Health and education in Tibet
by Ting Yenren

In the last five years, the Amity Foundation has moved further and further West towards the more remote and poorer parts of China in the implementation of development projects. The Medical Division has held training programs for village doctors while the Blindness Prevention Division has also undertaken training projects for surgeons and doctors in the Northwestern region which includes Tibet, Qinghai, Ningxia, Gansu and Inner Mongolia. This year, the Rural Development Division, which already has many projects in the Southwest, will begin some projects in Gansu and Ningxia. In an effort to provide more background information on this region, the Amity Newsletter invited Mr. Ting Yenren, Associate General Secretary of the Amity Foundation, to write about his encounters with people in Tibet, which he visited during the first week of August this year. Mr. Ting was accompanied by Rev. Kan Baoping of the China Christian Council (CCC) and Mr. Mei Kangjun, a reporter for "Fan Feng", a CCC magazine.

Tibet is almost always featured in the media as a political issue in relation to China. Yet, very little is known about its people, religion and culture. Mr. Ting has written extensive notes on people from various walks of life, giving a broader perspective on culture, politics and social life in Tibet. The full version of these 20 pages under the title "Tibetan Profiles") available from the Amity Office in Hong Kong for those who are interested. In this issue of the Amity Newsletter, we are publishing excerpts that provide information on health and education. (Editor's Note)

Sagye (Chilie Dejie): "I hope I will have time in the future to improve myself professionally."

We were led into the English Department of Lhasa University by a tall, slim young woman with a broad smile. She spoke better Mandarin than any one of us and dressed and behaved like any other professional Chinese woman committed to her career. Only the long, thick plait falling from the back of her head suggested a distinctive Tibetanness. She was also one of the few people we met who used Sanskrit in the spelling of their names.

"You may call me Chen Jie." She told us. "This is my Han Chinese name. My parents gave me this name because my Han classmates always had trouble pronouncing my Tibetan name. As we began to pronounce "Chilie Dejie" almost in unison, she began to laugh.

During the meeting, she and her department chair briefed us and it became obvious that she was quite knowledgeable about the situation of the school. Asked about how the school balanced the teaching of Tibetan and Han Chinese languages, Sagye told us that there was a basic Chinese course for Tibetan students in which they had to pass a standard exam. On the other hand, all the Han Chinese students are required to take a compulsory, six-hour-a-week Tibetan language course. "They must know Tibetan because they will be teachers of Tibetan children. How can they teach, how can they talk to their students if they don't know Tibetan?"

Of the 17 faculty members in the English Department, 11 are Tibetan. It is a small and young faculty, the average age being only 27 years. Sagye introduced her situation by saying: "When I was a student at this university, there was only a two-year English program. After I graduated, I was asked to stay on as an English teacher. Then, from 1994 to 96, I was sent to..."
study at the college teachers' training program at the Beijing Foreign Studies University."

Although the faculty is small, it has to teach 300 English majors. In addition, there are 1,100 students who are majoring in Tibetan language and literature, math, physics, chemistry, geography and so on. As a result, English teachers are overworked. Sagye teaches 14 hours a week, and on top of that serves as a class advisor. She said, "I don't mind working long hours. The only problem is that I have no time to study and improve myself. I hope I will have time in the future to improve myself professionally. I can't leave the work here, but one day, I would like to go inland to study again." In Tibet, the relatively developed part of China, where most Han people live, is referred to as "inland".

During the break, she shared with us her fond memories of her student days. She was the only Tibetan in her class in Beijing and for that reason, was very popular in the school. "The Han students did have misconceptions about Tibetans," said Sagye. "For instance, my schoolmates often asked me: Do you always carry a knife? Do you eat rice at all? Questions like that."

"However, since I was the only Tibetan, they always made sure that I received the best treatment. In the dormitory, whenever someone called from home, the gatekeepers would go out of their way to reach me. They would shout: 'Tibet! Tibet! A long distance for Chen Jie! They would even run up to the fifth floor to get me. It was really nice of them."

Sagye's family is well established at Lhasa University. Her father was a professor at the department of language and literature and is nationally renowned as a Tibetan scholar. Her mother, formerly an editor at the Tibetan Daily, now teaches creative writing in the same department. They both belonged to upper class families before the Democratic Reform in 1959. Her mother's family was an estate-holder (big land or prairie owner). Her grandfather was an "agent" who managed plantations or pasturelands on behalf of an estate-holder. Historically, the local authorities of Tibet, in order to express their loyalty to the Manchu emperor, often sent children of noble families to study in the imperial palace in Beijing. In the early 1950s, the Dalai Lama followed this practice by sending droves of youth to study in Beijing. Sagye's father, a 16-year-old then, was among the first group sent. He was joined by her mother and several of their relatives at the Central Institute of Nationalities where they studied and taught for a number of years. Sagye returned to Lhasa with her parents as a little "inland girl".

