

Withdrawal/Redaction Sheet

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001. speech	re: Remarks of Alex Kuzma [partial] (1 page)	n.d.	b(6)

COLLECTION:

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First Lady's Office
Melanne Verveer
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FOLDER TITLE:

Russia [Folder 7] [2]

2013-0534-S

rc1678

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]

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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]

VISIT OF THE FIRST LADY

TO

KIEV, UKRAINE

EVENT: Visit to Left Bank Center for Maternal and Child Health Care

DATE: May 11, 1995

TIME: 4:00 pm - 5:35 pm

LOCATION: Left Bank Center for Maternal and Child Health Care

ATTENDEES: Mrs. Clinton
Mrs. Ludmila Kuchma (lyood-MIL-la KOOCH-mah)
Mrs. Suzanne Miller
Dr. Victor Maximovich Didychenko (Viktor Maksimovich Didychenko), General Director of the Child and Maternal Health Hospital #3
Jim Smith, Executive Director of American International Health Alliance
Dr. Oksana Khartonuk, Regional Director of the American International Health Alliance
Lauren Arnold PhD, RN, Clinical Director, Obstetrical and Neonatal Nursing, University of Pennsylvania Medical Center
Patrick Fourteau, Vice President, Eli Lilly Pharmaceutical Operations

PRESS: Pool Press

SCENARIO: Mrs. Clinton is greeted by Dr. Victor Maximovich Didychenko (General Director of the Hospital), Lauren Arnold, and Jim Smith, and is escorted to the 3rd floor birthing class. (Press Pool will be pre-positioned for 1st shot)

The class of expectant mothers and a few husbands will be taught by Larisa Cheprasova, RN, and Nadiya Nesterenko, RN. Mrs. Clinton, Mrs. Kuchma, Mrs. Miller, and interpreters will be seated in the center of a semi-circle with parents. Dr. Didychenko acknowledges Mrs. Clinton and guests and asks nurses to explain what they are teaching. Mrs. Clinton engages the class in brief informal discussion.

Upon departing birthing center, Mrs. Clinton drops-by patients room and Dr. Didychenko explains how the hospital is treating high risk pregnancies (Closed Press).

NOTE: Press grouping will move to next meeting while Mrs. Clinton is with patient.

Mrs. Clinton proceeds to the Ukrainian Nurses Association meeting with approximately 40 nurses and mid-wives. Mrs. Clinton is greeted by Lauren Arnold who is conducting meeting. Dr. Didychenko makes introductory remarks and introduces Mrs. Clinton, who makes brief remarks. Mrs. Kuchma makes remarks as well.

NOTE: Press pool will hold until Mrs. Clinton and Mrs. Kuchma exit room.

Following nurses meeting, Mrs. Clinton walks down to 2nd floor to Dr. Didychenko's office for a short reception. Mrs. Clinton is introduced to Ukrainian health officials. At end of meeting, Dr. Didychenko presents flowers to Mrs. Clinton and Mrs. Kuchma.

NOTE: Press will be pre-positioned in hospital lobby for Pharmaceutical announcement and presentation of equipment.

Mrs. Clinton and Mrs. Kuchma enter the lobby from 2nd floor via main staircase. Ukrainian Officials and other hospital staff follow Mrs. Clinton down stairs and remain on staircase for presentation. Mrs. Clinton is surrounded by children for presentation. Dr. Didychenko introduces Patrick Fourteau, Vice President of Eli Lilly pharmaceutical operations, who presents the donation. Mrs. Clinton makes brief remarks about donation, other donations, and the guests. Mrs. Kuchma makes remarks about Ukraine's appreciation.

Following this event, Dr. Didychenko escorts Mrs. Clinton to main door for departure en route Guest House.

HOSPITAL VISIT IN UKRAINE

CONTEXT OF MEETING

You will visit and tour the Left Bank Center for Maternal and Child Health Care (Children's Hospital #2 and Obstetrical and Gynecological Hospital #3). The hospital is located approximately 14 kilometers outside of the city's center. During your visit, you will walk through the wards and visit new mothers and children. The hospital has a large reception area which could accommodate 50-75 people; it is an ideal setting in which to make a statement to health care providers and to the press.

OBJECTIVES

- o Highlight the hospital's partnership with U.S. medical institutions and the value of the partnership in improving prenatal and neonatal health care.
- o Emphasize your dedication and interest in the areas of women, children and health care issues in a public forum.

BACKGROUND

The Left Bank Center for Maternal and Child Health Care consists of Children's Hospital #2 and Obstetrical and Gynecological Hospital #3. The center established a relationship with the University of Pennsylvania School of Medicine in late 1992. The relationship is one of four USAID-supported medical partnerships in Ukraine, undertaken in cooperation with the American International Health Alliance, Inc. (AIHA). (See separate background paper on AIHA.) The Partnership focuses on prenatal evaluation and ultrasonography, prenatal and neonatal care, family planning, and general pediatrics.

The total in-kind contribution of the Partnership totals \$1.7 million, which combines donations of equipment and consumables, volunteers' services, and other direct costs (AIHA USAID contribution to date is approximately \$400,000). The Partnership has sponsored 75 individual visitor training exchanges both to the U.S. and to Ukraine, as well as equipment donations and seminar exchanges.

The center has established the first-ever family planning/pre-natal education program in Ukraine, developed after exposure to western concepts of pre-natal health care through the Partnership. During Ukrainian staff visits to Philadelphia they recognized the positive effect of family involvement in prenatal care and have now introduced fathers into the birthing process for the first time. In addition, the Left Bank Center organized a learning center to train other doctors and nurses in maternal and child health issues, and the Partnership has established a Medical Education Center with books, videotapes, resuscitation mannequins and computerized library reference to encourage the continuing medical education of Ukrainian health care professionals.

Through the Partnership activities, the Left Bank Center has also developed strategies to prevent complications during pregnancy, thereby decreasing infant mortality and morbidity. The Partnership aims to change basic management of women with high-risk pregnancies. A higher rate of successful births have resulted from the Center's organization of a pre-natal evaluation center equipped with fetal monitor and ultrasound machines, as well as from specific training in recognition and treatment of high risk pregnancies for the Center's staff.

FLOTUS:Kiev:Brief:Hospital Visit

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INR:EFishel^{EF}
D:JWithers^{JW}

AMERICAN INTERNATIONAL HEALTH ALLIANCE PROGRAM IN UKRAINE

Since 1992 USAID has supported four medical partnerships in Ukraine and will undertake a fifth partnership during the coming year.

Background: The American International Health Alliance, Inc. (AIHA), representing the U.S. health care provider community, has been working under a cooperative agreement with USAID to establish partnerships throughout the New Independent States of the former Soviet Union (NIS) and in Central and Eastern Europe. The partnerships work primarily through hospitals and other health care institutions, and also collaborate closely with ministries of health, community-level administrators and with other public and private organizations working in the sector. In addition, the partners work with others in the region on such cross-cutting problems as the role and training of nurses, infection control, and hospital financial management. The program is beginning to have a significant impact on the quality, efficiency, and productivity of health care delivery in the region.

Objectives:

The objective of the program is to enable American health care providers to assist their NIS and European counterparts to address significant mortality and morbidity issues, improve health care organization, and introduce market-oriented solutions to health care delivery and finance problems. In Ukraine, the partnerships are working on a range of issues.

o Philadelphia, Pennsylvania - Kiev, Ukraine

The Left Bank Center for Maternal and Child Health Care in Kiev, working with the University of Pennsylvania Schools of Medicine and Nursing and the University Hospital, is working primarily on prenatal care, perinatal and neonatal care, family planning, and pediatrics.

The Left Bank Center has experienced a significant drop in perinatal mortality and maternal mortality since the program began. Through birthing classes and high-quality maternal care, the Center is attracting women from other districts and has experienced an increase in births during a period when the overall birth rate in the city has dropped by six percent.

o Detroit, Michigan - L'viv, Ukraine

The partners, Henry Ford Health System of Detroit and L'viv Oblast Hospital, are focussing their collaboration on neonatology, preventive care, hospital administration, cardiology, and surgery. The new neonatal resuscitation techniques have resulted in a significant decrease in mortality among premature infants.

o Buffalo, New York - L'viv, Ukraine

The Millard Fillmore Hospitals in western New York are working with two Ukrainian institutions, the Western Ukrainian Clinical Railway Hospital and the L'viv Regional Perinatal Hospital. The railway hospital has experienced major improvements in early detection of eye disease and vision problems as a result of the partnership. The perinatal hospital has greatly improved outcomes of high-risk pregnancies by introducing ultrasound techniques and improved pre-natal care.

o Coney Island, New York - Odessa, Ukraine

This partnership between the Coney Island Hospital and the Oblast Hospital of Odessa has primarily focussed on infection control, surgery, and hospital administration. The work of the partners has resulted in significantly shorter lengths of stay and in a 50 percent reduction in complications from infection.

As a result of the first NIS-wide Nursing Leadership Conference held in Moscow (April 3-7, 1995), Ukrainian nurses have begun organizing a nursing association. The partnership program has provided useful entry points for other donor resources and activities in Ukraine, among them:

- Department of Defense transfer of excess supplies from Western European DOD hospital (\$4.5 million).
- Eli Lilly and Company, providing humanitarian donations of pharmaceuticals, will donate insulin, antibiotics and other medicines through the partner hospitals as well as other institutions (\$3.6 million estimated in future donations).

The Ministry of Health strongly supports the program and has requested a new partnership in Donetsk, in Eastern Ukraine.

AIHA's Partnership Program in Ukraine

AIHA's partnership program in Ukraine, funded under a cooperative agreement with the US Agency for International Development (USAID), has existed since October of 1992, when the eleven charter partnerships were officially announced. At that time, AIHA supported two Ukrainian partnerships in Kyiv and Odessa. Since then, the program has expanded to include two additional partnerships in L'viv, with the promise of an additional partnership in the Donetsk region, and a new regional EMS Training Center. Coupled with medical equipment and supply contributions in excess of \$1.6 million, and a human resource contribution upward of 3,800 person exchange days valued at \$2.6 million, the partnership program represents a commitment by the US public and private sector of over \$7 million to date. This commitment has profoundly affected the quality of health care in Ukraine.

Each individual partnership shows impacts which are significant in their own right:

- The Odessan partner, Odessa Oblast Hospital, is a 1400-bed referral hospital for several dozen rural district hospitals and polyclinics, whose partnership interaction with Coney Island Hospital has had such dramatic effects as a 35-percent decrease in length of stay, and a 50-percent reduction in purulent complications.
- The partnership with Millard Fillmore Hospitals in Buffalo, NY, includes two Ukrainian hospitals, the Western Ukrainian Clinical Railway Hospital, and the L'viv Regional Perinatal Hospital. At the Railway Hospital, this partnership has had great successes in ophthalmology, boasting a 40-percent increase in the chance for early detection of myopia and cataracts, and an associated 20-percent decrease in disabilities associated with vision. At the Perinatal Center, fetal outcomes for women with high-risk pregnancies have greatly improved with the introduction of pre-natal screening and ultrasound.
- At L'viv Oblast Hospital, partnered with Henry Ford Health System in Detroit, neonatologists have successfully applied resuscitation techniques learned from the US partner, resulting in a reduction of mortality for pre-term infants from 6.3 to 3.0 per 100 cases.

Perhaps the most significant impacts in Ukraine have been recorded at the Center for Maternal and Child Health Care (CMCHC) on the Left Bank of Kyiv. What is noteworthy is that these impacts have derived from training in basic, low-cost, preventive and curative techniques and interventions, rather than costly transfers of new technology. Of the many concrete results achieved at CMCHC in collaboration with the University of Pennsylvania, the following stand out as major accomplishments:

- As a direct result of improved techniques in ultrasonography, fetal testing, neonatal resuscitation and labor and delivery services, the Center reports a 62-percent decrease in perinatal mortality since 1993.

- With the introduction of birthing classes at the "School for Young Mothers", CMCHC is seeking to make childbirth a more memorable and fulfilling experience for Ukrainian women. This school is also an excellent example of interpartnership dissemination, since it is modeled after the success of similar classes at Savior's Hospital for Peace and Charity in Moscow and uses many of the materials developed there. In a significant break from tradition, fathers who attend this 8-week course are allowed to attend the birth as a labor coach.
- CMCHC's reputation as a high-quality provider has attracted many women from other districts to deliver their babies there. Indeed, while the municipal birth rate decreased by 6 percent in 1994, CMCHC has actually experienced a 1.6 percent increase in deliveries since 1993. Further enhancing their reputation is the fact that for the past year the Center has recorded a zero maternal mortality rate.
- The formation of a 10-bed ambulatory day care unit for women with high-risk pregnancies has given a significant boost to overall efficiency and productivity. The unit allows patients to receive treatment for conditions such as anemia and hypertension on an outpatient basis, rather than being admitted outright. In conjunction with other clinical and administrative innovations, the Center has been able to achieve a decrease in the postpartum length of stay for normal deliveries from 7.4 to 4 days.
- Building on the experience of the recent Nursing Leadership Conference in Moscow, the partners are working together to enhance the nursing profession and the role of nurse leaders. It is anticipated that an initial step in this process will be made on May 11, when the Center will host the organizational meeting of the Association of Nurses of Ukraine.

Initiatives in Kyiv and Ukraine as a whole go beyond the basic partnership program, however. AIHA is working closely with the Ministry of Health of Ukraine to develop several important initiatives including hospital infection control, rheumatic fever and pre-hospital emergency medicine. Each of these initiatives includes a Train-the-Trainers component, leading to the development of a model training program which, within 12 months, will be fully supported by the Ministry of Health. The EMS Training Center will be a national center for Ukraine, related to pre-hospital emergency medical services and disaster planning. Its courses will be designed to teach the kind of coordinated response which has proven essential in this country for dealing effectively with such tragedies as the Oklahoma bombing and the Los Angeles earthquake. Initially, this Center will be run collaboratively with the Ministry of Health and should be online and training new EMS trainers by the end of summer '95. AIHA is also working with the Ministry of Health to create a new partnership in the Donetsk region of Ukraine. The hospital chosen will focus mainly on traumatology, and will be able to draw on the positive experiences of the present Ukrainian partners.

AIHA is also working with other governmental programs and private sector entities in furthering all of these initiatives, specifically in securing adequate material resources and supplies to support and carry them out. AIHA is working closely with the Department of Defense in its transfer of excess supplies valued at \$4.5 million from Western European DOD hospitals to partnership hospitals in Ukraine. The new Donetsk partner will be a beneficiary of these transfers. In another timely example, AIHA is collaborating with Eli Lilly and Company, an international pharmaceutical company whose humanitarian donations in 1994 totaled more than \$120 million. Eli Lilly will donate human insulin, oral and injectable antibiotics and other medicines valued

at \$3.6 million for use in partner hospitals and other similar institutions in Ukraine. The coordination of these transfers and donations will be doubly effective since, in addition to simply addressing an immediate shortage, it will maximize limited private and public sector funds by putting them in the hands of hospitals which have demonstrated the necessary expertise to use them and benefit from collaboration with American experts in the field.

PHILADELPHIA, PENNSYLVANIA - KIEV, UKRAINE PARTNERSHIP**US Partner Institutions:**

The partnership draws upon the significant resources of several major Philadelphia institutions. The University of Pennsylvania School of Medicine has a long history of international activity. The school has maintained relationships with major universities throughout the world in collaboration with the University School of Nursing. Second, the Hospital of the University of Pennsylvania is a 650-bed general care facility with an active perinatology program and is highly regarded for its teaching excellence and programs in prenatal screening and infertility. Finally, the Children's Hospital of Philadelphia, the oldest children's hospital in the US, is associated with the Department of Pediatrics at the UPenn School of Medicine and is internationally known as a comprehensive pediatric hospital.

Ukrainian Partner Institutions:

The primary Ukrainian partner is the Left Bank Center for Maternal and Child Health Care, which represents a consortium of two hospitals, Children's Hospital No. 2 and Obstetrical and Gynecological Hospital No. 3. Children's Hospital No. 2 is 15 years old and maintains 450 beds for pediatric care. Obstetrical and Gynecological Hospital No. 3 delivers about 2,500 babies a year and serves as a major referral hospital for high-risk pregnancies in Kiev. It is also the center of related women's health programs for the State Medical University.

Areas of Partnership Focus:

Prenatal Evaluation and Ultrasonography
Perinatal and Neonatal Care

Family Planning
General Pediatrics

Programmatic results achieved by this partnership include:

- A total of 86 short-term person exchange trips between Philadelphia and Kiev, totaling 1,118 person days have been carried out.
- Total in-kind contributions of approximately \$1,693,000, which combine donations of equipment and supplies, human resource volunteer contributions and other direct costs.
- A ten-bed daycare unit for women with high-risk pregnancies has recently been opened. Women receive care for complications such as anemia and hypertension during the day, and return home to their families in the evening.
- The Center for Maternal and Child Health Care is now recognized as a center of excellence for obstetrical care and consequently attracts clients from other districts of Kiev.
- The partnership has also sponsored two dissemination conferences on topics in maternal and child health to audiences of health care professionals from throughout the NIS.

PHILADELPHIA - KIEV PARTNERSHIP

US PARTNERS: This partnership draws upon the significant resources of three major Philadelphia institutions.

◆ The University of Pennsylvania School of Medicine has a long history of activity in international areas. The School of Medicine has created an Office of International Medicine which carries on relationships with major universities throughout the world, including Russia, Ukraine, and Germany. The School of Medicine collaborates closely with the University School of Nursing in many of its international programs.

◆ The Hospital of the University of Pennsylvania (HUP) is a 650-bed, general care institution, with an active perinatology program which provides service to mothers with high-risk pregnancies, and to mothers from the poorer inner city areas of Philadelphia. HUP has won renown for its teaching excellence and its programs in prenatal screening and infertility.

◆ The Children's Hospital of Philadelphia (CHOP) is the first children's hospital to be founded in the country, and, although independent, houses 17 specialty divisions of the Department of Pediatrics at the University of Pennsylvania School of Medicine. Highly ranked as an international child health center, CHOP has recently hosted fellows from Eastern Europe and the NIS.

UKRAINIAN PARTNERS: Under the overall direction of the Department of Medical and Welfare Administration of the city of Kiev a consortium of four Kiev institutions participates in the partnership.

◆ The Kiev Children's Hospital No. 1 is a two-year old facility, providing a full range of pediatric subspecialty programs, including a neurodevelopmental program and a rehabilitation unit.

◆ The Kiev Children's Hospital No. 2 is a 15-year old, 450-bed facility. The range of services has been limited due to lack of modern equipment, resulting in an occupancy rate of one-half to two-thirds capacity.

◆ The Kiev Obstetrical and Gynecological Hospital No. 3 is located 500 meters from the Children's Hospital No. 2. Delivering about 2,500 babies per year, this hospital serves as the major referral hospital for high-risk pregnancies in Kiev and is the center of related women's health programs for the State Medical University.

◆ The Ukrainian State Medical University, formerly the Kiev Medical Institute, is the premier medical university in Ukraine. It houses lecture and laboratory facilities to educate around 6,000 undergraduate medical students, and utilizes a network of 12 major hospitals for its clinical training programs.

The Philadelphia arm of the partnership is a collaborative effort among the four above mentioned institutions. Medical, nursing, and administrative staff from each of these institutions have worked together with their Ukrainian counterparts to develop a realistic set of goals for improving maternal and child health in Ukraine through the partner institutions in Kiev. Oversight and administrative responsibility are the responsibility of the University of Pennsylvania Medical Center through its Office of International Medical Programs, under the supervision of Senior Associate Dean Laurence E. Earley, M.D. The project is under the direction of co-program managers, Drs. M. William Schwartz and William W. Beck, Jr., respectively of the Department of Pediatrics and the Department of Obstetrics and Gynecology of the University of Pennsylvania. In Kiev leadership of the program is provided by Dr. Yurchenko, Director of Medical and Welfare Administration for the city of Kiev, and Dr. Didichenko, Director of the model perinatal center.

BACKGROUND: In June 1992, the University of Pennsylvania signed a protocol of cooperation with the Kiev Medical Administration and the Ukrainian State Medical University which stated their mutual interest in developing a model maternal and child health program and reducing infant and maternal mortality rates in Ukraine.

ACTIVITIES: The University of Pennsylvania participated in AIHA's partner identification trip to Ukraine in July 1992, and then signed a memorandum of understanding with the above hospitals, declaring their intention to work together. A Philadelphia team visited Kiev again in late September to begin assisting their Ukrainian counterparts in developing the perinatal center. Another visit occurred in early November 1992, when a detailed assessment of the four Kiev institutions was performed. A high level team from Kiev, including Ukrainian Ministry of Health officials, traveled to Philadelphia and Washington in November, 1992, to begin training. In early 1993 the city of Kiev established a perinatal center to serve a population of millions. The partnership will establish model programs in the fields of prenatal diagnosis, perinatology, and neonatology.

The Ukrainian Nurses Association

Introduction

During an historic meeting in Moscow in April of 1995 of nurse leaders from all countries of the former Soviet Union, the Ukrainian nursing representatives decided that in order to improve the health of Ukrainians and to advance the health care system in Ukraine, a National Nursing Association should be established. The Ukraine Nurses Association will serve as the unifying body for nurses from all parts of Ukraine. The Association will provide the forum for the establishment of a shared vision of the scope of nursing practice and will set agreed upon clinical standards to assure a high level of care for all Ukrainian citizens. The Ukraine Nurses Association will also provide a forum for upgrading the ongoing training and education of nurses and will provide a forum for discussing major issues impacting upon the health of Ukrainian citizens.

