

# A Joint Venture With the Commonwealth of Independent States

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One hesitates to comment on the frequent alterations occurring in the former Soviet Union (or disunion, as one Russian recently commented). Since Mr. Gorbachev first wrote of perestroika in 1987, the changes have been beyond imagination, and the future remains totally unpredictable.

At the IDC, concerns for the U.S./Soviet relationship began shortly after perestroika was proclaimed and the U.S. Secretary of Defense, Mr. Richard Cheney, responded by advocating an escalation of this country's military budget. He felt the plan was doomed to failure, and would result in a military takeover, necessitating a U.S. response. The opportunity to initiate a grass-roots peace effort came to the staff of the IDC in the fall of 1988, when Minnesota announced a medical trade commission to the former Soviet Union. One staff member representing the IDC on the trip was fortunate to meet Dr. Felix Vartanian, vice rector of the Central Institute For Advanced Medical Studies (CIAMS), and Dr. Alexander Ametov, chairman of the Department of Endocrinology. CIAMS was responsible for all postgraduate education of the nation's estimated 1.3 million physicians.

Physicians living in urban areas were required to have a postgraduate educational experience every 5 yr, and a similar program was provided at 3-yr intervals for those practicing in rural areas. Medical education there consists of the equivalent of a high-school education plus 6 yr of medical school. At least an additional 2 yr are necessary for qualification as a specialist.

After spending several days with Dr. Ametov and Dr. Vartanian, it was agreed that they, along with several members of their staff, would visit the IDC in Minneapolis, MN, in the spring of 1989. During that 2-wk visit, they attended patient-education classes, participated in a training program for health professionals, and observed clinics and clinical research programs. The concept of developing health-care teams that included knowledgeable patients was of particular interest to them, as was the development of patient and professional diabetes educational materials. During this time, our visitors expressed a desire to work jointly with the IDC. The goal of this joint venture was to initiate diabetes education and training programs that would benefit patients and promote

peace—which we consider the ultimate in preventive medicine. It was obvious that the IDC staff would not be able to assist CIAMS effectively without knowing the nature and state of diabetes care in the former Soviet Union. Consequently, five IDC staff members visited the CIS in the fall of 1989.

We flew to Moscow, transferred planes, and continued on to Tblisi, capitol of the Republic of Georgia. Georgia has always had a strong sense of independence, with its own language and even its own alphabet. An uprising had occurred in April of that year, and protesters still periodically marched through the streets with banners in Russian, Georgian, and English, urging the establishment of an independent state. Despite serious differences between the CIS and foreign governments, the relationships between medical personnel were warm, congenial, and mutually supportive. Our lectures, given in English with sequential translation, were well attended; question periods were limited only by time. Most concerns focused on how diabetes was managed in the U.S., and what new research was being conducted. While visiting their hospitals and clinics, we saw patients, gained insight into the health-care delivery system, and learned of their needs for supplies. The lack of syringes and quality insulins concerned us most, as did the lack of materials for patients to monitor urine or blood glucose levels. Health care itself was readily available and free in neighborhood clinics in urban areas. Care was not always readily accessible in the rural areas, and concerns for the availability of supplies were expressed. Georgia is a southern republic with a vast agricultural capacity and a large selection of available foods; however, nutritionists were rare, and dietary planning was provided largely by physicians with limited nutritional information and few educational materials. Throughout the nation, there were large numbers of physicians, but ancillary personnel were severely lack-

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IDC, INTERNATIONAL DIABETES CENTER; CIAMS, CENTRAL INSTITUTE FOR ADVANCED MEDICAL STUDIES; WHO, WORLD HEALTH ORGANIZATION; CIS, COMMONWEALTH OF INDEPENDENT STATES.

ing. Consequently, the scope of physician responsibilities was broadened to accommodate these needs.

Hospitalization was the immediate answer for all newly diagnosed diabetes patients or for those recognized as being in poor control. Hospital beds appeared to be readily available, and stays were frequently 3–4 wk in duration. The working hours for physicians usually were 0900–1400, and many carried a second job. Pay for physicians at this time was equivalent to 300 rubles per month, or about \$6.00 U.S. per month. With recent inflation, salaries have increased to 1000 rubles per month, but simultaneously the purchasing power has drastically decreased four to five times. Unfortunately, the position of physicians in the Soviet society is not highly regarded and is reflected in their reimbursement.