"Did your relatives in Lhasa, because of their upper class back-

I asked him what he thought had contributed to his academic success. He mentioned three factors: "the country, my parents and myself."

Dawaije explained the government's preferential policy for Tibetans in college education. In the 1997 college entrance examinations, for instance, a Tibetan high school graduate had only to attain a score of 300 in order to be admitted to a tertiary institution. For Han students from Tibet, the requirement is 330. In contrast, the minimal entry requirement in Jiang Province is 535 for natural science and engineering majors and 524 for social science and humanities majors. In addition, if a minority nationality student did not have adequate Chinese in high school, he or she could apply for Minority Students' Test Sheets, which

Dawaije came from Naqu Prefecture, a poor, nomadic region. There, he went to the only high school in the region at the time. He was the best in his class and in 1985 obtained the highest score among his classmates in the college entrance exams. He was admitted to the university in Shanghai where he studied for four years. After graduation, he became a teacher at Lhasa University.

Dawaije: "We make sure they each will get a mooncake."

Dawaije was the department chair and Sagye's former teacher. While Sagye kept refilling our cups with hot milk tea, he did most of the talking. Thirty-four years old, simple and shy, he did not appear at ease speaking in front of strangers. To relax, he used some expressions in the Shanghai dialect as soon as he had learned that one of us came from Shanghai. It worked immediately we all started to laugh.

Dawaije had studied at the East China Teachers' University in Shanghai during the 1980s. Being the only Tibetan in his class, he was well treated. "I went from a small town to big city," he recalled. "There were many things I didn't know, but my roommates always helped me and made sure I didn't miss anything. Ever today, we still write to one another. I also write my teachers sometimes. When I had difficulties with my studies, they always went out of their way to help. They still do today."
were designed for minority autonomous regions and were considerably easier in Chinese and other subjects. The minimal entry requirement for those using the minority test sheets is till 300.

Dawajie had mixed feelings about the system. He commented, "From the school's point of view, these policies have flaws. For instance, my department has some students with whom we literally have to start with ABC, with the alphabet. It's like teaching Junior One students. But as minority students, I have to say that we have benefitted. I have benefitted. I had some difficulty once I was in college, but many people helped me."

His parents were among the few in their generation who were literate. His father had been a Buddhist priest before the Democratic Reform in 1959. In Tibetan Buddhism, that position also made him a medical doctor. During the Reform, the land the temple had owned was distributed among the monks as well as the serfs who had worked for the temple. The temple could no longer support the priest. Dawajie's father resumed secular life, continuing to practice medicine. He was later sent to a medical training program to study Western medicine. In that training program, he met Dawajie's mother, the daughter of a former serf who was learning to read and write and do health work at the same time. After their marriage, the couple was assigned to work at Naqu Prefectural People's Hospital, the largest medical institution in the area, he as head doctor at the department of Tibetan medicine and she as a nurse. She became a Party member in 1970 and he followed suit ten years later.

One of us asked Dawajie a blunt question: "This university is close to Barkor Street, where some people demonstrated for "Tibetan independence" in 1987 and again in 1989. How did this affect the school and what do you think of the issue?" Barkor Street is the old business section of Lhasa, a wealthy neighbourhood for many years.

Dawajie was caught unprepared and, after a moment's pause, he said, "To my knowledge, no one on campus was involved or interested. Nothing happened here. The demonstrators were only some monks and small businessmen."

"Were there any problems between Han and Tibetan people?"

Again, Dawajie seemed unable to put his words together. He said, "No problem of this sort here on campus. The Han people treat us very well. They treated me well when I was a student. We should treat them well too. Here in our school, more than 80 percent of the students and teachers are Tibetans. The Han people are a minority, so we often listen to their opinions and think of their customs. For instance, over the Mid-Autumn Festival, which we do not celebrate in Tibet, we make sure they each get a mooncake."

Dawa: "As a professional, I only follow science, and my duty is to take care of my patients."

We were taken to the office of Dawa, head doctor of the internal medicine department at Lhasa Municipal People's Hospital. Sitting behind his desk and piles of paper and files, he was busy talking to another doctor in Tibetan. After sending him off, he turned around and shook hands with us. Without much introduction, he went straight into a rather technical briefing on the hospital and his department.

1,000 patients had been cured in the in-patient wards. The hospital served as a central hospital for the whole of Lhasa, including seven counties in the vicinity. Most patients are in critical condition when admitted since they are usually sent by county and township hospitals and clinics. Cases the hospital cannot handle are referred to the Tibet Autonomous Region People's Hospital, the largest and the best in Tibet.

