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Clinton Presidential Records
First Lady's Office
Speechwriting (Noa Meyer Subject Files)
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FOLDER TITLE:
The Trip of the First Lady to Kazakhstan, Kyrgystan, Uzbekistan, Russia, and Ukraine, November 9-18, 1997 (David) [Binder] [7]

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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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UKRAINE: CHILDREN'S ISSUES

Deteriorating conditions. Children in Ukraine, along with the elderly, are bearing the brunt of the country's economic and social decline. Many families are no longer able to afford a balanced diet for a child's physical development. Since 1996, the production of baby food and juices, vitamins, and vitamin-fortified milk has decreased significantly. Social stresses within families caused by un- and underemployment, non-payment of wages, alcoholism and disease, have led to sharp increases in spousal and child abuse - this combined with an already high divorce rate.

Adoption. Public concern over the fate of children adopted by foreigners triggered a new adoption law providing for thorough court examination of each case and follow-up monitoring of the children's well-being. In general, the adoption process appears to be going smoothly in most of Ukraine. In the last year, 46 Ukrainian children have been adopted by American families.

Children of Chornobyl. Eleven years after Chornobyl reactor number nine exploded, the effects of this tragedy can be seen in numerous children who suffer from radiation sickness manifested by a drastic rise in the occurrence of thyroid cancer. Congenital birth defects in the Chornobyl area are also abnormally high. (The radiation levels in Kiev today are normal.) A major portion of Ukraine's budget is devoted to dealing with the consequences of Chornobyl through various clean-up, social and healthcare programs. The U.S. and the G-7 are sponsoring major programs to stabilize the damaged reactor and its surrounding "sarcophagus," and to deactivate the Chornobyl complex by the year 2000.

Children's rights. The Ukrainian government is publicly committed to the defense of children's rights, but it has struggled to implement its agenda. Guaranteed public education and free health care for children, with special benefits for children affected by Chornobyl, are the stated goals. There is no societal pattern of abuse of children, but trafficking of children for sexual exploitation is on the rise.

Pediatric Health. Approximately one-fifth of the Ukrainian population is under 18 years of age. The Ministry of Health estimates that forty percent of all children are experiencing "abnormal physical development" - demonstrating growth patterns and organ functions that are outside the normal range. Respiratory disease accounts for more than half of childhood morbidity, followed by skin disease, and diseases of the nervous system. Children still suffer from vaccine-preventable diseases.

Government reports indicate that 30 percent of all children need psychological help.

UKRAINE: HEALTH ISSUES

Overview. As in most of the former Soviet states, health care in Ukraine is in crisis. Life expectancy is dropping, infant mortality is rising, and the general health of the population is declining. Health education is also deteriorating due to low salaries, supply shortages and inadequate facilities and equipment. General measures of health (e.g., WHO) rank Ukraine among third world countries statistically, despite the presence of a large medical care and medical training system. Ukraine has one doctor per 222 people and a total of 3,900 hospitals (with 679,000 beds), 7,000 state run out-patient clinics and 50 private clinics. Respiratory diseases, heart ailments and alcoholism are the major adult afflictions. Since 1992, incidence of tuberculosis, diphtheria and cholera has increased sharply.

High cost. Health care services are funded almost entirely by the government and are delivered very inefficiently. The government plans to spend three percent of GDP on health care in 1997. The emphasis is on in-patient care, with long hospital stays the norm. Preventive medicine has been neglected. Moreover, physicians -- most of whom are women -- are often assigned tasks that could easily be carried out by less-trained health professionals. Hospital administrators are almost uniformly male. There is a clear need to reduce the number of hospitals and staff.

Pharmaceuticals. Ukraine's dependence on suppliers in other former Soviet republics for most pharmaceutical raw materials has resulted in serious shortages since the breakup of the USSR. Domestic manufacturing meets less than 20 percent of the country's pharmaceutical needs. Ukraine lacks production facilities for some essentials, such as oncological drugs, cardiovascular medicines and vaccines. In 1997, availability of the simplest antibiotics, hypertension medications, insulin, and other medications improved somewhat, but prices increased dramatically. Major multinational pharmaceutical companies have begun marketing their products, but the prices charged limit availability to the wealthiest consumers. Patients are required to supply their own medications for hospital stays.

AIDS. Although few deaths from AIDS have been recorded in Ukraine, accurate data are not available and the incidence of sexually-transmitted diseases and AIDS is believed to be increasing. Ukraine recently saw a sharp increase in newly infected injecting drug users in cities bordering the Black Sea. HIV-positive persons in Nikolayev, for example, rose from 1.7% of injecting drug users to 56.5% during 1995. The potential for the infection to spread, particularly to women, is worrisome given low condom usage and sexual trafficking in Ukrainian women.

Trafficking to Western Europe, Turkey and the Middle East is reputedly common. Resources for prevention, counseling and availability of prophylactics are extremely limited. Combined with sexual promiscuity among the young, the potential for a sharp increase in AIDS cases is large.

Ukraine and Health Care

- Epidemics of infectious diseases plague Ukraine - the worst epidemics are AIDS, TB, STDs and Hepatitis. The Ministry of Health is asking the World Bank for help in all these areas.

- TB already infects one-third of the world's population, 50 million of whom have drug-resistant strains of TB. Approximately 3 million people will die from TB this year. Rates of TB have nearly doubled in the last 5 years in Ukraine-they are now five times the rate of the US. Odessa oblast has the highest rate of TB in Ukraine with 52.2/100,000 cases in 1996 compared to 25.5/100,000 for Kiev City.

- There are 12,000 recorded cases of AIDS out of a population of 52 million. This is the highest number of official cases of any country in the FSU. AIDS, HIV, and STDs are all on the rise in Ukraine due to unsafe sexual practices, prostitution, and intravenous drug use. As in Russia, the actual numbers of AIDS cases may be as much as 10 times higher—these are just official numbers.

- *Maternal and Child Health*. There are striking - and ominous - indicators of the deteriorating condidtion of maternal and child health. Infant and maternal mortality continue to be a serious indicator of the health crisis. The Health Minister singled this issue out recently because of its urgency.

- The facts and figures singled out in the Bader letter of September 30 remain accurate with respect to the major crisis as the result of the lack of pharmaceuticals, diagnostic equipment, and even "off the shelf" items for hospital emergency rooms.

LEVEL 2 - 17 OF 311 STORIES

Newsday (New York, NY)

October 26, 1997, Sunday, ALL EDITIONS

SECTION: NEWS; Page A04

LENGTH: 4801 words

SERIES: CRUMBLED EMPIRE, SHATTERED HEALTH. First in a series.

HEADLINE: CRUMBLED EMPIRE, SHATTERED HEALTH / DIAGNOSIS: CRITICAL / IN THE REMNANTS OF THE USSR, HEALTH CARE IS IN A DEADLY STATE OF SHAMBLES (NS BULLDOG EDITION) . CRUMBLED EMPIRE / SHATTERED HEALTH / THE COLLAPSE OF HEALTH CARE IN THE FORMER SOVIET UNION. NEWSDAY COVER PHOTO BY VIOREL FLORESCU-(PATIENT IN A RUSSIAN HOSPITAL)

BYLINE: Laurie Garrett. STAFF WRITER; Others making key contributions to the series were Newdsay's Moscow Bureau chief, Susan Sachs; former bureau chief Ken Fireman; research Tami Luhby; and staff writer Delthia Ricks.

DATELINE: TSKHINVALI, GEORGIA

BODY:

IN THE SERIES. Today, Newsday begins a series of stories by Pulitzer Prize-winning reporter Laurie Garrett and photographer Viorel Florescu on the collapse of public health in the former Soviet Union at a time of dramatic social upheaval. The stories will appear in the news section, in special reports in the Discovery section and online at http://www.newsday.com. Researching the story led Garrett and Florescu to Moscow, Kiev and St. Petersburg, as well as locations as far-flung as Tallinn, Estonia, in the Baltics; Ulan-Ude on the Russo-Mongolian border; Nor'ilsk, 175 miles above the Arctic Circle in Siberia; war-torn Ossetia, on the Georgian frontier; Chernobyl, **Ukraine;** and Bohemia in the Czech Republic. TSKHINVALI, GEORGIA Most of the patients have been sent home because the vast medical complex has no heat. The nurses are huddled around a burning log in a makeshift fireplace carved out of a cement floor. But up on the fourth floor of Republican Hospital, remarkably, medicine is still being practiced. Two surgeons are performing a hernia operation with uncommon skill - and uncommon speed.

As a doctor anesthetizes the patient with an ether-soaked handkerchief and a nurse keeps him breathing with a hand-operated ventilator, the scrub nurse scoops up a pile of bloodied surgical instruments and carries them to a basin of pink water that has been standing uncovered for hours.

Working barehanded, she dunks the instruments in the water, swishes them about and returns them to the operating table with no further effort at sterilization. A moment later, one of those instruments is inside the patient, clamping off a section of intestines.

The operation is finished in less than 10 minutes. When the surgeons are complimented on their speed, one replies: "It's not a matter of choice. We must

go fast. The generator only supplies 15 minutes of electricity for the lights."

This provincial hospital is far removed from Russia's great cities, and Georgia has fared far worse than most former Soviet republics since the union split apart in 1991. But while the problems here may be especially acute, they are not atypical. Throughout this vast ex-superpower, the health care system once touted by the Soviet leadership as an exemplar of "the human, caring face of socialism" is a shambles.

Life expectancy rates have plunged precipitously, driven downward by a deadly combination of spreading disease, alcohol and drug abuse, poor nutrition, chronic underfunding of medical facilities and isolation from Western scientific advances. In one year alone, 1993, the life expectancy at birth for Russian males dropped from 61 to 58, according to the World Health Organization. Russia's death rate in 1995 was 1.6 times greater than its birthrate, triggering a decline in its population unprecedented in post-war times, and the premature death rate for adults has more than doubled since 1960, according to government data.

The impact of this crisis is also falling heavily on those most vulnerable: the region's children. They suffer from high rates of birth defects, disease and mortality, bear the brunt of their parents' drug and alcohol abuse and are often denied medicines because of a belief that they are "weakened" and cannot handle certain antibiotics or vaccines.

As a consequence, they are far less likely to reach adulthood than their Western European counterparts, according to UNICEF. Children in Russia, the largest of the former Soviet republics, are 2 1/2 times more likely to die before age 5 than American children, global health experts say.

Some doctors find this unbearable. At the Leningrad Republican Infectious Disease Hospital, for instance, Dr. Paul Sergeyev tenderly strokes the blond head of 9-month-old Natalia, who was abandoned by her HIV-positive, opium-addicted mother as soon as she was born.

"We can't know for sure whether a child is infected with HIV until 3 years old," he says with a frustrated shake of his head as he gently places Natalia back in her crib. "We have no money for genetic testing. We have no money for anything."

Dr. Lev Mogilevsky, co-director of an infectious disease treatment facility in the **Ukrainian** city of Odessa, sums up the situation succinctly: "We can no longer control or manage disease," he said. "It manages us."

An eight-month examination by Newsday that ranged over 4,500 miles, visiting 20 cities in five formerly communist countries, has found that this once-proud health care system has become a casualty of the region's wrenching historic transition.

It's not clear how quickly this occurred, because past health care claims by the communist government were unreliable at best, fabricated at worst. But it is crystal clear the system today is collapsing, unable to adapt to a non-authoritarian society where individual choice reigns, power is decentralized and economic realities constrain choices. And while most experts are focused on the profound economic and political problems plaguing the region, it is also

clear that the collapse of public health is potentially just as destabilizing.

Here's what Newsday found:

- Infectious diseases long thought to be under control or largely extinct in the developed world have swept through former Soviet republics in a rolling series of epidemics, producing disease rates far exceeding those in Western countries. These diseases - which include tuberculosis, hepatitis, cholera, typhoid and influenza - have been spread by chronically poor medical hygiene and sanitation, as well as misuse of antibiotics. The tuberculosis rate, for instance, is 10 times the rate in the United States, and growing.

- The long decades of government-enforced isolation from the rest of the world have bred a striking ignorance of many modern medical advances among health care professionals, and a widespread public belief in unscientific folk remedies. For example, only 60 percent of Russian children under age 5 have been fully immunized - according to World Health Organization standards - against the six most common vaccine-preventable diseases, in large part because of opposition from parents and doctors who believe children with the mildest health problems should not be vaccinated. The U.S. rate, meanwhile, is above 95 percent.

- The former health-care delivery system - inefficient, expensive and authoritarian, but widely accessible - has all but collapsed in the wake of a massive funding crisis, and little has been done to replace it. The Russian government, for example, currently earmarks less than 2 percent of its annual budget for health services, compared with nearly 20 percent in the United States, resulting in chronic shortages of supplies, deteriorating physical facilities and late payment of wages to personnel. In most hospitals visited by Newsday, strapped officials had stopped ordering rubber gloves and paper towels to save money.

- Long-term environmental problems are taking a growing toll on the public's health. In St. Petersburg, for instance, officials acknowledge they can no longer supply safe water to the city, a problem that resulted this summer in more than 500 cases of dysentery. In Russia as a whole, the Environment Ministry has concluded half the nation's drinking water supply is unsafe.

- Hundreds of thousands of new patients are now entering the health system due to an unprecedented surge in drug abuse, which has fueled an explosion of HIV and hepatitis and compromised part of the region's blood supplies. There are few public education programs on the dangers of sharing needles, for instance, within a huge region in which two-thirds of AIDS patients are drug users.

"We broke old mechanisms which managed society and health care, and we didn't create new ones, we didn't know how to," Mogilevsky added. "Now health care is on the brink of complete ruin."

The crisis threatens to engulf not only the 280 million people who live in the republics that once composed the Soviet Union but, because of immigration patterns and political interdependence, large parts of the rest of the world as well. For as the incidence of infectious disease increases, neighboring nations in Europe and popular immigration destinations such as the United States and Canada become increasingly worried.

One World Health Organization official called a 1995 diphtheria epidemic in Russia "the biggest public health threat in Europe since World War II."

Just as ominously, there is concern that the health care crisis will provide potent new ammunition to ultra-nationalist politicians who argue that American-style democracy and cooperation with the West have failed and that only a revival of authoritarianism can solve Russia's problems.

"How can the society, the economy, the military bear such a burden?" asked Murray Feshbach, a Georgetown University demographer who has studied Russian trends for years. "Will it lead to social disarray? Can the economy survive? Will a conservative military-type leader decide to overthrow the government? Why are these not viable possibilities if one looks at Russia from the demographic and health prism, and not just the political and economic dimensions?"

There is some evidence that this concern is well-founded. A poll ranking the concerns of Russian citizens earlier this year found that declining public health had risen to fifth (from ninth in 1995) and was cited by 29 percent of those responding as their top concern (up from 16 percent two years ago).

Opponents of the present Russian government are seeking to exploit health care as a political issue. Communist leaders routinely blame Western-style capitalism for the surge in infectious diseases, alcoholism and drug abuse. They argue that the nation's strength and security have been compromised, citing government statistics that one in three army recruits are now rejected for health reasons, as opposed to 1 in 20 in 1985. And Russia's most prominent nationalist leader, Alexander Lebed, apparently has incorporated the issue into his standard stump speech.

"Tuberculosis has increased - it's a rampant wave," Lebed barked in his gravelly baritone during a recent talk to a group of supporters in the Siberian city of Irkutsk. "We have to stop this rampant increase. We need to deal with AIDS too - we cannot wait . . . There are skyrocketing infectious diseases. We must stop that - now."

But translating such stern rhetoric into reality may prove difficult for any politician, even one as accustomed to command as Lebed, a former army general. And if Lebed has any doubts of that, he might have a chat with a fellow Afghan war veteran named Konstantin.

In 1993, two years after Konstantin was discharged from the military, communist and ultra-nationalist rebels seized the Russian White House in defiance of President Boris Yeltsin's order disbanding the old Soviet-era parliament. Konstantin grabbed his old army rifle and manned the barricades.

The rebellion was crushed, and Konstantin wound up in Butirka Prison, charged with treason. When his case finally came up for judicial review last January, a judge dismissed the charges and ordered him freed.

But by that time Konstantin had contracted tuberculosis, a huge and growing risk in Russia's grossly overcrowded jails and prisons. The treatment he received was erratic and ineffective, and the disease eventually spread from his lungs to his liver, kidneys and heart.

Today, Konstantin, 39, who won't allow his last name to be used, lies dying

in a bed at the Moscow Tuberculosis Research Center, his disease beyond the reach of any drug. "It's like a joke, a particularly Russian joke," he says. "In principle, I was given a death sentence."

The rampant growth of tuberculosis among Russia's huge prison population - estimated to be as many as one million out of a total population of 140 million - is one of the engines that have driven the country's overall TB rate to a level at least 10 times greater than that in the United States. And while Russian scientists debate how to cope with the epidemic, those who care for TB victims in provincial facilities across the far-flung nation often work in the face of heartbreaking shortages.

In one such facility, in the city of Ulan-Ude, capital of Buryatia, a region of Russia just north of Mongolia, Dr. Galina Dugarova cares for patients housed in three unheated log cabins. Patients must supply their own pajamas and bed linens; supplies of antibiotics and other medicines are erratic at best.

"They are all going to die," Dugarova says as she ministers to four patients in the facility's intensive care ward. "We cannot treat them . . . We would like to give them four drugs and some protein, but we have no money and they have no money. They are sentenced."

As ominous as the TB epidemic is, it is just one of the infectious diseases that have swept through Russia and other former Soviet republics in recent years. While statistical comparisons over time are difficult because Soviet-era data were notoriously unreliable, both domestic and foreign experts agree that many diseases have registered alarming increases.

Diphtheria, for example, infected 200,000 people in the region and killed 5,000 before it finally slowed down last year, thanks in part to a major international effort spawned by fears that the contagion would spread to other parts of the world.

Polio rolled into Azerbaijan in 1991, Uzbekistan in 1993 and war-ravaged Chechnya in 1995. Hepatitis is now so common throughout the former Soviet Union that it is regarded as endemic rather than epidemic. Influenza hit the region so hard in 1995 that the entire **Ukrainian** government was forced to shut down for a week. Typhoid infected 20,000 in the central Asian republic of Tajikistan last year, much of it surfacing in drug-resistant forms. Russia's second largest city, St. Petersburg, is currently coping with dual epidemics of cholera and dysentery for the third time since 1993.

While there are many reasons for these contagions, one source is health care practitioners and medical facilities themselves, according to Western experts who have studied the problem.

"I can't tell you how surprised I was by their lack of infection control," said Howard Cohen, former executive director of Coney Island Hospital in Brooklyn, which serves as a "sister" institution to a hospital in Odessa. "In the operating room they had commonly used soap bars, commonly used towels. Surgeons were going from one patient to another without washing."

Sometimes, lack of funds is the culprit, as in a children's hospital in St. Petersburg that suffered several outbreaks of internally generated infections last year. Investigators discovered that the cash-strapped facility had ceased

buying paper towels and rubber gloves.

But in other cases, simple lack of knowledge born of isolation from Western colleagues is at fault. Cohen and others say most Russian and **Ukrainian** doctors believe airborne bacterial spores are the major source of infection within hospitals, whereas Western practitioners learned years ago that unsterile hands and instruments were the main culprits.

"For seventy years, public health here was linked to ideology instead of science," said Regina Napolitano, chief of infection control for Coney Island Hospital. "Now they're paying the price."

In some parts of the region, these problems are exacerbated by the misuse of antibiotics, leading to the emergence of drug-resistant strains of bacteria. Dr. Ed O'Rourke of Boston's Children's Hospital, an expert in infectious diseases who has visited Russia and other ex-Soviet republics on many occasions, says physicians there often "simply add one antibiotic on top of another" without any particular rationale.

O'Rourke has been urging doctors in the region to revamp their system for controlling infectious diseases, but fears he's made little impact. "It's as if they have horses and carriages but want diesel trucks," he said. "And we're trying to tell them that what they need to do is forget about these diesels and use the horses and carriages properly."

Another key source of the epidemics is a plummeting rate of vaccination against infectious diseases that began in the 1980s and has continued unchecked into the current decade.

Part of the blame for this lies with Soviet-era health officials, who trained pediatricians to withhold vaccinations from children with minor ailments - or merely a family history of a disease - on the theory that such "weak" children would be harmed rather than helped by inoculation.

One scientist, Dr. Galena Chervonskaya, carried this theory to extreme lengths, arguing that domestically produced diphtheria and pertussis vaccines were contaminated with poisons. Her views were publicized in a mass-circulation newspaper, further depressing the vaccination rate - and opening the door to the likes of Boris Nikitin.

Nikitin, 82, was trained in engineering, not pediatric medicine. But he has proclaimed himself an expert in child rearing, and his influence in Russia is often compared to that of Dr. Benjamin Spock in the United States. His "Nikitin Doctrine" holds that most clothing and medical treatment weaken children.

"Nature has designed a certain stage in child development when natural immunity is formed," Nikitin says as he plays with his naked 6-month-old granddaughter outdoors on a chilly afternoon. "This natural mechanism is called children's infections. So this immunization of society is a great medical mistake."

A similar attitude toward medical science can be found at an AIDS clinic in the **Ukrainian** capital of Kiev, where a patient named Viktor rejects the drug AZT in favor of another "treatment": a bullet-shaped piece of tin taped to his

chest.

The 38-year-old postal worker explains he received the apparatus from a local healer who invented it "to measure biocurrents from my body. She charges the currents with a piece of tin, which we call a bullet. And the bullet counters my negative biocurrents."

