscal year. During this period of revenue growth, operating expense growth was held below 5% per year with the bulk of the growth directed toward handling increased numbers of patient days and clinic visits experienced during the expansion cycle. The hospital and clinics support major clinical research, graduate medical education programs, and has an uncompensated care profile representing 30% of gross activity and gross patient based income.

Information system acquisitions during the period consisted of new medical records; order entry results reporting; patient finance and accounting; admission, registration, and clinic patient scheduling systems. Nursing recruitment and retention programs maintained a net positive growth in our nursing division. I reduced the levels of administrative structure by eliminating one layer of administration. The reduced administrative levels improved response time to our medical staff and increased the direct contact between my position and the department directors in all areas of the hospital and clinics.

BIOS

Owen Rennert, MD, is professor and Chairman of the Department of Pediatrics at the Georgetown University School of Medicine. Dr. Rennert also holds a Masters degree in Biochemistry. He is Board certified in Pediatrics and Medical Genetics. Dr. Rennert is an adjunct scientist with the National Institutes of Health, National Institute of Child Health and Human Development. He is on the Board of Directors of the Vishnevskaya-Rostropovich Foundation.

Gabriel Hauser, MD, is chief of the Division of Pediatric Critical Care Medicine, Director of the Pediatric Intensive Care Unit, and Director of the Pediatric Critical Care Fellowship Program. Dr. Hauser, who is Board certified in Pediatrics, is an Associate Professor of Pediatrics and Critical Care Medicine, and he is a senior scholar with the Georgetown Center for the Advanced Study of Ethics.

Patty McFarland, RN, MPA, is the nursing coordinator for the Pediatric Intensive Care Unit. She works with pediatricians in planning patient care for the unit and is responsible for training, staffing, and budget matters. Ms. McFarland has spent 18 years as a critical care nurse for childrens and adults.

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John Stapleton, MD is a board member of the Rostropovich Foundation. The Medical Director of Georgetown University Hospital for 22 years, Dr. Stapleton is a retired cardiologist and professor of medicine and has received, among other awards, an honorary doctorate of science from Georgetown and the Heart of Gold Award from the American Heart Association. He currently resides in Arlington, VA.

Mr. Silverstein was born January 21, 1922, received his undergraduate degree from University in 1943 and was graduated from Harvard Law School in 1948. He is married; two grown children.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. bio	re: Leonard L. Silverstein [partial] (1 page)	n.d.	b(6)

COLLECTION:

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Melanne Verveer
OA/Box Number: 20051

FOLDER TITLE:

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

William (Billy) Amoss grew up in Europe and the United States and speaks many languages. His long-standing interest in Russia began as an undergraduate at Yale University where he studied Russian and was a member of the Yale Russian Chorus. He graduated from Yale in 1974 and has held senior positions with international transportation companies. In February 1992 he joined a U.S. government emergency assistance team based in Moscow and saw first-hand the effect of Russia's health care crisis on children. Upon his return to the U.S. he met Maestro Rostropovich and assisted him with the delivery of food and medical aid to children's hospitals in Russia. In March of 1994 he became the full-time executive director of the Vishnevskaya-Rostropovich Foundation, whose purpose is to unite Russian and Western private and public sector resources in improving the health care of children in Russia.

Mr. Amoss, who is 42 years old, is married and has two sons.

Leonard L. Silverstein, partner of the law firm Silverstein & Mullens and the Chief Counsel of the Vishnevskaya-Rostropovich Foundation, has been a close friend of Mstislav "Slava" Rostropovich ever since Slava became music director of the NSO 17 years ago. Mr. Silverstein has served on the Board of Directors of the NSO since 1971, has been the chairman and president of its executive committee, and is Vice Chairman of the Board of Trustees of the John F. Kennedy Center for the Performing Arts. In addition he serves on the board of directors of a wide variety of cultural and philanthropic organizations.

Mr. Silverstein was born (b)(6) received his undergraduate degree from Yale University in 1943 and was graduated from Harvard Law School in 1948. He is married and has two grown children. [006]

William F. Haddad, Chairman and CEO of MIR Pharmaceutical, Inc., and a member of the Board of Directors of the Vishnevskaya-Rostropovich Foundation, has played prominent roles in both the private and public sectors. His wide ranging activities include being a founder of the Peace Corps and Chairman or President of the Generic Pharmaceutical Industry Association for over a decade. In 1992 he founded his own pharmaceutical company, MIR Pharmaceutical, Inc., designed to establish generic companies in developing nations and in the former Soviet Union. In Russia MIR Pharmaceutical, Inc., is planning the construction of a generic pharmaceutical plant which will manufacture thirty life-saving drugs.

Mr. Haddad is the father of five children ranging in age from 30 to 5. Two of his grandchildren are older than his son.

500TH AIRLIFT CEREMONY

Since 1992, the United States Government has obligated over \$5 billion in humanitarian assistance to the NIS countries.

ORDER OF EVENTS

Presentation of the Colors

United States Army Color Guard

Opening Ceremony & Introduction

The Honorable Richard L. Morningstar

Special Advisor to the President and

Secretary of State on Assistance to the NIS

Remarks by New Independent States Ambassadors

His Excellency Tedo Djaparidze

Ambassador of the Republic of Georgia

His Excellency Sadiq Safaev

Ambassador of the Republic of Uzbekistan

Remarks by

Mrs. Hillary Rodham Clinton

500TH AIRLIFT RECEPTION

Since its inception in 1992, Operation Provide Hope has delivered over \$1.8 billion in privately donated and Department of Defense excess humanitarian commodities to the NIS countries.

RECEPTION

Buffet and Reception

12:45pm - 2:30pm

Assorted hors d'oeuvres and beverages

Prepared by Andrews AFB Officers' Club

Inspection of the C-5 Aircraft & Cargo

1:00pm - 2:30pm

The C-5 military transport aircraft will carry five million dollars of donated medicines and medical equipment as well as fifteen U.S. representatives to escort delivery to Uzbekistan.

Loading of the Last Five Pallets Onto the Aircraft

2:30pm

The symbolic tradition of loading the last cargo onto the aircraft before it takes off for Uzbekistan.

FAX COVER

American International Health Alliance, Inc.

A·I·H·A

1212 New York Avenue, NW
Suite 750
Washington, DC 20005



Tel: (202) 789-1136
Fax: (202) 789-1277

Date: 06/12/97

Pages: _____ (including cover)

To: Nicole Rabner

Fax No.: (202) 456-6244

From: Cathy Heller E-Mail: _____

Subject: Background re 500th Flight

Remarks: Per our conversation, following is
the overview you requested. The
(nuts-and-bolts) one pager on the specific
donations) and excerpts re same
from COMMONHEALTH. Please let me
know if you need anything else.

A PARTNERSHIP OF PARTNERSHIPS

Building Partnerships

- For the 1,000 residents of Dubna, Russia who have diabetes, navigating the confusing and sometimes-frightening terrain of monitoring blood glucose levels, injecting insulin, and worrying about blindness and kidney problems can present seemingly insurmountable hurdles. But with the help of a collaborative diabetes education program created by doctors and nurses in Dubna and LaCrosse, Wisconsin, patients are learning how to manage their disease. In the process, hospitalizations and insulin dose levels have dropped substantially, and the program has been replicated at five other sites in the Moscow region.
- In Tashkent, Uzbekistan, a new neonatal intensive care unit at Second State Medical Institute staffed by physicians trained at the hospital of the University of Illinois Medical Center in Chicago, has contributed to a steady decline in the number of infant deaths.
- The transformation to a market economy has been particularly rocky for residents of the densely populated, poor district of Petržalka in Slovakia's capital city of Bratislava. In response to rising drug abuse rates and emotional problems among the area's children, the Aid to Children at Risk Foundation in Petržalka worked with health care practitioners in Kansas City, Missouri to institute community-wide solutions.
- And educators at South Bohemia University in the Czech Republic instituted one of the country's first health management education programs after working with colleagues at the University of Nevada. The new curriculum prepares students not only to manage hospitals, but also to help shape the country's road to reform as the health care system is privatized after decades of state ownership.

These and 41 other partnerships forged between hospitals, communities and universities in the United States and those in the former Soviet Union and Central and Eastern Europe have helped health care professionals address common issues and concerns. Under cooperative agreements with the US Agency for International Development, the non-profit American International Health Alliance (AIHA) supports these partnerships which are effecting systemic change in such critical areas as emergency medical services, women's health and nursing. AIHA was established in 1992 by leading US health care organizations as the primary vehicle through

which America's health care professionals could respond to requests for international assistance.

The partnerships allow American health care institutions to assist their counterparts in newly democratic countries to address such issues as decreasing life expectancy, increasing infant mortality and inefficient health care systems. A history of insufficient investment, centralized bureaucracies and a lack of up-to-date training for health care professionals resulted in levels of productivity and health far below those of other industrialized nations.

Sharing Solutions to Health Care Challenges

To meet the most important health care needs in the New Independent States (NIS) and Central and Eastern Europe (CEE), the partnership program focuses on: closing the knowledge gap so that techniques that have been successful elsewhere can be adapted and disseminated; improving the productivity of existing health providers through better clinical and administrative management and organization; and training health policy makers and administrators at all levels of government so they can make informed choices to improve health care organization and introduce market-oriented solutions.

The AIHA partnerships rely on the voluntary efforts of many individuals and donations from numerous institutions in the United States. These public-private partnerships have resulted in a tremendous commitment from non-governmental sources, with three dollars of voluntary time and equipment and supply donations for every US government grant dollar spent.

Program support and administration is provided through AIHA's headquarters in Washington, DC and regional offices in Moscow, Russia; Kiev, Ukraine; Almaty, Kazakhstan; and Zagreb, Croatia, along with country coordinators in Albania, Croatia, the Czech Republic, Romania and Slovakia.

With this infrastructure, AIHA is able to take advantage of other US government and international agencies assisting with programs in the region, as well as to the health ministries of each country. For example, partnerships and regional offices have worked closely with Operation Provide Hope, a joint project of the US Departments of State and Defense to help effectively distribute surplus medical supplies and equipment in Georgia, Kyrgyzstan, Kazakhstan, Russia and other NIS nations. AIHA collaborates on a variety of initiatives with the World Bank and the World Health Organization.

As a direct result of partnership activity, progress is being made on a number of fronts: Virtually all partnerships report improved productivity, from shorter hospital stays for patients to increases in outpatient services to overall increases in the number of patients being treated. Hospitals in St. Petersburg, Kiev and Moscow have made strides in controlling their infection rates. To improve efficiency and cost-effectiveness, the partnership in Vac, Hungary established a home health care model, and hospitals in Zagreb, Croatia are saving thousands of dollars a year through more precise prescriptions for antibiotics and better management of their pharmacies.

The first poison control centers in the NIS have opened in Minsk, Belarus and Almaty, Kazakhstan as a result of the partnerships. Modern neonatal resuscitation techniques with the capacity to sharply reduce infant mortality have been introduced through seven of the partnerships and are being rapidly disseminated throughout the NIS. And new technology introduced by AIHA, from videoconferencing to exchange of medical images via the Internet, has contributed to increased learning and communication among the partnerships.

These and many other achievements have fostered a growing cooperation and communication among those who have come together across disciplines, across borders and across oceans to help build a powerful, interlinked program. Through this partnership of partnerships, AIHA creates new links between communities, peers, patients and, ultimately, a healthy future.

Communications and Information Resources

AIHA's quarterly journal, *CommonHealth*, keeps health care practitioners and Health Ministry officials informed about partner activities, AIHA news and advances in health care throughout the NIS and CEE. Each issue focuses on a theme; recent issues have looked at healthy communities, informatics and health promotion. *CommonHealth* is published in both English and Russian; 17,000 copies are distributed in the US, NIS, and CEE.

A twice-monthly online newsletter, *Connections*, updates partners on the latest news and activities. Published in English and Russian, the newsletter is available through AIHA's World Wide Web site and in hard copy at each partner hospital.

AIHA's bilingual World Wide Web site, located at <http://www.aiha.com>, includes news, a schedule of workshops and conferences, a library of translated educational materials in a variety of languages, and links to numerous other medical and international sites.

Talking Points for Mrs. Clinton

AIHA's Collaboration with Operation Provide Hope

Since 1992, Operation Provide Hope, a joint Department of State/Department of Defense project, has coordinated the transportation of \$2 billion in emergency medical, food and clothing relief to the New Independent States (NIS) of the former Soviet Union. More than 400 non-governmental organizations, including AIHA, have contributed to the project.

AIHA's partnerships and their communities have contributed thousands of dollars worth of medical supplies and equipment to implement important aspects of their NIS partners' work. Through Operation Provide Hope, virtually every AIHA partner hospital in the NIS has received a shipment of these supplies, some of which have come from decommissioned US military hospitals. To date, more than \$150 million in excess DoD medical equipment and supplies has been sent to NIS hospitals.

NIS hospitals have benefited from a unique collaboration put in motion by the project: Local transportation provided by DoD, pharmaceuticals donated by private corporations such as Eli Lilly & Co., and technical assistance and equipment provided by AIHA's partners enable a comprehensive approach to addressing health issues in the region. Operation Provide Hope has enabled our NIS partnerships to maximize the value as well as the impact of these donations.

Selected Dept of Defense Shipments to AIHA partner hospitals (began in February 1992)

Shipments to Emphasize:

1. Minsk, Belarus

1st shipment: January 1994 value: \$10 million

2nd shipment: April 1996

1994 shipment: To Fourth Children's Hospital. Two truckloads arrived while **Hillary Rodham Clinton** was visiting the hospital in January 1994-- she saw the pharmaceutical and equipment donation by DOD and private donations made to AIHA by Eli Lilly & Company, etc. Included beds, linens, etc. and cancer-related medications.

1996 shipment: Chernobyl ten-year commemoration of the accident; a cancer-related drug drop to Belarus, Ukraine and Moldova.

