Where There Are No Doctors:
Amity trains paramedics in Southern Ningxia

More than a third of the population of the Autonomous Region of Ningxia are Hui (Muslims), descendants of Arab and Iranian (Persian) traders who traveled to China during the Tang Dynasty. The Hui minority tends to be concentrated in southern Ningxia where poverty is widespread. Theresa Carino visited Amity’s medical projects in the province in April 2000 and reports below on her impressions.

Located in southern Ningxia, one of China’s poorest provinces, Haiyuan County combines in its name the Chinese characters for “sea” and “grasslands” none of which is visible in its stark, uniformly brown, arid landscape. Frequently hit by sandstorms originating from the Tenger Desert in neighboring Inner Mongolia, the area, like much of Ningxia, receives low rainfall for half of the year. During years of drought, which are nine out of ten, there may be no rainfall for a whole year. Historically, Yin Chuan, the capital of Ningxia was the seat of the Western Hsia Dynasty (c. 1000 AD) which attained cultural heights. In the last few centuries, however, frequent drought and desertification have reduced much of the province to extreme poverty. While the average annual income of villagers is 800 RMB (around US$ 100), most receive about 500 RMB a year.

Too poor to own chopsticks and bowls

According to Dr. Ma, Provincial Health Bureau Director, some families used to be so poor, they owned only one pair of trousers. There were those too poor to have chopsticks and bowls. Dr. Ma personally experienced the hardships of life in the area having spent 13 years during the Cultural Revolution in Haiyuan County. Many villagers suffer from lung problems such as tuberculosis and pneumonia because of the aridity and the presence of sand particles in the air. Intestinal diseases are also common since water is scarce. For the 380,000 people living in Haiyuan, the main source of water is the Yellow River, which could be between 15 to 30 kilometers away from a village. In 1999, there was no rain for the entire year, bringing drought to the area. Ma described how, during the Cultural Revolution, water cisterns had to be padlocked so their contents could be carefully rationed to “properly registered” residents. In times of severe drought, each villager was re-
stricted to one glass of water per day! Today, the situation has improved a little but for some villagers, fetching water on foot from a distant source can still take an entire day.

Access to basic medical care is equally inadequate. There are 24 “hospitals” in Haiyuan County but only four of these can undertake simple surgery such as appendectomies. Only 20% of babies are delivered in hospitals even if there are nine hospitals where this can be done. Infant mortality rate is high, with three deaths out of every 100 births. Many babies die from lung infections and other complications arising from poor hygiene.

To help remedy the situation, Amity’s Medical Division started a training program for “village doctors” (or paramedics) in Ningxia in 1997. By the end of 2000, 400 village doctors have been trained, all of them coming from villages that have never seen a doctor or a clinic. Amity employs some basic criteria in selecting candidates for training. They must come from villages which have no clinic or doctor. Candidates, who must be recommended by their village, need to have at least middle school education and be able to pass “preliminary exams.” Simple criteria but rather difficult to implement considering the fact that adult illiteracy in the rural areas is 50% and reaches 70% among women. Trainees should also have some means to sustain operating a small village clinic. To set up a tiny, spartan “consulting room”, usually attached to his/her home with a small stock of medicine, a village doctor needs 2,000 to 3,000 RMB (US$250 - 375), a fortune by local standards. Very often, the local health bureau provides a monthly subsidy of 20 RMB to the village doctor who then helps in community health education and immunization. Monthly incomes of village doctors range from 50 RMB to 500 RMB depending on the local situation and the skills and reputation of the doctor.

Yang Zhixiu checking on patients resting on a “Kang” in her home.

Having a village doctor can be a matter of life and death

Thirty-three year old Yang Zhi Xiu, an Amity-trained village doctor in Bei Liang, a predominantly Muslim village in Haiyuan County, has chalked up an impressive reputation in her village and beyond since she opened her clinic a year ago. For the 400 villagers, having Yang as village doctor has spelt the difference between life and death. Two days before my visit, she had literally saved the lives of 2 children who had accidentally ingested rat poison. Without Amity’s training, she would not have known what to do in such an emergency. Yang also delivers babies and treats three to four patients a day, many of whom come from miles around. Most have throat and lung infections. Difficult cases requiring surgery or psychiatric care are referred to township or county hospitals.