Of the hospital's 301 doctors, nurses and supporting stuff, only 50 are Han Chinese. The building housing the in-patient wards was built a year ago with funds from the Jiangsu provincial government as one of the 62 major state projects designed to hasten Tibet's development. The total cost was 19.56 million yuan, all paid by Jiangsu.

The head doctor then outlined the most common diseases in the area. "They are contagious diseases and cardiovascular diseases," he said. "The contagious diseases include tuberculosis and hepatitis, contracted mainly through contaminated yak and sheep milk. This has to do with the hygienic conditions in agricultural and pastoral areas. For instance, people often do not boil milk even when it

Tibetan women graduates of an Arity village doctor training program in Qinghai

This was a "comprehensive" hospital first founded by the People's Liberation Army (PLA) but handed over to the city government in 1959. At present it has 206 beds. From January to June, there had been 59,000 consultations and treatments in the outpatient and emergency wards; more than may no longer be fresh. Cardiovascular diseases have two causes: high altitude and diet. The dietary problem is high fat and salt intake. For instance, foods like yak butter tea contain too much fat and raise the cholesterol level."
While we were patiently listening to Dawa, a doctor dropped in "just to say hello to people from my hometown." Dr. Li had heard we were from Nanjing and Shanghai. He hailed from Suzhou, a city in between. He was one of those "support Tibet cadres," professionals sent by the governments of more developed provinces to work in Tibet for three years at a time. Serving as a deputy superintendent of the hospital, Dr. Li had almost completed his first year. Of five superintendents, he was the only who was not Tibetan. "We Han people have more trouble with the high altitude," said Dr. Li. "Of the 26 doctors who recently left, 7 had developed heart conditions. I'd better watch carefully what I eat. This is why I'm so skinny and they're so strong." He pointed at Dr. Dawa and the other Tibetan doctors and continued, "Look at their bodies. They're all made up of yak butter tea!"

Dr. Li quickly hurried off but the joke he had cracked turned what had been a lecture into casual conversation. Dr. Dawa proved less confident and even a bit shy when asked about his personal experience. He had been born into a poor farmer's family in Nimu County (outside Lhasa) 40 years ago. His parents and elder brother are still farmers today, growing wheat and barley, but two other brothers and his younger sister are factory workers. His father is also a parttime lama who worships at the village temple. After graduating from primary school, Dawa had been recruited as a "barefoot doctor." With some training, he became a nurse at the county hospital. Then he was selected for further training in the "inland" when he was fifteen. His first four years were spent at the Southwest Institute of Nationalities in Chengdu, Sichuan. The next four years were spent at the All China Medical University in Shenyang (northeastern China), with 35 other Tibetan students.

"Since 1980, I've always been here. It's very simple," Dawa heaved a sigh of relief. One of us, however, did not let him off the hook and brought up a different issue. "We read about the demonstrations in Lhasa in 1987 and 89. What happened in this hospital at that time? And what do you think?" "I learned about them from the media. Nothing happened here."

"What happened to your father and his temple at that time?" "As a devout Buddhist, he worships all the time and does good things for the neighbourhood. He organizes worship services for fellow villagers. That's all. He'd never make any trouble for anyone."

"There are many Tibetan doctors and nurses here. Do you see any need to teach them that Tibet is part of China?" Dr. Dawa was upset by our aggressiveness. With a slightly reddened face, he said, "No, we never discuss this. So, I don't know. As a professional, I only follow science, and my duty is to take care of my patients. If you asked me about the eight doctors working under me, perhaps I could tell you a little. For other things, you'll have to ask other people."

Changing the topic, someone asked, "Your father is a lama. How do you see your profession in relation to his?" "My work is to cure the patients when they are sick. My father's is to console and encourage them so that they will have a good attitude towards the illness. I do not see the two as incompatible. In fact, having confidence that the disease can be cured can be very important medically."

As Dr. Dawa walked us through the in-patient ward, his confidence and calm returned. We peeked into clean and neat rooms, nodding to patients. Several patients and their family members had brought their own carpets and blankets. Instead of lying in bed, they were sitting on the floor, leaning against the wall. "These are herdsmen," said Dawa. "They are not used to sleeping in beds."

Ciren Tunzhu: "Our population has more than doubled."

We also talked to Ciren Tunzhu, party secretary and another deputy superintendent of Dr. Dawa's hospital. One of his responsibilities—and, as it turned out, also one of his concerns—was to find money to run the hospital. He explained, "You may notice that all the patients here are Tibetans. Our main function is to serve the farmers and herdsmen who are not on the government insurance program. If a patient has a red card issued by the civil affairs bureau, he gets free medical and surgical care. If he has a blue card, he has to pay a small percentage. Only private business people in downtown Lhasa do not have any kind of care. They pay the full amount."

