FINAL REPORT
Education and Rehabilitation Center
for Disabled Children
in Rusinowice

USAID Grant Number
EUR - 0032 - G - 00 - 4009 - 00
RUSINOWICE

Recipient
Polish American Congress Charitable
Foundation

Total USAID
Obligated Amount
$200,000

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August, 1995
I. INTRODUCTION

While in Poland during the first week of May 1995 on matters concerning the Polish American Congress, I took the opportunity to visit firsthand the Rehabilitation and Education Center for Disabled Young People and Children at Rusinowice.

I was provided a tour of the facilities by the Administrator as well as by Dr. Berezowski, the orthopedic surgeon for the Center. I spent an entire day at the Center, meeting, greeting and discussing the needs and the accomplishments of the Center.

The accompanying photos which were taken speak for themselves. Since the opening of the Center on June 12, 1994, ninety (90) disabled children and young people are treated each and every month. So from the opening to the time of my visit, 1,080 children have had the privilege of being treated at the Center. But the following statistic is both disturbing as well as complimentary. As of May 1995, there existed a waiting list of over 3,000 children--which means that a child which needed to be helped now would have to wait nearly three years before being admitted.

Of concern is the fact that some children must return for additional surgery before continuing their rehabilitation. Being placed on a waiting list reduces the effectiveness of their scheduled treatments.

More shocking is the financial situation of the Center. The 1995 budget witnessed a 35% shortfall; the 1996 budget will further be reduced by 50%.

Each child who is approved for the program must be accompanied by his/her parent or a guardian. Funding comes from three sources: 1) the parent pays 100,000 zloty (less than $25.00 based on the existing May currency valuation); 2) the Catholic Church supports the Center with donations and the volunteer efforts of nuns; 3) subsidy from the government through the Ministry of Health. The balance (or rather the shortfall) is made up by contributions and donations from individuals and corporate sponsors.

II. EXECUTIVE SUMMARY

During the 1980’s comparative health care statistics became available indicating an alarming trend in the number of disabled children in Poland. In Western Europe, the per capita figure was 4.7 disabled children per thousand. However, in Poland the statistic was 10 per thousand, whereas in the industrial Silesian area, the figure was above 20 children per thousand.
Addressing this need, CARITAS through the efforts of Bishop Czeslaw Domin received approval for the project of building a rehabilitation center for disabled children. The ground-breaking occurred on May 31, 1990 in Rusinowice.

The construction of the “Education and Rehabilitation Center for Disabled Children” in Rusinowice, began in June 1990. The 4,700 square meter facility is situated on 3.4 hectares of land (7.5 acres) in southwestern part of Poland with easy access by road and train. The plans for the Center were prepared by Polish architects in conjunction with a specialist who is a hospital architect from the American Health Care Foundation “Project Hope”. The construction of the Center was financed by the United States Government through the Joint Commission on Humanitarian Assistance at the American Embassy in Warsaw and contributions from the Church in Poland and local supporters.

The Rusinowice Center is a single story facility designed to accommodate 60 - 100 children from 3 to 18 years of age for a total of 750 to 1,200 children annually. The Center was designed to have living quarters for the parents while their children are undergoing diagnosis and/or rehabilitation. The Rusinowice Center is unique in its design and concept as it was designed and built specifically to accommodate physically and mentally disabled children.

The Center is also an Educational Center as it will provide training not only to the disabled child on how to cope with his/her particular disability but it will also teach the parents how to accept the disability and interact with their disabled child and with other disabled children. And more importantly, the parents will also undergo extensive training by the staff at the Center to teach them the proper medical care and rehabilitation technique that the child must undergo a daily basis once the child returns home.

The parents, will in essence, become specialists on how to take care of their child and will be able to continue the rehabilitative process at home. The advantages of such a program are far reaching.

1) The child will undergo thorough diagnosis by specialists at the Center and proper medical treatment, if needed, will be prescribed. If the child will require physical therapy the therapists will prescribe the appropriate program and instruct the parents how to administer this program correctly at home. The advantage of conducting the therapy at home is that it will be less traumatic for the child as the child will be in his/her own familiar environment at home and may respond better to the treatments rather than at the strange surroundings of a hospital or rehabilitation center.

2) The parents will be able to devote more time to the rehabilitation program of their own child than the child could possibly receive at an
institution where there are tens of children requiring rehabilitation with only a limited staff.