Our reception by the Georgians could not have been more gracious. We were invited to their homes every evening; their generosity and hospitality, and the frequency of their toasts, is unequalled. Over the course of an evening, every host, hostess, mother, father, child, grandchild, wife, patient, endocrinologist, etc., was toasted as were peace, prosperity, friendship, and love. In 1989, everyone was anxious to speak with outsiders, because this had been prohibited or carefully scrutinized before. The physicians were all enthusiastic about our visit and the planned joint effort with CIAMS. They were equally anxious to join in the program and participate in the cooperative effort as soon as possible.

Returning to Moscow, we visited the headquarters of CIAMS, toured the facilities, and observed their extensive programs and activities. The IDC staff had opportunities to work with Dr. Ametov and his staff at Railroad Union Hospital No. 3, where the clinical inpatient and laboratory facilities are located. It was apparent again that supplies were limited, and the concerns were for the care of patients who lived long distances from the clinic. Because the patients or

members of their families belong to the Railroad Union, many came from thousands of miles away. (Remember that the CIS spans eleven time zones.) Annual visits were the best care most patients could hope for, and they frequently returned home with a year's supply of drugs and supplies.

The use of native herbal medicines, or phytotherapy, was alluded to frequently, although the active components in most of these plants remain unidentified. We had an opportunity to see acupuncture used for diagnosis, and the use of individual hyperbaric chambers for patients with diabetes. Patients were placed in such a chamber for an hour each day to enhance tissue oxygenation, regardless of the duration of their disease or evidence of vascular disease. This therapy was felt to be preventive for some diabetes-associated complications.

Our hopes for improving patient communications and support through the use of telephones were shattered, because phones are considered a luxury in Moscow. The telephone system was established in 1911 and has not been updated significantly since. In addition, Moscow has no telephone directories; consequently, usage is limited.

Neighborhood clinics provide ready access to care at no charge. Most patients are seen by primary physicians, but self referral to specialists appeared efficient and even advanced compared with systems in this country. Near the exit of the clinic was a shelf of appointment books for specialists in which patients could self register for an appointment in any of the available time slots. Among patients and health professionals, the quality of care appeared not to be a concern. The answer to such concerns has been the graduation of more physicians and provision of more hospital beds. Malpractice was a term that had to be defined, and the minute number of attorneys in the country apparently had not even considered entering the health-care field. Concern for health costs also was a foreign concept. When this topic

was discussed, people just politely nodded their heads—after all, even prolonged hospitalizations didn't cost anything because it was provided by the government. By the time of departure, we had identified education of both professionals and patients as the area of primary concern, with the development of an awareness of quality of care at minimal cost running a close second.

Over the next 3 mo, the IDC staff feverishly developed the necessary materials for a 5.5-day educational program in Moscow. All of our teaching materials and slides had to be developed and translated into Russian; even though many of the physicians indicated they understood English, we did have concerns. The audience was to be 60 key physicians from all parts of the CIS, plus Dr. Ametov's staff. These physicians worked in clinics, but their primary responsibility was teaching other physicians.

The IDC team left Minnesota on a cold, snowy day in January 1990 and arrived in Moscow heavily clothed for weather that turned out to be no different than what we left in Minneapolis. In addition to luggage, we had 27 boxes of educational materials, glucose reflectance meters, syringes, etc., and Northwest Airlines and British Airways made no additional charges. We arrived at Moscow's international airport and were quickly whisked through customs. Two days later, the 5.5-day course began. The format chosen was a demonstration—of how health professionals teach patients. Ten diabetic patients of varying ages and duration of disease, along with their family members, attended the classes. They sat in the first two rows of the auditorium, and the sequential translation was superb. A close rapport was quickly established, and patients participated in the classes for 3 days. We were amazed at their enthusiasm, and how quickly they understood the concepts and developed the skills taught. They were so enthusiastic that by the third morning, crowds of other patients were outside the

auditorium door wishing to participate. The thought of becoming responsible for their own management was readily accepted by the patients which impressed the attending physicians. The first half of each day was directed toward patients; the latter part was spent in small workshops with physicians. Each health professional was given a manual (in Russian) along with 160 slides. They were asked to repeat the program in their own region of the country. The need for teaching materials was apparent, and the enthusiasm expressed suggested that significant strides could be made in a relatively short period. Although the IDC staff frequently travels internationally, we previously have had few opportunities to work with those from the former Soviet Union, because these professionals were rarely permitted to attend international meetings.

