QUARTERLY BULLETIN OF THE AMITY FOUNDATION
Amity is a Chinese Christian initiated voluntary organization, promoting health, education, social service and rural development in the People's Republic of China

Equipped With Mahjong And A Gastroscope
How Amity's Mobile Medical Team Serves China's Rural Hospitals

Battling rampant stomach disease: mobile team brings gastroscope.

Huanghuatang township hospital is normally a quiet place. On an average day, only about twenty people seek treatment in the out-patient department of this clinic of 34 medical staff and 20 beds. But on this October Sunday, the hallway was packed with waiting patients. Pushing and shoving, they blocked the open doors of the consulting rooms, trying to catch a glimpse of the doctors at work inside. The patients had come full of hope and expectation, because for a few days the hospital was hosting a team of specialists from the provincial capital. With their expertise and experience, no symptoms seemed to be too strange, no illness too complicated to be correctly diagnosed and successfully treated. By eleven in the morning, over 100 patients had registered. The grey-haired specialists were totally absorbed in their work, not even taking time for a sip of tea or to step out to the bathroom. At lunch time, there was still a backlog of patients, who were asked to come back in the afternoon.

A mobile team of eight, seven men and one woman, the visiting experts are all retired doctors from a hospital in Nanjing. Their specialties include surgery, internal medicine for cardiovascular and digestive diseases, neurology, oncology, gynaecology and traditional Chinese medicine. Between 61 and 70 years of age and still in good health, they devote the greater part of their time to putting their skills and knowledge where they are most needed - in the countryside far from the urban centers. In its attempt to raise China's health care standards and spread medical expertise from the cities out to the countryside, the Amity Foundation has taken charge of the team's coordination and financial support. At regular intervals, the doctors from Nanjing visit township hospitals in the most backward regions of Jiangsu, Anhui and Shandong provinces, where they treat patients, help solve difficult cases, and act as medical consultants to hospital authorities.

As in most other rural township hospitals, none of the doctors in Huanghuatang holds a university degree. A quarter of them graduated from a prefecture-level high school providing comprehensive medical training in grades nine to twelve. All other staff members have no degree higher than that of a medical lower middle school, from which they graduated at the age of fifteen.

"It is not surprising that under such conditions many patients are diagnosed wrongly," team leader Dr. Chen commented. "Just yesterday we operated on a patient who had come to this hospital before with anal bleeding. The local doctors prescribed some ointment and sent him home. But when he came again to consult us, we discovered an intestinal obstruction. He had not eaten anything for over three weeks. Now, after the operation, he is improving rapidly. Among the in-house patients we found a woman whom local doctors had given up on and advised to go home. When we examined her, her lungs were full of water, due to a bad heart condition. She would never have survived the trip home. Now that we have given her
The team.

the right medication, she will certainly recover.

The doctors of the Mobile Team see patients together with the township doctors on a one-to-one basis, thereby providing in-service training and upgrading the diagnostic skills of the local staff. The visiting experts, in return, rely on their local counterparts for interpretation between the rural dialect and standard Chinese, and for follow-up treatment after the team’s departure.

Apart from treating patients, the team helps improve the overall performance and management of local hospitals. "A very common problem we encounter during our visits," reported Dr. Chen, "is the lack of hygiene. Needles are not properly sterilized. Sensitive equipment is covered with dust. Surgical instruments are rusty, and patients spit on the floor. Improvement in basic hygiene should be possible for any hospital, regardless of how poor it is."

Naturally, the township hospital directors not only feel supported by the visiting experts but also put on the spot. One of them confessed: "When they started working with us, they pointed out so many problems that I felt ashamed and wanted to send them back home immediately. But in the course of their stay, I realized that they had not come to criticize but to serve. We benefited a lot from them."

When the Nanjing doctors go down to the countryside, they carry with them a lot of luggage and boxes full of medical equipment. A B-mould ultrasonic scanner, a gastroscope, a cardiom and a laser machine are standard. The township hospitals themselves are far too poor to be reasonably equipped. Thewards in the Huanghuatang hospital are nearly bare. The only furnishings are bedsteads and wooden stands for IVs. Patients come with their own bedding and relatives bring stoves, coal and woks to prepare meals. There are big water jars in all the rooms, since the only tap with running water is outside in the courtyard. Consulting rooms look almost empty. In the gynaecology department, the sun total equipment is displayed on the grey, grimy, once white-washed wall. Hung on a piece of string are a towel and a pair of nippers, while the woman doctor wears the only stethoscope around her neck. In a corner, an old B-mould ultrasound machine is stored away under a plastic sheet. "We bought it second-hand," a staff doctor commented with a resigned smile, "but it broke after two years. We don't have the money to replace it."

