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10 DOWNING STREET

LONDON SW1A 2AA

*From the Private Secretary*

31 October 1988

I enclose a copy of a letter to the Prime Minister from Roger Maggs about the work of the Christian Samaritan Foundation in Poland. I have replied, thanking him for the information and saying that I will put it with other briefing papers for the Prime Minister's visit.

The Department may like to advise on whether there is anything further we need say, in particular in response to his request for us to use our good offices to help the Foundation.

CHARLES POWELL

Lyn Parker, Esq.,  
Foreign and Commonwealth Office

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10 DOWNING STREET  
LONDON SW1A 2AA

*From the Private Secretary*

31 October 1988

I am writing on behalf of the Prime Minister to thank you for your letter of 30 October about the work of the Christian Samaritan Foundation, Poland. I will ensure that this is put with the briefing material for the Prime Minister's visit so that she can consider it together with all the other papers for her visit. I am sure that she would wish to congratulate you on the work which the Foundation is doing.

CHARLES POWELL

Roger P. Maggs, Esq.

RM

**John R. Linn**  
Chartered Accountants

R 31/10

JOHN R. LINN FCA

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The Rt. Hon. Margaret Thatcher M.P.  
10 Downing Street  
London

30th October 1988

*Dear Mrs. Thatcher,*

The Christian Samaritan Foundation, Poland.

You were quoted during the week as having said, during an interview with Polish journalists, words to the effect that you wanted Britain to give a lead in bringing down the Iron Curtain. I have, therefore, thought it not presumptuous to write to you to give some information about the above Foundation, which has recently been registered in Poland by a group of British and Polish Christians and which is already playing a part in bringing down the barriers.

I believe that you heard a little of our work earlier in the year from Dr. Keith Sanders of the ICMDA, when he wrote to you at too short notice hoping to introduce some Polish officials that we had brought across. My authority for writing is that I am the chairman of the board of the Samaritan Foundation and a founding director of the British sister charity, the Tertius Foundation, which acts as fund-raiser and contactpoint this side of the "curtain".

I am obviously writing now because of your impending trip to Poland on Wednesday and because I have reason to believe that you may be given an account of our work by the authorities there. It occurs to me that, if that does happen, you could find it helpful to have heard about it already from our side and it would certainly do us no harm if you were able to express some prior knowledge of our work and enthusiasm for this kind of initiative. I therefore enclose the following:-

1. An extract from my recent article on the Foundation, briefly outlining the development of the Foundation and the present state of play.
2. A photograph of the ceremony in May of the signing of the Declaration of Intent, which took place in Castle Ksiaz in Walbrzych and was televised nationally.

3. A photocopy of an English translation of the first section of the statutes of the Foundation. While it is not the only charitable foundation in Poland with foreign founders, I believe that it is presently unique in the scope of its objects.

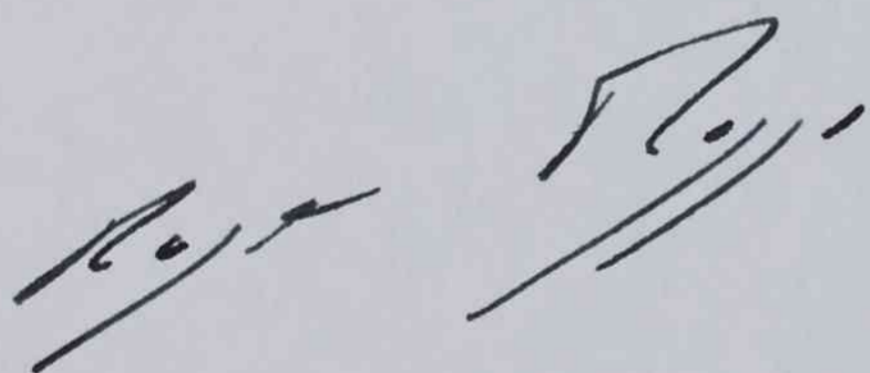
4. An article from the Daily Mail dated 22.03.88 on the Polish health service, which agrees with much of the information I have received.

I should like to mention one other area where I know the Poles are very anxious to develop better professional links with the West, namely environmental pollution. They have very great difficulties, as you are no doubt aware, in the areas of water purification and atmospheric pollution by industry. The Foundation has a link with their National Institute for Environmental Protection and we would like to help them to make appropriate contacts here.