Just as Nursing Associations in other countries throughout the world have done, the Ukrainian Nurses Association will join with the International Council on Nursing to establish linkages with nurses worldwide to work toward upgrading the overall health of all populations.

Initiation of the Ukrainian Nurses Association

First Meeting of the Association

- ## 1. Introductory Remarks and Welcome

Ukrainian Department of Health Representative in charge of nursing

- ## 2. Keynote Presentation:

The Ukrainian Contribution to the Establishment of International Professional Nursing Practices: Historical Perspectives and Directions for the Future

Lauren Arnold

- ### 3. The Ukraine Nurses Association

Structure

Strategic Vision

Nursing Leadership From Ukraine

- #### 4. Future Directions
- ##### All Participants

BACKGROUND PAPER ON DONETSK HOSPITAL UPGRADE PROJECT

The Department of State is coordinating the donation of approximately \$15 million in Department of Defense excess medical equipment and supplies to the city of Donetsk, Ukraine. Based on a survey completed in February, six hospitals, the central blood bank and regional dental clinic were chosen to be the recipients of this donation.

A U.S. military team comprised of approximately 40 medical experts is currently in Donetsk installing the equipment and providing training to their Ukrainian medical counterparts. One of the hospitals receiving support is the Oblast Traumatological Hospital, an American International Health Alliance Partnership Hospital. Primary focus is on pediatric and adult trauma patients.

The Partnership hospital is receiving \$4.5 million in equipment and supplies. Examples include: an oxygen generation plant, x-ray systems, sterilizers, operating room tables, surgical instruments, stainless tables and cabinets, needles and syringes, gauze, bandages, patient utility kits, etc. This materiel will greatly enhance the hospital staff ability to effectively provide emergency services to its trauma patients.

Recommend that Dr. Vladimir Klimovitski, Director of the Oblast Traumatological Hospital provide Mrs. Clinton with a brief overview of the donation. Also recommend that Vladimir P. Scherban, a close friend of President Kuchma and currently Governor of the Donetsk Oblast and Deputy of the Supreme Soviet, Ukraine be in attendance. Governor Scherban was instrumental in organizing and supporting this donation to Donetsk. Two or three military team members will also be available to answer questions.

NEWS OF



Eli Lilly and Company, Indianapolis, Indiana 46285

Date May 11, 1995

For Release Immediately

Refer to (317) 276-3253

Lilly Continues Its Support for the People of Ukraine

With \$3.6 Million in Medical Donations of Insulin and Antibiotics

Eli Lilly and Company is donating \$3.6 million worth of insulin, antibiotics and other medicines to the people of Ukraine. The donation, which continues the efforts by Lilly since 1990 to help meet Ukrainian medical needs, is being made through the American International Health Alliance (AIHA), which works with Ukraine's officials to identify health needs of the Ukrainian people.

This donation is being made with the close cooperation of the United States government; the Department of State has made arrangements for and is providing, free of charge, shipment of the Lilly medicines to Ukraine.

The majority of the medicines are designated for hospitals in Kiev and L'viv, both of which are part of the Hospital Partnership Program supported by the United States and Ukraine governments.

"As the nations of Eastern Europe emerge from beneath the shadow of the former Soviet Union, their people's pressing needs in a number of areas, including health care, are being identified and addressed through unique cooperative efforts by governments in Europe and the United States, by private organizations, and by private business," said Patrick P. Fourteau, Lilly vice president responsible for the company's activities in Eastern and Central Europe. "Lilly is a health care company with products that can help meet people's medical needs, and we are proud to continue our support for Ukraine by making these donations.

"Right now, in cooperation with AIHA, we are developing special training programs for Ukrainian physicians, particularly those who will be using insulin to treat people with diabetes," Fourteau continued. "Through this program, physicians from Ukraine will come to diabetes centers in the United States for

much of this training, which will be conducted by diabetes experts at Lilly and at other institutions in the United States."

The medical donation by Lilly includes:

- Humuline® (human insulin) — treatment for one year for nearly 4,000 children who have diabetes
- Oral and injectable antibiotics — 65,000 courses of therapy, mainly for children, to treat infectious diseases, such as those of the respiratory tract
- Ulcer treatment — treatment for 17,500 patients.

AIHA supports 23 health care partnerships in 10 of the new independent states of the former Soviet Union, through a cooperative agreement with the U.S. Agency for International Development.

In addition, a separate donation of insulin is being made to the Ukrainian Diabetes Project. This insulin will provide a year's treatment for some 450 children in Cherkasy, Poltava and Vinnytsa who have diabetes.

Since 1990, Lilly's support for activities of the Ukrainian Diabetes Project has included the donation of insulin and other diabetes supplies in the country where these vital medical supplies were not readily available. In addition to providing insulin educational training programs, the project is initiating a summer camp program for children where they can learn about treating their diabetes and develop self-esteem as they learn to lead normal lives.

Lilly is a global research-based pharmaceutical corporation headquartered in Indianapolis, Indiana, that is working with its customers worldwide to help ensure that diseases are prevented, managed and cured with maximum benefit and minimum cost to patients and society.

#

Humuline® (human insulin of recombinant DNA origin, Lilly)

Lilly's charitable giving sets record in '94

What impact can corporate philanthropy have on the bottom line?

- *Fifty percent of consumers say they would pay more for a product from a socially responsible company.*
- *Thirty-nine percent of current or previous investors say they always or frequently review a company's business practices, values, and ethics before investing.*

Source: Walker Research, 1994

Employees might well remember 1994 as the year Eli Lilly and Company made its most expensive purchase in history with the \$4.1 billion acquisition of PCS Health Systems, Inc.

But this megadeal wasn't the only action by the company that set record figures last year. With much less hullabaloo, Lilly moved into the circle of the most generous companies in America in 1994, donating more than 120 million net-wholesale dollars in cash and product to charitable organizations around the world.

Recipients of the company's philanthropic efforts included the American Red Cross and MAP International. These organizations, along with other relief groups, distributed cefaclor CD in July to treat more than a million Rwandan refugees. This global relief assistance—the biggest product donation ever made by Lilly—is believed to be the largest one-time pharmaceutical product donation in history. Other product donations provided critical medical relief for people in more than 50 countries, including Bosnia, Cuba, and Ukraine.

"While Lilly is in business to discover and develop therapies to treat patients with unmet medical needs, it is no less a crisis that millions of people around the world are suffering from treatable diseases because of a lack of education, bureaucratic barriers, or poverty," said Larry C. Cimino, manager of corporate affairs. "Many corporations would be willing to contribute their products to help people in such desperate circumstances; however, few industries match the pharmaceutical industry in the value of their products to relieve suffering and save lives."

A shift in strategy

Cimino acknowledges that Lilly, as a multinational company, must assume greater global responsibility as it expands its business worldwide. "We've been too locally focused for a global company," he said.

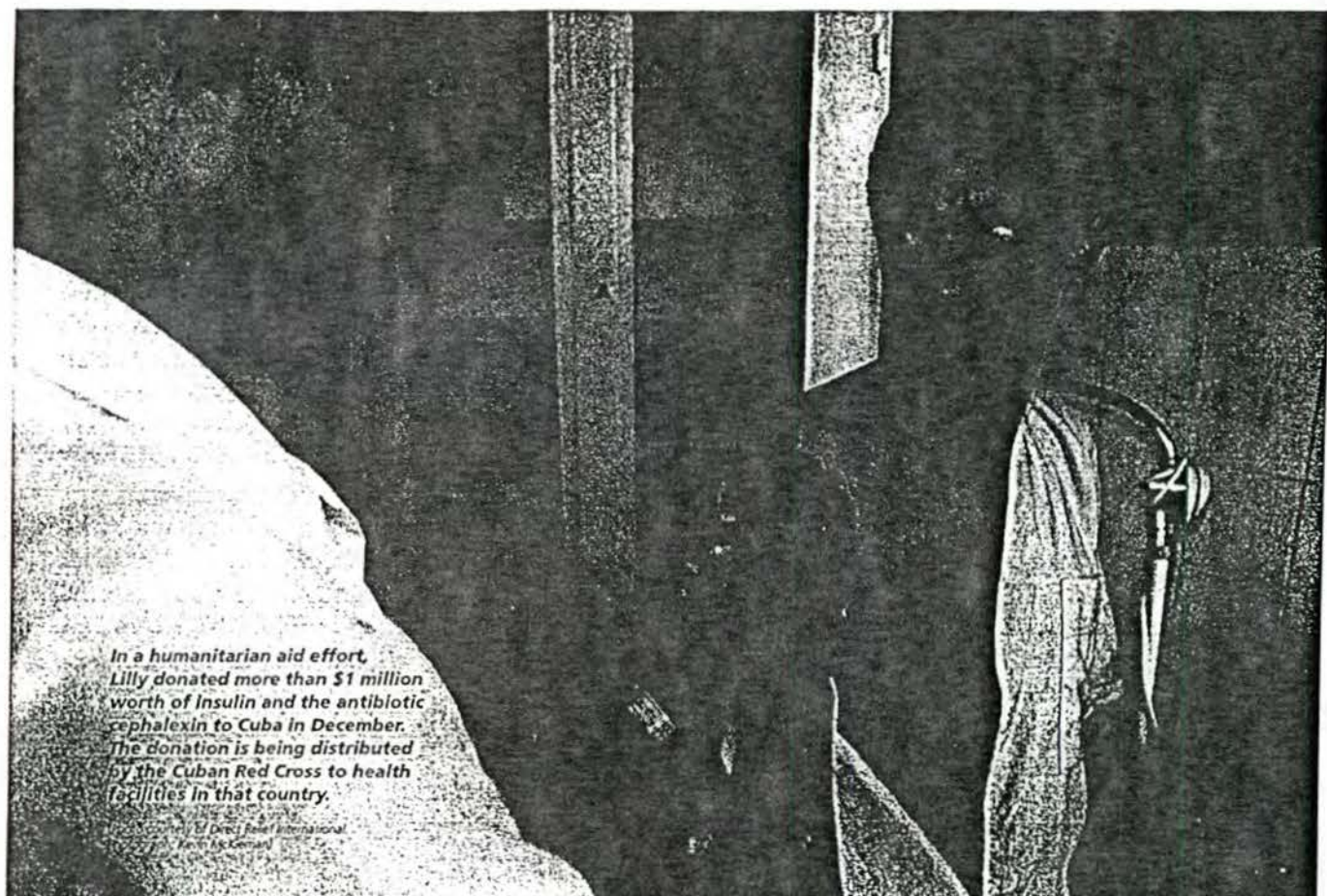
So, just as Lilly redefined its strategic focus to better serve the needs of customers around the world, the company also is changing its philanthropic strategy to enhance its corporate citizen-

ship in all communities in which Lilly does business. "Our vision is to be viewed as a neighbor of first choice in any community in which our plant sites and facilities are located," said Stephen A. Stille, vice president of corporate affairs.

For example, the company is donating \$35,000 to the Business Alliance for Vietnamese Education to help Vietnam rebuild its educational system and prepare its youth for participation in a global marketplace. Not only is Lilly helping to develop the country's educational infrastructure, but it is also building key relationships that hold potential for future business partnerships.

This kind of strategic alignment will help Lilly allocate its resources in a way that provides the greatest value for the company and its charitable beneficiaries. This new strategy seeks to direct resources to areas where the needs of the community and the needs of the company converge.

"There is nothing less worthy about addressing societal needs that are in alignment with our business objectives," Stille said. "If our intention is to effect



In a humanitarian aid effort, Lilly donated more than \$1 million worth of insulin and the antibiotic cephalexin to Cuba in December. The donation is being distributed by the Cuban Red Cross to health facilities in that country.

*Photo courtesy of Direct Relief International
Caption: Kevin McKernan*

positive change, what better direction is there to pursue change than in the areas where we have significant expertise?"

For example, as a leader in diabetes care, Lilly not only has a special interest in this area of medical research but also a history of scientific excellence in treating patients with diabetes.

"There is a greater synergy when you marry charitable contributions with the business focus," said James A. Harper, president of the endocrine business unit. Harper is serving a second term on the board of directors of the American Diabetes Association (ADA).

"It's critical for Lilly to align itself with the constituents we serve," Harper said. "With our long-standing commitment to diabetes research, it's only natural to create an alliance with an advocacy group with whom we can partner and further advance the interests of people with diabetes and their families."

Toward that effort, Lilly provided more than \$1 million in cash and product support in 1994 for the ADA—both at local and national levels. And in 1995, that figure will most likely swell to \$2 million, since Lilly is a major sponsor of a national diabetes awareness campaign the ADA will launch in June. Globally, Lilly has provided tens of thousands of dollars to support programs of the International Diabetes Federation and research fellowships under the European Association for the Study of Diabetes. And opportunities abound for Lilly to partner with organizations that advocate awareness and treatment for diseases on which the company has targeted its research focus, including mental illness and women's health issues.

"Part of disease-state management includes partnering with organizations that help create patient awareness of disease symptoms and potential treat-

ments and provide support for patients and their families," Cimino said. "Lilly recognizes the value of these groups as partners and directs resources to them to help ensure their success."

These resources not only include donations of cash and product but also the donation of time by Lilly employees who serve as volunteers and members of boards of directors.

"Lilly's representation on the board of directors of the ADA provides the association with valuable corporate insight and allows our viewpoint to be shared with the pharmaceutical industry," said John Graham, chief executive officer of the ADA. "Both Lilly and the ADA are engaged in activities that improve the lives of people with diabetes. This joint mission fosters a unique synergy between the not-for-profit and profit sectors." **E**

—by Laura Stallman

NEWS OF



Eli Lilly and Company, Indianapolis, Indiana 46285

Date May 11, 1995
For Release Immediately
Refer to (317) 276-3253

Lilly Continues Its Support for the People of Ukraine With \$3.6 Million in Medical Donations of Insulin and Antibiotics

Eli Lilly and Company is donating \$3.6 million worth of insulin, antibiotics and other medicines to the people of Ukraine. The donation, which continues the efforts by Lilly since 1990 to help meet Ukrainian medical needs, is being made through the American International Health Alliance (AIHA), which works with Ukraine's officials to identify health needs of the Ukrainian people.

This donation is being made with the close cooperation of the United States government; the Department of State has made arrangements for and is providing, free of charge, shipment of the Lilly medicines to Ukraine.

The majority of the medicines are designated for hospitals in Kiev and L'viv, both of which are part of the Hospital Partnership Program supported by the United States and Ukraine governments.

"As the nations of Eastern Europe emerge from beneath the shadow of the former Soviet Union, their people's pressing needs in a number of areas, including health care, are being identified and addressed through unique cooperative efforts by governments in Europe and the United States, by private organizations, and by private business," said Patrick P. Fourteau, Lilly vice president responsible for the company's activities in Eastern and Central Europe. "Lilly is a health care company with products that can help meet people's medical needs, and we are proud to continue our support for Ukraine by making these donations.

"Right now, in cooperation with AIHA, we are developing special training programs for Ukrainian physicians, particularly those who will be using insulin to treat people with diabetes," Fourteau continued. "Through this program, physicians from Ukraine will come to diabetes centers in the United States for

ELI LILLY AND COMPANY MEDICAL DONATIONS TO THE UKRAINE

Eli Lilly has made donations of medicines to the Ukraine since 1990. These donation were valued in excess of \$2 million and included insulin and cancer chemotherapy agents.

Lilly has extended its commitment to the Ukraine with this present donation which is valued at \$3.6 million. It includes antibiotics to treat bacterial infections for more than 65,000 children, insulin for diabetes therapy for more than 4,000 children for a year and ulcer medications for the treatment of gastroesophageal reflux disease and ulcers for 17,500 patients for one year.

This donation is being made in cooperation with the American International Health Alliance (AIHA) and will be focused primarily in the Partnership Hospitals in Kiev, Donetsk, L'viv and Odessa. Transportation costs (approximately (\$120,000) are being funded by the Department of State.

Eli Lilly and Company Medical Donations to Ukraine

Eli Lilly and Company

Eli Lilly and Company is one of America's oldest pharmaceutical firms. It was founded in 1876 by pharmacist Colonel Eli Lilly in Indianapolis, Indiana. Today, the company's products are sold in 120 countries.

The company has a long history of providing medical products to people in need. This dates back to the first shipment of medicines to the victims of the San Francisco earthquake in 1906. In 1994, Lilly humanitarian donations in cash and medicines totaled more than \$120 million, ranking the company among the most charitable of all U.S. corporations.

Lilly is among the pharmaceutical industry leaders in its commitment to research. The company will spend more than \$1 billion in research and development in 1995. Those expenditures will be focused in five critical areas of health care needs:

- * Cancer
- * Cardiovascular Diseases
- * Endocrine Disorders (diabetes focused)
- * Central-Nervous-System Disorders (Alzheimer's disease)
- * Infectious Diseases

Medical Donations to Ukraine

Lilly has made donations of medicines to the Ukraine since 1990. These donations have amounted to more than \$2 million dollars and include insulin and cancer chemotherapy agents.

Lilly is extending its commitment to Ukraine with the donation of an additional \$3.6 million dollars worth of insulin, antibiotics and other medicines.

This donation includes:

Humulin® (human insulin) - Providing enough insulin for diabetes therapy for more than 4,000 children with diabetes for a year

Oral and injectable antibiotics - Providing courses of therapy to treat bacterial infections in more than 65,000 children.

Anti-ulcer agent - Useful in treating ulcers and gastroesophageal reflux disease for 17,500 patients for a year.

This donation is being made in cooperation with the American International Health Alliance (AIHA) and will be focused primarily in hospitals in Kiev (Maternal and Child Health Center) and in L'viv (Paranatal Center). Both institutions are part of the Hospital Partnership Program supported by the U.S. and Ukraine governments.

As part of this donation, Lilly and AIHA will develop training programs for physicians who will be treating patients with diabetes. The training, which will take place both in Ukraine and at diabetes centers in the U.S., will include seminars and a series of symposiums.

In addition, Lilly is sponsoring training for physicians and nurses on the use of the donated medicines.

Lilly views this donation as being supportive of the efforts of the U.S. Congress and President Clinton to demonstrate good will toward the Ukrainian people.

Ukrainian Diabetes Project

In addition to the medical donation through the AIHA, Lilly will donate insulin to the Ukrainian Diabetes Project, which will provide insulin to treat some 450 children in Cherkasy, Poltava and Vinnitsa for one year. Until recently, insulin and other diabetes supplies have been in short supply in Ukraine.

Since 1990, Lilly has provided support for the vital activities of the Ukrainian Diabetes Project, including the distribution of insulin and other diabetes supplies in Ukraine and the conduct of educational training programs for diabetic patients with diabetes there. In addition, the Project is initiating a summer camp program for children with diabetes where they can learn about administering daily insulin injections and proper diet and exercise and develop self-esteem as they learn to lead normal lives.

**VISIT OF THE FIRST LADY
TO
MOSCOW, RUSSIA**

EVENT: Saviour's Hospital of Peace & Charity

DATE: Friday, January 14, 1994

TIME: 10:00 a.m.

PRESS: Pool

SCENARIO: Dr. Goldberg, Irma Goertzen and Mrs. Lukeena greet Mrs. Clinton and Mrs. Yeltsin curbside at the Pediatric Building.

They proceed inside the building on the first level. They turn left down the south wing of the hospital to view the equipment room. Mrs. Yeltsin, Mrs. Clinton and Dr. Goldberg enter the room first. After a few minutes, the other participants of the tour may proceed into the equipment room.

Upon leaving the equipment room, Mrs. Clinton and Mrs. Yeltsin turn left returning in the direction they came in. They proceed up to the third floor up the center stairs of the hospital which are near the point of entrance to the Pediatric Building. hallway.

On the third floor, Mrs. Clinton & Mrs. Yeltsin turn left down the south wing of the hospital. Half way down the hall, they come to the patient room on the left.

Patient Room:

The patient room will contain the equipment/furniture that was donated to the hospital from the U.S. Three beds will be positioned on the lefthand side of the room with children in them. The press will be positioned on the righthand side of the room.

Upon entering the room, Mrs. Clinton and Mrs. Yeltsin will meet and greet with the three children with the child in the middle bed serving as the main focus.

Mrs. Clinton & Mrs. Yeltsin will exit the patient room and proceed directly across the hall to the birthing class.

Birthing Class:

The participants (pregnant mothers and fathers) in the birthing class will be seated in a "U." Approximately 8-10 participants. The instructor will be at the top (or center) of the "U." There will be chairs seated next to the instructor mixed in with the class for Mrs. Yeltsin and Mrs. Clinton.

The ladies proceed to the chairs to participate in the birthing class.

The ladies exit the birthing class, turn right and proceed down the hall. At the end of the hall on the left, they come to the room where the roundtable discussion will be held.

Upon leaving the roundtable discussion, the ladies will turn right, then turn left down the stairs to the first floor. At the bottom of the stairs, in the hallway, Mrs. Clinton and Mrs. Yeltsin will be greeted by the Savior's Hospital Church choir who will sing a short song for the ladies.

The ladies then proceed left down the hallway, turn right and exit through the door they entered through.

SAVIOR'S HOSPITAL FOR PEACE AND CHARITY

BACKGROUND:

Savior's Hospital for Peace and Charity, formerly Municipal Hospital Number 70, is a 1,100 bed facility, specializing in maternity, neonatal and pediatric care, general and specialty surgery and internal medicine. Established 35 years ago, in 1950, the hospital employs 300 physicians and a staff of 1,200. Chief physician of Savior's Hospital for Peace and Charity is Alexander Goldberg, MD, who joined the hospital staff nine years ago as chief of surgery and held that position for three years before becoming chief administrator.

