

# FULBRIGHT EXPERIENCE: OUT OF YOUR COMFORT ZONE

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## ABSTRACT

Fulbrighters step out of their comfort zones to cross International boundaries, expand their networks, thus improving institutions and lives of academics both abroad and at home. This is demonstrated by my Fulbright Awards (2006, 2012) that promoted using the arts to support research in clinical studies and public health in Buryatia, Russia. With broad and grassroots partnerships, I initiated arts projects of relevance to the general wellbeing of Buryats. My Fulbright-derived style subsequently informed my ongoing contributions to arts in American healthcare and the international community.

**Keywords:** arts • health and wellbeing • community engagement • Russia



## THE STRONG MERIT OF THE FULBRIGHT APPROACH

My Fulbright-supported research in clinical and public health in Russia demonstrates the relevance of the Fulbright approach to addressing world crises both within and beyond a specific field. Clinical and public health is impacted worldwide by clinician and first responder burnout, patient loads, staff shortages, and chronic care. In many places, political instability, war, and disasters from climate change compound prevailing situations. Meanwhile, imbalances in socio-economic status contribute to social fragmentation, which is evident in the increased incidence of gated communities in residential and work settings. In the name of comfort, efficiency, and safety, people increasingly live and work in siloed communities, be they mental, social, or physical; all of which can lead to polarization.

Getting out of the comfort zone of one's "gated community" is a basic tenet of the Fulbright experience. Nothing beats arriving in a country where you stand out as the odd person out and inevitably rely on the good graces of the local community to navigate and thrive in the new environment. As a Fulbrighter working in Russian hospitals, I learned the importance of throwing open the gates of opportunity; thus granting us the ability to address many of the daunting challenges in human health and wellbeing.

In 2003, I was on a cultural exchange to Buryatia, Russia, facilitated by the Totem People's Project in the Adirondack Mountains, New York State. While in the Sayan Mountain hamlet of Orlik, I left our visiting group to check out the hospital. I was curious to see the type of art they might have displayed on the walls. At the time, my interpreter was a teacher at the East Siberian Academy of culture. Based on my interest regarding display of artwork in the

hospital environment, the Academy made a formal request to Fulbright about my return, to which Fulbright acquiesced, twice. Thus, my first Fulbright visit to Russia was hosted by the Academy of Culture in Ulan-Ude, a city with a population of about 440,000 people at the time, and located about one hundred kilometers southeast of Lake Baikal.

### **THE SPIRIT OF ORLIK**

The doors of opportunities opened by Fulbright lead in unexpected directions. Shortly after arriving in 2006, I met Ms Yanzhima Vasilieva, Director of the Hambo Lama Itigelov Institute, near Ulan-Ude. She introduced me to political, religious, and lay leaders who greatly enriched my experience in Buryatia. At the Academy, I taught arts administration, English, sculpture, and decorative arts while engaging faculty and students in transforming hospital environments. I also participated in strategic planning to expand career opportunities for traditional arts students and to align their curriculum with American and European academic standards.

The experience of working with hospitals had already presented itself during my preliminary trip in the hamlet of Orlik, four hundred kilometers southwest of Lake Baikal. Despite its small size — some 2,200 inhabitants at the time — Orlik has a hospital serving a sparsely-populated area in a region of some 10,000 square miles. Returning there, I met Dr Arden Batorov, a pediatrician at the hospital's children's clinic. His biggest concern was the high rate of infant mortality, which he attributed to young mothers' reluctance to bring their children to the clinic for vaccination, lessons on infant care, and professional guidance on proper nutrition.

The children's clinic was not aesthetically welcoming and its interior was in need of repair. It had no running water or indoor toilets; yet, as no home or business in the region enjoyed such comforts, this wasn't off-putting. At my instance, we enlisted volunteers from the community and staff of the hospital, to patch the holes in the walls, repaint the clinic in warm colors, and add accent walls. Young patients would select the colors and come up with a design for a mural in the lobby. We would also invite high school students and local artists to create paintings to hang in the single corridor and ten patient rooms.

We set to work. Volunteers included patients of all ages, parents of young patients, nurses, the cook, the medical director, and the head of the hospital. In under a week, we had transformed the look of the clinic's hallway and patient rooms. Word of the change spread. Our project, referred to as "the spirit of Orlik", received coverage in an Ulan-Ude newspaper. Before long, Olga Kuznetsova, the Academy's Vice President of Academics, received a call from the head of City Polyclinic No.1, one of Ulan-Ude's three children's hospitals. They wanted to know if we could do similar work for them.