The X-ray machine still works, though it is much older than the 29-year-old doctor who operates it. His medical education consists of 18 months of practical training in the county hospital. He knows his X-ray machine inside and out, because he repairs it two or three times every month. A simple metal sheet is supposed to shield patients from radiation. His own protection, he said, "broke some time ago."

Whenever the Amity Foundation donates equipment to hospitals like this, efforts are made to guarantee that it is properly used by arranging staff training in the nearest county hospital. The Mobile Team is instrumental in evaluating the long-term use and function of newly acquired appliances.

Of all the equipment the medical team brought, Dr. Zhang's gastroscope was certainly the most essential. "In the countryside, we find many patients with stomach problems," he said. "Yesterday, I carried out gastroscopy checks on thirteen patients. Eight suffered from gastritis, four from an ulcer, and one had stomach cancer." Asked for an explanation of the high rate of digestive diseases, the doctors pointed out the excessive drinking habits of the peasants, but also referred to the low quality of drinking water, which poses a pressing environmental problem in many rural areas. Dr. Chen put things into historical perspective: "Forty years ago, the main cause of illness in areas like this was malnutrition. Today, our new affluence is taking its toll. In the cities, cardiovascular diseases and mental disorders are most common, due to stress, lack of physical exercise and a too rich diet. The countryside is plagued by pollution from rural industry and the excessive use of chemical fertilizer, while smoking has become a common health hazard everywhere."

Hardly any Chinese city dweller would voluntarily visit the countryside. It means hard travelling and worse accommodation. In this respect, the Mobile Medical Team gives a fine example of selfless service. In Huanghuatang, the seven male doctors shared one large, bare room with no facilities. The only furniture apart from the beds consisted of a few chairs and a table in the middle, "our Mahjong table" as they called it. "This is heaven compared to what we have in many other places," the doctors explained. "We have stayed in empty wards, using pieces of cardboard as mattresses, or in mud houses with leaking roofs and..."
The Mobile Medical Team
Aims At A Fairer Balance In China's Health Care

China's medical science and technology is fairly well developed and has reached world standards in many fields. However, this can only be felt in urban centers; the countryside lags far behind. In no other area does China's uneven development manifest itself as dramatically as it does in health care. The urban population has easy access to well-trained medical doctors, and in the provincial centers the most complicated illnesses can be successfully treated. In townships and villages, by contrast, doctors have hardly any training, clinics are poorly equipped, and public health funds are meagre.

In this situation, the Amity Foundation has initiated and funded a number of projects through which medical expertise is spread from China's urban centers to its hinterland. One of these projects is the Mobile Medical Team. It is composed of eight retired doctors from Nanjing who represent a wide range of medical fields.

Since the summer of 1992, they have been visiting township hospitals in poor rural areas in Jiangsu, Anhui, and Shandong provinces. They reach out to one or two hospitals per month, staying at one place between five and twelve days. They fulfill five major tasks:

1. Diagnostic work: they see patients, solve difficult cases and correct wrong diagnoses.
2. Training: they provide in-service training for township doctors and give lectures to village health aides.
3. Consulting: they improve management and hygiene standards in township hospitals, oversee the use of medical equipment and inspect its safety.
4. Assessment: they investigate the overall medical situation in a township and evaluate Amity health projects.
5. Welfare service: they provide free medical services to the needy.

The Mobile Medical Team gives preference to township hospitals in areas officially classified as poor and located far from county hospitals. The hospital leadership and local authorities must be cooperative and do the necessary PR work to announce the team's arrival.

The Amity Foundation pays each team member an allowance of 25 yuan (US$2.9) per working day. Additional expenses have so far been limited to the purchase of suitcases and other small items. To cover these costs, Amity utilized a donation of 30,000 yuan (US$3,500) from a Dutch partner organization.