Until 1992 Savior's Hospital for Peace and Charity was known as Municipal Hospital Number 70. The hospital is situated on grounds with a 300 year old Russian Orthodox Church. The church was built by a nobel Russian family and used by ordinary people until 1941 when it was taken over by the Russian military which used the church for some time to train police dogs. The church was reopened in 1991. The joint venture between the hospital and the church was blessed by the Patriarch Alexey II and the new name of the hospital reflects both the relationship with the church and the expanded mission of the hospital.

MRS. YELTSIN:

Mrs. Yeltsin will be announcing the donation of bassinets to the hospital. Further information concerning the procedure of the donation and the number of the items to be donated is not available.

ICON GIFT:

A priest from Savior's Church will be presenting you with an icon that a member of the church has made. The figure that is on the icon is Patriarch Tikhon, a saint of the Russian Orthodox Church. He is glorified in the Russian Orthodox religion, because he was the first Patriarch of the Russian Orthodox Church since 1700, when Peter the Great dissolved the Patriarchy. He has been chosen as the image on this icon because of the years that he spent in the United States

Tikhon, whose full name was Vasili Ivanovich Belavin, was born in the Pskov region of Russia in 1865. In 1898 he was sent to Poland as bishop. The following year he was sent to New York, where he remained as Bishop of the Russian Orthodox Church until 1907. Among his many accomplishments while in the United States were the founding of a seminary in Minneapolis, and the creation of the Tikhonovsky

Monastery in Scranton Pennsylvania. In 1907, he opened the first Russian Orthodox church in North America, in Mainfield, Alaska. He returned to Russia in 1907 where he was made Patriarch of Moscow. In 1917 he became Patriarch of all of Russia and died in 1925. He was canonized and made a saint in 1989.

ROUNDTABLE PARTICIPANTS AT HOSPITAL

Mrs. Clinton

Mrs. Yeltsin

Dr. Alexander Goldberg President, Savior's Hospital of
Peace and Charity

Dr. Goldberg has been the chief physician of Savior's Hospital for six years. He came to the hospital as chief of surgery nine years ago and held that position for three years before becoming chief administrator.

Mrs. Irma Goertzen (gert-zen) President, Magee International
Hospital

Mrs. Goertzen has been in the health care industry for 37 years. She earned both a Bachelor of Science in Nursing and a Master's degree in Administration from the University of Washington, Seattle. She served as the Administrator at the University of Washington Hospital for five years, as one of the first women to serve in that role in a major teaching hospital before becoming the President and Chief Executive Officer at Magee Womens Hospital. Goertzen is nationally known in health care. She is a widely travelled speaker and consultant. She has been appointed to the National Advisory Council on Nurse Training of the Health Resources Administration, as well as being one of the first women to serve on the Washington State Board of Health.

Tanya Kotys (coat-is) Program Director, Magee-Womencare
International

Ms. Kotys is the program coordinator for the Moscow-based Magee-Savior's health partnership since its creation in 1992. Womencare International is the humanitarian assistance arm of Magee Womens Hospital in Pittsburgh. Ms. Kotys has also worked extensively as a program design consultant for international development projects, illustrating her dedication to teaching, community affairs and women's health issues.

Dr. Vadim Lopukhin (lop-u-keen) Deputy Chief, OBGYN,
Savior's Hospital

Dr. Lopukhin has held his position at Savior's Hospital for five years. He also teaches at the Semashko Medical Institute. His subspecialty is high-risk pregnancies for women with heart disease.

Dr. Yelena Burtseva (bert-seeva) OBGYN & President, Women
& Family Foundation

Dr. Burtseva has been an obstetrician gynecologist with Savior's Hospital since 1982. In April of 1993, she

became president of Savior's newly formed "Women & Family Foundation," a non-profit auxiliary dedicated to supporting the work of the hospital through community service and by raising funds through such activities as craft sales.

***Dr. Ivan Leshkevich** (lesh-ca-vich) Deputy Director,
Maternal & Child
Health, Moscow Health
Department

Dr. Larissa Kuzmenko Pediatrician
Dr. Kuzmenko has been with Savior Hospital for two years, and has a subspeciality in endocrinology for newborns. She is also a professor at the Gemashko Medical Institute.

***Eduard Nechaev** (ne-chy-ev) Minister of Health, Russian Federation

Irina Pisareva (pease-a-reeva) Midwife, Savior's Hospital
Ms. Pisareva is an instructor with the Women and Family Education Center, teaching prepared child birth classes at a regional textile factory. Prior to joining the education center, she worked at Savior's for five years as a midwife on the postpartum unit.

* denotes the members Mrs. Yeltsin specifically requested.

Outer ring participants:

Mrs. Bentsen

Mrs. Pickering

Mrs Lukina

Pam Golden Director of Communications, Magee Hospital

Bernice Bennett American International Health Alliance

Rebecca Kalisher American International Health Alliance

Dr. Sibirsky (sa-beer-sky) The U.S. Embassy Local Advisor
and good friend of Mrs.
Yeltsin.

Dr. Jack Lesar (le-zar) Project Specialist, Agency for
International Development

BIRTHING CLASS PARTICIPANTS

* Marina Korotenina (coor-ot-nina)
Olga Trianina (tree-a-nina)
Svetlana Kurchina (svet-la-na coor-che-na)
Tatiana Tsybenko (ta-te-anna see-ben-ko)
Natalia Modlin (na-tal-yea mowed-lin)
Mikhail Modlin (mick-ale mowed-lin)
Yelena and Andrei Yuriev (yur-e-ev)
Mikhail G. Shliberg (sh-ly-berg)
Maria E. Pupysheva (pu-pu-she-va)
Tatiana Kharitonova (kar-e-tow-nova)
Yelena V. Andreeva (ya-lee-ne)

* Instructor

ROUNDTABLE DISCUSSION

In setting up the roundtable discussion with the Magee and Savior hospital administrators, the advance team characterized this meeting as an opportunity for you and Mrs. Yeltsin to learn 1) about the Magee-Savior Partnership, 2) the status and problems confronting Russia's health care system, and 3) Magee-Savior's equipment, medical and support needs.

The Magee-Savior partnership, which was initiated in the spring of 1992, has the following objectives: to develop a culturally-sensitive model of improved obstetric care which can be easily and economically replicated throughout Russia; to develop a model consumer and community education program for women and their families; to strengthen health care administration; and, to encourage the growth of the Russian voluntary sector as it pertains to women's issues.

QUESTIONS

1. In the nearly two years since this partnership started, how has the partnership operated and what do you believe are your most significant achievements?
2. What special considerations were necessary in developing a "culturally-sensitive model of improved obstetric care"? Can the same model be used in Moscow as elsewhere in Russia or do additional concerns need to be factored in?
3. One of your goals has been to develop a consumer and community education program for women and their families. Since the concept of being a "consumer" is still working its way into the Russian consciousness, what special considerations have been necessary to work into the program?
4. What advice do you have for any other hospitals wishing to participate in a similar partnership?
5. What further medical equipment, supplies and support are needed to continue what you've started? What are the barriers to further accomplishing your goals?

MAGEE WOMANCARE INTERNATIONAL

In March 1992, Magee-Womens Hospital in Pittsburgh, Pennsylvania began an unprecedented program to improve health care conditions for women and infants in the former Soviet Union. Working in partnership with the second largest hospital in Moscow, Savior's Hospital for Peace and Charity (formerly Municipal Hospital #70), Magee-Womens Hospital is proud to be one of the 21 American hospitals participating in the U.S. AID's health partnerships program of the American International Health Alliance.

The Magee-Savior's partnership is also a recipient of an estimated \$3 million dollars in medical equipment distributed to the former Soviet Union through the U.S. State Department's Operation Provide Hope.

As a world leader in women's health, Magee-Womens Hospital is responding to the needs of Russian women:

- to develop a culturally-sensitive model of improved obstetric care which can be easily and economically replicated throughout the former Soviet Union
- to develop a model consumer and community education program for women and their families
- to strengthen health care administration
- to encourage the growth of the Russian voluntary sector as it pertains to women's issues.

Results, 1992 - 1993

- Legal registration of the Russian non-profit "Woman & Family Foundation," the first non-government fundraising arm affiliated with a Russian hospital.
- Establishment of the "Woman and Family Center": opened July 1993, innovative education programs to Russian women and their families. Currently offering childbirth preparation, general health, and infant massage. **6 childbirth educators trained** and registered with the International Childbirth Educators Association (ICEA) Serving eastern region of Moscow and two outlying rural areas: presently averaging **125 Russian women per week**.
- Printing and distribution of educational materials: Pregnancy Guide & Calendar, Family Planning, Conception, Women's Health brochures & Breast Self-Exam cards.
- Joint construction planning and funding obtained for renovated birth house with Western standards and a model of improved obstetric care. Target: **3,000 births and 350 Russian obstetricians trained annually**.
- **100 Russian professionals** trained in basic infection control technique.
- Over **80 Russian professionals** trained in family-centered childbirth model.
- 9 exchange trips resulting in over **1,000 clinical training hours** in obstetrics & gynecology.
- Model of new health care administration: management training & planning practice, over **400 training hours**.
- Dissemination Conference planned January 1994 in collaboration with the Moscow Main Medical Administration: *Partners in Birth, the Role of Labor Support in the Medical Management of Labor*. Expected attendance: **150 Russian obstetricians and midwives**.
- Co-sponsorship of the Moscow Celebration of Women, May 1994, Speakers, workshops, and exhibits for Russian women. Guest speakers include Ella Pamfelova, Minister of Social Welfare for the Russian Federation.

Resources

first 21 months of program operation

- AID total funding (U.S. government) \$ 215,000
- Russian government funding (Moscow Main) \$ 500,000 (ruble equivalent)
for birth house construction
- Magee-Womens Hospital - in-kind funding \$ 300,000
- Private sector funding, individual & corporate \$ 40,000 (cash)
- Private sector in-kind funding \$ 600,000

Russian Government Support

- The Magee-Savior's partnership is supported by the Moscow Main Medical Administration. A certification program for educators and labor support personnel trained by the Woman and Child Center is offered through Dr. Yuri Bloshanski, Chief Obstetrician/Gynecologist, City of Moscow. The Administration has provided the ruble equivalent of \$500,000 in support of birth house reconstruction.
- The Magee-Savior's partnership is personally endorsed by Vice Minister of Health Vaganov, Ministry of Health of the Russian Federation.

U.S. Contacts:

Magee-Women Hospital
300 Halket Street
Pittsburgh, PA 15213
Irma Goertzen, President & CEO 412-641-4010
Tanya Kotys, Coordinator 412-641-1189

Russian Contacts:

Savior's Hospital for Peace and Charity
17 Federativnyi Prospekt
Moscow, Russia 111396
Alexander Goldberg, M.D., President 304-49-39
Woman and Family Center 301-15-02
Rachel Mays, Magee Representative
Marina Korotylenko, M.D., Director

PITTSBURGH - MOSCOW PARTNERSHIP

US Partner Representative:

Irma E. Goertzen
President and CEO
Magee Women's Hospital
Pittsburgh, Pennsylvania

Russian Partner Representative:

Alexander Goldberg, M.D.
President and Chief Physician
Savior's Hospital
Moscow, Russia

US Partner Institution:

Magee-Women's Hospital is a large teaching facility affiliated with the University of Pittsburgh Schools of Medicine and Nursing. One of the nation's foremost hospitals, Magee serves as the regional referral center for high-risk pregnancies and neonatal care for 10 counties surrounding Pittsburgh.

Russian Partner Institution:

The free-standing birth house of Savior's Hospital for Peace and Charity, the second-largest municipal hospital in Moscow, is the Russian partner. Savior's Hospital recently began the Foundation for Peace and Charity with the Russian Orthodox Church to enable hospital care for pensioners and others who are not adequately covered by state health care programs.

Areas of Partnership Focus:

Maternal and Child Health
Health Care Administration
Birthing House Operation

Consumer and Community Education
Volunteer and Non-profit Development
Moscow and divisions to develop the valuable and needed program

Partnership Progress through November, 30, 1993:

Memorandum of Understanding signed: *December, 1992*

Implementation Plan completed: *February, 1993*

Partnership Milestones

December, 1992

The first Russian delegation arrived in Pittsburgh to develop partnership goals based on their common interest in developing a modern regional Birthing House facility at Savior's.

January, 1993

An American delegation conducted workshops on infection control, birth house staffing, and family-centered childbirth, while reviewing facility plans with Russian hospital administrators. In addition, they met with staff members from Women's World magazine who have raised close to 700,000 rubles for the project through monthly magazine appeals.

March, 1993

An American delegation traveled to Moscow to provide organizational guidance to the Birth House Voluntary Auxiliary.

April, 1993

The Chief of Pediatrics and the Director of Educational Program at Savior's Birth House arrived in Pittsburgh for clinical training in new born pediatrics and curriculum development.

May, 1993

An American delegation arrived in Moscow to assist in administrative and financial planning and business plan developments.

June-December, 1993

Printing and distribution of educational materials: Pregnancy Guide & Calendar, Family Planning, Conception, Women's Health Brochures and Breast Self-Exam cards.

July, 1993

Establishment of the "Woman and Family Center," for innovative education programs to Russian women and their families. Currently offering childbirth preparation, gen. health and infant massage. Serves eastern region of Moscow and two outlying rural areas, averaging 125 Russian women per week. The Main Moscow Medical Administration also donated the ruble equivalent of \$500,000 in support of the reconstruction of a birthing house as a model of Western standards and improved obstetric care.

September, 1993

A cooperative agreement in community health education was formed with Johnson & Johnson for a mobil education van to travel to different sites in Moscow and environs to distribute vaccines and other materials.

October, 1993

Dr. Goldberg traveled to Pittsburgh and Washington to make a presentation on the partnership's successes in obstetrics and strategies for dissemination at the AIHA Fall Partnership Conference.

October, 1993

The director of a rural factory contacted Savior's hospital to request a pre-natal health care class for local women. As a result, two Russian health educators began traveling once a week to this rural village to teach pre-natal care and to offer labor and birth workshops according to the methods they learned from their colleagues in Pittsburgh.

November, 1993

Tania Coates, Magee Project Coordinator, assisted in the distribution of 21,000 pediatric DPT vaccines, donated by the National Institute of Health, to children at polyclinics, hospitals and public schools in Moscow.

January, 1994

Dissemination Conference planned in collaboration with the Moscow Main Medical Administration: "Partners in Birth, the Role of Labor Support in the Medical Management of Labor." Expected attendance: 150 Russian obstetricians and midwives.

Person Trips: 32

Person days: in Pittsburgh -- 240
in Moscow -- 418

In-kind Contribution: \$595,031

AIHA -- USAID Contribution: \$357,823

1993 Project Total: \$952,854

1994 Estimated Projected Total: \$1.15 million

AIHA is the only center in the United States, started in November, is the only center in the United States conducting research exclusively on women's health. The center is a part of the

Magee-Womens Hospital

Magee-Womens Hospital is an acute care, teaching and research hospital, and one of very few specialty hospitals nationwide devoted to the health care of women and infants.

Magee provides obstetrical, neonatal, gynecological and gynecological-oncological services for residents of Western Pennsylvania, Eastern Ohio and Northern West Virginia. It is the only Level III perinatal hospital in a 10-county area of Southwestern Pennsylvania providing high-risk pregnancy care, and its Neonatal Intensive Care Unit is the largest in Pennsylvania, with approximately 1,200 infants admitted each year.

More than 9,000 babies are born at Magee each year, making the hospital one of the largest private obstetrical services in the United States.

Because of its high patient volume, and its position as the Ob/Gyn teaching hospital of the University of Pittsburgh School of Medicine, Magee is a national leader in research in the areas of women's and newborn health.

The Magee-Womens Research Institute, opened in November, 1993, is the only research center in the United States concentrating exclusively on women's health. The Research Institute continues and extends the exemplary research conducted by Magee physicians and scientists specializing in neonatology, pregnancy complications, infertility, sexually transmitted diseases and genetic diseases. Its agenda also will focus on the concerns of particular importance to postmenopausal women: cardiovascular disease, breast, cervical and ovarian cancers, and autoimmune diseases such as arthritis, lupus and scleroderma.

Magee trains more than 650 interns, residents, nurses and paraprofessional personnel annually; education programs for physicians include Ob/Gyn, medicine, intensive care medicine, plastic and reconstructive surgery, neonatology, radiology, pediatrics, surgery, pathology and anesthesiology.

More than 350 physicians are on staff at Magee, and approximately 90 percent of the active staff is board certified.

MEDICAL EQUIPMENT AND SUPPLIES

BACKGROUND

Operation Provide Hope was created after the collapse of the Warsaw Pact. Initiated in 1992, the Heidelberg, Germany-based 7th Medical Command (in coordination with the DoD Office of Humanitarian and Refugee Affairs and Military Traffic Management Command-Europe) plans and coordinates the delivery of excess military medical material to countries identified by the State Department. After the equipment is delivered and installed, the soldier-specialists train local hospital workers on the operation and maintenance of the U.S. equipment. The hospital you are visiting in both Moscow and Minsk are recipients of Operation Provide Hope supplies and equipment.

The donated equipment comes from medical stocks declared excess by DOD when the collapse of the Warsaw Pact reduced the threat of war in Western Europe. Most of the donated material comes from U.S. war-reserve hospitals stored in Europe, with some medical facilities in Europe that are reducing services or closing. While much of the equipment is not considered state-of-the-art, it is all operational and ready for use. The basic list of donated material includes beds, linens, X-ray units, steam sterilizers, ventilators, laboratory equipment, surgical instruments, gowns, bandages and hypodermic syringes.

Despite its name, which has its genesis in the Bush Administration, current Operation Provide Hope missions are operating as a Clinton Administration initiative.

MOSCOW (Operation Provide Hope III)

The dental supplies delivered to Moscow as a result of the arrangement between you and Mrs. Yeltsin were given to the Central Research Institute of Stomatology. (According to the State Department, none of those supplies were given to Savior's Hospital.) Included were dental chairs and operatories, X-Ray equipment, sterilizers, beds/mattresses and linens, dental surgical instrument cabinets and tables, electrosurgical apparatus, dental lights, compressors, dental laboratory equipment and supplies. Estimated value was \$1.5 million. You are visiting Savior's Hospital at Mrs. Yeltsin's request, however, in place of the Central Research Institute to which the supplies had been given.

Savior's Hospital: As part of Operation Provide Hope III, 32 containers of medical equipment and supplies valued in excess of \$3 million were delivered to Savior's Hospital. Included were 300 new beds, mattresses and associated linen, sterilizers, X-Ray equipment and supplies, anesthesia machines, 8 critical intensive care beds, surgical equipment and supplies, wheel chairs, ward furniture and supplies, etc.

(NOTE: Operation Provide Hope III was in specific response to a commitment President Clinton made to President Yeltsin during the Vancouver Summit. In September-November 1993, a 53-member team delivered and installed equipment from 1,000-bed war reserve hospitals in nine hospital and two dental facilities in the Russian capital. The team continued its mission throughout a violent coup attempt October 3-5. Medical supplies that were part of the U.S. donation were put to use by Moscow trauma centers to treat hundreds of Russians wounded in the violence. At the mission's end, team members received a personal thank you from Mrs. Yeltsin.)

MINSK (Operation Provide Hope IV)

Beginning January 13, a 7th MEDCOM-led assessment team will assess local health care facilities in the Belarus capital in preparation for the delivery of excess DoD hospitals equipment.

The assessment team consists of two Army doctors and several specialists in medical equipment and logistics. They will lay the groundwork for a later shipment of a 500-bed hospital from "Cold War" reserves presently stored in England.

According to State, the medical supplies you will see being unloaded are a "good will" gesture as the team comes to do its assessment. Additional supplies and equipment will be delivered upon completion of the assessment. In the meantime, the team will supply disposable hospital supplies such as gloves, gowns, etc.

cc: Melanne
file Melanne
LEONARD L. SILVERSTEIN
1776 K STREET, WASHINGTON, D. C. 20006

March 14, 2000

Mrs. Clinton
The White House
Washington, DC 20500

Dear Hillary:

Following our brief discussion at your Opera luncheon, I am writing to thank you, once again, for all of your help in support of Galina and Slava's Russian children's vaccination project.

To tell you more: subsequent to a successful pilot vaccination program, the Vishnevskaya-Rostropovich Foundation proposed to vaccinate 500,000 children in the Nizhny Novgorod region under the Food For Progress program of the Department of Agriculture. Despite a general delay in the USDA program, President Clinton responded favorably to a letter from Slava to approve the program proposed by the Foundation. The Vishnevskaya-Rostropovich Foundation has the means and facilities to assure that the children will, in fact, be vaccinated.

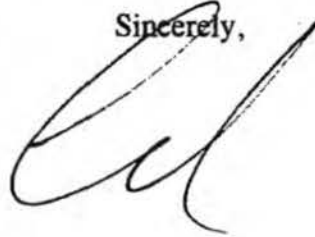
None of the foregoing would have occurred were it not for your initial interest in the Vishnevskaya-Rostropovich Foundation when you visited Georgetown Hospital with Mrs. Yeltsin. In the instant matter, with the support of Secretary Glickman, Messrs. Talbot, Pickering and Berger, and, with the help, once again, of yourself and your wonderful Chief of Staff, Melanne, the President gave the go-ahead to Slava's personal appeal.

An announcement will be made on May 10 or 11 in Russia. The program furthers your longstanding interest in children and is a marvelous public/private partnership. Slava and Galina are overjoyed.

We will keep you advised of developments. If more specific details interest you, please let us know.

With many, many thanks again.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'C' or 'G' followed by a flourish.



