

## 2005 Trip Report

### Rima Village Ayang Gompa

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## Introduction

This report is organized around the three-part model that Loy and Chin are using to guide their work in Rima: (1) Service, (2) Education, and (3) Research. Ideally, each part of the model informs the other two.

## Field Team

Stephen Lurie, MD, PhD in psychology and psychometrics, Assistant Professor in Medical Education and Family Medicine. Physician/Teacher/Researcher.

Ann Buchanan, MD, MPH, Chief Resident, Department of Pediatrics. Training in Tropical Medicine and Community Oriented Pediatrics. Physician/Teacher

Kathleen Holt. PhD in psychology and psychometrics. Researcher.

Michael Pirri, 4th year medical student.

Kevin Makino, 3<sup>rd</sup> year medical student, graduate student epidemiology.

## Service

### Birthing kits

In order to promote a clean birth environment and help prevent post-partum infections of the mother and/or baby, 60 birthing kits were assembled and given to leaders of the four Rima communities. Dr. Steve Lurie opened one of the kits for the leaders and explained the use of the contents:

- Plastic sheet - to put on the ground underneath the birthing woman
- Blanket and cap for the baby - to help keep the infant warm
- Sterile razor blade and string - to cut and tie the cord in a sterile manner
- Maternity pads - for post-partum cleanliness
- Soap
- Antibiotic hand gel
- Gauze pads
- Alcohol wipes
- Gloves

Pediatrician Ann Buchanan also spoke at this time about the critical need to keep newborns warm, dry and stimulated. She encouraged vigorous rubbing of newborns' backs, and slapping them on the feet to stimulate a lusty cry from the infants. She also recommended clearing the baby's mouth out to stimulate a first breath.

#### Vitamins

3,000 multi-vitamins were divided into packets of 60 and given to the four community leaders for distribution among households with children. Leaders were instructed that children between the ages of 3-18 should chew one per day. It is hoped that among other things, this would provide enough Vitamin A for the year to be protective against complications of measles.

We also left 5 bottles of chewable children's vitamins at the Ani Gumpa with instructions for each Ani to take one per day at breakfast. The cook took charge of the vitamin supply.

#### First Aid Kits with Soap

Four 1<sup>st</sup> AID kits of the type typically found in US households were left in the village: one at the Ani Gumpa, one with the construction workers' supervisor; one with Tenzing the cook at the monastery; and one that was taken by older Tenzing to his brother in the village. Each item in the kit was discussed and its use demonstrated (when possible) and a small verbal quiz was given afterwards. Items mainly pertained to wound and burn care with an emphasis on cleaning and dressing minor wounds, cuts, abrasions, and burns. Both Tenzing's promised to teach wound care to whoever sought their help and to give all patients a bar of soap to take home.

#### Glasses 350 pair

Corrective lens for reading and near-sightedness were distributed to villagers and monks in the Tibetan manner. A few sunglasses were distributed. Monks were helpful in fitting people with the correct lens and in the future we should more actively ask for the monks' help. We were requested to bring more glasses next year.

One monk who took a pair of corrective lens for his mother last year reported that they helped her tremendously. That she can now read scriptures for long periods of time easily and without tearing.

It is our impression that people were more interested in corrective lens than in sunglasses. We also failed to see many of the sunglasses that we distributed last year being used. In the future we need to stress the value of dark glass in preventing cataracts.

#### In-Service Lectures at the Yushu County Hospital

Steve and Annie gave brief in-service lectures to a small group of doctors at our collaborating hospital, the Yushu County Hospital. At the Hospital's request Steve talked about prenatal care and the rubric used to determine what should be done for women at each of 9 prenatal visits. This was new information to the physicians.

Annie talked about the value of high dose vitamin A in stopping complications (including death) in children with measles. Hospital physicians were unaware of this treatment. Hospital physicians also mentioned that while they did have access to multi-vitamins, the recommended high dose of vitamin was unavailable to them in Yushu. See below.

Vitamin A to Yushu County Hospital -- to prevent complications and/or death in children admitted with measles. The correct dosage of pure vitamin A was found in the Provincial capital, Xinning, 100 bottles purchased for 400 yuan, and delivered to the Yushu County Hospital via Mr. Songye. This is about \$50 US. Purchase of the Vitamin A was done using the money given to us by the Rima village leaders.

