Nurses often find themselves offering assistance in the most unusual places. Despite separation by distance, cultural differences, and language differences, we are first and foremost caregivers. Four members of St. Mark Orthodox Church and Family Home Health Services in Sarasota and Bradenton, FL, received an incredible honor and opportunity to share resources and experience with health care and social service agencies in the region of Vladimir, Russia (see Figure 1). Over the past few years, positive working relationships developed between members of St. Mark Orthodox Church and the Russian Orthodox Diocese of Vladimir and Suzdal, as well as the Sarasota Sister Cities Program.

Preparation
While Nicholas Maier and I had traveled to Russia several times before, the trip was the first for Julie Dudenhoeffer and Beverly Winslow. The importance of understanding cultural differences prior to our trip allowed us to minimize the potential for embarrassment. We spent many hours discussing some similarities and differences between American life and the average life of those in the Vladimir region. We also covered some basic Russian history and key figures (see Figure 3).

We focused on the strong historical and religious background that Russians possess, which directly affects the health care and social service delivery system. Early in Russian history, hospitals, health care, and social programs tended to be organized, staffed, and administered by the Church. This changed during the Soviet era when the State central...
limited in Russia as a whole (and/or more particularly to the Vladimir region). With this knowledge, our delegation took time to review some salient points concerning historical facts, figures, and places, both recent and ancient.

While America promotes the separation of church and state, Russia has a long (since 988), intertwined relationship between the government and the Russian Orthodox Church. We discussed the eras of ancient Imperial Russia, some prominent Tsars and Tsarinas (Ivan IV, Peter the Great, Catherine the Great, Nicholas II, and Alexandra), the Russian Revolution, the establishment of the Soviet Union and its key leaders (Vladimir Lenin, Josef Stalin), the deep effects of loss experienced during the Great Patriotic War (World War II, Battle of Stalingrad, the siege of Moscow), the fall of Communism, the reformers of the Russian government and the emergence of capitalism and democracy (Mikhail Gorbachev, Boris Yeltsin, Vladimir Putin). We included events of the Russian Orthodox Church throughout the ages that coincided with sociopolitical events and people.

The establishment of the Assumption Cathedral in Vladimir (12th C.) and Christ the Savior Cathedral in Moscow (early 19th C., rebuilt during 1990s), along with personalities such as St. Vladimir (+1015), St. Andrei Bogolubski (+1174), St. Herman of Alaska (+1837), St. Innocent, Metropolitan of Moscow (+1879), and St. Tikhon, Patriarch of Moscow (+1925) provided more background concerning the Church-State relationship and methods by which social and health care services were influenced. It was also important to note that during the Soviet era, while the Russian Orthodox Church experienced severe persecution, Orthodox Christianity continued to be practiced, but with strictly imposed limitations. Today, the Church enjoys a growing positive relationship with government officials both locally and at the federal level. For

Figure 1. Map Showing Vladimir

Figure 2. The Delegation

Delegation from Sarasota: (l-r) Beverly Winslow, Fr. John Chudik, Jeffrey Nicholas Maier, Julie Dudenhoeffer

ized control of the institutions and programs formerly overseen by the Church. Today a movement toward shared responsibility between Church and State exists concerning health care and social programs, as well as their administration, training, staffing, and financing. This collaborative effort, while having a strong historical basis, tends to lack recent practical experience due to the effects of the Soviet era. There are certain benefits taken for granted in the West related to technology, education, research, and program development that either do not exist or are quite
Vladimir is founded by Grand Prince Vladimir Sviatoslavich of Kiev ("The Red Sun").

1108 Vladimir Monomakh strengthens the city.

1157-1439 Vladimir becomes the capital of North-Eastern Russia. Golden Gates and Assumption Cathedral constructed. Grand Princes Yuriy Dolgoruky and Andrei Bogolubsky influential in rise of region.

1238 Vladimir is burnt during the Tatar-Mongolian invasion.

1299 The seat of the Russian Orthodox Church is transferred to Vladimir from Kiev (later to Moscow, along with the capitol).