Such unscientific credulity can, of course, have tragic consequences. But given their history, citizens of the former Soviet Union might be forgiven their willingness to trust street healers over certified scientists. For most of their lives, the health care system was run entirely by the state - the same state that was systematically befouling their air, water and soil in its headlong race to create an industrial and military superpower regardless of human cost.

The grim results of these policies can be found throughout the former union - from the ruined Reactor No. 4 at the infamous Chernobyl power station, to the 50 secret cities where nuclear weapons production has left a deadly legacy of contamination, to the toxic shroud that envelops scores of industrial cities like Angarsk.

Angarsk, a Siberian city of 280,000, is ringed with aging chemical factories, oil refineries and energy production plants. The forest around the city has been denuded by acid rain; the landscape is webbed with rusting petroleum ducts. The sky is perpetually gray. The air smells of sulfur and methane and leaves an acrid taste in the mouth. "It's my perfume," one woman says sourly as she waits for a bus.

Some Russian scientists believe that this rampant environmental degradation, when combined with the political disasters that have stalked their century, has permanently damaged the raw human material of the nation and damaged the population's health.

In the industrial regions of Siberia, for example, the incidence of adult leukemia and Hodgkin's disease is nearly twice that seen in Western Europe. Overall, Russians are 1.8 times more likely to die of cancer than are Americans.

"The Russian gene pool is destroyed," asserts Dr. Askold Maiboroda, dean of the Federal Medical University in the Siberian city of Irkutsk. "First, there were Stalin's slaughters of millions of people, the most creative and intelligent people. Then more good people perished in the gulags . . . And now we suffer an environmental assault unlike anywhere else. We are weakened. Our genes are damaged. You cannot expect much from the Russian people; do not ask much of us."

This attitude of passive hopelessness helps fuel another scourge: widespread and growing alcohol and drug abuse.

Alcohol consumption, traditionally high among Russian men, has increased 600 percent in the nine years since the Soviet government called off an effective but highly unpopular anti-drinking campaign. During that time, deaths from alcohol poisoning and cirrhosis rose by 300 percent and 250 percent respectively. And many younger Russians, caught in the pyschic backwash of their society's unprecedented transition, have turned to hard drugs to relieve their angst.

"Look at that drunken idiot!" a teenager shouts to his laughing buddies as they watch a sodden man try to enter a Moscow subway through the exit turnstile. "Only fools drink bad vodka!"

The teenagers, it turns out, are high themselves - but not on vodka, good or bad. They've been doing a popular opium-based drug called poppy straw.

Hundreds of miles east of Moscow, in the Siberian city of Novosibirsk, another group of young people has gathered in a nightspot called the 888 Club to drink, smoke and contemplate their uncertain futures.

"I'm just a human, rolling through life," says 20-year-old Sevi. "I'm totally against drugs. My choice is vodka. I'm an alcoholic!"

A bit later, the group is asked, "What is a Russian?" Alex, 18, has a ready answer: "Drinking. And loneliness. No one is lonelier than a Russian."

This existential glibness may sound hip and trendy in the mouths of young people. But when damaged, alienated people grow older and begin families, continued alcohol abuse can reap a harvest of misery, especially for the children of such parents.

Vanya's parents were such people - chronic alcohol abusers who battled ferociously and sometimes violently when they drank. After one such bout, they separated. Vanya's mother brought him to Moscow's bustling Byelorussky train terminal when he was 9, let go of his hand, and disappeared into the crowd.

When the police finally picked Vanya up last year, he had survived two winters by begging and sleeping in phone booths. Now, the 11-year-old boy lives in a children's shelter, trying to master the involuntary blinking and bed-wetting that remains with him as a reminder of his life on the streets.

Similar stories can be found throughout the former Soviet Union. At least 700,000 children are homeless in Russia, according to government data, and a recent UNICEF report predicted the number is likely to mount. Alcoholism, the report said, "not only directly affects the child's well-being, it also tends to increase family conflicts, stress-related paternal mortality' and other types of breakdowns."

And children caught in the toils of these problems are likely to be the most vulnerable to infectious diseases. The rate of childhood tuberculosis in former Soviet republics, for example, is now at its highest level since antibiotics-based treatment was introduced in the 1950s. In **Ukraine**, the second largest republic, the incidence of diagnosed TB in those aged 14 and younger has doubled during the past six years.

At the Kiev Institute of Pulmonology, where many of these children are treated, staff members are up against familiar obstacles - chronic shortages of money, drugs and diagnostic resources.

In a ward in the institute, a woman named Galina lies quietly next to her 5-year-old grandson, Janya, bundling against the sick boy to ward off the chill of the unheated room. The lights have also been turned off in daylight to save electricity costs, making it difficult for Galina to read to the child on this

overcast afternoon.

"The situation is just dreadful," says Dr. Viktoria Kostromira, the institute's director of pediatric services. "The government should take drastic action immediately, or we will have a huge epidemic."

But such relief is unlikely, given the tight fiscal constraints that governments in **Ukraine** and every other former Soviet republic now face. And so the **health** care crisis deepens, statistical indices worsen - and those responsible for coping with the problems issue increasingly pointed warnings.

"We want to make it clear to everybody that the national security of the country is threatened," said Dr. N.F. Gerasimenko of the Academy of Medical Sciences in a speech to the Russian parliament earlier this year. "The situation is catastrophic . . . It's even worse than it was in Russia one hundred years ago." TOMORROW: The Tuberculosis Epidemic ****. Expected Life Span. Comparing life expectancy at birth, in 1995, in Russia and the former Soviet republics with the United States and several other western nations.. .

Life expectancy.

Male Female. Russia 58 72. Armenia 68 74. Azerbaijan 66 75. Belarus 64 75. Estonia 65 76. Georgia 69 78. Kazakhstan 64 74. Kyrgzstan 63 72. Latvia 63 75. Lithuania 63 75. Moldova 65 73. Tajikistan 66 66. Turkmenistan 62 69. **Ukraine** 64 74. Uzbekistan 66 72. . United States 74 80. Canada 76 82. Germany 73 79. France 74 82. United Kingdom 74 79. Italy 75 81. . SOURCE: World Bank 1997 World Development Indicators. . . ****. Measuring Health. Comparing Russia with the United States by several measures of health and health care. All statistics are from 1994, unless otherwise noted.. . Health care expenditures . (as a percent of gross . domestic product, 1990-95). Russia 4.8%. United States 14.3%. . People per physician. (1993). Russia 222. United States 421. . Infant mortality. (deaths per 1,000 live births, 1995). . Russia 18. United States 8. . . . Death rate (all ages). (deaths per 100,000 population).

M F. Russia 1,765.2 1,369.5. United States 919 839. . . Malignant neoplasms (cancer). (deaths per 100,000).

M F. Russia 243.9 167.1. United States 220.7 190.5. . Cerebrovascular disease (stroke). (deaths per 100,000).

M F. Russia 227.7 350.9. United States 47.4 69.8. . Pneumonia and flu. (deaths per 100,000).

M F. Russia 32.5 9.7. United States 29.4 33.1. . Tuberculosis of the respiratory system. (deaths per 100,000).

M F. Russia 26.7 2.9. United States 0.5 0.3. . Infectious and parasitic diseases. (deaths per 100,000).

M F. Russia 35.6 8.8. United States (1992) 12.2 12.5. . Diabetes mellitus. (deaths per 100,000).

M F. Russia 6.3 13.1. United States 21.8 19.5. . SOURCE: 1995 World Health Statistics Annual, a publication of the World Health Organization; Statistical Abstract of the United States, 1996; Centers for Disease Control and Prevention,

National Center for Health Statistics.. Newsday Photos by Viorel Florescu- 1) Quick Cleanup. A nurse at Republican Hospital in Tskhinvali, Georgia, cleans instruments between surgeries by swishing them in a basin of water that has sat uncovered for hours. 2) Heartbreaker. Dr. Paul Sergeyev of Leningrad Republican Infectious Disease Hospital holds 6-month-old Lisa, who was abandoned by her HIV-positive mother. 3) Stretched. At Republican Hospital in Tskhinvali, Georgia, above, doctors perform an emergency surgery using generators and a manual pump. 4) At left, a piece of cloth that serves as a face mask and a pair of rubber gloves have been left to dry on a radiator at a tuberculosis hospital in Ulan Ude, Buryatia, where they will be reused. 5) Compassion. Dr. Igor Boychenko and nurse Galina Efremova talk to a patient at **Ukraine's** Odessa Oblast Hospital, now a sister' to Coney Island Hospital in a deal that is benefiting both. 6) A mother's warmth. Above, an unidentified woman tends her newborn baby at a hospital in Kurta, Georgia, in a former schoolroom with just a wood stove for heat. 7) At left, an unidentified man fills two buckets with water from a street pump in Irkutsk. Most homes in the Siberian city do not have running water. 8) TB Tests. Dr. Ludmila Ierbadaeva handles sputum samples in a TB lab in Siberia. There is no money for gloves, masks or for her salary. 9) Cold Comfort. A patient at a TB hospital in Tskhinvali has gotten a log to burn on the floor for warmth.

GRAPHIC: Newsday Charts- 1) Expected Life Span. Comparing life expectancy at birth, in 1995, in Russia and the former Soviet republics with the United States and several other western nations. SOURCE: World Bank 1997 World Development Indicators. 2) Measuring Health. Comparing Russia with the United States by several measures of health and health care. All statistics are from 1994, unless otherwise noted. SOURCE: 1995 World Health Statistics Annual, a publication of the World Health Organization; Statistical Abstract of the United States, 1996; Centers for Disease Control and Prevention, National Center for Health Statistics. (see end of text). Newsday Photos by Viorel Florescu- 1-9) see end of text for captions. 10) Newsday Cover Photo by Viorel Florescu- (a patient in a Russian hospital; NS bulldog edition)

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SERIES: CRUMBLED EMPIRE, SHATTERED HEALTH. First in a series

HEADLINE: **CRUMBLED EMPIRE,** SHATTERED HEALTH / FOR YEARS, A SECRETLY SICK SYSTEM

BYLINE: By Susan Sachs. MOSCOW CORRESPONDENT

DATELINE: MOSCOW

BODY:

MOSCOW Demographer Leonid Rybakovsky remembers the day that health statistics died in the former Soviet Union.

It was 1976 and, in an Orwellian turn of phrase, the Communist Party central committee had created a "Commission on the Non-Publication of Data."

"I was on this commission," said Rybakovsky, now, as then, the director of the federal Center of Demographics.

"There were also generals from the Ministry of Defense and people from the ministries of central planning and economics," he said.

"A general got up and said to us all: We must not reveal the number of boys being born in the Soviet Union. Our enemies could use this information. We must make it a state secret.' "

There was no arguing with a general, Rybakovsky recalled.

And so statistics about Soviet births by gender were classified. So was all information about life expectancy. Scientists in the know, like Rybakovsky, even had to sign a pledge never to reveal data about the state of the Soviet citizen's health.

"It reflected the Soviet attitude toward human beings," he said. "We couldn't talk about public health so the problems were never dealt with."

The paternalistic mania for secrecy in the Soviet Union produced a generation of health-care workers who knew that the country's medical system was sick but could do nothing about it.

Soviet researchers, for example, sometimes studied the ecological disaster areas dotting the country and their effect on public health. But not until a few years ago were the studies acknowledged and, in some cases, acted upon.

"Fifteen years ago we did ecological research, but the studies were stuck in a cupboard," said Larissa Shcheplyagina, a Moscow pediatrician who has worked with children affected by the Chernobyl nuclear power plant explosion. "Leaders changed. Times changed. But the statistics stayed in the drawer."

These days, she believes people are listening. Last year, Shcheplyagina headed a study of 3,500 children under the age of 14 in the highly polluted city of Klin, the birthplace of the composer Tchaikovsky, about 50 miles north of Moscow. The water, soil and air is polluted with sulfur dioxide, mercury, heavy metals and other contaminants from heavy industry.

The study found alarming rates of asthma, chronic digestive diseases and endocrine system problems in young residents.

"These children begin to fall ill from the day they are born," said Shcheplyagina. "But now the local authorities have instituted a special project for diagnosis and treatment of ecological diseases. You could say that one of our achievements is the right to call a spade a spade."

In the new Russia, there are mountains of health statistics - more than the average person can digest. And they are, almost universally, bad news - catastrophic, even - when compared with the rosy propaganda that most Russians grew up believing.

"In 1964 and 1965, our life expectancy for both men and women was as good as in the major industrial countries of the West," said Rybakovsky. "It was a period when we had combatted mass epidemics. Then everywhere else in the industrialized world, they began to improve the health system. In Russia, we only increased the number of beds."

The overall decline in the quality of health services, according to Russian health officials, really began in the 1970s, dubbed by subsequent historians as the "period of stagnation."

It was the time of Leonid Brezhnev, the Communist Party general-secretary whose own health deteriorated over the years to the point that he was barely aware of what was going on around him.

One tragic legacy of the period is the widespread incidence of iodine deficiency in Russia, which occurred because of the suspension in the 1980s of public health measures to counteract a natural shortage. The effect can be seen in the worsening health of young children - thyroid problems, low birth weights, mental retardation.

By 1980, the average life expectancy at birth for Soviet males was 61.4 years, down from the 1965 post-war peak of 65 years. By 1984, the death rate was 11.6 per 1,000 population, up from the low of 7.2 deaths per 1,000 in 1964.

But the conspiracy of silence remained.

While the death rate now is considered astronomically high by global health experts, it was also "very high in 1980," said Vladimir Shkolnikov, deputy director of the Russian Center for Demographics. But even then, he said, "I couldn't talk about it. Nothing was allowed to be published."

UKRAINE: U.S. ASSISTANCE PROGRAM OVERVIEW

Objectives. The primary mission of U.S. assistance to Ukraine is to help Ukraine succeed in the fundamental restructuring of its economic and political systems. The U.S. supports the economic and political reforms essential to dismantling the vestiges of a centralized, planned economy and establishing a stable democracy with a prosperous market economy, while maintaining social welfare and stability during and beyond this transition. Specifically, the U.S. assistance program seeks to catalyze an improved environment for business, investment, and trade while simultaneously encouraging environmentally sustainable development; promoting the democratic transition through strengthened rule of law and fostering of a civil society; and creating a more secure social safety net, including humanitarian assistance to the weaker segments of society.

Funding. From 1991 through 1996 the USG obligated over $1.3 billion to assistance programs in Ukraine. For Fiscal Year 1997, approximately $225 million was budgeted for Ukraine from the Freedom Support Act (FSA). Through USAID, technical assistance is provided to such fields as economic restructuring, agriculture, environment, health, democratic reform, and private sector development. Programs such as the Peace Corps and the transport of humanitarian assistance are also funded from FSA. In addition, $51 million in Nunn-Lugar funds was provided in FY97 to assist Ukraine with nuclear dismantlement, non-proliferation programs, and industrial partnerships. The assistance budget for FY98 will likely be commensurate with FY97 assistance levels.

Transition to a market economy. On the macroeconomic level, USAID provides technical assistance and training to help Ukraine formulate sound fiscal policies, fair tax systems and enforcement, transparent and accurate budgeting, customs regulations conducive to trade, and regulatory bodies that encourage savings and investment. USAID is assisting Ukraine to develop a civil code which would provide a legal foundation for basic business activities and reshape the banking system. Privatization and restructuring of existing state-owned and managed enterprises, development of capital markets, the encouragement of new business start-ups, and the easing of the regulatory and fiscal burdens on all enterprises are essential strategic steps towards a market economy. Linkages to USG-funded venture capital and lending programs, such as the Western NIS Enterprise Fund and the Eurasia Foundation, complement the full range of business services.

The U.S. Department of Commerce (DOC) Special American Business Internship Training (SABIT) program provides training and financial services to Ukrainian professionals through placement

in U.S. firms. DOC's Business Information Service (BISNIS) encourages and facilitates business partnerships between U.S. and Ukrainian companies. USDA's Cochran Fellowship Program provides short-term training to public and private sector specialists. There are currently about 190 Peace Corps volunteers serving in Ukraine, primarily in the areas of business development and English language instruction.

The USG is providing expertise to restructure Ukraine's electric power monopoly and its coal sector. Working with its G-7 partners and the EU, the U.S. is seeking to develop an engineering solution to the sarcophagus which covers Chornobyl's destroyed Unit 4 reactor (preventing the release of radioactivity to the environment) and enhance operational and fire safety at all nuclear reactors in the country.

Transition to democracy. The U.S. is assisting Ukraine to become a nation in which government policy and activity reflects the needs and wishes of an informed citizenry. USIA's exchange programs support this effort by providing over 8,000 Ukrainians the opportunity to meet U.S. counterparts. A new initiative, Community Connections, will bring Ukrainian entrepreneur, legal, and government officials from 10 regions to establish linkages with U.S. counterparts. Through USAID support to civic groups, NGOs, political parties, and democratic free unions, the U.S. seeks to strength civil society, local government capacity, long-term viability of an independent media, and competitive and fair political processes, including elections.

Support for the social sector. Political support for reform risks evaporation unless affordable programs can help protect Ukraine's most vulnerable citizens. USAID is helping to facilitate the price increases necessary to improve the quality of social services, laying the foundation for a sustainable social insurance system. USAID also helped set up a means-tested housing subsidy program which helps Ukraine's neediest while reducing Ukraine's fiscal problems. The program is now being replicated nationally.

USAID and USEPA support pilot projects in developing reliable supplies of potable water; pest and pesticide management in agriculture; energy efficiency audits; and waste minimalization. USEPA recently provided Ukraine with a mobile radiation laboratory to help delineate areas of the country which suffer excessive radiation levels.

Through mid-1997 the U.S. has directly provided or facilitated delivery of over $475 million in U.S. humanitarian assistance to the Ukrainian people, including excess military humanitarian

commodities and food assistance under USDA's Food for Progress Program.

Refugee and migration assistance. The UN High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) both provide assistance to Ukraine as part of the follow-up to the 996 International Conference on Refugees and Migration in the CIS. The U.S. has contributed $16.6 million to the $90 million UNHCR/IOM Joint Appeal for the CIS. Migration and refugee assistance to Ukraine included in the Joint Appeal totals $7.3 million which includes money for humanitarian aid to refugees, self-help assistance to minorities (such as the Crimean Tartars) returning to Ukraine, and support for Ukrainian government efforts to strengthen its own migration management capacity.

UKRAINE: ENVIRONMENTAL ISSUES

While the most public environmental issue in Ukraine remains the nuclear legacy in general, and Chornobyl in particular, Ukraine has other significant environmental issues.

Nuclear contamination. The long-term health consequences of nuclear contamination in Ukraine remain undetermined and controversial, but a large "exclusion zone" near the site of the Chornobyl reactor remains sufficiently contaminated that human use of these areas is restricted. Given the long and continuing use of nuclear power reactors of unsafe design, this issue will be important well into the future. The U.S. has been active in assisting Ukraine in nuclear remediation and safety. In particular, we have been working to improve reactor operations and to phase-out the oldest and least safe units.

Chornobyl Shelter. Experts believe the temporary, 20-story concrete shelter enclosing the radioactive ruins of the reactor which exploded in 1986 could collapse, releasing radiation into the environment. The G-7, under U.S. chairmanship, and Ukraine have devised a $750 million plan to make it safe and environmentally stable. The Vice President and President Kuchma will chair an International Pledging Conference on the Chornobyl Shelter November 20 in New York to secure contributions.

Industrial pollution. Ukraine suffers the same industrial pollution found throughout Central Europe and much of the former Soviet Union. Abandoned waste and manufacturing sites, as well as operating ones, are a significant problem. This and a deterioration of the basic infrastructure has presented an immediate problem of lack of potable water and basic sanitation services. These environmental problems are related to general economic weakness and the slow development of local government, which normally addresses this type of environmental issue.

Environmental activism. While Ukraine faces many environmental problems, it seems willing to try to address them, and the public is engaged in a public debate on the issues. In fact, environmental activism is helping provide some impetus for reform of local government, which we wish to encourage.

UKRAINE: U.S. EMBASSY

The American Embassy in Kiev is located on a quiet street two kilometers north of the city center. The Chancery building was constructed in the 1950s to house Communist Party and Komsomol (Communist Youth League) headquarters of one of Kiev's neighborhoods. The U.S. Embassy opened in 1991 and occupied the present building on January 23, 1992. In December 1992, the "America House" cultural center, with a reference library and computer facilities, was opened.

America's diplomatic mission to Ukraine consists of 125 U.S. government employees representing the State Department, Agency for International Development (USAID), United States Information Agency (USIS), Department of Defense, Peace Corps, Foreign Commercial Service, Federal Bureau of Investigation, and the Treasury Department. Ukraine is host to one of the largest Peace Corps programs in the world. The program began in 1992, and currently has six full-time American employees and 160 volunteers. USAID, USIS, the Peace Corps, and the Foreign Commercial Service are housed in separate office buildings.

Ambassador	William Green Miller
Deputy Chief of Mission	James Schumaker
USAID Director	Gregory Huger
Public Affairs Officer	Mary Kruger
Defense Attache	Colonel Bruce Berry
Peace Corps Director	Joroslav Dutkewych
Senior Commercial Officer	Andrew Bihun
Legal Attache	Michael Pyszczymuka
Senior Treasury Advisor	David Darby

UKRAINE: JEWISH CEMETERIES

History of intolerance. Ukrainian history includes an unfortunate legacy of intolerance toward minorities. The Jews of western Ukraine were regularly subjected to forced migrations - "pogroms." Millions of Ukrainians were exterminated in Stalin's forced labor camps. Ukraine was singled out for a disruptive campaign that ruined its once-rich agriculture and led to a massive famine in the 1930s that killed millions of Ukrainians of all origins. Post-Soviet Ukraine has begun to take steps to address previous wrongs. While the human rights record has recently improved, historic anti-Semitism remains a serious concern.