2. Kiev, L'viv, and Odessa, Ukraine

1st shipment: March 1994 value: \$4 million

2nd shipment: May 1995 value: \$3.6 million

1994 Shipment:

Project HOPE donated \$4 million in pharmaceuticals and supplies to AIHA's and other hospitals in Ukraine: Children's Hospital No. 3, L'viv, Obstetrical Hospital No. 2, Ukraine State Medical University, Odessa Oblast Hospital, L'viv Oblast Clinical Hospital, L'viv Railway Hospital, Perinatal Hospital. These hospitals received 43 percent of the total shipment (of \$4 million). Other donations went to Donetsk and an OB/GYN hospital in Kiev.

1995 Shipment:

Hillary Rodham Clinton visited AIHA partner hospital Center for Maternal and Child Health Care in Kiev in May 1995. She witnessed the first delivery of a \$3.6 million shipment from Eli Lilly and Co. to AIHA partnership hospitals in Ukraine. The Center for Maternal and Child Health Care received a large donation of antibiotics and insulin.

3. Dubna, Russia

August 1996, value: \$150,000

Partners in Dubna, Russia received their fourth donation of pharmaceuticals from US volunteers in LaCrosse, Wisconsin. The shipment, valued at \$150,000, included antibiotics, surgical scrubs, and other requested hospital supplies donated from local drug suppliers, rotary clubs, churches and residents of the LaCrosse, Wisconsin area. The total value of medical donations shipped to Dubna from the LaCrosse community since 1992 exceeds \$500,000.

4. Moscow, Russia

January 1994, value: over \$36 million

--To Magee Women's Hospital, Perovo Children's Building (**First Ladies Hillary Clinton and Naina Yeltsin** toured this children's ward, saw DOD donated beds)

--Mrs. Clinton donated a child's swing set, Mrs. Yeltsin donated five incubators.

--Savior's Hospital for Peace and Charity received a portion of the drop. Savior's received 23 containers [pallets] from the DOD airlift to Russia, which included beds, medical equipment, anesthesia machines, surgical tables and other supplies through Project HOPE.

****This \$36 million donation was a direct result of US President Clinton's promise of increased aid to Russia, as noted during the Vancouver Summit in April 1993.**

Other recent shipments:

Almaty, Kazakstan

January 16, 1997, value: \$163,000 (ongoing portion of DOD drop)

--Tucson Partners Donate \$163,000 to Kazak Hospitals. The majority of the medical supplies will be used at the Almaty Women's Wellness Center. The shipment included exam tables, lights and syringes for use in the center.

--The donation was packaged by community volunteers and included assistance from the Arizona Air National Guard. The Arizona guard has been working with Kazak military troops since 1994 as part of the US Partnership for Peace program, which is designed to promote peaceful exchange of military personnel between the US and the NIS. The shipment was transported on a US

Department of Defense cargo plane, along with a mobile tuberculosis clinic donated by Project Hope for use in southwestern Kazakhstan, where tuberculosis is a serious concern.

Yerevan, Armenia

October 18, 1996, value: \$15 million

- cancer-related medical supplies donated by private pharmaceuticals, and excess DOD equipment, to AIHA Partners (both) in Armenia.
- Erebuni Medical Center and Emergency Scientific Medical Center were among eight Armenian hospitals that received a \$15 million donation of excess US military medical supplies.

The October 18 arrival of over 240 containers--holding such equipment as beds, incubators and blood bank refrigerators--was greeted by US Ambassador to Armenia Peter Tomsen, Armenian Health Ministry officials and representatives of the eight recipient hospitals.

Semipalatinsk, Kazakhstan

April 5, 1996: \$ 400,000 from AmeriCares, \$6 million from DOD

- Americares donated a ten-ton shipment of children's medication (children's tylenol, etc.) To Semipalatinsk hospitals (AIHA partners)
- DoD donated \$6 million in excess military hospital equipment and supplies, including cancer-related equipment (spectrophotometers, microscopes, lab-based equipment, blood gas analyzers, and a central oxygen plant for the city's 10 hospitals).

Bishkek, Kyrgyzstan and Almaty, Kazakhstan

June 1994, value: \$5 to \$6 million each

Heart-to-Heart flew pharmaceuticals and nicotine patches to Osh, Kyrgyzstan. AIHA partners from Bishkek-Kansas participated in that drop, which was sent from Kansas City, Missouri, and included a press conference. Ten senior nurse administrators from Kyrgyzstan participating in the intensive nurse administrator training program at KUMC attended the send-off ceremony. American Academy of Family Physicians helped identify and donate the medicines.

*CommonHealth***Summer 1997****Vol. 5, No. 3****DRAFT****Defense Department Launches 500th NIS Aid Shipment**

by Joanne Neuber

On a clear June afternoon, a US cargo jet the length of a football field and six stories high laden with 130,000 pounds of donated medical equipment and pharmaceuticals careened down the runway on its way to Uzbekistan. The trip was the 500th such flight made to the NIS with excess medical supplies from decommissioned US military hospitals and private donations. Called Operation Provide Hope, the collaborative US Defense and State Department effort began in 1992, and has provided \$2 billion in emergency medical, food and clothing relief to the NIS. More than 400 nongovernmental organizations, including AIHA, have contributed to the project since it began.

US First Lady Hillary Rodham Clinton, US Secretary of State Madeline Albright and Ambassador Richard Morningstar, special adviser to the President and Secretary of State on Assistance to the NIS attended the June 17 send-off ceremony at Andrews Air Force Base in Maryland to celebrate the 500th airlift.

During the send-off ceremony, xxx noted the significant in-kind contributions made by AIHA partners.

“ ”

Says Charles Hardesty, director of humanitarian assistance to the NIS, Department of State, medical supplies donated via AIHA and other NGOs “has made the biggest impact...and produces returns as high as 50 to 1 for every US government dollar invested.”

AIHA was one of five private voluntary organizations selected to participate in the ceremony and delivery of the supplies. Three staff members from AIHA's Washington office traveled to Uzbekistan with the donation.

Two-hundred and twelve huge containers holding the donations were aboard the jumbo jet called Galaxy, and 200 other containers were taken by train from a US Air Force base in Germany to AIHA partners at the Second State Medical Institute (TASHMI II) in Tashkent and other health care facilities in five outlying Uzbek regions. In all, the donation was valued at \$15 million.

Ten of the airlift containers were organized by AIHA and contained pharmaceuticals for outlying hospitals in Karakalpakistan, Uzbekistan, including \$1.5 million in insulin donated by Eli Lilly and Company and \$500,000 worth of antibiotics donated by Schering Bayer. The remaining airlift

containers were sent to four other outlying regions of Uzbekistan, and contained pharmaceutical donations by the nonprofit organizations Project HOPE, Heart-to-Heart, AmeriCares and Counterpart Foundation. A 40-person Department of Defense hospital installation team provided delivery and installation assistance to each of the five sites.

The rail-transported donation included X-ray machines, sterilization equipment, beds and other medical equipment from AIHA partners at the University of Illinois at Chicago, and Premier, Inc and the Department of Defense.

Says Department of State Coordinator John Post, who accompanied airlift and spearheaded the ground transport donation to Tashkent, the AIHA hospital partnerships are "a perfect match" for the hospital upgrade projects because the ongoing partnership relationship between US and NIS hospitals "helps to ensure proper follow-up training and equipment upkeep."

Virtually every US partner hospital has donated equipment and supplies to their NIS partners via Operation Provide Hope. One of the initial DOD shipments went to AIHA partner hospitals in Bishkek, Kyrgyzstan in February 1992, and included \$16 million in oncological, pediatric and other equipment that was deemed necessary following an initial hospital needs assessment by a team of US military biomedical technicians. A similar shipment of cancer-related medical supplies valued at \$10 million was sent to partners in Minsk, Belarus in January 1994, and included a special welcome by US First Lady Hillary Rodham Clinton. And \$15 million worth of equipment was sent to partner and other hospitals in Armenia in October 1996.

The Operation Provide Hope humanitarian assistance team will continue to bring medical donations to the NIS. A flight scheduled for the fall will travel to painter and other hospitals in Almaty and Semipalatinsk, Kazakstan.

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AIHA Connections
Online Biweekly Newsletter
January 16-31, 1997
Vol. 2, No. 1

Distributing the Peace Dividend
An Interview with Colonel John Post

In 1992, Colonel John Post retired from a 20-year military career. But his life since then has been anything but retiring. Responding to the post-Cold War closure of US military bases around Europe and the United States, Post spearheaded a project to match NIS hospital equipment requests with excess DOD supplies from decommissioned US military hospitals. In the first few months alone, 66 airlifts were made to 11 former Soviet republics, and since then Post has barely slowed down the pace.

More than \$150 million in US Department of Defense (DOD) excess medical equipment and supplies have been sent to NIS hospitals, said Post, US Department of State coordinator for the medical equipment donation program. Called Operation Provide Hope, the project is a collaborative effort between the US Departments of State and Defense.

One of Post's initial shipments went to hospitals in Bishkek, Kyrgyzstan. AIHA partners at the Institute of Oncology and Radiology and the Institute of Obstetrics and Pediatrics received a \$16 million shipment of oncological, pediatric and other equipment following an initial assessment of hospital needs by Post's team of US military biomedical technicians. One of his most recent efforts directed \$15 million worth of equipment to hospitals in Armenia in October. And on January 11, he departed for Almaty, Kazakstan on a DOD plane with a shipment of medical supplies donated by Project Hope for AIHA partnership and other hospitals. As part of his trip, Post plans to travel to Tashkent, Uzbekistan to prepare for a spring 1997 shipment of excess DOD equipment to the Second State Medical Institute, an AIHA partnership hospital. That shipment will mark his office's 500th trip to the NIS.

Post said he considers the AIHA hospital partnerships "a perfect match" for Department of State shipments because the ongoing partnership relationship between US and NIS hospitals "help to ensure proper follow-up training and equipment upkeep."

Overall, Post noted, his efforts to donate medical equipment to the NIS have been very rewarding—and sometimes challenging. One frustration came during his team's April 1996 retrofitting of five AIHA hospital partnerships in Semipalatinsk and Kurchatov, Kazakstan. Working around the clock to get the region's only oxygen plant (used to generate oxygen for patients) functioning before their scheduled departure, Post's team of military technicians from US bases in Germany succeeded in fixing the machine just one day prior to their departure.

"It is simply amazing to see what they do with so little. [It is] rewarding to be able to provide assistance that people can put their hands on...[and] that reaches the patients in the hospitals," he said.

Photo Caption: Colonel John Post (far right) with a US military team of biomedical engineers in front of the donated oxygen plant in Semipalatinsk.

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AIHA Connections
Volume 1, No. 6
October 1-15, 1996

Eli Lilly Donates Insulin in Uzbekistan and Russia

On September 16, pharmaceutical manufacturer Eli Lilly and Company donated 40,000 vials of insulin to Uzbek hospitals. Lilly also sent 4,700 vials of insulin to three AIHA diabetes management centers in the Dubna, Russia region later that week.

The Uzbek shipment of the biosynthetic human insulin, Humulin, will be used over the next year to treat diabetics at the Second Tashkent State Medical Institute (TASHMI II) in Tashkent, an AIHA partnership hospital. The insulin will also be distributed to several other Uzbek hospitals. A ceremony marking this first donation of insulin to Uzbekistan was attended by the First Deputy Minister of Health of Uzbekistan Ravshan Sultanov, TASHMI II Rector Hamid Karimov, US Ambassador to Uzbekistan Stanley Escudero, Eli Lilly Central Asian Representative Cem Colakoglu, USAID Representative Barry Primm and partners attending an AIHA-AUPHA health management program in Tashkent.

Approximately 2,000 miles away, in the city of Dubna, Russia, the insulin will be used to meet the needs of diabetics enrolled in the Dubna Diabetes Initiative--a program that trains diabetes educator teams from two hospitals in Moscow and four Moscow oblast cities in the Dubna area to conduct classes for diabetics. Eli Lilly has agreed to meet the insulin needs of all patients enrolled in this model AIHA program for the next two years.

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CommonHealth February/March 1994

FIRST LADIES YELTSIN AND CLINTON VISIT SAVIOR'S HOSPITAL FOR PEACE AND CHARITY

The snowy road leading to the Perovo Children's Building in Savior's Hospital for Peace and Charity, Moscow, Russia, had been freshly plowed in preparation for the visit of First Ladies Hillary Rodham Clinton and Naina Yeltsin. The visit on January 14, 1994, at 10:00 a.m. represented a historic occasion for Savior's and Magee Women's

Hospital of Pittsburgh, Pennsylvania. The presence and support of the two First Ladies affirmed the trust, confidence, and enthusiasm of the partners.

The official visit began on schedule with Dr. Alexander Goldberg, Chief Physician of Savior's, and Mrs. Irma Goertzen, President and CEO of Magee Women's, greeting the First Ladies as they entered the children's wing of the hospital. The First Ladies were accompanied by Mrs. B.A. Bentsen, wife of US Treasury Secretary Lloyd Bentsen, and Mrs. Alice Pickering, wife of US Ambassador to Russia Thomas Pickering.

A second set of official greeters included John W. LeSar, MD, Senior Medical Advisor for the New Independent States, USAID; Rebecca Furie-Kalisher, Regional Director of AIHA; Bernice Bennett, Director of Special Projects for NAPH and Partnership Coordinator of AIHA; Tanya Kotys, Partnership Program Coordinator for Magee-Women's Hospital. Also included were Dr. Vadim Lopukhin, Chief Ob/Gyn at Savior's; Dr. Yelena Burtseva, President, Women and Family Foundation at Savior's; Dr. Ivan Leshkevich, Deputy Minister of Maternal and Child Health, Municipal Health Administration, Moscow; and Vasily Agapov, Deputy Minister of Health, Russian Federation.

