

# Catholic hospitals could see war casualties

By Rob Cullivan  
Staff writer

Kirk Vincent is manning the home front of the Persian Gulf War in more ways than one.

A first lieutenant reservist with a Mobile Army Surgical Hospital (M.A.S.H.) unit based in Erie, Pa., Vincent also serves as nurse manager in the Brain Injury Rehabilitation Program at St. Mary's Hospital in Rochester. As the war moved into the ground phase last weekend, he noted that both jobs might eventually bring him face to face with war casualties.

St. Mary's Brain Injury Rehabilitation Program currently employs a staff of 60 and can serve as many as 26 patients. With the hiring of four more licensed practical nurses, the unit can be expanded in four-to-six-weeks time to serve an additional 14 patients, Vincent said.

If the ground war becomes a bloody affair for the U.S. forces, Vincent speculated that East Coast hospitals with brain-injury units like St. Mary's may be employed in the effort to treat wounded military personnel.

"I think what you'll see is fairly significant injuries coming back, and I think that's where I see the potential for this program," Vincent said of the brain injury unit's role in the war.

Drawing what he called a "best-case scenario," Vincent pointed out that when a soldier is wounded, he or she would first be treated at a gulf-region field hospital for two or three days and, if necessary, later

evacuated to a hospital in Turkey or Germany.

If a soldier needed even more medical attention, after 10 days or so, he or she probably would be flown stateside, either to a private hospital or to one operated by the military. Yet few, if any, military hospitals boast brain-injury units, Vincent asserted. "I know, as a fact, that the (Veterans Administration) system doesn't have any facilities for this level of rehabilitation," he said.

Indeed, few civilian hospitals boast such a facility, according to Gordon M. Cass, administrative director of St. Mary's Department of Physical Medicine and Rehabilitation. Outside of New York City, in New York State, only Our Lady of Victory Hospital in Buffalo houses a unit similar to the one at St. Mary's, Cass said.

Vincent also explained that today's military base hospitals accommodate fewer beds than they did in years past, and have changed their focus from caring for war casualties to serving military family dependents and military retirees.

Ann Berry, spokeswoman for St. Mary's, said St. Mary's has informed the New York state health department that it can set up 10 beds in addition to its current capacity of 241 if needed for war casualties. The hospital has also specifically offered the use of its brain-injury unit, ophthalmology services and dialysis facilities, she said.

Lori Spalding, nurse manager of the dialysis unit, noted that dialysis was not



Babette G. Augustin/Staff photographer  
Tracy Kratzenberg (left) works with physical therapist Beth Genday in the Brain Injury Rehabilitation Program at St. Mary's Hospital in Rochester.

used in a widespread fashion until the Korean War. M.A.S.H. units in Korea found that dialysis — developed by a Dutchman in World War II — could be used to sustain life when the kidneys shut down from injury.

Like the brain-injury unit, St. Mary's dialysis facility probably would only handle severe war casualties, Spalding said. She added that soldiers receiving such treatment would likely have suffered permanent kidney damage during the war and would need long-term treatment.

Unlike the brain-injury unit, however, dialysis units are common features of most city hospitals, Spalding said, noting that the prevalence of such units make it unlikely that St. Mary's would be relied upon heavily for war-related dialysis treatment. But if the need were to arise, St. Mary's unit could accommodate an additional 35-40 patients above its current patient load of 60-65.

If wounded military personnel are sent to Elmira, St. Joseph's Hospital will be ready, according to David Sullivan, hospital spokesman. Sullivan noted that St. Joseph's belongs to the National Disaster Medical System, a national network of community hospitals that serves as a backup to the military health-care system.

According to the Hospital Association of New York State, the NDMS was set up primarily to deal with earthquakes and other natural disasters, but can also be activated by the Pentagon in wartime. If the Defense Department issued an activation order for the NDMS, patients who had already been treated in military field and base hospitals would be sent to NDMS



Vito Nicoletta works on coordination skills in the program's physical therapy area.

hospitals for follow-up care.

Although the hospital isn't making any specific preparations for war casualties, Sullivan cited St. Joseph's burn unit as a program that might see a lot of action in the event of a high casualty rate.

No spokesman was available last week at St. James Mercy Hospital in Hornell to answer *Catholic Courier* inquiries about the hospital's potential role in treating war casualties.

## Diocesan agencies face deep cuts in state budget

By Rob Cullivan  
Staff writer

The diocese's three social-service agencies — Catholic Family Center, Southern Tier Office of Social Ministry and Finger Lakes Office of Social Ministry — are bracing themselves for the anticipated impact of proposed cuts in state funding for human services.

In an effort to reduce New York's budget deficit, Gov. Mario Cuomo proposed Jan. 31 that \$4.5 billion be cut from state spending plans.

CFC, the largest of the three agencies, will feel the cuts more deeply than will STOSM and FLOSM. Nonetheless, the directors of all three agencies are concerned about the effect — both direct and indirect — the cuts will have on the quality and quantity of services they can provide.

CFC kicked off a campaign to combat the proposed budget cuts at a meeting with area state legislators and legislative aides Thursday, Feb. 21, in Rochester's Christ Church, 141 East Ave. According to a statement released by CFC, the campaign was also initiated in response to the impact of \$1 billion in budget cuts last year.

Representatives from CFC were joined by spokesmen from local unions, outreach programs of various Catholic parishes, the diocesan youth ministry department, and other community organizations.

At the meeting, various presenters argued that the state should look at increasing taxes on the rich, rather than balance the budget at the expense of the needy.

Speakers pleaded with their listeners to examine closely the consequences of cuts in programming for substance abusers, teenagers, the homeless, the elderly, the disabled and the hungry. While helping to balance the budget in the short run, the community groups argued, these budget cuts may be detrimental to the state's population in the long run.

For example, Carolyn Portanova, executive director of CFC, cited a statistic that 85 percent of the state's prison population is composed of substance abusers. Just when drug-abuse intervention and treat-

ment programs are being established throughout the state, she argued, proposed budget cuts will halt or cut their growth, creating the potential for more problems with drug-addicted criminals in the future.

"Pay now or pay later," Portanova told the legislators and aides. "The effect of the cuts will affect not only the users, but also the fabric of New York."

In telephone interviews on Friday, Feb. 22, and Monday, Feb. 25, Portanova noted that the state budget cuts might put an end to some of the agency's programs and, as a result, to the jobs of some agency workers as well.

"This is just the gloomiest time in my career because it's just so painful to tell people they don't have jobs," she remarked. Portanova also expressed dismay at the fact that her agency's clientele will lose services — some of which have no parallels in the community to take their place.

Portanova cited several ways in which the cuts from last year have affected her agency, and ways in which the governor's proposed cuts portend an equally ominous future for CFC.

For example, CFC has learned that the more than \$30,000 in funding it received last year for its Stress-Watch program will not be renewed under the proposed budget. Stress-Watch helps disabled people to work with the social-welfare process and to perform other tasks that enable them to live independently. Stress-Watch employs one full-time employee who worked with several disabled clients.

CFC's Department of Disabled Services programs — which received \$67,000 in state funding last year — also anticipates a termination of state funds, Portanova said. Such a cut would wound or possibly kill such department programs as STAR (Support to Aging Residents), which employs professional staff persons and several hundred volunteers to assist more than 1,500 frail elderly people living at home.

Another program for senior citizens that might come under the budget-cutting ax is Elderly Community Outreach, which helps

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