Bilateral agreement. In 1994, Ukraine signed an agreement with the United States to preserve cultural sites important to both countries. While this agreement was not specifically aimed at any particular ethnic or religious group, early on, the rehabilitation of Jewish cemeteries became the first focus of efforts.

Jewish cemeteries. Under Jewish religious law, a cemetery is forever a sacred site. In L'viv, decades before the Nazi occupation, the historic central cemetery was full and closed to new burials. A new cemetery on the city outskirts served the Jewish community. The Nazis used gravestones from the central cemetery as paving blocks for roads. The visible elements of the cemetery were destroyed, but most of the graves remained undisturbed. After the Nazis were defeated, the Soviets took control of L'viv and turned the site into a large marketplace. Thus, the current use of the L'viv marketplace is considered an ongoing desecration and an affront to the Jewish community. This pattern was repeated in numerous communities throughout Ukraine (and eastern Europe generally).

Competing priorities. The issue of restoration of cemeteries -- in L'viv and elsewhere -- must take place in the context of present-day realities. Many U.S. Jewish organizations prefer to focus on the needs of the small communities of Jews still living in Ukraine, giving restoration of cemeteries a lower priority. Orthodox Jewish leaders tend to give precedence to the cemetery issue both on religious grounds, and because some of the greatest rabbinical scholars of the 17th and 18th century are buried in what are now unmarked graves. Resident Jews tend to fear an anti-Semitic backlash if too much emphasis is put on Jewish religious needs and requirements - they urge restraint in dealing with the Ukrainian government.

Dealing with the problem. The Ukrainian government has ordered an absolute freeze, or moratorium, on any construction or privatization of sites that have been identified as Jewish cemeteries, either presently or in the past. A Joint Cultural Heritage Commission has been established to oversee identification of Jewish cemeteries and non-Jewish cultural heritage sites throughout Ukraine, and to seek a mutually-agreed means of addressing the cemetery problem.

Future steps. International Jewish groups have already indicated a willingness to provide resources to repair, restore, preserve, and protect Jewish cemetery sites in Ukraine. We estimate that there are over 2000 such sites in Ukraine, many in places where there are few or no Jews left. This issue is on the agenda of the Joint Commission on Cultural Heritage, envisioned by the 1994 bilateral agreement, which next meets in Washington this fall.

THE CENTRAL JEWISH CEMETERY IN L'VIV

Setting. Following the Nazi invasion in 1941, the occupying German forces flattened and paved over the central Jewish cemetery in the heart of L'viv. (This cemetery space had long been filled to capacity with graves, and several greatly revered Jewish sages were buried there.) After the war, the central city market was built, mostly involving kiosks and metal sheds, on the cemetery site. Over the intervening decades, at least one several-story building was built on the grounds - now used as the meat and dairy market - as well as several smaller permanent structures.

Adjacent to these grounds is a hospital complex of several buildings which are embellished with Jewish symbols and inscriptions. This was the Jewish hospital, and now serves as a maternity hospital. We know that no graves lie under the hospital complex, as the Jewish residents of the last century would never have constructed anything atop graves. The whole area is immense, with the aggregate dimension of several football fields.

Construction issues. In the summer of 1996, construction started on the land just between the market and an adjoining hospital complex. International protest stopped this construction, whereupon the Kuchma government articulated its intention for a national freeze on any construction or privatization on Jewish cemetery sites. In September and October, 1996, a mixed commission of local and GOU officials met in L'viv and determined that the market should be moved and the cemetery in some way memorialized. An AID study completed on August 8, 1997 estimated the project cost between $4 and $12 million. The mayor of L'viv is believed to be committed to this project, which is viewed, if done well and sensitively, as a boon to the city on several levels.

The site. Apart from the actual movement of the market from the cemetery grounds, still blocked by lack of funds, the major issue remaining is the form the preserved cemetery would take. Care must be taken to insure that, while Jewish law and sensitivities are abided with, a forbidding, impenetrable wall not be erected around the perimeter of what was for decades the busiest place in town, thereby risking fomenting discord among L'viv's Jewish and Ukrainian communities. The form, function, and accessibility of this space are very much at issue. The cemetery itself cannot be recreated as it was, as the headstones are all gone. If the term "memorial park" is to be the operative one, it must be designed, constructed, and utilized with great care, mixing legitimate religious requirements with real-world considerations of access

by Jews and non-Jews alike. For this, we will look to the leadership provided by the U.S. Commission for the Preservation of America's Heritage Abroad; to Michael Lewan, Rabbis Morris Sherer (Agudath Israel) and Chaskel Besser, and others. Meetings that State Department officers have attended lead us to believe that Rabbis Sherer and Besser understand the art of the possible, that they will impose by their own moral authority the proper amount of restraint, and that the most Orthodox and Hasidic rabbis will defer to their judgment (within reason).

Restoration costs. We have long discussed with the Jewish Orthodox leadership the eventual need for significant financial contributions by the Jewish community in L'viv and elsewhere. Recognizing the cardinal principle that Ukraine's Jews should not be asked to buy back their own cemeteries, the costs of restoration are a different matter. If the cash-strapped GOU and local governments act to protect the estimated 2,000 Jewish cemeteries across Ukraine, much of the cost of subsequent preservation must fall to the Jewish community, particularly that part of the world Jewish community in the United States and Israel that has been leading this effort. We believe this point to be inherent to this discussion, and to be a matter of at least implicit agreement.

UKRAINE: ARRIVAL STATEMENT

I am delighted to be in Ukraine again and am looking forward to spending time with my friend Ludmila Kuchma. L'Viv has always been a link between east and West and it is fitting that I have the opportunity to visit here following several days in Central Asia and Russia. In the United States we are proud that our society is a "melting point" in that blends diverse communities together into a strong society that has stood for the same ideals and I want to see how you are making it work.

I am looking forward to spending time with some of these communities and to visiting the landmarks that speak of L'Viv history. I am also eager to meet with Ukrainians and Americans working together at the L'Viv oblast hospital.

UKRAINE: DEPARTURE STATEMENT

I am grateful to have had the opportunity to spend time with the people of Ukraine. I am especially touched by the hospitality shown by Ukraine's First Lady, Ludmila Kuchma.

I decided to come to L'Viv because it has been a multi-cultural, multi-ethnic city for centuries. The ability to create a society that tolerates - even celebrates - differences is one of the great strengths the United States and Ukraine have in common. Our shared values were evident as I visited the L'Viv Oblast Hospital and saw the work that our healthcare professionals are doing together.

I want to again thank the people of Ukraine for their hospitality and to reaffirm the admiration of the American people for the great strides independent Ukraine has made in developing a democratic society which fully honors human rights.

PUBLIC THEMES - PRESS THEMES (UKRAINE)

- "FAMILY FEMINISM" IN UKRAINE:
  - "FAMILY FEMINISM" IS A TERM THAT CERTAINLY APPLIES IN UKRAINE.
  - THE STRONG FAMILY VALUES FOUND IN UKRAINE AND FEMINIST GOALS ARE COMPLETELY COMPATIBLE.
- THE COLLAPSE OF COMMUNIST INSTITUTIONS PUT AN EVEN GREATER BURDEN ON WOMEN IN THIS SOCIETY.
  - REDUCED FAMILY INCOMES, ABSENCE OF AN ETHICAL CODE TO BE TAUGHT IN THE SCHOOLS, STRESSES BROUGHT ON BY ECONOMIC DECLINE - THESE ARE ALL BURDENS THAT UKRAINIAN WOMEN HAVE SHOULDERED FOR THEIR FAMILIES.
  - THESE PROBLEMS MADE IT NECESSARY FOR PARENTS, ESPECIALLY MOTHERS, TO PROVIDE EVER MORE GUIDANCE TO CHILDREN.
- AS THROUGHOUT MUCH OF THE WORLD, THE WOMEN OF UKRAINE BEAR THE BRUNT OF CHANGES IN SOCIETY.
- IT IS IMPORTANT THAT SOLUTIONS TO UKRAINE'S SOCIAL AND ECONOMIC PROBLEMS INCLUDE WOMEN'S INPUT. WOMEN UNDERSTAND THE PROBLEMS, AND THEY CAN HELP FIND SILUTIONS THAT WORK.
- THAT IS THE ESSENCE OF "FAMILY FEMINISM:"
  - EMPOWERMENT IN POLITICAL AND SOCIAL SPHERES
  - BASED ON STRONG FAMILIES AND A STRONG ETHICAL AND MORAL FOUNDATION

DIFFICULT Q'S AND A'S (L'VIV)

Q. What has the U.S. done to persuade L'Viv authorities to restore the ancient Jewish cemetery?

(The cemetery was desecrated by the Nazis, then converted by the Soviets to a marketplace - now, one of L'Viv's largest.)

A.

-- IN 1994, THE UNITED STATES AND UKRAINE ENTERED INTO A FORMAL, BILATERAL AGREEMENT ON PRESERVATION OF CULTURAL HERITAGE.

-- THAT AGREEMENT SERVES AS THE BASIS FOR REACHING SOLUTIONS ON DIFFICULT ISSUES LIKE THE FATE OF JEWISH CEMETERIES, AND THE RECOVERY OF UKRAINIAN CULTURAL SYMBOLS THAT HAVE MADE THEIR WAY TO THE UNITED STATES.

-- UNDER THE LEADERSHIP OF VICE PRESIDENT GORE AND PRESIDENT KUCHMA, THE U.S.-UKRAINE BINATIONAL COMMMISSION IS ADDRESSING THE ISSUE OF THE L'VIV CEMETERY, AND THE OTHER QUESTIONS I MENTIONED.

-- WE NEED TO FIND SOLUTIONS THAT TAKE INTO ACCOUNT THE GREAT HISTORICAL AND RELIGIOUS IMPORTANCE OF THE SITES AND ARTIFICATS IN QUESTION, AND ALSO THE NEEDS OF THE PEOPLE OF L'VIV.

FIRST LADY'S TALK WITH FIRST LADY LIUDMYLA KUCHMA (UKRAINE)

- THANK YOU FOR YOUR WARM GREETINGS ON MY BIRTHDAY

- YOUR OBSERVATION ABOUT THE CLOSE LINKAGE BETWEEN THE EQUALITY OF WOMEN AND DENMOCRACY WAS SOMETHING I FEEL VERY DEEPLY AS WELL.

- I'M DELIGHTED THAT WHEN WE TALK ABOUT DEMOCRACY AND WOMEN'S RIGHTS, WE CAN TALK ABOUT THE CLEAR UNDERSTANDING IN UKRAINE OF THEIR INTER-RELATIONSHIP. MUCH OF WHAT UKRAINE HAS ACHIEVED IN THIS REGARD RESULTS FROM YOUR EFFORTS AND THOSE OF PRESIDENT KUCHMA.

- AS YOU MENTIONED IN YOUR LETTER, I HAVE SPOKEN OUT ABOUT OPENING DOORS FOR WOMEN - ABOUT HOW THIS IS ACHIEVED THROUGH THE CREATION OF A DEMOCRATIC SOCIETY.

- IT HAS ALWAYS BEEN CLEAR TO ME THAT THE FULL POTENTIAL OF ANY SOCIETY CAN ONLY BE REALIZED WHEN OPPORTUNITIES FOR WOMEN AND MEN ARE EQUAL.

- YOU KNOW, ONE OF MY CLOSEST ADVISERS IS OF UKRAINIAN HERITAGE, SO I FEEL I HAVE SOME SENSE OF HOW OUR TWO GREAT NATIONS COMPARE.

- THROUGHOUT THE LONG YEARS OF COMMUNIST OPPRESSION, UKRAINIAN-AMERICANS REMAINED LOYAL TO THEIR LANGUAGE, CHURCHES AND VALUES. THEY HELD ONTO THEIR CULTURAL IDENTITY.

- THE IDEA OF UKRAINE'S INDEPENDENCE REMAINED STRONG IN MY COUNTRY, PARTICULARLY IN THE CITIES WHERE UKRAINIANS GATHERED - CLEVELAND, PHILADELPHIA, NEW YORK, CHICAGO.

- THESE UKRAINIAN AMERICANS WERE ABLE TO KEEP U.S. FOREIGN POLICY ORIENTED TOWARD UKRAINE'S EVENTUAL INDEPENDENCE THROUGH SOME VERY HARD TIMES.

- I'M PROUD THAT THE PRESIDENT AND I HAVE BEEN ABLE TO PRESIDE OVER THE PERIOD OF UKRAINE'S EMERGENCE AS A FREE AND DEMOCRATIC COUNTRY.

FIRST LADY'S MEETING WITH UKRAINIAN PRESIDENT LEONID KUCHMA

- THE PRESIDENT ASKED ME TO CONVEY HIS GREETINGS. HE APPRECIATED THE MEETING YOU AND HE HAD IN NEW YORK IN SEPTEMBER, AND HE'S LOOKING FORWARD TO HEARING FROM THE VICE PRESIDENT AFTER YOU SEE HIM IN JUST A FEW DAYS.

- UKRAINE'S EMERGENCE AS A FREE, INDEPENDENT STATE, SECURE IN ITS BORDERS, HAS BEEN A TOP PRIORITY FOR THE UNITED STATES SINCE UKRAINE GAINED INDEPENDENCE SIX YEARS AGO.

- THE COMMITMENT OF THE UNITED STATES, AND THE AMERICAN PEOPLE, TO THESE PRINCIPLES REFLECTS THE DEEP RESPECT WE HAVE FOR THE UKRAINIAN PEOPLE.

- YOUR HISTORY OF STRUGGLE AGAINST OPPRESSION AND TRAGEDY HAS MADE YOU STRONG, EVEN IF NOW, CONDITIONS ARE DIFFICULT.

- MY COUNTRY HAS TRIED TO HELP IN MANY WAYS - BY PROVIDING POLITICAL SUPPORT FOR UKRAINE INTERNATIONALLY, BY BRINGING UKRAINIAN STUDENTS TO THE U.S., BY PROVIDING FINANCIAL AID, AND BY SENDING OUR BEST TECHNICAL EXPERTS AND OUR PEACE CORPS VOLUNTEERS TO HELP YOU REBUILD.

- OUR HOPE IS THAT UKRAINE'S TRANSFORMATION TO A MARKET-ORIENTED ECONOMY WILL ACCELERATE, TO BRING THE BENEFITS OF THE TRANSFORMATION TO THE GREATEST NUMBER OF PEOPLE AS QUICKLY AS POSSIBLE.

- ONE OF THE ISSUES I WILL BE EMPHASIZING DURING MY VISIT IS ONE ON WHICH YOU AND MRS. KUCHMA (LIUDMYLA) HAVE SHOWN REAL LEADERSHIP. THAT IS, THE NECESSITY FOR A COUNTRY IN TRANSITION LIKE UKRAINE TO MAKE FULL USE OF ITS HUMAN RESOURCES BY OPENING OPPORTUNITIES TO WOMEN.

- CLEARLY, THERE ARE VAST DIFFERENCES BETWEEN THE SITUATION FOR WOMEN IN THE MAJOR CITIES AND THE COUNTRYSIDE, SO THE DEGREE OF PROGRESS WILL VARY.

- BUT I'M PLEASED TO LEARN OF YOUR COMMITMENT IN THIS AREA.

- ANOTHER ISSUE I WILL BE DISCUSSING IS ONE THAT'S BEEN RAISED IN THE EUROPEAN UNION CONTEXT - THAT IS THE PROBLEM OF SEXUAL EXPLOITATION OF WOMEN.

- AS YOU KNOW, MANY YOUNG GIRLS FROM UKRAINE, RUSSIA AND POLAND HAVE BEEN ENTRAPPED IN SITUATIONS WHERE THEY FIND THEMSELVES IN THE MIDDLE EAST OR THE WEST AND ARE FORCED INTO PROSTITUTION OR INTO SEX-ORIENTED ROLES THAT THEY NEVER SOUGHT.

- ORGANIZED CRIME ORGANIZATIONS ARE BEHIND MANY OF THESE OPERATIONS.

- WE HOPE TO HELP UKRAINIAN ORGANIZATIONS TO BEGIN TO EDUCATE YOUNG WOMEN ABOUT THIS DANGER AND TO EQUIP THEM TO DEAL WITH THE SITUATION IF THEY ARE CONFRONTED WITH IT.

- I DECIDED TO COME TO L'VIV BECAUSE IT HAS BEEN A MULTI-CULTURAL, MULTI-ETHNIC CITY FOR CENTURIES.

- THE ABILITY TO CREATE A SOCIETY THAT TOLERATES - EVEN CELEBRATES - DIFFERENCES IS ONE OF THE GREAT STRENGTHS THE UNITED STATES AND UKRAINE HAVE IN COMMON.

- WE BOTH HAVE LARGE COMMUNITIES OF CITIZENS WHO SPEAK A DIFFERENT LANGUAGE OR COME FROM DIFFERENT ETHNIC OR RELIGIOUS BACKGROUNDS.

- WE HAVE CREATED A "MELTING POT" IN THE UNITED STATES THAT BLENDS THE COMMUNITIES TOGETHER INTO WHAT WE CALL THE TYPICAL AMERICAN. YOUR GOVERNMENT HAS STOOD FOR THE SAME IDEALS AND I WANT TO SEE HOW YOU ARE MAKING IT WORK.

Ukraine

President
Leonid Kuchma

(elected July 1994)

Date of Independence: 1 December 1991
Population: approx. 51 million

Cabinet of Ministers

Prime Minister	**Valeriy Pustovoytenko**
First Deputy Prime Minister	**Anatoliy Holubchenko**
Deputy Prime Minister/ Labor Minister (social policy)	**Mykola Biloblotskyy**
Deputy Prime Minister (economic reform)	**Serhiy Tyhypko**
Deputy Prime Minister (humanitarian affairs)	**Valeriy Smoliy**
Agriculture Minister	**Yuriy Karasyk**
Cabinet of Ministers	**Anatoliy Tolstoukhov**
Coal Industry Minister	**Stanislav Yanko**
Culture Minister	**Dmytro Ostapenko**
Defense Minister	**Oleksandr Kuzmuk**
Economics Minister	**Viktor Suslov**
Education Minister	**Mykhaylo Zgurovskyy**
Energy Minister	**Oleksiy Sheberstov**
Emergency Situations/Chornobyl Aftermath	**Valeriy Kalchenko**
Environmental Protection/Nuclear Safety	**Yuriy Kostenko**
Family and Youth Affairs	**Valentina Dovzhenko**
Finance Minister	**Ihor Mityukov**
Foreign Affairs Minister	**Hennady Udovenko**
Foreign Economic Relations/Trade	**Serhiy Osyka**
Health Minister	**Andriy Serdyuk**
Industry Minister	**Vasyl Hureyev**
Information Minister	**Zinoviy Kulyk**
Interior Minister	**Yuriy Kravchenko**
Justice Minister	**Susanna Stanyk**
Science and Technology	**Volodymyr Semynozhenko**
Transportation Minister	**Valeriy Cherep**

Key Ukrainian Officials

Ambassador to the US	**Yuriy Shcherbak**
Chief of Staff	**Yevhen Kushnaryov**
General Affairs	**Oleksander Volkov**
National Bank Chairman	**Viktor Yushchenko**
National Security Secretary	**Volodymyr Horbulin**
State Commission for Enterprise	**Yuriy Yekhanurov**
National Bureau of Investigation	**Vasyl Durdynets**
Procurator General	**Oleh Lytvak**
Security Service Chairman	**Volodymyr Radchenko**
State Property Fund (Acting)	**Volodymyr Lanovyy**
Nat'l Agency for Reconst. & Devel.	**Roman Shpek**
UN Perm Rep	**Anatoliy Zlenko**

Rada (parliament)

Chairman	**Oleksandr Moroz**
Deputy Chairman	**Viktor Musiyaka**
First Deputy Chairman	**Oleksandr Tkachenko**

Selected Rada Commissions and Chairmen

Organized Crime and Corruption	**Hryhoriy Omelchenko**
Defense and State Security	**Volodymyr Mukhin**
Nuclear Policy and Safety	**Mykhaylo Pavlovskyy**
Finance and Banking	**Viktor Suslov**
Basic Indies & Social Devel. of Regions	**Valeriy Cherep**
Foreign Affairs/CIS Relations	**Borys Oliynyk**
Budget Issues	**Mykola Azarov**
Econ. Pol. & Admin. of Nat'l Economy	**Oleh Taranov**

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2012-0869-S
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MAPS

Ukraine

Ukraine, the second-largest country in Europe, is slightly smaller than Texas and consists of fertile plains and plateaus with mountains in the west (the Carpathians) as well as in the Crimean Peninsula in the south. Ethnic Ukrainians constitute approximately 70 percent of the population with the majority being located in western Ukraine. Ethnic Russians comprise approximately 20 percent of the population and are generally found in eastern Ukraine and the Crimea. Although Ukrainian is the official language of the state, Russian is also widely spoken, especially in eastern Ukraine.

Even though Ukraine's agricultural and industrial sectors have declined substantially over the last several years, the country's resources continue to support exports of some agricultural products, ferrous metals, chemicals, and machinery. The country's major economic vulnerability continues to be its heavy dependence on imported energy, primarily from Russia.

744282 (R00473) 10-97

Ukraine's Current Administrative Structure

Unclassified

UKRAINE

GP 51,465,000 • JP 400,000

• DEMOGRAPHY •

The Jews of Ukraine constitute the third largest Jewish community in Europe and the fifth in the world. Jews are mainly concentrated in Kiev (110,000), Dnepropetrovsk (65,000), Kharkov (47,000) and Odessa (45,000). Jews also live in many of the smaller towns. Western Ukraine, however, has only a small remnant of its former population, with Lvov and Chernovtsy each having only about 6,000 Jews. The majority of Jews in present-day Ukraine are native Russian-Ukrainian speakers, and only some of the elderly speak Yiddish as their mother tongue (in 1926, 76.1% claimed Yiddish as their mother tongue). The average age is close to 45.