Yang’s professionalism is reflected in her ability to maintain an impeccably clean home and clinic despite the scarcity of water. To ensure better care for her patients, she has even had to share the comforts of her own home. During my visit, she had two patients sleeping on her large “kang” (traditional bed heated from below) — one a young woman who had just suffered a miscarriage and the other a three-month old baby suffering from diarrhea and dehydration. She explained, “The clinic, which is at the other end of the house, is too cold in winter, so I decided to have them stay here, in my room and on my bed, where it is much warmer.”

Yang’s success as a village doctor has been achieved at great emotional cost and personal sacrifice. To join Amity’s training program she had to leave home and her youngest and fourth child, who was then only 10 months old, over the strong objections of her husband. Her junior high education in the village had not prepared her adequately for the courses which she initially found extremely difficult. But she was determined to succeed. She had seen her own sister die at the age of 11 and witnessed the death of a woman from childbirth—all because there was no doctor in her village. After weeks of homesickness, frustration and tears, Yang decided to focus and buried herself in her studies. During weekends, when others would go home to their families, she would stay on in Gu Yuan district and volunteer her services at the district hospital. She had to scrub floors and perform menial duties but she could also learn from observing what went on in the hospital.

During her 18-month training, Yang returned home only three times. Yang recalled, “After the first six months, my baby could not recognize me! Now that he is three years old, he still calls my sister who took care of him ‘Mommy’ and refers to me as the ‘Mom from Gu Yuan’!”

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Over the last 20 years, China's shift to a market economy has brought about numerous reforms to its health care system. These reforms have raised standards of medical care in urban areas but have also widened the gap between the urban and rural areas. Eighty percent of medical resources are now concentrated in urban areas while poor rural residents suffer from shortages of medicine and doctors.

In the past, China's rural health care system, established in 1949, incorporated a Cooperative Health Care Scheme (CHCS), a three-tier health care network and the 'barefoot doctors' system. Under this scheme, life expectancy increased and many infectious diseases were brought under control. With economic reforms, most CHCS have disintegrated because of the lack of adequate economic support. Private clinics have replaced village health stations and the cost of medical care has rapidly increased.

In its medical work, the Amity Foundation aims to bridge the gap between the rural and urban areas and help those who are left behind in the reforms. One of its strategies is to pioneer new methods of providing medical training and services, so as to produce a considerable impact upon government policies and actions.

Training village doctors and strengthening township health centers

To date, Amity has trained more than 18,099 'village doctors' or health workers in 15 provinces, mostly in northwest and southwest China. These doctors help provide basic medical services at the village level. The training program is conducted in cooperation with health bureaus at provincial and county levels, where teaching centers and materials are already available. To reconcile Amity's educational agenda with the traditional governmental teaching plan, some special agreements had to be made.

"For example," explains Li Enlin, Director of Amity's Medical and Health Division, "provincial health bureaus have agreed to reduce the training period from three years to a year and a half. This allows trainees to master the most practical skills with limited tuition and time. To ensure that graduates really work for their own villagers, the license they hold is only valid in their own village. Such training has made the government aware that cultivating community health workers is a feasible means to extend rural health work."

At the township level, Amity has been facilitating further short-term training and skills upgrading for medical workers in township hospitals and health centers. This usually involves a six-month course in a district or provincial level hospital for the trainee.

Mobile medical services: medical team and mobile clinic

To make medical treatment accessible to those living in remote, mountainous areas, Amity has set up two mobile medical teams to travel to these areas. These teams consist of highly trained medical experts who volunteer their services. During visits, these teams provide medical consultation and sometimes surgery using equipment available in village or township hospitals. In Qinghai Province, Amity has set up a mobile surgical clinic, a vehicle furnished with equipment and facilities for surgery. This mainly serves herds people on the Qinghai Plateau in northwest China.
warmly-welcomed hospitals, Church-run medical centers are growing very rapidly. Patients include local Christians as well as non-Christians.

Experimenting with new educational methods

Amity encourages the innovative use of audio-visual aids in health education. In cooperation with a medical university, Amity has facilitated the production of a video program that is used for distance learning by doctors and health workers at the grassroots level. The series includes 210 video tapes. Amity is also involved in translating foreign medical books and adapting them for use in rural China. Posters, videos and pamphlets have been widely used in implementing HIV/AIDS education projects in southwest provinces such as Yunnan and Guangxi.