## ULAN UDE CHILDREN'S HOSPITALS

Olga and I agreed, bringing a half-dozen of my graphic design students to meet the hospital director, the medical director, and the head of nursing. I shared a PowerPoint presentation showing the arts incorporated into many US children's hospitals and what we had accomplished in Orlik. We were given a tour of the hospital, which had recently been upgraded. The building was lovely but entirely white inside — no use of color or graphics, no art anywhere, not in corridors, examination rooms, or patient rooms. It felt antiseptic, not child-friendly.

A few weeks later, we returned and the students shared their ideas. The hospital's senior leadership liked their suggestions but said they were in need of permission and art-supply funding from the Ministry of Health. It so happened that the executives of two other children's hospitals attended a subsequent meeting at this ministry. I thought, "We're doomed", but I was wrong. They wanted in. The ministry representative announced that we could work on Polyclinic No. 1 only if we enhanced the environment of the other two hospitals. They also proposed to cover the cost of art supplies. At that time, I was helping two Ulan-Ude museums edit the English grammar of displayed artifact descriptors. As a result, I had an expanded pool of people to assist us as volunteers working on the three hospitals and also in introducing me to the local artists.

Working with museums was part of my effort to learn about Buryata's residents, who are mainly of Buryat or Slavic heritage; and Buddhist, Russian Orthodox, or Shamanistic faith. Similarly, while in Orlik I attended traditional sporting competitions. These included Mongolian-style wrestling, archery — at times from the back of a galloping horse — and bone-breaking (cracking sheep's shoulder blade with a karate chop). To help me understand the nuances of these sports, I was invited to sit with the judges. In time, I qualified as a wrestling judge, a sport at which the winners usually receive a sheep, or a car at major competitions.

Through the Hambo Lama Itigelov Institute, I became involved with the Buddhist community, documenting the construction and dedication of stupas and helping to promote the life and work of Lama Itigelov. After his death, his body in meditation posture was secretly buried during Soviet times. It was unearthed seventy-five years later and is now preserved in the Ivolginsk Datsan monastery. I also worked with the Shamanistic and Russian Orthodox communities; thus deepening my appreciation of the Buryata culture and increasing my awareness of the aesthetics likely to work best in Buryata hospitals.

## TAKING THE SPIRIT OF ORLIK ON THE ROAD

I also led week-long hands-on activities at a university and a hospital in Kemerovo; a center for children with special needs and an orphanage in Moscow; and in the port city of Vladivostok in far eastern Russia, that serves as the terminus of the Trans-Siberian railway and the Naval Base the Russian Pacific Fleet.

Cultural curiosity was often mutual. Following presentations I made at Vladivostok Arts College and Artist's Union, attending students and professional artists asked questions about art and graphics in hospitals but also personal questions such as about my heritage, place of origin, and marital status. They wanted to see examples of my art. Artists wanted to know what it took to become a professional artist in the United States. As one artist said: we need to know you first as a person; after that, we can talk about arts in health. Once past that step, we transformed a children's cancer clinic and created artwork for hospitals — a pattern repeated in other cities.

One of my takeaways from reaching out to Buryat communities was the importance of listening and drawing on artistic and social traditions to help bring the arts back into hospitals. I say “bring the arts back” because many of the oldest hospitals that I visited had murals and decorative arts elements; yet, the tradition of including them had been overlooked when facilities were upgraded.

By relating to a diversity of people, I established connections with artists and artisans whose work, though not in galleries, would be perfect in hospital settings. My wish to meet community artists led doctors, nurses, teachers, and others to become scouts; opening the doors to more people.

When a call for art goes out in the US, a certain demographic tends to respond: people with specific educational, computer, and writing skills, and connections such as through representation by a gallery. As a Fulbrighter working in Buryatia, I learned the importance of including the full diversity of community voices in hospital setting and public health activities. I learned how to open doors to diverse voices, be they literary, performing, visual, or other. My work in Ulan-Ude and Orlik and four other cities in Russia expanded my awareness of how we, in the arts, can use our talents and skills to address public health disparities.

## WHEN THE POLICE CAME KNOCKING

On my return in 2012 as a Fulbright specialist, again sponsored by Ulan-Ude's East Siberian Academy of Culture, I learned that our work at the Orlik hospital's children's clinic led to more young mothers attending the clinic; with a subsequent decline in infant mortality. The hospital had not stopped at making the children's clinic more aesthetically welcoming, but had proceeded to transform the other clinics.

Moreover, awareness of the Academy's partnerships with hospitals had resulted in interest on the part of the Buryat Ministry of Internal Affairs (Buryatia's law enforcement agency). Indeed, soon after my arrival, I was invited to meet the leaders of this ministry. They were curious about the possibility of their work reducing the stress associated with their occupation. Yes, the police sought our help. Could we use the arts to help improve officer morale? This was understood to mean devising ways of reducing work-related stress that could impact performance, health, and family life.