1778 Vladimir becomes the administrative center for Vladimir province.

1944 Vladimir becomes the administrative center for Vladimir Oblast (region).

1994 Vladimir signs Sister City relationship with Sarasota, FL.

2003 First delegation to visit Vladimir from St. Mark Orthodox Church, Sarasota-Bradenton, FL (Orthodox Church in America) along with local health care professionals.


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**Figure 3. Historical Dates: Vladimir City**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>990</td>
<td>Vladimir is founded by Grand Prince Vladimir Sviatoslavich of Kiev (&quot;The Red Sun&quot;).</td>
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<tr>
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</tr>
</tbody>
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Most people tend to reside in apartment-type housing, but also have small weekend retreats or summer homes called *dachas*. The average life expectancy for men is about 57 years and 62 years for women, according to Dr. Aleksandr Kiryukhin at Vladimir Regional Health Clinic. Some of the elderly rely on pensions as their only source of income, which varies greatly as it does in America. The most pressing social concerns include widespread alcohol and tobacco use. The average cost for a pack of cigarettes is $0.33 to $0.50 and up, while some vodka remains cheaper to purchase than bottled water.

New concerns over the past 10 years include dealing with issues of homelessness, unemployment, gambling, and drugs. As general medical practices follow a socialized system, it is difficult to make comparisons. Elements often taken for granted in the United States (such as handicapped accessibility, home health care, hospice programs, rehabilitation hospitals, specialty nurses, same day surgery or surgery centers, private hospital rooms), may be experiencing only their “infancy” in the Vladimir region, if they are available at all. Hospital stays in Russia are on the average much longer than in the United States. The rationale for length of stay varies greatly, but is not based on insurance program guidelines.

A few practical details presented to the delegation included obtaining a passport and a travel visa from the Russian Consulate and taking only crisp, new American money (due to previous counterfeiting concerns). While we required no special immunizations several of the delegation received an updated tetanus injection, a hepatitis A vaccine, and verified current hepatitis B titers prior to departure. The topics of church protocol, appropriate dress (long skirts and head coverings in monasteries and churches for women), the custom of toasting at meals, and the presentation of gifts were also reviewed. Finally we purchased appropriate gifts (local artwork, fabric, school supplies) to present to the various hosts and departments we would visit.

While this overview was comprehensive, it was by no means exhaustive. We did impart some basic Russian words or phrases to the first-time members of the delegation. Important items like hello (*privet*), good bye (*paka*), thank you (*spasibo*), yes (*da*), no (*nyet*), and toilet (*toilyet*) became part of our daily vocabulary lessons. The depth and complexity of all these characteristics often fail to be adequately addressed with words. We satisfied the purpose of establishing a baseline of common knowledge for the delegation, which allayed many feelings of anxiety and apprehension. The delegation possessed comprehensive skills in many areas: nursing, management/administration, urology, pharmacology, and theology. A major consensus reached by our delegation asserts that our effectiveness would be directly related to our willingness and ability to experience the challenges...
faced daily in the lives of the people met during our visit.

Making the Trip – Meeting the People

The key people responsible for our agenda throughout the visit were a representative from the Vladimir City Administration; Mr. Yuri Fedorov, director for international relations and the Russian Orthodox Church’s Diocese of Vladimir and Suzdal; and Rev. Fr. Mikhail Morochev, director of St. Catherine’s Orphanage. During this visit meetings took place between Deputy Mayor Vera Guskova, who is responsible for Vladimir City Administration Social Sphere; Dr. Aleksandr Kiryukhin (chief doctor of Vladimir Regional Health Clinic) and the chief administrators and staff of the Centers for the Elderly and Disabled, the Homeless and the Jobless as well as Children and Families Services. These meetings introduced us to the mission and function of each center and allowed us to perform a “needs assessment.”

At the Center for the Elderly and Disabled, the 10-bed structure provided a true, holistic approach to rehabilitation for seniors who experienced difficulty remaining in their home. A comprehensive medical and psychological evaluation screens all potential residents prior to their admittance. Residents may stay at the center for up to 6 months and receive medical, psychological, social, and spiritual support along with room and board. The entire delegation found this rehabilitation center to be in some ways superior to those found in the United States because of the attention given to providing holistic care. We found the only thing lacking in this situation was that this center is the only one of its kind in the entire Vladimir region. Many more people could benefit from this type of well-balanced care, if only there were the financial resources to support the opening of additional homes.