Re-training retrenched women workers as nursing assistants

Apart from its work in rural areas, Amity is also working in urban areas to close the rich-poor gap. In Nanjing, Jiangsu Province, where many women workers have been laid-off as a result of massive restructuring of state enterprises, Amity has started a program to re-train thousands of women to become nursing assistants in hospitals.

At various levels, from the countryside to the cities, Amity is trying hard to make health care more accessible to those left behind by reforms. Stephen Ting Yen-ren, a Vice-President of Amity's Board has commented, "Amity really welcomes the great changes now taking place in health fields in China. With the reform being deepened, more people get accessible and convenient medical services. The problem is how to deal with those who are left behind.”

Church-run Hospital in Lingqu

Model of Christian Social Service

The church-run hospital in Lingqu was first featured in issue no. 27 Winter 1993 of the Amity Newsletter. In April 2000, Theresa Carino visited Wangshe Village in Shandong and reports below on the hospital’s development.

A small county in Shandong Province with a population of 850,000, Lingqu has the distinction of having the earliest and the best church-run hospital in China. Started in 1984 with only nine rooms, the hospital initially had only 15 staff (including eight doctors). Today, the church-run Lingqu Hospital is held up as a model of Christian social service with its low fees, quality care, high-level of competence and dedicated staff. Its dental and eye-care services are among the best in the entire county and can rival those of larger township hospitals. Boasting now of 48 staff that includes 10 dentists and four ophthalmologists, the hospital is open 24 hours a day. More than 150 cataract operations were carried out last year and farmers were charged only 700 RMB per operation compared to 5,000 RMB in a city hospital.

"Why did you start the hospital?” I asked Rev. Abel Zhao Yapo, the moving spirit behind the hospital and a dentist himself. "To serve God, you must serve others first,” he replied without any hesitation. Zhao attributes the idea of a Christian-run hospital to his father Zhao Bing Chang. The senior Zhao was a medical doctor who had served in North
Korea during the Korean War. He had also been a leader of the Jesus Family Movement in Ta’ian (also in Shandong Province) before 1949. It was his belief that Christians needed to be the “salt and light in the world” and starting a clinic in 1984 was a concrete expression of this.

Lingqu hospital is completely staffed by Christians who begin each day with 5 a.m. devotions in the chapel. Since many of the doctors and dentists are also farmers, they work in their fields and gardens before starting their rounds at the hospital. Their income from the hospital is small and much of what is earned from medical fees is reinvested in the development of the hospital. Staff incomes are augmented by the sale of produce from their land. The Amity Foundation began supporting the church-run hospital in 1993 with financial contributions and equipment. Many of the dental chairs currently in use are second-hand equipment from Nanjing hospitals, but in Lingqu, they constitute the best in the area.

More than its equipment and professionalism, Lingqu Hospital is best known for the “caring spirit” among its staff. Many of its patients are non-Christians who come from Lingqu county and beyond. Sometimes, they are too poor to pay for treatment but none are sent away. Not only has the hospital expanded and its reputation grown, the Christian population in Lingqu has more than doubled since 1984 to 4,620. On Sundays, worship services which used to be conducted in the home of Rev. Zhao are now held in the new church building which can seat a thousand people. Both church and hospital are located in the vicinity of “Gospel Street”, with its 30 Christian households, further evidence of the strength of the Christian presence in Wangshe Village in Lingqu.

Extending its community outreach in recent years, the church has been sending medical teams to remote mountain areas. According to Rev. Zhao, “As a result, some of the villages have become Christian.” He stresses, “Our service knows no color or creed: we serve rich and poor, Christians and non-Christians. Even government cadres have been known to be converted through their healing experience!”

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Moving Boulders With The “Yi Mong Spirit”:
Mind and Body projects in Fei County

Theresa Carino reports below on Amity’s “Mind and Body Projects” in Fei County. She visited the projects in April 2000 with Kari Habbak, Project Coordinator of Areopagos in Norway, which has been supporting these projects since their inception in the early ’90s.

In Spring, peach and pear blossoms provide refreshing splashes of white and pink to the rugged, rocky landscape of Fei County in Shandong Province. Sandwiched between the Yi River and the Mong Mountains, the county has a population of almost a million people of which one third live below the poverty line. A rocky terrain, scarce arable land, frequent droughts and a decline in prices of agricultural products have contrived to keep farmers poor. Despite this, or perhaps because of it, there is an abundance of the “Yi Mong Spirit” which is synonymous with hard work, community spirit and self-sacrifice. According to Li Enlin, an Associate General Secretary of Amity and Director of the Medical Division, “The local people know what they want but have no money. They wanted a school and when Amity provided some funds, they built the school with their own bare hands. The Yi Mong or Fei County spirit is special. Even octogenarians would help in construction work.”