But more funds are needed. Because the doctors travel with a lot of medical equipment, they can hardly take public buses. Most receiving institutions, on the other hand, lack vehicles to transport the doctors over long distances. To solve the chronic problem of transportation, Amity intends to purchase a minibus. In addition, Amity would like to equip the team with a generator, since many receiving hospitals experience frequent electricity failures. Amity is seeking 400,000 yuan (US$46,000) for these combined purposes.
No Money For Huanghuatang Township Hospital
Funding Problems Cripple Rural Health Care

Jiangsu Province. The Xuyi government spends an annual two million yuan on health - a 3.1% share of the county's revenue. No less than a tenth of the health budget is eaten up by the salaries of the 30 officials of the county health bureau. Most of the remainder is used to support the two county hospitals (one each for Western and Chinese medicine), which have a combined capacity of 310 beds and 320 doctors and nurses. County support for medical care in townships and villages is limited to staff pensions, inoculation programs and subsidies for the construction of new township hospitals.

As a result, practically all running costs of Huanghuatang Hospital need to be covered from sources inside the township. The township government itself is too poor to contribute substantially. Central policy regulations prohibit taxes raised from peasants to exceed five percent of their income - not much for a township with an average annual per capita income of 760 yuan. With only five percent of the township revenue going into health care, the township health bureau has a spending capacity of two yuan per year per inhabitant, or a total of 32,000 yuan. The buildings of 14 village health stations must be maintained out of this sum. What's left, if anything, goes to the township hospital.

Hence, the hospital is left to rely on its own ingenuity to make money. Since any kind of business initiatives are officially encouraged, Huanghuatang Hospital has torn down its wall facing the street and erected a row of one-story rooms which can be rented out as shops or storage space. But the main expenses, including staff salaries between 50 and 120 yuan (without bonuses), need to be covered by patient fees. Registration in the outpatient department is 0.30 to 0.60 yuan, hospitalization 2.50 per day. The price of medicines includes a 13-percent surcharge. Patients pay 60 yuan for the removal of an appendix, 200 yuan for a normal child-birth, and 40 yuan for an abortion or sterilization. These fees, which appear low by western standards, must be met by people with an annual average income of 760 yuan who have no medical insurance.

It is therefore no wonder that the township hospital is losing out to the village health stations on the one side and the county hospital on the other. For common illnesses, the peasants prefer to see their village doctors who charge one-fifth to one-tenth the price. In serious cases, the sufficiently wealthy prefer the county hospital, because it is much better equipped and has doctors with much more solid training. Sandwiched between county and village levels and cut off from substantial government funding, township hospitals are being increasingly sidelined. And yet they are urgently needed as an indispensable link in securing decent health care for all.

Gotthard Oblau

The Amity Printing Company Ltd. produced its seven-millionth Bible in April. This is the cumulative production figure since the company began operations in December, 1987. Included in this figure are complete Bibles in various editions and New Testaments with Psalms. Amity's 1994 Bible production target is 2.2 million. Before the founding of the Amity Printing Company, the China Christian Council had already printed 2.7 million Bibles on state-run presses. By the end of June, a total of 10 million Bibles and Bible portions will have been printed in China since the end of 1981. This makes the Bible the second most widely published book in China after The Selected Works of Mao Zedong. The Amity Printing Company Ltd. is located in Nanjing.

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The Amity Foundation is channeling emergency aid to Boyang County in northern Jiangxi Province. The county, which is classified poor by the central government, was hit by a fierce hailstorm on 7 April, which left nine people dead, injured 250 people (60 of them seriously) and affected 250,000 economically. After two Amity staff members investigated the damage on 26 April, it was decided to support the re-construction of damaged church buildings and to give special assistance to families which lost their bread-winners or whose houses were completely destroyed. Boyang is an area with a relatively high percentage of Christians.
When Illness Strikes
Greater Risks And Less Protection For Rural People

According to the Chinese government, over 12% of China's villages have no doctor or paramedic, while between eight and nine percent of all peasants live in poverty caused by disease. The establishment of a functioning health care system for the country's 800 million peasants is a key task in the struggle for social development.

There was a time in socialist China when the rural population was much better protected against the ravages of illness. During the period of agricultural collectivization, a cooperative health care system allowed all peasants free treatment and access to medicines at very low prices.

The agricultural reform of the early eighties led to the dismantling of most communes and the spread of the household-based responsibility system, under which farmers produce their crops in family units at their own risk. In the course of these sweeping changes, the cooperative medical system disintegrated almost overnight.