The visit began with a tour of the Savior's pediatric department. Mrs. Clinton and Mrs. Yeltsin, escorted by Dr. Goldberg and Mrs. Goertzen, visited three hospitalized children. Mrs. Clinton gave each child a jigsaw puzzle "for when they are feeling better." The children were in beds donated through the Department of Defense program "Operation Provide Hope". As a gesture of support, Mrs. Yeltsin donated five incubators to Savior's, and Mrs. Clinton donated a child's swing set.

The tour continued with an observation of a childbirth class. The class, conducted by a Savior's physician who was trained through Magee Women's Hospital, consisted of eight Russian expectant parents. Educational posters were displayed on the walls of the Woman and Child Educational Center, where the couples were attentively observing a demonstration of the birth process when Mrs. Clinton and Mrs. Yeltsin entered the room. "My husband and I also went to these classes years ago—I learned many things," noted Mrs. Clinton as she sat with Natalya Modilina, an expectant mother attending the lecture.

The last stop on the visit consisted of a 15 minute private roundtable discussion with the partnership participants. Alexander Goldberg and Mrs. Goertzen welcomed the

⇒ Hillary Clinton visits with a young patient in Perovo Children's Building, Savior's Hospital.

Mrs. Clinton met numerous children during her visit to Savior's Hospital. ⇒

CommonHealth Feature

HILLARY RODHAM CLINTON TRAVELS TO MOSCOW AND MINSK

Courtesy of White House Photography



CommonHealth - February/March 1994

First Ladies to the Savior's-Magee Partnership. Mrs. Goertzen provided an overview of the partnership, emphasizing the new model of obstetrics care and the goals of the consumer education center. Dr. Goldberg emphasized the "support of AIIIA and the Russian government for making this partnership possible." He later stated, "When I went to Magee-Women's Hospital, I observed a childbirth with the father present for the delivery. That father had tears in his eyes when he was handed his baby, and I knew then that was what I wanted for my hospital. They don't just deliver babies, they create families. With our partnership, we have been able to obtain additional funds from the Russian government to support the renovation of our birthing center. Mrs. Goertzen and her staff have provided us with opportunities to educate our staff, change our administrative structure, and promote consumer education. This model of care will benefit all of us at Savior's Hospital."

Mrs. Clinton remarked that she and Mrs. Yeltsin were pleased to see the use of midwives in Russia. "I have pushed for the use of midwives in the United States," Mrs.

↓ Hillary Rodham Clinton and Naina Yeltsin met with Dr. A. Goldberg, I. Goertzen, T. Kotys, and other participants in the AIIIA Partnership Program to discuss the Savior's-Magee Women's Partnership.

Courtesy of White House Photography



Clinton noted, adding that "[Savior's] is promoting cooperation between physician's and nurses in the partnership."

Finally, Mrs. Clinton thanked the participants and distributed souvenir pens from the White House. As the First Ladies left the children's wing, a choir from the 300-year old Church of the Savior of Peace and Charity, located on the hospital grounds, performed two traditional hymns, and Father Alexander presented Mrs. Clinton and Mrs. Yeltsin hand-painted icons. Mrs. Clinton was impressed "that such beautiful music could come from a small group of voices."

MRS. CLINTON'S VISIT TO CHILDREN'S HOSPITAL No. 4 FOR SICK CHILDREN IN MINSK, BELARUS.

Mrs. Hillary Rodham Clinton continued her tour of partnership hospitals on January

↓ Mrs. Yeltsin and Mrs. Clinton sat in on a childbirth training class at Savior's Hospital, Moscow, Russia, taught by Dr. Olga Tryanina. The incubator displayed in the photo was a donation to Savior's Hospital by Mrs. Yeltsin.

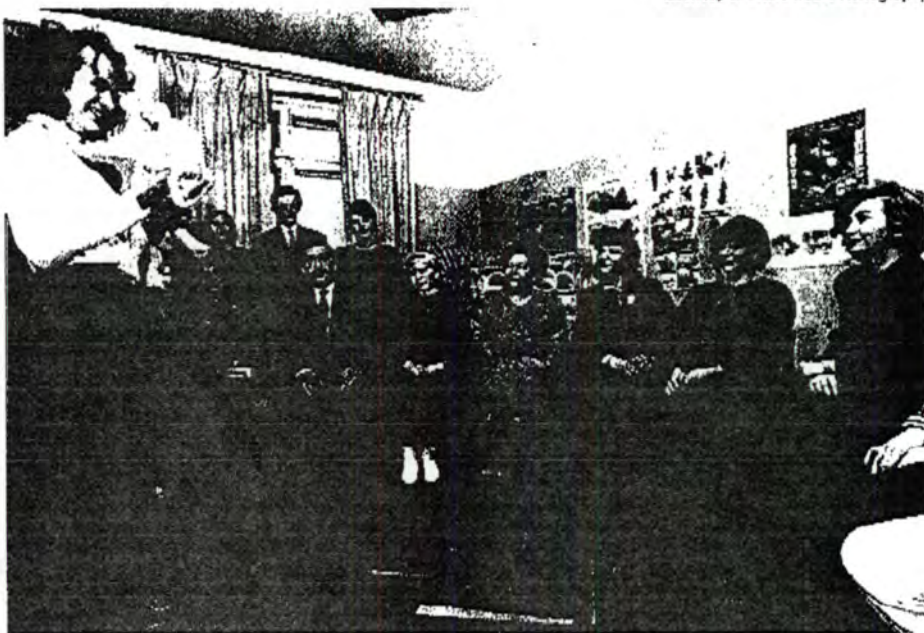
Courtesy of White House Photography



↓ (L to R) Dr. V. Strugach, MD, Director of Fourth Hospital, First Lady Clinton, and staff of Fourth Hospital listen as a young girl sings a national song during the First Lady's visit to Fourth Hospital, Minsk.

15, 1994, with a visit in Children's Hospital No. 4 for Sick Children in Minsk, Belarus. Accompanied by Mrs. Irina Shuskevich, the then First Lady of Belarus, the visitors were welcomed by Minister of Health Vassili S. Kazakov, and Hospital Director, Dr. Valentina Strugach. Personal greetings were also extended by AIIIA Partnership Coordinator Sharon Weinstein, Regional AIIIA Director Miron Fedoriv, Project Director Dr. Thomas Foley, and Medical Executive Member Dr. Richard Towbin, as well as representatives of Operation Provide Hope—a public/private ini-

Courtesy of White House Photography



CommonHealth - February/March 1994

My thanks to the Fourth Children's City Hospital, your staff and patients, and the citizens of your Republic for your courage and work on behalf of a better life for all your people, especially your children. Thanks too for your hospitality and kindness to me personally during my visit.

Hillary Rodham Clinton, January 15, 1994

tative of the US and Russian Federation governments to facilitate shipments of food, medical supplies, and medicine to the NIS.

The delegation from Children's Hospital of Pittsburgh also included Michael Augustine, Director of Environmental Services; Miriam Bloom, MD, Pediatric Diagnostic Services; Warren Grupe, MD, Advisor to the Department of Pediatrics; and Patricia Schaffer, RN, PhD, Director of Nursing Education.

During Mrs. Clinton's visit to Minsk, two truckloads of medical equipment and supplies arrived at Children's Hospital No. 4 from Operation Provide Hope. Mrs. Clinton witnessed the partial delivery of what will amount to a ten million dollar shipment of new hospital equipment and supplies from the U.S. Army in Europe. Minister Kazakov acknowledged this very generous donation and offered his personal thanks to Mrs. Clinton.

Following the arrival of medical equipment at Children's Hospital No. 4, Mrs. Clinton began a tour of the hospital, where she saw the inpatient facilities and several children. She was able to talk to a child with congenital heart disease and children gave her gifts from Belarus.

She then joined a private meeting with several members of the pediatric health care leadership in the Republic and the hospital, and the delegation from AIHA and Children's Hospital of Pittsburgh. During this meeting, Minister Kazakov described the history of cooperation between Belarus

The Minsk-Pittsburgh Partnership has focused on pediatric health care and early diagnosis and treatment of pediatric thyroid cancer, as well as cancer-related problems in children caused by the 1986 Chernobyl nuclear disaster, since its establishment in February 1993. As part of its partnership,

↓ "He doesn't seem to be shy," Mrs. Clinton told reporters as young Sergei thanked her for presenting him a jigsaw puzzle.

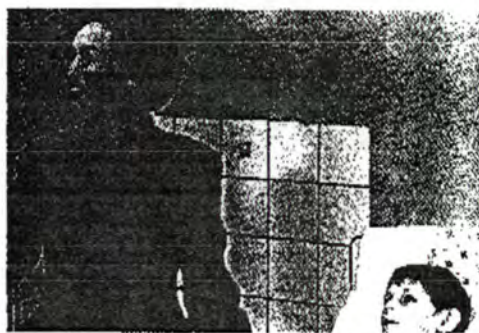


Photo by R. Muxametshanova. Courtesy of Minsk-Herald Gazette

Children's Hospital of Pittsburgh works closely with the Radiation Medicine Institute in Minsk, which treats most of the thyroid cancer victims in Belarus.

Acknowledging Dr. Kazakov's remarks, Mrs. Clinton noted that "cooperation between our people will lead to stronger nations and stronger futures for all of us, especially our children." She asked to be kept informed concerning future activities in Belarus.

Dr. Alexey I. Kuharko, Rector of Minsk Medical Institute, a partner facility, commented on the value of the partnership toward improving the education of health pro-

and the U.S. that began during World War II and again following the devastating Chernobyl accident of 1986. He explained the value of the existing partnership program with Children's Hospital of Pittsburgh and the collaborative program with the National Cancer Institute.

professionals and students. Dr. Strugach, Director of the Fourth Hospital for Sick Children, presented Mrs. Clinton with the current issue of AIHA's newsletter, *CommonHealth*, stating that this partnership was one of 21 and that the program was very much appreciated and had made a major impact on health care in Belarus.

After personally greeting all those in attendance, Mrs. Clinton signed the visitor's log and met with hospital staff for group photographs. She completed her visit by inspecting the donated equipment containers outside the hospital where she spoke briefly on the importance of support for the Republic and Belarus. The Belarusian medical leadership and the U.S. delegation were both very pleased with Mrs. Clinton's sincere interest in the medical problems of Belarusian children and the hospital partnership program that will help meet those needs. ■

↓ (L to R) B. Bennett, B.A. Bentsen, A. Pickering, and R. Kalishertouring Perovo Children's Building of Savior's Hospital.



Courtesy of B. Bennett

Bernice Bennett, MPH, is AIHA Partnership Coordinator and Director of Special Projects for the National Association of Public Hospitals (Washington, DC). Tanya Kotys is the Partnership Representative for Magee-Women's Hospital (Pittsburgh, PA).

Sharon Weinstein is AIHA Partnership Coordinator and Director of International Affairs at Premier Health Alliance (Chicago, IL). Dr. Thomas Foley, MD, is Director of the Division of Endocrinology, Children's Hospital of Pittsburgh (Pittsburgh, PA).

CommonHealth Feature

HILLARY RODHAM CLINTON ENDORSES PARTNERSHIP PROGRAM IN KYIV

Lauren Arnold, R.N., Ph.D., is assistant professor at the School of Nursing and clinical director of Obstetrical/Neonatal Nursing at the Hospital of the University of Pennsylvania (Philadelphia, Pennsylvania). Dr. Arnold served as a co-host for Mrs. Clinton's visit with Dr. Victor Didichenko, director of the Center for Maternal and Child Health Care (Kyiv, Ukraine).

"Working together, we are stronger than those who work by themselves." Hillary Rodham Clinton told a group of expectant mothers, hospital workers, and U.S./Ukrainian partners from the American International Health Alliance (AIHA) at the Center for Maternal and Child Health Care (CMCHC). Mrs. Clinton's visit took place on May 1, 1995. Her tour of the Center, which is located on the Left Bank of Kyiv, was a highlight of her itinerary as she accompanied President Clinton during his historic presidential visit to Ukraine.

The AIHA partnership in Kyiv was included in the First Lady's itinerary because of its demonstrated success in improving the health of mothers and babies in Kyiv. Through its efforts, low birth weight and perinatal mortality have been reduced, and hospital lengths of stay have been shortened. The project has expanded family planning services, introduced infection control practices, developed a prenatal evaluation service, and improved neonatal resuscitation. In addition, the family-centered birth experience, including patient education, fathers' attendance at birth and postpartum visitations, and lactation consultation, have been successfully implemented. These accomplishments have been achieved through the dedication and hard work of the more than 80 Ukrainian and U.S. partners who have enriched the program since its beginning in 1992.



Photo by M. Krivomyaz/The Ukrainian Weekly

During her visit to the partnership hospital, Mrs. Clinton observed a birthing education class at the recently organized school for young mothers. She talked with obstetrician-instructors and expectant mothers, sharing her memories of the prenatal classes that she and her husband attended while preparing for the birth of their daughter, Chelsea. Mrs. Clinton stressed the importance of these programs, especially the parents' involvement in prepared childbirth. "We should take care of our children. You have wonderful, beautiful children, and I was interested to know what you had been doing for their health," Mrs. Clinton noted. The program at the Left Bank Center, which the Kyiv-Philadelphia partnership introduced as the first joint family-centered education program in Ukraine, will serve as a model for similar prenatal education programs throughout the country.



Photo courtesy of White House Photography

Outcomes of the Kyiv-Pennsylvania Partnership. Following her tour, Mrs. Clinton met with senior Ukrainian health officials from CMCHC, Ukrainian Ministry of Health, City of Kyiv Health Care Department, and representatives of the

(Above) First Lady Clinton shared her memories of the prenatal classes that she and her husband attended while preparing for the birth of their daughter, Chelsea.

(Left) First Lady Hillary Rodham Clinton met with members of the Ukrainian Nurses Association. She commended the nursing group for their vision and commitment to improving the health of Ukrainians by upgrading their professional role, and noted, "This represents the kind of partnership that the United States wants to have now and in the future with Ukraine."