Each year, the government provides 570,000 yuan to cover the medical costs of these poor farmers and herdsmen. With inflation and the rising costs of medical care, Dr. Ciren Tunzhu has had to make efforts to secure additional funding. In the first half of this year, they had already spent 380,000 yuan. He is now worried about the second half of the year.

According to Dr. Ciren Tunzhu, the central government gives an annual grant of 20 million yuan to be distributed among hospitals and clinics throughout Tibet to defray the medical bills of the farmers and herdsmen. He commented, "Ten yuan per person per
Blazing new trails
Reflections on the work of Amity

Overseas Coordinator Philip Wickeri spoke with Gotthard Oblau, former editor of the Amity Newsletter, shortly before he left Hong Kong, so that he could share his perspective and the experience of his twelve years with Amity. What follows are excerpts from this interview.

PW: You and Claudia have been with Amity from the beginning as teachers of German in Nanjing (1985-88) and then as staff associates in the Hong Kong Overseas Coordination Office (1988-97). What are your thoughts about leaving Amity and returning to Germany after all these years?

GO: We have seen Amity grow from a very little office with few staff members in 1985 into a very powerful though still small venture of 25 people, funding projects worth 4 million US dollars a year. It has been a great privilege to be part of this undertaking. We are sad to be leaving and hope that we can stay in touch with all our Amity colleagues and that Amity will continue to grow and have an impact on China's society and development.

PW: For most of this time, you have been the editor of the Amity Newsletter, and you have reported on virtually every aspect of our program. You must have some particular programs that are close to your heart, and that you are most interested in.

GO: It is really hard to pick one or two because all the projects and program areas are fascinating and are doing a lot of good in Chinese society.

But let me say something about what Amity has been doing recently in terms of Community Based Rehabilitation (CBR), because this has a very innovative approach. Amity has assisted deaf, mute and blind people in selected villages in Yixing County to find a new existence by first learning the basic skills for their daily lives, and then to develop further, to play a role in society and to find their own sources of income. The amazing thing is that this has been achieved with minimal input.

In Germany, people study for four to five years to become social workers but then after all that time at university they may not even have seen a blind person. Here in Yixing, six-week courses have turned housewives and market vendors into social workers who then become field workers for the project, visiting their clients by bicycle. All those trained were assigned within their own townships so that they became very effective and efficient. This project was the result of the cooperation between the Amity Foundation and the German-based Christian Blind Mission, and its effect has been such that it is really being taken notice of. This is an example of Amity taking the initiative in getting money and know-how from the international Christian community, adapting it to the Chinese context and then promoting it nationwide so that it gains visibility and is propagated. The government in its last Five Year Plan has particularly mentioned this Community Based Rehabilitation project.

In the training of village health workers, Amity is now active in eight different provinces in western China, training hundreds and thousands of village health workers every year. This improves grassroots medical care in the poor areas, particularly those inhabited by the national minorities. Here again the central government of China has recently announced that it is starting bigger programs and putting more funds into training for community-based health care in the minority areas, the poorer areas in West China.

Another contribution of Amity to the social development of China is its support for local churches which have started small projects such as kindergartens, a middle school, clinics and old people's homes. Less innovative and more in the traditional style of Christian contribution to society, they nevertheless give Christians greater visibility in society and teach them and others involved how to assume responsibility. This is very important in China because both the feudal and the classical socialist attitude has been that it is the authorities who should assume full social responsibility. But here, the people take the initiative and in so doing, they experience their own strength. They find they can have influence and can change things for the better. This is very important in laying the foundation for democracy in the long term.

PW: Would you say that this kind of project in particular and Amity in general helps to promote civil society in China?

GO: Absolutely. Amity is a unique organization in China in so far as it is an NGO not only in name but also in function. It is independent of the government, the Party and also separate from the Church. As such, Amity is a fruit of the reform process that started in the 1980s. But Amity has also fostered this process in a genuine way because it has supported other groups and other initiatives from the grassroots.

PW: Our General Secretary, Dr. Wenzao Han, used to say that Amity was a little baby, but now, Amity's no longer a little baby. Amity has now had a history of twelve years. What particular challenges do you see ahead?

GO: Amity is now a child of twelve years which is hyperactive and too slim.

There are altogether twenty-five staff members in the Nanjing office, including all the support staff, so the actual number of staff members looking after the projects, monitoring and travelling is hardly more than a half dozen. Yet a tremendous amount of work is involved in terms of administration, planning, supervising, negoti-
ating, and travelling.

I admire our colleagues in Nanjing for their commitment, compassion and competence but I’m afraid they have a heavy workload and the fast pace of work cannot be maintained over the long run without additional staff. That is one challenge.