United States Department of State

Washington D.C. 20520

FAX COVER SHEET

HUMANITARIAN PROGRAMS

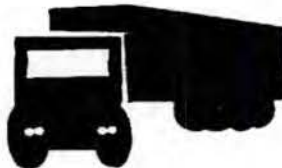
OFFICE OF THE SPECIAL ADVISOR TO THE PRESIDENT
AND SECRETARY OF STATE ON ASSISTANCE
TO THE NEW INDEPENDENT STATES
S/NIS/C

DATE: 6/13TOTAL PAGES: 3TO: Nicole RabnerFAX NUMBER: 456 - 2878

FROM:

- ☐ Colonel Russ Hardesty (202) 647-1224
☒ John B. Post (202) 647-1536
☐ Andrew Hewitt (202) 647-3046

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



SUBJECT/COMMENTS:

Friday the 13th ☹

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'S 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

THE WHITE HOUSE

WASHINGTON

April 28, 1995

MEMORANDUM FOR CHERYL MILLS AND KATHY NOLAN

FROM: MELANNE VERVEER

RE: HRC's Trip to Moscow and Kiev

There are two issues relating to the First Lady's trip to Moscow and Kiev that we would like to run past you, at NSC's advice. Both relate to medical donations from U.S. pharmaceutical companies that the First Lady would like to announce during her visit. Because of the time sensitivity of these issues, I would appreciate your advice or approval, if possible, by close of business today.

1. Moscow and Bristol-Myers Squibb

During the Yeltsin Summit in Washington last September, Mrs. Yeltsin and Mrs. Clinton spent significant time together, primarily discussing health care issues. Mrs. Yeltsin made a direct appeal to Mrs. Clinton to help her address the need for a nutritional formula needed by children and adolescents who suffer from an intolerance to the amino acid PKU. Without the nutritional formula, the children afflicted can suffer development problems and even retardation.

Following the visit, we tried through the Office of the Coordinator at the State Department, USAID and the Rostropovich Foundation to follow up on Mrs. Yeltsin's request. Because of the Rostropovich Foundation's relationship with Bristol-Myers Squibb, the main producer of this nutritional formula, we sought advice from them as well. A few months ago, we had a meeting here with representatives from BMS, the Office of the Coordinator and the Rostropovich Foundation at which the First Lady stated her desire to be responsive, if possible, to Mrs. Yeltsin's appeal. The representatives of BMS have since been working on the issue and have reported back with an offer to make a donation of \$300,000-400,000 worth of the formula on behalf of the First Lady. In addition, Russia has recently purchased a large amount of the formula from BMS, so the donation would be transported to Russia when the need again arises. BMS further indicated willingness to participate in efforts to address the problem on a more long-term basis.

During her upcoming visit to Moscow, Mrs. Clinton will visit a Children's Hospital in Moscow with Mrs. Yeltsin. There we would like to announce this donation. There are no strings attached to this one-time gift.

2. Kiev and Eli Lilly

In the context of discussions about the First Lady's trip to Kiev, we were informed by the State Department that Eli Lilly has agreed to donate \$2-3 million worth of pediatric medicines, including pediatric antibiotics, insulin and cancer drugs to Kiev. Eli Lilly has been a generous contributor to the State Department's humanitarian program, in which the State Department arranges and pays for the transportation of critically needed medicines that are donated by U.S. companies. The medicines donated to Kiev will be distributed through the hospital partnership program supported by USAID, called the American International Health Alliance, in which U.S. hospitals are matched with counterparts in the NIS to promote training, professional exchanges, etc. The program leverages huge voluntary dollars with relatively little USG investment. The hospital partnership through which these Eli Lilly medicines will be donated pairs major hospitals in Philadelphia with the Maternal and Children's hospitals in Kiev. During her upcoming visit in Kiev, Mrs. Clinton is scheduled to visit the Kiev Maternal and Children's hospital. We chose this site in large measure to highlight the hospital partnership and to demonstrate support for the program. During this visit, we would like to formally announce this humanitarian donation and invite the CEO of Eli Lilly to join us there to make the presentation.

Please advise whether there is any ethical reason not to go forward with either presentation of medicines.

13 April 1995

→ To: Nicole Rabner-OVP

From: John Post-S/NIS/C

Subject: Pediatric medicines donation to the Ukraine

1. It was nice talking with you concerning the Eli Lilly donation of pediatric medicines to the Ukraine. It now looks like this donation will be in the \$2-3 million range and will include pediatric antibiotics, insulin and cancer drugs. This is a real windfall for us, and the timing couldn't be better with the possibility of the First Lady going to one of the Partnership hospitals. *+ Melanne - I don't understand difference between Partnership hosp. which is also Govt. and other one*

2. Eli Lilly has been a generous contributor to our humanitarian programs since this office opened over three years ago. They have donated directly through the Department of State and through US non-profit PVO's. Our office arranges for and pays for the transportation of these critically needed medicines. Last year they donated over \$1 million worth of insulin, antibiotics and ulcer medicines to the Ukraine.

3. Jim Smith, Executive Director of the American International Health Alliance, agreed to support the distributions of the Lilly donation to the Partnership hospital in Kiev. Enclosed you will find information on the Partnership. Two or three additional PVO's will assist with distribution of the remaining medicines to other areas in the Ukraine.

agreed 4. Eli Lilly has offered to send one of their executives (possibly the CEO) to Kiev to participate in an official ceremony for the donation of their medicines. Based on the extraordinary size of this donation I think it would be appropriate. What are your thoughts?

5. At the present time S/NIS/C is coordinating the delivery of approximately \$17 million in Department of Defense (DOD) excess medical equipment and supplies to Donetsk, Ukraine. We have a team of 41 US military personnel in Donetsk unpacking, installing and training the local health care providers in the proper use of the equipment. The project is due to be completed at the end of May. One of the hospitals being upgraded is the Regional Oblast Children's Clinical Center, a 520 bed referral hospital that serves the entire state of Donetsk for all types of pediatric services. This hospital

*need to discuss
As an w/p on
staff* [will be the recipient of a portion of the Eli Lilly donation. We have recommended that the President announce the DOD hospital project during his visit to Kiev, and sign a document transferring the donation to the Government of the Ukraine.

6. As discussed earlier, I will be on travel from 17 April through 4 May. Tom Macklin will be following this issue in my absence. His # is 647-4635. Thanks so much for your help. Seeing the looks on the childrens faces that will be receiving this support makes all this work worthwhile.



U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Bureau for Europe & NIS

Office of Human Resources

Health & Population Division

TELEFAX TRANSMISSION

Date:

4/26/95

No. Pages to Follow

1

TO:

Nicole Rabner-WH

Fax No.:

Tel.:

456-6244

FROM:

PAUL HOLMES

ENI/HR/HP, Room 2638 N.S.

Fax No.: (202) 736-4448

Tel.: (202) 736-4812

SUBJECT:

FKU-Russia

Remarks/Memo:

Nicole — As promised!
 Since this has not yet been
 aired here or in the AID
 Mission in Moscow, please
 handle w/ discretion as
 discussed.

Talk tomorrow.

AID assistance in
Human Resources to:

Albania
 Belarus
 Bulgaria
 Cyprus
 Czech Republic
 Slovakia
 Estonia
 Hungary
 Kazakhstan
 Kyrgyzstan
 Ireland
 Latvia
 Lithuania
 Moldova
 Poland
 Portugal
 Romania
 Russia
 Tajikistan
 Turkey
 Turkmenistan
 Ukraine
 Uzbekistan

file Russia

To: Alan Silva, Barbara Turner@AA.ENI
From: Paul Holmes
Cc: Carolyn Coleman, Katie S. McDonald, Pamela Baldwin@ENI.NCA, Molly Mort, Jane E. Stanley@HPN@MOSCOW, Roger J. Simmons@OD@MOSCOW
Bcc:
Subject: PKU and White House Request
Attachment:
Date: 4/26/95 12:51 PM

I talked with Nicole Rabner: Office of the First Lady

BACKGROUND: The original request for PKU nutritional supplements was made by Mrs. Yeltsin to Mrs. Clinton at the White House in September 94. WH does not know the basis of Mrs. Yeltsin's interest, but she was clearly very passionate that "we must have this stuff." There has been no further direct Yeltsin to Clinton communication on this, but Mrs. Clinton did meet with Bristol-Myers Squibb representatives and representatives of the Vishnevskaya-Rostopovich Foundation in January 1995 and BMS has been doing background work on this since then. No formal letter or proposal has been received from BMS. BMS is one of the 3 firms still participating in the MTTA.

The WH would like to be responsive as possible and reasonable to Mrs. Yeltsin's request, would like to accept the donation, and explore ways by which that donation might be leveraged towards a more sustainable approach to PKU. I indicated that while politically important and important to those directly affected by PKU, in the overall scheme of public health issues in Russia, this is not currently a high priority for USAID and that we did not anticipate USAID applying substantial resources towards addressing the issue, either for purchase of commodity or related TA or training. (NOTE: In the U.S. incidence of PKU is approximately 1 per 20,000 - therefore, this is not a major public health problem). We discussed options whereby USAID could be supportive:

Nevertheless, I promised Nicole that ENI would get back to the First Lady's Office late today or early tomorrow with some specific suggestions. I'd like to suggest (and get your quick feedback on) the following:

a) Concur that it is appropriate for BMS to make the donation on behalf of the First Lady and that it is appropriate for Mrs. Clinton to commend BMS for their generosity and commitment to those effected by PKU in Russia.

b) Suggest that USAID/Moscow, in communication with Mrs. Yeltsin, may wish to use some of their NET funding to bring NTE a couple of Russian specialists to the states for this issue.

c) That 1-2 representatives of USAID agree to ~~meet~~ join the Office of the First Lady for discussions with reps of BMS immediately (say Friday) to clarify USAID's position on this, to explore ways by which BMS might make this more sustainable, and to offer suggestions for other USG agencies which might potentially become involved. We might wish to invite TDA.

HR/HP and I'd be happy to coordinate your responses on this or meet this afternoon to discuss. I am not familiar with the "non-health" issues which also may be up for discussion with them.

BACKGROUND

In meetings with Bristol-Myers Squibb (BMS) personnel in Munich and Russia, officials of the Russian Ministry of Health and the Russian PKU Foundation claim the following registered patient population:

Babies below 1 year	59
Children between 1 and 3 years	324
Children above 3 years	<u>1,021</u>
Total number of patients	1,404

Although the Russian officials are very proud of their screening program, when compared with other countries, it appears that their numbers are far too low. For example, in the United Kingdom (UK), where they have been screening for PKU for 30 years, the total patient population is 3,000.

Consumption figures based on UK experience would have the following results:

Babies below 1 year	95% compliance - 25 kg per year
Children between 1 and 3 years	70% compliance - 18 kg per year
Children above 3 years	40% compliance - 12 kg per year
Children all others	25% compliance - 6 kg per year

The total PKU products that would be needed are as follows:

1,500 kg Lofenalac - 3,333 cans
12,000 kg Phenylfree = 26,666 cans

Whereas, in effect, BMS shipped in 1994:

19,974 cans Lofenalac
129,600 cans Phenylfree

Clearly this shows profound differences between the Western and Russian experience. After much investigation, BMS was able to ascertain that the Russian calculate consumption at almost 100% compliance based on:

Babies below 1 year	36 kg per year
Children over 1 year	58.40 kg per year

Using this assumption, the following quantities would be needed::

Lofenalac 2,124 kilos or 4,720 cans
Phenylfree 78,606 kilos or 174,680 cans

These figures are in line with Russian purchases in 1994 but the following discrepancies are clear:

1. The Lofenalac figure seems low and we must assume that the number of babies born has either fallen very dramatically or is incorrect.
2. The Phenylfree figure of cans sold in 1994 may be correct considering that a much higher protein content formula is being purchased from Poland.

It is difficult to draw conclusions from this data. We may need a lot more work. This work may not be finalized in time for Mrs. Clinton's meeting with Mrs. Yeltsin.

RECOMMENDATION

At this stage, you may want to make the following proposals:

1. A donation will be made by Bristol-Myers Squibb, on behalf of the First Lady, of one 20 ft. container of Phenylfree formula, which is approximately 16,200 cans. At current prices this would have a sales value of \$356,000 and will care for 125 children for a whole year. Current Russian supplies will run out in the 4th quarter of 1995. BMS will coordinate with the White House and the Rostropovich Foundation to deliver the container during the 4th quarter of 1995.
2. The U.S. Government may want to finance a Russian experts visit to Washington (Mrs. Biakov, Head of the Russian Centers for Neonatal Screening, and Mrs. Khatunova, main specialist of PKU problems in the Ministry of Health). BMS would also be interested in participating financially.
3. The U.S. Government may want to recommend and support, as a result of the above visit, improvements in the Russian screening procedures and the training of Russian specialists.
4. Only after this exercise is complete, would BMS then be in a position to recommend a proposal for local filling of PKU products aimed at reducing the in-market price and increasing the overall affordability of products over the long term. We need to have an accurate Russian patient count to determine consumption needs.

April 30, 1996

COMMEMORATION OF THE TENTH ANNIVERSARY OF THE CHORNOBYL DISASTER

DATE: Wednesday, May 1, 1996
TIME: 1:00 pm
LOCATION: State Floor
FROM: Nicole Rabner

I. PURPOSE

To commemorate the tenth anniversary of the Chornobyl tragedy by saluting the efforts of the American humanitarian relief community and highlighting the leadership of the Administration. Also, to call for continuing assistance, healing and prevention.

II. BACKGROUND

April 26, 1996, was the 10th anniversary of the Chornobyl tragedy. There have been commemorative events around the country to raise awareness and additional resources for continuing assistance. You serve as honorary chair of *Chornobyl Challenge '96*, which is a coalition that has organized commemorative events around the country, including academic symposia, a non-denominational prayer service and a dinner. Other groups have organized additional events around the country.

As you know, this event was originally scheduled for April 10, 1996, but was postponed due to Ron Brown's funeral.

III. PARTICIPANTS

-HRC
-Vice President Al Gore

Program Participants

-Alexander Kuzma, Coordinator of Chornobyl Challenge '96
-Vova Malofienko, 12

Blue Room Participants

-Senator Claiborne Pell
-Rep. Nita Lowey
-Rep. David Bonior
-Ambassador and Mrs. Serguei Martinov [mahr-TI-nuff] (Belarus)
-Ambassador and Mrs. Yiliy Vorontsov [vahr-unts-UFF] (Russia)
-Ambassador and Mrs. Yuri Shcherbak [share-BAHK] (Ukraine)
-Tony Lake, NSC
-Chip Blacker, NSC
-Sandy Berger, NSC
-Carlos Pascual, NSC
-Brian Atwood, USAID

- Ambassador Richard Morningstar, State
- Ambassador Jim Collins, State
- Taras Bazyluk, State
- Laryssa Chopivksy, The Washington Group
- Hobert Earle, Conductor of the Odessa Philharmonic concert commemorating Chornobyl
- Mr. and Mrs. Malofienko (Vova's parents)

-Approximately 180 members of the humanitarian relief community, the environmental community, academia, and the American ethnic community.

IV. SEQUENCE OF EVENTS

Scenario provided by the Social Office.

V. PRESS PLAN

Open Press.

VI. REMARKS

Provided by Lissa Muscatine.

THE WHITE HOUSE
WASHINGTON

TO: THE VICE PRESIDENT
THE FIRST LADY

WHAT: TENTH ANNIVERSARY OF THE CHORNOBYL TRAGEDY

WHEN: Wednesday, May 1, 1996
1:05 p.m.

WHERE: Remarks: East Room
Receiving Line: Blue Room

of Guests Approx. 180/Open Press/Business Attire

FROM: Ann Stock, Sarah Farnsworth

1:05 p.m. THE VICE PRESIDENT and THE FIRST LADY arrive in the Red Room for event briefing.

Upon conclusion of briefing, THE VICE PRESIDENT and THE FIRST LADY proceed to the Blue Room for meet and greet.

1:20 p.m. THE VICE PRESIDENT and THE FIRST LADY are announced into the East Room, accompanied by Mr. Alexander Kuzma and Vova Malofienko.

Speaking Program:

- THE FIRST LADY makes welcoming remarks and introduces Mr. Alexander Kuzma, Children of Chernobyl

- Mr. Alexander Kuzma makes remarks.

- Mr. Vova Malofienko (12 yrs. old) makes remarks and introduces THE VICE PRESIDENT.

- THE VICE PRESIDENT makes remarks.

- Following remarks, THE FIRST LADY returns to the lectern and invites guests into the State Dining Room for a reception and the Blue Room for receiving line.

1:50 p.m.

THE VICE PRESIDENT departs.

THE FIRST LADY proceeds to the Blue Room for a receiving line.

2:40 p.m.

THE FIRST LADY concludes the receiving line and departs.

Approximately two-thirds of this case lies in
Michigan and one-third lies in Illinois. In the case
which has been referred to and other activities are related

FACT SHEET: THE ACCIDENT AT THE CHORNOBYL NUCLEAR POWER PLANT

In the early hours of April 26, 1986, during a test on the turbines in Chornobyl's Reactor No. 4, a catastrophic explosion in the reactor core destroyed much of the reactor building. The explosion and subsequent fire released massive quantities of radioactive substances -- radioactive iodine, cesium-137, strontium 90 -- into the atmosphere. The fire raged for nearly two weeks, before being extinguished May 10. Most of the 31 individuals officially recorded as dying during or immediately after the disaster were plant personnel or firefighters with little or no protection against radiation. Some 600,000 individuals from throughout the former Soviet Union helped with the cleanup that followed.

Although arguments persist over the explosion's immediate cause, contributing factors include basic flaws in the reactor's design, poor plant construction, the extreme riskiness of the test procedures used the night of the explosion, and a poor safety culture throughout the Soviet nuclear establishment. The affected reactor also had no containment structure.

Pripyat, a town of some 50,000 housing plant personnel and their families only two kilometers from the plant, was evacuated two days after the explosion. Further evacuations subsequently created a 30-kilometer exclusion zone around Chornobyl. Approximately two-thirds of this zone lies in Ukraine, and one-third lies in Belarus. Exclusion zones, in which habitation, farming, and other activities are restricted to varying degrees, have been designated throughout the large region affected by fallout. Closed zones, where no one may live or enter without a pass, are situated next to so-called permanent control and periodic control zones, where residents undergo health monitoring at various times. However, these restrictions and check-ups are not strictly enforced. In total, some 135,000 people were evacuated, although some individuals have refused to leave the zone.

Health Effects: Although precise figures may never be known, there is general agreement that the accident led to an increase in thyroid cancers among Ukrainian and Belarusian children, from approximately 6 cases a year before the accident to between 30-40 cases per year since 1990. There is also a prospect that we will see a rise in leukemia among

"liquidators" -- those who helped deal with the immediate consequences of the accident at the plant site -- can be attributed to irradiation. The U.S. Department of Energy and Ukraine's Ministry of Health are now discussing cooperative studies of leukemia among the liquidators.

Financial Impact: Estimates of the financial and human costs of the accident vary greatly. The Chornobyl Ministry estimates Ukraine has spent over \$3 billion in the four years since independence on Chornobyl-related health and clean-up costs. Across the border in Belarus, where the wind carried most of the heaviest concentrations of radiation, the government has been struggling with Chornobyl-related costs that have amounted to \$235 billion over the decade. More than five percent of Ukraine's draft 1996 budget--some \$695 million are current exchange rate--has been allocated for dealing with the accident's consequences. About 65 percent of this sum is devoted to direct payments--e.g. rent, utilities, medical, and other types of subsidies--to those affected by the accident, currently estimated at about 3.2 million people. The remainder is largely targeted for construction costs to resettle those in contaminated areas and for cleanup of affected areas. More than 180,000 hectares of arable land and 257,000 hectares of forest land have been rendered useless due to radioactive contamination. An additional 3 million hectares of arable land is still cultivated but has higher than normal radiation levels. In Belarus, some 25% of the land is considered uninhabitable.

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Delivery of Radioactive Material

FACT SHEET: US ASSISTANCE TO CHORNOBYL

On December 20, 1995, the U.S. and its G-7 partners joined with Ukraine to undertake a comprehensive program to close Chornobyl by the year 2000. At present, over \$2.5 billion in multilateral development bank financing and \$500 million in donor grant assistance has been made available to address needs identified in the comprehensive program. To date the U.S. has contributed over \$73 million to such efforts, including support for an International Research Center for Nuclear Safety, Radioactive Waste and Radioecology that will help create an indigenous capability to solve nuclear safety and decontamination problems at Chornobyl; enhanced fire protection and operational safety improvements at Chornobyl; assistance to Ukraine's nuclear power regulator to strengthen capabilities in such areas as decommissioning and licensing; and a broad range of energy sector projects to increase efficiency and ensure that Ukraine has an economically sound power sector after closing Chornobyl.

The United States will build on these core programs with a series of new humanitarian and technical assistance initiatives in Ukraine and Belarus during the tenth anniversary year of the Chornobyl accident. This paper describes those new initiatives.

HUMANITARIAN

Delivery of Humanitarian Assistance

A special combined humanitarian assistance surface and airlift mission to Ukraine, Belarus and Moldova was initiated to support the Chornobyl tenth anniversary project. The mission provided over \$15 million in assistance - \$5 million in donated medical equipment and supplies was shipped by surface and over \$10 million in donated medicines was airlifted to Chisinau on April 23, Kiev on April 25 and Minsk on April 27. Ambassador-designate Richard Morningstar, Special Advisor to the President and Secretary of State for NIS Assistance, along with other US and Ukrainian officials, met the airlift in Kiev. In addition to US government stocks, major donors who contributed to this effort included Eli Lilly and Company, Monsanto-Searle, Project Hope Foundation and Americares. The US government organized the deliveries through the non-governmental organization Counterpart and provided the

Through -
Provide
Hope

airlifted it
there.

ngo medicine

transportation for the deliveries. Many other donor organizations have been active in making contributions over the past four years, resulting in humanitarian contributions to Ukraine and Belarus transported by the US Government totaling over \$265 million.