3) The cost of keeping a disabled child at such an institution for extensive period of time will be prohibitive for the family and the rehabilitation process would most likely be terminated for financial reason.

4) By training the parents how to properly conduct the rehabilitative process, the child’s need to stay at the Center will be relatively short, which permits many more children to be admitted to the Center. The children will be required to return to the Center for regularly scheduled visits to monitor their progress and make appropriate changes in their rehabilitation program.

The premise of this Center is that if the children are diagnosed at an early age, much can be done to correct their disability through proper medical treatments or rehabilitation programs so that the child can either lead a normal life or at least attempt to improve the child’s condition. In this way the child can adapt to the disability and become, to a degree, self supporting and less of a burden on the family and society.

The need for a motor disabilities program is a priority. There are thousands of children throughout Poland who are born with or suffer with various forms of motor disabilities and currently there is very little help available for these children. Although there is no reliable data, we have not received any statistics for the number of children with motor disabilities.

The Rusinowice Center will employ specialists in these fields who will first of all conduct extensive diagnostic testing of the children to obtain the proper diagnosis. Once the diagnosis is made the doctors and physical therapists will instruct and train these children and their parents on how to deal with the disability and what medical or rehabilitative program must be followed to help the child.

The Rusinowice Center will be the first center of its type in Poland where young children will have a chance to receive proper individual diagnosis and be prescribed individual rehabilitation programs.

One of the main objectives of the Center will be to become a teaching center, which will instruct the parents how to properly care for their disabled child, and where possible, to teach the parents the physical therapy procedures that the parents must conduct on the child to improve its health. This program will permit the parents to play a major role in the rehabilitation of their child, freeing the medical staff to diagnose and help many more children. An additional benefit of such a program is that children tend to respond better and make better progress when their parents are closely involved in their day-to-day rehabilitation program.
The funds for this modern structure came from the Joint Commission for Humanitarian Aid at the Embassy of the United States of America in Warsaw. The costs of the construction of the chapel, swimming pool, laundry and gymnasium were sponsored by Pope John Paul II and the Episcopal Conference of Italy.

Once the Center’s construction was complete, the task at hand was in equipping it for use. As a priority on the “wish list” were the following equipment and supplies:

- medical equipment and supplies
- physical therapy equipment
- hydrotherapy pool and equipment

All these items were of necessity, for without them, the Center could not be opened and functioning. The Polish American Congress Charitable Foundation proposed that USAID funds be used to purchase the basic items. As a result a proposal was written.

- November 1992: PACCF application for $1 million to equip the Center
- March 12, 1993: PACCF revises application requesting funds in the amount $550,000
- June 8, 1993: PACCF revises application requesting funds in the amount of $200,000
- February 18, 1994: USAID grant awarded in the amount of $200,000

The USAID grant was to expire November 30, 1994. However, due to various purchasing requirements and re-wiring of electrical to conform to Polish standards, an extension was requested (and granted) to the end of April 1995.

The final shipments were sent April 15th and April 29th which included the balances of donated equipment and supplies estimated at over $250,000 meeting the recipients goal in honoring the commitment of the PACCF.

In the course of this project, several visits were made to verify as well as to discuss the needs of the Center. In 1993 and in 1994, Dr. Henryk Roztoczynski a prominent surgeon from Chicago was asked by the PACCF to visit the site and review the needed rehabilitation equipment and supplies with the Center’s orthopedic surgeon. The PACCF is proud of Dr. Roztoczynski’s personal involvement with us. His efforts on behalf of Polonia have been recognized by his peers, having been selected this June as the incoming president of the World Congress of Polonian Doctors which met in Czestochowa, Poland.

In January 1995 the PACCF invited Dr. Berezowski to Chicago so that he could firsthand preview the items which were collected and to be sent as part of the PACCF’s contribution. During his stay, we were able to provide him the opportunity
to visit the facilities and faculty of the University of Illinois Medical Center and the Shriner’s Rehabilitation Center. A positive result of this trip was that both institutions have accepted him and his assistants for training in orthopedic surgery in Chicago.