Ukrainian Presidential Plan for Health Care and Humanitarian Aid Issues to review the outcomes of the Kyiv—Philadelphia partnership. These include:

- **Productivity enhancements.** Hospital management reduced postpartum length of stay for normal pregnancies from 7.4 to 4 days.
- **Reduction of morbidity/mortality.** Intensive training in neonatal resuscitation and the consequent improved management of neonatal asphyxia has resulted in a decline in infant mortality rates.
- **Patient sensitive care.** Contraceptive counseling and the donation of contraceptive pills by Project Hope and the University of Pennsylvania to more than 600 women have contributed to a 30 percent decrease in abortions performed at the hospital in 1994.
- **Quality improvement.** Training in surgical and birthing techniques has greatly improved the quality of labor and delivery services. Obstetrical anesthesia programs and birth education for mothers will continue to produce better fetal and maternal outcomes in the delivery room. In a departure from traditional clinical practice, husbands who attend the preparation for birth classes with their wives receive permission to be present at the delivery and act as labor coaches.
- **Market reform and privatization.** In response to the health care demands of a growing affluent population in Kyiv, the head physician plans to open a fee-for-service unit on the obstetrical floor, which will provide a needed source of alternative income for the hospital.

"This represents the kind of partnership that the United States wants to have now and in the future with Ukraine," said Mrs. Clinton, commending the work of the AIHA partnership program and citing this as a model program of international cooperation. At the conclusion of the meeting, the First Lady thanked Mr. James Smith, AIHA's executive director, for his contribution to the program's success.

Ukrainian Nurses' Association Announced. A group of nurses representing each of the four hospital partnerships in Ukraine met on May 11, 1995, to announce the organization of the Constituent Assembly of Ukrainian Nurses Association, a national association created to advance nursing practice in Ukraine. Consultation with American partners at the recently held AIHA Nursing Conference in Moscow guided the nurses' decision to hold an organizing meeting in Kyiv.

The nurses voiced a serious concern over the present state of health care and the increasingly negative health status and demographic trends that pose a tangible threat to the Ukrainian people. They said that nurses will play an essential role in overcoming this crisis, in achieving a new level of quality in health care, and in giving people access to this care. Accordingly, they emphasized the need to make nursing reform a priority in health care policy. "We are convinced that, in order to effectively change health care and nursing practices, good administration, leadership, appropriate entry level education, and role definition are essential," they noted. Specifically, the association will work toward:

- expanding the scope and methods of nursing education;
- improving the level and quality of nursing administration;
- defining the scope of nursing practice;
- creating collaborative relationships between nurses and other health care providers;
- assuming responsibility for the outcome and effectiveness of their work; and
- providing access to every source of contemporary nursing literature.

During this organizational meeting, Mrs. Clinton met with the founding members and praised them for their vision and commitment to improving the health of Ukrainians by upgrading their professional practice. She further commented that because American nursing traces its roots to Ukraine through Florence Nightingale's early work in the Crimea, it is only fitting that American nurses join with Ukrainian nurses to establish the Ukrainian Nurses' Association. This development, consistent with existing AIHA program goals and strategic priorities, will be actively supported. Next steps include development of implementation strategies.

Announcement of Medical Equipment Donation. At the end of her visit, Mrs. Clinton announced a medical equipment delivery valued at U.S.\$15 million, to Donetsk, Ukraine, from a U.S. Department of Defense hospital in Western Europe. Part of the shipment will be sent to Donetsk Oblast Trauma Center, a new participant in the AIHA Partnership Program. In addition, Eli Lilly announced the future donation of U.S.\$3.6 million in medical aid to AIHA partnership hospitals. AIHA collaborated with Eli Lilly and Company, one of America's oldest pharmaceutical firms, to provide Kyiv's Maternal and Child Health Center with large donations of insulin, antibiotics, and other medicines. The initial shipment,

coincident with Mrs. Clinton's visit to the Maternal and Child Health Center, included 9,500 kg of pharmaceuticals in short supply in Ukraine, such as the antibiotics *Ceflor* (cefalor) and *Keflex* (cephalexin monohydrate). Future shipments will include large donations of *Humulin* (human insulin), sufficient to treat 4,000 diabetic children. □

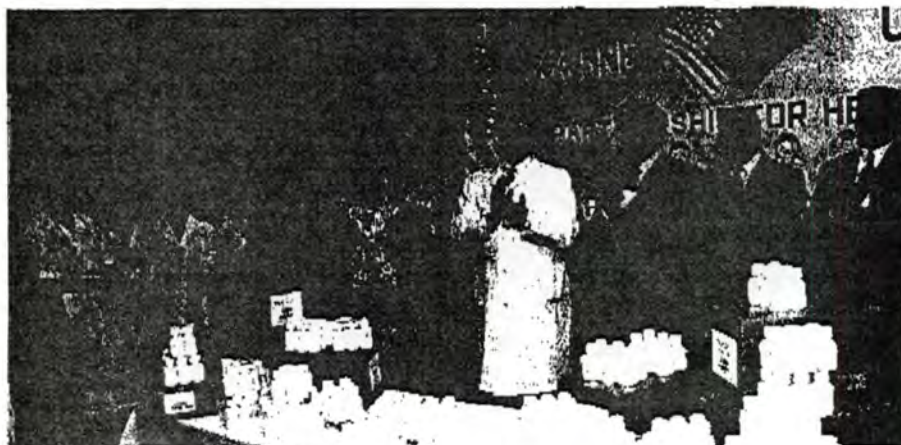


Photo by M. Kalamayats/The Ukrainian Weekly

Lilly announced the future donation of U.S.\$3.6 million in medical aid to AIHA partnership hospitals during the First Lady's visit.

CommonHealth - February/March 1994

Courtesy - Coney Island Hospital



E. Christian Parker and Paul Stronski are Program Analysts with the American International Health Alliance (Washington, DC).

American partner institutions have donated over \$2 million worth of equipment, medicine and medical supplies to their partner hospitals in the former Soviet Union. These donations and US in-kind staff contributions have helped AIHA grow to an estimated \$15 million program, expending \$7.3 million of US government funds. These equipment shipments involve a large number of non-partnership individuals from public and private organizations. Contributions of equipment have a prolonged impact on health care in the former Soviet Union because they are closely coordinated with the partnerships' implementation plan. American partners provide detailed instruction and training on the equipment to improve clinical practices at their partner institutions and to ensure that the equipment is used effectively.

Coney Island Hospital regularly donates equipment which complements its normal partnership exchanges and includes supplies to support general surgery, laparoscopy, pediatrics, and ophthalmology among other clinical specialties. Dr. Vladimir Grubnik, Director of the Department of Surgery at Odessa Oblast Hospital, visited Coney Island in March, 1993, to observe surgical techniques in laparoscopy which, ultimately, allow the patient to heal more quickly and result in a decreased length

First Ladies Yeltsin and Clinton inspect medical supplies that were recently donated to Savior's Hospital through Magee Women's and Operation Provide Hope, as CEO of Magee Women's, I. Goertzen, explains the community-wide efforts involved in sending shipments.

➤ In September, 1993, Coney Island Hospital sent forty boxes of medical supplies--including laparoscopic and general supplies donated by Coney Island and the surrounding community--to Odessa Oblast Hospital on a chartered plane.

of in-hospital patient stay. Upon his return to Odessa, Dr. Grubnik implemented new cholecystectomy procedures using supplies donated by Coney Island.

Ukrainian visitors returning from Coney Island Hospital have used the supplies and techniques acquired through the

partnership to train other Ukrainian health professionals.

Dr. Pavel Shipulin, Thoracic Surgeon, considers the transfer of knowledge and supplies between the US and the NIS as an essential component of the program. "Ukrainian surgeons have learned many techniques from your surgeons. We are performing 2 or 3 laparoscopic cholecystectomies a day and training many of our young surgeons. Without the supplies that Coney Island has given us, we could not perform these procedures." Addressing his colleagues from six partner hospitals in Ukraine, Belarus,

Partnership Forum

POSITIVE IMPACT NOTED FROM THE PARTNERSHIPS' DELIVERY OF MEDICAL EQUIPMENT



Photo by A. Baitsov

CommonHealth - February/March 1994

and Moldova at a surgery break-out session during the Kyiv Regional Conference in September, 1993. Dr. Grubnik noted that the use of laparoscopes in Odessa greatly assists physicians in the diagnosis of disease and results in an increase in infection control. Through the intensive training and donated supplies from Coney Island, doctors from Odessa have been able to use their newly acquired expertise to assist other NIS clinicians in improving health care in the former Soviet Union.

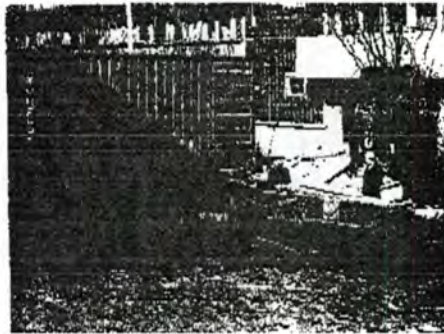
The staff of Odessa Oblast Hospital has produced its own supplies by using samples donated by Coney Island. Dr. Li-ana Didenko, Director of OB/GYN and Midwifery, stated that they have taken samples of low cost technical supplies, such as cloth diapers and newborn hats, and have begun to manufacture their own version of these supplies, enabling them to improve care for newborns. The effects of this inexpensive contribution add to the overall goal of the partnership by increasing Odessa Oblast Hospital's level of self-sufficiency.

Working with Beth Israel Hospital and Harvard Medical School, the Charitable Trust for Women's and Children's Health Care has donated over 700 boxes of supplies to the Center for Women's Reproductive Health at Erchuni Hospital in Yerevan, Armenia. The Charitable Trust has raised money from the Boston area and the American medical community to fully equip and operate a gynecological clinic according to contemporary western standards, including equipment for cytology, chemistry, and biology laboratories as well as six examination rooms. Contraceptives, antibiotics, and other medicines solicited from pharmaceutical firms enable the Center to provide an extensive system of outpatient care. Physicians and clinicians have improved their testing and treatment of sexually transmitted diseases and have begun to routinely perform thorough gynecologic and breast examinations. By expanding participation beyond the official partner institutions, the American partners have increased the ability to improve women and child health care in the NIS. According to Dr. Nora Nercessian, founder of the Center and Ex-

ecutive Director of Harvard Medical School Alumni Association, in its first 13 months of operation, the Center has had over 15,000 patient visits, including patients from Armenia, Georgia, Kazakhstan, and Russia, as well as from several countries of the Middle East.

The Philadelphia-Kyiv Partnership has found a unique way to involve members of the community in the shipment of donated medical supplies. Under the guidance of Dr. William Schwartz and Sonya Sbar, six MBA students from the Wharton School solicited and assembled contributions of medical supplies and organized the entire shipment process for the partnership. This first shipment coordinated by the Wharton

Photo by C. Swcozy



• Bishkek, Kyrgyzstan was the site for a 1993 Dept. of Defense shipment of medical beds. Staff from the Institute of Oncology/Radiology unload the donated supplies.

students arrived in Kyiv in late January, and contained seven pallets full of surgical and neonatology equipment. As the packing of these supplies fulfilled a Wharton community service project, the students' participation resulted in a significant reduction of packing costs.

The Philadelphia-Kyiv partners were careful to solicit and ship only those supplies and equipment which earlier had been identified as of particular necessity to the Kyiv partner hospitals. Likewise, this and previous shipments have been accompanied and followed-up by extensive training materials and sessions used directly at the partner hospitals in Kyiv. Through the discussions and presentations at the Kyiv Regional Conference in September, it was

made clear that much of the treatment for perinatal asphyxia can be implemented with relatively basic, low-cost, low-tech equipment such as that which the University of Pennsylvania provides in Kyiv. The Kyiv Conference's focus on laparoscopic surgery and perinatal asphyxia served as an example of the far-reaching impact of equipment shipments. Many of the participating physicians from other partnerships also benefitted from Kyiv's experience as they initiate their own programs in these areas.

In the case of the La Crosse-Dubna Partnership, the program has benefitted greatly from a high level of participation from businesses in the La Crosse area. The partnership has received major donations from several local pharmacies, hospitals and medical/home supply companies. As with the partners at the University of Pennsylvania, La Crosse has only carried or shipped materials which were in direct keeping with the established needs of the partner hospitals in Dubna and the trip specific goals laid out in the implementation plan. Rehabilitation has been a particular focus of the partnership program, with significant quantities of equipment being transferred. Slings, wheelchairs, and various prosthetic devices have been delivered to Dubna with subsequent training sessions by visiting American personnel. Many supplies for the treatment of diabetes, including a large quantity of insulin, have also been collected and shipped from La Crosse along with critically needed dialysis, EKG, and blood pressure monitoring equipment. According to Sandra McCormick, Project Coordinator from Lutheran Hospital in La Crosse, "On our first trip to Dubna, we recognized that there was very limited equipment and there were almost no medical supplies, except for those previously shipped over by the Heartlands Project. We quickly realized that unless we were willing to support the training aspect of the program with major shipments of such needed supplies, the Russian doctors' ability to gain understanding and hands-on experience and to pass on that knowledge would be severely limited. As a result of the shipping we have done, we have seen the opposite—a powerful and measurable impact

Photo by Sonya Shor



Students from the Wharton School of Business, University of Pennsylvania, volunteered their time to organize the medical supply shipment to Kyiv, Ukraine.

To ship through the Fund for Democracy and Development, U.S. organizations should note the following points:

1. Call the Fund for Democracy and Development to request necessary application forms, including the "Request for Transportation Assistance Form", the "Compliance Certificate", and the "Release from Liability".
2. Provide a detailed list of medical supplies and equipment to be sent.
3. Develop a detailed plan to include information on the organizations involved in the shipment as well as a how and to whom the distribution will be made.
4. Note that approval, inspection and delivery of a container requires approximately 4-5 weeks.