TECHNICAL ASSISTANCE

Chornobyl Sarcophagus

Of the many problems Ukraine faces in dealing with the shutdown of the Chornobyl nuclear power plant, that of the sarcophagus is one of the most difficult. An acute lack of resources and the severe radiation environment has caused the present sarcophagus, which was built hastily following the Chornobyl accident, to deteriorate. The absence of alarm systems, lack of adequate radiation monitoring, physical decay, and leaks pose immediate and serious risks to the workers at the site, including those operating Unit 3 adjacent to the sarcophagus. Interim measures are necessary to stabilize the sarcophagus and reduce the risk of collapse.

The EU, U.S., Germany and Ukraine are supporting a collaborative initiative to develop short and long-term measures to stabilize the sarcophagus. Short-term options should be completed in mid-1996, allowing work to begin later this year. The U.S. government proposes to dedicate \$33 million in new assistance funds over two years to jumpstart implementation of a solution to the sarcophagus problem. Resources will be devoted to improving conditions for workers at the sarcophagus, specific interim stabilization measures, and a long-term multi-donor solution. This will demonstrate our commitment to realizing quick results on one of the most serious problems.

Additional safety equipment for Ukraine nuclear reactors

Continuing the US program to improve the safety of operating nuclear power plants in the NIS, the Department of Energy will provide \$4 million in additional display and control systems for those reactors without containment systems; these safety displays have the capability to monitor and shut down a facility before a crisis occurs.

Regulatory assistance on nuclear fuel use

The Nuclear Regulatory Commission will provide assistance to Ukraine to develop regulatory institutions for managing the purchase, licensing and use of nuclear fuel.

Energy Efficiency in Ukraine

One of the key objectives of the program in support of Chernobyl closure is adequate and reliable energy in the future. The USG is proposing to devote \$15 million to energy efficiency measures that will respond to priorities in Ukraine. These measures are proposed in the context of overall energy sector reform in Ukraine that is helping to establish rational pricing and payments signals. Funds would be used to assist in the immediate improvement of industry energy efficiency and the development of private Ukrainian energy efficiency service companies (ESCOs); support an energy savings pilot project that would target Ukraine's municipal energy problems including, for example, the water utilities; address crucial components of power sector reform such as load management bidding to the energy market; support the exploration of alternative energy sources; and support an energy efficiency project preparation initiative that would identify efficiency projects for industries and buildings to be financed by the multilateral banks and private investors.

Treatment of breast cancer

The US government will undertake an effort to screen, diagnose and treat victims of breast cancer in those areas most effected by radioactive contamination resulting from the Chernobyl accident. Existing hospital partnerships in Ukraine and Belarus will administer part of this effort.

Support for decontamination of milk

US government agencies will be supporting the final research and testing of a new technology for removing radioactive contamination from milk and other liquid foods in Ukraine. Selentec, a US firm based in Atlanta, will receive funding from several USG agencies to help develop, test and work toward a product that removes cesium from liquids like milk and fruit juice. While still at a very early stage, the technology is promising enough for the Department of Energy to commit \$80,000 for the joint development of test procedures for the process and another \$480,000 to apply the technology to Ukrainian milk production. USAID will also provide funds for the project.

Mobile test laboratory

The United States is providing the Ukrainian Ministry of Environment with a state-of-the-art mobile laboratory to test air, water and soil for contamination. The value of the equipment and accompanying training programs is about \$1. million. The laboratory will be delivered to Ukraine in the summer 1996.

###

FACT SHEET: CHORNOBYL CLOSURE

On December 20, 1995, the Group of Seven (G-7) countries signed a Memorandum of Understanding with Ukraine to implement a comprehensive program to support the closure of the Chornobyl Nuclear Power Plant, the site of the world's worst civilian nuclear power reactor accident on April 26, 1986. The memorandum signed by Ukraine and the G-7 is intended to lead to closing the remaining two operating units of Chornobyl by the year 2000, with a related objective of restructuring Ukraine's energy sector to run more efficiently and according to internationally accepted safety standards.

Background: Ukraine's economic prosperity requires a stable and secure energy supply. Ukraine is one of the most energy-intensive countries in the world, importing roughly half of its energy supply -- 90% of it from Russia. In 1994, thermal plants generated 57.4% of Ukraine's electricity; nuclear (34.1%), hydro (6.1%) and small industrial (2.3%) plants generated the balance.

Memorandum of Understanding (MOU): Ukraine's MOU with the G-7 puts Chornobyl closure in the context of Ukraine's effort to restructure its power sector. The MOU outlines a comprehensive program with four elements: power sector reforms to create a national electricity market; least-cost power supply and efficiency investments to meet national power demand; nuclear safety issues associated with decommissioning; and the social impacts of closing the plant. The MOU creates a unique multilateral mechanism to reach these goals which has already mobilized over \$3 billion of G-7, international financial institution (IFI), and other donor resources, over \$2.3 billion of which is IFI financing.

PROJECTS UNDER THE COMPREHENSIVE PROGRAM

Power sector restructuring: A competitive power system with market-based electricity prices and commercially viable generation and distribution companies is essential to Ukraine's energy future. On July 1, 1995, the breakup of Ukraine's monopoly power system was completed resulting in four thermal generation companies, two hydropower companies, a nuclear company, and a transmission company. Furthermore, twenty-seven joint-stock electricity companies have been created to own and operate low-voltage networks. The key next step is to

implement a competitive power market, the "Energomarket". To support these efforts, the World Bank increased proposed funding for its power sector reform loan to \$300 million and is expediting the loan, including \$30 million for retroactive reimbursements for fuel.

Least-cost energy investments: The G-7 and Ukraine agreed to indentify and mobilize financing for least-cost investments to meet national power demand as Ukraine restructures its power sector. President Chirac, on behalf of the G-7, has obtained assurances from the World Bank and the EBRD of their cooperation. These investments will include demand and supply-side measures. A preliminary least-cost study points to priority investments for conventional power plant rehabilitation, building new pumped storage facilities, and completion to international safety standards of two nuclear plants at Rovno and Khmelnytsky. The EBRD, Euratom, the European Investment Bank and the European Union (EU) are preparing detailed feasibility assessments to determine whether the completion of these two reactors would satisfy environmental, safety and financial feasibility requirements.

Improved energy efficiency: While estimates for potential energy savings vary, representative projections for electricity savings are 10-15% of total power demand. Retail price reform, improved tariff collection, and restructuring/privatization of industrial and municipal enterprises will reduce energy intensity, reduce waste, and improve productivity and competitiveness. The U.S. is developing a special grant package to develop bankable energy efficiency projects for IFI financing, as well as demonstration projects for low-cost/no-cost efficiency technologies.

Nuclear safety plan: The plan includes G-7 and EU support for decommissioning Chornobyl, managing nuclear waste from the 1986 accident, and short-term upgrades for Unit 3. A decommissioning plan is now complete, and \$173 million in grants from the multidonor Nuclear Safety Account (NSA), the EU and Canada have been mobilized for waste treatment facilities. The U.S. has initiated additional \$10.8 million in safety upgrades, and the NSA has developed an additional \$15.5 million safety package. The EU and Ukraine have agreed on criteria for a cost-effective, environmentally sound solution to the sarcophagus problem; experts from Ukraine, the EU and G-7 countries expect to have interim stabilization measures ready in mid-summer and a final solution ready by November.

Social impact: Chornobyl's closure will affect 5,000 workers at the plant and the 30,000 inhabitants of Slavutich and the Chornobyl region. The EU and the U.S. are helping Ukraine develop a plan that addresses dislocation, job creation, retraining, and the need for long-term financial sustainability in the region.

Financing: The MOU is a cooperative effort in which the G-7 will mobilize international financing to supplement Ukraine's domestic resources. International financing will be based on the principle that IFI loans will be mobilized for bankable, income-generating projects while grant funds will be considered for appropriate non-income generating projects. Ukraine and the G-7 will meet twice yearly at the policy level and twice yearly at the technical level to accelerate implementation of the MOU.

###

Dr. John G. ...
miracles over the phone. ...
cooperative have helped ...

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Remarks of Alex Kuzma

As Coordinator of Chornobyl Challenge '96, I am grateful for this opportunity to say a few words on behalf of all those who have risen to a deathly challenge by restoring life -- and hope.

To the First Lady, I say Thank You for bringing us [all] together today. Your presence and encouragement in the childrens' hospitals of Belarus and Ukraine has been more important than you can imagine.

To the Vice President, I express our gratitude for helping restore America's global environmental leadership.

And to the President and the entire Clinton Administration go our heartfelt thanks for helping [us] keep the world's attention focussed on Chornobyl -- and for recognizing that many of its greatest challenges are yet to come.

The Chornobyl relief community is a remarkable [microcosm] [slice] of America -- including medical professionals and environmentalists, corporate sponsors and young volunteers, ethnic communities and religious organizations. So many distinguished organizations and individuals are represented in this room. Many more could not be here.

None of us could have taken on this monstrous challenge alone. We have made some hard-won progress only by working together. Just as the disaster of Chornobyl defied borders, so coping with it has broken down barriers -- and stretched what we thought was possible.

Let me offer just a few illustrations:

- * Dr. Mona [REDACTED] (b)(6) [REDACTED] works miracles over the phone. Her persuasive appeals to company executives have helped secure priceless donations of ultrasound equipment, leukemia medications, even an MRI system.
- * Schoolchildren in Spring Valley, New York, Orange, Connecticut, Cambridge, Massachusetts and other towns across America have raised tens of thousands of dollars to save the lives of their counterparts in Belarus and Ukraine.

* [REDACTED]

(b)(6)

- * A brilliant retired chemist, the late [Dr.] Volodymyr Hordynsky, spends the last four years of his life establishing the finest blood testing laboratory in Eastern Europe. Today his legacy is helping save the lives of children with leukemia and non-Hodgins lymphoma.

00012

These few brief stories cannot do justice to the outpouring of generosity and courage we have seen from hundreds of unsung heroes. But they do hint at the miracle of how a tragedy on another continent has evoked the best in the American spirit.

That tragedy was, of course, a product of its time and place. So I find it fitting we come together on this particular day. For May Day 1986 was a day of infamy -- with children in Minsk and Kiev absorbing terrible levels of radiation, marching in parades the [Soviet] authorities assured everyone were harmless.

For those children and all who love them, those parades began a journey whose conclusion we cannot yet know. What we [can and] do know is what the Talmud teaches -- that to save one life is to save the world.

I would now like to introduce a very brave boy who knows firsthand Chornobyl's consequences. Vova Malofienko is one small slice of the world [that] I am so very grateful America has been able to save.

Vova was 5 and suffering from leukemia when he came to the United States in 1990. He is with us today thanks to outstanding treatment received from Dr. Molly Schwenn in Boston and Dr. Kamalaker at Beth Israel Medical Center in Newark. He first came to America under the auspices of CCRF and Paul Newman's Hole in the Wall Gang Camp for children with cancer.

Vova is joined today by his parents, Olya and Alexander. Though their son has recovered, they have not forgotten all the families and children who remain in the Chornobyl region, and whose futures remain in doubt. Though the Malofienkos had to leave them, they have not left them behind.

Here, in America, we have grown to love Vova for his courage, his wonderful sense of humor, his gentle zest for life that turned out to be his special saving grace. His one life spared has enriched so many others. So it fills me with joy to introduce to you our dear friend, an everyday advocate for all the children of Chornobyl, Vova Malofienko.

Remarks of Vova Malofienko

Dear Mrs. Clinton -- Dear Mr. Vice President:

I am very happy to be here today, to thank America for saving my life. And to say "keep doing what you're doing" for all the other [children] [kids] like me that I had to leave behind, who might be getting sick because of Chornobyl.

I especially want to thank *** , Paul Newman, the actor who....

When I first came here I did not speak much English, but there were many people at *** who became my friends and helped me get through a very hard time in my life.

America is an amazing country. You are so lucky to have freedom and such good hospitals and great doctors [and kind/generous people].

Where I [come] [came] from, [the city of] Chernihiv, the hospitals are not as modern as in America, and not everyone can be taken care of as well as I have been -- especially children and old people. Lots of radiation from Chornobyl fell on Chernihiv, and today, many children have thyroid cancer and leukemia. [full stop]

My Doctors, who Alex named, were fantastic. In Ukraine, there are wonderful doctors and nurses too, but they don't always have all the things they need. Here, [at my hospitals in Boston and Newark,] my doctors had everything they needed to make me better. It was hard but it worked. [significant pause] I am grateful.

Mrs. Clinton, I want to thank you and the President for not forgetting the children like me. Your trip and hospital visits -- and now again today -- have reminded everyone that children are getting sick from Chornobyl, and the whole world needs to help.

I know you wrote a book called "It Takes a Village" to raise a child. I haven't read it ... yet. But I can tell you also know that it takes a village to HEAL a child. I am grateful you are helping send this message all over the world.

I want to thank everyone in this room and all the people who could not be here.

I know you have worked hard. You probably get tired; I know grown-ups do -- and I did when I was still sick [and going to the hospital]. But even if you are tired, you can't stop now. You are doing so much good and still there are more children to be healed.

Please don't stop until no more kids are getting sick from Chornobyl. I want all the children I had to leave behind to feel how I feel today: healthy, and [free] [normal] ... and grateful.

Thank you -- and God bless [you] [America].

Remarks of the Vice President

April 26, 1996 2:42PMPM/Spalter

MELANNE - AS PROMISED:

Remarks by Vice President Al Gore 10th Anniversary of Chernobyl Memorial The White House April 30, 1996

Let me begin by thanking you, Mrs. Clinton, for that nice introduction and for your moving words. We are all in your debt for all the hard work you do to ease the pain and lift the lives of so many people around the world. Your deep concern for the future of the peoples of Ukraine, Belarus and Russia as well as all those who were affected by this tragedy has touched the hearts of all of us here today.

(ACKNOWLEDGMENTS FROM ADVANCE)

Ten years ago, when reactor #4 of the Chernobyl nuclear power plant disintegrated in blast of steam, flaming graphite, and deadly radionuclides, the promise of spring gave way to long sad winter of unspeakable suffering that still remains with us to this day.

From that moment on, life for all of us around the world would never be the same.

The Chernobyl tragedy caused the complete social disintegration of whole communities. It caused dangerous radiation exposure of over half million courageous men and women involved in the clean-up and medical care of survivors. In all, well over 50 million curies of radioactivity were released during the accident. This is more than one hundred times the radiation emitted by the atomic explosions over Hiroshima and Nagasaki -- about one million times as much as the Three Mile Island accident of 1979.

And the effects are still with us today. They are measured in the anxiety of young Ukrainian and Belarusian and Russian parents who hope and pray that their newborns will grow healthy and whole. They are measured by the degraded natural resources that trace a poisoned arc across Ukraine, through Belarus, into Russia, and reaching as far as Scandinavia. They are measured by the uncertainty that we all share about whether another Chernobyl someday might explode.

But as Mrs. Clinton so eloquently reminded us, out of this mire of tragedy also has emerged great stores of hope, and deep reservoirs of resolve. Selfless men and women -- thousands and thousands of them -- risked their lives to protect those of others. And courageous leaders like you here today are working tirelessly to relieve suffering. We salute you, and we honor you for your heroic efforts.

Let there be no doubt: all Americans stand with you. President Clinton is determined to do whatever we can to overcome this tragedy, and to ensure that all reactors everywhere are

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safer, cleaner, and forever free from the sort of catastrophe we remember on this important anniversary.

That's why in the past two years, the United States has delivered one hundred of tons of medical supplies to the hospitals of Ukraine, Belarus and Russia. In cooperation with several visionary private voluntary organizations, we've launched Operation Provide Hope to send critical supplies to maternity hospitals and cancer wards throughout the region. We've also launched through USAID innovative partnerships between American and Ukrainian health providers to improve the efficiency and quality of health care in Ukraine. And our National Cancer Institute, together with the Nuclear Regulatory Commission and the Department of Energy are hard at work examining the health effects of the accident on children and clean-up workers so that treatment and care might be improved. And just a few days ago, on April 26th, we delivered over twelve million dollars in additional aid and medical relief, including a mobile laboratory to enable Ukraine's government to monitor radiation and environmental contamination throughout the country.

But that's not all. Only a few weeks ago, we watched proudly as President Clinton joined his G-7 and Russian counterparts at the nuclear summit in Moscow to work towards the day when no Chernobyl can ever happen again. During this summit, President Kuchma announced his commitment close one of the two remaining Chernobyl reactors by the end of this year. Already we've provided \$61 million in direct assistance to Ukraine to help promote greater nuclear safety. As we speak, our experts are working side by side with their colleagues in

Ukraine to improve the safety of their nuclear plants and to strengthen its nuclear regulatory body.

And as importantly, as part of a broader energy efficiency initiative now underway, we've also been working with the great industrial nations -- known as the G-7 -- to help Ukraine honor its commitment to close and clean-up the Chornobyl reactor sites, and to reduce its fuel bill by \$1 billion every year by the year 2000. I am pleased to note that at the Moscow nuclear summit, President Kuchma pledged to close one of the two Chornobyl reactors by the end of the year which is well ahead of schedule. But we still have much work before us.

Can we meet these goals? I believe we can, but there is a great deal of funding still required. And there are numerous logistical details to work out. Yet underlying all these efforts is our strong belief that the people of Ukraine have the resilience, the will, and the fortitude to get the job done and throw off the yoke of their Soviet legacy once and for all.

One just needs to look at the breadth and pace of economic reform underway in Ukraine, at the extraordinary spirit of the Ukrainian people, and at the steady leadership of President Kuchma to know Ukraine, perhaps as no other country with Soviet-era reactors, can sustain the effort needed to modernize its energy system and face the future free from the burdens of its Soviet past.

Chornobyl, after all, wasn't simply mistake of science. It was caused first and foremost by man. It was product of closed authoritarian system that had little concern for the welfare of its people. The Soviets failed to design safe nuclear plant. They failed to operate it safely. When it disintegrated, they failed to contain the damage, and failed to evacuate and decontaminate promptly. And in the end, they failed utterly to be honest about what happened.

In retrospect, I think it was no surprise that just like the faulty nuclear reactor it created, the Soviet system also imploded into ash and dust. Chornobyl -- perhaps more than any other symbol of Communist era, exposed the weakness and corruption of the Soviet system. As Secretary of State Christopher rightly said when he visited Kiev last month, and I quote, "one of the surest safeguards against another Chornobyl is skeptical open democratic, questioning society."

This, perhaps, is the most enduring lesson of Chornobyl -- a lesson we'd do well to remember on this anniversary: that only in freedom can people claim their rightful destiny to live in safety and security. Only in freedom can people insist on public health systems that work and on natural resources that are safeguarded and protected. Only in freedom can people say and mean "no" if arrogant bureaucracies of the sort that ran rampant in the Soviet Union ever again try to make dangerous decisions about dangerous technologies.

Today, at long last, the people of Ukraine and Belarus and Russia have enormous opportunities before them. The promise of democracy and reform burns brightly, and the dream

of a Europe no longer at risk of nuclear disaster slowly is becoming reality. But the future of reform is not certain. A grand struggle is underway between those who would move forward, and those who would retreat back. President Clinton and I -- and each of us here today -- are not neutral bystanders. We know which forces we want to prevail. And we have a stake in their prevailing. We have the capacity through economic assistance, through the generous private and voluntary efforts, and through rigorous diplomacy, to help them do so. And I know we will not fail, that we shall never waiver.

Thank you all very much.

*and partnership
to manage and protect*

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BIOLOGY: The Great Plains

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HOBART EARLE, Music Director

Sunday Afternoon, April 28, 1996, at 2:00

IVES The Unanswered Question (1906)

DANKEVYCH "Taras Shevchenko"
Symphonic Poem (1939)

MAHLER Symphony No. 10
Adagio (first movement)

Intermission

KOLESSA Orchards Blooming in the Carpathians (1950)

SKORYK Carpathian Concerto (1972)

COPLAND Appalachian Spring (1944)

The Odessa Philharmonic's 1996 U.S. tour commemorates the tenth anniversary of Chernobyl.

First Lady Hillary Rodham Clinton
Honorary Chair, Chernobyl Challenge '96

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The Filene Memorial Organ in the Concert Hall contributed by Mrs. Jouett Shouse.
Baldwin is the official piano and electronic organ of the Kennedy Center.