I am sure that there are great opportunities for bridge building at the present time in Eastern Europe, through the gospel and the churches, through scientific, medical and social work and through encouraging private enterprise. If you can in any way use your good offices to help us and others like us we will be most grateful.

May I wish you a successful trip.

Yours sincerely

A handwritten signature in dark ink, appearing to be 'R. J. J.', written in a cursive style.

Some years ago when restrictions on christians were much more severe than they are now, some women started a prayer meeting for medical workers in Poland with a view to developing evangelism in the hospitals. The work spread and became linked with people from overseas, in particular with Holland and the U.K.

One of the foreign links was with the International Christian Medical & Dental Association, which began operating unofficially in Poland. Applications were made for registration but declined by the Government. In 1986, however, some young Polish doctors managed to persuade the Government to issue visas to enable a number of foreign doctors to attend a conference they had organised on the subject of "Addictions", a subject very relevant to the polish scene with its endemic alcoholism and growing narcotics problem. The Government, suspecting that the conference was a cover for political activity, sent its observers who went away empty handed.

A second conference was held in 1987, this time on the theme of "Death & Dying", which was attended by Director Pijewski the senior civil servant responsible for non-Catholic religious affairs who was impressed both by the medical content and by some of the preaching and who began to see some potential benefits for the country in this Association. Discussions began between himself, the polish doctors who had organised the conferences and three english doctors, Keith Sanders General secretary of ICMDA, Mike Sheldon who is developing the medical school for the YWAM university and Nik Howarth who had been visiting eastern Europe for some years.

These discussions led to the preparation of statutes both for a polish branch of the CMF and for a charitable foundation to be called "The Christian Samaritan Foundation" which would be empowered to undertake various christian ministries independently of the registered churches. (This opened up the prospect of developing an interdenominational evangelical ministry.) For its part the Government were asking for a commitment to build and manage a hospital in the Walbrzych district in south-western Poland.

I joined them in December 1987 in Warsaw for detailed discussions at the ministries of Religion and Health over the statutes and projects of the Foundation. The following five months were filled with legal work culminating in the more or less simultaneous registration in May 1988 of "The Christian Samaritan Foundation" in Poland and "The Tertius Foundation" in the U.K.. Tertius is one of the founders of Samaritan and has a majority on its controlling Council and is designed to act as a fund raiser for Samaritan and in due course for other foundations.

The legal scope of Samaritan's activity is very broad, encompassing the spread of the principles of christian "ethics" by means of lectures, conferences, exhibitions, study groups and Christian meetings etc and the making and distribution of christian literature and audio-visual materials. It is also able to undertake most types of caring ministries including the founding of hospitals and sanatoria, centres for the care and rehabilitation of addicts, mentally ill people, orphans, the elderly etc. It is also able to promote research and training designed to raise standards in the caring professions. Last, but not least, it is able to engage in economic activity to generate profits to be used to support the charitable work.

A number of initiatives are already under way. We are investigating sponsoring two medical projects, one being a paediatric clinic in Walbrzych and the other a preventative health clinic in Ustron in the south. The Nazarene church has shown a strong interest in helping to develop the paediatric clinic and a christian doctor with strong links with the west is leading the work in the south. We are also planning to hold a christian businessman's conference in Poland in May or September 1989, possibly under the auspices of the ICC. We have also been offered an involvement in a new company being set up by the national Institute for Environmental Protection which conducts research into water and atmospheric pollution and related medical matters. This will give us a strong link with academic and professional groups in the country and help us in setting up christian professional associations, as has already happened with the doctors.

We are also investigating several business propositions. Due to the state of flux in the country, there are many opportunities to be had in the business area which may not reoccur again for a long time to come. We believe that developing sound businesses is important to give the charitable work local roots and undergirding and to encourage the polish christians to move away from over-dependence on the dollar and to develop initiative and self-respect. It is also the best way of legally making dollars work.

One initiative in the field of import/export is being led from the foreign end by a Dutch businessman. We would be very glad to hear from any businessmen or women who would be able to offer expertise and/or funds for investment through the Foundation. We would also like to encourage private investment in the country, even if it is not channelled through the Foundation and we may be able to help make contacts.