• HISTORY •

The idea of a distinct Ukrainian jewry has been revived. In former times Jews living in various parts of the territory of present-day Ukraine had identified themselves as Russian, Polish, Galician, Romanian, Bessarabian, Hungarian or even Austrian Jews — and more recently, as Soviet Jews.

Jewish-Khazarian settlement in Kiev can be traced to the 10th century — preceding the unification of the region and the crystallization of Ukrainian national identity. The first authentic document from this part of the world is written in Hebrew, the so-called "Kievan letter" (930 CE). Later this Russian-speaking community was absorbed by the Yiddish-speaking immigrants who came to Ukraine from Central and Europe. Large numbers of Jews came from Poland after it colonized much of the area in the 16th and 17th centuries. At that time Jews played an important role in the economic life of the country, especially as managers, agents, and in the export-import trade. Later, in 1648-9, the Jews of Ukraine bore the brunt of the Chmielnicki rising against the Polish gentry, in which tens of thousands of Jews lost their lives.

Gathering at the monument to the victims of Babi Yar, 1992

In the 19th century, Ukraine, as a part of the Pale of Settlement, was densely populated by Jews. Despite restrictions, Jews played a prominent role in the development of commerce and industry in the region, and especially in the growth of its major cities such as Kiev, Odessa and Kharkov. Many of the most important Jewish thinkers of the modern age were born there.

Torah Crowns, Lvov, 1764/65 and 1773 (inscription dates)
Silver, cast, repousse, engraved, parcel-gilt, semi-precious stones, glass stones

Ukraine was the venue of some of the worst of the pogroms pe[redacted]d under Tsarist Russian rule. Later, in [redacted]l War and during the struggle for an independent Ukraine, about 100,000 Jews

Ukrainian state, attempts at organizing Jewish National Autonomy under Ukrainian nationalist auspices were stifled.

During the early Soviet period, Ukraine (together with Belarus) became a center of Yiddish culture, albeit devoid of any religious content. Yiddish schools, theaters, newspapers and publishing houses were established, as was the "Institute of Jewish Proletarian Culture in the Ukraine", attached to the Ukrainian Academy of Sciences. Toward the end of the 1930's, during the Stalinist purges, nearly all of these institutions were liquidated. Throughout this time, religious and Zionist activity was forced underground. By the late 1930's, after a thorough crackdown, most of those involved in propagating religious observance or Zionism had been arrested.

The Soviet authorities established four Jewish autonomous districts in the southern part of the republic and in the Crimea. These settlements lasted until World War II, when they were overrun by the Germans and their inhabitants murdered. More than half the Jews living in Ukraine were wiped out. The Jews of Ukraine account for a great pr[redacted]tion of the Soviet victims of the Holoca[redacted] with the worst slaughter taking place at Babi

ing Jews were often met with hostility, and the repression of Jewish cultural and spiritual life was especially severe in Soviet Ukraine. Moreover, Kiev became a center for antisemitic publicistic activity.

The collapse of Communism and the recreation of an independent Ukraine set the stage for the revitalization of Jewish life. The Ukrainian government has been sensitive to the needs of Ukrainian Jewry. Still, the precarious economic situation has been a decisive factor in the aliya of Ukrainian Jews.

• COMMUNITY •

The leading umbrella organizations are the Association of Jewish Organizations and Communities of Ukraine and the Jewish Council of Ukraine. The community is made up of many different Jewish religious and cultural groups, including various Zionist organizations. Leading international Jewish organizations have established branches in Ukraine.

The Jewish population is in decline, largely due to emigration and the ageing process. The community, together with international Jewish welfare groups, is striving to alleviate the poverty of the many destitute Jews in the country, a large portion of whom are elderly. Among the community's priorities is securing the return of nationalized Jewish property.

Antisemitism has been manifested by sections of both the Ukrainian and Russian populations. The problem is especially acute in the Western part of the country, including the city of Lvov, which has been a traditional center of nationalist extremism. There, glorification of the deeds of Germany's Ukrainian collaborators is proceeding apace. Several number of illegal extremist organiza[redacted]exist, yet their activities are tolerated[redacted]publications ing of antisemitic graffiti, and sporadic attacks on Jewish property. On a state visit to Israel, the then President Leonid Kravchuk publicly apologized for his compatriots' role in the bestial murder of Jews during the German occupation.

• RELIGIOUS LIFE •

Since the collapse of the Soviet Union, religious life has undergone a revival, and Jewish communities in many cities and towns were reconstituted. Synagogues and *mikvaot* are now functioning in all cities and towns with a significant Jewish population. Religious leadership is provided by a number of foreign rabbis. The Ukrainian government recognizes the authority of the Ukrainian Chief Rabbinate, which is located in Kiev. A network of Jewish religious schools has been opened and Jewish education is available to all who seek it. Kosher meat is produced locally and other items are imported. The JDC and other Jewish and Israeli organizations have been active in sponsoring Jewish activities. Generally speaking, Jewish religious life is stronger in Ukraine than in Russia.

• CULTURE AND EDUCATION •

There are 78 Jewish schools in the country in 45 cities, among them 13 day schools (in Chernovtsy, Dnepropetrovsk, Kharkov, Kiev, Lvov, Odessa, Vinnitsa and Zapozoshye) and 65 Sunday schools. Courses in Hebrew are offered in many places, and there are many outlets for those who wish to express their artistic creativity. Much of the Israel-oriented activity is directed by the JAFI offices. The International Solomon University in Kiev has an enrollment of some 800 students. Among its departments are those of Jewish culture and history.

Several newspapers and journals are pub-

• ISRAEL •

Ukraine and Israel have enjoyed full diplomatic relations since 1991.

Aliya — Since 1989, 168,263 Ukrainian Jews have immigrated to Israel.

• SITES •

Among the sites which attract large numbers of Jewish visitors is Uman, the burial place of Rebbe Nachman of Bratslav, and Gadyach, the tomb of Rabbi Shneur Zalman, the Alter Rebbe — the founder of the Lubavitch Chassidic movement. Every year thousands of Bratslav Chassidim converge on Uman to daven at the Rebbe's tomb and the town reacquires some of its former ambience. Other places of interest include synagogues and burial grounds scattered throughout the country (most in a poor state of repair), and the site of the massacre at Babi-Yar, on which an imposing monument has been erected.

Embassy
G.P.E. — S. Lesi Ukrainki 34
Kiev 252195
Tel. 7 044 295 6216, Fax. 7 044 294 9748

Association of Jewish Organizations and Communities of Ukraine
Kurskaya Str. 6, 252049 Kiev
Tel. 7 044 276 3431, Fax. 7 044 271 7144

Jewish Council of Ukraine
Nimonskaya St. 7, 252103 Kiev 103
Tel. 296 3961, Fax. 295 9604

The horrible slaughter at Babi Yar inspired the great Russian writer, Yevgeny Yevtushenko, to pen a powerful ode to the victims. It later became the theme of composer Dimitri Shostakovitch's 13th Symphony. In 1963 both the poet and the composer were denounced by the Soviet authorities.

"No gravestone stands on Babi Yar:
Only coarse earth heaped roughly on the gash.
Such dread comes over me; I feel so old,
Old as the Jews. Today I am a Jew...
Now I go wandering, as an Egyptian slave;
And now I perish, splayed upon the cross...
I am that little boy in Bialystok
Whose blood flows, spreading darkly on the floor.
The rowdy lords of the saloon make sport,
Reeking alike of vodka and of leek...
On Babi Yar weeds rustle; the tall trees
Like judges loom and threaten...
All scream in silence; I take off my cap
And I feel that I am slowly turning grey.
And I too have become a soundless cry
Over the thousands that lie buried here

acquaintance with and fine feeling for the Hebrew language, the result of intensive biblical studies, helped Luzzatto with his linguistic and grammatical researches (see *Prolegomeni ad una grammatica ragionata della lingua ebraica* (1836); *Prolegomena to a Grammar of the Hebrew Language*, 1896); *Grammatica della lingua ebraica* (1853–69; Hebrew 1901); *Elementi grammaticali del caldeo biblico* . . . (1865; *Grammar of the Biblical Chaldaic Language* . . . 1876)). Of bibliographical importance are his *Opere del De Rossi* (1868) and *Yad Yosef* (1864), a catalog of the Almanzi collection. Luzzatto also published *Avnei Zikkaron*, on the Hebrew tombstone inscriptions of Toledo (1841), being the first to treat epitaphs as an important primary source for Jewish historical research. An autobiography of Luzzatto appeared in 1882 (Hebrew in *Ha-Maggid* 1858–62; German 1882), and memorial volumes in Italian (*Commemorazione* . . . 1901) and in German (*Luzzatto-Gedenkbuch*, 1900). There are a number of collections of his articles such as *Beit ha-Ozar* (3 vols., 1847, 1888, 1889) and *Peninei Shadal* (1888); but much of his scholarly work remains scattered over various periodicals, pamphlets, works of other authors, and much has never been published. An edition of all his Hebrew writings was begun in 1913 (*Ketavim Ivriyim*) but was not completed.

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LUZZATTO, SIMONE BEN ISAAC SIMḤAH (1583–1663), Italian rabbi and author. He was born, probably in Venice, of a well-to-do family of German origin already established in the region for many generations. Luzzatto was ordained in 1606 and served as rabbi in Venice for 57 years. The affluent circumstances of his family made it unnecessary for him to waste his energies in miscellaneous work to supplement his livelihood, as was the case with his contemporary and associate Leone *Modena, after whose death in 1648 he became senior rabbi of the community. Unlike Modena he objected to the presence of gentiles at his sermons in the synagogue, though he had some non-Jewish pupils, including, for a month in 1646, the French mystic Charles de Valliquerville. Shortly after this, he became involved in a drawn-out dispute with the lay leaders of the community over the question of rabbinical ordination, on which he insisted in having a deciding voice. Among his responsa was one (no longer preserved) which permitted travel by gondola in Venice on the Sabbath. His work *Socrate ovvero dell'humano sapere* dedicated to the Doge (1651), written in dialogue form with Socrates as the principle interlocutor, is an attempt to demonstrate that human reason is impotent unless assisted by revelation. There is nothing specifically Jewish about this work, which shows a considerable degree of competence in philosophy and in the classical literature (though not in Greek), and is a remarkable exemplification of the degree of culture prevailing at this time in the Italian ghettos. His most important publication, however, was his work, *Discorso circa il stato de gl' hebrei et in particolar dimoranti nell'inclita città di Venetia* (1638) in which he put forward reasoned arguments for the toleration of the Jews especially on economic grounds. He argued that they performed functions that could be achieved by no other element, while on the other hand, unlike foreign merchants, they were completely under the control of the government and would not transfer their profits outside the state. This was the first apologetic work of its type and the first in which economic arguments were brought forward systematically in order to advocate the toleration of the Jews. A reply to the work was published by the Christian priest Melchior Palontritti under the title *Breve Risposta a Simone Luzzatto* (1642). A Hebrew translation was published in Jerusalem in 1950; and an English translation was prepared early in the 18th century by the English deist John *Toland (though not published), who used Luzzatto's arguments lavishly in his book of 1714 advocating the naturalization of the Jews. It is now known that the book was written at great speed when a dangerous crisis developed for the Venetian Jews owing to the discovery of large-scale commercial frauds in which some leading families were implicated.

Luzzatto also wrote an Italian treatise in which he vindicated the authority of tradition and of the Oral Law (now lost, but referred to by Samuel Aboab in his responsa, *Devar Shmuel* (1702) n. 152). He is said to have also written *Trattato delle opinioni e dogmi degli ebrei e dei riti loro principali* (Fuerst, Bibliotheca, 284) and, together with Leone de Modena, a work on the Karaites (Wolff, Bibliotheca, vol. 3, 347). He is also reputed to have had considerable competence as a mathematician. Luzzatto's pupil, the apostate Giulio Morosini, reports in his *Via della Fede* several instances of his liberal mind and outspokenness in matters of religion, shown for example when in 1649 he arbitrated in a dispute between two former Marranos about the "seventy weeks" of Daniel. He is also said to have spoken contemptuously of the Kabbalah and to have disbelieved in the preservation of the Lost Ten Tribes. Christian contemporaries, misunderstanding his freedom of spirit, reported that he was prevented by force from embracing Christianity on his deathbed.

Bibliography: S. D. Luzzatto, *Autobiografia* . . . (1882), 12–17, 33–36; Y. F. Baer, *Galut* (1947), 83–92; L. Blau, *Leo Modenas Briefe und Schriftstücke* (1907), index; S. Luzzatto, *Ma'amar al Yehudei Venezyah* (1951², prefaces by Bachi and Szulwas; *In Memoria di A. Saxerdati* (1936), 99–113; C. Roth, *Venice* (1930), 227–31; F. Secret, *Kabbalistes Chrétiens de la Renaissance* (1964), 328; Szulwas, in: HUCA, 22 (1949), 18–20 (Heb. pt.); Steinschneider, in: MGWJ, 43 (1899), 418f. [C.R.]

LVOV (Pol. **Lwów**; Ger. **Lemberg**), main city of Lvov oblast, Ukrainian S. S. R.

The Early Settlements. It is thought that the first Jews in Lvov arrived from Byzantium and the southeast. After the conquest of the town by Casimir III of Poland (1340), they were joined by Jews from Germany and Bohemia who gave the settlement its Ashkenazi character. At the end of the 14th century, there were two communities in Lvov, the older and larger, the "Holy Congregation Outside of the Walls," founded in 1352; and the second, the "Holy Congregation Within the Walls," situated in the Jews' Street and first mentioned in 1387. Large fires occasionally swept both communities and they were only able to repair their quarters after controversies with the townspeople (this occurred in 1494, 1527, 1571, 1616, etc.). In 1550, 352 Jews lived inside the city walls in 29 houses, while 559 lived in 52 houses outside the town. In the vicinity of this suburban quarter, a *Karaite settlement existed until 1457.

The Jews of Lvov played an important role in trade between the Orient and the West, for which the town was an important transit center. They were equally well represented in the wholesale trade with the interior of the country. They also leased estates, operated brandy distilleries and breweries, acted as customs and tax agents, and loaned money to the nobility and the king. During the second half

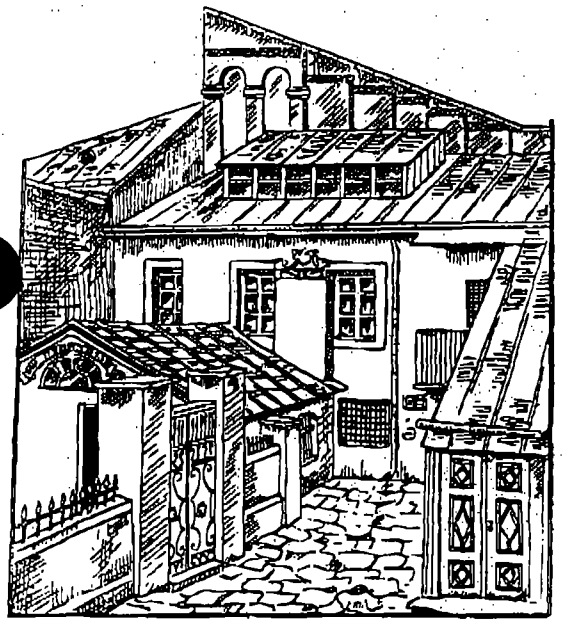

Figure 1. Drawing of the Taz Synagogue of Lvov, built in 1582 by Isaac b. Nahman after the plan of an Italian architect. From I. Halperin (ed.), *Beit Yisrael be-Polin*, Jerusalem, 1954.

of the 16th century, the commercial agents of Don Joseph *Nasi were active in Lvov. However, the number of Jews who engaged in international trade and in large concerns was very limited and the majority earned their livelihood as shopkeepers, peddlers, and craftsmen. The rights of the Jews of Lvov were based on letters patent granted by the kings of Poland. They were in constant conflict with the townsmen over their rights to trade, especially in the retail branch, and to engage in crafts. Fortunately the royal decrees issued as a result of pressure from the townsmen were rarely absolute and the nobility often succeeded in having them amended. In 1493 King John Albert restricted the Jews to two branches of the wholesale trade: *textiles and *livestock. In 1503 and 1506 King Alexander Jagellon granted the Jews freedom to trade at the markets and fairs as well as the right to benefit from the reductions accorded to other citizens. King Sigismund I restricted Jewish trade (1521), then accorded unlimited trading rights (1527), and finally revoked the permit (in the same year). This uncertain state of affairs continued throughout the whole period. Temporary compromise agreements on the question of trading rights were concluded between the municipality and the Jews in 1581, 1592, and 1602. The renewal of these agreements and the determination of their exact contents were usually accompanied by protests from the townsmen. The Jewish craftsmen were also under constant pressure from Christian artisans.

The Community and its Institutions. The two congregations of Lvov maintained separate synagogues, *mikva'ot*, and charitable institutions. They shared the cemetery (first mentioned in 1411), and the Karaites were also buried there. From 1600 to 1606 there was a violent conflict between the Jews and the Jesuits over the synagogue which had been constructed (in late Gothic style, after the plan of an Italian architect) by the philanthropist Isaac b. Nahman (founder of the famous *Nachmanovich family) in 1582. The Jesuits claimed that the land on which the synagogue was constructed was their property. The Jews were victorious and the synagogue, which was named the Taz (or "Di Gildene Roiz" after one of the daughters of the Nachmanovich family who died mysteriously), remained standing until the Holocaust. Lvov was the center of "Red Russia" (Galicia, i.e., Western Ukraine) and Podolia-Bratslav region, and its community leaders represented the whole region at the *Councils of the Lands. By the electoral system of the community, a limited number of the wealthy descendants of noble families were assured of long periods in office.

From 1684 to 1772. In the *Chmielnicki massacres of 1648–49 and the successive wars of the second half of the 17th and early 18th century, the Jews of Lvov, especially those who lived outside the town, suffered great losses in life and property. Their houses were at the mercy of the enemy and they were compelled to seek refuge within the town. Generally the Jews played an active part in the defense of the town. During Chmielnicki's siege in 1648 and the Russian siege of 1655, the attackers demanded that the Jews be delivered into their hands. Meeting with the refusal of the townsmen, they settled for a large ransom. During the whole of this period, the townsmen's struggle against the control of trades and crafts by the Jews continued. The latter's efforts to expand their quarter came under special attack. The Jewish quarter consisted of only 49 building lots and the houses built on them were too small to accommodate the established inhabitants and the refugees from many wars. All the efforts of the townsmen to confine the Jews to their quarter and to restrict their trade were in vain, for the nobles usually supported the Jews. At this time the Jews also opened shops in the center of town. During this period, war damages, ransom payments, the costs of court cases, the necessity to rebuild damaged houses, and the decline of Lvov in favor of other commercial centers brought about severe economic crises. In 1727 the community owed the municipality 438,410 zlotys, while in 1765 their debts to the noblemen, the clergy, and the religious orders amounted to 381,999 zlotys, and those to the municipality to 820,409 zlotys. Although direct and indirect communal taxes were raised the community was unable to become solvent. According to the census of 1764/65, 6,142 Jews lived in Lvov – over two-thirds of them outside the town walls – and only 57 of the 3,060 men were self-supporting.

When Shabbateanism began to spread in Russia, David Halevi (d. 1667), *av bet din* of the congregation outside the walls, sent his son and stepson to *Shabbetai Zevi; they returned his enthusiastic supporters. After Shabbetai Zevi's apostasy, his adherents in Lvov were excommunicated (1722). In 1754 Leib Krisse (Kriss), right-hand man of the pseudo-messiah Jacob *Frank, came to Lvov to propagate the Frankist message. Frank himself arrived in the town in December of 1755, but he was compelled to leave. A disputation with the Frankists was held in 1759. The spokesman for the Jews was R. Hayyim Kohen Rapoport, *av bet din* of the town and region.

During the 18th century, the importance of the Lvov community declined and its authority was reduced. The limits of the provincial council's authority were also restricted after the annexation of Podolia to Turkey (1772). In Galicia itself, the expansion of the surrounding communities (Zholkva, Brody) further limited the authority of the Lvov community. At the meeting of the provincial council in 1720, it was declared that "we, the men of the province, have no further portion or inheritance in the holy congregation of Lvov and the rabbi who will be nominated by it." At the meeting of the council in Berezhany in 1740 the rabbinate of the province was divided into two regions and the *av bet din* of Lvov held office in only one of them. Conflicts within the community over the distribution of taxes, the election of rabbis, and other affairs resulted in the intervention of the secular authorities to a greater degree than in the past. Menahem Simhah Emmanuel de Jongh (d. 1702), a member of a large family of physicians

Figure 2. The Great Synagogue outside the walls of Lvov, following the pogroms of 1918. Israel Photo Archives, Jerusalem.

and himself court physician to King John III Sobieski, was highly influential during the second half of the 17th century. He was the *"nevi Erez Israel"* (the chief treasurer of the funds for Erez Israel collected in Poland), a *parnas* of the Councils of the Lands, and the holder of many public offices.