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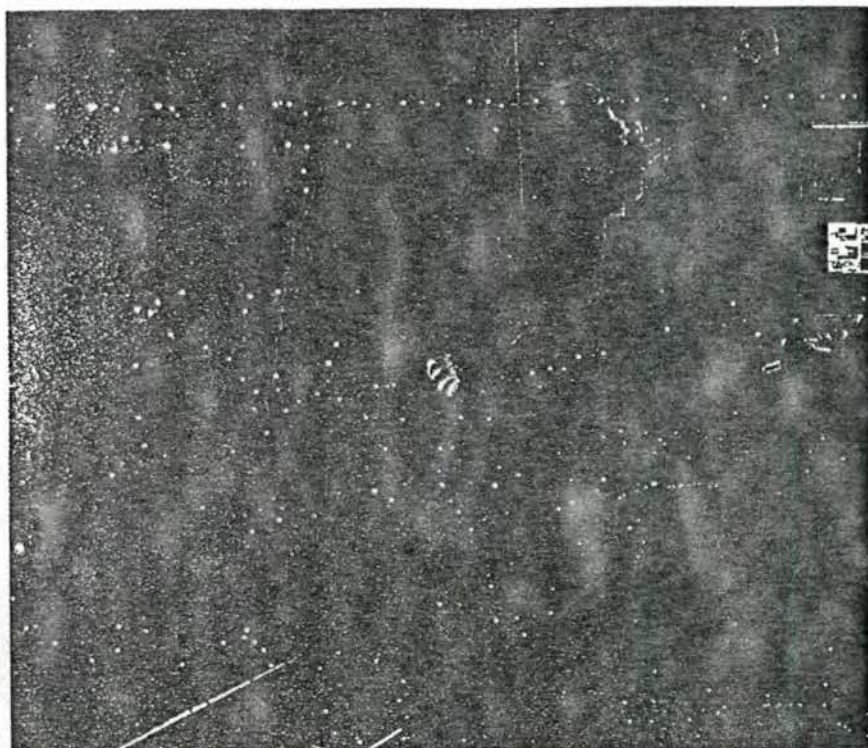
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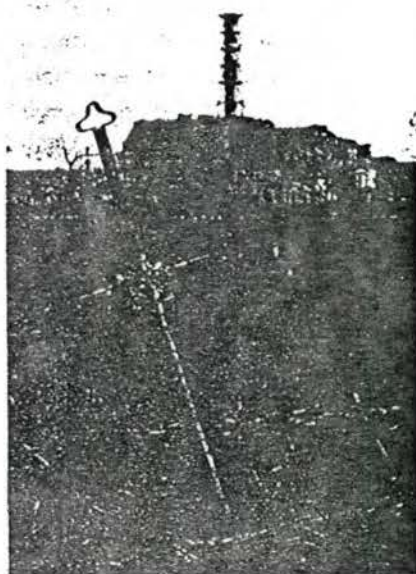


Smart Rooms

Alex P. Pentland

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The computer on your desk may soon become part of the walls of your office, the furniture in your home and the clothes on your back. Systems that can track people, recognize their faces, and interpret speech, expressions and gestures have become a reality. Using this technology, researchers are building "smart rooms" in which, free from wires and keyboards, people can browse multimedia displays, play with virtual animals or control programs by sign language.



CONFRONTING THE NUCLEAR LEGACY

Ten Years
of the Chornobyl Era

Yuri M. Shcherbak

44

A decade ago reactor number 4 at the Chornobyl nuclear power plant exploded, showering much of eastern Europe with radioactive debris. The Ukrainian ambassador to the U.S., who was a medical researcher in Kiev and one of the first physicians to treat the wounded, looks at the medical aftermath of the accident. He also contemplates what additional technological and political measures need to be taken to contain the lasting danger. First in a series.

Ten Years of the Chornobyl Era

*The environmental and health effects
of nuclear power's greatest calamity
will last for generations*

by Yuri M. Shcherbak



"It seemed as if the world was coming to an end.... I could not believe my eyes; I saw the reactor ruined by the explosion. I was the first man in the world to see this. As a nuclear engineer I realized all the consequences of what had happened. It was a nuclear hell. I was gripped by fear."

These words were written to me in 1986 by the head of the shift operating the reactor that exploded at the Chornobyl nuclear power plant in northern Ukraine. The explosion and a resulting fire showered radioactive debris over much of eastern Europe. The author of the words above, along with several others, was later jailed for his role in the disaster, although he never admitted guilt.

Subsequent official investigations have shown, however, that responsibility for this extraordinary tragedy reaches far beyond just those on duty at the plant on the night of April 25 and early morning of April 26, 1986. The consequences, likewise, have spread far beyond the nuclear energy industry and raise fundamental questions for a technological civilization. Before the explosion, Chornobyl was a small city hardly known to the outside world. Since then, the name—often known by its Russian spelling, Chernobyl—has entered the chronicle of the 20th century as the worst technogenic environmental disaster in history. It is an internationally known metaphor for catastrophe as potent as "Stalingrad" or "Bhopal." Indeed, it is now clear that the political repercussions

from Chornobyl accelerated the collapse of the Soviet empire.

Because of the importance of this calamity for all of humanity, it is vital that the world understands both the reasons it happened and the consequences. The events that led up to the explosion are well known. Reactor number four, a 1,000-megawatt RBMK-1000 design, produced steam that drove generators to make electricity. On the night of the accident, operators were conducting a test to see how long the generators would run without power. For this purpose, they greatly reduced the power being produced in the reactor and blocked the flow of steam to the generators.

Unfortunately, the RBMK-1000 has a design flaw that makes its operation at low power unstable. In this mode of operation, any spurious increase in the production of steam can boost the rate of energy production in the reactor. If that extra energy generates still more steam, the result can be a runaway power surge. In addition, the operators had disabled safety systems that could have averted the reactor's destruction, because the systems might have interfered with the results of the test.

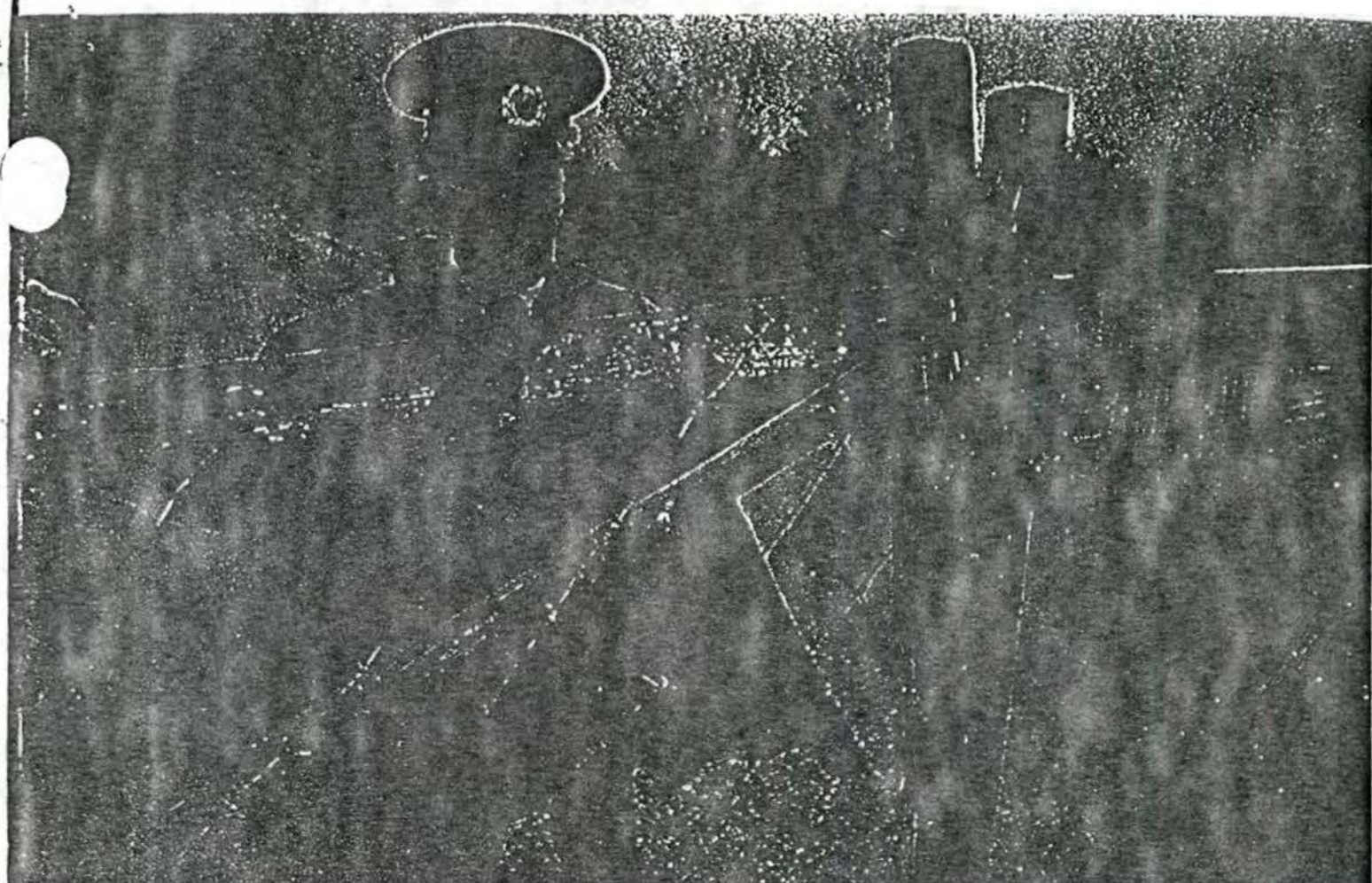
At 1:23 and 40 seconds on the morn-

ing of April 26, realizing belatedly that the situation had become hazardous, an operator pressed a button to activate the automatic protection system. The action was intended to shut the reactor down, but by this time it was too late. What actually happened can be likened to a driver who presses the brake pedal to slow down a car but finds instead that it accelerates tremendously.

Within three seconds, power production in the reactor's core surged to 100 times the normal maximum level, and there was a drastic increase in temperature. The result was two explosions that blew off the 2,000-metric-ton metal plate that sealed the top of the reactor, destroying the building housing it. The nuclear genie had been liberated.

Despite heroic attempts to quell the ensuing fire, hundreds of tons of graphite that had served as a moderator in the reactor burned for 10 days. Rising hot gases carried into the environment aerosolized fuel as well as fission products, isotopes that are created when uranium atoms split apart. The fuel consisted principally of uranium; mixed in with it was some plutonium created as a by-product of normal operation. Plutonium is the most toxic element known, and some of the fission products were far more radioactive than uranium or plutonium. Among the most dangerous were iodine 131, strontium 90 and cesium 137.

A plume containing these radioisotopes moved with prevailing winds to the north and west, raining radioactive particles on areas thousands of miles



FORBIDDEN ZONE: militiaman controls access to a town in the district of Narodichi, a region evacuated after the explosion and fire at the nearby Chornobyl plant caused a shower of dangerously radioactive fallout across eastern Europe.

away. Regions affected included not only Ukraine itself but also Belarus, Russia, Georgia, Poland, Sweden, Germany, Turkey and others. Even such distant lands as the U.S. and Japan received measurable amounts of radiation. In Poland, Germany, Austria and Hungary as well as Ukraine, crops and milk were so contaminated they had to be destroyed. In Finland, Sweden and Norway, carcasses of reindeer that had grazed on contaminated vegetation had to be dumped.

Widespread Effects

The total amount of radioactivity released will never be known, but the official Soviet figure of 90 million curies represents a minimum. Other estimates suggest that the total might have been several times higher. It is fair to say that in terms of the amount of radioactive fallout—though not, of course, the heat and blast effects—the accident was comparable to a medium-size nuclear strike. In the immediate aftermath of the explosion and fire, 187 people fell ill from acute radiation sickness; 31 of these died.

Most of these early casualties were firefighters who combated the blaze.

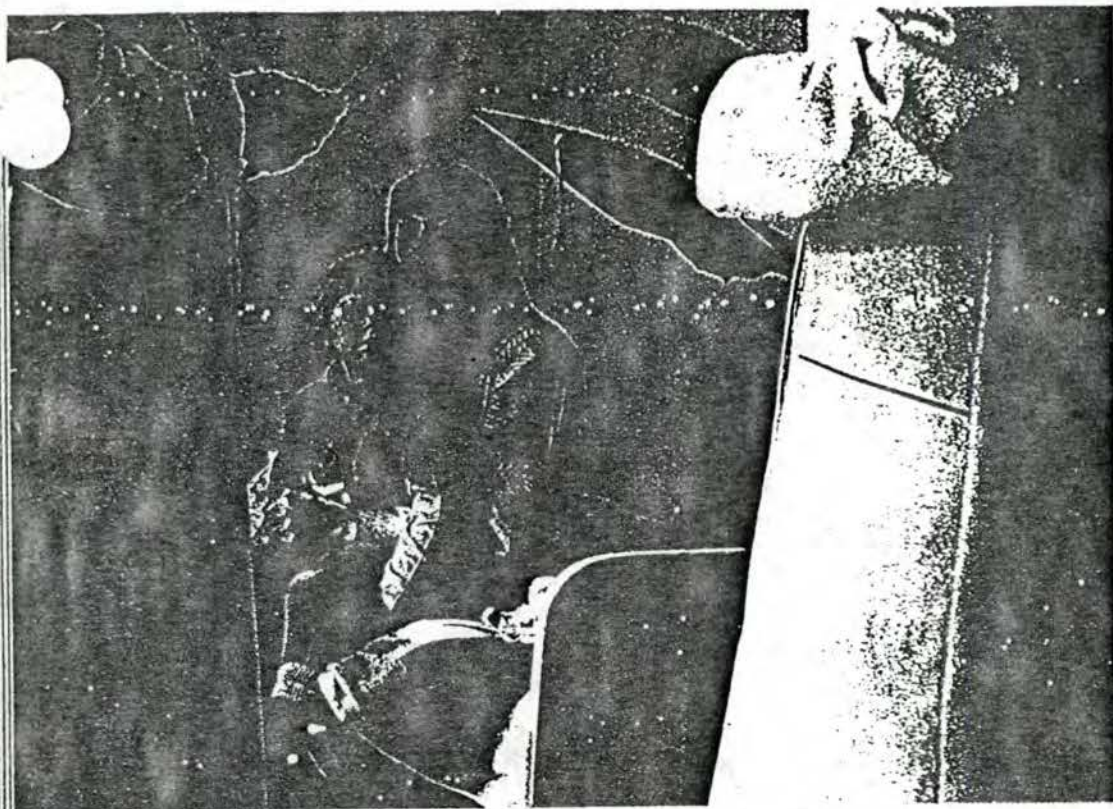
The destroyed reactor liberated hundreds of times more radiation than was produced by the atomic bombings of Hiroshima and Nagasaki. The intensity of gamma radiation on the site of the power plant reached more than 100 roentgens an hour. This level produces in an hour doses hundreds of times the maximum dose the International Commission on Radiological Protection recommends for members of the public a year. On the roof of the destroyed reactor building, radiation levels reached a frightening 100,000 roentgens an hour.

The human dimensions of the tragedy are vast and heartbreaking. At the time of the accident, I was working as a medical researcher at the Institute of Epidemiology and Infectious Diseases in Kiev, some 60 miles from the Chornobyl plant. Sometime on April 26 a friend told me that people had been arriving at hospitals for treatment of burns sustained in an accident at the plant, but we had no idea of its seriousness. There was little official news during the next few days,

and what there was suggested the danger was not great. The authorities jammed most foreign broadcasts, although we could listen as Swedish radio reported the detection of high levels of radioactivity in that country and elsewhere. I and some other physicians decided to drive toward the accident site to investigate and help as we could.

We set off cheerfully enough, but as we got closer we started to see signs of mass panic. People with connections to officialdom had used their influence to send children away by air and rail. Others without special connections were waiting in long lines for tickets or occasionally storming trains to try to escape. Families had become split up. The only comparable social upheaval I had seen was during a cholera epidemic. Already many workers from the plant had been hospitalized.

The distribution of the fallout was extremely patchy. One corner of a field might be highly dangerous, while just a few yards away levels seemed low. Nevertheless, huge areas were affected. Although iodine 131 has a half-life of only



VLADIMIR STOMIN

AWAITING A THYROID EXAMINATION, a young patient and her mother sit anxiously at the Kiev Institute of Endocrinology. In the days and weeks following the 1986 accident at Chornobyl, an estimated 13,000 children inhaled aerosols containing high levels of iodine 131, which collects in the thyroid. Among Ukrainian children, thyroid cancer rates have increased roughly 10-fold.

eight days, it caused large radiation exposures during the weeks immediately following the accident. Strontium 90 and cesium 137, on the other hand, are more persistent. Scientists believe it is the cesium that will account for the largest radiation doses in the long run.

All told, well over 260,000 square kilometers of territory in Ukraine, Russia and Belarus still have more than one curie per square kilometer of contamination with cesium 137. At this level, annual health checks for radiation effects are advised for residents. In my own country of Ukraine, the total area with this level of contamination exceeds 35,000 square kilometers—more than 5 percent of the nation's total area. Most of this, 26,000 square kilometers, is arable land. In the worst affected areas there are restrictions on the use of crops, but less contaminated districts are still under cultivation.

The heavily contaminated parts of Ukraine constitute 13 administrative regions (oblasts). In these oblasts are 1,300 towns and villages with a total population of 2.6 million, including 700,000 children. Within about 10 days of the accident, 135,000 people living in the worst-affected areas had left their homes; by now the total has reached 167,000.

Yet it is clear that the authorities' attempts to keep the scale of the disaster quiet actually made things worse than they need have been. If more inhabitants in the region had been evacuated promptly during those crucial first few days, radiation doses for many people might have been lower.

The region within 30 kilometers of the Chornobyl plant is now largely uninhabited; 60 settlements outside this zone have also been moved. Formerly busy communities are ghost towns. The government has responded to this unprecedented disruption by enacting laws giving special legal status to contaminated areas and granting protections to those who suffered the most. Yet the repercussions will last for generations.

Multiple Illnesses

The medical consequences are, of course, the most serious. Some 30,000 people have fallen ill among the 400,000 workers who toiled as "liquidators," burying the most dangerous wastes and constructing a special building around the ruined reactor that is universally referred to as "the sarcophagus." Of these sick people, about 5,000 are now too ill to work.

It is hard to know, even approximately, how many people have already died as a result of the accident. Populations have been greatly disrupted, and children have been sent away from some areas. By comparing mortality rates before and after the accident, the environmental organization Greenpeace Ukraine has estimated a total of 32,000 deaths. There are other estimates that are higher, and some that are lower, but I believe a figure in this range is defensible. Some, perhaps many, of these deaths may be the result of the immense psychological stress experienced by those living in the contaminated region.

One medical survey of a large group of liquidators, carried out by researchers in Kiev led by Sergei Komissarenko, has found that most of the sample were suffering from a constellation of symptoms that together seem to define a new medical syn-

drome. The symptoms include fatigue, apathy and a decreased number of "natural killer" cells in the blood.

Natural killer cells, a type of white blood cell, can kill the cells of tumors and virus-infected cells. A reduction in their number, therefore, suppresses the immune system. Some have dubbed this syndrome "Chornobyl AIDS." Besides having increased rates of leukemia and malignant tumors, people with this syndrome are susceptible to more severe forms of cardiac conditions as well as common infections such as bronchitis, tonsillitis and pneumonia.

As a consequence of inhaling aerosols containing iodine 131 immediately after the accident, 13,000 children in the region experienced radiation doses to the thyroid of more than 200 roentgen equivalents. (This means they received at least twice the maximum recommended dose for nuclear industry workers for an entire year.) Up to 4,000 of these children had doses as high as 2,000 roentgen equivalents. Because iodine collects in the thyroid gland, these children have developed chronic inflammation of the thyroid. Although the inflammation itself produces no symptoms, it has started to give rise to a wave of cases of thyroid cancer.

The numbers speak for themselves. Data gathered by the Kiev researcher Mykola D. Tronko and his colleagues indicate that between 1981 and 1985—before the accident—the number of thyroid cancer cases in Ukraine was about five a year. Within five years of the disaster the number had grown to 22 cases a year, and from 1992 to 1995 it reached an average of 43 cases a year. From 1986 to the end of 1995, 589 cases of thyroid cancer were recorded in children and adolescents. (In Belarus the number is even higher.) Ukraine's overall rate of thyroid cancer among children has increased about 10-fold from preaccident levels and is now more than four cases per million. Cancer of the thyroid metastasizes readily, although if caught early enough it can be treated by removing the thyroid gland. Patients must then receive lifelong treatment with supplemental thyroid hormones.

Other research by Ukrainian and Israeli scientists has found that one in every three liquidators—primarily men in

their thirties—has been plagued by sexual or reproductive disorders. The problems include impotence and sperm abnormalities. Reductions in the fertilizing capacity of the sperm have also been noted. The number of pregnancies with complications has been growing among women living in the affected areas, and many youngsters fall prey to a debilitating fear of radiation.