In addition, Dr. Berezowski was able to take with him back to Poland assorted Ortho Instruments and plates valued at $1,000; arthroscope with case and light cord valued at $2,900 and ortho sets valued at $300. At the medical book store, the PACCF purchased CD-ROM disks on Orthopedics and The Comprehensive Classification of Fractures. The cost of both disks was over $1,000. With this purchase, Dr. Berezowski has the most modern reference tool in Poland for any study of bones and surgery.

III. FINDINGS

After one year in operation -- a year when the Center was not even fully equipped with rehabilitation equipment--it has been a success story beyond the dreams of the visionaries who developed the center.

First, from the prospective of the child--had the opportunity not presented itself, the child would have been left to fend for himself in an institutional setting with little or no hope for the future. It would have been a subsistence environment with very little personal one-on-one relationship. Now with an instructor to evaluate care and methodology and a loving caregiver in one’s parent--the child has the hope of developing into a self-sufficient adult. It is vital that this age of childhood be not wasted as it is the best opportunity to develop since the muscles are most docile to rehabilitation -- to move, to sit, even to walk.

Second, from the perspective of the parent--a bond between parent and child, that the parent can be a “rehabilitator” of their child. The task of the Center is to initiate the parents of how to continue the rehabilitation in the home, as a support group in the emotional development.

Third, from a caregiver’s perspective--the institution itself is a first of its kind in all of Poland which needs to be the role model for future course in developing health care in Poland. For example, it was intended from the beginning that another aspect of this Center’s activity would be to help the children use insulin. This would involve the observance of the proper times for meals and the quality of food served--which may considerably reduce the amount of insulin or other drug by-products from being applied. Unfortunately, the Center was not prepared in the first year to address this category of training--with a priority on motor disabilities.

Even so, progress was measured one child at a time, one parent at a time. As relayed by Dr. Berezowski, after one year several parents have contacted the Center to indicate that their child has achieved the next level of development and now must
return to the Center for additional training. But with a 3,000 person "wait list" how can that be accomplished. This is progress, but one which complicates matters.

Further is the situation that as a child grows--the medical decision be made for additional surgery which must be performed, but if surgery, the follow-up rehabilitation must be performed or else the benefit is lost. What priority can be placed on a case like this when, again, a "wait list" exceeds comprehension?

IV. EXTERNAL FACTORS

From the outset the statistics in Poland indicate that the coal mining district of Silesia has the highest level of health care problems. The problems originate environmentally, so that babies born are not full-term, have low birth weight and have other complications.

Due to these restrictions the government decision was made to locate the Center which would take in those who are negatively impacted in the Southwest Region of Poland. As news spread of the center's opening, requests for participating in the Center's activities knows no geographical boundaries. The Center has children from across all areas of Poland. The need is obvious--either to build a larger center to accommodate more children, or to build other centers which would serve additional geographic areas.

The difficulty then is funding--thanks to the generosity of the Church and the US Commission this Center was built in the first place. Where will the funds come from in the future. The cost factor in savings is not measurable, that is, with these children being able to be self-sufficient, in the future the cost of institutionalizing is minimized. The savings are in the future--but the cost is now.

V. INPUTS

It was soon experienced by the Center that there was much more involved in this rehabilitation experience than training or assisting in evaluating the children. As complicated cases were appearing, it is more apparent that the Center needs an outpatient clinic which would provide for diagnostic evaluation. Presently, any medical procedures are performed by Dr. Berezowski at the Bytom hospital which is nearly one hour away by car--some 60 miles away. Local medical evaluations are necessary. As a result, requests by Bishop Domin when he visited the United States in the Fall of 1994 and discussed the situation with us and Dr. Berezowski required diagnostic equipment such as:

- EMG--at a cost of $16,000 to $35,000
- EKG--two were donated in the April 1995 shipment, but additional units are priced at $4,000 each
• therapeutic muscle stimulators—-at $4,300 each and the PACCF is seeking either used or donated equipment
• EEG—-$30,000
• laser surgery equipment
• blood analyzers
• audio-visual equipment

All of this requires the PACCF to evaluate the direction of continued support in the future as the Center's needs evolve.

VI. UNPLANNED RESULTS

Initially as the proposal was drafted, a small amount of funds were being set-aside for the Poland operation—specifically for transportation and storage. Unfortunately, the PACCF learned that in addition to these costs, were various customs and duties based on the value of the donation. The Center was unable to pay for these costs—when the containers of the donated goods arrived. Local donations ultimately were used to release the containers.