When we visited the site for a new primary school in Dong Gu Kou Village, the whole community was at work, removing rocks from the ground and building walls for the school. Men and women of all ages, including those in their seventies were contributing in different ways. Fifty-two year old Zhao Derong was hoeing the ground, with her grandchild
in tow. The work was hard but Zhao was happy that her grandson will soon have a school to attend. Education is highly treasured and farmers try their best to send their children to school. In Dong Gu Kou, a clinic will soon be added to the school so that both "minds and bodies" of villagers can receive nurture and care.

**Sites of schools and clinics are crucial: accessibility can mean schooling for more girls and better health for farmers**

In all Fei County "Mind and Body Projects", there has been a conscious effort to combine the construction of a school with that of a clinic and a women’s activity centre. Selecting sites for these in consultation with village heads, can be a crucial process since they serve 400 to 600 students from over 20 natural villages all around. Director Shang Chongfeng, local coordinator of the "Mind and Body Projects" explained that very often, children had to hike at least 3 to 5 kilometres across mountains to reach their school. With the construction of more primary schools, this distance had been reduced. One notable effect is that more girls are now attending school than before. Usually, the triple combination of school-clinic-women’s activity centre is centrally located in the vicinity of the marketplace so that when farmers bring their produce on market day, they can also take time off to visit the doctor if necessary.

Training courses at the women’s activity centers cover a wide range from literacy classes, basic maternal and child-care to rabbit-raising and the growing of fruit trees. As in most parts of rural China, the illiteracy rate among women is around 70%. In many of the centers, literacy classes and skills training are combined. Women trained at these centers have put their skills to good use. Thirty-four-year old Ning Baoying attended a training course in animal husbandry and now raises goats, pigs, chickens and ducks. In another village, Pi Jiaolan learned to take care of her family orchard and now plans to raise silkworms as well. Both Pi and Ning have hopes that their daughters will be better educated than they and work hard to ensure this. The Yi Mong spirit clearly had much to do with the success of the "Mind and Body Projects" in Fei County.

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**South-South Exchange:**

**Focus on Children**

Work with children was the focus of an exchange visit to the Philippines co-organized by the Amity Foundation and the Philippine-China Development Resource Center (PDRC). The 11-member delegation, made up of Amity's project partners in the field of childcare in China, visited various projects run by local NGOs and government institutions in the Philippines October 17 to 26, 2000. Traveling in Manila and northern Philippines, the delegation visited 17 governmental and non-governmental organizations working with abused children, street children, and special children. They also visited projects for abused women and their families. The visit concluded with a roundtable discussion on children's rights and welfare in the Philippines and China.

Led by Wu An'an, Director of Amity’s Social Welfare Division, and She Hongyu from the Blindness Prevention and Special Education Division, delegates were from state-run social welfare institutions for orphans and abandoned children, from community based rehabilitation projects for disabled children and from
government departments related to special education and NGO affairs. The visit was the latest in a series of exchanges between Amity and PDRC over the last nine years.

Below, Wu An'an and She Hongyu share their impressions of the visit and what they have learned.

**Wu An'an:**

1. **General impressions:** What was striking was the tremendous gap between the urban poor and the rich. Very visible too were the public demonstrations demanding the Philippine president's resignation. It was an exposure to the political instability in the Philippines. Agricultural production seems to be rather poor and lacks the variety and quality of food that can be found in China. However, perhaps due to less cultivation, there was less damage to nature. We saw lots of green and big old trees in many places. On our way to Baguio, we saw beautiful mountains with virgin forests. There is also a higher literacy rate in the Philippines than in China.

2. **Professionalism:** The number of NGOs in the Philippines are as many as the stars in a clear summer sky. Many NGOs work on protecting children's rights in the Philippines. Some are quite small with only four to five staff members, but they are highly specialized in terms of issues and focus. Their field staff seem very professional and well trained. The professional approach was evident in many aspects, including the use of the legal system and public media to promote the adoption of a child-centered administration and the emphasis on the empowerment of the family and the community in protecting children's rights.