STATUTE OF THE  
"SAMARYTANIN" CHRISTIAN FOUNDATION

Chapter I

Name, territorial sphere of operation, seat, legal status

Article 1

The "Samarytanin" Christian Foundation, hereinafter called "the Foundation", was established by notarial act dated 10th of May, 1988, repertory ref. no.: A 392/1988 done at the Provincial Centre of Culture and Art located at the Castle of Książ in Wałbrzych and shall be operated pursuant to the provisions of the Law on Foundations of 6 April, 1984 /Journal of Laws No. 21, item 97/ and of the present Statute.

Article 2

The seat of the Foundation shall be in Wałbrzych.

Article 3

The Foundation shall operate in the territory of the Polish People's Republic and abroad.

Article 4

The Foundation shall be established for an indefinite period of time.

Article 5

The Foundation shall have the status of legal entity.

Article 6

The Foundation shall use a seal. The wording and graphic design of this seal are given in Annex 1 to this Statute.

## Chapter II

The purposes of the Foundation, principles, forms and of its activity.

### Article 7

The purposes of the Foundation shall be:

- 1/ to pursue activities aimed at disseminating the principles of Christian ethics,
- 2/ to put into life the precepts of Christian ethics with regard to people in need of assistance,
- 3/ activities aimed at improving the qualifications of people who desire to provide assistance to their fellowmen, and
- 4/ to honour individuals and institutions who have made significant contribution to helping their fellowmen.

### Article 8

Activities of the Foundation aimed at dissemination of the principles of Christian ethics may take the following forms, in particular:

- 1/ organisation of lectures, conferences, exhibitions, cultural events, seminars, study groups and Christian meetings, and
- 2/ the making and distribution of other materials including materials produced in the audiovisual technique.

### Article 9

The Foundation in fulfilling the precepts of Christian ethics in regard to people in need of assistance may engage in the following activities, in particular:

- 1/ construction, equipping and operation of a hospital in the Wałbrzych voivodship and the construction and operation of other health care institutions of the



Foundation / hospitals, sanatoria, etc./ pursuant to the laws in force,

- 2/ financial and material assistance,
- 3/ distribution of medicaments, medical materials and products,
- 4/ operation of rehabilitation centers for the physically disabled, mentally impaired and addicted persons,
- 5/ operation of educational centers for abandoned or disadvantaged children, and the running of nursery schools and day-care centers,
- 6/ operation of social welfare homes, including for the rest homes for the elderly, and
- 7/ conduct and support of scientific and research activities and applications with the purpose of developing and improving health care and social welfare.

#### Article 10

Activities of the Foundation aimed at improving the qualifications of people who desire to provide assistance to their fellowmen may take the following forms:

- 1/ conducting educational activities,
- 2/ promotion of scientific exchange at home and abroad,
- 3/ organization of training abroad and other forms of education, and
- 4/ organization of forms of exchange and the use of professional publications.

#### Article 11

The Foundation in regard to honouring individuals and institutions who have made significant contribution to helping their fellowmen shall pursue the following activities, in particular:

- 1/ award money or material rewards, and
- 2/ award scholarships.

#### Article 12

In order to attain the objectives specified in Article 7 the Foundation may, among others:

- 1/ establish subsidiaries, centers and other organizational units of the Foundation outside its seat,
- 2/ acquire in the form of donations, inheritances, bequests money and movable assets or proprietary rights from both domestic as well as foreign legal or natural entities,
- 3/ cooperate with churches at home or abroad as well as domestic, foreign and international organizations, institutions as well as other legal or natural entities whose activities correspond to the activities of the Foundation,
- 4/ support initiatives and activities of other foundations, associations or other legal or natural entities which pursue activities with similar objectives, and
- 5/ conduct economic activities.

#### Article 13

The Foundation shall pursue its activities in accordance with the fundamental interests of the Polish People's Republic pursuant to the laws in force in the area where such activities shall be undertaken.

#### Article 14

Activities of the Foundation shall be carried out on the basis of the Foundation's own programmes and plans of



NHS: QUEST FOR A CURE

A Daily Mail investigation into what patients get for their money in other countries / DAY TWO: POLAND

# Bribing the doctor is the way of life

ANYONE who thinks the National Health Service is in poor shape should visit the Praski Hospital in Warsaw. Mind you, it is not easy to arrange. Government officials steer foreign visitors well away from hospitals like the Praski.