For further information, contact James Bayer, Director of Logistics, Fund for Democracy and Development, 2033 M. Street, NW, Suite 506, Washington, DC 20036. Tel (202) 296-5353

Partner hospitals interested in sending equipment through the Fund may also contact the partner representatives from the following partnerships that have used the Fund's services:

Jacksonville-Murmansk:

aihajax@igc.apc.org

Philadelphia-Kyiv: aihaphil@igc.apc.org

Buffalo-Lviv: aihabuffalo@igc.apc.org

Hennepin County-Chisinau:

aihahcmc@igc.apc.org

Richmond-Vladivostok:

aiharichmond@igc.apc.org

Pittsburgh-Moscow:

aihamagee@igc.apc.org

CommonHealth - February/March 1994

on the health care system in Dubna."

Although not the primary focus of the AIHA partnerships, these equipment contributions greatly complement the technical assistance program because of the partners ability to assess the supply needs of NIS institutions and to provide instruction on the donated equipment. Transfers of supplies expand community participation beyond the original partnership to include non-partnership hospitals, pharmaceutical firms, and the general community who donate their products and services to the medical partnership program. This cooperative effort of public and private organizations exemplifies the ideals of the partnership model. These shipping initiatives have enabled the hospital partnership program to witness a much more profound and accelerated impact on health care delivery in the NIS.

Fund for Democracy

The Fund for Democracy and Development, a non-profit organization founded in late 1991 to support the transition of the NIS republics to a market based-economy, has assisted many AIHA partnerships in transporting equipment to their partner institutions in the former Soviet Union. The Fund facilitates humanitarian assistance efforts of American organizations by providing financial and logistical support for the transportation of food, medicines, and medical supplies to the NIS. The Fund is also active in supporting the emerging private sector through small business credits as well as in preparing studies on U.S. policies toward the republics. To date the Fund has coordinated approximately 1,500 shipments to the NIS including over 4,000 ocean containers valued at 178.5 million dollars. These shipments have reached 158 cities in 12 republics of the former Soviet Union.

The Fund requires that all equipment be in good working condition and can be maintained and operated in the NIS. Translated operating manuals and spare parts should accompany the supplies and electrical equipment must be re-wired from 110 volts to 220 before they will be accepted for shipment. All pharmaceuticals must have a shelf

life of at least six months from the date of arrival. In addition, the participating US organization is required to provide necessary training on the donated equipment.

Non-profit U.S. organizations interested in utilizing the services of the Fund for Democracy and Development are responsible for packing their shipment into ocean containers. The Fund provides and delivers either 20' or 40' containers to a specified pick-up location in the United States. To be cost-effective, the containers must be filled to at least 80% capacity. A 20' container can accommodate 1,163 cubic feet or 35,000 pounds; the 40' foot container can accommodate 2,400 cubic feet or 45,000 pounds. All shipments require preliminary approval by the Department of State, which funds the program, and departure is contingent upon final inspection by the National Guard that the equipment is properly packed. The Fund handles transportation of the shipment from the US to the NIS including ocean transportation and customs clearance.

Jim Bayer of the Fund for Democracy and Development values the Fund's relationship with the AIHA partnerships; "the AIHA program is relatively unique among non-profit organizations in that its training programs provide for powerful system-wide impact on post-Soviet health care in addition to profoundly affecting the lives of individual recipients of that care."

Department of Defense

The Department of Defense, under the direction of the Department of State Office of the Coordinator of US Assistance to the NIS, has organized shipments of excess army hospital equipment to four republics of the former Soviet Union. In January, 1992, former Secretary of State James Baker initiated this project as part of Operation Provide Hope, through which the US Government has provided millions of dollars of food, medical supplies and medicine to the NIS. The Department of Defense has donated excess equipment and supplies from four acute care US military hospitals with a value of \$77 million to Kyrgyzstan, Rus-

(Continued on p. 15)

Common Health - February/March 1994

"I WANTED TO GET INVOLVED"

(Continued from p. 5)

Do you see the Partnerships as platforms for other USAID programs?

I do. First, I believe the Partners need to disseminate what they already accomplished. I see the partnerships as mainly demonstration programs that are experimenting with many new applications of systems, organization, and technology. Once adaptations to local conditions are successful, it is time to share the experience with others. Many of the partners are working in areas that USAID and NIS governments consider a priority for its future programs and, therefore, the partnership can help USAID and the Ministries of Health implement its programs on a larger scale. This is already happening in the area of women's health programs.

Have there been any unanticipated results in the partnership program?

This whole program is unleashing a new way of doing business which USAID did not anticipate. The fact that in this project we're in 16 states with over forty institutions working in ten former republics in 21 partnerships with Congressional and local press support, where citizens from La Crosse to New York to Atlanta can get on a plane and share their ideas with their counterparts—that is really significant!! This program is a good example of how we can harness tremendous resources and interest.

In retrospect, what insight would you offer to your colleagues and others interested in a partnership assistance program?

We have had very little time in this fast developing program to tell the story to others. This is something I hope to do before I leave USAID. In the programs built around a partnership mode of work, it seems to me that USAID's role is that of program designer, it establishes clear objectives and then becomes a facilitator of a collaborative work process. The donors are left on their own to apply their in-

genuity to the solutions of the problems they decide to tackle within the objectives of the overall program. I see no reason that the partners cannot address broader goals identified by national Ministries of Health or USAID or other donors from the very beginning of the program, but these have to be communicated to the partners early in their planning.

What will you do after leaving USAID?

I have worked for 15 years with USAID playing the role of representative of a donor agency. In the donor agency I get to design and evaluate programs, but now I want to work on the other side of the street. I now want to implement a program in the field...in the NIS, of course. I am very interested in women's health issues...I also want to spend some time on my boat on the Chesapeake Bay and spend more time learning about my own country. I also

want to spend more time with my family who live in different States of the US.

What other thoughts do you have upon leaving USAID?

The first that come to mind is that working with the Partnership Program is one of the best professional experiences I have had for the many reasons I mentioned before. I have enjoyed working with all of the partners, especially those I have visited in the NIS. I offer a toast to all of you and wish you well for the future. Above all, I thank you for your hard work and contribution to the program and to each other. I also wish to give a special thanks to my colleagues at AIIIA who have provided a great vision for the Partnership Program and have provided strong support to all the activities. I look forward to seeing you all again in the future. Please keep me informed of your work. ■

POSITIVE IMPACT NOTED FROM THE PARTNERSHIPS' DELIVERY OF MEDICAL EQUIPMENT

(Continued from p. 11)

sia, Georgia and Belarus as part of the decrease in American forces in Europe.

Mr. John Post, who coordinates the Department of Defense shipments for the Department of State, values DOD's relationship with AIIIA. Of the 26 NIS hospitals that received equipment, five were AIIIA partner hospitals in Bishkek, Moscow, and Minsk. Follow-up surveys by DOD military teams are scheduled during the first year to insure the equipment is operational and being used for intended purpose. Mr. Post indicated that "the long-term relationship established by AIIIA between the US partner hospitals and recipient institutions has provided the necessary 'link' required to insure success of these donation programs." Especially in Minsk, the DOD is coordinating with the Pittsburgh - Minsk partnership and the Ministry of Health to survey the medical equipment and supply needs in Belarus. During First Lady Hillary Rodham Clinton's visit to Belarus, the initial shipment of a total of \$10 million of equipment arrived at Children's Hospital No. 4, a NIS partner institution. The DOD will continue medical donations from a hospital in England, including training videotapes which

will assist Belarusian medical personnel in their dissemination efforts as well as in periodic skills review.

The Kansas - Bishkek and Pittsburgh - Moscow have also benefitted from the Department of Defense's efforts. The Institute of Oncology and Radiology and the Institute of Obstetrics and Pediatrics in Bishkek were recipients of part of the \$16 million in medical equipment sent to Kyrgyzstan. Savior's Hospital for Peace and Charity in Moscow received 23 containers of beds, medical equipment, anesthesia machines, surgical tables and other supplies through Operation Provide Hope. This \$36 million DOD shipment to Russia was a direct result of President Clinton's promise of increased aid during the Vancouver Summit in April, 1993.

Operation Provide Hope has had great impact on improving health care in the former Soviet Union. Through the combined efforts of the Department of State, the Department of Defense, AIIIA and other non-profit organizations, these equipment shipments provide supplies to update medical equipment and clinical procedures and enhance patient care in the NIS. ■

CommonHealth - April/May 1994

Partnership Directions

Neonatal Resuscitation Task Force



Reproduced with permission. Textbook of Neonatal Resuscitation, 1987, 1990. Copyright American Heart Association.

On March 21, 1994, US representatives of nine partnerships met with AIHA staff and USAID representatives in Washington, DC, to explore the potential for adopting a common approach in the area of neonatal resuscitation. Based upon partnership experience to date, the Task Force agreed that the wide scale introduction through the partnerships of a neonatal resuscitation program (NRP) similar to that developed and implemented in the United States over the past 20 years could have a significant impact on infant mortality and morbidity rates in the NIS.

Task Force participants agreed that the NRP should be taught in its entirety to NIS trainers who would then modify the course locally according to the ability of participants and the availability of supplies. As they have great life-saving potential and can be applied to both urban and rural settings without significant resource commitments, low-technology techniques will be stressed during the initial training sessions. Together with the US partners, NIS trainers will (1) utilize a Russian-language edition of the American Heart Association/American Academy of Pediatrics *Textbook of Neonatal Resuscitation* developed under the Norfolk King's Daughters-Moscow Children's Hospital No. 1 partnership funded by USAID, and (2) set up partnership-based resource centers with training equipment and supplies to assist in the dissemination of the NRP to clinicians in surrounding regions. AIHA will assist the partnerships in acquiring the necessary training equipment during the summer of 1994 so as to allow the partnerships to initiate NRP and train trainers before the end of 1994.

The US partner representatives discussed at length the need for objective evaluation of the NRP at NIS institutions. Systems of data collection will be implemented to evaluate outcomes objectively; the US partners will translate, reproduce and distribute data forms to record accurate birthweights,

APGAR scores, and the outcome of resuscitation interventions.

Partnerships represented at the meeting included Atlanta/Tbilisi, Boston-Beth Israel/Yerovan, Chicago/Tashkent, Coney Island/Odessa, Jacksonville/Murmansk, Kansas/Bishkek, Philadelphia/Kyyiv, Pittsburgh/Moscow, and Tucson/Almaty. Dr. Dharmapuri Vidyasagar, Professor of Pediatrics and Director of Neonatology at the University of Illinois at Chicago, served as the moderator of the meeting.

Photo by D. Rubin



Project Hope Shipment to Ukraine

On March 17, 1994, a Project Hope shipment of medical supplies and equipment, arrived in Kyyiv, Ukraine, for distribution to hospitals throughout the country. AIHA partnership institutions in Kiev, Odessa, and L'viv-including Children's Hospital No. 3, Obstetrical Hospital No.2, Ukraine State

Medical University, Odessa Oblast Hospital, L'viv Oblast Clinical Hospital, Railway Oblast Hospital, and Perinatal Hospital-received 43 percent of the total shipment. Nearly 20 percent of the shipment went to the mine rescue squad in Donetsk and 37 percent to non-partnership, pediatric and OB/GYN hospitals in Kyyiv. The shipment, including more than \$4 million in pharmaceuticals and supplies, was met by AIHA Regional Director, Myron Fedoriw, NIS and US Partner Representatives, and a Project Hope logistician, who later monitored distribution. Through an Agency for International Development-sponsored program, Project HOPE procured the pharmaceuticals from more than twenty US pharmaceutical companies and worked with AIHA to identify recipient institutions. A complete list of the pharmaceutical shipment is held on the AIHA Clearinghouse. For information on accessing the clearinghouse, contact NPHHI via e-mail at nphhi@igc.apc.org, National Public Health and Hospital Institute, 1212 New York Avenue, N.W., Suite 800, Washington, DC 20005.

AIHA Regional Officer Myron Fedoriw, Partner Representatives from L'viv and Kyyiv, and Project Hope logisticians met the arrival of the Project Hope shipment of medical supplies. ☺

AIHA Receives SABIT Award

AIHA recently received an award under the Special American Business Internship Training program (SABIT), US Department of Commerce, to offer 10 three- to six-month internships to senior health care managers and executives from the NIS as part of its overall NIS Partnership Program. AIHA will serve as coordinator of the project and will work with the twenty-one existing NIS health care partnerships to identify senior level health care managers and administrators in the NIS who would benefit most from the internship. The main objective of the internship is to allow the candidate to utilize the training to expand his/her administrative role upon returning to the NIS. Requirements for participation in the program include: 1) training plans and intern candidates must be approved by AIHA and SABIT; 2) while SABIT reimburses the costs of travel and a living allowance, medical insurance and housing must be provided by the participating partnerships; and 3) NIS institutions must certify that upon return, interns will work in positions that allow full utilization of their newly acquired skills. Interested AIHA partnership hospitals should contact G. Anthony McCann, Deputy Director, AIHA, at (202) 789-1136, or via electronic mail at aiha@igc.apc.org. Other interested institutions can directly contact Maureen Ryan, Program Officer, SABIT, at (202) 482-0073.



Photo by J. Neuber

Partnership Works

KUMC-Bishkek

ON JULY 18, KANSAS CITY INTERNATIONAL Airport was the site for the initial airlift of fifty tons of pharmaceutical and medical supplies to two cities in Kyrgyzstan—Bishkek, the capital city, and Osh, a city which recently experienced severe mudslides. Gulaim Alieva, a senior nurse administrator from Osh, Kyrgyzstan, expressed appreciation for the medical supplies, "We are very grateful for this humanitarian assistance—it will greatly assist our citizens in Kyrgyzstan." The day's events included a press conference at the airfield loading site, with representatives from the Kansas private voluntary organization Heart-to-Heart International, the US Department of State, University of Kansas Medical Center, and leading Kyrgyz nurse administrators—who were participants of the KUMC partnership intensive training program on nurse administration. KUMC cooperated with the drive—a state-wide initiative raising nearly \$6 million in pharmaceuticals—and their partner hospitals in Bishkek were two of the recipients of the donations.