From 1772 to 1914. The Jewish population of Lvov rose from 18,302 in 1800 to 26,694 in 1869, and 57,000 (28% of the total population) in 1910. According to the 1820 census, 55% of the Jews engaged in commerce (the majority as shopkeepers and retail traders) and 24% in crafts. The 745 Jewish craftsmen included 249 tailors, 133 furriers, 51 bakers, and 34 goldsmiths. The Jews of Lvov controlled the wholesale trade between Russia and Vienna. Some were army purveyors, or wholesale dealers in tobacco, cereals, and salt; others owned flour mills; and Jews pioneered industry and banking in the town. Lvov Jewry suffered as a result of the economic crisis in Galicia during the 19th century. After 1772 the townsmen's struggle to restrict Jewish rights of residence and trade were supported by the Austrian authorities. From the beginning of the 19th century only the wealthy and educated merchants who had adopted the German way of life were authorized to live outside the Jewish quarter. In 1848 the Jews were allowed to participate in the elections to the municipal council, but their representation was limited to 15% and later to 20%. In spite of the religious equality granted in the Austrian Empire in 1849, the municipality continued to evict the Jews from the retail trade, and the Christian artisans' guilds struggled against Jewish artisans. The prohibition on acquiring real estate was abolished in 1860, and after the *Sejm of Galicia had revoked all discrimination against Jews the municipality of Lvov was compelled to annul those restrictions opposed to the Austrian constitution of 1867. Intensified anti-Semitic tendencies then prevalent among the Poles and Ukrainians of Lvov and the vicinity were partly caused by the assimilation of the upper strata of the Jews to the ruling German culture.

TRENDS WITHIN THE COMMUNITY. Hasidism made headway in Lvov at the end of the 18th century, and although no *zaddikim* settled there they occasionally visited the town. In 1792 and in 1798 there were open clashes between Hasidim and their opponents. During the 1820s, a hasidic *shtibl* was founded and in 1838 there were seven such prayer rooms. As the *Haskalah movement penetrated Lvov, an anonymous *herem* was proclaimed in 1816 against a group of *maskilim* and especially against Solomon Judah *Rapoport, Benjamin Zevi Nutkis, and Judah Leib Pastor; it was only as a result of pressure from the authorities that it was rescinded by the *av bet din*, Jacob Meshullam Orenstein. During the 1830s a violent dispute broke out over the question of a change in the traditional Jewish dress. In 1844 a Reform Temple was opened and Abraham Kohen of Hohenems, Austria, was appointed as preacher. He was also made director of the German-Jewish school opened during the same year. The Orthodox were vigorously opposed to him and their opposition gained momentum after the authorities confirmed him as *rabbi* of the province in 1847. A year later he and his family were poisoned and Orthodox fanatics were accused of having committed the crime.

The assimilationist intelligentsia circles of Lvov identified themselves with German culture, and in 1868 the *Shomer Israel organization was formed, with its ideological organ, *Israelit*. The movement was opposed by the Doresh Shalom society, founded in 1878 and disbanded a short while later, and after it by the *Agoudat Ahim (1883), which called for assimilation into Polish culture. Its organ was the *Ojczyzna* ("Fatherland"). Toward the end of the century, the move toward Polish assimilation gained in strength and the Jewish representatives from Lvov in the Austrian parliament joined the Polish camp. During the 1870s Orthodox circles organized themselves within the framework of the *Mahzike Hadas, in which the Hasidim were predominant. Lvov was the home of Hertz *Homberg. Within the framework of his educational activities, four schools for boys, three for girls, and a teachers' seminary headed by Aaron Friedenthal were founded there. All were closed down with the liquidation of Homberg's educational network in Galicia in 1806. Jewish children, however, began to attend general schools. Legal restrictions against the attendance of Jews in secondary schools and universities were removed in 1846. There were then many Jews in the liberal professions, including distinguished lawyers and physicians. From the emancipation period, there were numerous cases of apostasy in Lvov. Between 1868 and 1907, 713 Jews abandoned their faith, while 86 Christians were converted to Judaism. In 1874 there were 69 registered *hadarim* in the city and the first "reformed *heder*" (*heder metukkan*) in which 381 pupils studied, was founded in 1885. An institute for religious studies opened in 1910.

During the Austrian period the two congregations in Lvov merged into a single community, which from the 1830s was led by moderate assimilationists. These included Immanuel *Blumenfeld, Meir Jerahmeel Mieses, and Emil *Byk. Rabbis who held office in this community were Joseph Saul Nathansor, Zevi Hirsch Orenstein, Isaac Aaron Ettinger (see *Ettinger Family), Isaac *Schmelkes, and Aryeh Leib Braude. The preachers at the temple were Dr. S. A. *Schwabacher, Dr. Y. B. Lewinstein, Dr. Ezekiel Caro (who in 1909 was confirmed as rabbi of the community together with R. Isaac Schmelkes), and Dr. S. Gutmann. During the late 19th and early 20th centuries, the power of the assimilationists declined and nationalist-Zionist influence began to be felt. The first Zionist societies, Mikra Kodesh and Zion, were formed in 1883 and 1888. They formed the nucleus of the all-Galician Zionist organization. Periodicals and newspapers were published: *Przyszłość*, *Wschód*, *Ha-Karmel*, *Der Veker*, and *Togblat*. Activists in the Zionist societies included Reuben Birer, Joseph Kobak, David Schreiber, Abraham and Jacob Kokas, and Adolph *Stand. The first moves were made toward a Jewish workers' movement and artisans' unions, while some joined the P.P.S., the Polish workers' movement; the representative of this group was Herman *Diamand.

From 1914 to 1939. With the outbreak of World War I, thousands of refugees arrived in Lvov from the regions bordering on Russia. The entry of the Russian army into

the city in August 1914 was accompanied by robbery and looting, the closure of Jewish institutions, and the taking of hostages. With the return of the Austrians in June 1915, Jewish life was resumed, assistance to the refugees was organized, and the public institutions functioned once more. In November 1918, when the Poles and the Ukrainians fought for control of eastern Galicia, pogroms broke out in Lvov; 70 Jews lost their lives and many were wounded. It was then, when the German, Polish, and [illegible]ian nationalistic cultures were in conflict, that the [illegible]t risks of assimilation were made manifest to the Je[illegible]

During the period of independent Poland (1918–39), the community of Lvov was the third largest in Poland and one of its most important centers. From 99,595 in 1910 the number of Jews increased to 109,500 (33% of the total population) in 1939. In the struggle between the Poles and the Ukrainians, each side accused the Jews of supporting the other. The rise of anti-Semitism and the severe economic situation were reflected in every sphere of Jewish life. The economic crisis was also illustrated by the reduction in community taxes: from 497,429 zlotys in 1929 to 310,481 zlotys in 1933. During this period, Lvov had three Jewish secondary schools with instruction in Polish; a Hebrew college for advanced studies in Judaism (founded in 1920), first directed by Moses *Schorr; a nationalist-religious school, MaTaT (Mi-Ziyyon Teẓe Torah); a vocational school; many *ḥadarim*, and a *talmud torah*. There were many Ashkenazi synagogues and ḥasidic prayer rooms. The newspapers *Chwila* ("The Moment"), *Lemberger Tagblat*, and *Opinia* were published. The community was governed by assimilationists in coalition with the Orthodox, while for the greater part of this period the Zionists formed the opposition. In national politics, the Lvov members of the Polish parliament adopted a moderate line. They opposed the minorities bloc and were among the initiators of the *Ugoda (see also O. *Thon and H. *Rosmaryn), the agreement with the Polish government (1925). The Orthodox, especially the Ḥasidim of *Belz, as well as the rich Jews, supported the government majority list. [A.Ru.]

[illegible]w Printing. After the first partition of Poland (1772), which [illegible] Galicia under Austro-Hungarian rule, the government fo[illegible] Jewish printers to transfer their presses from *Zolkiew (Zholkva) to the Galician capital of Lvov in order to facilitate their *censorship. The first to move were W. Letteris and H. D. Madpis, the latter producing Elijah Levita's *Pirkei Eliyahu* in 1783. The house of Madpis brought out a new edition of the Talmud (1859–68) and a seven-volume Shulḥan Arukh with standard commentaries (1858–61), still one of the best editions (a similar one was printed by J. L. *Bulaban and his son, who began printing in 1839). In 1785 J. S. Herz set up his press, which produced a good edition of Maimonides' *Mishneh Torah* (1805–11). Madpis' granddaughter, Judith Mann-Rozanes, also moved from Zolkiew, while her son, M. H. Grossmann, continued printing until 1858. About 20 other printers were active in Lvov in the century and a half before the outbreak of World War II, making the city one of the main centers for the production of Hebrew books, not only for Eastern Europe but for the Balkans as well. [Ed.]

Holocaust Period. In September 1939, at the beginning of World War II, Poland was partitioned between Germany and the U.S.S.R., and Lvov became part of Soviet Ukraine. But after the outbreak of the German-Soviet War, the Germans captured the city (July 1941); it then had a Jewish population of about 150,000, including thousands of refugees from the Nazi-occupied western part of Poland. The local Ukrainian population welcomed the German troops, while Stefan Bandera's units joined up with the invading forces and played a major role in stirring up hatred of the Jews and in murdering them. An incited mob attacked the Jews for three days. Thousands of Jews were put in jail, where they were tortured and murdered. During July several hundred Jewish public figures and youth were put to death; over 2,000 Jews were shot in "*Aktion* Petliura" (July 25–27). On July 15, the Jews were ordered to wear the yellow badge, and at the beginning of August a fine of 20,000,000 rubles ($4,000,000) was imposed upon them. Jewish property was confiscated and looted and in August the desecration and destruction of synagogues and Jewish cemetries was carried out.

A Judenrat was appointed by the authorities, headed by Joseph Parnes, who was killed shortly afterware when he refused to supply the Nazis with a quota of men for forced labor. A similar fate was in store for two of his three successors; the last chairman of the Judenrat, Ebersohn, was executed together with the other members of the council in February 1943. Under German supervision, the Judenrat handled taxes, social welfare, and food and housing control. A Jewish police force came into being as a special department of the Judenrat; in the course of time it was manipulated by the Nazis to serve their own aims. On Aug. 1, 1941, Eastern Galicia was incorporated into the General Government, Poland, and all anti-Jewish restrictions that had been in force in western Poland for the past two years were now also applied to the Jews of Lvov (see *Holocaust, General Survey). Labor camps were set up in the city and vicinity, where many Jews were either murdered outright (especially young people) or died as a result of the inhuman conditions prevailing in the camps. In November 1941 the Jews of Lvov were all concentrated in a special quarter of the city and subjected to starvation.

In March 1942 about 15,000 Jews from Lvov were deported to *Belzec extermination camp. The big *Aktion*, however, took place from August 10 to 23, in which 40,000 Jews perished. Following the *Aktion* the S.S.-Gruppenfuehrer Fritz *Katzmann ordered the establishment of a ghetto, completely sealed off and surrounded by a barbed-wire fence. The overcrowding caused a series of epidemics which killed thousands of ghetto inmates. In further *Aktionen* (November 1942 and January 1943), another 15,000 Jews were murdered, some in Belzec and others in the Janowska Road camp. The rest of the ghetto inmates, some 20,000 people, were restricted to a portion of the ghetto designated as the Jewish camp and the Judenrat was liquidated. In the last *Aktion* (June 1943), which resulted in the death of most of the surviving Jews, the Jews offered armed resistance. In places where the Nazis encountered gunfire and hand grenades, they poured gasoline on the Jewish houses and set them in flames. The 7,000 Jews who survived the massacre were dispatched to the Janowska Road camp. Apart from a few Jews in labor camps, Lvov and the environs were made *Judenrein. A few hid in the "Aryan" part of the city.

Figure 3. Farm in the Lvov region, c. 1925. Courtesy Jewish Colonization Association, Tel Aviv.

Lwów, CZWARTEK, 18. MAJA 1939. Rok XXX

CHWILA WYDANIE PORANNE

Cena egzemplarza 15 gr.

„BIAŁA KSIĘGA"

Strejk generalny Żydów w Palestynie

W Tel Awiwie strejk potrwa 10 dni?

Figure 4. Masthead and headlines of the Lvov Jewish newspaper, *Chwila* ("The Moment"), May 18, 1939, with news of a Jewish general strike in Palestine protesting the British White Paper. Courtesy Central Zionist Archives, Jerusalem.

JANOWSKA ROAD CAMP. The camp, a place of torture and murder, was set up on Janowska Road in October 1941. One part of the camp contained quarters for the S.S. men and camp police, and a prison barracks (the latter also served as a transit camp for deportees to Belzec extermination camp). The other part contained workshops which in the course of time developed into a special unit, the German Armament Works (DAW; see *S.S., Enterprises in the East). Designed as a forced labor camp for Jews from Lvov and the area, Janowska in fact became an extermination camp. Tens of thousands of Jews from Eastern Galicia were brought there, some of whom were murdered on the spot and others sent on to Belzec. Prisoners were killed in many instances for the "entertainment" of the murderers. Yet in spite of the conditions, the Jews created cultural activities in the camp and prepared for armed resistance. The Germans, under the threat of possible resistance, liquidated the camp in a surprise *Aktion* on Nov. 20, 1943. Only a few individuals escaped. The special conditions prevailing in Lvov – a hostile Ukrainian population, the lack of forests in the area to provide shelter, and the absence of a local partisan movement – precluded the rise of organized Jewish resistance. However, a few sporadic and isolated attempts to resist were made. Some Jews fled to the remote forests, but in most instances the local peasants handed them over to the Nazis. Some instances of resistance have been recorded, e.g., during the liquidation of the ghetto and one in the Janowska road camp. In one instance, a group of camp prisoners charged with the disposal and cremation of corpses attacked and killed several of the German guards. A few dozen prisoners then escaped, but most of them were caught and murdered.

When the Soviet forces entered in July 1944, a Jewish committee was established to help the survivors. Of the 3,400 Jewish survivors who registered with the committee by the end of 1944, only 820 were from Lvov ghetto itself. Most of the survivors settled in Israel, after wandering through Europe, while the rest emigrated to other countries overseas. Some of the ashes of the Lvov martyrs were taken to Israel and interred at the Nahalat Yizhak cemetery near Tel Aviv.

Contemporary Period. A monument to the memory of Jewish victims of the Nazis, with inscriptions in Hebrew, Yiddish, and Russian, was erected shortly after World War II. In the 1959 census 29,701 Jews were registered in the Lvov oblast, 5,011 of whom declared Yiddish to be their mother tongue. In the city, a center of Ukrainian nationalism, an anti-Jewish atmosphere prevailed in most spheres of life. In 1957 several Jewish students were arrested for "Zionist activities." Organized *matzzah* baking was prohibited in 1959, and in the same year pressure was brought to bear on the local *mohalim*, to induce them to sign a declaration promising to abandon circumcision. In the Jewish cemetery only a small section was kept intact and used for burials. In 1962 several hundred Jews were arrested for "economic crimes." In that year several articles were published in the local Ukrainian newspaper, *Lvivska Pravda*, demanding the closure of the only remaining synagogue on the pretext that it served as a meeting place for "speculators" and other criminals. It was in fact closed toward the end of that year, and all synagogue officials were arrested and charged with "economic crimes." The community slaughterhouse was handed over to a local municipal organization. In 1965 local Jews addressed a petition to Prime Minister Kosygin asking to be given a place for worship. They were allotted a building site, but the financial burden of erecting a new synagogue was too great. In 1969 the militia broke into private *minyanim* and dispersed them by force.

[E.Br.]

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LVOVICH, DAVID (known as **Davidovich**; 1882–1950), leader of the territorialist-Socialist movement and of *ORT. Born in southern Russia and brought up in an assimilationist environment, Lvovich first became acquainted with Jewish affairs and the Jewish workers' movement when he visited Minsk in 1903 and came into contact with the *Po'alei Zion. After he left Russia he maintained relations with the Herut group founded by N. *Syrkin. In 1905 he visited Erez Israel and on his return he abandoned general Zionism in favor of territorialism. After joining the *Zionist-Socialist Workers' Party (S.S. or Z.S.), he founded the S. S. League abroad and established student groups in Germany. A member of the party's committee in Odessa from late 1905, he was the leader of its *self-defense group during the October pogrom. At the S.S. convention in Leipzig (1906), he represented that trend which connected the future realization of territorialism with the unavoidable turn of the course of Jewish emigration from the towns toward agriculture and concentrated colonization. He later worked for an active policy in the organization and regulation of emigration. As the representative of the S.S. at the conventions of the Jewish Territorialist Organization (see *Territorialism) he w

weekly *Ha-Shomer ha-Za'ir*, and was editorial secretary of *Al ha-Mishmar* (1943–47). From 1953 he was the literary editor of Sifriat Poalim publishing house.

Ukhmani published many articles and essays on literary topics, and wrote a number of books, which are collections of essays, among them *Le-Ever ha-Adam* (1953), *Tekhanim ve-Zurot* (1957), *Kolot Adam* (1967), and *Aval Laylah Laylah Ani* (1968), a book of poetry. He was one of the editors of the literary anthology *Dor ha-Arez* (1958), and together with S. Y. *Penueli edited the English collection *Hebrew Short Stories* (1965).

[G.K.]

UKMERGE (Pol. **Wilkomierz**; Rus. **Vilkomir**), city in Lithuanian S.S.R. The Jewish community of Ukmerge is first mentioned in a document of 1685. In the census of 1766, 716 Jews were counted there, and by 1847 their number had risen to 3,758, the majority of whom were engaged in commerce and crafts, including tanning. The community of Ukmerge was renowned for its conservatism. M. L. *Lilienblum lived there during the 1860s and it was there that he began his public career and literary activity. The community continued to develop and by the 1880s the number of Jews reached 10,000. A period of decline followed, however, when the town was bypassed by the railroads which were built at that time. In 1897 there were 7,287 Jews (54% of the total population) and 6,390 (49%) in

School for Jewish shoemakers in Ukmerge, photograph 1937–38. Archives, Yad Vashem Archives, Y. Kamson Collection, Jerusalem.

[illegible]. At the beginning of May 1915 the Jews were expelled from Ukmerge, together with those of the province of Kovno. Some returned after the war and in 1923 there were 3,885 Jews (37% of the population). During the period of independent Lithuania (1918–40), Jewish life in Ukmerge prospered. A *yeshivah ketannah* (preparatory yeshivah) which prepared pupils for the larger Lithuanian yeshivot was established and there were also two secondary schools, Hebrew and Yiddish. The last rabbi of Ukmerge, R. Joseph Zussmanowitz (of Palestinian birth), ranked among the most prominent Lithuanian rabbis. With the annexation of Lithuania to the Soviet Union in June 1940, religious and nationalist Jewish life was systematically destroyed. A year later, Ukmerge fell into the hands of the Germans. On Sept. 18, 1941, the Jews remaining in Ukmerge, together with those of the neighboring towns, were assembled in the nearby forest and massacred.

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[Y.S.]

UKRAINE (Rus. **Ukraina**), Union Republic in the southwestern U.S.S.R. At the close of the 16th century there were about 45,000 Jews (out of the 100,000 Jews who were then presumably in the whole of Poland) living in the eastern regions of Poland which were inhabited by Ukrainians. Before the *Chmielnicki massacres of 1648–49 their numbers had increased to at least 150,000; in the census of 1764, 258,000 Jews were enumerated, though in fact their number was over 300,000. In 1847, according to official sources, there were almost 600,000 Jews in the Ukrainian regions belonging to Russia (the provinces of southwestern Russia: *Volhynia, *Podolia, and *Kiev; of "Little Russia": *Chernigov and *Poltava; and of "New Russia": Yekaterinoslav (*Dnepropetrovsk), *Kherson, and Taurida), though they actually numbered up to 900,000. According to the population census of 1897 (the first general census in Russia), there were 1,927,268 Jews in these regions, 9.2% of the total population of the Ukraine. The census of 1926 enumerated 1,574,391 Jews in the Ukraine, subsequent to the detachment of half of the province of Volhynia (the second half was then within the borders of Poland), half of the province of Taurida, and a small section of the province of Chernigov, while several districts of the Don region had been incorporated into it. The Jews then constituted 5.43% of the total population of the Ukraine. The census of 1939 enumerated 1,532,827 Jews in the Ukraine (4.9% of the total). According to the census of 1959, which also included the Jews of the regions which had passed to Russia after World War II (eastern *Galicia, northern *Bukovina, *Subcarpathian Ruthenia), there were 840,319 Jews in the Ukraine (2% of the total). According to this census, which was generally regarded as underestimating their numbers, Jews were concentrated in the towns of Kiev (153,500), *Odessa (106,700), *Kharkov (84,000), Dnepropetrovsk (52,800), *Chernovtsy (Czernowitz; 36,500), *Lvov (24,700), and *Donetsk (21,000). About 80% of the Jews of the Ukraine declared their mother tongue as Russian, about 17% (142,240) as Yiddish, and only about 3% as Ukrainian.

