

Chicago Tribune

9 DAYS IN LABOR

In Tibet, harrowing childbirth a fact of life

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Published October 13, 2004



SURMANG, China -- On the remote reaches of the high Tibetan plateau, where yaks far outnumber people, nomadic shepherds lead 8th Century lives into which the modern world rarely intrudes.

The isolation perpetuates a way of life that kills women giving birth and infants at one of the highest rates in the world. It is

as if the most natural process in the world has broken down.

An American-funded medical clinic, on the grounds of a Tibetan Buddhist monastery here at an elevation of 12,000 feet, wants to save these women and babies, but it faces cultural and educational gaps that are more formidable than finding Western-trained doctors willing to live on a mountaintop.

In China, a country struggling to care for nearly 1 billion peasants in its vast countryside, the Tibetan nomads--who live in the Tibet Autonomous Region and parts of the surrounding provinces--represent a tiny minority. But they are among the poorest of the poor, living farthest outside the mainstream of Chinese society.

Rural Tibetans often are illiterate, and they live beyond the reach of most government programs, radio and television. Their world is focused almost exclusively on their herds and their Buddhist beliefs.

That leaves women particularly vulnerable. Traditional Tibetan society is dominated by the monasteries, which give little consideration to women, who occupy the lowest rung of society.

"If you're going to be reborn a Tibetan," said Lee Weingrad, the American Buddhist who founded the medical clinic in Surmang, "be reborn a man."

The shepherding family of 23-year-old Dechin Tsumo, camped for the summer yak graze on a distant hill, knew nothing of the potential risks of pregnancy and was only dimly aware of the American clinic's desire to help when their attention turned from fattening the herd to Dechin's labor contractions.

Uncomfortable at first, she suffered increasingly as the labor pains intensified. For days she lay in the family's black yak-skin tent on the hilltop, her family feeding her yak yogurt and waiting anxiously for the baby that would not come. "I thought I could handle it," Dechin said. "I didn't want to bother the doctors. It would be more comfortable at home."

By the sixth day of labor, her father was in tears and insisted they come down the mountain to the extended family's earthen-floored winter farmstead. They then found that the clinic was closed for two days because the doctors were visiting the nearest city.

On the ninth day, with Dechin still in labor, her father raced to the clinic again and returned with one of the Tibetan doctors and a visiting pediatrician from Boston.

It was late at night and dark; the electricity was out in Dechin's home. Fumes from the family's yak dung stove cut the air. The doctors, sharing a coal-miner's headlamp and a cheap plastic fetal stethoscope, broke Dechin's water but detected only a faint heartbeat from the baby. Then the heartbeat seemed to disappear.

The doctors used an emergency massage procedure to push the infant out. The newborn girl was limp and completely blue. But Dr. C.C. Lee, the visiting American, resuscitated the baby using suction and oxygen. "Within five minutes, she was quite pink," she recalled.

The family was so stunned by the seemingly miraculous recovery that when Lee tried to offer the infant to her mother and father, they refused to hold her. The grandmother cradled the little girl instead.

"If we hadn't been there to help, the baby would have died, and the mother might have died, too," said Dr. Suo Jhorga, 23, one of two Tibetan doctors working full-time at the clinic.

No midwifery tradition

Nomadic women give birth in circumstances that would horrify Westerners. There is no tradition of midwifery. Family members assist, but they are ill-equipped.

Nomadic families tend to keep mothers in labor at rest instead of encouraging the baby's movement by walking. The babies are born at home, or in tents, to mothers who lie on a bed covered with dusty bricks of dried yak dung to soak up the blood. Using sheets would be an unthinkable luxury, and the yak dung is dangerously unhygienic. It can harbor tetanus that can kill a baby in 48 hours, Lee said.

If a baby comes out struggling, there is little the women can do. They don't know how to encourage breathing or how to resuscitate. The grandmother often cuts the umbilical cord with a dirty kitchen knife.

The risks are "horribly high," said Julie Carpenter, a Boulder, Colo., doctor who spent several months at the clinic in 2001 and is a board member of the U.S.-based Surmang Foundation, which operates the clinic.

There are no clear statistics on the dangers to mothers and infants, but some preliminary research by the clinic, checked against figures from UNICEF, suggest that 1 in 6 to 10 newborns of Tibetan nomads are likely to die if medical care is not available.

For mothers, the statistical odds of dying in childbirth are as high as 1 in 40. That would make childbearing more dangerous than being a U.S. soldier in Iraq. The United Nations reports that in developed countries, the odds of dying in childbirth or pregnancy are 1 in 2,800.

Even with the Surmang clinic nearby and operating full time for four years, nomad women in the area remain at severe risk because they do not readily seek help. The families do not make the connection between giving birth and modern medicine.

To nomads, giving birth is a natural affair, though the consequences are sometimes fatal. Doctors--if they ever are called upon--treat illnesses.

"Most Tibetan women are very shy, and they won't call in a doctor until they realize they can't handle the situation," said Dr. Phuntsok Dundrop, 27, the other Tibetan physician at the clinic. "They prefer to do it themselves."

On a recent day, Chun Say, 30, and her husband came to the clinic with their 4-year old daughter to treat a sore throat. She has given birth five times, but lost two of the babies at birth.

Even now that she knows about the clinic, when questioned it was clear she did not understand that seeing a doctor for prenatal care could save lives.

"There is nothing in this culture about health promotion--about prenatal,

neonatal or postnatal care," said Weingrad, the American who founded the clinic.

Women aren't valued

A key issue, observers said, is that women are not highly valued in Tibetan society, so pregnancy does not merit special attention.

When Dr. Lee was trying to visit a patient this summer, a passing truck driver refused to give her a ride because he already had a high monk as a passenger, and women are not allowed to ride with them.

"It showed in a simple, everyday way that women have different status," Lee said.

The clinic is in Surmang, an isolated region of Qinghai province, on the border with the Tibet Autonomous Region.

Weingrad, a former New Yorker, first came to Surmang in 1987 out of curiosity to visit the home monastery of the monk who was his teacher in the United States. The teacher fled China in 1958; when Weingrad arrived, crowds gathered, overcome with emotion that a student of their beloved lama traveled there.

They stood when Weingrad entered a room, and they asked him to bless them. He wanted to help, and observing the lack of medical care, he resolved to build the clinic.

Weingrad got the cooperation of the Chinese government, which supplied the two Tibetan doctors. He runs the clinic from a base in Beijing, where he is a teacher, and his funding comes from money raised by his U.S.-based Surmang Foundation. The clinic, which operates on a shoestring budget of about \$25,000 a year, serves up to 800 patients a month and treats many ailments, but he is trying to focus its work on mothers and infants.

With a population of about 20,000 in the immediate area, Weingrad has ambitious plans to improve health care across the region.

The Chinese government does not have the resources to invest in rural health care, said Xiao Jyega, the head of the regional health bureau. It cannot, for example, offer an ultrasound machine because most government-sponsored rural clinics do not have electricity. They also charge fees for services, while the Surmang clinic is free.

"This is why the foreign clinic is very necessary, although it can't solve all the problems," Xiao said.