Heart-to-Heart Director Jim Kerr made opening remarks, and concluded that the initiative has been "a tremendous effort" involving many organizations, businesses, community groups, and schools throughout the state of Kansas and across the United States. The airlift, which held 80,000 pounds of pharmaceuticals and supplies valued at nearly \$6 million, included Cardizem, a heart drug, and Silvadene, a burn medication, which were donated partially by the proceeds from Kansas City-based Marion Merrell Dow. The shipment was sent on a

are standing near a portion of the medical supplies being sent to Bishkek and Osh.

Jane Fonda and AIHA Executive Director Jim Smith toured the Savior's-Magee Women's Family Planning Clinic, Moscow, Russia. ♀



Photo by R. Mukhamedzhanov, Meditsinskaya Gazeta

Department of State donated plane and was met in Kyrgyzstan by twenty Heart-to-Heart representatives to oversee delivery in hospitals in Bishkek and Osh. This shipment will represent the 337th flight to the NIS sponsored by the Department of State Office of the Coordinator for US Assistance, which is under the supervision of Ambassador Thomas W. Simons, Jr. The Office of the Coordinator has funded airlifts to the NIS since February, 1992, an initiative valued at \$464 million. "This shipment represents a transition from our earlier shipments which typically involved coordination of emergency relief efforts to the NIS," explained Special Assistant for Operations, Andrew Wilson Howitt.

Commenting on the success of the initiative, Glenn Potter, KUMC Vice Chancellor of Hospital Administration, noted, "It is absolutely a testimony to the sincere willingness of the citizens and organizations from Kansas that have come together...the

During a July 18 press conference, Glenn Potter introduced the Nurse delegates and KUMC Partnership Representatives from the KUMC-Bishkek Hospital Partnership, who

commitment of ordinary citizens and the folks at Heart-to-Heart are really fantastic, and I am honored and excited to be a part of this airlift." The shipment arrived in Bishkek on Thursday, July 21, and continued to Osh on Friday, July 22. Rosa Otunbaeva, Minister of Foreign Affairs, and former Ambassador to the US from Kyrgyzstan, met the shipment as it arrived in Bishkek, and offered these comments, "I want to extend our sincere gratitude from all people of Kyrgyzstan to all citizens of the state of Kansas, from the smallest to the greatest, including the schoolchildren from Torres. Your nobleness and compassion will stay in our hearts and memory forever."

Pittsburgh—Moscow

ON JUNE 3, 1994, FIVE CONGRESSIONAL spouses visited the Magee Women's-Savior's Hospital Partnership in Moscow, Russia. Mrs. Alice Pickering, wife of the US Ambassador to Russia, accompanied the group and recalled her last trip to Savior's with Mrs. Clinton. The delegation saw evidence of the 1993 Project Provide Hope shipment of medical equipment to Savior's Hospital, and then toured the pediatrics wing, as well as the newly-renovated family planning center space to watch a family planning class in progress. The group then toured the department of internal medicine, where they met with Dr. Khodos, Vice President of Savior's Hospital. Dr. Khodos spoke about the operations of that department and conducted a tour of the facilities. Finally, the delegation visited the Savior's Church located on the grounds of the hospital, where Patriarch Alexander led a tour and presented the women with miniature icons.

Most recently, AIHA Executive Director Jim Smith and Mrs. Alice Pickering accompanied Naina Yeltsin, Russia's first lady, and Jane Fonda, actress and entrepreneur, on a trip to the Magee-Savior's Partnership on July 29, 1994 to discuss the status of women in the former Soviet Union. The visit included a tour of the recently opened Savior's-Magee Family Planning Center, the first low-cost, high quality family planning center to be opened in the eastern region of Moscow, Russia. Galina Sinibor, nurse midwife, described the model of care which the center provides and showed some of the products

Humanitarian Shipments Planned for Buzimirovsk



Two hospital patients in Baidaryovsk Community Hospital will soon be able to obtain needed medical supplies, thanks to an immediate humanitarian shipment of antibiotics and syringes, disposable gloves, bandages, and other essential supplies, which were collected by the Sakrebulo (community council). These efforts are being organized in collaboration with volunteers

Scheduled to arrive in Baidamovsk's harbor this afternoon, supplies was needed by the lower health care community to expand daily needs of an estimated 7,000 patients and health care workers at the Baidamovsk Community Hospital following a three-day siege of the building by Chechen fighters in June. During this relatively recent period was severely damaged and its equipment and supplies were destroyed or thrown away. The U.S., by purchase of State Dept. agencies transported the critical materials from New York to Baidamovsk. Phil Dwyer, U.S. partner in the security and assistance of the medical personnel is made good by the front-line support of the lower health care community. Plans are being made to allow travel, as there have been no attempts to obtain supplies from hospitals outside town. Supplies will include essential drugs, vaccines, antibiotics, laboratory reagents, etc. for diagnosis and management in the Baidamovsk center or lower health care community under government of the Government Council of the Republic, Ministry of Health and Social Affairs. We appreciate the good will shown by our American friends in providing humanitarian aid in the needs of Baidamovsk.

(Continued on Page A-1, Column 2)

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is large enough to accommodate shelf storage and to keep pallets of donations waiting to be sorted.

More Shipments to Come. Currently, we have fully utilized all space in our storage area with donated supplies and equipment ready for our third shipment, which is scheduled for late August. We continue to conduct onsite evaluations of our partner hospitals each time we are in Moldova to explore new areas for donations and to expand work with the people and vendors that have indicated an interest in participating in our project. The most important aspect of collecting donated hospital equipment and supplies is to establish relationships with all involved and to keep them up to date on the progress of shipments.

Dr. Anatol Cebotaru, Moldovan partnership representative, noted the value of the voluntary equipment donation program; "Thanks to this aid, we can conduct necessary operations and can save the lives of pediatric and adult cardiac patients." And that is good news for the approximate 6,000 patients waiting to have cardiac surgery in the Republic of Moldova. □

Vladivostok—Richmond Partnership Assists Relief Efforts During Sakhalin Earthquake

Dr. Dmitri V. Bondarchuk first learned of the Sakhalin earthquake while driving to work early on Sunday, May 28. Little did he know that in less than 12 hours he would be assisting in the EMS relief effort. "About 6:30 p.m. Sunday evening, staff at Vladivostok Municipal Clinical Hospital No. 2 were informed that in one hour, a 21-member trauma team from the hospital would depart for Oha, a city near the epicenter of the quake," recalls Bondarchuk. Excited for the opportunity to go and assist others in need, Bondarchuk emphasizes that his selection was based on his prior EMS training with U.S. partners at the Vladivostok EMS Training Center and his demonstrated leadership experience as a faculty member at the Center. "The training center helped us; [those who received training at the EMS Center] could perform better than many others in the crisis situation."

The terrible earthquake, which struck the Sakhalin Island off the east coast of Russia and north of Japan's main island, was the scene of terrible devastation and loss of life. It was also the scene of gallant medical initiatives and international cooperation in humanitarian and life-sustaining efforts. The Vladivostok—Richmond partnership played an important and substantial role in those relief efforts. The emergency response team from Vladivostok included many specialists who had received extensive emergency response training at the Vladivostok—Richmond EMS Training Center. Dr. Grigory Smirnov, Head of EMS for the Primorsky Krai, who also received training at the U.S. partnership hospital in Richmond, VA, and in the Vladivostok Center, lead the 21-member doctor/nurse team. In an interview conducted on June 26 by U.S. partnership coordinator Charles Breindel, Ph.D., Dr. Smirnov noted, "The participation in disaster drills in the U.S. was very helpful to us in Sakhalin." Smirnov applauded the leadership of chief physician S. Novikov, EMS Center director A. Partin, and their U.S. partners for their tremendous contributions to the Center.



USAID's Thomas Dine shows Larisa Skiba, president of Dubna's Association of Diabetics, his diabetes kit.

ities. Under the August 22 decree, the Ministry of Health and Medical Industry assumes the responsibility of overseeing sanitation, epidemiological and environmental inspection — responsibilities that traditionally were held by the now-defunct governmental Committee on Sanitation and Epidemiology. The Ministry of Industry will assume traditional Health Ministry control over pharmaceutical and medical equipment production.

Turčianske Teplice—Cleveland

Protecting both the physical and mental health of the family is an integral part of creating a healthy community, and the Turčianske Teplice, Slovakia-Cleveland, Ohio partnership has embarked on a project designed to do just that. A "family stress survey" is being conducted this fall in Turčianske Teplice and 26 surrounding towns to measure the societal and economic factors that create stress within families and lead to unhealthy behaviors like drug abuse or domestic violence.

The project targets two populations: children, ages 10 to 18, and their parents. According to Elaine Borawski, PhD, a stress researcher at Case Western Reserve University in Cleveland who traveled to Slovakia in August to train the survey's data collection team, the first part of the survey was scheduled to be given to about 1500 schoolchildren during classes in mid-September, with questions focusing on health and social behaviors, and how their family unit functions. Then, in October, 300 to 500 child respondents will be chosen at random, and their parents will be asked to respond to a separate questionnaire on health status, behavioral patterns (i.e. smoking, alcohol consumption, domestic violence), living conditions and employment status.

Completed questionnaires will be sent back to Cleveland, where Borawski's students will tabulate the data. A survey report is scheduled to be completed by late December. The project's goals, as the first survey of its kind in the Turiec region of Slovakia, are to produce good baseline data on stress indicators, and provide guidelines for parents to avoid negative behaviors that may affect their children. The same questionnaires have been given to selected US teenagers and their parents, so comparing family stress factors between nations will be possible, Borawski said. The Slovak survey team is also considering conducting the survey in the Petržalka region of Bratislava, Slovakia, where AIHA's second healthy communities partnership is based.

Dubna—LaCrosse

Thomas Dine, USAID's assistant administrator for the Bureau for Europe and the New Independent States, visited AIHA's partnership in Dubna, Russia on July 19. Dine called Dubna's efforts one of the best examples of partnership he has seen in the NIS. The Dubna-LaCrosse, Wisconsin partnership focuses on diabetes management, home health care, cardiac rehabilitation and alcohol abuse recovery.

Dine met with Dubna Mayor Valerii Prokh and other USAID officials. Dine, a diabetic for 29 years, also visited the Diabetes Education Center and commended the program's effort to help teach diabetics how to lead a normal life. Sergei Ryabov, director of the Dubna City Health Department, briefed Dine on how the partnership helps Dubna solve its health problems and serves as a model for other communities.

In addition to Dine's visit, Dubna partners were also busy after they received a donation of medical supplies from LaCrosse. The shipment, valued at \$150,000, included antibiotics, surgical scrubs, and other requested hospital supplies donated from local drug suppliers, rotary clubs, churches and individuals residing in the LaCrosse area.

Semipalatinsk—Houston

Nurse leaders participating in the Semipalatinsk Nursing Association in Kazakstan published the first issue of their quarterly newsletter this summer. The newsletter serves as a tool for educating the wider nursing community in Semipalatinsk and addresses issues such as expanding nursing roles, promoting collaboration among health care providers, and fostering professional growth among nurses in the region.

The 800-member nursing association, which is directed by senior nurse Galya Zhuasbaeva of Oblast Clinical Hospital, began in January 1995 under the auspices of the AIHA hospital partnership program between Semipalatinsk and Houston, Texas. An \$8,000 grant from Counterpart, Inc., a non-profit humanitarian assistance organization working in the NIS, was used to create the newsletter.

The association holds monthly meetings in their new learning resource center for nurses within Oblast Clinical Hospital in Semi-



United States Department of State

Washington D.C. 20520

FAX COVER SHEET

HUMANITARIAN PROGRAMS

OFFICE OF THE SPECIAL ADVISOR TO THE PRESIDENT
AND SECRETARY OF STATE ON ASSISTANCE
TO THE NEW INDEPENDENT STATES
S/NIS/C

DATE: JUNE 9, 1997TOTAL PAGES: 8TO: MELANNE VERVEERFAX NUMBER: 456-6244

FROM:

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☒ John B. Post (202) 647-1536
☐ Andrew Hewitt (202) 647-3046

FAX NUMBERS: (202) 736-7060
(202) 647-2636



SUBJECT/COMMENTS:

NICOLE RABNER REQUESTED I SEND YOU THE ATTACHED BACKGROUND INFORMATION CONCERNING OUR 500TH HUMANITARIAN AIRLIFT MISSION/CEREMONY TO BE HELD JUNE 17 AT ANDREWS AIR FORCE BASE. THANKS SO MUCH FOR ASSISTING IN HAVING THE FIRST LADY PARTICIPATE. A "DRAFT" SCHEDULE OF THE EVENT IS ATTACHED. PLEASE SEE IF THESE TIMES MEET HER SCHEDULE. WE WILL GO FINAL WITH THIS ONCE WE HAVE YOUR OK.

LOOK FORWARD TO SEEING YOU AGAIN - SOON.

CC: NICOLE RABNER

REGARDS,

JOHN POST

cc: Melanne
Jaycee -
pls confirm
time w/
John Post
Brenda

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United States Department of State

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efforts of Operation Provide Hope

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UNITED STATES DEPARTMENT OF STATE

S/NIS/C

United States Department of State

500th Humanitarian Assistance Airlift Ceremony & Reception

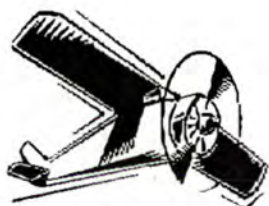
With Remarks
by

First Lady of the United States
Hillary Rodham Clinton

Tuesday, June 17th 1997
Andrews Air Force Base
Hangar Three

500TH AIRLIFT CEREMONY

Since 1992, the United States Government has obligated over 5 billion dollars in humanitarian assistance to NIS countries.