#### Rokpa Tibet Medical Clinic

Dr. Isaac Sobol, a Canadian physician and student of Akong Rinpoche, has for the past eight years run a free clinic in Yushu. Dr. Sobol is the Director of the Health Department in Nunavut, Canada and so is well aware that setting up this yearly clinic probably only benefits certain individuals and does not result in any sustained community health improvement. Akong Rinpoche has nevertheless encouraged Dr. Sobel to continue with this work so that the Tibetan people are aware that there is a larger world beyond Yushu where others care about them.

We have some qualified reservations about this model of a yearly clinic. Even with skilled Western-trained doctors, effectiveness will be severely limited both by the relatively small amounts of medicine they could bring with them, as well as the lack of any kind of timely and continuing relationship with the patients. The formulary must be based on the doctors' best guesses about what patients would need and if a treatment is unsuccessful, patients would have to wait another year to try

something else. There would be no way to assess for adverse events or rapid changes in the patient's condition. The doctors would also be limited in their understanding of the cultural significance of various complaints.

We hope to avoid these problems by training local doctors, building the clinic and augmenting clinical, curative medical services with a public health approach that includes health promotion and disease prevention through capacity building in epidemiological surveillance, public health education of monks, nuns and villagers, community input to program design, and regular program evaluation.

#### Clinic Supplies/Doctor Bags

Since the clinic has yet to be constructed, most of the clinic supplies, donated by Direct Relief International, were left in Yushu at Mr. Sangye's house. They estimated the value of these supplies (including the glasses) at \$15,000. We did, however, stock four doctor bags with supplies and instruments and left them with the four village doctors who had been training at the Yushu County Hospital.

#### Home visits with nomad families

Team members made visits with local families in their tents. The goal was to hear what people might want in the clinic when it was built and to get an idea of what the major health needs are. There were many complaints of arthritis as well as headaches. Conditions were described to us as "appendicitis" which may be some other kind of abdominal disease.

People expressed concern about increased alcohol consumption among young men. When drunk, there was a tendency for these men to drive their motorcycles and crash as well as start fights with one another.

Maternal and child health was, like last year, mentioned as a concern. Women need help in childbirth.

They are anxious to have medicines and doctors.

It seems from our observations during these home visits that women's physical work loads are very high.

#### Monastery visits with monks and nuns:

What they would like to see in a clinic was similar to what the nomad families desired: treatment for "appendicitis", arthritis, and headaches. Some monks appeared to suffer from gout, which is easily treatable with Western medications and dietary changes.

### Book Donation

Approximately 50 English language novels were brought to Dr. Kevin Stuart to help with his training of Tibetan students. We intend to investigate the use of "Media Bags" in order to mail books cheaply to him in great quantity. A used book store in Rochester has offered to donate books to the program which we will then mail to Dr. Kevin using the more cost effective Media Bags.

## Education

### Team Training in Rochester in International Public Health and Medical

Anthropology. Three pre-departure meetings were held in Rochester so that the team could review field procedures including participant-observation, ethnographic interviewing, and the analysis of ethnographic data.

### Translator education in anthropology

Nancy gave a brief orientation to the anthropological approach to data collection to our three translators. In order to continue to prepare our collaborating translators to continue community development efforts in the region at the end of the project period (anticipated to be in 2013) we would like to bring them to Rochester in the Spring of 2006 to evaluate the graduate programs offered at the University of Rochester.

### Continuing Medical Education Evaluation of 4 Clinic Doctors

In the field, the team developed a standardized assessment tool to obtain a baseline assessment of the doctors' medical knowledge and skills. Based on our interviews with monks and villagers, we developed a set of 12 clinical scenarios that we thought the doctors would commonly encounter. For each scenario we then came up with a set of standardized open-ended questions about etiology, diagnosis, and treatment. There were also questions about use of the diagnostic instruments contained in the doctor bags. We then administered this test to each of the 4 doctors separately, requiring about 2 hours per assessment. We have recorded their responses, and plan to analyze them to guide the next phase of their education. See Research section for further ideas.

None of the doctors is keyboard literate. If we want to provide materials on the web or through e-mail, this will require they receive the appropriate preparatory training and e-mail accounts.

## Research

### Securing Research Permissions

In order to conduct research in foreign countries, US investigators must ensure adequate protection for human subjects by applying for approval of their research protocols from their University's Internal Review Board, as well as from a Chinese in-country Internal Review Board that has a Federal Wide Assurance Number from the US federal government. Additionally, US researchers must apply for and be granted a research visa (F-visa) from the Chinese government.

