

Surmang Foundation

Parasol

End of year edition



2013 -a great year for our work

By Lee Weingrad

This year our clinic at Surmang saw over 12,000 patient visits for free, including meds. Our Community Health Workers assisted in the birth of over 160 babies. We continued to roll-out of our partnership with the Yushu Prefecture Public Health Bureau, training docs at Surmang, as well as at the hospitals at Surmang Namgyaltse, Xialaxu, Xiewu and Longbao. All of the work was to the goal of bringing the Surmang model into the public health system as a sustainable prototype.

Contents

2013-a great year for our work-
Page 1
Year-end campaign-Page 1
Training Village Health Workers-
Page 2
DCCC grant-Page 2
Legal registration-Page 3
Beijing Fundraiser-Page 3
Shechen Orphanage-Page 4
Transition-Page 4
Elizabeth's report-Page 5

Our clinic became user-friendly jumping off point for volunteer doctors, doing training at the 4 partner hospitals. This included most importantly the volunteer work of Drs. Elizabeth Van Dyne and Rebekah Sands. *Janis Tse Yong-jee, MPH trained over 30 Community and Village Health Workers.*

Continued on Page 5

Dr. Van Dyne at the Mauzhuang Township Clinic

Year-end campaign

Give a little, help a lot. GlobalGiving is giving away \$500 to \$3000 in bonus awards to the top nine projects that raise the most money in the Year-End Campaign.

Click on Globalgiving.org



Training Village Health Workers



As we know, Tibetan culture is under enormous pressures – cultural, political, and economic. Among those, probably the most unsung are those created by maternal and infant mortality. The death of a mother in rural Tibet often means financial ruin or the

cratering of the family unit. This accounts for the high number of orphanages in ethnic Tibetan areas. That's why we say, "if you want to save a culture, save a mother."

Remoteness and geographic challenges are as serious as any other cultural challenges – keeping women and children far away from services and in the cross-hairs of maternal and infant mortality. There is no doubt that to cure maternal mortality, hospital delivery is the key. However with poor dirt roads, no village cell phone service, no public transportation and no private ownership of cars, infrastructure is the primary obstacle to realizing that goal.

Since it's beyond our capacity to build roads or an ambulance service connecting the villages to the township hospitals, we must provide assisted delivery in the remote villages as we've done at Surmang through the Community Health Worker project.

This year we trained over 50 Village and Community Health Workers, under the direction of Janis Tseyong-gee, MPH. What made this year's training unique was that the trainers were all Khampa Tibetan women: Janis, Dr. So Drogha, and Pema tso, one of our Community Health Workers. We have moved a step into training other trainers –TOT.

While there are government paid Village Health Workers, they are an under-utilized, and largely untrained resource.

But, as we've shown over 20 years, these health challenges are amenable to change. In fact, compared with other challenges, especially political and economic, we can make a real difference. We are on the cutting edge of what people can do in such challenging conditions, and have instilled confidence among rural women that there is something they can do about their own situation. Our unique contribution is that we are not extra-system.

DCCC grant

Surmang Foundation, registered in China as the Qinghai Nomadic Health Promotion Association, has been awarded a grant of \$180,000 from the Danish Chamber of Commerce China. The funds will be those raised by their annual Charity Ball in February 2014. The grant supports the installation of 5 modern delivery centers at the Surmang Clinic, and 4 Yushu Township Hospitals: Mauzhuang, Xialaxu, Xiewu and Longbao.

The grant also supports both the training of township physicians in obstetrics and gynecology and also the enhanced connection between nomadic and farming women, village providers and the township hospitals.



We want to transplant this model inside the public health system. In late July, we met with the government – they support our work, just as we support putting our model in the public health system. At our summer meeting with the Director of the Yushu Public Health Bureau we just about received a standing ovation when I said, “if you want to save a culture, save a mother.” Please join this cause.