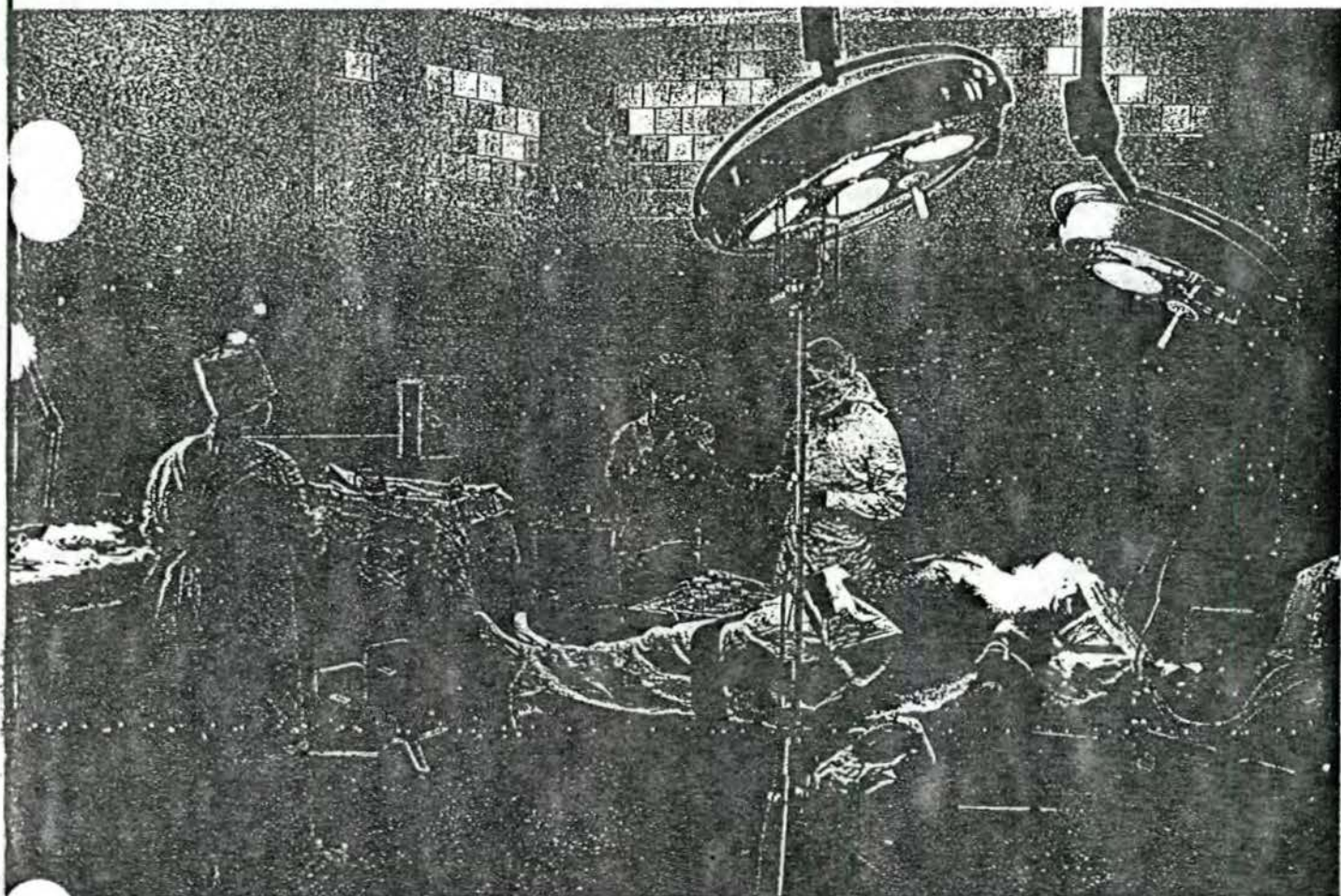
The optimists who predicted no long-term medical consequences from the explosion have thus been proved egregiously wrong. These authorities were principally medical officials of the former Soviet Union who were following a script written by the political bureau of the Communist Party's Central Committee. They also include some Western nuclear energy specialists and military experts.

It is also true that the forecasts of "catastrophists"—some of whom predicted well over 100,000 cancer cases—have not come to pass. Still, previous experience with the long-term effects of radia-

tion—much of it derived from studies at Hiroshima and Nagasaki—suggests that the toll will continue to rise. Cancers caused by radiation can take many years before they become detectable, so the prospects for the long-term health of children in the high-radiation regions are, sadly, poor.

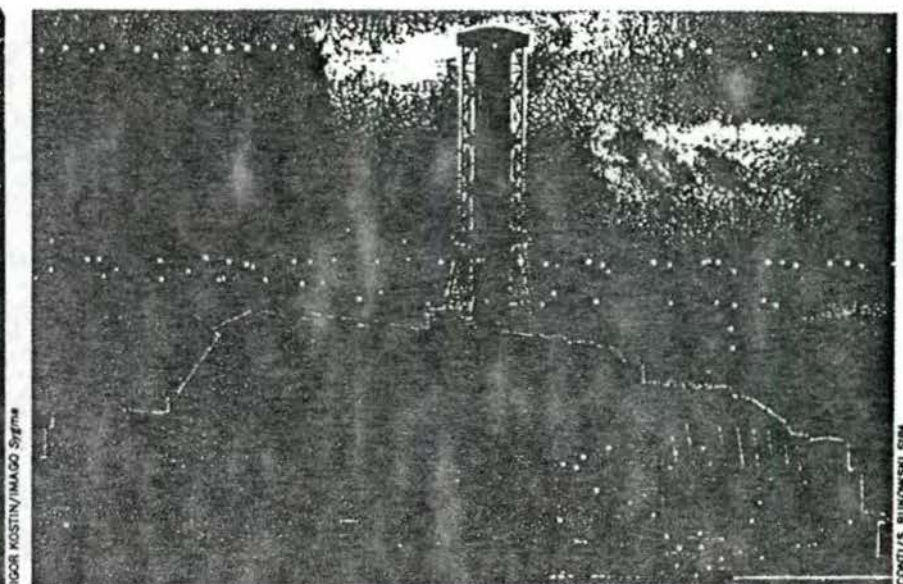
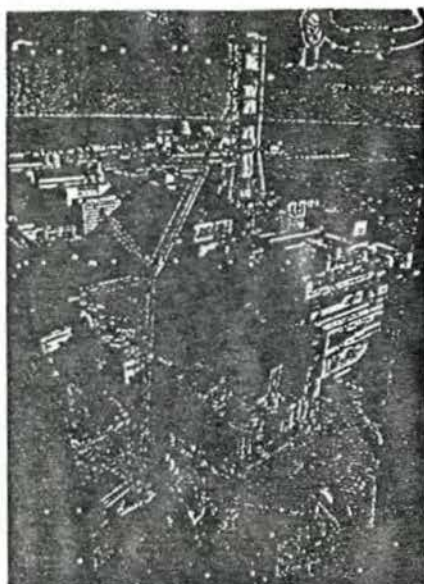
The hushing up of the danger from radiation in Soviet propaganda has produced quite the opposite effects from those intended. People live under constant stress, fearful about their health and, especially, that of their children. This mental trauma has given rise to a psychological syndrome comparable to that suffered by veterans of wars in Vietnam and Afghanistan. Among children evacuated from the reactor zone, there has been a 10- to 15-fold increase in the incidence of neuropsychiatric disorders.

The catastrophe and the resulting resettlement of large populations have also caused irreparable harm to the rich ethnic diversity of the contaminated areas, particularly to the so-called *drevly-*



THYROID OPERATION will remove the cancerous gland from a patient in an attempt to prevent the spread of the disease. The operation, carried out at the Kiev Institute of Endocrin-

ology's cancer clinic, is the only treatment for cancer of the thyroid. The patient will then have to take thyroid hormones for the rest of his life to replace those no longer produced in his body.



BURNED-OUT REACTOR was photographed from the air not long after the disaster (left). A concrete-and-steel sarcophagus was hastily built (right) to contain dangerous radioisotopes; it is

now decaying at an alarming rate. An international consortium proposes to surround it with a stronger structure, but construction would cost about \$300 million and take five years.

ary, woodland people, and *polishchuks*, inhabitants of the Polissya region. Unique architectural features and other artifacts of their spiritual and material culture have been effectively lost as abandoned towns and villages have fallen into disrepair. Much of the beautiful landscape is now unsafe for humans.

The Ukrainian government, which is in a severe economic crisis, is today obliged to spend more than 5 percent of its budget dealing with the aftermath of Chernobyl. The money provides benefits such as free housing to about three million people who have been officially recognized as having suffered from the catastrophe, including 356,000 liquidators and 870,000 children. Ukraine has introduced a special income tax corresponding to 12 percent of earnings to raise the necessary revenue, but it is unclear how long the government can maintain benefits at current levels.

Today the Chernobyl zone is one of the most dangerously radioactive places in the world. In the debris of the ruined reactor are tens of thousands of metric tons of nuclear fuel with a total radioactivity level of some 20 million curies. The radiation level in the reactor itself, at several thousand roentgens per hour, is lethal for any form of life. But the danger is spread far and wide. In the 30-kilometer zone surrounding the reactor are about 800 hastily created burial sites where highly radioactive waste, including trees that absorbed radioisotopes from the atmosphere, has been simply dumped into the forest pits.

These dumps may account for the substantial contamination of the sediments of the Dnieper River and its tributary the Pripyat, which supply water for 30 million people. Sediments of the Pripyat adjacent to Chernobyl contain an estimated 10,000 curies of strontium 90, 12,000 curies of cesium 137 and 2,000 curies of plutonium. In order to prevent soluble compounds from further contaminating water sources, the wastes must be removed to properly designed and equipped storage facilities—facilities that do not yet exist.

Cost of Cleanup

The two reactors that are still in operation at the Chernobyl plant also pose a major problem (a fire put a third out of action in 1992). These generate up to 5 percent of Ukraine's power; the nuclear energy sector altogether produces 40 percent of the country's electricity. Even so, Ukraine and the Group of Seven industrial nations last December signed a formal agreement on a cooperative plan to shut down the whole Chernobyl plant by the year 2000. The agreement establishes that the European Union and the U.S. will help Ukraine devise plans to mitigate the effects of the shutdown on local populations. It also sets up mechanisms to allow donor countries to expedite safety improvements at one of the reactors still in use. In addition, the agreement provides for international cooperation on decommissioning the plant, as well as on the

biggest problem of all: an ecologically sound, long-term replacement for the sarcophagus that was built around the ruin of reactor number four.

The 10-story sarcophagus, which is built largely of concrete and large slabs of metal and has walls over six meters thick, was designed for a lifetime of 30 years. But it was constructed in a great hurry under conditions of high radiation. As a result, the quality of the work was poor, and today the structure is in need of immediate repair. Metal used in the edifice has rusted, and more than 1,000 square meters of concrete have become seriously cracked. Rain and snow can get inside. If the sarcophagus were to collapse—which could happen if there were an earthquake—the rubble would very likely release large amounts of radioactive dust.

In 1993 an international competition was held to find the best long-term solution. Six prospective projects were chosen for further evaluation (out of 94 proposals), and the next year a winner was selected—Alliance, a consortium led by Campenon Bernard of France. The consortium's proposal, which entails the construction of a "supersarcophagus" around the existing one, unites firms from France, Germany, Britain, Russia and Ukraine. The group has already conducted feasibility studies. If the project goes forward, design work will cost \$20 million to \$30 million, and construction—which would take five years—upwards of \$300 million. Final disposal of the waste from the accident will take

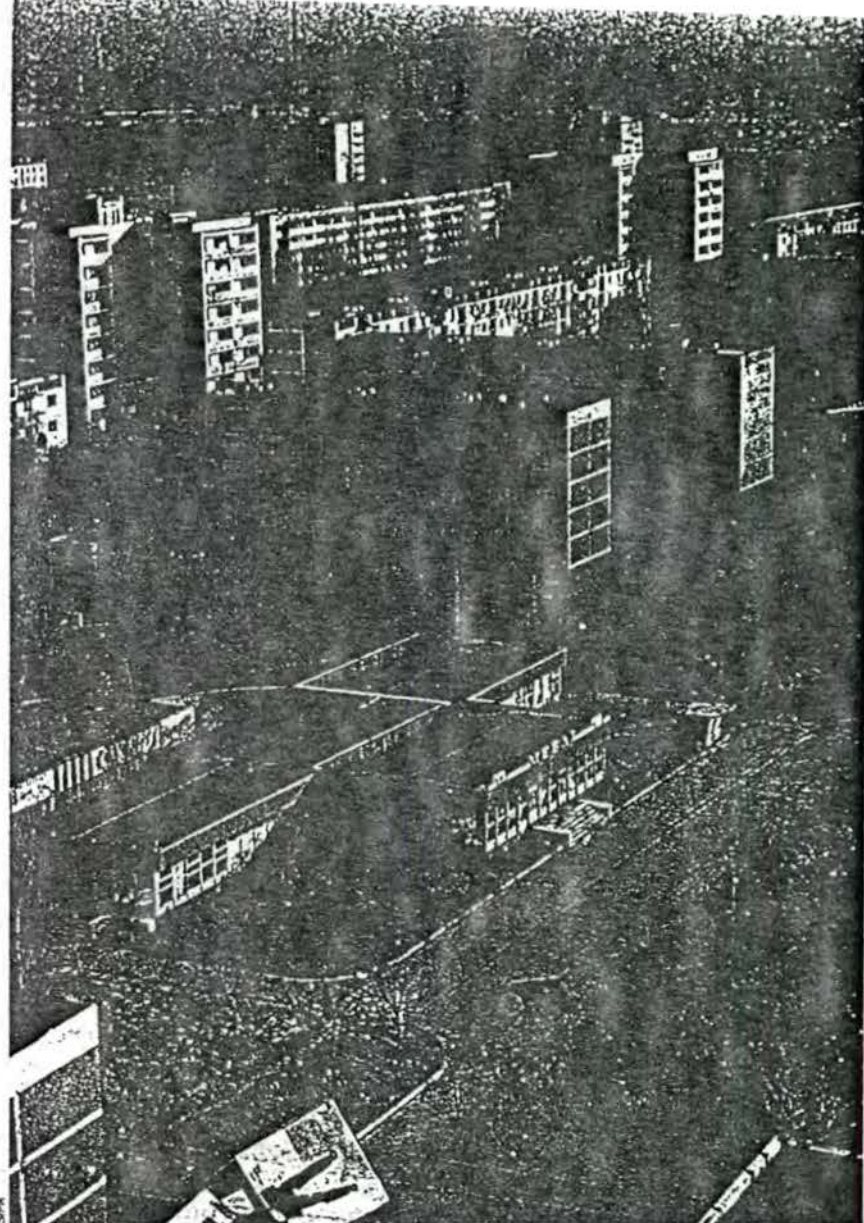
30 years. One possibility being explored is that the waste might be encased in a special glass.

Chornobyl was not simply another disaster of the sort that humankind has experienced throughout history, like a fire or an earthquake or a flood. It is a global environmental event of a new kind. It is characterized by the presence of thousands of environmental refugees; long-term contamination of land, water and air; and possibly irreparable damage to ecosystems. Chornobyl demonstrates the ever growing threat of technology run amok.

The designers of the plant, which did not conform to international safety requirements, are surely culpable at least as much as the operators. The RBMK-1000 is an adaptation of a military reactor originally designed to produce material for nuclear weapons. There was no reinforced containment structure around the reactor to limit the effects of an accident. That RBMK reactors are still in operation in Ukraine, Lithuania and Russia should be cause for alarm.

The disaster illustrates the great responsibility that falls on the shoulders of scientific and other experts who give advice to politicians on technical matters. Moreover, I would argue that the former Soviet Union's communist leadership must share the blame. Despite then President Mikhail S. Gorbachev's professed support for glasnost, or openness, the regime hypocritically closed ranks in the aftermath of the tragedy in a futile and ultimately harmful attempt to gloss over the enormity of what had occurred.

The event offers a vivid demonstration of the failures of the monopolistic Soviet political and scientific system. The emphasis under that regime was on secrecy and on simplifying safety features in order to make construction as cheap as possible. International experience with reactor safety was simply disregarded. The calamity underscores, further, the



GHOST TOWN: Pripyat, a once vibrant city of 45,000, was home to many of the workers from the Chornobyl plant. It was evacuated after the accident and remains deserted.

danger that nuclear power plants could pose in regions where wars are being fought. Of course, all such plants are potentially vulnerable to terrorist attack.

Chornobyl has taught the nations of the world a dreadful lesson about the

necessity for preparedness if we are to rely on nuclear technology. Humankind lost a sort of innocence on April 26, 1986. We have embarked on a new, post-Chornobyl era, and we have yet to comprehend all the consequences. ■

The Author

YURI M. SHCHERBAK is ambassador of Ukraine to the U.S. He graduated from Kiev Medical College in 1958 and has advanced degrees in epidemiology. Besides having published extensively in epidemiology and virology, he is the author of 20 books of poetry, plays and essays. In 1988 Shcherbak founded and became leader of the Ukrainian Green Movement, now the Green Party. In 1989 he won a seat in the Supreme Soviet of the U.S.S.R., where as an opposition leader he initiated the first parliamentary investigation of the Chornobyl accident.

Further Reading

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LEVEL 1 - 16 OF 16 STORIES

Copyright 1996 The New York Times Company
The New York Times

April 21, 1996, Sunday, Late Edition - Final

SECTION: Section 4; Page 7; Column 1; Week in Review Desk

LENGTH: 1637 words

HEADLINE: Word for Word: Chernobyl Witnesses;
After Meltdown, Unsung Heroes Talk of Rads, Duty and Vodka

BODY:

NUCLEAR safeguards were at the top of the agenda last week as President Clinton and other leaders gathered in Moscow for a nuclear summit conference. The meeting coincided with 10th-anniversary commemorations of the explosion and fire at the Chernobyl reactor complex in Ukraine, which killed untold numbers of people and spewed radiation across much of Europe.

The participants probably didn't need any reminder of the shortcomings of the former Soviet Union's nuclear program, but for vivid new insights they can turn to the latest Bulletin of the Atomic Scientists. It includes in-depth interviews with a handful of workers close to the Chernobyl accident, which occurred 10 years ago this Friday. Now there are plans to shut the reactor. And all of the workers are middle-aged and have ailments presumably stemming from the radiation they endured. They were interviewed by Sergei Kiselyov, a correspondent for Literaturnaya Gazeta. Excerpts follow.

Yuri Korneev was a turbine operator at Chernobyl's ill-fated Unit 4 in the early-morning hours of April 26, 1986. His task was to shut down a turbine during a test of emergency power systems -- the test that touched off the explosion and fire at the reactor:

Usually I went through the procedure without any problems. But this time something went wrong. At the moment when the turbine stopped working, there was a sudden explosion in the area of the tubing corridor. I saw it with my own eyes, heard it with my own ears. I saw pieces of the reinforced concrete wall begin to crumble, and the reinforced concrete roof of our Turbine 7 began to fall.

In a few seconds the diesel apparatus kicked in, and emergency lights went on. I immediately looked at the roof of the engine room. It was crumbling in layers. Falling pieces of concrete were slowly coming closer to my turbine.

A Lucky Moment

It was all so unexpected. It was difficult to figure out what was happening. The explosion and crumbling of the roof took only a minute, maybe even less. Right after that, a shift supervisor, Boris Rogoshin, and the [now] deceased deputy chief engineer ran into the turbine room from the control center. I was



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The New York Times, April 21, 1996

ordered to take care of Turbine 8 and not to pay attention to anything else.

I will not go into the technical details. Let me just say that I got lucky when, as a result of the explosion, the ceiling slabs fell from the reactor on the top of the seventh turbine room, which was turned off, and not on my Turbine 8. I was also lucky when, a few minutes after the explosion, a multi-ton lead plug that closed a reactor channel fell within a meter of where I stood.

I was completely in the dark . . . While I was busy with the turbine, an electrician, Baranov -- who later died in the hospital in Moscow -- ran in and started pumping out the hydrogen that cooled the turbine generator. His actions prevented another explosion.

After everything was done, an eerie silence fell on the turbine room. There was a small balcony; Baranov and I went out for a smoke. Underneath us on the street, we saw pieces of Unit 4 and chunks of graphite thrown there by the explosion. Only later we realized what the radiation level was like on that balcony, and how many extra roentgens we were exposed to during our smoke.

Nikolai Gorbachenko was a radiation monitor at the power station:

My shift began at midnight on April 26. I had to take measurements in the reactor rooms of Units 3 and 4, and check the data units. I checked Unit 3; but on my way to Unit 4 I remembered it was in the process of being shut down, so I decided there was nothing for me to do there. I was really lucky that I wasn't at the reactor when it exploded.

I returned to my duty room to have some tea. Then we heard a flat and powerful thud. My colleague and I decided the turbine operator had produced a hydraulic hit, which sometimes happens during the shutdown of a turbine. At that moment we heard another flat thud. The lights went out; the light on the control panel of Unit 4 went out as well. Just as in a horror film, the blast blew out the double doors that had been latched. Black-red dust started coming out of the ventilation vent. In a few seconds the emergency lights went on. We put on our gas masks . . .

My boss sent me to Unit 4 to find out what the radiation situation was like there. . . . With my low-power dosimeter I wasn't able to measure the radiation level. I returned to my post and told my superiors what I had seen.

Then two guys walked in. They said: "Hey, buddies, help us find a comrade of ours, Vladimir Shoshunok. He's been gone for 30 minutes and we haven't heard from him. He's supposed to be in the upper landing across from the turbine room."

A Burn From a Hand

So I went with the two men to look for their comrade. In the darkness we made our way through piles of rubble, and went up to the landing. Everything was in shambles, steam was coming out in bursts, and we were up to our ankles in water. We made our way to the structure where the man we were looking for was supposed to be. . . .

Suddenly we saw him lying unconscious on his side, with bloody foam coming out of his mouth making bubbling sounds. We picked him up by the armpits and

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The New York Times, April 21, 1996

carried him down. At the spot on my back where his right hand rested I received a radiation burn. He died at 6 A.M. in the Chernobyl hospital, never having regained consciousness. The two guys who looked for him with me later died in a Moscow hospital. . . .

I started to feel terribly weak and nauseated. I was taken to the hospital. A friend of mine, who worked in the emergency room, saw me in the waiting room. He took me aside, gave me 500 grams of pure alcohol [about a pint], and told me to drink that. I drank it and washed it down with water. Then I called my wife and told her I was O.K. Later on, the doctors told me that the alcohol, which I drank on an empty stomach, helped me a lot [That may be true, in a sense, but there is no evidence that alcohol counters the effect of radiation, editors at the Bulletin said].