#### **Box 1: F Visa Procedure**

At least 2 months in advance send a request for an invitation with everyone's name on it to:

Yu Qing, Director  
Prefecture Level  
Foreign Affairs Bureau, Yushu  
Telephone: 88-24-905

He will then send the okay to the Provincial level FAB and then onto the Chinese Embassy in Washington, DC

Contact Dayang and Songye to get the procedure rolling.

### *F-visa application procedures*

By the time this year's team arrived in Yushu we had been granted F-visa status and had verbal permission from the Director of the Prefecture Level Foreign Affairs office to legally conduct research while in the country. The Director outlined the procedures for applying for an F-visa in the future (see Box 1). Despite this permission, research was not conducted as we still had yet to identify an in-country Internal Review Board to approve our research protocol.

### In-country Internal Review Board Search

The US National Institutes for Health Office for Human Research Protections (OHRP), on the web at [dhhs.gov/ohrp/assurances/assurances\\_index.html](http://dhhs.gov/ohrp/assurances/assurances_index.html), lists 113 IRBs in China with Federal Wide Assurance Numbers. The closest to our field site in the one at Chengdu at the Centers for Disease Control and Prevention (expires September 24, 2005).

### Establishing a local Yushu Internal Review Board

At Mr. Songay's request we are also trying to establish an IRB more local to Rima village in Yushu. A Yushu based review would provide more localized knowledge of the community, nomadic life, and the cultural appropriateness of what we might propose. We are in contact with the Yushu Medical College about taking on this role. The Yushu County Hospital has also indicated willingness to establish an IRB at their institution. It may take a few years to establish an IRB in Yushu as this requires an administrative infrastructure and specialized training for members of the review board.

### Investigation of children's skeletal abnormalities

During the 2004 visit, villagers drew our attention to two children with skeletal abnormalities asking what caused the condition, how it could be prevented, and what treatments might be available. This year, two physicians joined the field team, in part, to follow-up on these questions. Team members Annie Buchanan and Steve Lurie visited with a family in the Mani Stone village whose son had been sent to NYC for corrective surgery. They will follow-up with the boy's NYC neurosurgeon, Dr. Fred Epstein of Beth Israel Hospital. He is in retirement and not responding to e-mails so this may take a while. The goal is to get the diagnosis and think about prevention for others and feasible treatment for those children already afflicted.

At Ayang Gompa, the two physicians also examined a young monk with a similarly severe scoliosis, but they were uncertain he had the same condition as the monk at the mani stone village.

### Interview with Lineage Doctor

We are interested in integrating existing traditional medical practitioners into service plans for the village, however, it is unclear to us who these people are and how they get their training. Unlike in Ladakh and Dharmasala, the term amchi is not used here. There are doctors at the Tibetan medical hospital that we have met. We had yet to meet what is called here a "lineage doctor". Becky and Michael located such a doctor, Tashi Delek, in the Mani Stone Village. This particular doctor had been working for over 50 years and had apprenticed with a friend's father. Tashi Delek is also a monk. He sees more patients in winter and spring, fewer in the summer months. His office is open sun-up to sun down. He uses Tibetan medicine exclusively using, pulse reading, urine analysis, and minimal patient histories to get a diagnosis. He treats with herbal medicines, prayer,



acupuncture, moxibustion, and dietary recommendations. He thought that doctors are currently being treated in mixed practices of Tibetan, Chinese, and biomedicine and that this was diluting the effectiveness of each approach. He stressed that the most important characteristic of a doctor was his compassion, not formal training. This is consistent with what the doctor at the Tibetan medical hospital told us last year: that compassion is the key to effective medical practice.

### Yushu Ethnography

Since the county capital is such a strategic central place location in the nomads contact with modernization, Kevin, Michael and Dorje spent several days investigating the town and services that might be critical to visiting nomads including:

- Motorcycle sales
- Pharmacies
- Dental clinics
- Places of alcohol sales
- Caterpillar fungus market

### Pre-test of Village Discussion Groups for Public Health Education

We tested a possible intervention that has been successful in other countries in lowering the death rates among mothers and children. We wanted to see if these discussion groups would be acceptable to the people of Rema and feasible in light of their busy daily lives and distances between homes.

A group of men and a separate group of women were organized to see if they would actually participate in such discussions. The women ages 54-72 were willing and active participants. Their self-described health ranged from "high in sickness" to "in the middle". No one said they were "low in sickness".

The men were talkative but their participation was limited by their work schedule, so the group met for only  $\frac{1}{2}$  hour. They seem to have little knowledge of preventive measures to protect their health. For example, they did not realize that covering your mouth when you cough can help prevent the spread of TB.

