

## Dharma Sagara Clinic's 20<sup>th</sup> Anniversary: *“build it and they will come.”*

**You wake up one day, both your children are in college, your black hair is silver and your fledgling Tibetan health project is 20 years old.** This year we celebrate the 20rd anniversary of the Surmang Dharma Sagara's clinic.



It was 1992 and I thought, “who would ever give us money if we didn’t have the permission from the Chinese government to build in Tibet?” What started out as a dream became a contract with the Qinghai Government, with the help of Gov. Huang Jing Bo. Not so long after we signed the contract, it morphed into a grant from Caritas. We broke ground in 1993, and completed the work in the summer of 1996. There have been 20 brutal Khampa Tibetan winters, and a

devastating earthquake in 2010 that took down the 400 year-old monastery assembly hall but didn’t scratch the clinic.

In '95 when I spoke to the head of Mother and Child Health at UNICEF Beijing, she asked me, “how do you know that anyone will ever come to the clinic?” I asked her: “did you see the movie “Field of Dreams”? Kevin Kostner’s character is told to build a baseball diamond in his Iowa cornfield. “What make you think they will come to play?” he asks the ghost. “Build the field and they will come.” That is what I told her.

And come they did: in the past 10 years alone over 120,000 patients. I have to admit some of the success was just driven by stupidity. I was told by several experts in international development that we would end up like Rodney Dangerfield and get no respect if we didn’t charge for services. For the life of me I couldn’t figure out how to charge for services. By looks alone, I couldn’t tell the difference between a nomad who had 200 horses and one that had 20. They dressed the same and looked the same. The only thing that made sense was to charge everyone the same and for me and the foundation work on getting the funds.

Years later Damchu Rinpoche, the brother of the late exiled Abbot of Surmang, Chogyam Trungpa, wrote a very touching memorial about our generosity, since it is the key value of the Tibetans.

- **Chinese blueprints**



It's an odd building for China: high passive solar gain, which means it is a heat sink. It has walls that are two layers of brick on one side and on the other, with about 1ft. of volcanic ash in between. Double paned windows. It was designed in Boulder Colorado by Adrian Sopher and Paul Kloppenburg. It was a tough project to do because the blueprints had to be translated

into Chinese.

Then we had to find a contractor who could read a blueprint. That eliminated traditional Tibetan rammed-earth builders. If we could find one. Then we had to find one who could read a blueprint. A Chinese blueprint.

We ended up with a contractor was from Chengdu. He was the scion of a Chinese feng shui tradition. Before we chose a site, I asked him, "what's the best place around here to build?" He looked around said, "anywhere. The place has a lot of power. It's a counter-clockwise conch. But be careful of the tiger in the mountain. It can eat the cow." We had the monks do a consecration of the site. We were ready to go.



In the 4 years before the building was completed, before we had our own building, we would hold clinic in tents and monk's quarters that we would rent. It was ok. Finally at the end of 1996 it was done.

We've had over 150 volunteers.

- **Phases 1 and 2**

We went through two phases, the one from 1996 – 2002 and the one after. In 2001 volunteer doctor Julie Carpenter asked, "Where are the women and children in this clinic?" That was a game changer, because we had no idea why all the patients were men with arthritis or stomach pain.

The joke among our doctors was a common Q & A:

Doctor: "What's the problem?"

Patient: "I have a stomach ache."

Doctor: "How long have you had this problem?"

Patient: "10 years."

It was no coincidence that in 2003 we hired a second doctor, Sonam Drogha, who would specialize in mother and child health.

In 2003 we signed an agreement to do a survey<sup>1</sup> of 400 nomadic women in the Surmang area. In 2004 11 volunteer doctors, interpreters, horses, trucks, motorbikes, sleeping bags and tents, set off to find out what was keeping these women from seeking medical care. We found out. They are immobile. They die in great numbers along with their babies, perhaps as high as anywhere earth. 3,000 maternal mortalities/100,000 live births; 1 in 5 babies would not live past their second birthday.