Leonid Shavrej, a member of a nearby fire brigade assigned to cover the Chernobyl complex, was on a late-night break in the middle of a 24-hour shift at the station house:

Shortly after I lay down in the guard room, there was a loud thud that made the windows rattle. I jumped up immediately. The emergency signal kicked in almost at the same moment. We jumped out on the street, ran toward our trucks, and heard the dispatcher yell that there was a fire at the atomic station. We looked up and saw a mushroom cloud; it also looked like the chimney above the Unit 4 reactor was half gone. . . .

We were never instructed on how to work in radioactive conditions -- despite the fact that the fire station was attached to a nuclear power station.

First we conducted routine scouting. . . . We entered the turbine room of Unit 4. We saw broken glass and pieces of concrete. There was so much vibrating that the walls were trembling. . . .

I ran outside, turned the trucks around and, with the four firemen in my squad, climbed the outside stairs to the roof of the turbine room. We turned the hoses on and extinguished small fires. The cover of the roof was so hot that our boots were getting stuck in it.

When I climbed down for another hose, I saw the commander of our fire division, Maj. Leonid Teliatnikov. . . . Teliatnikov gave us an order to stand guard on the roof of the turbine room. We carried out his orders. Thus we spent a few senseless hours on the roof with pieces of graphite from the reactor lying around us. We learned later how high the radiation levels were there at the time.

Later Teliatnikov was awarded the highest order of recognition in the former Soviet Union for skillful firefighting in the first hours after the explosion of Unit 4. He was given the Golden Star of the Hero of the Soviet Union. After a while he was also promoted to major general.

Col. Anatoli Kushnin, the head of the chemical defense unit of the Soviet air



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force assigned to fight the reactor fire, arrived at Chernobyl at 2:30 A.M.:

We immediately got to work. In order to put out the reactor fire, the decision was made to dump sand over it from above. It was necessary to form teams to fill sacks with sand, which we later dropped into the reactor core. Then we dropped lead into the reactor. There was a supply of boric acid at the station. We also dropped boric acid. Since the rods used in stopping a nuclear chain reaction are made of pure boron, boric acid could help to retard the reaction as well. . . .

All this work fell on military pilots. At the time, there were 80 helicopters and airplanes of various types deployed in Chernobyl. . . . As the head of the chemical service, I was responsible for the radiation safety of the staff. . . . For example I told the helicopter pilots to cover the floors of their machines with sheets of lead. . . .

Repeated Exposure

Our military pilots worked zealously. I don't remember a single case when someone showed fear, a lack of discipline or disobeyed orders. By May 4 the pilots had buried the reactor core in sand despite conditions that were difficult and dangerous. The dosimetric devices on these helicopters measured radiation levels of up to 500 roentgens an hour. In the first days after the accident these dosimeters went off scale. The crews were exposed to enormous radiation doses during their flights over the reactor. . . . Recently, military test pilot Anatoly Grishchenko died in the United States. He was the one who tried to lift a huge dome over the exploded reactor with the biggest helicopter in the world, the MI-26. He didn't succeed, but he was exposed many times to huge doses of radiation. He wasn't even told about that for a while.

GRAPHIC: Photos: Korneev.; Gorbachenko.; Shavrej. (Photographs by The Bulletin of The Atomic Scientists)

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 1996



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LEVEL 1 - 15 OF 16 STORIES

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April 23, 1996, Tuesday, Final Edition

SECTION: OP-ED; Pg. A17

LENGTH: 935 words

HEADLINE: The Chernobyl Curse . . .

BYLINE: Jessica Mathews

BODY:

On April 26, 1986, Chernobyl Unit 4 exploded, releasing 200 times as much radiation as Hiroshima and Nagasaki combined. In the 10 years since, only one indisputable result has become clear, and that is the one least recognized in the West. We know now that the catastrophe played a substantial role in the collapse of the Soviet Union. We cannot yet even guess at what human, environmental and economic cost.

Don't think of Chernobyl as a past event. It is a still unfolding story. If it were a book, we would be perhaps one-third of the way through. The later chapters are still unwritten.

The Soviet regime's immediate reaction to the explosion was to lie and to launch a massive coverup that would continue for years. Those who lived near the reactor were told that it was just a fire, that there was no danger, even as party members and their families fled. Foreign broadcasts were jammed. Only after suffering days of unnecessary radiation were the first 100,000 people evacuated.

The coverup stayed intact until 1989, when maps were released showing the extent of contamination and additional, belated evacuations were ordered. Pravda ran a front-page account by a "liquidator," as cleanup workers are known, who reported that while dosimeters showed his group being exposed to 70 roentgens, his supervisor would record 1.5 because, "I don't have the right to record any dose that high. . . . The bosses would chew me out."

As the truth leaked out, Ukraine, where Chernobyl is located, and Belarus, where most of the radiation fell, erupted in outrage. Soviet abuses, people realized, were not a thing of the past. The revelations, writes then-U.S. Ambassador Jack Matlock in "Autopsy of an Empire," "galvanized hatred" for the regime. At a crucial moment Chernobyl legitimized anti-Soviet national movements, not in the peripheral Baltics, but in the very heart of the U.S.S.R..

The fury drove into politics men who were to drive later events. Physicist Stanislav Shushkevich, who was to become the head of state of Belarus and whom Matlock describes as playing "a key role in destroying the Soviet Union," was one. Epidemiologist Yuri Shcherbak, who founded the Ukrainian Greens and from a seat on the Supreme Soviet forced the first investigation of Chernobyl, and who is now ambassador to the United States, was another. How many tens of thousands



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of other scientists, doctors, technicians, bureaucrats and cleanup workers were similarly radicalized we shall never know.

In the heart of the Kremlin, too, the effects were profound. Defense Minister Dmitri Yazov later confessed that Chernobyl destroyed his conviction that nuclear war could be fought and won. More important, the calamity proved that continuing secrecy, propaganda and manipulated news could never be compatible with real reform of the Communist system.

Partly as a result of the coverup, and partly because of the lack of prior health data, it is unlikely that Chernobyl's health effects, even the number of deaths, will ever be known. Russia uses the official figure of 31 deaths so far. The Ukrainian Greens estimate 32,000. The Ukrainian government uses a figure of 8,000.

Time may not greatly clarify the picture. The 800,000 heavily exposed liquidators are, intentionally, scattered all over the former Soviet Union. Where their records exist, they are almost certain (see above) to be inaccurate. Civilian records are not much better. There is clear evidence of a wave of thyroid cancer among children. It is too soon to see adult thyroid cancer, leukemias or other long-latency cancers. Damaged immune systems, cardiac and reproductive disorders and other illnesses are being tracked, but it may never be possible to sort out the effects of radiation from those of extreme stress. About all one can say now, and perhaps for decades, is that the figure of 31 deaths is a travesty.

Exposures continue. Thousands of settlements and millions of acres have been abandoned, including much of Belarus's best agricultural land, and 400,000 people have been evacuated. But at least 300,000 more, and perhaps many times that number, still live on land that is unacceptably dangerous by Western standards. Others eat radioactive vegetables. Thirty million people drink water from contaminated rivers.

Belarus estimates that it spends 15 percent of its GDP on Chernobyl's aftermath; Ukraine spends 5 percent of its budget. Both amounts meet only a small fraction of the human need. Cleanup of the vast, contaminated areas cannot even be thought of. Even the reactor itself is still a danger: The sarcophagus built to contain huge amounts of radioactive dust is crumbling.

Could it happen again? It's difficult to know just how dangerous the dozens of Soviet-built reactors are. Conditions at many have been reported to be awful, but Western contractors and governments with Soviet-era reactors have a strong interest in exaggerating safety risks that the United States and Europeans might pay to fix. On the other hand, there may not be much need to exaggerate. West Germany, which took a close look at some of these reactors, provides a clue: Within a year after unification, it had closed all six of East Germany's reactors and the five that were under construction.

Thousands of ghost towns in Russia, Ukraine and Belarus are silent testimony to much of what was wrong with Soviet communism. Whether they will ultimately have anything definite to say about the benefits and costs of nuclear energy, remains for the future.

The writer is a senior fellow at the Council on Foreign Relations.



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April 23, 1996, Tuesday, Final Edition

SECTION: OP-ED; Pg. A17

LENGTH: 241 words

HEADLINE: . . . And a Cry From Belarus

BYLINE: Yelena Levchenko

BODY:

I am from Gomel, a town in Belarus only 80 miles from Chernobyl. When people ask me about what happened there 10 years ago, I give my own example.

I have two children -- Anatoly, my son age 10, and Tatayna, my daughter who is 14. When my daughter was 6, she had osteomyelitis hip-coxal articulation as a side effect of flu. In plain, nonmedical language, this means her bones had become infected. She was in a hospital for two months.

During the first week, the doctors said she likely would not survive. In the second week they said they would have to amputate the leg. Later, they said only that she would be lame. But thanks to God and the doctors, she can now walk normally. Her immune system is very weak, however; she has colds every month.

The legacy of Chernobyl will be with Belarus for hundreds of years. The tragedy is human, but it also costs us a lot in the economic sense. It has been reported that the the potential expenses from the Chernobyl disaster amount to approximately 30 times the country's whole budget.

Through no fault of their own, Belarussians have become victims of this tragedy, with consequences we cannot afford. The economy is in deep crisis, production has dropped sharply. The resources of both public and very small private sectors are already exhausted. Belarus cannot help itself.

The writer is a visiting researcher at the Graduate Public Policies Program at Georgetown University.

GRAPHIC: Photo

LANGUAGE: ENGLISH

COUNTRY: BELARUS;

LOAD-DATE: April 23, 1996April 23, 1996



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LEVEL 1 - 10 OF 16 STORIES

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April 25, 1996, Thursday, Late Edition - Final

SECTION: Section A; Page 8; Column 5; Foreign Desk

LENGTH: 801 words

HEADLINE: Inherited Damage Is Found In Chernobyl Area Children

BODY:

Ten years after the disastrous nuclear accident at the Chernobyl power plant in the Ukraine, scientists report that they have found inherited genetic damage in people exposed to the fallout.

Such damage has not been observed before, but it was not associated with illness, and researchers do not know whether it will ultimately affect health.

A study being published today in the journal Nature says children born in 1994 in Belarus, to parents who lived there in 1986 when the reactor melted down, had twice the normal rate of a certain type of mutation.

The children studied came from 79 families living about 300 kilometers (186 miles) from Chernobyl in the Mogilev district of Belarus, a region severely polluted by radioactive and chemical contaminants from the accident.

The most striking finding was that the genetic damage took the form of so-called germline mutations: changes in DNA in sperm and eggs. Such mutations are passed on from generation to generation.

Researchers did not test the sperm and eggs of the parents, but inferred that since the children were born years after their parents' exposure, their mutations were inherited and thus would have had to have occurred in the parents' germ cells.

Although the researchers said that chemical pollution might have contributed to the mutations, they thought the more likely cause to be radiation.

If the researchers prove correct, the finding is a first: germline changes have never been detected before in people exposed to radiation, not even the survivors of the atomic bombing of Japan or their children.

But the Chernobyl accident differed from the bombing in important ways. The bombs released an enormous amount of radiation all at once, while the radiation from Chernobyl was less intense but longer lasting.

Unlike the bombs, Chernobyl released a great deal of the radioactive isotope cesium 137. The body cannot distinguish cesium from potassium, an essential nutrient, and so the cesium is taken up by cells and becomes an internal source of radiation.



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In addition, the reactor at Chernobyl spewed out an array of non-radioactive chemical pollutants, including highly toxic heavy metals.

So far, the major health problem blamed on the meltdown has been an increase in thyroid cancer in children around Chernobyl, due to emissions of radioactive iodine.

In addition, many residents show chromosome damage, which in some cases can lead to leukemia or other cancers, though not enough time has passed for those diseases to develop. Increases in birth defects and miscarriage have also been reported, but some researchers dispute those findings.

Anxiety in the region runs so high that many researchers say they think it is causing more illness than the radiation is.

The families that were studied in Belarus were healthy, and researchers do not know what the newly discovered mutations mean. The uncertainty is based on the type of DNA that was examined.

The researchers chose regions called minisatellites, which are prone to mutation and likely to show changes when exposed to an agent capable of damaging genes. Mini satellites are good screening tools for mutation, but they are not functioning genes and their purpose is unknown. Mutations in them may not be important.

"The minisatellites have nothing to do with regions that affect health, cancer, mortality and so on," said the study director, Dr. Yuri Dubrova, a genetics researcher at the Russian Academy of Sciences and the University of Leicester in England. "What we can safely say from our data is that the mutation rate in these particular genetic locations is two times higher after the accident.

"We cannot say anything about what is going on in the rest of the genome."

Have more clearly recognized that the Chernobyl accident

Dr. Lynn Wiley, a professor of developmental biology in the medical school at the University of California at Davis, said: "I believe what this team is reporting, but I don't know what to make of it. We don't know how good a marker or sentinel the minisatellites are for what's happening in the rest of the genome."

A more skeptical view was taken by Dr. James Neel, a geneticist and physician at the University of Michigan, who conducted extensive studies on Japanese atomic bomb survivors and their children.

Dr. Neel said his research did not point to germline effects, nor did a recent study of minisatellite regions in Japanese subjects.

"This new work implies a sensitivity to the genetic effects of radiation that's far, far in excess of either experimental work with fruit flies or mice, or our own studies in Japan," Dr. Neel said. "This is not the study that's going to establish that effect. I would urge them to repeat this work just as soon as possible.

"This is such a sensitive subject. There's near hysteria in Russia over it."



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LEVEL 1 - 5 OF 16 STORIES

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April 26, 1996, Friday, Late Edition - Final

SECTION: Section A; Page 30; Column 1; Editorial Desk

LENGTH: 785 words

HEADLINE: Editorial Notebook;
Chernobyl Reconsidered

BYLINE: By PHILIP TAUBMAN

BODY:

The first Government bulletin, circulated by the Tass news agency, was deceptively innocuous.

"An accident has occurred at the Chernobyl atomic power plant as one of the atomic reactors was damaged. Measures are being taken to eliminate the consequences of the accident. Aid is being given to those affected. A Government commission has been set up."

It was late evening on April 28, 1986. As I scanned the announcement with Serge Schmemmann, my colleague in the Moscow bureau of The Times, we suspected the flat language masked a serious accident. Serge soon had a Swedish diplomat on the phone, who reported an ominous increase in radiation levels over his country.

In the days that followed, as the magnitude of the disaster emerged, I should have more clearly recognized that the Chernobyl catastrophe was a manifestation of the political, moral and technological rot that was metastasizing in the Soviet system and would soon kill it.

Looking back, the signs of decay reflected in the accident, 10 years ago today, seem remarkably telling.

The timing of the Government announcement was itself a symptom of the secrecy and manipulation of information that were choking the Soviet political system. The Government waited nearly three days after an explosion blew off the top of reactor No. 4 at Chernobyl and spewed radioactive debris into the air to disclose that there had been a nuclear accident. Not a word about radiation was included in the first statement.

During those three days, with the world unaware, a plume of toxic gases and dust laced with plutonium, iodine 131, strontium 90 and cesium 137, some of the most deadly elements in the universe, spread across the western Soviet Union, Eastern Europe and Scandinavia.

The Soviet information blackout was the reductio ad absurdum of Soviet censorship, depriving millions of people of vital information about a deadly threat.



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While news of the accident was suppressed, Communist Party and Government officials learned of the danger and moved hurriedly to shield their families and friends. The moral void at the core of the Soviet system was evident as trains crowded with the relatives of Communist officials in Kiev rolled into Moscow, while for days most residents of the Ukrainian capital remained oblivious to the danger, wondering why municipal trucks kept watering down the streets.

In Pripyat, the town closest to the destroyed reactor, hours passed before any effort was made to warn people of the danger. As reactor technicians and firemen who had responded to the explosion streamed into the local hospital, already gravely ill from intense radiation exposure, the children of Pripyat played in the streets, women hung the laundry out to dry in the spring sun and young men gathered for a soccer match.

It was not until 24 hours after the explosion that residents were told to remain inside, and another day before Pripyat was evacuated. By then residents were complaining about an acrid smell -- the odor of burning graphite in the exposed reactor core.

The delay was a product of a paralyzing fear that gripped the Soviet bureaucracy, long terrorized by Lenin, Stalin and the leaders who followed them. The Chernobyl plant director, Nikolai Fomin, initially dismissed word from his aides that the reactor had exploded, and was slow to raise the alarm. As a result, according to Grigory Medvedev's 1989 book about the accident, "The Truth About Chernobyl," the first calls to officials in Kiev and Moscow reported the reactor was intact.

The design and construction of the reactor, and the reckless experiment that led to the explosion, exposed the failures of Soviet technology. Western experts considered the uranium-graphite reactors at Chernobyl and other Russian nuclear power plants less stable and safe than models used elsewhere, but the Soviet ministries responsible for their operation ignored the concerns.

The night of the accident, operators had powered down the reactor in a way that made the core less stable. Inexplicably, they also disengaged critical safety systems. When the reactor started to destabilize, they panicked and took action that inadvertently set off a power surge in the core that produced the explosion. The combination of arrogance and incompetence was characteristic of Soviet technology in the 1980's, as Moscow fell further and further behind the West in electronics and other advanced fields.

In the years since the accident, Chernobyl has been described as a disaster that speeded the collapse of the Soviet Union. That may be true, but more accurately, I think, Chernobyl was the reflection rather than the cause of a dying political system. PHILIP TAUBMAN

LANGUAGE: ENGLISH

LOAD-DATE: April 26, 1996



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LEVEL 1 - 3 OF 16 STORIES

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April 27, 1996, Saturday, Final Edition

SECTION: A SECTION; Pg. A20

LENGTH: 759 words

HEADLINE: Ukrainians Celebrate Village Life That Evaporated in Chernobyl's Cloud

BYLINE: James Rupert, Washington Post Foreign Service

DATELINE: VELIKI KLISCHI, Ukraine

BODY:

When hundreds of people from this farming village held a picnic last Sunday, a passerby might have found it odd. For one thing, they held it in the cemetery, sharing food, drink and songs among the graves.

For another, it was only among Veliki Klischi's dead that you could find the living. The rest of the village stood silent and overgrown with weeds, as it has for years, since radiation from the Chernobyl nuclear disaster, which occurred 10 years ago yesterday, forced its people to move away.

For these farming families of northern Ukraine, the celebration was no oddity. It was Providna Nedilia -- "Accompaniment Sunday" -- when Ukrainians pack picnic hampers and gather at the graves of their forbears, renewing their spiritual connection both to the past and to the community. The traditional feast provides a poignant annual homecoming for the people of Veliki Klischi, who were evacuated six years ago to a village 90 miles away.

Veliki Klischi stands in mute testimony to the Ukrainians' links to their lands and tradition -- and to the fact that the 20th century has been cruel here. Before the village succumbed to Chernobyl's radiation, it had survived two wars, a famine, the brutal rule of Soviet leader Joseph Stalin and decades more of Soviet repression since 1900.

In the village's dusty lanes, a Geiger counter registered radiation levels three to four times higher than in nearby uncontaminated areas.

At the village's center, a serene portrait of Soviet state founder Vladimir Lenin gazes from the facade of the looted former headquarters of the Lenin's Path Collective Farm. The farm was formed after Stalin ordered peasants' lands seized -- a step that Ukrainians resisted until the Soviet army appropriated the country's grain, causing a famine that killed an estimated 5 million Ukrainians.

Across one street, a monument lists close to 100 villagers killed in World War II, when the Nazis occupied this region for two years. Across another street painted in bright blue and green stands the Church of Saint Nikolai the Miracle Worker.



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Early on Sunday, the only person in sight was a short woman wrapped, despite the warmth, in a coat and scarf. Hanna Prokopchuk, 67, lives in a neighboring village but comes periodically to clean the church and check on Vera Avramchuk, 66, Veliki Klischi's sole inhabitant.

Avramchuk lives in a small house at the village's edge. "It's difficult for her," said Prokopchuk, "but she doesn't want to go anywhere else." A major problem is that, with the village depopulated, foxes roam unhindered "so she can't keep chickens," Prokopchuk said.

Soon, the village's silence was broken by a parade of buses and cars rumbling to a halt outside the church. Men and women, mostly elderly, piled out of the vehicles, carrying satchels bulging with their picnic meals. Many wept and embraced.

Within minutes, the village's side lanes were dotted with silent people gazing disconsolately at the houses they had once lived in, fingering the door latches, checking to see how high the water stood in the wells.

Others prepared the church service. The villagers have reestablished their parish in the village of Lisovka, where they live now, "but we have no church building," said Halia Stelnikovich. "We took the icons from this church and put them in an ordinary house."

The church was the center of Veliki Klischi, Stelnikovich said. "In our hearts, this was so even in Soviet times," she said. Several times, "the Communists tried to close it . . . but the village wrote petitions to Moscow and kept it open."

The congregation has a rookie priest from Lisovka, 19-year-old Yaroslav Vovkovich. In white vestments, he led the service at the Veliki Klischi church as a choir of elderly women sang. Vovkovich intoned prayers for the members of the congregation, mentioning scores by name.

When the choir wavered, he halted the stately liturgy, turned from the altar and pleaded, in the exasperated voice of a 19-year-old: "Ladies! Please keep it going!"

After the service, the parishioners trooped up a lane to the cemetery. There, men cleared weeds and brush, while women laid clean towels on the graves of relatives. On them they piled decorated breads, Easter eggs and candies in a symbolic invitation to the souls of departed ancestors to join in the feast.

"It has always been important for us to remember our dead," said Stelnikovich, "but now it's more emotional. We miss not only our parents and grandparents buried here, but the whole life we had here."

LANGUAGE: ENGLISH

COUNTRY: UKRAINE;

LOAD-DATE: April 27, 1996April 27, 1996



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