We were graciously received at the Center for Homeless and Jobless People. This facility provided service to nearly 600 people last year and accommodates a maximum of 12 people. It was explained to the delegation that “during the Soviet era, homelessness and joblessness did not exist. Only during the last 10 years has this problem become a social issue for us.” Again, this is the only homeless shelter in the entire Vladimir region, which reports approximately 315,000 inhabitants. Our group was impressed by the deep level of compassion, commitment, and organization displayed by this home for the homeless. “They have done so much in such a short period of time and with so little,” remarked Beverly Winslow, a member of our delegation.

Their executive director explained some of the day-to-day tasks made available to those who seek help at this center. People received a complete medical assessment upon arrival as well as proper documentation concerning their family/next of kin, housing, and employment status. Once admitted to the shelter, residents may remain for up to 2 months. During their stay at the center, the staff may assist residents with acquiring proper personal paperwork, employment, legal advice, and alternative housing arrangements. Staff members also begin to address issues such as alcohol abuse, domestic violence, as well as other psycho-social issues, which often contribute to homelessness. During the winter, the center provides one hot meal daily to anyone who may need food. In addition to meeting the basic needs of its residents, this facility strives to encourage a greater sense of culture by getting involved in local community events: poetry reading, music, art discussions, gardening, and special expositions. In this way residents become active in diverse areas of the community, which enhances self-esteem and paves the way for a better re-entry in society.

At the Center for Children and Families, its vibrant director showed us the tight quarters and spoke at length about their mission and goals. This center helps mostly women who experience all forms of abuse (and some men as well) along with their children. Their clientele may receive medical attention, psychological counseling, social work, and legal services. This center also focuses on creating more healthy families through offering a variety of educational programs and workshops for parents and children. We were informed that the most critical social issues facing the family today (according to the director) include alcohol abuse and domestic violence. We also visited a residential facility for children temporarily removed from their homes due to these same problems. In this place children receive room and board in addition to medical, psychological, and social services for up to 1 year. The administrative board meets with the parents to determine the process by which a child may return home. If a more permanent severing of the parent-child relationship must take place, children may be placed in a group home like St. Catherine’s Girls Home.

St. Catherine’s opened 7 years ago through a cooperative effort between the Vladimir City Department of Education and the Russian Orthodox Diocese of Vladimir and Suzdal. Currently, eight girls reside in a recently renovated home located next to the Princess Convent. This unique home attends to all aspects of care for these young ladies: physical, emotional, social, spiritual, and psychological. In addition to their regular studies, the residents at St. Catherine’s receive perhaps even more important moral and practical education. The positive influence of the nuns and pilgrims at the Princess Convent provides the staff and residents of St. Catherine’s Home a special opportunity for hospitality and socializing. The girls also learn and practice life skills such as cooking, gardening, and sewing, while also receiving considerable

Meeting the People
musical and artistic training. The depth of commitment to healing the physical/emotional/spiritual wounds of these girls remains the most important focus of this home.

A second home has recently been renovated with the hope that more girls may find comfort, safety, and love within its walls. The dedicated staff working with Fr. Mikhail Morochev seeks to restore the self-confidence and self-esteem that many of the girls lose through their difficult life experiences. This home also provides an opportunity for the residents to find a sense of meaning, purpose, and direction in their life. Unlike other “orphanages” that may simply turn their residents onto the street at a certain age, St. Catherine’s Home encourages and prepares these girls to excel academically, in the arts, and in their spiritual development. In this way, we believe that these young ladies increase their potential for success and may positively impact society. Ultimately, St. Catherine’s Girl’s Home offers a safe, home-like environment filled with love and compassion, which ensures a much brighter future for all girls living there.