It so happened that I had experience working with American military personnel, both those on active duty and veteran members, having co-founded in 2011 the National Institute for Arts in Health in the Military, now a program of Americans for the Arts.

Thus, my PowerPoint presentation about repercussions of job-related stress on our police and military in the United States enabled Buryat law enforcement to observe that their concerns reflected a universal challenge shared by the West. I also showed how involvement in the arts can address post-traumatic stress disorder, military sexual trauma, and other service outcomes, as well as build resilience and strengthen family units.

To the Ministry, we suggested a policeman's ball — the first to be held in over seventy-five years. Dorge Yasselevich, the director of the Academy's dance department, offered after-work instruction in 19th-century dance forms, to prepare for the ball. The Academy's theatre department agreed to create ballgowns for women police officers; men would wear dress uniforms. The Academy offered its theatre as a venue. The ball would be held in conjunction with the Ministry's annual recognition and promotion ceremony.

Our goal was to help participants burn off negative energy in dance classes and enjoy the fun and laughter that comes with gaining a new skill. Mazurkas, quadrilles, and the waltz, not to mention the opening Grand March, required attention to detail and the type of precision that police may find exciting. It reminded them of parade ground training. Our music faculty helped their musicians become adept with the required musical scores. The Ministry found significant benefit in their officers' attending demanding dance classes before the close of work; thus improving relations with family and colleagues. The resulting ball, televised by the media, radically improved the police department's public image and community relations.

### **RECENT RESEARCH UNDERSCORES THE VALUE OF THE ARTS IN IMPROVING HEALTH AND WELLBEING**

In the years since, a growing body of research has underscored the benefits of arts activities such as those that my Fulbright experience helped facilitate:

In 2018, the National Organization for Arts in Health released a code of ethics and standards of practice for artists and arts administrators in clinical care and public health. The use of the arts to improve health can be traced back to ancient China, Egypt, and Greece and is a core principle in indigenous cultures. The current heightened awareness of the impact of health disparities in all societies is helping to bring the value of the arts as a tool in improving healthcare and making it a priority.

In 2019, the World Health Organization released a ground-breaking study presenting evidence that participation in the arts can improve health and wellbeing. Also in 2019, the John Hopkins' International Arts + Mind Lab with the Aspen Institute established the NeuroArts Blueprint Initiative. The Renee Fleming Foundation is underwriting basic and applied research in the emerging field of neuroaesthetics. In 2020, the Kennedy Center launched a 19-episode series featuring Renee Fleming, to increase awareness of the overlapping of music, neuroscience, and healthcare.

In 2021, the Center for Disease Control and Prevention (CDC) Foundation provided 2.5 million in grants to thirty arts and culture organizations using their chosen art forms to educate communities and encourage Covid-19 and flu vaccinations. The CDC also partnered with the David J Spencer Museum, the University of Florida Center for Arts in Medicine, Dashboard, and Living Walls to create guidelines for increasing vaccination rates and enhancing public health and wellbeing.

## GOING FORWARD

As in many other fields of research, groundwork in promoting arts in the healthcare sector has and is taking place through the work of Fulbrighters. By their very nature, Fulbrighters stay connected with a wide diversity of people. Their travels promote their use of this approach and value. It bubbles to the surface in unexpected ways and places.

The key to my Fulbright activities — made possible through the support of the US State Department, the US Embassy in Moscow, and the US Consulate in Vladivostok — was my willingness to engage with a wide variety of people in host communities where I made myself vulnerable and then to be open to challenges and opportunities back in the United States. In so doing, I gained many friendships and reaped many benefits from my Fulbright experience. This has guided my work in the US, Canada, Israel, and the West Bank, and potentially wherever my next adventure as a Fulbright Senior Specialist in Global Health takes me.

*The key to my Fulbright activities was my willingness to engage with a wide variety of people in host communities where I made myself vulnerable and then to be open to challenges and opportunities back in the United States*

## NOTES

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Dr Zoua Samaeva, the Orlik Hospital director, in traditional dress, singing for the patients in the adult unit.

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### BIOGRAPHY

Naj Wikoff, BFA Pratt Institute, MA Hunter College, was recently designated as a Fulbright Senior Specialist in Global Health. Naj is a consultant with Aesthetics Inc., a firm using art and graphic design to create inspiring and welcoming hospitals and other built environments. Naj is a founding member of the Institute of Arts & Health at Lesley University, National Organization for Arts in Health, Boston Arts Consortium for Health, and the National Initiative for Arts & Health Across the Military. Naj can be reached at [naj@aesthetics.net](mailto:naj@aesthetics.net)

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