Fortunately I had a friend, a Polish children's doctor, who insisted that I should see it. We slipped in, appropriately enough, during visiting hours. What I found was a disgrace to a civilised nation.

We pushed aside a dark-green curtain which hid service as a door and entered a dark and grimy entrance-hall. On the first floor was a ward crowded with patients, four or eight to each small room, head-to-toe or side-by-side with scarcely a foot between their beds. The corridor, too, was lined with beds, leaving only enough space for visitors to squeeze past.

In one of these was an old man who was dying in full view of everyone, without a vestige of either privacy or dignity.

The whole place, moreover, stank — the result, my doctor friend told me, of beds and bedclothes which had not been changed for some time. The toilets, too, were filthy and malodorous.

**Terrified**

Recently a group of Swedish doctors visited her own hospital, my friend told me, and when they'd asked to use a toilet, she had had to walk them right across the building to the only one where you didn't have to hold your nose.

She'd also been terrified of what they might see in the lifts, because food for patients, dirty linen and dead children on their way to the mortuary were sometimes carried together.

We moved to an upper floor. There, too, the corridors as well as the rooms were packed with beds. In one alcove there were no fewer than six, two of them just outside another stinking toilet.

Some were merely camp-beds and, on one of these, which had dirty and yellowing bed-linen, lay a one-legged man smoking a cigarette. One of the other patients tried to drag a chair across the room to him, but the floor was so dirty that he found it hard to move.

If anything, the dark and dismal rooms in the ward were even more crowded. My doctor friend told me that, when she recently went into hospital as a patient, she actually chose a corridor bed because that would give her both more privacy, and rather more light to read by. Then, with infinite sadness, she took me to a corridor lined with photographs which showed what the Praski had been like before the war.

In those days, the wards were evidently spacious, the nurses' uniforms crisp and sparkling. Even as we looked, a woman with nothing more than a rag and a bucket

If you thought Britain had hospital waiting problems, look how the Poles have to queue in the street



by **GRAHAM TURNER**

of dirty water was trying ineffectually to clean the grimy floor. 'Everything,' said my friend, 'is worse now.'

There are far better hospitals than the Praski in Warsaw (not least those where the army, police and government officials are treated) but there are also scores more like it around the country.

'Most of the hospitals in Warsaw have the same character as the Praski,' said Dr Zofia Kuratowska, one of Poland's most courageous women doctors.

'We talk about under-funding in Britain,' added a Polish doctor who now works in London, 'but, compared with what goes on in Poland, your system is complete luxury.'

Nothing could better illustrate the parlous state of the Polish health service — which is financed by taxes and 'voluntary' contributions from workers — than a conversation I had with one of those charged with running it.

He was plainly a decent man, so to spare his blushes, I will say no more than that he holds an extremely senior post.

What proportion of Poland's gross national product did they spend on their health service, I asked? 'Eleven per cent,' he replied briskly. But that, I said, simply couldn't be true. 'Why not?' he demanded.

Well, I said, that was what the Americans spent on health, and they were the highest in the world. Very well, he declared, he would check — and, when his envoy returned a few minutes later, he conceded that the correct figure was 5.8 per cent.

If the people running a service can be 100 per cent wrong about what they are spending on it, it is not difficult to imagine what the service itself is like.

To begin with, the Poles are desperately short of just about everything: medicine, equipment, doctors, nurses and beds.

'The only things we have a surplus of,' said a young university teacher dryly, 'are troops and police.' So-called 'disposable' needles, for example, are re-used so often that viral hepatitis has become a serious problem: roughly 25 of the staff at Warsaw's most famous children's hospital contract it every year, according to a senior surgeon.

In some areas, patients are told that they must bring their own needles and syringes if they want a blood test.

The same is true of rubber gloves. I was astonished by the way you treat disposable items in England,' said the senior surgeon.

'In one of your hospitals I was given a pair of rubber gloves and when I tried one on they turned out to be half a size too small, so the sister immediately threw them into the dustbin. That would be inconceivable in Poland.'

No fewer than 1,000 out of 2,300 basic drugs are in short supply. 'Nie ma' — 'we have no more' — is the most common phrase in Polish pharmacies (and supermarkets, for that matter).

**Dollars**

'We lack the most basic things,' said Dr Kuratowska, 'antibiotics, cardiac drugs, anaesthetics. If people have no friends in the West who will send them these things, they have to buy them with dollars on the black market.'