ORDER OF EVENTS

Presenting of the Colors
12:25

United States Army Colorguard

Opening Ceremony & Introduction
12:30pm

Ambassador Richard L. Morningstar

Special Advisor to the President and

Secretary of State on Assistance to the NIS

Remarks by the First Lady
12:40pm

Hillary Rodham Clinton

First Lady of the United States

Remarks by New Independent States
Ambassador
12:50pm (TENTATIVE)

His Excellency Tedo Japaridze

Ambassador of the Republic of Georgia

500TH AIRLIFT RECEPTION

Since its inception in 1992, Operation Provide Hope has delivered over 1.8 Billion dollars worth in privately donated and Department of Defense excess humanitarian commodity to NIS countries.



RECEPTION

Buffet
1:00pm - 2:30pm

Assorted hors d'oeuvres and beverages
Prepared by Andrews AFB Officers' Club

Inspection of the C-5 Aircraft and Cargo
1:30pm - 2:30pm

The C-5 military transport aircraft will carry five million dollars of donated medicines and medical equipment as well as fifteen U.S. representatives to escort delivery to Uzbekistan.

Loading of the Last Five Pallets Onto
the Aircraft
2:30pm

The symbolic tradition of loading the last cargo onto the Aircraft before it can take off for Uzbekistan.

June 17th Ceremony
500th Humanitarian Airlift to the NIS

Suggested Talking Points

. I am very pleased to be here with you today for this special ceremony. A little over five years ago, a bipartisan effort was launched by the U.S. government that has made a significant difference in the lives of people, particularly children, in the former Soviet Union--Operation Provide Hope.

. This effort -- 500 airlifts and the shipment of over 12,000 containers throughout the New Independent States that have delivered over \$1.8 billion in medicine, food, and clothing -- is just one part of our overall humanitarian assistance program, but it is an extremely special part--one that I am extremely proud to celebrate--because it has been carried out by a unique partnership of private industry, private voluntary organizations, the Department of Defense, and the State Department on the U.S. side, with the support and cooperation of the governments of the New Independent States.

. Operation Provide Hope represents the best of what the United States can do in the world; it represents our capacity for caring, and our capability to turn that caring into swift and effective action. Operation Provide Hope has demonstrated what the public and private sectors can do together--this is a model that works.

. It is difficult for us to imagine the intensity of the hopes and fears of the citizens of these new nations during these challenging and courageous years. Material hardships have been real and painful as well, particularly in the early years. The message of solidarity and caring that we in the United States have been able to send to our friends in the New Independent States has been important in many ways.

. First and foremost, this work has been important to people and their communities in the twelve NIS countries. The crucial nature of many of these donated supplies, combined with the expertise of the PVOs on the ground who know how to make these donations count for the most vulnerable populations, have made a difference in people's lives in more remote areas where the breakdown in supply channels has been most acute. The 500th airlift that leaves Andrews today is headed to Uzbekistan, carrying \$7 million worth of donated medicines that will be distributed to hospitals and clinics in four different regions, including the Aral Sea. Today's flight to Tashkent also begins the 12th hospital upgrade project that Operation Provide Hope has implemented. The Department of Defense will donate \$15 million in medical equipment and hospital supplies, as well as a 35-member team to install and train the staff at 12 hospitals in Tashkent and 4 hospitals in Karalpakstan. Hospital projects have been carried out so far in 8 of the 12 New Independent States.

. U.S. assistance to the New Independent States has taken many forms over the last five years--support for economic reform, support for new democratic institutions, both governmental and non-governmental. These activities have received the most attention, because the nature of the transformation has been so dramatic and compelling. Humanitarian support for the NIS has been, I believe, of equal significance. The quality of life, particularly the well being of children, is an immediate, real concern in times of great change and uncertainty. People put their children first, and the fact that we in the United States have been able to support the well being of the children in the NIS during these challenging years is a great, great accomplishment.

. To the members of Congress, and members of the Clinton and Bush administrations who are present today, I want to say thank you for your leadership on this project. To the PVOs, pharmaceutical companies, Departments of State and Defense, congratulations and thank you for your dedication and commitment to Operation Provide Hope. To the Ambassadors of the New Independent States here today, I also want to thank you for your government's support and caring that has allowed so many people to access this assistance.

BACKGROUND PAPER ON THE STATE DEPARTMENT DIRECTED 500TH AIRLIFT MISSION TO THE NEW INDEPENDENT STATES AND INCLUDES THE TASHKENT UZBEKISTAN HOSPITAL UPGRADE PROJECT

Summary:

On Tuesday, June 17, 1997 the State Department Office of the Coordinator for US Assistance to the NIS will send off their 500th flight carrying humanitarian assistance to the most vulnerable populations of the New Independent States (NIS). A departure ceremony is scheduled for 12 Noon at Andrews Air Force Base to celebrate this landmark event. People that have supported our humanitarian program from the public and private sector as well as selected senior members of the Administration and Congress have been invited.

Background:

In February 1992, under the auspices of Operation Provide Hope (OPH), the United States Government (USG) conducted a series of 66 emergency humanitarian airlifts to the people of the New Independent States (NIS) that included medicine, hospital supplies, food and clothing. Since that time, the USG has obligated over \$5 billion in humanitarian assistance to the NIS. This funding has supported Agency for International Development (AID) developmental programs, Food for Progress programs administered by USDA and humanitarian deliveries of privately donated and Department of Defense (DOD) excess commodities to all 12 NIS countries. Approximately 33% of this assistance (over 12,000 containers and 500 airlifts) was delivered through Operation Provide Hope, a State Department and DOD program, initiated to move the medicines, medical equipment and supplies, food, and clothing to the most vulnerable populations of the NIS. OPH is a unique program in that it uses USG transportation grant dollars to transport and distribute donations provided by the private sector. Approximately 80% of the \$1.8 billion in assistance was provided by the private sector.

-2-

Current Project:

The 500th airlift mission, destined for Uzbekistan, is supporting our 11th major hospital upgrade project in the NIS since the beginning of our program. Included in this project is the delivery by rail from Germany of 220 containers of DOD excess medical equipment and supplies valued at \$15 million. The C-5 Galaxy cargo plane being used for this mission will carry over \$7 million in privately donated medicines that will be distributed to outlying regions of Uzbekistan including the Aral Sea, which will receive approximately \$2.0 million. Ambassador Richard Morningstar, Special Advisor to the President and the Secretary of State for U.S. Assistance to the New Independent States, will accompany the flight. Included on the plane will be representatives of the public and private sector and a DOD team of medical experts that have worked to insure the success of the program.

Based on a survey completed in March, twelve hospitals in Tashkent and four hospitals in Karakalpakstan were chosen to be recipients of the DOD donation. A U.S. military medical team comprised of approximately 35 medical experts will be responsible for installing the equipment and training their Uzbek counterparts. One of the hospitals receiving support is Second Tashkent State Medical Institute (TASHMI-2), an AID funded American International Health Alliance Partnership Hospital affiliated with the University of Illinois at Chicago, University Hospital. The Partnership focuses on neonatal care and nursing education.

The Partnership hospital will receive approximately \$2 million in equipment and supplies. Examples include: x-ray systems, sterilizers, operating room surgical instruments, laboratory equipment and consumables supplies. This donation will greatly enhance the hospital staff's ability to provide quality patient care.

OPERATION PROVIDE HOPE HIGHLIGHTS: (1992 - PRESENT)

o February 92- Initial emergency deliveries included 66 airlifts within two weeks to 11 NIS Countries carrying emergency medicines, medical supplies and food

o Worked with over 400 Private Voluntary Organizations (PVO's) to deliver in excess of \$1.8 billion in medicine, food and clothing to vulnerable populations in the NIS. Total transportation costs to the USG have been approximately \$185 million. To accomplish this:

- * We conducted 500 airlifts
- * Shipped over 12,000 containers by surface

Completed Major Hospital Upgrade Projects in:

October 92	Tbilisi, Georgia-	\$14.7 million
June 92	Bishkek, Kyrgyzstan-	\$17.7 million
October 93	Moscow, Russia-	\$37.7 million
May 94	Minsk, Belarus-	\$11.2 million
August 94	Chisinau, Moldova-	\$12.5 million
November 94	Almaty, Kazakstan-	\$12.5 million
May 95	Donetsk, Ukraine-	\$18.0 million
August 95	Vladivostok, Russia	\$5.0 million
November 95	Semipalatinsk, Kazk	\$6.0 million
September 96	Ust-Kamenogorsk, Kz	\$2.0 million
October 96	Yerevan, Armenia	\$15.0 million

Today's flight to Tashkent, Uzbekistan begins our 12th hospital upgrade project. The C-5 will carry over \$7 million in privately donated medicines that will be distributed to four regions in Uzbekistan. The PVO's distributing these medicines include American International Health Alliance, Americares, Counterpart International, Project Hope and Heart to Heart International. In addition, 220 containers of DOD excess medical equipment and supplies valued at \$15 million have arrived in Tashkent. A 35 member U.S. military medical team will be responsible for installing the equipment and training their Uzbek counterparts in 12 hospitals in Tashkent and four hospitals in Karalpakstan. One of the hospitals receiving support is the Second Tashkent State Medical Institute (TASHMI-2), an AID funded American International Health Alliance Partnership Hospital affiliated with the University of Illinois at Chicago, University Hospital. The Partnership focuses on neonatal care and nursing education.

VISIT OF THE FIRST LADY

TO

MOSCOW, RUSSIA

EVENT: Tour of Moscow Children's Hospital w/Mrs. Yeltsin

DATE: May 10, 1995

TIME: 8:40 am - 9:55 am

LOCATION: Moscow Children's Hospital
19 Bol. Pirogovskaya
Moscow, Russia

ATTENDEES: Mrs. Clinton
Mrs. Yeltsin

PRESS: Arrival: Pool Press
Tour: Pool Press
Arthritic Wing: Closed Press
Maternity Wing: Closed Press
Meeting: Closed Press

SCENARIO: Mrs. Clinton arrives hospital and is greeted by
Mrs. Yeltsin.

NOTE: If there is inclement weather, Mrs. Yeltsin will greet Mrs. Clinton inside foyer.

Mrs. Clinton & Mrs. Yeltsin will then be greeted by:

- Dr. Nacheav Aleksandrovich, Minister of Health
- Dr. Vaganov Nickolaevich, Deputy Minister of Health
- Dr. Alexander Baranov, Director, Children's Hospital
- Dr. Mikhail Paltsev, Rector, Moscow Medical Academy

History Exhibit:

Dr. Baranov will lead Mrs. Clinton & Mrs. Yeltsin up the central stairs to the third floor. They will stop at the top to observe the exhibit of the Hospital's history and of pediatric medicine. Dr. Baranov will explain the exhibit highlighting the early leaders of the pediatric movement and the hospital's founders. Tour should last approximately 5 minutes.

Playroom:

The tour will proceed to the left toward the Arthritics Wing. Dr. Baranov will explain the children's arthritic conditions as the tour continues down the hallway. At the end of the hall on the right, Mrs. Clinton and Mrs. Yeltsin will enter the playroom. Children (ages 5-11) will be drawing with the crayons sent by Mrs. Clinton.

NOTE: Drawing relieves the stress & pain in the children's arthritic hands.

Each First Lady should assume a chair at one of the two tables and ask the children questions about their drawings.

PRESS will be escorted in small groups to the front of room.

Maternity Wing:

The First Ladies will proceed to the Maternity wing after playroom. Throughout the Maternity wing the First Ladies will view various rooms through the glass, and Dr. Baranov will highlight the many pathologies that afflict the wing's infants. The tour will proceed to the neo-natal unit to view the infants. The First Ladies will observe ultrasound techniques on their walk back.

PRESS is not permitted in Maternity wing. They may cover the First Ladies as they exit the wing.

Roundtable Discussion:

Dr. Baranov will lead Mrs. Clinton and Mrs. Yeltsin to his office to discuss health issues facing children. 12-15 people (students, doctors, administrators, and the Minister of Health) will be assembled around a rectangular table as participants. The discussion will be lead by Dr. Baranov, and the First Ladies will be given the opportunity to speak and ask questions.

Following the discussion, the First Ladies will be presented gifts. They will then, with original greeters, proceed down the original stairs to Hospital's main entrance for departure.

Mrs. Clinton departs the Children's Hospital en route to MKHat-Carnegie Theater Project.

MOSCOW CHILDREN'S HOSPITAL NO. 1

Moscow Children's Hospital #1 was founded in 1873 by Nikolai Alekseyevich Tol'skiy, a renowned clinician and lecturer in the fields of obstetrics and children's diseases on Moscow University's medical faculty. It has since become a major center for the treatment of connective tissue diseases in children from all over the NIS. Today, this 250-bed hospital acts as the federal center for the treatment of connective tissue diseases. Since these are chronic diseases, requiring several months of treatments, the children attend school at the hospital.

The Children's Hospital is one of Russia's leading hospitals specializing in children's diseases and is the oldest children's hospital in Russia. The faculty works with over 1,000 students and with 25-30 clinical surgeons annually.

Since 1991, Professor Aleksandr Aleksandrovich Baranov, a specialist in children's gastro-enterology, has been the hospital's director. Baranov was formerly Russia's Deputy Minister for Child and Maternal Health.

Neonatal Facility

During the visit, you will tour the neonatal facility. The Children's Hospital is well-known for its excellent neonatal care. From May 1992 through May 1994, a \$1.5 million USAID grant was awarded to the Children's Hospital to create a model neonatal intensive care unit. The grant was a direct USAID grant and did not go through the American International Health Alliance partnership program.