Funding structures are also a challenge. Amity, as I see it, has never had great difficulty in raising funds. But I think that rather than relying on a few big donors, funding sources should be more diverse.

The other point is that almost all the funds so far have come from organizations and individuals in North America, Western Europe, Australia and Japan—the industrialized and rich countries. This reflects the global structure that has existed since the end of World War II: the rich countries helping the poor countries to develop. But I think this model of the world is becoming increasingly obsolete. Poverty is everywhere. Even in the richest countries, poverty is on the increase. I can understand the churches in Germany or in the United States when they say "our first obligation is to help the poor right in front of our doorstep."

At the same time, in what was once called Third World countries, particularly in China and Southeast Asia, there is now new wealth. I hope that in the future, Amity can get in touch with churches, organizations and individuals in the Asian region, to generate more funding.

PW: So we’re facing challenges in terms of personnel and in terms of funding patterns. Any other areas?

GO: Amity has limited resources both in personnel and in funding so its work and influence should be innovative and have a multiplier effect. It should maintain limited projects but keep them running, like showcases, which people can copy and learn from.

Here, I think, it is very important to co-operate with the government. In order for the projects to be sustainable, in order to do good work which is not wasted, we must work with the government, identifying able cadres who can put the well being of the people first. We must find channels to promote our work so that the government, which has a fairly good network of administration compared with other developing countries, can make full use of that network.

PW: What role do you see for overseas funding agencies or overseas churches, partners of Amity, in helping to respond to these challenges?

GO: Well, they not only should give money. They themselves have a rich experience of involvement in social development work in other countries which they can share with Amity.

They also have been helpful in linking Amity with NGOs and development organizations in other parts of Asia, which is very important.

Many of these overseas funding agencies are Church organizations run by Christians. They have a rich store of experience in theological reflection over the connection between preaching the Gospel and working for society, the well being of the people and the poor. This could be shared not only with Amity itself, but with Nanjing Theological Seminary.

I also think that Amity can make a contribution to the extent that Church people can learn how to deal with money donated from abroad. For instance, how to avoid dependency. I think Amity has done that very well but as the Church in China now opens itself up to receiving funds from overseas, it has to be careful. This is an entire learning process in Three-Self.

year. You may calculate it. It is not enough." Whether or not this is enough, Tibet is the only place in China where there is such a policy.

Dr. Ciren Tunzhu spent many years working as a doctor in rural areas and all his siblings are still herdsmen. He shared with us his concerns about the difficulties in delivering health care and carrying out health education among the farming and pastoral communities. "Although the ratio of doctors and hospital beds in relation to the population in Tibet is higher than say, in Jiangsu Province, many herdsmen still have to ride on horseback for days before they can see a doctor. Measles and whooping cough are gone due to the vaccination program, but the incidence of tuberculosis in Tibet is the highest in China."

Midwifery, according to Ciren Tunzhu, had been unheard of in Tibet for many years. When in labour, a woman would simply hide herself in the corner of a yak shed and sit on top of a pile of dry animal waste. No one was supposed to help her until the baby was born. Today, most women, if not going to a hospital, would at least be attended to by a trained midwife. However, Ciren Tunzhu said that about forty percent of women still followed the traditional practice so that the mortality rate as a result of difficult labour is still high.

One of us asked, "The press outside China says that there is a secret 'ethnic cleansing' program that forces Tibetan women to have abortions. What do you think?" Ciren Tunzhu laughed and waved his hand to dismiss the remark. "They can say whatever they like, but bear in mind that our Tibetan population has more than doubled. When the Dalai Lama left in 1959, we had 1 million people, but now, we have 2.4 million. Life expectancy has risen from 35 to 65."

"We do need family planning," he added. "In my hometown, many women have 15 children. Today, all these children will grow up whereas in the past, most would have died. What will happen if this continues?"

Like Dawa, Ciren Tunzhu also received his medical education in the "inland." When the Cultural Revolution broke out, he was in his second year and had to return to graze sheep and cattle. He became a "barefoot doctor" in 1970 and in 1973, a medical student at the Northwest Institute of Nationalities in Lanzhou, Gansu Province. After his graduation in 1977, his life alternated between working in local communities as a doctor and receiving further training in "inland" medical colleges. Ciren Tunzhu felt that he owed much to the Party and the government. He said:"If we were still under the Dalai Lama, I would be a ser on the prairie, like my parents and my ancestors."
"Aka" is the Tibetan term for "Buddhist monk". "Manba" means medicine man or doctor. Jiamuyang Qingpai is an Aka in Qinghai Province, Northwestern China. From 1992 to 1994, he attended the village doctors' training course run by the Amity Foundation. Since then, he has become a village doctor, serving the medical needs of herdsmen on the Qinghai-Tibetan Plateau. Treating patients is not his only occupation, however. He also worships at the temple and continues to perform his religious duties as an Aka. How does he combine these two roles? What does his village life look like? Find out in a recently released videotape, now available at the Amity Office in Hongkong.