Speaking now from experience, organizations that send donated medical and humanitarian goods to Poland, undervalue the items sent on the documentation so that the recipient pays a nominal fee. It is not uncommon to value an entire container at $10,000 when in fact its value is many times that figure.

In this case, the PACCF was obligated to provide $176,400 in cost sharing. In fact, that figure was exceeded. The PACCF could not under-estimate the in-kind cost sharing in order to meet the USAID requirements and yet that is the dilemma.

Our suggestion is that in the future, in-country costs such as customs and duties be evaluated so that it can be resolved prior to, as opposed to after the fact. It should be brought out in the open to minimize any costs or hard feelings.

VII. LESSONS LEARNED

Looking from the perspective of the benefits on the children, the parents and the entire rehabilitation structure in Southwest Poland, the Center at Rusinowice is and continues to be an unqualified success story worthy of emulation elsewhere.

The only troubles to be addressed in 20/20 hindsight are that this should have been done sooner, that is not wait until 1994, and secondly the amount of the grant is a mere drop in the ocean in terms of the needs of this Center.

As another lesson, is the one addressed earlier concerning customs, duties and other fees to be absorbed by either the grantee or recipient.
VIII. FINAL COMMENT

The AID Cooperative Agreement has truly benefited tremendously the disabled children over the past year. The program provided not only the rehabilitative equipment which the PACCF was committed to purchase but far exceeded this amount with additional purchases and donations in-kind. The new rehabilitation equipment, physical therapy equipment, diagnostic equipment, as well as supplies and the many donations-in-kind which included various equipment and supplies, have played a significant role in changing and improving the conditions of this Center. The effects of this cooperative agreement will be felt for many years by the disabled in Poland because most of the equipment that has been purchased with AID funds will serve and will be used for many years to come. These items will be in use for many years and will be visible proof of the help and generosity extended to the people of Poland by the U.S. government and the Agency for International Development.

The AID funds indirectly also benefited the economy of the United States as virtually all the funds were used to procure American made goods and introduced them to the people of Poland. We are certain that in the future as the economic situation in Poland improves, the American manufacturers will be able to find a market for their products in Poland. Catalogs from the manufacturers were distributed. This should provide additional employment and increase exports of U.S. goods abroad. This Cooperative Agreement has not only benefited the disabled children for the direct beneficiaries of this program, but it also has benefited the medical staff and the staff of these institutions also. The medical staff is now able to provide much better medical care and better diagnosis with the new equipment. This program also provided a very important psychological boost to the patients as well as to the staff of this center as it reaffirmed in them the fact that American Polonia as well as the government of the United States is concerned about their welfare and that American Polonia and the U.S. Government is willing and able to provide them with the necessary assistance.

In summary, this cooperative agreement had an immediate impact on the welfare of hundreds of disabled children and will continue to impact the lives and the care of these people for years to come. The new Democratic government of Poland wants to help these individuals and is very much concerned about their welfare, however, because of the difficult current economic transition period, the government is unable to provide virtually any funding for these institutions and therefore, they are dependent on humanitarian assistance from charitable institutions such as the PACCF and the charitable contributions of the U.S. government and the Agency for International Development for their survival. The PACCF hopes that this program with the support of the U.S. Agency for International development may continue in the future to bring additional relief to the disabled of Poland.
Attached to this report are various documentations and photos which as the as old cliché states a story of a thousand words.

The Polish American Congress Charitable Foundation extends its most sincerest thanks and appreciation to AID for making this program a reality and for helping Poland’s disabled children.

Submitted By:

Les S. Kuczynski
National Executive Director
Polish American Congress
Charitable Foundation
Stages of the Rehabilitation Center’s Construction Work

April 20th, 1990 - approval of the design by the Voivodship Authorities in Czestochowa

May 31st, 1990 - ground breaking on the building site

June 1990 - commencement of the construction work

January 1994 - completion of the construction work

April 7th, 1994 - first group of rehabilitants in the new Center

June 12th, 1994 - consecration and inauguration of the Center in the presence of Bishop Czeslaw Domin, Chairman of the Charity Commission of the Polish Episcopal Conference (CARITAS), Mr. Michael Hornblow, the Chairman of the Joint Commission and guests from U.S. government and political leaders from Poland.
Ceremonies at the formal opening of the Education and Rehabilitation Center for Disabled Children at Rusinowice, 12, 1994