Legal registration

Surmang Foundation has become legally registered in Qinghai Province as the 青海农牧民健康促进会, The Qinghai Nomadic Health Promotion Assn. Registration was done with the active help of the Qinghai Government, and our two most pro-active supporters, Mr. Deng Haiping and Dr. Xiao Jiugha.

Beijing Fundraiser



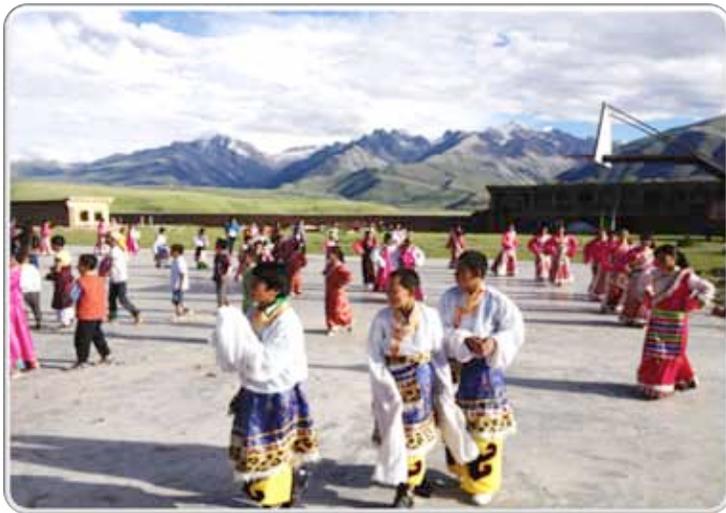
It was a night of jazz, calligraphies, trips to New Zealand, great food and even greater company. About 55 invited guests came to Pinotage Restaurant in the Sunhe district of Beijing to add their support of Surmang Foundation's work through its locally registered Chinese affiliate, the Qinghai Nomadic Health Promotion Association.

We had a fantastic variety of items from calligraphies and paintings by famous Chinese masters to Bhutanese cloth and contemporary paintings from the US. We even auctioned off two Chinese families as represented by Tibetan dolls! (actually their health care for a year). We were very moved by the fact that about ½ of the guests

were local Chinese.

All in all we raised about \$34,000. That will fund about 1/3 of our annual Surmang operating budget. One of the hopes of this newsletter is that you will help us to reach the remaining 2/3.





Shechen Orphanage

Last July, Surmang sent a delegation to the Shechen Orphanage in western Sichuan. Although it looks close on the map—and both are in what Tibetans call Kham—the trip there from Yushu/Jyegu took over 14 hours. And that was on the good road.

The trip took us through the gorge of the Jinshajiang, the main tributary of the Yangtse River. It was an overpoweringly beautiful place. We arrived that Monday evening and stayed 4 nights. We saw what the efforts of Gangshar Rinpoche are to the downstream effects of maternal mortality: 100 orphans aged 5 to 18, all being housed, fed, clothed and what is rarer still, educated.

On the basis of this powerful place, we offered to partner with Rinpoche's foundation to provide medical care. Our first delegation will be next summer, during the visit of Board member Dr. Julie Carpenter. Dr. Carpenter will have the translation services of Iana Weingrad.



Transitions

We bid adieu to Board Member extraordinaire Jim Zimmerman. Jim served as Board Vice Chair for 2 ½ years and in addition to his personal generosity, contributed a wealth of connection to the ex-pat and business communities. His good-hearted contributions ensured the savings of countless lives among Surmang's beneficiaries. Well done, Jim!

Continued from page 1

Here is an excerpt from her report:



Dr. Van Dyne had the excellent translation services of Mathilde Paturaux, and worked for us for about a month in June. Dr. Van Dyne came to us from the US and Mlle Paturaux from Brittany, France. They were able to travel to Surmang and all 4 of our partner township hospitals: Mauzhuang, Xialaxu, Xiewu and Longbao.