This intervention seems acceptable and at this stage feasible. We still need to test feasibility on a larger scale in the winter as well as train local facilitators before we can pilot this program.

### Pre-test of Photo-Voice: native documentation of everyday life

Photo-voice is an ethnographic approach to understanding village life from the people's point-of-view, allowing them to give voice to their concerns through photographs. Nine Kodak disposable cameras were distributed to the three translators and to seven monks (one translator shared her camera with a monk). The only direction we gave was to photograph whatever interested them. This pretest was to help ascertain the acceptability of this approach to data collection. All participants were enthusiastic about the opportunity and returned the cameras to us before we left the monastery. Photos were developed in Yushu with duplicate sets sent back to the monastery.

The photos were well framed in terms of composition, color, light, and balance of elements. Some photos would have been difficult, if not impossible, for outsiders to get, for instance a yogin coming out of a 20 year retreat showing how long his hair had grown. Some photographed their families, others photographed ritual events. Almost every one had someone take his or her picture. When we return next year, we will ask photographers how they made their choices about what to record in photographs and what the photos mean to them.

#### Pre-test: Death Registry Method

Currently births and deaths that occur in the village go unrecorded. We have no way to gauge how many children are born each year. Nor do we know how many deaths occur, who is dying, or what they may be dying from. Without this information, designing appropriate services is difficult and evaluation of interventions is problematic.

Abbott Panchok agreed to pre-test a method by which monks will keep a record of deaths that they are called on to officiate at. Panchok named three monks to take on the responsibility, only one of whom we knew, Ker-T'hing. Despite the Abbott's verbal assurances of cooperation the meeting between the research team and the designated monks never materialized. Nancy and Tsering at the final moments before the team left Ayang Gompa grabbed Ker-Thing and asked (begged?) for his help. Nancy and Kathleen gave pens and a notebook to Ker-T'hing in which to record the name of the deceased, age, community number, sex, cause of death, and head of household name. We also asked that the recording monk put his name next to the information in case we had any follow-up questions. He said he would try to do his best, but given his responsibilities in the construction of the monastery, he could not promise.

Ayang Monastery is surrounded by Communities #3 and #4 and presumably deaths that occur in these two communities would have monks from Ayang Gompa officiate. There are two other Gompas in the village, Tara Gompa and Dropa Gompa. If the death registry method works well at Ayang Gompa we will probably have to make the same request at the other two monasteries in order to get complete coverage.

Ker-T'hing rejected the idea that the monks could accurately record the number of births. We were under the impression that all babies are given their names by a lama and so we were surprised at this information, but at any rate, we will have to get a different way to record births in the village.

#### Ambulance evaluation

Becky went to get literature and see examples of the kinds of standard vehicles available in Xining for ambulance use. None of the vehicles were suitable for off-road use and we will continue to investigate ambulance possibilities.

#### JaChu Clinic visit: review of formularies and building structure

Becky, Steve, and Annie went with Dayang to visit Dr. Rex's clinic in JaChu. They did an inventory of all medications (see appendix), examined the lay out. The space was well constructed, clean, well cared for, adequate space in the exam rooms for families, and that there was a separate waiting area. JaChu is one of the seven villages in Rashu Township. JaChu is about a two hour drive from the monastery. There are just two clinics in the area, a township clinic near the highway split to Nanchen and the JaChu clinic.

#### JaChu Village School Visit

We met with the two head masters and got school facts. 120 students board there coming from 10 of the 20 county committees. The other 10 committees send their children to the township school next to the township clinic (confirm). Students are 6-16 years old. They study math, Chinese and Tibetan. The middle-school boarding school in Yushu provides education beyond this level. There is one student from Rima village at the village school.

#### Fluoride Analysis

During household visits samples of loose tea, water, soil and barley were collected. Samples were taken from 11 households. We also sent him yak dung. Samples were mailed from Xining to the Hunan lab of Jin Cao. Cao has received the samples and

has provided us with preliminary results indicating brick tea as the major source of fluoride in people's diets here. The major implication is that this population is probably similar to others Cao has studied with high urine fluoride levels and skeletal abnormalities.

### Networking

*Consignee identified to receive equipment and supply shipments from the US.*

*Contract Items for Clinic Construction*

*Contract Items for Support of Clinic Functions*

*Township Demographic Reports*

Mr. Songye has compiled annual reports on the "state of the township" for Upper Rashu Township which includes Rema and 6 other villages. We will have translated into English.

### Next Steps

- Grant funding for clinic and research
- Build Clinic
- Visit in 2006.