Rehabilitants watch the opening ceremonies

U.S. dignitaries including Mr. Hornblow

Bishop Domin, Chairman of CARITAS, welcomes Mr. Michael Hornblow, the Chairman of the Joint Commission for Humanitarian Aid at the U.S. Embassy in Warsaw

Dr. Berezowski, the Orthopedic Surgeon of the Center, welcomes the visiting Clergy

Many of the products funded by USAID were purchased from the Graham-Field Corporation, the largest American manufacturer of rehabilitation equipment and supplies

Graham-Field warehouse and loading dock

Loading equipment for shipment to Poland

Photos depicting the various equipment purchased through USAID funds including specially equipped wheelchairs and other in-kind donations

Pictures taken during visit by Les Kuczynski of the Polish American Congress Charitable Foundation to the Rusinowice Rehabilitation Center in May 1995. The flags of Poland and the United States fly in front of the Center, indicating the joint venture which serves as a bond between the Polish and American people

Nurses' Station in the Center

Dormitory rooms for the residents of the center include either a bed or a crib for the child (depending on the rehabilitating child's age) and a bed for the child's guardian

Plaque inside the lobby commemorates the benefactors of the center, specifically naming the Polish American Commission for Humanitarian Aid

Pool used for hydrotherapy rehabilitation

Portable Whirlpools purchased through USAID funds being installed

Other rehabilitation equipment and monitors

Instructors showing parents procedures for rehabilitating their children and the use of various equipment; various social stations

Children who have recently undergone orthopedic surgery and are now candidates for follow-up therapy at the Rusinowice Rehabilitation Center
The purpose of the activities of this Centre is a broadly understood comprehensive rehabilitation of disabled children and teenagers, together with the training of their warders. The parents of such children very often do not want to believe in a permanent disability of their own child, but rather that it can be cured, and they search for some wonder-working medical man both in their own country and abroad. In this way they not only waste money but what’s more important, the childhood of their offspring, the time when children are most docile to learn to move, to sit up and to walk. These parents will come to Rusinowice together with their child to spend a few weeks there will have to be taught and convinced that they must be the main “rehabilitators” of their child. The next task of the Centre will be the initiation of these parents into the methods of competent rehabilitation activities at home. Finally, some parents will have to be supported in their emotional acceptance of their child as what it just is; others will have to be informed about the danger of “over-paternalism”, which may be a wrong for a disable child. Such a conception of rehabilitation - innovatory not only in this country but also in the whole of Middle East Europe - will, besides evident direct positive results for the children, allow their parents to understand the essence of the child’s complaint, and indicating the proper attitude and behaviour relieve to a large extent the result of the illness and cripplehood.

Another sphere of the Centre’s activity will be to help diabetic children who must use insulin, as well as their parents. An adequate way of life - the observance of the proper times for meals and quality of the served food, as well as appropriately batched physical efforts - may considerably reduce the amount of the applied insulin.

The Rehabilitation Centre at Rusinowice is to fill in the blanks on the medical map of this part of Europe in which also Poland is situated.

I wish the Holy Ghost’s light as well as intercession of the Archangel Raphael’s, this Centre’s Patron Saint’s intercession to the Charity Commission Caritas of Diocese of Gliwice (on whose territory Rusinowice is now situated), to the Administration of the Centre, the Physicians and all the Members of the pedagogical staff.

(+) Czesław Domin
Chairman of the Charity Commission of the Polish Episcopal Conference

In short

The floor area of this object amounts to 4,700 sq.m, its cubature to 23,600 cm³. It is surrounded by a parkland area of 3.4 ha. Its main characteristic is the entrance with an extensive vestibule and a corridor. From the vestibule one gets to the chapel, lecture room, reading room, library and canteen. Moreover here are the offices, the reception, the doctor’s consulting room, the rehabilitation centre proper, as well as three sets of guest rooms for 30 visitors each. Each set consists of ten three-bedded rooms and service accommodation (toilet, bathrooms, charwomen’s room, tutor’s room, recreation room for the parents and the nurses’ room. Adjacent to each of these sets there are rooms for rehabilitation activities (recreation hall and rooms for individual rehabilitation). From the three dwelling sets it’s easy to get to the section of collective rehabilitation (gymnasium and swimming pool). All this is complemented by the following services: kitchen and its store chambers etc., laundry, technical rooms, including boiler house, distribution board, generator, workshop and garages. Architecturally the structure has been designed as a “village”, consisting of bungalows adapted to the needs of the patients and to the environment. Of much attraction are the spatial solutions comprising areas of greenery and numerous patios for physical training, games and open-air lessons.