There are usually vast queues outside churches which distribute gifts from the West.

Drugs are not the only things Polish patients queue for. The standard joke is that you have to be very healthy to be sick in Poland, and it is easy to see why.

If they want to see a doctor at one of their district health centres, Poles often have to start queuing at six or seven in the morning merely to get a number for later in the day. Even that does not guarantee an appointment with a particular doctor, just the one who happens to be available.

If the doctor's surgery is in the afternoon, they have to come back and start queuing again.

The process may be almost as wearisome if they choose to see a doctor in one of Warsaw's 50 medical co-operatives, which offer a form of private medicine (around £1.50 for a consultation with a professor, 90p for a chest X-ray) to those willing and able to pay.

Even there, you may have to queue to see one of the more popular specialists.

One factory manager said his wife wanted to consult a neurologist who worked part-time at a co-operative, and who only saw 15 patients a week there.

His surgery was at 10 am, so she turned up at 5 am only to find a crowd already waiting. The first customer had been there since 2 am.

The Poles have many excellent, well-



Suffering in silence: Above Poles queue for Western medical supplies, while, right, elderly women lie in the corridors of a Warsaw hospital

trained doctors, but there are simply not enough of them. The director of the Wolomin Hospital, just outside Warsaw, said he needed at least a third more doctors. In the district health centres, he added, there were only half as many as there ought to be.

Nor is this shortage in any way surprising given a level of pay often well below the national average wage. The head doctor at the Wolomin Hospital earns £725 a year, a senior surgeon at the best children's hospital in Warsaw £575 after 25 years in practice — and this in a country where a successful house decorator can make £2,700 and a shoe-repairer with his own business, £3,600.

Nurses and hospital cleaners are paid even less. An average nurse gets around £325 a year (with 75p extra for each night shift), cleaners £275. In these circumstances it is hardly surprising that there should be a desperate shortage of both.

A doctor at the Barska Street Hospital (formerly a sweet factory) said they had ten nurses when they should have 40 and a leading psychiatrist claimed that his hospital had only 10 per cent of the cleaners they needed.

The head of the surgical ward at the Bielanski Hospital (part of the official tour laid on for me) admitted that he only had three cleaners when he ought to have 12.

'It should be clean,' he said, 'and they do their best, but ...' and he shrugged his shoulders.

Nor can hospitals afford to pick and choose. 'Our nurses are always threatening to leave,' said a woman doctor in a teaching hospital, 'and we have to try to keep them even if they are neither honest nor good, because otherwise we wouldn't have any at all.'

On the night-shift in her ward, she added, there were only two nurses for 70 beds.

'A lot of babies are dying,' declared Professor Sigmund Kalcinsky, president of the Polish Association of Paediatric Surgeons.

'Our average child mortality is between

17 and 19 for every 1,000 live births, in some areas it is as high as 29 (the Swedish figure is seven) and the key problem is dirt.

'We don't have enough soap or detergents in our hospitals, and we don't pay our cleaners anything like enough.'

'But what d'you do when the people at the top no longer understand the distinction between clean and dirty? Until 1960 we had people who knew the difference. Now we don't. I am shocked when I see directors of hospitals observe dirty corridors and wards and then just walk past. The decline must be halted, otherwise we shall become like an African country.'

Given low pay and a serious shortage of beds (Poland has 56 for every 10,000 people, compared with 160 in Sweden and 192 even in East Germany), the bribery of doctors and nurses has become endemic in many hospitals.