What can be further from my world in sea-level S. California, than to go to the Tibetan Plateau to work with Surmang Foundation? I was there in June to help advance the roll-out, the prototyping of their rural health model, a model that seeks to bring sustainable quality care to 4 impoverished townships in Yushu Prefecture, East Tibet. It was a startling journey, a great adventure.

According to the WHO, health is “the complete physical, mental and social well-being and not merely the absence of disease or infirmity.” When you work with a view like that you can’t help but meet kindred spirits on your journey. And that is exactly what happened to me.

Despite the snow-capped 18,000’ peaks, the lush green valleys with grazing yaks and horses, my whole experience came down to people. Connecting to people, I would otherwise never know. And that connection is what I saw and what I took home to the US with me.

You might think knowledge is the crucial element, but care cannot be delivered without a sound human relationship. People caring for people. Teaching in medicine relies on the same principles – it all comes down to people. As doctors we all share in both the suffering of patients’ debilitation and the joy of patients getting better.

My travels confirmed what I already suspected: from America to East Tibet, our shared journey of health transcends culture. As far away as East Tibet, the doctors I recently trained went into medicine to care for the patient. That is also why I, an American physician, also went into medicine. Helping to close the gap between the health levels in both places is why I volunteered for Surmang Foundation.

What I found was that despite cultural, language and physical differences, the common ground of caring was our common language.



(continued)

Traveling with ace interpreter Mathilde Patureaux, we went to four Townships: Mozhang, Xialaxu, Xiewu and Longbao. At an average elevation of about 4000m (about 13,000') we made our way through ice, snow, sleet and snow to deliver our model. We did this through Surmang Foundation Physician Professional Development Training Modules (PTDM) developed by 2012 Surmang intern Christal Chow. The PTDM was founded upon the principle that no matter where we practice, we are all physicians who went into medicine with the aim of helping people.



The course is made up of 8 modules of clinical content, based on the diseases most common in East Tibet. For example, as essential hypertension is a common problem in East Tibet, it is part of the first module. We discuss the topic, go through how to identify hypertension, take a blood pressure reading well, what medications are available at their clinic, and based on those medications available, how to treat.

At the beginning a qualitative asset assessment composed of 21 questions was completed to get to know the physicians and their communities. It is the buy-in from getting to know the physicians that allowed for trust and changes to in-patient care.

But the program wasn't open to everyone. Those with high intrinsic motivation and desire to improve their community were selected for the program. The training is one-on-one, opening lines of communication, establishing a strong physician-to-physician relationships, and ultimately leading to changes of practice that improve patient care.

Worms in her Ear.

"Doctor, there are worms in her ear," the mother said.

"How do you know?" I asked through our translator --originally from France-- who translated from English to Mandarin. A Tibetan doctor who translated from Mandarin to Tibetan, to a concerned parent who responded in Tibetan that the child was irritable, but did not have a fever and was eating well.

The parents had never seen the worms in the ear, but they expected that was the reason she was irritable. I took out an otoscope (instrument to look in ears), that I had borrowed from a friend in the United States and peered in the child's ears. I only found some earwax and eardrums that were normal. The baby had a little bit of a runny nose, appeared well, and had normal vital signs. It was most likely a cold. The Tibetan doctors and I discussed the case as well as how to use an otoscope. They told me that they do not have any medication for worms in their clinic and that they also do not have an otoscope. Although worms are a common pediatric problem in East Tibet, I was thankful to have not seen any worms in the ear as our medications were limited. We let the family know that we did not see any worms in the ears, and they went home happy.

The otoscope and I were far from Los Angeles. Being a blonde-haired, blue-eyed doctor, I was quite an enigma. I would probably have stopped traffic, if there was any traffic to stop. In the village restaurant, the children would watch me as my chopsticks teetered to drop noodles on the table. We all would smile at each other across the room. To arrive at the remote clinic and village, we drove through streams, mud, and rocky roads. We were about 3 hours from the hospital, above the tree line, in a mystical snowy (even through it was the end of May), mountainous land.