The illustrations show: from the top - reception, bed-sitter, front side of the Centre with its chapel, kitchen, canteen, vestibule, rehabilitation drills, surgery, at the logopaedist, swimming pool, gymnasium.

BEST AVAILABLE COPY
Stages of the construction work
April 20th, 1990 - approval of the design by the Voivodship Authorities in Częstochowa
May 31st, 1990 - consecration of the cross on the building site by Archbishop Damian Zimor
June 1990 - commencement of the construction work
29th September 1993 - consecration of the chapel dedicated to the Archangel Raphael, the patron saint of the Centre, by Bishop Jan Wieczorek
January 1994 - completion of the construction work
April 7th, 1994 - first group of rehabiliants in the new Centre
June 12th, 1994 - consecration and inauguration of the Centre in the presence of Archbishop Józef Kowalczyk, the Nuncio of the Vatican in Poland, Archbishop Damian Zimor, the Metropolitan of Katowice, Bishop Czesław Domin, the Ordinary of the diocese Koszalin-Kolobrzeg and Chairman of the Charity Commission of the Polish Episcopal Conference, Bishop Jan Wieczorek, the Ordinary of Gliwice, Mr Michael Hornblow, the Chairman of the Joint Commission, and others.

The Archangel Raphael’s Chapel
The Rehabilitation and Education Centre for disabled children at Rusińowice is a bounteous gift for those who need special help. This gift results from the generosity and work of numerous people headed by Bishop Ceslaw Domin, theulator of this project, as well as by the principal of this centre, Płatą Franciszek Baiano.
I wish to express today my most cordial thanks to all the benefactors of the Centre.
And I also pray to God to reward them for their contribution, toll and sacrifices.
May God Father, God Son and the Holy Ghost cherish this Centre with Their benediction and bless all those who will stay here and serve the disabled children.

+ Jan Wieczorek, Bishop of Gliwice

General view of the Centre, seen from the boiler house and sub-

The Centre at Rusińowice dedicated to the Archangel Raphael cures disabled children and youngsters, as well as diabetics who must apply insulin, and also instructs the custodians of such children as to how to rehabilitate them at home.

Those who are interested in being cured ought to apply to Caritas in their own diocese, dispensaries or other establishment of the health service or directly by mail to the Centre at Rusińowice to the address:
Rusińowice, ul. Zielona 23, 47-771 Sadow
Tel./Fax 314/034/07-52; 570-524; 570-525; 570-552; 570-553

The bank account of the Centre is:
Bank Śląski w Lubliniec
311412-105383-132

REHABILITATION AND EDUCATION CENTRE FOR DISABLED YOUNG PEOPLE AND CHILDREN - DEDICATED TO THE ARCHANGEL RAPHAEL - AT RUSIŃOWICE

In His parable good Samaritan our Lord, Jesus Christ, has taught us that charitable activities ought to be carried out in compliance with the following outlines: a) to notice those who need our help, b) to help him personally, c) to organize help on a wider scale.

Rounding up this parable Jesus said, „Go and do the same” (Luke 10, 37). No wonder, then, that the charitable activity of the Church does not consist only in supporting the needy personally, but in arranging some constant aid for them by setting up permanent relief centres.

In the eighties of our century the charity society Caritas of the diocese of Katowice became aware of the arising problem of disabled children. Whereas in Western Europe there were 4.7 disabled babies to each thousand, in Poland we had 10 of them, and in the Industrial District of Upper Silesia even twenty odd. According to the outlines mentioned above, we had not only to perceive the needy ones and to help them individually, but also to organize help to a larger extent. Therefore, the charity society Caritas of the diocese of Katowice started in 1990 with the construction of the Rehabilitation and Education Centre for disabled children at Rusińowice, dedicated to the Archangel Raphael.