**Cognac**

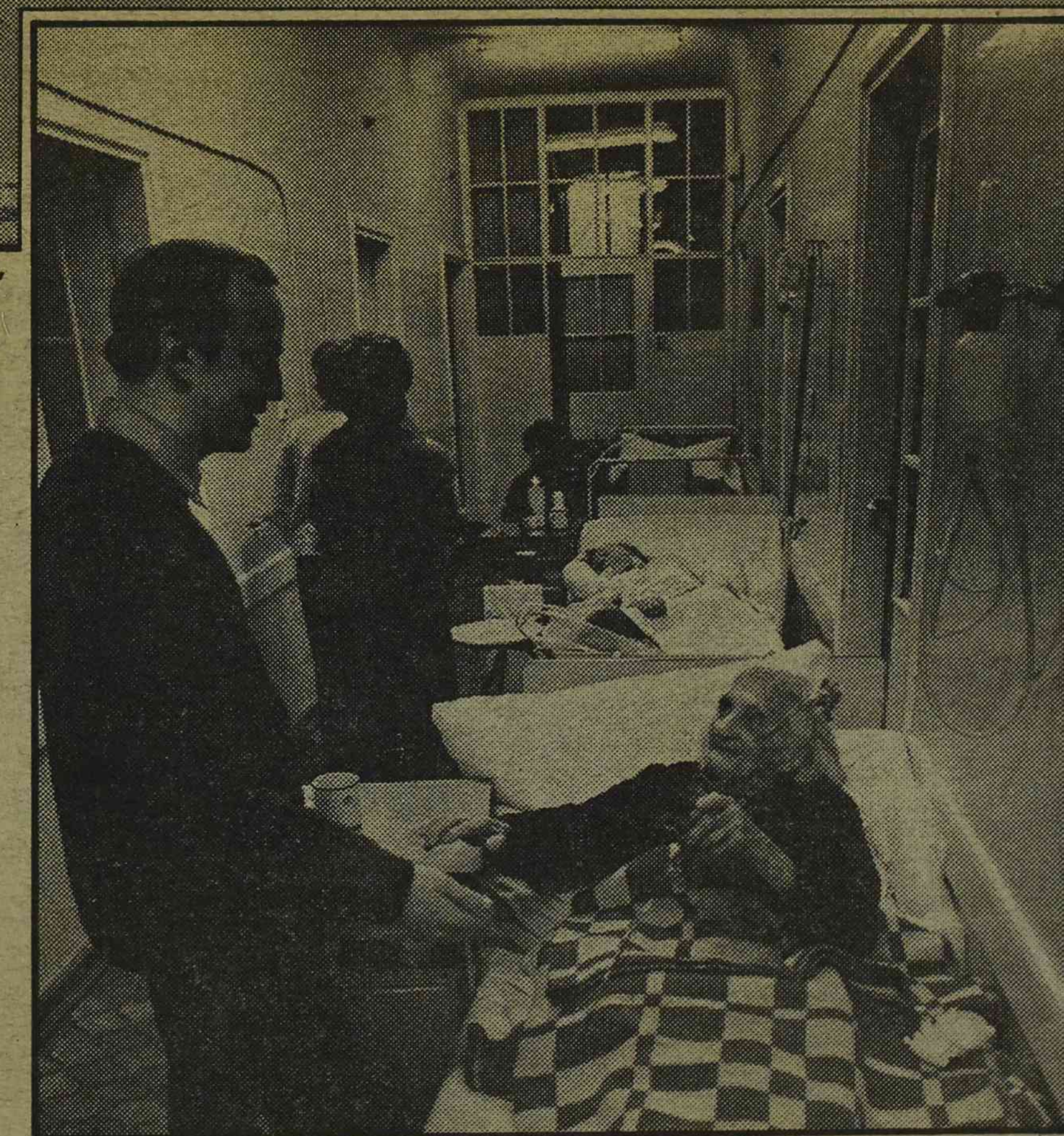
Zofia Kuratowska estimates that about half take bribes, whether for bringing a patient a bed-pan or helping someone jump the queue for operations. At the end of their medical training, said a leading Polish psychiatrist, students had very high ethics but after a few years in practice, many had none at all.

When he'd want to get his wife into a good hospital quickly, recalled one State factory boss, he'd managed to do it, but the price had been high — either a gold wrist-watch or a gold pen or a briefcase or some silver.

And, when his wife had been admitted, she had to hand out coffee to the nurses and bottles of Johnnie Walker or cognac to the doctors.

It was the same with another physician, who was a heart specialist. Everyone who went to his home took a parcel of some kind with them. 'He always very deliberately gives me a check-up appointment on December 21 or 22,' said the manager, 'so as to create a proper atmosphere for the bringing of gifts.'

Outside Warsaw, in the countryside,



things were worse still, he went on. There, even if you went to a State medical centre, you could often get nothing without money, and there were no kid gloves either.

A Polish doctor in London told the story of a friend in Craoow who had had a baby and thanked the doctor profusely for all he had done.

'His answer, while he was still holding her hand just a few minutes after the delivery,' said the doctor in disbelief, 'was "please, I don't accept flowers or chocolates". So she sent him a bottle of brandy with money inside the wrapper, and he accepted that very happily.'