One of the most biggest problems that the hospital faces with its patients is inter-uterine infection. According to the hospital, 50-60% of their infant mortality rate is attributable to inter-uterine infection. What this reflects, according to the hospital, is lack of pre-natal care in the early stages in pregnancy. However, according to USAID, the primary cause of inter-uterine infection is multiple abortions. Abortion is the principle form of birth control in Russia; various studies estimate that a Russian woman undergoes, on average, between 3-8 abortions during their child-bearing years. Many abortions are still performed without anesthesia and women's hospital wards often lack sanitary conditions. The maternal mortality rate is seven times greater in Russia than in the United States, in part because of the misuse of abortion and family planning services.

US/USSR Children's Health Center

Established in 1990, the US/USSR Children's Health Center was designed to enhance the health and well-being of children through the sharing of expertise and skills. The Moscow Children's Hospital No. 1 is one of several Russian institutions participating in the joint venture. The major American partner

is the Children's Health System network, including the Children's Hospital of the King's Daughters in Virginia.

NOTE: Just recently, triplets from Chechnya were brought to the hospital for treatment.

Q. What is the name of the hospital?

A. KOZLOV, Tikhon Y. Yevich
M.D., M.Sc., D.Sc., D.H.Sc.

Hospital Discussion Participants

1. PALTSEV, Mikhail Anatolyevich
Rector, MMA Sechenov
2. MUSALATOV, Khasan Alaskhanovich
Vice Rector, MMA Sechenov
3. BARANOV, Aleksandr Aleksandrovich
Head of Children's Medicine, MMA Sechenov
4. VAGNOV, Nikolay Nikolayevich
Deputy Minister of Health
5. SHAKHBAZYAN, Inessa Yevgenyevna
Professor of Children's Medicine, MMA Sechenov
6. GEPPE, Natalya Anatolyevna
Professor of Children's Medicine, MMA Sechenov
7. LYSINKA, Galina Afanasyevna
Professor of Children's Medicine, MMA Sechenov
8. YELKIN, Mikhail Nikolayevich
Clinical Surgeon, MMA Sechenov
9. KOZLOV, Maksim Yuryevich
Student of MMA Sechenov
10. GALKINA, Yelizaveta Vsevolodovna
Student of MMA Sechenov
11. MELESHKINA, Angelina Valeryevna
Student of MMA Sechenov
12. PISSENKO, Vladimir Petrovich
Vice Rector, MMA Sechenov

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LENGTH: 1453 words

HEADLINE: Developing a modern health-care infrastructure: an
interview with project HOPE's Bill Walsh; People-To-People Health
Foundation's medical aid to Soviet republics

BYLINE: Ross, Warren R.

BODY:

"Extraordinary generosity" in providing supplies to
alleviate life-threatening shortages and help in restructuring the
health-care system in the former Soviet Union are just two
examples of industry contributions cited by the organization's
president.

Medical assistance valued at more than \$ 53 million has been
sent to the republics of the former Soviet Union since February
1991, under a public-private initiative coordinated by Project
HOPE, whose headquarters is in Millwood, Virginia.

Notable among the more than 161 corporate donors of drugs and
medical equipment are such leading health-care companies as
Bristol-Myers Squibb, Burroughs Wellcome, Glaxo, Hoffmann-La
Roche, Johnson & Johnson, Merck, Parke-Davis, and
Schering-Plough.

"We are deeply appreciative of the help we have received from
the health-care industry," said William B. Walsh, Jr., Project
HOPE president and chief operating officer, in an interview with
MM&M. "Their help has been critical in the results we have
achieved, and we look forward to their continued cooperation. "

The initiative began in December 1990, when President Bush
designated Project HOPE as the lead agency in a nationwide effort
to help provide urgently needed pharmaceuticals and medical
supplies for what was then still the USSR. By September of the
following year, 17 air or sea shipments had been made, and
assistance had been given to the Baltic states, the Ukraine,
Russia, and three other republics. Pitching in, in addition to
the corporations, were nearly 40 private voluntary organizations.

Based on this success, the President announced his intention
to expand the effort, again under Project HOPE's leadership, and

to extend it through February 1993. Project HOPE, says Walsh, has the responsibility for coordinating all four phases of the humanitarian effort: acquisition of the supplies, shipment, distribution, and monitoring of results.

"For maximum impact," Walsh explains, "we target the locations and institutions where the need is most acute and where our supplies can do the most good. We want to make sure that the hospitals that receive them have the capability to utilize them, and that they can be used not only to solve acute problems but to make a long-term difference.

Because of the demoralizing effect of the transition the republics are going through, Walsh sees the donations as important not only in improving the conditions under which people live, but also in elevating their spirits.

Beginning with an earthquake

Walsh explains that Project HOPE was the logical choice when Bush launched the public-private initiative because the organization had had a presence in Armenia ever since the earthquake in January '89.

"I led a team of surgeons to the Soviet Union," he recalls. "We were able to provide a tremendous amount of immediate help, but we also realized that there was a need for a long-term partnership, not just because of the earthquake, but because Soviet health care was 20 to 30 years behind by our standards. They needed not just equipment and drugs, but help in creating a modern educational system, in updating their hospitals, in training nurses - in fact, in the development of an entire modern health-care infrastructure."

Walsh is quick to add that not all of Soviet medicine is deficient. "There are outstanding surgeons and physicians," he explains, and some medical centers do fine work. But the social and political disruption is making it difficult even for them to provide top-notch care."

Take the problem of pharmaceutical supplies. Under the integrated economic bloc the Soviets had set up, drug manufacturing was centered in Hungary and Czechoslovakia. Now that these nations have broken away, they want to be paid in hard currency - currency the new republics don't have

What is left, Walsh says, are the talent ... and good will. "That's one of the things that impressed me most on my numerous visits: there are people of good will, just as there are an here in the world."

To carry out their stupendous task, Walsh and his medical teams have identified such people of talent and good will and made them the focus for their efforts. Their target list now numbers

some 150 institutions, including general and pediatric hospitals, burn centers, and rehabilitation institutes.

How the U.S. benefits

"It's obvious that the effort is worthwhile," Walsh says. "But let's not look on this project as being one-sided. Never before has there been an attempt to change a society on such a scale. Their success is critical for the security of the U.S., so our efforts are equally beneficial for our own country."

Not the least of the long-term benefits is the example the project provides for people long used to government domination of every aspect of their lives. "The Russians have been impressed that people are providing their time and effort voluntarily. Thus we provide a symbol of the values and the kind of society they are trying to develop."

Another benefit lies in the partnerships the program is building. Project HOPE recruits physicians, pharmacists, and technicians in the United States, then identifies counterparts in the ex-Soviet republics who are "catalysts, enablers ... people who have committed themselves to our common goals," Walsh says.

Lauding the excellent cooperation on both sides, he cites the example of John Remensnyder, M.D., director of the operating rooms at Massachusetts General Hospital. Dr. Remensnyder, who is also chief-of-staff emeritus at the Shriners Burn Institute, spent a sabbatical in Moscow, not only doing surgery but training his Russian counterparts. As a result, Moscow's Children's Hospital No. 9, where he worked, has become a model, with hospitals from all over the country sending their staff for training.

At Children's Hospital No. 9, the mortality rate has been reduced by 71 percent in just one year, while the infection rate at the hospital dropped by 90 percent and the length of the average hospital stay declined by 32 percent.

Walsh assures past and potential donors that their contributions are put to optimum use. Not only is the black market not a problem because of the tight controls that have been instituted, but all supplies that are sent are need-specific.

Idealism - and verification

All receiving sites are visited in advance," Walsh points out. "We make sure they know how to use the supplies and to confirm that they have control systems to prevent diversion. Then, some six weeks after delivery, we conduct site visits to validate the appropriate storage and use of the materials."

"Anyway, the picture we get from the media that everybody is a crook is simply not true. They have dedicated, idealistic people, just as we have, and those are the people we seek out - in both

countries."

Walsh wants to make sure that the message about these controls gets back to the donors, since most pharmaceutical and medical supplies are donated. "Industry should be congratulated for their extraordinary generosity," he says, at the same time stressing that it is important that it continue.

Other expenses, including administrative and transportation costs, are paid for by the U.S. government, while the recipient republics provide on-site trucking, air transportation, and air freight.

Obviously, the long-term goals of Project HOPE's efforts will take years to achieve, and Walsh emphasizes the importance of seeing it through.

"I can't stress enough," he says, "that this is not only a short-term relief effort, but a long-term partnership to restructure an entire health-care system."

That's an ambitious goal for an effort that began with a one-man visit by Walsh to see what needed to be done. Now not only does Project HOPE have a permanent staff on site, but other voluntary agencies have joined the effort, and most recently the Japanese have sent a working group of their own.

But what about critics who say we have enough problems here at home?

"We are a great enough nation to take care of our own needs and also to serve the needs of people in the former Soviet Union," Walsh replies, with just a hint of impatience in his voice. "As well as Latin America and Asia," he adds for emphasis. In any case, he repeats, it's our own self-interest that's at stake. "If they revert, we're in serious trouble. So all this talk about America First isn't even in our own best interest."

The father of two children, Walsh ends the interview on a very personal note. "I can think of no better gift to leave my children," he says, "than a world in which the former Soviet Union is part of the world community and contributes to our common safe."

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BANGOR DAILY NEWS (BANGOR, MAINE)

November 14, 1994 Monday

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HEADLINE: Hospital official recounts Russian mission
Mainer says lack of supplies, po efforts at children's facility

BYLINE: Brenda Seekins Of the NEWS Staff

BODY:

PITTSFIELD -- "Grueling" is the one word Bob Shorey used to describe his two-week trip to Russia.

Shorey settled back and seemed relieved to be behind his desk again as director of housekeeping at Seabasticook Valley Hospital.

His fatigue spoke for him as he tried to explain what a "working tour" of a Moscow children's hospital is like. Despite the assignment and the effects, it is also evident the trip was the experience of a lifetime.

"The people were wonderful, just great, and very receptive," he said.

But while they couldn't do enough for Shorey, his frustration was that he couldn't do enough for them. ~~and in on the decision-making.~~

Shorey was one of 23 members of the National Executive Housekeepers' Association who volunteered to take their experience to Moscow in a humanitarian effort organized by Bob Thomas, director of physical plant and security at Cornell College in Mount Vernon, Iowa. Shorey's participation was sponsored by SVH. Arthur Sawtelle, a housekeeper with Colby College in Waterville, was another Maine participant.

The mission was filled with both successes and frustrations.

The visit demonstrated the chaos the Russian economy is in since the fall of communism. Shorey commented freely on the inequities the new system has created where doctors and nurses and other professionals make less money than street vendors. He questioned what incentive there could be for young people planning for the future to consider education as a professional.

The huge medical complex they came to clean was built for 1,100 rooms, but because of budgeting problems only 700 are used. With multiple operating rooms, they are not cleaned or used regularly.

"Their budgets don't allow for the luxury of cleaning. Monday is cleaning day," Shorey said. "We were there to clean and train them to work with the products."

"It looked like the floors hadn't been cleaned since the building was built. They said that was 11 years ago, but it looked more like 50," he added.

The Russian people want to clean and know how, but lack of proper supplies and equipment make it an impossible task. The irregular working schedules and laid-back lifestyle compound the problems. Assistance in efficient personnel distribution could make a big difference, Shorey said. Even the supplies the Americans brought with them were not enough to go around.

"It was sad. You could see it in their faces. They wanted these chemicals and they knew some of them weren't going to get them," he said. "And we only had two buffers, one went to the OR and another to hematology."

Before the American visit, the Russians had only chlorine to use as a cleaning agent.

"It's a fine disinfectant, but it's not much of a cleaner," Shorey said.

"We didn't get in as much training as we had hoped," he said.

"It was just so overwhelming. We were there as working custodians and so we were not in on the decision-making."

Politics crept into every aspect of their mission, he said, from when and where they would clean to who would receive the help.

While the poor structure of the hospital and the lack of a regular cleaning regimen could indicate antiquated medical techniques, it is quite the contrary, Shorey said. A variety of advanced medical procedures and equipment was available. It was the lack of infection control or records to the contrary that he found questionable. In addition to the obvious state of the cleaning, he cited as cause for concern air-conditioning units in the operating rooms that cycle air from the adjacent corridors.

When the workers attempted to clean the hall floors, an indoor mud was created. Russian workers had no mops to clear and clean the floors adequately. A mop was more commonly a stick and a board with a rag wrapped around it.

The grueling work, and the unfamiliar diet, caused Shorey to lose 15 pounds during the trip. Breakfast could include such things as raw pork, undercooked eggs, boiled beets and mineral

water. A trip to an Arabian-built U.S. Intex facility turned into a real treat, he said, when he ordered a calzone.

"It was good," he said, smiling one of the few times as he talked of his trip.

The American groups spent one day visiting with the young patients and presenting them with gifts, but it did not have the impact on Shorey that working in his own field did.

"I heard reports that parents bring food in to the children," he said. "But I didn't see any evidence of it. "

Touring Moscow included visits to the Moscow Circus, Red Square, the Kremlin and St. Basil's Cathedral. Walking in Moscow traffic, Shorey said, was life-threatening. He managed to make souvenir purchases from street vendors, but he didn't find it particularly economical. And getting outside the hospital wasn't enough to wipe away the fatigue and strain of the cleaning operation.

"I didn't rest," he said of his stay at the Central House of Tourism. "The beds were hard and short. There were cockroaches.

There was no shower enclosure in the tub. That's where I did my laundry. "

Coming down from the 24th floor one time, he said, he found himself stranded in the elevator between the third and fourth floors.

"There was no emergency phone. I ended up jumping down to the third floor," Shorey recalled.

The visit made him more appreciative of American health care, he said, and offered him a rare opportunity to make contacts within his field from across the country.

"They are truly some exceptional people," he said of their participation in the mission.

GRAPHIC: Bob Shorey, director of housekeeping, Seabasticook Valley Hospital, Pittsfield

LOAD-DATE-MDC: November 28, 1994

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