Since then, health insurance for China's 800-million peasant population has been almost nil. This has given rise to much suffering, which has been officially admitted by the government. Some time ago, Jiankang Bao, China's national health newspaper, listed five major health care problems which have emerged as a result of de-collectivization:

1. Today, most village health stations are contracted out to paramedics, who in turn are responsible for their own profits and losses. As a result, medical bills have increased sharply. Surveys show that in some counties the annual average per-capita medical expenses have more than tripled in real terms since the cooperative health system was given up. In many counties, illness has become the number-one cause of poverty, affecting two thirds of poor households. Illness is also a rising cause of household indebtedness.

2. The disintegration of the cooperative system has led to a slackening of the health care network, making it difficult for many people in sparsely populated areas to see a doctor. In many places, the nearest township hospital is forty or fifty kilometers away. Under such conditions, many emergencies turn into fatalities, and minor illnesses become serious before people make the effort to see a doctor.

3. A lack of investment in the rural health care system has led to a sharp decline in quality. Doctors and paramedics are poorly trained, while buildings and equipment is becoming increasingly outdated. Technical standards and treatment methods in many village and township clinics reflect the standards of the sixties, when the cooperative health system was newly introduced. Patients are reported to have died due to improper administration of streptomycin. At one point, 140 children in a township primary school were harmed when a doctor administered an intravenous injection with a vaccine that was supposed to be injected under the skin.

4. Since most village doctors work on a contract basis and since township hospitals need to generate most of their income themselves, prevention is widely neglected in favor of treatment, which is financially more lucrative. Some hospital administrators are even afraid that too much success in prevention could undermine their financial base. In consequence, many infectious diseases that had been eliminated are now striking again.

5. Another new threat is the rampant spread of fake medicine and quack doctors. Untrained and unauthorized people set up their own "health stations" and sell false or low-quality medicaments, thereby harming a lot of credulous country folk. Many cases of treachery have come to light. Simple maize or wheat flour is sold as oxytetracycline; penicillin injections are diluted with water. In one known case, used infusion bottles were collected, cleaned and refilled; 12 hospi-

Where health care improves, women and children benefit first.

To effectively remedy the situation it will be necessary for the government to strengthen its supervisory role and the rule of law, to re-enforce its financial responsibility and to establish a well-organized insurance system for all. Apart from this, all possible resources in society must be brought into full play to speed up the development of medical work.
Battling Illness, Poverty And Social Harassment
Amity Supports Christian Medical Service In Remote Yunnan

Rev. Huang (right) with elder and 93-old evangelist in Zhaotong.

The Christian clinic in Zhaotong, a prefectural city in northeast Yunnan Province, has received 10,000 yuan (US$1,200) in financial support from the Amity Foundation. It is hoped that this grant and the nationwide and international attention it represents will help the church in Zhaotong improve its standing in society and fight off harassment and illegal meddling by local officials.

Rev. Huang Guiying, director of the clinic and an ordained minister in Zhaotong, expressed this view during a visit by Amity staff members Ms. Li Enlin and Dr. Gotthard Oblau in March. They were visiting Amity health and rural development projects in Yunnan and Guizhou provinces.

The clinic, started by the local church of Zhaotong in 1986, is housed in a small and extremely simple complex of one-story mud houses. It employs over thirty doctors and nurses. The backbone of the staff are five retired doctors who train younger staff on an in-service basis. The clinic mainly serves the peasant population in the surrounding countryside where government health care is often insufficient or too expensive. Most of the clinic's employees are on subsistence-level salaries themselves. At regular intervals, the Christian clinic organizes short-term training courses to enable Christian peasants and lay evangelists to work as paramedics in their home villages.

Clinic director Huang is one of three ordained ministers in the entire prefecture of 190,000 Christians, 90% of whom are ethnic Miao. Zhaotong is the second poorest prefecture in Yunnan, according to China's Poverty Alleviation Office.

Although the clinic was issued a government license when it was founded, it has since encountered various forms of hostility from the broader society, as has the church itself. In September, 1992, the clinic and the neighboring church were targets of a violent attack from students in an adjacent primary school, who smashed windows and damaged furniture and equipment by throwing bricks and clay. At least one person was injured. At the same time, big character posters put up in the vicinity denounced Zhaotong's Christians and Rev. Huang in a way reminiscent of the Cultural Revolution. The culprits were never charged, nor did the church receive any compensation.