Nurses can be equally corrupt. 'One day,'

recalled a surgeon at a children's hospital, 'one of our nurses came and told me that they had a sick child in their family, and asked whether I could get it into the hospital quickly.'

'I knew there was a queue of about a year, but I promised I would help. After the child had been operated on, I was told that it was not a member of the nurse's family — and that she had collected 100,000 zloty (£150) for pretending it was.'

By contrast, senior Party members, the military and the police have no difficulty whatever about getting into hospital.

There are, in fact, a group of special hospitals in Warsaw where they are

treated: Czesarow Street for the military and top Party brass like General Jaruzelski, Komarowa Street for the police, Emilia Plater for middle-rank Government officials.

While scarcely showpieces by the best British standards, they are at least totally different from places like the Praski and Barska Street. So different, indeed, that the regime has no intention of allowing potentially critical eyes to observe the contrast.

When I asked whether I might visit Emilia Plater, I was informed that it was not Government policy to allow journalists into hospitals where Ministers and officials were treated. When I asked to visit the military hospital in Czesarow Street, I was told that it was 'under renovation'.

Those who have been patients in both the privileged and the run-of-the-mill hospitals say that they are worlds apart.

'At the military hospital,' recalled a businessman who was treated there, 'it is absolutely forbidden to have patients in corridors, there are private rooms, plenty of doctors and nurses — perhaps because they're better paid — no shortage of medicine, and it is very clean.'

Even though foreigners are forbidden to visit institutions intended for the elite, it is still possible to see what the top Communist Party officials had in mind for themselves by going to the hospital at Anin, near Warsaw, which they built for their own private use in 1979.

It was to include 120 beds, all in single rooms, on a beautiful wooded site and with most unusual amenities like a swimming pool. Sadly for the officials, pressure from Solidarity became too intense for them to keep the place as their preserve, and it has been turned over to the Institute of Cardiology.

Unfortunately for the Poles, there are too few hospitals like Anin, too many like the Praski. What is more, there seems little chance of fundamental improvement.

At the Health Ministry, top officials murmur that, much as they would like to improve the service, the country (unlike

Britain) has a grave economic crisis, with vast foreign debts to pay off. Even the Health Minister is frank about the fact that it may be too difficult for him to achieve much.

Those within the health service have their own ideas about what should happen. 'Our system is not based on incentive or motivation,' said the director of the Wolomin Hospital.

'We get the same sum irrespective of how many patients we treat, and our workers get their wages whatever happens — so, of course, they don't turn off the lights, they don't care.' Yes, he agreed, he would like to see 'private' motivation injected into the system.

Many Polish doctors fervently echo his sentiments, and dream of foreign trips to boost their pitiful earnings. 'If I took more patients,' said a lady paediatrician, 'I wouldn't get one zloty extra, so I only see the number I'm obliged to admit.' Partly as a consequence, observed Professor Kalcinsky, many doctors only worked until the early afternoon, 'which is completely stupid.'

**Demand**

Such sentiments would doubtless not find immediate favour within the Party organisations known as ZOC (the Combine of Health Care) which vet all senior appointments in Polish hospitals, not to mention keeping a tight grip on their purse-strings.

Yet it must be patently obvious even to them that there is a huge latent demand for private medicine among a people who still believe that, if you pay for something, it is likely to be better.

But, although the present Health Minister (who is not a Party member) may have no personal objection to the building of private clinics, Poland still languishes in the grip of an ideology so sterile that the sufferings of the sick are of only marginal concern.

All the Poles can do for the moment is fall back on their well-worn maxim, *Polak potrafi*: 'The Poles can manage'.

PICTURES: CHRIS BARHAM

**HOW THE SPENDING COMPARES**

	POLAND	BRITAIN
Hospital beds per 100,000 pop	560	614 (596NHS, 18 private)
Doctors per 100,000 pop	188	160 (NHS and private)
Nurses per 100,000 pop	455	781 (NHS and private excluding student nurses)
Proportion of GNP spent on health care	5.8 per cent (incl 0.5 per cent private care)	5.9 per cent (includes 0.7 per cent private care)
Total spending on health care	£140 million	£2,250 million
Private health insurance-pop covered	none	10 per cent

**TOMORROW: PUBLIC AND PRIVATE THE FRENCH CONNECTION**