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SUBJECT: Fourth year medical school elective in Kiev, Ukrainian SSR, March-April 1989.

BACKGROUND: As an applicant, and later as a first, second, and third year medical student at Case Western Reserve University, I was well aware of (and very excited about) the school's reputation for encouraging its students to pursue foreign medical experiences. During my third year I nearly applied for the school's electives in Zimbabwe and China. At about the same time I heard that Dr. Norman Robbins was looking for students interested in going to the Soviet Union for an elective, with the objective of possibly initiating a medical student exchange in the future. At that time (summer, 1988) the current (1990) atmosphere of open contacts with the West was hardly imaginable. Without any definitive contacts elsewhere in the Soviet Union, I explored some connections of my own (through the Ukrainian community in the West) in Kiev, Ukraine. After several letters, direct phone calls to Kiev, encouragement from Dr. Robbins, and help from Dr. Robert White at Cleveland Metropolitan General Hospital (via his ties with the Kiev Neurosurgical Institute) and Dr. Bohdan Hawrylyshyn (former director of the International Management Institute in Geneva, Switzerland), I was invited to study medicine for two months at the Kiev Medical Institute. The invitation came from a cultural organization in Kiev called Ukraina Society after approval by the Ukrainian SSR Ministry of Health. After much initial red tape, the official invitation was all I needed to secure my remaining plans, ie. plane tickets, visas, and dormitory accommodations.

Dr. Robbins' initiative to send students to the Soviet Union could not have been more insightful for the medical school and timely for me. Having grown up a first generation Ukrainian-American I was acutely aware of the changing political climate in the USSR and that opportunities to travel to Ukraine were becoming much less restricted. The political changes were undoubtedly having a large impact on the medical profession, which for seventy years had been all but shut off from the West. Prior to the 1917 Revolution, the area encompassing the present Soviet Union had been in the forefront of medical research and technology. It is well known that a relatively stagnant period ensued. As a medical student of Ukrainian descent I wanted to see

the present state of medicine in the USSR, to find out what impact politics have had on the system, and to witness the effects of increasing social freedoms and contacts with the West on Soviet medicine.

LANGUAGE: It is difficult to justify and encourage a medical school elective in the Soviet Union without first guaranteeing an adequate exchange of information. Until the last few years, fluency in a Slavic language (particularly Russian) would have been essential when visiting the USSR. It is very helpful that CWRU typically has one or two students each year with some grasp of a Slavic language; however, I feel that this will be less of a priority with time.

Russian is the standard, accepted language in most Soviet hospitals, but this is slowly changing outside the Russian SSR. For instance, in the Ukrainian SSR the Russian language dominates the medical literature, and, at least in Kiev, the hospital community as well. Rounds are typically conducted in Russian. In my presence, however, a concerted effort was made to use Ukrainian, which only within the last several months has become the official state language of Ukraine.

In my experience, there were always several physicians interested in using English informally and during rounds. I was quite impressed by the eagerness of Soviet physicians to learn English. In fact, while in Kiev I was asked to run a weekly English tutorial for a group of physicians at the Institute for Cardiothoracic Surgery. Many doctors were taking English language classes offered by "cooperatives" who are now officially allowed to charge a fee for private teaching. This seems to be working. In each hospital I visited I was "assigned" a physician proficient in English who helped translate when my vocabulary failed me.

Of course, the obvious advantages of knowing the local language -- having spontaneous conversations with non-English speaking physicians, doing a complete history and physical exam in private, and getting a better appreciation for the local customs, activities of daily living, politics, etc. -- still hold, and I recommend learning as much as possible before going.

ACCOMODATIONS, FOOD, AND CURRENCY: The government controls virtually all student housing in the Soviet Union. Again, this may change with the new privatization laws taking effect, but for now the lack of housing is a huge problem throughout the Soviet Union. Most student housing provides only the bare essentials. My dorm room at the Kiev State University's housing complex was arranged by Ukraina Society, my sponsoring organization. I shared my room with a very resourceful American from Texas, who had already lived in Kiev for about nine months and helped me "transition" quite easily. The room we shared was small but adequate, a typical college dorm room. There was a hot water shower, a toilet, a refrigerator and two sinks in our block of four rooms shared by eight students. We had a hot plate in our room and a stove down the hall. The main problem with cooking was not the lack of equipment, rather it was a shortage of fresh food in the markets, particularly in the off-season months. My schedule was usually very hectic during the day and therefore I ate many of my dinners in cafeterias and restaurants or, if I was lucky, as a guest in someone's home.

It may be necessary to rely on the group inviting our students to arrange for a place to stay. Several issues must be kept in mind. First, public transportation is available to nearly all parts of the large cities. It is often crowded but fairly efficient. It would be wise to minimize the distance between work and "home," especially if this means fewer bus or metro changes each day. Second, it may be very helpful to live near other Westerners, especially if they can teach you some of the "ropes" when you arrive. It is comforting to be able to share frustrating and/or exciting experiences with someone who really understands. Third, seriously consider the late spring through early fall season for the elective. Except for the southern Asian parts of the USSR, the weather is generally very cold in the winter months and the food supply changes drastically. Fresh fruits and vegetables were almost non-existent in the markets of Kiev in March and April, 1989.