Jiamuyang Qingpai, the Tibetan monk and doctor featured in the 10-minute film, is only one of the 8,014 village doctors who have so far been trained by the Amity Foundation. Shot on location by a film crew from Gansu, the film shows the beautiful landscape of the Qinghai-Tibetan Plateau as well as the harsh physical conditions under which its population lives. It also shows how Amity has drawn people of different beliefs and nationalities together to serve the needy and to work for the common good.

This videotape is now available in NTSC and PAL format.

Price: HK$50 (for pick up in Hongkong) or US$10 (including airmail postage).

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Mobile surgical clinic reaches Qinghai's prairies

by Theresa C. Carino

Poor infrastructure hampers access to medical care

Beginning in June this year, the Medical Division of Amity Foundation, the Qinghai Provincial People's Hospital and China Connection cooperated to bring a mobile surgical clinic to remote areas in Qinghai province in Northwestern China. For the first time in the province's history, inhabitants of far-flung regions in the uplands were able to receive quality surgical care. During its first few weeks of operation, the mobile clinic toured the prefectures of Hainan and Huang Nan and the counties of Da Tong and Ping An, areas in which Tibetans are concentrated.

For many inhabitants of these vast grasslands, simply reaching a medical clinic may require travelling 300 to 400 kilometers on horseback. Located next to Tibet on the Qinghai-Tibetan Plateau, Qinghai is one of the largest and poorest provinces in West China. More than half of Qinghai consists of pastoral lands and many areas are above 4,500 meters in altitude. It has a population of 4.7 million, a quarter of whom are Tibetans. In the mountains and upland areas, Tibetans, Huis, Salas and other minority nationalities eke out a living in agricultural areas or lead a nomadic life tending herds of yaks and goats. The majority live below the poverty line. In many areas, villagers have never even seen a doctor. In Xining, the capital of Qinghai, there are several large hospitals, including the Qinghai Provincial People's Hospital where major surgeries are carried out. But for non-city dwellers, access to medical care, let alone surgery, is still extremely difficult. Substantial improvements will take years or decades to accomplish.

Operating-Room-on-Wheels

Given the fact that transportation is extremely poor and health care rather inaccessible to many communities living below the poverty line, the idea of having a mobile surgical clinic had been broached in 1992. China Connection (an American non-profit organization that supports Amity projects) responded enthusiastically and after persistent efforts, a mobile surgical clinic, designed and built in the USA, was finally shipped to China in June this year. The specially designed "Operating Room on Wheels" is equipped with basic facilities for surgery. China Connection recruited Dr. Peter Ko, a surgeon from Huntington Memorial Hospital in Pasadena, to provide voluntary service and consultation during the clinic's inaugural tour of remote areas in Qinghai. Kathy Call, Director-Founder of China Connection, officially handed over the mobile clinic to and sent out a medical team composed of two eye surgeons, two general surgeons, an anaesthesiologist and two nurses who travelled with Dr. Ko to the designated areas. Two of these are agricultural areas where farmers grow rape seed for a living. Two others are located in pasturelands inhabited mostly by Tibetan herdsmen.

Many of their inhabitants suffer from hydatid disease (caused by a parasite transmitted through raw or improperly cooked mutton), iodine deficiency, lung diseases (such as tuberculosis) and cataracts. In recalling his first "journey to the West in China, Dr. Ko expressed his shock and sadness at the occurrence of "giant" hernias among children and how they had been long neglected. He operated on some of them. Given the limitations imposed by the poor conditions in the region, members of the surgical team had, at least initially, to content themselves with only a few types of operations. They were kept busy, with as many as ten or more operations per day. Many were for cataracts. Some of the patients had been screened and prepared for the operations by local unit from prefectural and county level hospitals. In the open grasslands, herdsmen came from as far as 200 kilometers away to have their operations.
Some patients arrived on horseback, others on tractor-driven carriages which functioned as make-shift ambulances.

Dr. Peter Ko is convinced of the value of the project which has brought relief for many from pain and suffering. He believes that by providing surgical care to a population spread over a vast area, it offers people a sense of hope. The mobile clinic can be a vehicle for teaching local health care workers and at the same time function as a laboratory for improving efforts in the delivery of better health care. Equally important, the mobile surgical clinic can be a channel for developing links and goodwill between China and other countries. According to Kathy Call, the mobile clinic truly represents a people-to-people gift from the grassroots as thousands of Americans donated money to the $200,000 project through various organizations that included the Presiding Bishop's Fund for World Relief, Presbyterian Women (through their "Thank Offering") and Direct Relief International.