We soon found out via WHO, that 6000 women a year have a similar fate. Tibetan society, which has its own political and cultural problems, seemed to be at risk to a to an otherwise totally invisible killer, but that every Tibetan woman was aware of: death in the process of making life. Yet, as Laurie Garrett noted, there were no celebrity endorsements for pregnant Tibetan women who bleed to death. Suddenly we found ourselves at the locus of a public health nightmare.

In 2005, we began to train 40 Community Health Workers. They were trained to be village first responders particularly for mother and child health.

In 2009 we contracted with Peking University to conduct an apples-to-apples survey, comparing our clinic with township hospitals of the public health bureau. We found out, that:

Patient satisfaction, *higher*.

Patient visits, *greater*.

Cost of giving services *significantly lower*, even with free meds.:

	Number of doctors	Monthly patient visits
<b>Surmang Clinic</b>	2	1200
<b>Township Hospital</b>	12	100

This means for an all-in budget of \$150,000/year, our per-patient visit cost is about \$11.36. This includes births and well-baby visits. I think that's something.

For a foreign NGO to create an institution in a Tibetan region you have to walk on eggshells. In addition to the obvious political downsides, there are cultural as well. By 2005, we had an ultrasound, thanks to Siemens and United Family Hospital.

But doing gynecological exams were another matter. Like many tradition peoples, Tibetans not only seldom undress, they are timid and never undress in front others. Conflicting with this prudence, was their practicality, understanding what was at stake in their survival and witnessing the results of our clinic. In a 3-year period Tibetan women no longer had any resistance to OBGYN.

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<sup>1</sup> This is one of the only mass-data surveys ever done by a foreign organization in an ethnic Tibetan area.

- **2010.**

In April a calamity befell Yushu Prefecture. An earthquake that wiped Yushu/Jiegu off the map. Our own vernacularly constructed building #2 was destroyed. Our clinic survived. The 400 year-old Surmang monastery assembly hall was ruined beyond repair.

We signed an agreement with the government to export the successes of our Surmang model to 4 township clinics: Mouzhang, Xialaxu, Xiewu and Longbao, the epicenter of the earthquake. The prefecture was in a world of hurt and we were there to help. Since then we've trained their doctors the same way we train Phuntsok and Drogha.

In the 5 years since the earthquake we've done just that. The ability of our small foundation to impact the operating procedures of the rural public health system are limited by vary different operating styles and procedures. And to that extent I'd say the graft didn't take. But for the doctors we've trained, their no-holds barred exposure to the very talented providers who came all the way from the West to help, has had a big impact. Our volunteer doctors are not limited by floor-level KPIs but can add expertise directly. This has been appreciated, especially in Xiewu, 50 km north of Yushu.

In 2011 we had perhaps the world's first "Rural Health Festival." It was a peer-led conference. All 40 of our CHWs were there, the government was there. 60 people in all. There were 8 experts in home-based health care to assess the results. It was there that forward plan was devised for our work and it was there that the CHWs announced that in 2010-2011 there were zero maternal mortalities.

- **The future.**

Although we've operated at the same level since 2011, it's very difficult to tell the future. Political pressures on Tibetan areas are one factor, excluding almost all foreign NGOs. Our longevity on the other hand is always a plus in China. Supporting that, we have had no foreign government, nor university, nor international NGO support, nor religious support or agenda. However, to be honest, sometimes I wish we had.

I ascribe this lack of support to our of meat-and-potatoes approach to rural health care. What we do is bereft of any sophisticated theory of public health. It's amazing to me how sophisticated other projects and their institutional theoretical supports are, when all you have to do is help the women to survive by giving them rapid intervention and access to quality services.

While this simplicity in keeps us a world apart from the big institutional funders, it's also kept our work out of the political limelight. The fact that our foundation is still there and flourishing after 20 years is something I'm be proud of. I think as long as we continue in this clear, compassionate manner we will continue to help. It's only possible so long as many common donors such as yourselves support us.

About 1½ years ago, I got a phone call from my friend Maurice Strong. His efforts were almost exclusively on the environmental side and so his support was mainly encouragement. He told me he'd been to the Ford Foundation in Beijing and had spoken to them about our work. He told me to call Susie Jollie, the woman I met who was formerly the mother and child health director at UNICEF. So I called her up. When she picked up the phone, the first thing she said was "build the field and they will come."