As mentioned above the type of housing available for CWRU students may be very limited. If a spacious, centrally located student dormitory could be arranged this would probably be best. A second possibility may be to live in someone's private apartment or home, perhaps that of a professor or another student living at home (Keep in mind that usually several generations live in the same apartment and the quarters are often quite cramped). Third, a special deal with a hotel for a monthly or weekly rate could be arranged. With the new influxes of foreign currency, the chronic hotel room shortage is beginning to resolve.

The Soviet monetary system is in the process of a major overhaul as it tries to enter the world market. There is no way to know what will happen in the next few years, but the situation will undoubtedly be different than it was for me in March-April 1989. Transportation to and from Ukraine cost about \$1200, \$500 as a grant from CWRU's Office of Student Affairs and the rest from my own resources. Once in the Soviet Union, my housing and a monthly stipend were provided by Ukraina Society. The stipend of 140 rubles per month, equal to about \$225 on the official exchange and much less unofficially, was enough to cover my food and local transportation and left only a small amount for spending money. By Soviet standards I lived very comfortably. Surprisingly, my stipend nearly equaled the median monthly salary. I sometimes used dollars at the "foreign currency only" stores to purchase gifts when I was invited out for dinner. I also exchanged American traveler's cheques to buy gifts for my family and friends in the United States.

POTENTIAL AREAS OF STUDY: Prior to leaving for Kiev I had several ideas for projects, but, despite assurances over the phone that "everything will be arranged," I was worried about having nothing to do for two months. I was reluctant to demand a finalized schedule before arriving there because I wanted to be flexible, particularly since I had only second and third hand views of "how the system worked." To my surprise, the Kiev Medical Institute was extremely helpful in organizing my proposal for study. Once in Kiev, I met with the Dean of Foreign Students and within fifteen minutes I had a tentative schedule for the upcoming two months. Except for a few miscommunication problems I was very impressed by the sincerity and promptness with which my proposals were arranged. It was obvious that my presence (ie. an American medical student) was a complete novelty for the Kiev Medical Institute. The priority treatment I encountered was wonderful. Hopefully it will not change as more Western European and North American doctors and medical students arrive for exchanges.

My medical interests in Kiev were mainly in pediatrics and pediatric cardiology. I spent one or two weeks each in hospitals specializing in general pediatrics, pediatric general surgery, and pediatric cardiothoracic surgery. I was also fortunate enough to arrange a small-scale research project on "Heart Health" in a local high school, which involved history taking, measuring various fitness parameters, and one-on-one and group teaching about risk factors for heart disease. About one week's time was spent with adult cardiologists managing patients recovering from myocardial infarctions. I also visited the Kiev Neurosurgical Institute as arranged by Dr. White, and the Institute for Hygiene and Preventative Medicine. I was quite surprised by the cooperation and openness I encountered everywhere. In fact, about two weeks into my elective, a cardiologist from Moscow who is a friend and colleague of Dr. Jerome Liebman (staff pediatric cardiologist at Rainbow Babies and Children's Hospital) telephoned the Medical Institute to find out if everything was going well for me. My experiences were quite varied in scope, but somewhat superficial. In retrospect, had I known in advance that nearly all avenues for study would be open to me, I would have profited more from choosing fewer projects and concentrating on them.

Some potential areas of study for medical students interested in a unique experiences in the USSR would include:

1. Emergency Medicine: The major cities in the USSR have a comprehensive "net" of emergency service teams and vehicles who claim to be able to reach any point in the largest cities within five to ten minutes and provide quality emergency care led by a fully-trained physician.

2. Radiation Oncology: Over the last one or two years the Soviet government has been much more forthcoming than it initially was about the severity of the Chornobyl (Chernobyl) disaster which occurred about 90 miles north of Kiev. If possible, an elective at the Institute for Radiation Medicine in Kiev would be fascinating.

3. Occupational Health: The miners' strikes a few months ago in Siberia and Ukraine brought worldwide attention to the poor working conditions for miners and other occupations throughout the Soviet Union. The recent elections proved that this issue is extremely important for the Soviet working class.

4. Herbal/Holistic Medicine: I witnessed herbal treatments for a wide variety of skin ailments, chronic respiratory diseases, gastrointestinal illnesses, and in the rehabilitation phases after acute myocardial infarcts. They were felt to be as- or more effective than many of the standard "pharmaceutical" and even surgical treatments used previously in the USSR and presently in the US.

5. Advanced organ system diseases of all varieties: The "centralized" system of health care that has evolved over the last several decades has created huge referral centers in only the largest of each republic's cities. Because of the mostly rural based population, many patients with advanced illnesses are detected and referred late. For instance, while at the Institute for Cardiothoracic Surgery in Kiev I saw many advanced cases of complex congenital heart diseases that were being recognized for the first time.

6. Ophthalmology: There are at least two highly respected and innovative ophthalmologic institutes in the USSR, in Odessa and in Moscow. The Filatov Institute in Odessa has a formal association and exchange with Johns Hopkins University's Department of Ophthalmology.

This is only a small number of possible study areas. I'm sure that as more physicians and researchers create academic bridges with the USSR the number will multiply rapidly.