Mobile Medical Teams Target Poor Areas

"Miracle-workers" bring relief to sick in Jiangsu and Anhui

In Spring of this year, Amity sent two mobile medical teams to provide health services to people in poor and isolated areas in Jiangsu and Anhui provinces. One team, led by Dr. Lin Zhugen, a renowned practitioner of traditional Chinese medicine, travelled hundreds of miles to rural areas in Shiqiao, Xindian, Zhoushan, Gaoyou and Changjiang counties. Composed of six members, with an average age of 2, the team caused a stir wherever it went. As more people learnt about it, the number of people coming for consultation increased and, by the end of the short trip, the team had given over a thousand consultations and treated hundreds of patients.

Equipped only with simple medical instruments but armed with a rich store of clinical experience, the doctors brought relief to many who had suffered for years from chronic ailments. The stories were touching. Di Kenfa, a retired worker of Shiqiao township and an insomniac for twenty years was finally able to get a sound night's sleep after undergoing several sessions of acupuncture. In Xingdian, 80-year-old Qin Zhixiu decided she too had nothing to lose in trying acupuncture. She had been suffering from serious pain in her waist and legs for more than two years and had travelled several times to Nanjing for treatment. She had even ordered medicine from Hunan Province but all to no avail. After five days' treatment by the team, she threw away her walking stick and declared "This team of doctors are miracle-workers!"

Doctors with no frills

The trip impressed upon the doctors the importance of placing the patients' interests above all else—and definitely above profit-making. In Gaoyou city, they treated a patient who had been suffering from frequent dizzy spells. His search for a cure had brought him to many reputable hospitals where he had spent a total of 3,000 yuan for costly but inconclusive tests. The team, however, discovered that he had simply not been given the most basic and least expensive blood test. When this was done, he was diagnosed as having anaemia, a common disease in the area. And the cost of his cure? Less than 400 yuan.

During the trip, the doctors imposed on themselves a strict code of conduct. They declined all banquets and receptions in their honor. In order to cut costs, they insisted on having simple meals and staying in modest rooms at local hospitals and clinics. They even ran the risk of infection when visiting patients under very unhygienic conditions. At Shiqiao Clinic, they were deemed the best medical team ever to visit. According to its director, Mr. Chen, "The Amity team is different from other medical teams. They have a down-to-earth work style and never ask for more than they should. We have only heard praise and gratitude from the more than 600 patients they have treated."

Despite this, the team resolved to provide better service in the future. The doctors feel that better equipped and higher level medical personnel are badly needed in the poor areas to boost the morale of doctors at the grassroots level. These teams can share their medical experience, good working attitudes and train local medical personnel in acupuncture or in performing minor operations. This in turn can also help local hospitals and clinics to generate some income to meet the urgent needs of villagers. Indeed, much remains to be done.
Introducing

Amity's Medical Coordination Office in Northwestern China

In the last five years, the Amity Foundation has been expanding its projects in Northwestern China, a region where some of the poorest counties and villages are located. Since 1992, the Medical Division of Amity has trained more than 8,000 village doctors as a response to the dire need for basic health care in the region. As the village doctors' training program expanded, it was found necessary to set up a coordination office in Lanzhou that can help manage the projects, more closely monitor their implementation and evaluate their impact. The Health Bureau in Gansu Province, a project partner of Amity, agreed to support this by providing free office space in a medical school and some personnel. Thus in September 1996, the Medical Coordination Office of the Amity Foundation was formally established in Lanzhou, capital of Gansu, with four full-time staff.

Qiu Jie, coordinator of the Lanzhou office, has been seconded to work with Amity by the Gansu Health Bureau. Young, dynamic and dedicated, he is a graduate of the Lanzhou Medical College. After practising as a doctor, he moved into medical education and administrative work in 1992. His work brought him into contact with the Amity Foundation and he became involved in its projects. Asked why he had decided to work with Amity, Dr. Qiu explained that he had been inspired and moved by the work of Amity, especially in the training of village doctors. As a doctor and medical educator, he had seen how badly doctors were needed in some of the poorest areas and had been deeply impressed by the effectiveness of Amity's program of training and the benefits these villages were deriving.

When the Coordination Office was started, he recruited his friend Wang Yin, a technical expert who used to work in an institute concerned with the effects of radiation. Mr. Wang joined Amity in May 1996 and is the editor of the newsletter, Village Doctor. Circulated free to graduates of the village doctors' program, it keeps them in touch with Amity and the other doctors, provides medical and other information useful in the setting up of village clinics and is used as a tool for the continuing education and upgrading of skills of the village doctors.