The designers of this structure were the architects Jacok Lewandowski and Zygmunt Radziwiec, Winnicki from Katowice, in
Komisja Charytatywna Episkopatu Polski

PRZEWODNICZĄCY: Bp Czesław Domin
ul. Kard. Stefana Wyszyńskiego 25
PL-75-950 KOSZALIN
tel. 094/422-62-78; 42-62-79
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tel. 022/389251; tł. 817002 seccar pp
fax 022/387059

Mam zaszczyt zaprosić

Mrs Myra LENART
Executive Director Polish American Congress Washington Oficce

na uroczyste poświęcenie i otwarcie
Ośrodka Rehabilitacyjno-Edukacyjnego
dla Dzieci i Młodzieży Niepełnosprawnej
p.w. św. Rafała Archanioła
w Russinowicach,

które odbędzie się w niedzielę, dnia 12 czerwca 1994 r. o godzinie 1300.

Program uroczystości będzie następujący:

godz. 1300 Msza św. koncelebrowana pod przewodnictwem Ks. Arcybiskupa Damiana Zimonia, Metropolity Katowickiego
Homilia - Ks. Bp Jan Wieczorek, Biskup Gliwicki
Słowo końcowe - Ks. Arcybiskup Józef Kowalczyk, Nuncjusz Apostolski w Polsce

godz. 1400 - poświęcenie Ośrodka

Program kontynuuje się w 1500...

W załączeniu przesyłam mapkę trasy dojazdowej.

Szczęść Boże!

/+ Czesław Domin/
Biskup Kosztalisko-Kołobrzeski

Koszalin, dnia 11 maja 1994 r.

P.S.
Uprzejmie proszę o poświerzenie udziału w uroczystości na adres Ośrodka: Russinowice; ul. Zielona 23; 42-711 SADÓW; tel. (0-34)570-524, 570-523, 570-554.
September 30, 1994

Trailer # CAXU403180-5

Shipment for Rusinowice Purchased Items

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<td>Hospital Beds with side rails and mattresses</td>
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<td>Goniometer Stainless</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Plastic</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Finger</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>25</td>
<td>Dynamometer Collins Adult</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Collins Child</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Smedley</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>21</td>
<td>Mercurial Sphygmomanometer</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>16</td>
<td>Spirometers</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>5,6,7</td>
<td>Paraffin Bath</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>14</td>
<td>Paraffin refill</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>23</td>
<td>Stethoscopes Sprague Rappaport</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>20</td>
<td>Automatic Blood Pressure units</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Whirlpool</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>28</td>
<td>Portolift for lifting patients</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

List Price Value: $139,000.00
Discounted Price: $ 75,500.00
Weight Approx.: 8,700 lbs.
NOVEMBER 30TH, 1994

TRAILER #: GSTU 2525462

SHIPMENT TO RUSINOWICE - PURCHASED ITEMS

<table>
<thead>
<tr>
<th>MASTER LIST #</th>
<th>DESCRIPTION</th>
<th>QUANTITY SHIPPED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ferno Ille Hi Lo Jr whirlpool 230V 50Hz</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Ferno Ille Teammate whirlpool 230V 50Hz</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Teammate ladder</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Mobil Adjustable chair for teammate</td>
<td>3</td>
</tr>
</tbody>
</table>

Donation: Thirty three cases of special whirlpool cleaner disinfectant.

The value of this order is $78,800.00.

Approximate weight is 12,000 lbs.