The Zhaotong church has also had difficulties recovering land and buildings confiscated before and during the Cultural Revolution. The land for the church and the clinic are only a small fraction of the church's legal property. A large part of the remaining land is occupied by the recently constructed primary school. The church has never received rent from the school or other parties illegally utilizing its property. Attempts by the central and provincial governments to rectify the situation have been frustrated by local cadres who seem to disregard China's policy of religious freedom.

Zhaotong Prefecture is an extremely remote and mountainous area, its connection to the outside world obstructed by poor infrastructure. Until recently, the only way to travel from Zhaotong to the provincial capital was a three-day jeep-ride on a road frequently blocked by landslides. The construction of a better road has reduced travel time to 14 hours, and an airport was opened in Zhaotong this spring. Zhaotong Christians hope that improved access to the rest of the country will bring greater opportunities to promote openness and reform in their medical work and in church building.

Hearing Impairment and Early Rehabilitation, a handbook promoted by the Amity Foundation, was put on sale in bookstores in Beijing and other cities. This is the third in a series of 12 special education resource books the Amity Foundation is involved in producing for special education teacher trainers in China. Two books in this series were published in the beginning of 1993, while the rest will be completed in the next two years. The authors are nationally renowned special education researchers and teacher trainers. The series is the first of its kind in China. Financial support for this project has come from the United Board for Christian Higher Education in Asia.

The Amity Foundation is instrumental in the production of special shoes for leprosy victims. Dr. Sten Stenstrom, a retired surgeon from Sweden and an expert in leprosy rehabilitation, visited Nanjing from May 8 to 12 to explore needs and production possibilities of special footwear designed by himself on the basis of his long-standing experience with leprosy patients in India and other third-world countries. Dr. Stenstrom, who has visited the Amity Foundation on several occasions before, raised the initial capital for trial production of a first batch of shoes for the patients in the Qinlongshan Leprosy Hospital in suburban Nanjing. The special footwear is designed to prevent patients from acquiring ulcers on their feet, a common problem among leprosy victims, who suffer from numbness of limbs.
Spreading Medical Skills To The Mountain Tops
Amity Trains Village Doctors In Remote Yunnan

For one quarter of the 4.6 million people in Zhaotong Prefecture, northwestern Yunnan, the problem of food and clothing has not yet been solved. Especially in the mountain villages of ethnic minorities, there are households with fewer rice bowls than family members. "Many poor people eat worse than our pigs," said Mr. Wang, secretary of Zhaotong's prefecture-level health school, at which the Amity Foundation is sponsoring two-year training classes for a total of 100 village paramedics. In the same city, Amity has supported a church mission clinic (see article in this issue).

Although all of Zhaotong's 1,220 administrative villages have doctors, most of these lack any training. So far, of all village doctors, only 300 have graduated from two-year courses. There are only 750 village clinics collectively run by village committees, and over 2,500 doctors work on a private basis from their homes. While village doctors receive 30 yuan (US$3.5) per month from their local government for inoculation work, they must rely on themselves for further income. Because the government has issued no regulations for consultation fees, poor villagers are left at the mercy of their doctors. Many patients pay in kind or are treated free of charge.

Half of the Amity trainees are from the five poorest counties in the prefecture; one is a young staff member of the Christian clinic (see article in this issue). For the duration of the course, the Foundation pays 30 yuan per month to each trainee as food subsidy, as well as 800 yuan for tuition and 290 yuan for textbooks and basic medical equipment, including a stethoscope, a thermometer, a first-aid kit and a uniform.

The Amity involvement at the Zhaotong health school is one of 12 similar programs being carried out in 12 cities of six provinces in western China. The training of a total of 1,200 village doctors per year is financed by the Protestant Association for Cooperation in Development (EZE), a German-based Christian aid organization.

"I've Learnt To Spread My Wings"
A Young Staff Member Reflects On Her First Years At Amity

Ms. Pan Le joined the Amity Foundation in 1992. In April this year, she was sent to Great Britain to attend a three-month international course in development at Selly Oak Colleges in Birmingham. Her training is sponsored by Christian Aid, a U.K. partner organization which frequently supports specialized training for Amity staff members. Like other young colleagues at Amity, Pan Le threw herself into social development work as an English graduate freshly out of school. In an article previously published in Amity's Chinese-language newsletter, she reflects on her personal experiences as a newcomer to Amity.