3. **Being inclusive:** Special education projects for the blind and the deaf were practical, with emphasis on the empowerment of the disabled. Projects we visited gave much importance to the integration and inclusion of disabled children with the community. The Blind School had two blind teachers on its staff. These two blind teachers were trained as ordinary teachers. Blind people seldom work in Chinese Schools for the Blind as ordinary teachers. Presently, the blind in China are only trained to teach massage in Schools for the Blind.

**She Hongyu:**

1. **Church involvement:** A good percentage of the programs we visited are either church sponsored or church related. Though it is worrying to see the large number of street children, abused children and child laborers, it is encouraging to witness the high involvement of churches.

2. **Local fund-raising:** Filipino NGOs are more dynamic in local fund raising. Apart from overseas donations, they have been very active in local fund raising through churches and media. Many organizations we visited are very aware of the need for fund raising.

3. **Active participation from parents of disabled children:**
   - Mothers of deaf children act as their sign language translators in the classroom.
   - Parents of autistic children work as teachers in special schools they themselves put up.
   - Parents organize councils to share their experiences.
   - Parents launch fund-raising campaigns.

These can be well adopted by Amity.

4. **Volunteers:** The high degree of volunteer participation has reduced the workload of regular staff and more importantly, improved awareness of disadvantaged groups in society. In China today, more young people are showing a willingness to help charity organizations. However, more needs to be done to encourage it.

*This article is based on reports by Wu An'an, Director of Amity's Social Welfare Division, and She Hongyu from the Blindness Prevention and Special Education Division.*
Seminar on Foster Care

The Social Welfare Division of the Amity Foundation held a Seminar on "Foster Care" in Nanjing October 9 - 12, 2000. Fifty-eight participants from 33 orphanages and local civil affairs departments throughout China attended the seminar. Participants included those who had started foster-care projects in orphanages, or were interested in starting them in the near future.

In sharing their experiences representatives from orphanages in Shanghai and Nanjing and the provinces of Jiangxi, Hunan and Jiangsu underscored the advantages of foster care for child development compared to institutional care.

Amity invited overseas experts to talk about foster care since it is still a very new concept in China. These included Pam Awtrey and Joy Hilburn of the Bethany Christian Social Service in Minnesota, Kitty Chen from Hong Kong, who works at Gui Gang Mother’s Love Orphanage in Nanning, and Robert Glover, from Care For Children (UK) presently working in a Shanghai orphanage. Seminar topics ranged from the aims of foster care to selection and matching of foster care families, their training, and development of a support network.

Wu An’an, Director of the Social Welfare Division of Amity, provided a history of Amity’s work with Chinese orphanages, stressing the importance of foster care projects in China. Amity began experimental foster care projects in a few orphanages in 1996. This has now expanded to 24 orphanages and involves more than 200 children. One important feedback from participants at the end of the seminar was the realization that a foster care project should be child-centered: Its purpose is to help find a loving family for a child rather than to find a child for a family.

Amity Grandmas Conference

Organized by Amity’s Social Welfare Division, the “Amity Grandmas Conference” was held in Nanjing, November 15 to 17, 2000. It was attended by 68 Amity Grandmas from 23 orphanages throughout the country.

Participants were introduced to Amity’s work with orphans by Wu An’an, Director of the Social Welfare Division. Dr. Hong Bihua, volunteer Amity staff and a retired doctor spoke on child care and development. The Amity Grandmas Project organizes and supports local volunteers, most of them retired women, in caring for disabled children in Chinese orphanages. Initiated by Amity, the project began at the Nanjing Orphanage in 1991 with the recruitment of four retired doctors and nurses from St. Paul’s Church in Nanjing. Since then, the project has expanded to 25 orphanages with 116 “Grandmas” providing individual care and attention to orphans on a daily basis.

The conference was a venue for the sharing of experiences. The “Grandmas” described how care, given with love, had healed and brought great changes to the lives of abandoned children in the orphanages. They had established close relationships with these children and become strongly attached to them. They told their stories as a mother would, with love and passion, demonstrating that every child, no matter how disabled, is lovely and is to be valued. The first of its kind, the conference provided a rare and exciting opportunity for Amity Grandmas to get together and share their experiences. They left the two-day conference full of energy and commitment, proud to be Amity Grandmas.