BEST AVAILABLE COPY
APRIL 15TH 1995

TRAILER # IEAU 4501209

SHIPMENT TO RUSINOWICE

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>VALUE USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>CPM Machines</td>
<td>$7,200.00</td>
</tr>
<tr>
<td>1</td>
<td>Deluxe grade fully electronic computerized Spirometer</td>
<td>4,995.00</td>
</tr>
<tr>
<td>1</td>
<td>3 Channel EKG</td>
<td>5,000.00</td>
</tr>
<tr>
<td>1</td>
<td>Electric Wheelchair</td>
<td>4,000.00</td>
</tr>
<tr>
<td>5</td>
<td>Special Children's Wheelchairs</td>
<td>5,000.00</td>
</tr>
<tr>
<td>6</td>
<td>Special Chairs</td>
<td>3,800.00</td>
</tr>
<tr>
<td>8</td>
<td>Special Aqua Chairs for Children</td>
<td>2,800.00</td>
</tr>
<tr>
<td>10</td>
<td>Standard Mattresses</td>
<td>400.00</td>
</tr>
<tr>
<td>10</td>
<td>Pressure Reduction Mattresses</td>
<td>3,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Cases Infant Activity Seats</td>
<td>2,000.00</td>
</tr>
<tr>
<td>12</td>
<td>Panbrators</td>
<td>1,440.00</td>
</tr>
<tr>
<td>3</td>
<td>Hospital Rolling Carts with Ortho supplies, screws, plates, pins, instruments, 40 hips</td>
<td>35,000.00</td>
</tr>
<tr>
<td>214</td>
<td>Pcs - 900 lbs traction equipment</td>
<td>9,000.00</td>
</tr>
<tr>
<td>120</td>
<td>Boxes &amp; Bags of Misc Renao supplies from Sammons Co., casting material, splints, supports, helmets, forms, exercise equipment, wheelchairs accessories, cushions,orthotics, therapy and evaluation supplies</td>
<td>65,000.00</td>
</tr>
<tr>
<td>1</td>
<td>Dental Chair with generator</td>
<td>6,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Boxes orthodontic supplies</td>
<td>300.00</td>
</tr>
<tr>
<td>5</td>
<td>Cribs</td>
<td>2,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Filing Cabinets, 1 desk, 2 chair sets</td>
<td>no value</td>
</tr>
<tr>
<td>8</td>
<td>Pollinex Whirlpool for tub mount</td>
<td>4,000.00</td>
</tr>
<tr>
<td>50</td>
<td>Bags washed linen - used as padding</td>
<td>no value</td>
</tr>
<tr>
<td>50</td>
<td>Boxes misc medical supplies, catheters, gloves, etc.</td>
<td>2,000.00</td>
</tr>
</tbody>
</table>

The value of this order is $162,935.00

Approximate weight is 24,000 lbs.
### SHIPMENT TO RUSINOWICE APRIL 29, 1995

**CONTAINER POLV 4056813**  
**TRAILER POLZ 4413787**

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>VALUE USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete Arthroscope System, 2 scopes, 2 arthro engines, 1 high resolution color monitor with camera system, 3 shaver sets, 3 sets instruments, 2 light sources, 1 surgeons headlight system, 1 - 4 head video recorder, 1 - VHS video camera.</td>
<td>17,675.00</td>
</tr>
<tr>
<td>3</td>
<td>ECG Machines</td>
<td>10,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Ultrasounds</td>
<td>4,500.00</td>
</tr>
<tr>
<td>2</td>
<td>Chilling Unit with 2 probes/heating unit</td>
<td>3,100.00</td>
</tr>
<tr>
<td>1</td>
<td>Grasshopper (in sections)</td>
<td>800.00</td>
</tr>
<tr>
<td>1</td>
<td>Rowing Machine</td>
<td>475.00</td>
</tr>
<tr>
<td>6</td>
<td>CPM Machines</td>
<td>21,600.00</td>
</tr>
<tr>
<td>2</td>
<td>Parallel Bars sets</td>
<td>7,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Preston Bubble Bath (moon walker) with extra balls</td>
<td>4,200.00</td>
</tr>
<tr>
<td>1</td>
<td>Zimmer Electro Surgery Unit for arthroscopy</td>
<td>4,000.00</td>
</tr>
<tr>
<td>1</td>
<td>HP Office Jet Fax Printer Copier</td>
<td>900.00 **</td>
</tr>
<tr>
<td>18.</td>
<td>Boxes books for Szczecin</td>
<td>200.00</td>
</tr>
<tr>
<td>144</td>
<td>Boxes of Rehabilitation Supplies</td>
<td>32,000.00</td>
</tr>
<tr>
<td>1</td>
<td>Ventilation System</td>
<td>2,000.00</td>
</tr>
<tr>
<td>6</td>
<td>IVAC Pumps</td>
<td>600.00</td>
</tr>
<tr>
<td>20 pcs</td>
<td>Misc Furniture &amp; Hospital carts</td>
<td>400.00</td>
</tr>
<tr>
<td>1</td>
<td>Epson Color Printer part of computerized spirometer sent in previous container.</td>
<td>(600.00)***</td>
</tr>
</tbody>
</table>

**Total Value** $109,450.00

**Weight** 22,000 lbs.

**Jet Fax copier for BIU Foundation use only not for sale.**

**These items are shipping via different container.**

Christopher Jurewicz  
Director