The move from my green college campus to the unknown world of the rural development division was an entirely new experience for me. Confronted with stacks of thick documents and reports when I first arrived, I was really at a loss. But with the help of everyone there, I gradually settled into things and finally got those papers sorted out and arranged into files. I discovered that setting things in order for myself was in fact an educational process through which I began to understand and become familiar with our projects.

During my first year I went into the countryside and saw many of our projects for myself. Now I can even proudly tell my father that since taking up this work, I've been to more places than he has. I feel that my time at Amity has matured me a lot. Today, I can "spread my own wings" and go to look at projects or accompany visitors on my own. In this I am luckier than many of my former classmates. But then, that's what the Foundation does: it values your abilities and gives you the opportunity to develop them and show what you are capable of, which is so beneficial for a young person like myself, just out of college.

In the past, I knew intellectually that life for Chinese peasants was hard, but I hadn't experienced it emotionally. Once I heard of a couple in a Shandong village who had only one pair of trousers between them and had to take turns going out of the house; it seemed incredible to me. But after having visited villages and mountain areas in some dozen counties in northern Jiangsu, Anhui, Shandong, Henan and Shaanxi, I can believe it. The lives of many peasants in China are extremely hard; what's more, Chinese peasants
are so unsophisticated and good-natured! They hardly know what it means to complain; they are resigned to their fate, or so rooted in their land that they don't know what a wonderful world lies beyond the mountains.

I once visited a small village in Shaanxi where the peasants had no drinking water and had to go over a dozen kilometres down the mountain to draw water. Year in year out they laboriously till the barren soil, a back-breaking job, always the same. I saw a child at the edge of the village when we arrived and she was still standing there when our jeep left. I looked through the back window, watching her lonely little figure and suddenly I felt so sad I wanted to cry. Perhaps she'd never been out of her village, let alone had any schooling. If she'd been born in a city, or a prosperous village, a very different future would be waiting for her.

I told quite a few of my friends about everything I saw and heard in these rural villages. They were all amazed at what I described, and said they were willing to help the poor peasants. One of my former classmates asked me to let him know when I went to Shandong the next time. He would buy a pair of brand-name blue jeans to send to that couple. I told him that peasants had no use for those things, that what they needed most were the basic necessities of life.

Actually people are all concerned about others to some degree, whether a lot or a little. What the Foundation does is to gather together and concentrate the concern of many people in order to bring help to those who need it. That is, as a part of the Foundation, have the opportunity to build on people's concern and bring help to others is a source of great comfort and honor for me, because I believe that doing good brings peace into one's own life.

Once I was seconded to the Nanjing Office of the China Christian Council to travel with two English people, Alison Paton and her son. Mrs. Paton is a cheerful, kindly woman who was born in Shenyang in northeast China where her father was a missionary. We visited churches in many areas, but what gave me the most lasting impression was our visit to a small church in Xinbin County, Liaoning. For some reason that day, we were late setting out and the church members had been waiting a long time. When they saw Mrs. Paton and her son they were extremely moved and happy. There were some elderly people who still remembered Mrs. Paton's father when he was a missionary in Xinbin.

We went to visit the house where she lived with her parents as a child and as we were leaving, many people were sad to see her go they cried, and I say that Mrs. Paton was crying too. Some of the women there took my hand and wouldn't let go, all the while thanking God for bringing Mrs. Paton from faraway England and myself to them. I cannot describe my feelings at seeing the piety and sincerity in their faces; it was hard to hold back my own emotions. I couldn't even tell them I wasn't a Christian yet. I was really afraid it might shatter the tacit understanding and warmth which can spring up between strangers.

Looking back on my first year at Amity, I feel I've had many opportunities for growth. The Foundation is an organization which "forces" you to become master of many trades, requiring that each employee be able to take the initiative and act on his or her own, be it interpreting for and travelling with a foreign visitor, handling a large quantity of paper work, or liaising with foreign aid agencies. Mostly, of course, it is a matter of coordinating and supervising ongoing projects. All this not only raises my professional level, it also strengthens my ability to interact with all sorts of different people. Whenever a friend asks me what it is I actually do in the Amity Foundation, I proudly say: "I'm a project official, an interpreter and a secretary all rolled into one."