Development and Distribution of the Jewish Settlement. The Jewish settlement in the Ukraine preceded the unification of the area and the formation of the Ukrainian nation. Jewish settlements already existed on the banks of the River Dnieper and in the east and south of the Ukraine and the *Crimea in the periods of the *Khazar kingdom, while ancient Jewish communities were only established in the west, in Volhynia and "Red Russia" (eastern Galicia), in the 12th century. Of these the most ancient was apparently *Vladimir-Volynski. It seems that the "Russia" mentioned in 13th-century rabbinical literature refers to "Red Russia." These communities absorbed the Jewish migration from Germany and Bohemia caused by the persecutions and massacres of the 14th (the *Black Death) and 15th centuries; later, Jews were drawn to the Ukraine by the colonizing activities of the Polish nobility that intensified in the 16th to 17th centuries with the consolidation of the rule of *Poland-Lithuania over the region. The important role taken by the Jews in the economic sphere in this colonization made the Ukraine one of the Jewish centers in Poland-Lithuania. The number of the communities there increased from 25 during the 14th century to 80 in 1764. Even the Chmielnicki massacres in 1648–49 did not halt Jewish migration to the Ukraine and they played a prominent role in its economic recovery during the second half of the 17th and the 18th centuries. After the Ukraine was annexed by Russia, according to the census of 1764, about 15% of the Jewish population lived in provinces having communities over 1,000 Jews, while in other provinces—Volhynia, Podolia, Kiev, and *Bratslav—their proportion was only 11%. The census of 1897, however, shows that 72% of the Jewish population there were living in 262 communities of more than 1,000 persons, which, taken together with the communities having more than 500 Jews, meant that 37% of the Jewish population there lived in towns and townlets in which the Jews formed

Figure 1. The Provisional National Assembly (assembly of Ukrainian Jews) which took place in Kiev, November 1918. Those present included: 1) Solomon Joseph Levin; 2) Eliezer Kaplan; 3) Alexander Goldstein; 4) Menahem Ussishkin; 5) Vladimir Ze'ev Tiomkin; 6) Jacob Latzky-Bertholdi; 7) Max Schatz-Anin; 8) Noah Barou; 9) Samuel Tchernowitz; 10) Hillel Zlatopolsky; 11) Abraham Levinson; 12) Israel Bar Yehuda (Idelson); 13) Jacob-Zerubavel (Vitkin); 14) Moses Litvicov; 15) Ben Adir (Abraham Rosin). Courtesy A. Rafaeli-Zenziper Archive for Russian Zionism, Tel Aviv.

an absolute majority and 22% in localities where they formed 40–50% of the total population. In contrast, in the part of the Ukraine which lay beyond the Dnieper, in the provinces of Poltava and Chernigov (where about 225,000 Jews lived and constituted a majority in about two places only and 40% of the total population in three others), 65% of the Jewish population lived in 39 communities of more than 1,000. The same situation obtained in "New Russia" (the provinces of Kherson, Yekaterinoslav, and Taurida) where over 500,000 Jews lived: 76% of the Jewish population was concentrated in 58 communities of over 1,000, and Jews formed a majority only in their agricultural settlements. In 1897 Jews constituted 30% of the urban population of the Ukraine, 26% of them living in 20 towns, in each of which there were over 10,000 Jews.

After the abolition of the *Pale of Settlement, with the October 1917 Revolution, the civil war, and the disorders which accompanied it, more than 300,000 Jews left the Ukraine for other parts of the Soviet Union. Hence they formed only 5.4% of the total population and 22% of the urban population of the Ukraine in 1926, and 4.1% and 11.7% respectively in 1939. In 1926, 44% of them lived in 20 towns, each having over 10,000 Jews, while in 1939, 39% lived in the four cities of Odessa, Kiev, Kharkov, and Dnepropetrovsk. This intensified urbanization did not, however, give them predominance in the cities, since there also was a stream of Ukrainian peasants from the villages into the towns, which assumed a pronounced Ukrainian character.

For the history of Ukrainian Jewry after World War I and in the Holocaust see *Russia.

Economic Situation. The migration of Jews from the western provinces of Poland to the Ukraine in the 16th century was mainly due to their economic role in the **arenda* business on a large or small scale. Hence, the Ukraine became a region where Jews managed a considerable proportion of the agricultural economy, administering complexes consisting of a number of estates, single estates, or a sector of their economy. Jews also engaged in *arenda* there in the collection of customs duties and taxes, and played an important role in the export and import trade in the region. The Cossack authorities of the part of the Ukraine annexed by Russia beyond the Dnieper opposed the frequent expulsions of the Jews from there (1717, 1731, 1740, 1742, 1744), and argued in favor of their free admission to the Ukraine (1728, 1734, 1764) stating that the Jews promoted the region's trade. When the Ukraine (with the exception of eastern Galicia) became part of the Pale of Settlement after the partition of Poland-Lithuania, the Jews continued to play a considerable and dynamic role in the economy of the region. In 1817, 30% of the factories in Ukraine were owned by Jews. They were particularly active in the production of *alcoholic beverages. In 1872, before the anti-Jewish restriction in this sphere, 90% of those occupied in distilling were Jews; 56.6% in sawmills, 48.8% in the *tobacco industry and 32.5% in the *sugar industry. Only a limited number of Jews were occupied in heavy industry, where they were generally employed as white-collar workers. In 1897 the occupational structure of the Jewish population of Ukraine was 43.3% in commerce; 32.2% in crafts and industry; 2.9% in agriculture; 3.7% in communications; 7.3% in private services (including porterage and the like); 5.8% in public services (including the liberal professions); and 4.8% of no permanent occupation. Under the Soviet regime, by 1926, it had become 20.6% in arts and crafts; 20.6% in public services (administrative work); 15.3% workers (including: 6.6% industrial workers); 13.3% in commerce; 9.2% in agriculture; 1.6% in liberal professions; 8.9% unemployed; 7.3% without profession; and 3.2% miscellaneous (pensioners, invalids, etc.). The proportion of Jews in various administrative branches was 40.6% in the economic administration and 31.9% in the medical-sanitary administration. After large numbers of Jews had been absorbed under the Five-Year Plan in heavy industry (especially the metal and automobile industries), in the artisan cooperatives (in which there were over 70,000)

Jewish members (2.9% of the membership), and in agriculture (16,500 families in the cooperative farms), the proportion of Jews living in villages rose to 14% of the Jewish population.

Hatred of the Jews. When the Jews settled in the Ukraine during the period of Polish rule, they found themselves between hammer and anvil: under the *arenda* system the Jewish lessee administered the estate in the name of the Polish landowner, and, if living in the town, he found his customers among the nobility, officials, the Catholic clergy, and the local army garrison. To the enslaved peasants and rebellious Cossacks, Ukrainians, and Greek-Orthodox the Jewish lessee appeared both as an infidel and an alien – an emissary of the Polish Catholic noblemen who sought to dominate them. The Ukrainian townsman was jealous of his urban rival, the unbelieving Jew, whose success was due to the assistance of the foreign and hated Polish regime. In times of rebellion and war, this hatred and jealousy was vented in severe persecutions and horrifying massacres, such as the Chmielnicki massacres of 1648–49, when over 100,000 Jews were brutally killed and almost all the communities of the Ukraine were destroyed, and the persecutions of the *Haidamaks in the 18th century, which were more limited in scope but even more terrible in their cruelty. These massacres, whose perpetrators were admired as national heroes, gave rise to a popular tradition of hatred toward the Jews in the Ukraine; it was nurtured by the increase of the Jewish population in the country, by its economic position, and later by the propagation of the Russian language and culture by Jews – an act which the nationalist Ukrainian intellectuals (the "Ukrainophiles") regarded as collaboration with the "Muscovite" Russian government in its campaign against their awakening as a separate nation. This tradition of hatred toward the Jews found its expression in both folk songs and literature (T. Shevchenko; N. Gogol), in historiography (N. Kostomarov), and in political thought (M. Dragomanov). The Nationalist and Socialist Party of the Ukraine was also imbued with anti-Jewish feelings. The *pogroms of 1881–82 broke out and spread through the provinces of the Ukraine; after 1917, in the Civil War and under the regime of S. Petlyura (the "Socialist" government), about 100,000 Jews were massacred in the Ukraine (1919–20), as in the days of Chmielnicki and with the same cruelty. Two decades of Soviet regime did little to eradicate the hostility against the Jews; during World War II great parts of the Ukrainian population wholeheartedly collaborated with the Nazis in exterminating the Jews in the occupied Ukraine.

The Period of the Independent Ukraine and Jewish National Autonomy. The period from March 1917 to August 1920 constitutes a special chapter in the history of the Jews of the Ukraine. The Ukrainians established a National Council (the Rada), which in January 1918 proclaimed the separation of the Ukraine from Russia; this episode came to an end in August 1920, when the Red Army completed the conquest of the Ukraine. During this time the leaders of the Ukrainian nationalist movement attempted to reach an agreement with the Jews. They established relations with the leaders of Zionism in Eastern Galicia, and jointly waged a struggle against Polish aims in the Ukraine. During this period the Jews were represented in the Rada (with 50 delegates), a secretariat for Jewish affairs was established (July 1917), and a law passed on "personal national autonomy" for the national minorities, among which the Jews were included. The Jewish ministry (M. *Silberfarb was the first minister; he was succeeded by J. W. *Latzki-Bertholdi) passed a law providing for democratic elections to the administrative bodies of the communities (December 1918), a Jewish National Council was formed, and the Provisional National Council of the Jews of the Ukraine was convened (November 1918). These institutions were short-lived. In July 1918 the autonomy was abolished, the Jewish ministry was dissolved and the pogroms which then took place – without the Ukrainian government taking any effective measures to assure the security of the Jewish population – proved that the whole of this project had been directed more at securing the assistance of the Jewish parties in order to achieve complete separation from Russia than at really developing a new positive attitude toward the Jews.

Religious and Social Movements in Ukrainian Jewry. Ukrainian Jewry became a focus of religious and social ferment within Judaism from the late 17th century. The massacres and sufferings endured by the Jews in the Ukraine also introduced spiritual and social trends. The messianic agitation which followed the massacres of 1648–49 paved the way for the penetration of *Shabbateanism, while at the time of the Haidamak persecutions and the revival of *blood libels, the *Frankist movement made its appearance, and *Hasidim as inaugurated by *Israel b. Eliezer Ba'al Shem Tov developed and spread rapidly through the country. After the pogroms of the 1880s, the Ukraine was not only the birthplace of the *Hibbat Zion, the *Bilu, and the *Am Olam movements but also of the Dukhovno-bibleyskoye bratstvo ("Spiritual Biblical Brotherhood," founded by Jacob *Gordin and his circle) which sought to "bring back" the Jews to the religious purity of the Bible and thus draw them closer to Christianity. Activist and revolutionary trends were also prominent in the Hebrew and Yiddish literature which emerged in the Ukraine during the 19th and 20th centuries.

During the 1920s and the early 1930s three Jewish districts were created in the areas of Jewish settlement in southeastern Ukraine (*Kalininskoye, Stalinskoye, and *Zlatopol; see also *Yevsektsiya). [B.D.]

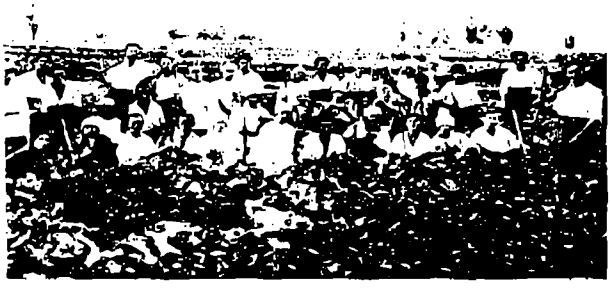

Figure 2. Members of the faction of the "illegal He-Halutz" on a farm near Kiev, 1923. Courtesy Central Zionist Archives, Jerusalem.

After World War II. During the last stages of World War II and in the period after it, when Nikita Khrushchev was the ruling party man of the Ukraine, Ukrainian Jews who, during the occupation, fled or were evacuated to Soviet Asia, began to stream back and claim their previous housing, possessions, and positions. They were met with outspoken hostility by most of the Ukrainians who had taken their place. The administration refused to interfere in favor of the Jews and generally showed "understanding" for the anti-Jewish reaction, even hushing up violent clashes (as, e.g., in Kiev). When Khrushchev became the ruling figure in the U.S.S.R. after Stalin's death, and particularly in the 1960s, the traditional hatred of Jews in the Ukraine was again allowed to find free expression in pseudo-scientific literature (e.g., the book by the professional anti-Semite

Trofim Kichko, *Judaism without Embellishment*, which appeared in 1963 under the auspices of the Ukrainian Academy of Sciences) and in various popular brochures and periodicals. This official anti-Jewish atmosphere prevailed in the Ukraine during the whole postwar period. The only synagogue in Kharkov was closed down in 1948 and its aged rabbi sent to a labor camp. In Kiev the only remaining synagogue was put under severe surveillance of the secret police, more than in other Soviet cities. Yiddish folklore concerts and shows were almost completely banned from the Ukrainian capital, Kiev, though they were allowed to take place occasionally in Ukrainian provincial towns.

An interesting reaction to this trend "from above" became noticeable in the late 1960s among Ukrainian intellectuals who openly strove to achieve more freedom in civil and national rights. Though engaged in defending the Ukrainian character of their republic against "russification," some of them went out of their way to emphasize their solidarity with Jewish demands for the revival of Jewish culture and education. They also identified with the Jewish attempt to keep alive the remembrance of the Holocaust against the official policy of obliterating it. Young Ukrainian writers, most of them Communist Party members, expressed this new trend in Ukrainian national thought in various ways, and even in labor camps after their arrest for "bourgeois nationalism." A particular impression was made in 1966 by the speech of the writer Ivan Dzyuba in *Babi Yar on the anniversary of the massacre (October 29). It was published only in the West, but it became widely known among Jews and educated non-Jews in the Ukraine.

From 1969 some Jewish families in Kharkov, Kiev, and Odessa were allowed to leave the U.S.S.R. for Israel.

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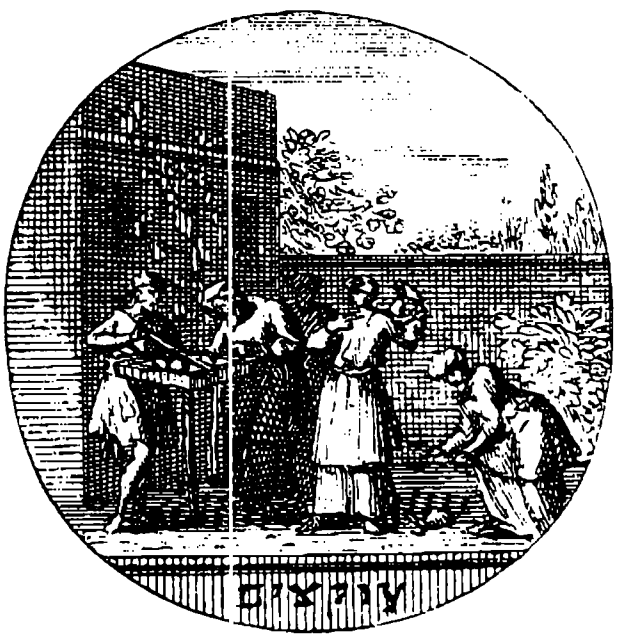
[Ed.]

UKZIN (Heb. עוּקְצִין; "Stalks"). 12th and last tractate in the order *Tohorot* in the Mishnah and the Tosefta. There is no *Gemara*, either in the Babylonian or the Jerusalem Talmud. *Ukzin* deals, in three chapters, with the problems of ritual impurity affecting roots, stalks, husks, shells, kernels, etc., and the imparting of the uncleanness to the fruits to which they are attached. This tractate was considered one of the most difficult even in talmudic times (Ber. 20a; Hor. 13b).

Chapter 1 distinguishes first between *yad* ("handle") and *shomer* ("protection"), the former referring to that part of the fruit which one holds when eating the fruit, and the latter to such parts as protect the fruit; both are relevant to the question of ritual purity. It then goes on to consider the roots and stalks of a great variety of vegetables and fruits, determining whether or not (or to what extent) they fall under the terms of *yad* and *shomer*. Chapter 2 continues this subject, i.e. particular whether kernels, shells, husks, and encasing leaves are to be regarded as part of the fruit. Toward the end of the chapter, the problem of **hekhsher* is touched upon, i.e., the susceptibility of food to ritual impurity, a subject dealt with in detail in tractate *Makhshirin*. Chapter 3 continues with the subject of *hekhsher*, introducing also the associated notion of *mahashavah*, i.e., the intent to use the respective foods (vegetable or meat) for human consumption. Then there is a detailed discussion of various cases where one of the elements, *hekhsher* or *mahashavah*, or neither of them, or both, are required in order to make the food susceptible to impurity.

Most of the laws in this tractate are found scattered among the other tractates, e.g., *Terumot* 1:1-4; 8:9; *Yoma* 3:1-3; and



Engraving for the tractate *Ukzin*, which deals with ritual impurity of husks and stalks etc., from a title page of the Hebrew-Latin Mishnah illustrated by Mich. Richey. Amsterdam, 1700-04. Jerusalem, J.N.U.L.

Makhshirin. R. Samson of Sens (in his commentary at the beginning of *Tohorot*) suggests that *Ukzin* logically precedes *Tohorot*, which continues with the subject matter of *Ukzin*'s final chapter. The laws of *Ukzin* were known to be very difficult to understand and when Rav Judah studied it he would say, "we see here questions of Rav and Samuel." In *Horayot* 13b it is related that several rabbis strove to embarrass the *nasi* Simeon b. Gamaliel by challenging him to teach them *Ukzin*. If the reference is to the tractate and not to the individual laws, it proves that at least part of the Mishnah were edited before Judah ha-Nasi. According to Epstein, Mishnah 3:2 represents the revised opinion of Akiva (cf. Tosefta 3:2) and Mishnah 3:10 represents the view of Meir.

The Tosefta also consists of three chapters, but many paragraphs in it, such as 2:1-10 and 3:6-14, are not directly related to any Mishnah; and even when there is a correlation, the order of the Tosefta does not correspond to that of the Mishnah. It may be noted that the view of Resh (Simeon b.) Lakish, placing *Tohorot* as the sixth and last order of the Mishnah, having been accepted (Shab. 31a), *Ukzin* appears as the last tractate of the whole Mishnah (as well as of the Talmud and Tosefta). It is an unusual subject with which to round off the Oral Law. According to Maimonides, its position does not express any particular appreciation for this tractate; on the contrary "it has been felt in the end," he says, "because it is based on rabbinical speculation without any foundation in the Bible" (Introduction to *Zera'im*). To give the Mishnah a fitting close, later editors of the Mishnah added an aggadic passage to the original text of *Ukzin*, speaking of gre

November 17 - Lviv, Ukraine

Event: A USG contracted IL-76 will arrive in Lviv on November 6th carrying approximately $650,000 in humanitarian cargo donated through the U.S. private volunteer organization the Children of Chernobyl Relief Fund. Most of this cargo is destined for the Lviv Regional Childrens Pediatric Center and includes neonatal resucitation equipment, medicines and medical supplies, and an ambulance. Also on this aircraft is 5 pallets of cold weather clothing and relief supplies orgainized by Congresswoman Kaptur of Ohio from the Anastasia Fund and the Toledo Sister Cities organization.

Suggested talking points relating to this relief flight are:

o In the area of neonatal care, I am pleased that on November 6th a USG contracted IL-76 delivered humanitarian cargo destined for the Lviv Regional Childrens Pediatric Center. Thanks to Nadiya Matkiwsky and the Children of Chernobyl Relief Fund for their continued commitment to the people of Ukraine and this humanitarian project in Lviv.

o This mission was the 53rd airlift of humanitarian commodity to Ukraine since 1992 funded through the Department of State as part of a continuing humanitarian program called Operation Provide Hope. I am especially pleased to see that the recepients of this assistance are the children of Ukraine.

o Over the last five years Operation Provide Hope has worked with over 400 U.S. private volunteer organizations to deliver donated humanitarian commodity to the Newly Independnt States (NIS). It is estimated that by the end of this calendar year Operation Provide Hope will have delivered over $2 billion in assistance to the twelve NIS countries. This cooperative effort goes well beyond global politics and humanitarian programs and is a shining example that the people of the U.S. care for and support the people of Ukraine and the rest of the NIS during a critical period of change.

o To date this Operation Provide Hope has delivered over $300 million in humanitarian commodity to the people of Ukraine from donors throughout the United States.

Tour/Discussion at L'viv
Oblast Clinical Hospital

L'VIV, UKRAINE

EVENT:	Visit to USAID/AIHA Partnership Sponsored Neonatal Resuscitation Training Center and Neonatal Intensive Care Unit at L'viv Oblast Hospital with First Lady of Ukraine
DATE OF EVENT:	November 17, 1997
DURATION:	11am – 12:15pm
LOCATION:	L'viv Oblast Clinical Hospital Ul. Chernigivska, 7 290010 L'viv-10, Ukraine Tel: (0322) 75-50-21 Fax: (0322) 75-78-15
NEONATAL RESUSCITATION TRAINING CENTER DIRECTOR:	Dr. Dmytro Dobriansky
NEONATAL INTENSIVE CARE UNIT HEAD:	Dr. Olga Detsyk
AIHA CONTACTS:	Washington DC: James P Smith, AIHA Executive Dir. Tel: (202) 789-1136 Fax: (202) 789-1277 Kiev: Dr. Oksana Khartonuk, AIHA Regional Dir. Tel: (011-380) 228-5375; (011-380) 229-2324

BACKGROUND: L'VIV NEONATAL RESUSCITATION TRAINING CENTER AND NEONATAL INTENSIVE CARE UNIT

The USAID/AIHA supported partnership between Henry Ford Hospital (Detroit) and L'viv Oblast Clinical Hospital has been addressing infant mortality and morbidity problems since its inception in 1993.

Programs developed by the partnership include a model Neonatal Resuscitation Training Center (NRTC) to train health care workers throughout the region in assessment, prevention, and newborn resuscitation protocols and a model Neonatal Intensive Care Unit (NICU) and regional neonate transport system. The NRTC focuses on preventing and immediately intervening in birth distress of

otherwise normal infants while the NICU and transport system addresses the needs of critically ill or premature babies. Together, these programs are significantly decreasing both mortality rates and developmental disabilities in the Oblast. Having proven their success regionally, the programs are now being replicated by the partnership and the Ministry of Health of Ukraine elsewhere in the country. Similar replication efforts are being undertaken by AIHA partnerships in the Russian Federation and Uzbekistan.