In the coordination of programs, Qiu Jie is assisted by Ms. Ma Chunlan, a member of the Hui nationality. Trained as an English teacher, Ms. Ma taught English in a middle school in Ningxia and then in a nursing school affiliated with the Lanzhou Medical College from 1988 to 1996. She learned about Amity while attending a summer English course taught by Amity teachers. Impressed by the work Amity was doing, she decided to join the staff in August 1996. Her work has consisted mainly of coordinating the half-year training program for medical teams from poorer counties and townships, composed of surgeons, obstetricians, anaesthesiologists and laboratory technicians. In 1997, the training will involve 200 medical personnel from Gansu, Inner Mongolia and Ningxia.

The fourth full-time member of the Amity staff in Lanzhou is Zhang Xiaojun. Originally a doctor at the Gansu Construction Workers' Hospital, Dr. Zhang started his work with Amity in June 1996. Trained in both Western and Chinese traditional medicine, his job has been to investigate the impact of the village doctors' programs in Gansu through interviews and visits to villages.
Conference on Sustainable Development

The Rural Development Division of Amity will be holding a conference on "Sustainable Development in Rural China" in Beijing from December 18th to the 24th. Organized in cooperation with other Chinese NGOs, it will have about 40 participants. These will include Amity project holders from different parts of China, development experts from various Chinese institutes and researchers from academe. It will be the first time for Amity to have a conference on such a topic with other Chinese NGOs.

August last year, there was a workshop in Guizhou for Amity Rural Development project holders on the topic of sustainable development. It was the first coordination conference for project holders organized by Amity in which 20 implementors from various projects came together to share their experiences and to learn from one another. They came from Guangxi, Guizhou, Yunnan, Shandong, Henan, Gansu and Jiangsu. In October this year, a smaller workshop will be held for rural development project holders before they leave for a study tour of the Philippines. The visit to the Philippines will be hosted by the Philippine-China Development Resource Center.

Expanding work in Tibet

The Amity Foundation will expand its projects in Tibet, according to Mr. Ting Yenren, the Foundation's Associate General Secretary. Initially, Amity plans to supply solar cookers to 410 families in a poor village. The growth in population has put greater pressure on the land and soil erosion is already quite severe in some parts of Tibet. The use of solar energy is expected to reduce the cutting of trees and help to preserve the environment. Women will be able to spend less time on collecting wood and other sources of fuel for cooking. The energy provided by the solar cookers will also help prevent the transmission of certain diseases by allowing its users to cook their food longer and more thoroughly. In addition to solar discs, Amity has plans to supply the village with television and a small wind-powered generator. At present, Amity projects in Tibet have been limited to the training of health workers and in work related to blindness prevention.

Orphanages receive more support from Families with Children from China

According to Ms. An An Wu, Director of Amity's Social Welfare Division, there will be a greater emphasis on work with orphanages in China this year. Support from overseas for this important work has been increasing and the Amity Foundation has been selected by the American organization, Families with Children from China (FCC) as its partner in China. Citing a report by the Ford Foundation, the FCC considers Amity as "perhaps the most active indigenous development NGO in China". Apart from adoption, work with orphanages includes providing better living conditions and educational opportunities for orphaned children and improved medical attention for those with disabilities.

New Editor

With this issue of the Amity Newsletter, we are happy to welcome Dr. Theresa Carino as our new editor. Dr. Carino joined the staff of the Amity Overseas Coordination Office in July, and she brings a wealth of academic and practical experience on development issues in China to her new position. She formerly served as founding director of the Philippine-China Development Resource Center, and she is a specialist on overseas Chinese relationships to the People's Republic of China. Dr. Carino is from Singapore, but she worked in the Philippines for 19 years before moving to Hong Kong in 1996.
Amity Teachers Orientation

A month-long orientation program for incoming Amity teachers was conducted in Nantong, Jiangsu Province, the summer from July 27th to August 23rd. The program consisted of Chinese language courses, a teaching practicum and a general orientation on living in China for the new teachers. Twenty-two of the twenty-six new teachers for this year attended the program. To prepare themselves for teaching in China, they had to participate in Chinese language tutoring taught by students from the Nantong Teachers' College and practice teaching English to Chinese middle school teachers. The teaching practicums were supervised by "returnee" teachers who already had many years of experience living and teaching in China. Other activities included listening to lectures on Chinese history and society, visiting Chinese churches and making field trips to Amity development projects in Xuyi county in northern Jiangsu. With this new batch of teachers, there will be a total of 67 Amity teachers working in China for school year 97/98 coming from the USA, Canada, Norway, Sweden, Denmark, the Netherlands, Germany, Japan, the United Kingdom, Northern Ireland and New Zealand.

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