Prior to our trip, Fr. Mikhail Morochev mentioned an interest in and need for a hospice program. During our meeting with Vice-Mayor Vera Guskova, the subject of hospice arose. Apparently an initial program began a few years earlier with the assistance of another Sister City organization, but was discontinued in 2007. Information concerning the organizational structure and function of this program was provided. Our delegation shared its experience with hospice and a lively discussion ensued. We expressed interest in helping to revive and possibly improve this program, but required some additional information. Certain elements that needed additional attention included the role and use of volunteers, pain management techniques, bereavement support, fundraising, and financial stabilization of the program. Everyone agreed that a cooperative effort between the Vladimir-Suzdal Diocese and the City Administration may be the most beneficial route, with respect to creatively acquiring all the necessary resources for this program. The Mayor’s office agreed to provide more financial and programmatic details to our delegation for further review and expressed interest in collaborating on this project.

Finally, we met with Dr. Aleksandr Kiryukhin (chief doctor, Vladimir Regional Health Clinic) and a local urologist. We discussed a variety of topics concerning health care in general as well as current urological practices in the Vladimir region. We learned that the average length of stay in the hospital is 11 to 15 days. The leading urological procedure is lithotripsy, followed by transurethral resection of the prostate. Following these procedures patients remain in the hospital for approximately 2 weeks and return home with no catheter. One of the physicians at our meeting remarked that “it is up to the patient to deal with their situation once they leave the hospital,” in reference to a question about discharge planning. At this time there are no outpatient urological procedures and no home health care services. Patients who present with any form of genitourinary cancer are sent to another facility and an oncologic surgeon. Radical prostatectomies are the primary mode of treatment for prostate cancer, followed by a course of chemotherapy and external beam radiation. Patients who wish to have a radioactive seed implant for treatment of their prostate cancer are sent to Moscow (115 miles away) as this procedure is not available in the Vladimir region. When asked about a high correlation between the occurrence of bladder tumors and the high number of heavy smokers, the physicians denied any noticeable significance. As far as issues of incontinence, Kegel and pelvic floor exercises remain a gold standard approach for treatment. The most common surgical intervention for women with incontinence is the transvaginal tape procedure. While incontinence was the number one disqualifying factor for admission to the centers we visited, no comprehensive treatment plan to deal with this issue seems to exist.

In terms of our medical colleagues in Vladimir, we learned many things about their backgrounds and preparation. Vladimir has a medical college that trains nurses and technicians for hospital and clinic positions. For physicians, many receive their education at the nearby Ivanovo Medical Institute and some continue their specialty training in Moscow. We also learned the continuing education for physicians is mandatory, but not so with nursing staff. The urologist that we spoke with informed us that his responsibilities centered around the hospital and that he had “no office hours.” We discovered that no nursing specialties exist in the Vladimir region. A nurse cares for every kind of patient and often carries a case-load of 10 to 15 patients for a shift and receives approximately 6,000 rubles per month (about $250 USD). Challenges that continue to face medical personnel here include the lack of available technology and physical resources. The people we met were sincere, well-educated, and very realistic about their ability to meet the needs of their patients given a variety of limitations. They expressed a strong willingness to listen and to learn about current treatment options, practices, technology, medications, and patient-care resources. We heard no complaints concerning their practice of socialized medicine, especially related to health care accessibility. When asked what could help improve their practice of medicine and urology, the response was overwhelmingly better technology (newer, more updated equipment).

continued on page 457
Plans for the Future

The entire delegation returned from this experience enriched in so many ways: from the humble simplicity with which people express genuine care and concern, to the tenacity and perseverance shown by the directors of the centers and the Vladimir City Administration to improve the quality of life for the people of this region. We recognized that as Americans we take so many things for granted, especially in the area of health care. This delegation made up of three nurses, a pharmacist, and a priest have committed themselves to maintaining and improving these new found relationships with their colleagues in Russia. We have been given a special opportunity for not only personal growth and creativity, but the potential to impact the lives and well-being of others; it would be foolish if we squandered it. Our delegation plans to continue to develop ties with the Sarasota-Vladimir Sister City Program, St. Mark Orthodox Church, the Orthodox Church in America, and the Diocese of Vladimir and Suzdal of the Russian Orthodox Church, Family Home Health Services, and the various Social Sphere Centers of the Vladimir City Administration, through regular, cooperative, and collaborative efforts.

To learn more about our current projects, programs, and opportunities and how to partner with us, please feel free to contact The Rev. Fr. John Chudik, M.Div., BSN, RN, at jchudik@fhhs.us.

References