During the stay in Moscow, meetings with the Soviet minister of supplies and vice minister from the Ministry of Health were arranged. Both of these contacts were valuable and increased our awareness and understanding of their nation's numerous challenges. We also met with the administrators of the Soros Foundation in Moscow, under whose direction a Cultural Initiative Program had been established. This group's interest in the publication of educational materials later proved to be exceedingly beneficial. After our visit to Moscow, we had an opportunity to visit Leningrad (now St. Petersburg) where we met with officials from the Ministry of Public Health.

The IDC Soviet program was supported partially by a contribution from the Soros Foundation; in addition, 260,000 syringes were donated by Becton-Dickinson, several dozen reflectance meters were sent by Miles, and financial support came from Lilly. All of this was greatly appreciated. Sovam Teleport USA and Currentech (JWP) provided us an electronic mail link with the CIS and the necessary accompanying computers. This gift has proven invaluable, as it has permitted us to maintain necessary com-

munications even when other forms of transmission, such as telephone, telefax, and letters, seemed or were impossible. The costs of such an international program are exceedingly high, and although the IDC is a designated United Nations WHO Diabetes Collaborating Center, no financial assistance comes from that source. This program was conducted on a shoestring budget by generous contributions and a devoted staff, including not only those who traveled, but an even larger number of staff who supported us at home. The efforts have consumed a tremendous amount of IDC time and resources.

The joint agreement with CIAMS called for six members of Dr. Ametov's staff to spend 2 wk at the IDC in Minneapolis, MN, in November 1990 followed by another group visit in 1991. The courses were developed under the supervision of Dr. Richard Bergenstal of the IDC, and Beth Schneider of Methodist Hospital. The programs provided a demonstration of patient education, as well as in-depth information pertaining to the management of chronic complications associated with diabetes. There is a general consciousness that an important aspect of these programs is that they go beyond the diabetes-related information gained to the sharing of concepts that we in the U.S. take for granted. A willingness to work together and to assume personal responsibility, and a concern for cost and quality have sometimes been neglected in the former Soviet Union over the past 75 yr.

During the latter part of 1990, the IDC staff was able to complete a patient education manual called *Living With Diabetes*, which then was translated into Russian by a Russian immigrant in Minneapolis, MN, and edited by Dr. Ametov and his staff. With the help of the Cultural Initiative, 1 million copies of this book have been printed in Russian for distribution throughout the nation. Simultaneously, it was decided that a quarterly journal for individuals with diabetes and health professionals would be

developed. Dr. Ametov and Dr. Etwiler are coeditors of *Diabetes and Life Style* and are supported by an international editorial board of prominent diabetologists. These editors were sought not only for their prominence and contribution of materials, but also for their willingness to support this program and its development. In 1991, three issues of *Diabetes & Life Style* were produced. A plan has been developed and advertising rates designated. The purpose of this is obvious—to sustain the program—but it is also an interesting capitalistic effort that Dr. Ametov and his group are able to enthusiastically endorse. Members of the Editorial Board of *Diabetes & Life Style* met in Moscow in October of 1991, voiced their approval and ongoing support for the publication, and endorsed the concept of advertisements to support its publication. The journal does provide an opportunity to inform its readers of the various diabetes products available. Previously, purchasing decisions for all medical products in the former Soviet Union were made by the Minister of Health, and suddenly all hospitals and clinics throughout the nation have had to become responsible for supplies—their purchase, use, and cost.