Neonatal Resuscitation Training Program and Center (NRTC):

The L'viv-Detroit partnership developed a model Neonatal Resuscitation Training Center that was officially opened in January 1997. The Center is responsible for disseminating knowledge and conducting monthly training courses in neonatal resuscitation, as well as gathering statistics from those medical institutions whose personnel are trained at the Center.

Neonatal resuscitation training provides health care professionals with a set of basic skills in newborn care which has become part of the standard practice in delivery rooms across the United States and Western Europe. This training enables practitioners to assist newborns when they experience difficulty breathing on their own. Implementation of neonatal resuscitation skills in delivery rooms and birth houses will serve to not only decrease infant mortality rates, but also to reduce the number of developmental disabilities that can occur as a result of oxygen depravation in the first minutes of life.

The model for neonatal resuscitation training in Ukraine was established by the L'viv Oblast Clinical Hospital (LOCH)/Henry Ford Health System Partnership in L'viv to complement activities in neonatal care which had been initiated in 1993. . The center utilizes the training curriculum of the American Heart Association/American Academy of Pediatrics. Both the Textbook of Neonatal Resuscitation and the Instructor's Manual for Neonatal Resuscitation were translated into the Ukrainian language by physicians at LOCH and will be utilized by existing and future training centers in Ukraine.

Based upon the L'viv success, a national program in Ukraine was initiated with the cooperation of the Ministry of Health (MOH) following the First Annual Neonatal Conference in L'viv in 1996, which focused on primary resuscitation of the newborn. Five regions have been identified by the MOH to establish training centers in Ukraine. Using the model created in L'viv, AIHA and the Ukrainian MOH opened the second training center in Ukraine in Kiev on October 23, 1997 **(Ambassador Morningstar, Mr. Pressley and Ambassador Miller attended the opening).** Additional centers will be opened in Odessa and Donetsk, Ukraine during 1998. US personnel have already trained instructors from these

centers and teams of NIS and US partners will evaluate preliminary courses after the centers open.

Preliminary evaluation of the data collected in the L'viv region, as well as on-site evaluations, clearly indicate the effectiveness of the neonatal resuscitation training provided by the center in L'viv. Building upon three years of partnership activity in neonatology, the Center began offering courses in the Fall of 1996 and in its initial year, has trained approximately 400 health care professionals in neonatal resuscitation. Students include neonatologists, obstetricians, midwives, pediatricians, and nurses. During the first 6 months of 1997 data collected from L'viv and the L'viv Oblast showed a mortality of 7.8/1000. In 1993 the official infant mortality was 13.5/1000. Although this is a small sampling – 2,753 births, it shows a 40% decline in mortality. These results are consistent with international studies that have shown 30% declines in both mortality and developmental disabilities as a result of the introduction of neonatal resuscitation training.

Equipment and supplies purchased with USAID funds for the Training Center include training manikins, intubation heads and other relevant medical supplies, as well as student manuals, slides, other educational materials and related multi-media equipment.

Neonatal Intensive Care:

NICU and Center staffs have been trained extensively in modern methods of neonatal care over the last three years. This has been accomplished through numerous partnership exchanges from 1994 to the present and through national AIHA/USAID-sponsored conferences held in L'viv in 1996 and 1997. The partners have worked to establish a Level III Neonatal Intensive Care Unit to meet the needs of critically ill and pre-term infants and organized transportation systems and protocols to allow the L'viv Oblast Clinical Hospital (LOCH) to effectively serve newborn needs from throughout the city and the L'viv Oblast. This has been accomplished by redesigning the existing 48-bed unit and establishing eight intensive care beds complete with cardio-respiratory monitoring, capability for providing mechanical ventilation, controlled intravenous therapy, and central blood pressure monitoring and supportive treatment. Development of a Neonatal Lecture Series by the US partners was the foundation for education of the LOCH staff. A collaborative practice model for physicians and nurses for care at the bedside was developed as well as one for Unit management. A Nurse Educator position was developed, in addition to the Head Nurse role, to support the education and role development of the bedside nurse. A Collaborative Practice Committee, which utilizes quality management tools introduced by the US partners, meets monthly to solve Unit problems and address practice related issues.

The US partners, with the help of the members of the Ukrainian Village Corporation in Warren, Michigan, who raised $12,000 in local contributions to purchase a new infant transport isolette, established an effective transport system for sick infants in the L'viv Oblast in 1996. The transport system allows for premature and seriously ill newborns delivered within an 80-mile radius of the LOCH to be transported safely. Previously, many of the infants died in transit from cold, stress, and lack of oxygen.

Note: The Ukrainian Village is a nonprofit housing association that owns a seniors housing development in the City of Warren, a northern suburb of Detroit. Warren is the site of the largest concentration of Ukrainian-Americans in southeast Michigan and the development is the home of many elderly people of Ukrainian descent. The group sponsors a number of social activities and is especially active with Democratic state and national legislators such as Mr. Bonier. The group has been working with the Henry Ford Hospital as part of the partnership's community outreach.

To further enhance the transport system, a newly donated Ford Transit ambulance (valued at $27,000) for use with the infant transport isolette will arrive in L'viv this week and be officially handed over during the First Lady's visit. Contributions to Henry Ford Health System to support the ambulance donation are being made by Ford Motor Company, Ford of Europe, and the Ford Dealership in Kviv, Ukraine: Winner of Ukraine.

The development of the transport system has been actively supported by the L'viv Oblast Health Department which created new regulations regarding the transport of infants, thereby ensuring that sick infants will be transported to LOCH from birthing centers and community hospitals throughout the region in a timely fashion. Outreach education for district hospital personnel has been established as physicians from LOCH are consulted on neonatal care during transports. Physicians and nurses from district hospitals also come to LOCH for two weeks of bedside training with the staff of the premature baby unit.

Since the inception of the neonatology program in 1994, the total value of the Detroit partner's donations of equipment and supplies to the Neonatal Intensive Care Unit (NICU) and the Neonatal Resuscitation Training Center has been over $1 Million. A total of $1.5 million in donations has been made to the partnership as a whole.

EVENT SUMMARY:

The visit will include a brief VIP tour of the Neonatal Resuscitation Training Center and the Neonatal Intensive Care Unit conducted by the Center Director and the Head of the NICU, as well as other relevant staff members. Brief

descriptions of the training course and the services available at the NICU will be given. There will also be an opportunity to talk with patients and their families.

Stage I: Arrival and Greeting (11:00 – 11:05)

The First Lady and Ambassador Miller will be met at the portico by the First Lady of Ukraine, Ludmila Kuchma, the Hospital Director, Dr. Boys Kryvko, the US partner representatives, Dr. Sudhakar Ezhuthachan and Christine Newman, RN, and Dr. Mykola Khobzei, Head of the L'viv Oblast Health Administration. Dr Khobzei will present the First Ladies with flowers.

The First Lady of Ukraine is a vocal supporter of maternal and child health care programs in general and the L'viv Oblast Clinical Hospital and the Center's concept in particular. She and her staff have previously visited the Training Center and the NICU and we anticipate that she will be eager to participate in the visit with the First Lady of the United States.

Stage II: Tour of the Neonatal Resuscitation Training Center (11:05 – 11:20)

Dr. Kryvko will lead the First Ladies up the stairs to the Neonatal Resuscitation Training Center on the second floor where the Center Director, Dr. Dmytro Dobriansky, will greet them. US Ambassador Miller, and two representatives from the Detroit partnership will accompany the First Ladies on the tour (see list of participants in Group A below). Skill demonstrations, a brief description of the training course, and data on the results of training will be presented by the Center Director, Center staff and US partners. The Head of the L'viv Oblast Health Administration Dr. Mykola Khobzei, Ambassador Morningstar of the State Department, Mr. Pressley and Mr. Huger of USAID and James P. Smith, AIHA Executive Director and others (Group B) will follow behind the tour.

Stage III: Tour of the Neonatal Intensive Care Unit (11:20 – 11:40)

Dr. Kryvko will escort the First Ladies and Group A to the Unit where they will be greeted by the Head of the Unit, Dr. Olga Detsyk. Dr. Detsyk will give the First Ladies a tour of the Unit, explanation of the services that are available, and program outcomes.

Stage IV: Meeting with Former Patients and Families (11:40 – 12:00)

Dr. Kryvko will lead the First Ladies to the administrative rooms on the first floor where they will meet with former patients and their families and a group of current patients from the pediatrics wing of the hospital. Mrs. Clinton may want to use this opportunity to give small gifts to the children. The First Ladies will

also have an opportunity to see some of the equipment and supplies that have recently been donated by the US partners.

Stage V: Brief Remarks (12:00 – 12:10)

Dr. Kryvko will lead the First Ladies to the auditorium on first floor where the First Lady of the United States will have an opportunity to acknowledge the Ukrainian health and government officials and other USAID health programs as she wishes both the L'viv Oblast Clinical Hospital Center and NICU and other health programs success (USAID to provide talking points in advance). At this time, Mrs. Clinton will also be able to acknowledge the generous gift of a new ambulance neonatal transport vehicle by Ford Motor Company. Keys to the new ambulance will be presented to Dr. Kryvko by Mr. Ronald Plomp of Ford and two of his colleagues from Ford in a brief, 2-minute turnover ceremony. (Note: if the weather permits, this turnover ceremony will be held outside after the First Lady exits the building.)

Stage VI: Exit and view donated ambulance and isollete (12:10 – 12:15)

As the First Ladies exit the building, Dr. Kryvko will briefly describe the transport system, including the recently donated Ford ambulance/transport unit. The ambulance will be parked in front and to the side of the entrance. See turnover ceremony above if weather permits.

List of Participants:

Stage I:

First Lady of the United States, Hillary Rodham Clinton
First Lady of Ukraine, Ludmila Kuchma
Dr. Borys Kryvko, Head Physician, L'viv Oblast Clinical Hospital
Dr. Sudhakar Ezhuthachan, US partner representative
Christine Newman, RN, US partner representative
Dr. Mykola Khobzei, Head, L'viv Oblast health Administration

Stage II and III:

Group A:

First Lady of the United States, Hillary Rodham Clinton
First Lady of Ukraine, Ludmila Kuchma
Ambassador William Miller, US Ambassador to Ukraine

Dr. Borys Kryvko, Head Physician, L'viv Oblast Clinical Hospital
Dr. Sudhakar Ezhuthachan, US partner representative
Christine Newman, RN, US partner representative

Group B:

Ms. Melanne Verveer
Ambassador Richard Morningstar, State Department
Mr. Donald Pressley, USAID
Mr. Greg Huger, USAID
James P. Smith, Executive Director, American International Health Alliance
Dr. Mykola Khobzei, Head, L'viv Oblast Health Administration

Stage IV:

First Lady of the United States, Hillary Rodham Clinton
First Lady of Ukraine, Ludmila Kuchma
Dr. Borys Kryvko, Head Physician, L'viv Oblast Clinical Hospital
10 – 15 former patients and family members

Stage V, VI:

Groups A and B and additional invited guests (USAID/US Embassy to provide list)
Ford Representatives: Mr. Ronald Plomp, Mr. Christoph Sieder, Mr. Dan Kulchyckj (?)

L'VIV, UKRAINE – DETROIT, MICHIGAN PARTNERSHIP

AIHA's Medical Partnership Program between Henry Ford Health System in Detroit, Michigan, and L'viv Oblast Clinical Hospital (LOCH) and the L'viv Medical Institute in L'viv, Ukraine, funded through a cooperative agreement with the United States Agency for International Development (USAID), has existed since April 1993.

In addition to the Neonatal Intensive Care Unit and Neonatal Resuscitation Training Center visited by the First Lady, the partnership has focused upon rheumatic fever, urology and emergency care.

Rheumatic Fever: A coordinated L'viv Oblast-wide initiative to identify and develop protocols for the diagnosis and treatment of rheumatic fever and its major sequelae, rheumatic heart disease is underway. This includes the collection and analysis of demographic-based data concerning the location and incidences of rheumatic fever outbreaks, and the targeted use of antibiotics for primary and secondary prophylaxis.

Urology: US partners have conducted training in transurethral resection (TURP) of the prostate and bladder and in related infection control and nursing practices. Dissemination of this information has resulted in the completion of over 200 transurethral surgeries at LOCH. Further, training and donated equipment have allowed L'viv surgeons to successfully develop a urodynamics laboratory at LOCH and perform laparoscopic cholecystectomies. These improvements have contributed to a reduction in average length of stay from 20 to 5 days.

Emergency Care: Exchanges have focused on evaluating and improving the integration of pre-hospital and emergency receiving department care at LOCH. Training was provided in critical care resuscitation, patient tracking and management, physical layouts of an emergency receiving department, record keeping, and quality assurance. In addition, the L'viv staff observed physician-nurse collaboration and the role of the nurse in a busy emergency department. Concentrated efforts are being made to provide training in acute toxicological emergencies. A copy of a computerized data base system (Poisindex) was provided to LOCH together with five computer monitors to help develop a regional toxicology center.

OTHER AIHA ACTIVITIES: In addition to the L'viv-Detroit partnership, AIHA supports five additional partnership programs in Ukraine. These include: (1) L'viv-Buffalo, (2) Odessa-Coney Island, (3) Kiev-Philadelphia, (4) Donetsk-Orlando, and (5) an EMS partnership - Coney Island-Kiev.

SUMMARY PROGRAM DATA:

Total Partnership Exchange Days: 2,348 days
Value of In-kind Partner Contributions: $1.5 million
Value of Donated Equipment and Supplies: $1.5 million

L'viv's Smallest Success Story

BY SUDHAKAR EZHUTHACHAN, MD, DCH, AND CHRISTINE NEWMAN, MS, RNC

The infants are tiny enough to fit in the palm a nurse's hand, with hearts barely the size of a walnut and underdeveloped lungs struggling for oxygen. But with the help of the American partners at the Henry Ford Health System (HFHS) in Detroit, Michigan, these babies at the L'viv Oblast Clinical Hospital (LOCH) in L'viv, Ukraine now have a fighting chance.

"Little things really do count," said LOCH neonatologist Zoriana Salabay, referring to the improvements made in neonatal techniques that have helped save the lives of hundreds of premature infants.

From increased training of doctors and nurses to the use of mechanical ventilators, the L'viv-Detroit partnership has improved the level of infant care, not only at the Premature Baby and Neonatal Intensive Care Units (NICU) within LOCH, but to infants throughout the oblast. The partnership created a successful framework for care by adapting the principles of regionalization — a system of care based on the level of risk for the baby — used in the United States since the 1950s but new to Ukraine. Very ill babies from throughout the region now come to LOCH for treatment.

A nurse holds the tiny hand of a premature infant at LOCH.

In 1993, infant mortality in Ukraine was 13.5 per 1,000 live births, compared with 8.2 per 1,000 live births in the United States, and 4.4 per 1,000 live births in Japan — the lowest in the world. However, unlike in the United States and Japan, the data from Ukraine do not include infants weighing less than 1,000 grams — meaning that the mortality rate is higher than the statistics indicate.

"We are fighting for every child's life," explained Head of the L'viv Oblast Health Administration Mykhola Khobzei.

The high infant mortality rate, coupled with declining birth rates, have made improved care for premature babies a priority for the Ukraine Ministry of Health, said Elena Sulima, MD, chief neonatologist with the Ministry of Health. Good management of low birth weight babies at partnership hospitals in L'viv produced some early positive results, added Sulima.

For example, last year 70 percent of the 80 newborns in critical condition brought to the NICU at LOCH within their first three days of life survived. In 1995, the NICU had a 45 percent survival rate for transported infants weighing under one kilogram, compared to a 25 percent survival rate at regional birth houses. The use of modern approaches to improve newborn care at LOCH has decreased length of stay from 32.1 days in 1993 to 29.8 days in 1995.

Prior to 1993, L'viv Oblast did not have a neonatal intensive care unit. Partners selected neonatology as the most critical area of focus for the partnership to respond to the high infant mortality level in Ukraine. The partnership's four-part model addresses all the responsibilities of a Level III (the most intensive) regional neonatal center as outlined in the "Guidelines of Perinatal Care," published by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, including clinical service, education, quality assurance and unit management.

An important initial step in the creation of the unit was the development of the Collaborative Practice Committee, comprised of unit nurses and physicians to oversee issues as they relate to patient and staff concerns and analyze outcomes. Members of the

Photo by Sudhakar Ezhuthachan

ommittee were educated on principles of quality management and encouraged to use them to run their monthly meetings, identify priority issues and analyze results.

Technical Advances in Care

In 1995, an eight-bed intensive care area was established at the Premature Baby Unit, and was equipped with equipment donated from the health care community in southeastern Michigan, local equipment vendors and colleagues within the Henry Ford Health System.

Advances in technology introduced in the neonatal unit at LOCH included mechanical ventilation, regulated oxygen delivery, continuous positive airway pressure through the nose, cardio-respiratory and ...gen saturation monitoring, con...lled infusion therapy, phototherapy (including use of a biliblanket to keep the baby warm), and appropriate dosing and administration of antibiotics. Guidelines for clinical practice were developed and translated into Ukrainian, and are available as a pocket-sized reference for unit staff.

Introduction of mechanical ventilation was not without problems, however, use of mechanical ventilators drained existing meager oxygen supply, and voltage differences made transformers essential. With increasing experience on the use of this technology, the average duration of ventilation has increased over time, and ventilated infants have been surviving in greater numbers.

One of the main issues identified by the partnership is the inability to ensure ... sick infants reach the regional center ... a timely fashion. Typically, only those critically ill infants who lived longer than seven days were transported to LOCH. In most instances, however, they arrived very sick and cold (with a body temperature less than 35 degrees Celsius), and in some instances, efforts to keep the infants warm with hot water bottles resulted in extensive burns. Hypothermia is still a frequent problem since most infants are transported by car.

A mural in Kiev's Obstetrical and Gynecological Hospital No. 3 promotes happy, healthy babies.

A regional infant transport program, is key to effectively transporting sick infants to LOCH. A donation from Detroit's Ukrainian community last winter helped with the purchase of an infant transporter, which now can carry critically ill newborns to the LOCH referral center from distant birth houses and hospitals (see CommonHealth, Winter 1996). Reliable ambulance support is needed, however, to ensure that this effort continues uninterrupted.

Education: The Key to Success

The most important component of L'viv's model and the key to establishing a high-quality Level III neonatal unit is education. Educational efforts included the development of a neonatal curriculum and clinical bedside training for physicians and nurses. Consisting of 40 lectures and instruction outlines, slides and audio-visual equipment donated by HFHS, the curriculum provided a template for continuing education efforts within the region. Practical bedside training in intubation, chest tube insertion, umbilical catheter insertion and suturing was an essential part of the curriculum. A library of western medical and nursing literature — books and journals donated by HFHS employees, Toronto Children's Hospital and several others — also was established at LOCH. Similarly, teaching videos, a television and a video cassette recorder were donated by US partners to assist with meeting the staff's educational needs. Over 160 health care providers from LOCH have been trained in neonatal resuscitation techniques. Supplemental, Ukrainian-language course material was also produced for staff with the aid of Malteiser Humanitarian Aid Organization.

"L'viv neonatologists are the first who have applied the new approaches to the care of the newborn," explained Nina Goida, MD, head of the Department of Maternal and Child Health Care at the Ukrainian Ministry of Health.

Speaking at the May 1996 regional conference on neonatal resuscitation and regionalization, Goida encouraged neonatologists to develop programs modeled after the LOCH program, which has introduced "a practical level of skills" to neonatologists

Photo courtesy of Vivian Lowenstein

Regionalization of Care

Level I	Uncomplicated care
Level II	Care of moderately ill
Level III	High-risk care
Level III Referral Centers	Level III care + neonatal transport and regional outreach education

and "affected declines in early neonatal mortality" at the LOCH Premature Baby Unit. These early positive outcomes prompted the Ministry to work with AIHA to introduce the LOCH Neonatal Resuscitation Program throughout Ukraine, Goida concluded.

LOCH physicians and nurses realized that in order for clinical care to improve, the existing role of the bedside nurse would have to be altered. A nurse educator position was created within the unit to help ensure sustainable improvements in care and provide ongoing education to nurses. The unit's first nurse educator, Olha Vlad, participated in an intensive, one-month training program at HFHS and continues to provide ongoing education and support to nurses in the NICU in Lviv.

And the outcomes of these courses are significant, noted Salabay. "We accomplish more in our unit thanks to the expanded role of our nurses."

Nurses in the unit now provide bedside care to small, sick infants on ventilators, and are responsible for routine monitoring of vital signs, interpretation of monitor and bedside laboratory data, listening to breathing through a stethoscope, endotracheal suctioning to clean the trachea, initiating IV therapy, and monitoring central blood pressure. Nurses in NICU also perform basic bedside laboratory testing, including misedementation rates to determine if a baby has an infection, hematocrit to determine hemoglobin count, urine specific gravity to measure urine concentration, and blood gas analysis — changes which necessitated major alterations in patient care documentation.

Dmytro Dobriansky, MD, a neonatologist at LOCH, and Andrew Tooziak, MD, a postgraduate student at the Lviv Medical Institute and LOCH, designed a bedside flowsheet to document patient data in the NICU, modeling it after the one used at Henry Ford Hospital. The information documented by the nurses is readily available to the physicians, who also use the flowsheet to write daily orders. This has greatly improved both communication and collaboration between physicians and nurses, contributing significantly to better patient care.

Education of support service staff in radiology, pharmacy and microbiology also addressed specific needs of sick infants, because if these staff do not function at peak efficiency, the critical care provided to these infants could be jeopardized.