These programs have resulted in CIAMS applying for and receiving a WHO designation as a Diabetes Collaborating Center in 1991. In conjunction with the program in Moscow, an additional 16 centers in what has now become The Commonwealth of Independent States, and newly developed nations have been identified, and the educational materials and treatment programs stimulated. These have been patterned after the format used at the IDC's 10 affiliate centers in the U.S. Several abstracts and papers concerning the joint effort between our two nations were presented at the International Diabetes Federation Congress in June 1991 in Washington, DC. The WHO's Division of Noncommunicable Diseases and the International Diabetes Federation have become increasingly interested in this effort and

assisted in programs held in Moscow and Yalta in October 1991. In the past, physician travel outside of the former Soviet Union had been severely restricted for political reasons; today travel is limited principally because of economic conditions. One of the goals of this program was to encourage leading diabetologists from around the world to travel to Moscow where they could meet their counterparts and provide them with information on the latest advances in the field of diabetes. This was also an opportunity for the development of joint programs that would encourage not only the exchange of information and personnel, but also friendships. Accordingly, 15 speakers from various parts of the world participated in a three-day program in October in Moscow and a similar effort in Yalta. Some 560 Commonwealth physicians attended these meetings. The effort was enthusiastically received, and close friendships were developed as hoped. Among the attendees from the former Soviet Republics, close friendships also developed and an eagerness to conduct joint efforts and sustain communications was fostered. This contrasts dramatically to the relationships among those embroiled in economic and political arenas. At this time, CIAMS funding appears to be reasonably secure, but attendees from several of the former republics offered to request their new governments to support this ongoing joint program.

During the most recent trip, an opportunity arose to visit the Rehabilitation Center For Children With Diabetes located in Eduard Shevardnadze's former dacha, 40 km outside of Moscow. The facilities are adequate and the staff enthu-

siastic, but the attitudes toward therapy were outdated according to Western standards. Children with diabetes have been regarded as second-class citizens, and their education and employment opportunities limited. In Kiev, for instance, it was reported that although many children from the Chernobyl area were sent to the seashore or other parts of the nation in the summertime, these opportunities were not available to children with diabetes.

The facilities at the Rehabilitation Center could accommodate 50 children and a family member, but only 27 were there at the time. They came from all parts of the nation and spent 2–3 wk in residence. Their housing was in wards, and a medical atmosphere was fostered, with care being administered to the children. Insulin dosages were determined and administered by the staff, and food was provided in a similar manner. Urine testing was performed by a technician, and blood glucose monitoring was not available. Urine glucose determinations were assessed by densitometer, which measures specific gravities, and from this the glucose content was estimated. Modern insulin and syringes were available, and intrascapular injections were popular. The children were wonderfully curious and friendly, and the staff was anxious to learn about care in the U.S. Friendships were quickly formed, and a possible joint effort discussed. A cooperative plan has now been outlined, and support funding is being sought.

In the fall of 1991, six Russian physicians came to Minneapolis for an update course. A joint Staged Diabetes Management Program was initiated as of February 1992 by using a computer as-

sistance approach. This was done in cooperation with Dr. Andrei Guerissimov, a member of Dr. Ametov's staff who had visited the IDC.

The staff of the IDC has been thrilled by the friendships and the opportunities to learn and share expertise. Plans for the future are obviously affected by the day-to-day changes occurring in the CIS. To date, the program has affected millions of people, and hopefully has made significant positive changes in their lives and activities. Future opportunities for these efforts, although uncertain, seem favorable. Despite repercussions on the IDC budget, the effort is felt to have been well worthwhile and has more than fulfilled our greatest expectations. Perhaps this is most exemplified by a commander in the Russian Navy whom I (D.D.E.) encountered on the last return flight from Moscow. We agreed that the world seemed to be a much safer place now that the confrontation between the two nations had subsided; however, the commander expressed reservations regarding true friendships being possible between the nations. His argument was that for such a long time both populations had been taught to distrust each other that he thought it would take a long time to build permanent friendships. I replied that we felt some of our best friends were now in the Commonwealth, friends with whom I shared a mutual respect, appreciation, and affection. I said that the staffs of both institutions were looking forward to an even more exciting future. The discussion was terminated as the plane touched down in London, and, as the commander stood to leave, he turned to me and quietly said, "God be with us."