Outreach efforts to neonatologists and nurses in the Lviv region culminated in the creation of two- to four-week training programs in patient management and bedside care. Physicians and nurses from district hospitals in western Ukraine visit LOCH for training. In addition, their realization that small babies had a chance to survive at LOCH has resulted in earlier transport of small and sick infants.

Parent education is an essential component of the neonatal education program. This includes conducting ongoing classes for parents and providing informational brochures on important issues related to their infant's care.

Evaluation of Program Outcomes

Collection of accurate data is the only way to evaluate any program or change. Morbidity and mortality data collection in Ukraine is currently not consistent with that of western nations.

Recently, a policy change in the Lviv Oblast required that all infants who die, including those less than 1,000 grams, be evaluated by a pathologist. This modification will allow data comparisons with western nations.

Computers donated to the partnership have aided the staff in developing a program that provides them an extensive database on many aspects of patient care. Staff physicians enter data into the computer on all patients at the time of discharge. Using this data, trends can be identified in the newly instituted practice of mechanical ventilation and care modified if needed. The computer support has facilitated regular communication through e-mail with colleagues in Lviv. This allows us to have an ongoing dialogue about issues and aid in problem solving in a very expeditious and cost-effective manner.

Though partner efforts have resulted in improvements in care, critical problems remain that threaten the ability to sustain the changes and successes achieved. The need for a steady stream of supplies, more equipment and — last but not least — the attitude of continuously challenging old, ineffective practices cannot be underestimated. We continue to be amazed at the dedication and commitment of our colleagues despite an unending series of obstacles. We have learned that collaboration, not only between the partners, but with other departments, organizations and the community, is vital to ensure that quality care can be provided even to the tiniest, most fragile patients at LOCH. ■

Sudhakar Ezhuthachan, MD, DCH, and Christine Newman, MS, RNC, are US partners from the Henry Ford Health System, Department of Pediatrics, Division of Neonatology and the Department of Nursing (Detroit, Michigan). Dmytro Dobriansky, MD, assistant professor at Lviv Medical Institute and a neonatologist at LOCH, provided numerical data.

UKRAINE: L'VIV CLINIC

SCENESETTER

Tour and brief discussion at Neo-Natal Center of the L'Viv Clinical Oblast Hospital on Monday, November 17, 11:15 a.m. - 12:30 p.m. Attendees will include dignitaries and staff from the Neo-Natal Center and L'Viv Oblast Special Hospital for Children and Frank Zelazny of the Peace Corps.

You will present humanitarian aid shipments to doctors from both hospitals. You will then tour the neo-natal facilities and talk with staff. You will proceed to the training room and hold a brief discussion regarding children's emergency care with Boris Kryvko (head of the hospital), Olha Deksyk (head of the Neo-Natal Center), Dr. Alexander Mendiuk (head of the Special Hospital) and doctors.

BACKGROUND

Both facilities have benefited from partnerships with U.S. organizations. Several staff members from both hospitals have been trained in the U.S. The Neo-Natal Center is an American International Hospital Association partner hospital with the Henry Ford Clinic in Detroit.

TALKING POINTS

- I am pleased to visit the L'Viv Oblast Clinical Hospital and see first hand the results of your partnership with Henry Ford Health System in Detroit, Michigan.

- I cannot help but be impressed by both the systemic and comprehensive approach to newborn care that you have taken and by the great success that has resulted.

- As has been outlined to me, you have integrated the training of health care workers in assessment, prevention and newborn resuscitation skills with a new regional transport system. This will assure that very ill babies can be brought to the hospital from throughout the region for high quality treatment.

- Your innovative work to address the special needs of critically ill or premature babies has significantly reduced both rates of mortality and developmental disabilities in the region. And it has done so in a manner that is affordable in the long run.

- The result of this effort - a mortality rate of only 7.8 per thousand for the first six months of 1997 and a reduction of over 30 percent since the partnership began - are something we are all very proud of.

- With results like this, I was not surprised to learn from Ambassador Morningstar that the Ministry of Health is working with USAID and AIHA to replicate the basic neonatal resuscitation training center concept throughout Ukraine. I understand that the trainers for these new centers are being trained here in L'Viv.

- This replication of successful model programs in close collaboration with local and national governments is indicative of the maturation of our assistance programs in Ukraine and the continuing evolution of our relationship as strategic partners.

- Over the course of the past four years the partnerships here in L'Viv, Kiev, Odessa and Donestsk have developed a number of model programs improving the quality of care and the efficiency and organization of the delivery of that care.

- When I was in Kiev several years ago, I saw first hand the model prenatal and birthing education programs that the partnership with the University of Pennsylvania had developed.

- I understand that the Kiev partnership effort is in the process of expanding to include a comprehensive women's wellness center and a breast cancer screening program and that similar women's centers will open early next spring here in L'Viv.

- I attended the opening of women's wellness centers in Central Asia last week. The model that has been developed, with its mix of health education, screening, early diagnosis, treatment and follow-up for women of all ages, stands at the forefront of international efforts to address the health care needs of women.

- By replicating this model in three Ukrainian cities, American-Ukrainian health partnerships are taking an important step toward changing health practices in the country as a whole.

- What impresses me most during my short visit this morning is the way in which you have accomplished these results -

through partnership. The comprehensive, multi-faceted programs that I have just seen don't happen automatically; they take a tremendous commitment of resources from many, many different sources.

- It is often the case that "how" we accomplish something is as important as "what" we accomplish. This is true in this instance, where the governments and health care providers of our two countries have come together in partnership to develop innovative solutions to problems we face as individuals and as human beings.

- As I have seen in my previous visits in this region, these volunteer-driven partnerships make a real difference in people's lives - here and in the United States.

- You should take great pride in what you have accomplished and in how you have accomplished it - together in a partnership that unites our people in common purpose and to common benefit.

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ

MINISTRY OF HEALTH OF UKRAINE

10.06.97 № 6.05-11/105

На № _____ _____

June 10, 1997

Mr Richard Morningstar
Ambassador and Special Advisor
on Assistance to the NIS
to the President and Secretary of State
Washington, D.C. 20520

Dear Mr Morningstar:

I am writing you to ask for your support in combating the unprecedented high rate of infant mortality in Ukraine. As you know, this has been a matter of extreme concern to President Kuchma and to ukrainian health authorities. Negative combination of economic hardships, the long-term effects of Chornobyl, and other environmental factors have led to a devastating drop in birth rates as well as increase of infant mortality in our nation. Our experience showed that today Ukraine cannot cope with its current health crisis using the outdated Soviet technologies. There is a critical need to introduce basic commodities that will allow health institutions to function effectively. We need an aggressive, cost effective approach which can combat infant mortality at a fundamental level. Our physicians cannot fight this emergency without involvement of last generation of antibiotics and sophisticated diagnostic equipment, such as fetal heart monitors and incubators, or intensive community.

I have been closely working with the Children of Chornobyl Relief Fund since 1990 following their programs since then. CCRF's most recent neonatal equipment shipments to the children's hospitals in Chernihiv, Dnipropetrovsk, and Lviv have actually increased the capacity of these hospitals in theirs attempt to attack the problem nitially and, thus, drew great appreciation from President Kuchma.

I believe that CCRF remains the only organization that has the right knowledge, structure, contacts, operating network at the spots and resources to implement the Women's and Children's Health Care Initiative that will be able seriously combat existing problem of birth rate in Ukraine launching a program that will be self sustainable.

Україна 252021. Київ • вулиця Грушевського, 7 —— 7 Hrushevsky Street, Kiev 252021, Ukraine
TEL. (044) 293-6194 • FAX (044) 293-6975 • TELEX 131380 TAMPO

I do hope that with your support this campaign will possess great potential to increase infant survival and reverse some of the bleak demographic trends sweeping our nation. This would leave a lasting legacy of your much appreciated tenure with the Office of NIS Assistance.

In this context I am asking for your help in securing funding necessary to enable CCRF fully implement this health initiative in Ukraine and in such a way to assist in reversing the current situation with birth rate.

Respectfully yours,

Prof. Andrij Serdiuk, M.D., Ph.D.,
Minister

UKRAINE: JEWISH CEMETERIES

History of intolerance. Ukrainian history includes an unfortunate legacy of intolerance toward minorities. The Jews of western Ukraine were regularly subjected to forced migrations - "pogroms." Millions of Ukrainians were exterminated in Stalin's forced labor camps. Ukraine was singled out for a disruptive campaign that ruined its once-rich agriculture and led to a massive famine in the 1930s that killed millions of Ukrainians of all origins. Post-Soviet Ukraine has begun to take steps to address previous wrongs. While the human rights record has recently improved, historic anti-Semitism remains a serious concern.

Bilateral agreement. In 1994, Ukraine signed an agreement with the United States to preserve cultural sites important to both countries. While this agreement was not specifically aimed at any particular ethnic or religious group, early on, the rehabilitation of Jewish cemeteries became the first focus of efforts.

Jewish cemeteries. Under Jewish religious law, a cemetery is forever a sacred site. In L'viv, decades before the Nazi occupation, the historic central cemetery was full and closed to new burials. A new cemetery on the city outskirts served the Jewish community. The Nazis used gravestones from the central cemetery as paving blocks for roads. The visible elements of the cemetery were destroyed, but most of the graves remained undisturbed. After the Nazis were defeated, the Soviets took control of L'viv and turned the site into a large marketplace. Thus, the current use of the L'viv marketplace is considered an ongoing desecration and an affront to the Jewish community. This pattern was repeated in numerous communities throughout Ukraine (and eastern Europe generally).

Competing priorities. The issue of restoration of cemeteries -- in L'viv and elsewhere -- must take place in the context of present-day realities. Many U.S. Jewish organizations prefer to focus on the needs of the small communities of Jews still living in Ukraine, giving restoration of cemeteries a lower priority. Orthodox Jewish leaders tend to give precedence to the cemetery issue both on religious grounds, and because some of the greatest rabbinical scholars of the 17th and 18th century are buried in what are now unmarked graves. Resident Jews tend to fear an anti-Semitic backlash if too much emphasis is put on Jewish religious needs and requirements - they urge restraint in dealing with the Ukrainian government.

Dealing with the problem. The Ukrainian government has ordered an absolute freeze, or moratorium, on any construction or privatization of sites that have been identified as Jewish cemeteries, either presently or in the past. A Joint Cultural Heritage Commission has been established to oversee identification of Jewish cemeteries and non-Jewish cultural heritage sites throughout Ukraine, and to seek a mutually-agreed means of addressing the cemetery problem.

Future steps. International Jewish groups have already indicated a willingness to provide resources to repair, restore, preserve, and protect Jewish cemetery sites in Ukraine. We estimate that there are over 2000 such sites in Ukraine, many in places where there are few or no Jews left. This issue is on the agenda of the Joint Commission on Cultural Heritage, envisioned by the 1994 bilateral agreement, which next meets in Washington this fall.

THE CENTRAL JEWISH CEMETERY IN L'VIV

Setting. Following the Nazi invasion in 1941, the occupying German forces flattened and paved over the central Jewish cemetery in the heart of L'viv. (This cemetery space had long been filled to capacity with graves, and several greatly revered Jewish sages were buried there.) After the war, the central city market was built, mostly involving kiosks and metal sheds, on the cemetery site. Over the intervening decades, at least one several-story building was built on the grounds - now used as the meat and dairy market - as well as several smaller permanent structures.

Adjacent to these grounds is a hospital complex of several buildings which are embellished with Jewish symbols and inscriptions. This was the Jewish hospital, and now serves as a maternity hospital. We know that no graves lie under the hospital complex, as the Jewish residents of the last century would never have constructed anything atop graves. The whole area is immense, with the aggregate dimension of several football fields.

Construction issues. In the summer of 1996, construction started on the land just between the market and an adjoining hospital complex. International protest stopped this construction, whereupon the Kuchma government articulated its intention for a national freeze on any construction or privatization on Jewish cemetery sites. In September and October, 1996, a mixed commission of local and GOU officials met in L'viv and determined that the market should be moved and the cemetery in some way memorialized. An AID study completed on August 8, 1997 estimated the project cost between $4 and $12 million. The mayor of L'viv is believed to be committed to this project, which is viewed, if done well and sensitively, as a boon to the city on several levels.

The site. Apart from the actual movement of the market from the cemetery grounds, still blocked by lack of funds, the major issue remaining is the form the preserved cemetery would take. Care must be taken to insure that, while Jewish law and sensitivities are abided with, a forbidding, impenetrable wall not be erected around the perimeter of what was for decades the busiest place in town, thereby risking fomenting discord among L'viv's Jewish and Ukrainian communities. The form, function, and accessibility of this space are very much at issue. The cemetery itself cannot be recreated as it was, as the headstones are all gone. If the term "memorial park" is to be the operative one, it must be designed, constructed, and utilized with great care, mixing legitimate religious requirements with real-world considerations of access

by Jews and non-Jews alike. For this, we will look to the leadership provided by the U.S. Commission for the Preservation of America's Heritage Abroad; to Michael Lewan, Rabbis Morris Sherer (Agudath Israel) and Chaskel Besser, and others. Meetings that State Department officers have attended lead us to believe that Rabbis Sherer and Besser understand the art of the possible, that they will impose by their own moral authority the proper amount of restraint, and that the most Orthodox and Hasidic rabbis will defer to their judgment (within reason).

Restoration costs. We have long discussed with the Jewish Orthodox leadership the eventual need for significant financial contributions by the Jewish community in L'viv and elsewhere. Recognizing the cardinal principle that Ukraine's Jews should not be asked to buy back their own cemeteries, the costs of restoration are a different matter. If the cash-strapped GOU and local governments act to protect the estimated 2,000 Jewish cemeteries across Ukraine, much of the cost of subsequent preservation must fall to the Jewish community, particularly that part of the world Jewish community in the United States and Israel that has been leading this effort. We believe this point to be inherent to this discussion, and to be a matter of at least implicit agreement.

UKRAINE: JEWISH HERITAGE (VENUE TBD)

SCENESETTER

Remarks on Jewish Heritage at a location that is yet to be determined (possibly L'Viv State University) on Monday, November 17, 12:45 p.m. to 1:15 p.m. Attendees will include: Rabbi Bleich (Chief Rabbi of Ukraine), Mr. Sheykhet Meylakh (UCIS), Rabbi Bald (Rabbi of L'Viv), and Donna Winkleman of the Peace Corps.

You will meet with Jewish leaders to discuss the role of Jews in the development of L'Viv as the "cultural capital" of Ukraine as well as the role of Jews in L'Viv State University. The discussion will also focus on the importance of education towards eliminating intolerance.

BACKGROUND

Until World War II L'Viv University was the site of a very active Jewish academic community. In 1925-26, for example, 35 percent of the students were Jewish. Many of the leading professors and researchers at the university were also Jewish. Mathematician H. Steinhaus started publishing the journal "Studia Matematica," which became a leading international publication in the field. The math department was mostly Jewish and very highly regarded. There were also world-class physicists, geologists, engineers, astronomers, geographers, biologists, historians, economists and legal professors.

In the summer of 1941, upon the arrival of Nazi troops, 70 of the best professors from the University, the L'Viv Technical University, and the Medical University were abducted and shot.

Note: You should be prepared to respond should the issue of the Jewish cemetery/market be raised.

Moment of Remembrance
at Ghetto Monument

UKRAINE: GHETTO MONUMENT

SCENESETTER

Wreath Laying at the Ghetto Monument on Monday, November 17, 1:25 - 1:45 p.m. Attendees will include: Rabbi Bleich (Chief Rabbi of Ukraine) and others.

In a solemn ceremony, you will acknowledge the memorial (by laying a wreath, placing a stone, or lighting a candle).

BACKGROUND

Rabbi Bleich will explain that Jews during WWII were led down this road to their deaths. The sculpture is entitled "Why?" and resembles a man holding his hands up to God.

Government
Ukraine-hosted Lunch

UKRAINE: GOVERNMENT LUNCH

SCENESETTER

Lunch at a setting to be determined hosted by the government of Ukraine and will likely include Mrs. Ludmila Kuchma. President Kuchma may attend, but he will be leaving for the U.S. on November 18 and may not be able to participate. It may be sponsored by a Ukrainian candy company, Svitoch. Attendees will also include other government officials and local dignitaries.

BACKGROUND

Svitoch is an outstanding example of a successful Ukrainian company. Svitoch enjoys better name recognition than almost any other Ukrainian firm.

UKRAINE: ICON RESTORATION INSTITUTE

SCENESETTER

Tour of Icon Restoration Institute or National Museum on Monday, November 17, 3:45 - 4:30 p.m. Attendees will include government officials and other dignitaries.

The Institute is one of the world's leading facilities for restoring priceless icons. Part of the Institute's restoration staff recently moved to the National Museum. The Museum houses displays of 15th to 19th century Ukrainian icons. At the museum you may participate in restoring a work of art.

BACKGROUND

You will tour one of these two sites and view religious works of art that are currently undergoing restoration.

UKRAINE: ST. GEORGE'S CATHEDRAL

SCENESETTER

Tour of St. George's Cathedral on Monday, November 17, at 4:45 - 5:45. Attendees will include: Boris Gudziak (Vice Rector, L'Viv Theological Seminary) and other dignitaries.

You will tour the cathedral, which is the "Vatican" of the Greek Catholic Church in Ukraine (also known as the Ukrainian Catholic Church).

BACKGROUND

The Greek Catholic church recognizes the authority of the Pope. The church represents a focal point of Ukrainian pride and nationalism. As such, many priests and members of the church were persecuted under the Soviet regime. St. George's was returned to the Ukrainian Catholic Church in 1990 after 44 years of compulsory Soviet-imposed Orthodox control.

Dr. Gudziak and the Lviv Theological Seminary have been working on an oral history project that records the heroism and plight of Greek Catholics during the years of Soviet oppression. Constructed between 1774 and 1790, St. George's is an excellent example of Ukrainian stylized Baroque architecture. This church is the historic sacred center of the Ukrainian Catholic Church.

American
Community Event

UKRAINE: MEET/GREET UKRAINIAN WOMEN

SCENESETTER

Meet and greet prominent Ukrainian women (parliamentarians, business leaders and activists) at the L'Viv Opera House after the speech from 11:15 - 12:00 noon. Attendees will be the same as those who attend the speech.

UKRAINE: AMERICAN COMMUNITY IN L'VIV

SCENESETTER

An event with the American community will be held at the D'niester Hotel in the 2nd floor dining room on Monday, November 17 at 6:00 - 6:30 p.m. Attendees will include: Ambassador and Mrs. Miller, U.S. Embassy and USAID employees and Peace Corps volunteers and staff.

BACKGROUND

You will have a chance to meet and greet the local American community.

Speech at Opera House

UKRAINE: TRAFFICKING IN WOMEN

On November 21, the United States Government and the European Union will formally launch a joint information campaign to combat the trafficking of women from and through Eastern Europe and the Newly Independent States of the Former Soviet Union (NIS). The USG and the EU began discussing such a campaign in April 1997 as a mechanism to expand migration activities within the context of the New Transatlantic Agenda and to address a common, serious problem which we face. At the U.S.-EU Summit on May 28, President Clinton highlighted both the despicable nature of the problem -- terming it as "modern day slavery" -- and U.S.-EU resolve to undertake joint action to prevent it.

The U.S. and the EU are developing the information campaign concept jointly and will implement it on separate, twin tracks in the region. The U.S. will sponsor an information campaign designed for Ukraine and will use the International Organization for Migration (IOM) as its implementing partner, while the EU will sponsor one in Poland, using a European non-governmental organization (NGO) as its implementing partner. While the two countries are considered as both source and transit venues for trafficking in women, they were chosen for this project not to single them out in this status, but as likely candidates for a successful and productive effort.

The Government of Ukraine has responded enthusiastically to our proposal. Ukrainians already recognize trafficking in women as a problem for women who lack opportunity in the existing economic system. "La Strada" -- a European network of NGOs funded by the EU and the Dutch NGO, "STV," focused on preventing trafficking in Central and Eastern Europe -- has opened a branch office in Kiev. "La Strada Ukraine" has established a hotline in Ukraine for exploited women and has begun a small information campaign focused on young women who are finishing high school -- the group considered to be the most at risk.

The U.S.-EU information campaign will focus on providing information to both potential victims so that they can protect themselves from exploitation, and to host-country officials, indigenous NGOs, and foreign consular officers to assist them in identifying and preventing potential problems. At the November 21 workshop hosted by the EU in Luxembourg, all involved parties -- the USG, EU Commission, EU Member States, EU implementing NGO, IOM, and the governments of Ukraine and Poland -- will review the information campaigns designed for Ukraine and Poland and will formally launch the joint initiative. Detailed components of the information campaigns will be further developed from December through February and will be implemented from mid-March through mid-May. We envision that the overall project will end with a USG-sponsored wrap-up workshop in June 1998 in Ukraine for all involved parties, as well as local NGOs, to evaluate the effectiveness of the campaigns in the two countries and to highlight their messages. If the project is successful, we hope to broaden the campaign to other countries in the region.

UKRAINE: L'VIV OPERA HOUSE SPEECH

SCENESETTER

Speech at the Ivan Franko Opera House on Tuesday, November 18 at 10:00 - 11:00 a.m. Attendees: local dignitaries and prominent women in Ukraine.

You will give a speech at the L'Viv Opera House, a beautiful example of Viennese style opera houses, built in 1897-1900. The Opera House seats approximately 1000. The audience will consist of prominent Ukrainian women, parliamentarians, local dignitaries, students, artisans and others (guest list TBD).

BACKGROUND

Zonta International Club of L'Viv, an association of professional women, will sponsor this event in coordination with the American Chamber of Commerce.

Meet and Greet with
Prominent Women