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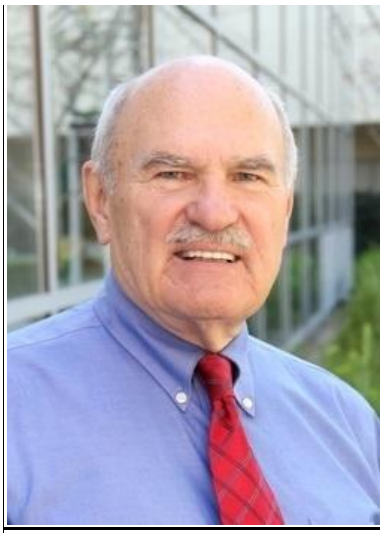
MEMBERS GIVING BACK



Los Angeles Pediatricians Make a Lasting Difference on the Steppes of Mongolia

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And I thought it was going to be difficult!

Before I knew much about the professional challenges that lay ahead in Mongolia, I was concerned that I would not be able to excite my colleagues to join me. Hmm, I wondered what would it take to get the commitment of those who most likely are already over-committed? After all it would be adventure travel, both professionally and personally, at their own expense.

Well as it turns out - not much. Maybe a little gentle arm-twisting and favor-seeking for that first trip back in July 1995. Most, when asked, did not even know exactly where Mongolia is – "it's out there somewhere – part of China." Well, not exactly – that is Inner Mongolia – an autonomous region of China with still some ethnic and historical traditions that have survived Communist suppression. But they volunteered and agreed anyway.

The Mongolia that I am talking about is a landlocked country bounded by China on the east and south and Russia on the north and west. If imposed on a map of the US, it would stretch from Washington, DC to Denver, Colorado! It is a land about the size of Alaska with a growing population of 2.6 million people – with a little less than half being nomadic, herds-people following the seasons and natural fodder while adapting to cold winters (often to minus 40 degrees Celsius) for 8 months of the year. Gers (or as the Russian's called them 'yurts') provide their only shelter from the elements – sometimes for both the humans and a few of their more vulnerable animals especially when a dry summer with little growth of natural fodder is followed by an extremely cold winter - referred to as a 'zud'. Cities such as the capital Ulanbaator, have increasingly attracted, but poorly accommodated families from the countryside, particularly as westernization has created increased opportunities for education and work.

Politically, up until 1991, Mongolia has essentially been a 'closed' country. Formerly, strictly ruled by the Manchurian Chinese, the Mongolians, in 1921, looked optimistically to Tsarist

Russia only to be clasped into the iron and cruel fist of the 'Mad Baron' von Sternberg and subsequently Communist Russia. With dissolution of the Soviet Union in 1991, Mongolia People's Republic took the bold step towards democracy and opened its doors to the West. In 1994, I was invited by a Professor of Russian History, Arnold Springer, PhD, who after a visit to Mongolia created the Ulan Bator Foundation (Venice, Ca) to "promote cultural and medical exchange between the peoples of Mongolia and Southern California".

After a fact-finding visit and quick needs assessment, I was now at the door of my colleagues to help me effect change in the health care of the children and adolescents. So much became obvious as assets, yet the challenge of change was still considerable. Resources were scarce. At the time surgeons were closing wounds with common household thread. As they had no film, radiologists were literally sketching impressions from fluoroscopic images into the ragged medical charts that were kept by the families themselves. Diagnostic laboratory support was meager and primitive. The Maternal and Children's Hospital, their tertiary care facility for the whole nation, resource-wise was at the level of a poorly tended county hospital here in the US. The building was classic cinder-block Soviet motif with failing utilities, little sensitivity to infection control and extremely limited equipment for life support. What impressed me most was the desire of the medical staff to improve their care of children and their capacity to learn. But this I realized over time did not always correspond to their capacity to change!

So, in conjunction with that original skeleton team of volunteered and self-sponsored professionals, I formulated our mission for change – a mission that would draw upon their assets. Our purposeful mission was to teach them 'how to fish so to speak', rather than give in to our first impulse to tend to the care of the children through our own abilities and skills. In our excitement, we committed to provide state-of-the-art medical education to both the pediatricians and surgeons at the tertiary care hospital and the medical school at the National Medical University (now the Health Sciences University of Mongolia). To improve the Hospital environment, we established a Child to Child program that would engage children and adolescents here in the US to improve the healing environment and the quality of life for those treated at the Hospital through an art exchange. And we committed to providing the stimulus and ideas to develop a telemedicine and tele-consultation program to augment the failing regionalization program established by the Russians. Hopefully as these programs came together, a research agenda would evolve to address many of the questions and challenges prompted by the change

We had to learn a lot about Mongolian/Soviet health policies and how that was intricately interwoven into the purposeful politics and self-interests of an evolving democracy. We had to learn about sites of maximum benefit and impact. Because health statistics were sparse and unreliable, we needed to learn, often from day-to-day experience, the common diseases of the children and young adolescents (upper age limit of pediatrics is 16 years).

We witnessed children dying of curable, controllable and preventable diseases. Antibiotics were scarce and often available to only those who could pay - a challenge for most in a country where free health care was promised to all children and doctors made only $60 a month! Insulin and other biologicals were scarce and not always available. Life-saving first line cancer chemotherapy was extremely limited, if available at all. And as a result, we had to learn to deal with our frustrations and tendency to blame.

Despite our limited resources, these problems motivated rather than defeated. Almost each year for the past 15 years, a group of academic and community, general and subspecialty pediatricians volunteered their time and at their own expense joined the project team for 2 weeks in Mongolia. This time was devoted to education in lecture halls, at the bedside and in the operating room. Time was always reserved for a visit to the countryside to experience

Mongolia and its people. We came to appreciate the lifestyle and the cultural perspective to medical care through traditional practices, Buddhist beliefs and shamanism. On several occasions we ventured into the Gobi to realize the expanse of nature that separated the lands of a shared but politically disparate culture – the people of Inner Mongolia of China and the young democratic Mongolia to the north. Some ventured to the distant and primitive northwest where the resident Khazaks still hunt with eagles. We saw first hand the extreme limitations of countryside practice where 'hospitals' were little more than fixed wooden structures with rusted steel framed beds and an improvised and well weathered delivery suite. Most deliveries occur in the ger by midwives. When complications are anticipated or at worse experienced, the mother is transported by ground to these hospitals or to regional centers that are sometimes four or five hours away over non-roads.

After 15 years of visiting the capital city and the countryside, we still get the sense of the need for urgent change to save the children and the mothers. And with the increased awareness of possibilities for improvement and increased knowledge of in-country professionals, this need for change has now become a priority – but a priority in a country in which the competition for health dollar and resource is intense. Regionalization through telemedicine and construction of a new pediatric and maternal hospital are now being discussed at the government level. Our mission now focuses on facilitating and mentoring research – research of both public health and personal lifestyle factors that promote disease and dysfunction.

No doubt our team has made a difference, but that difference must now become an integral part of the modern day history of the new Mongolia – a new Mongolia that is being defined not only by its still evolving political dynamics but also by the related abundance of minerals and the subsequent increasingly cosmopolitan nature of its population. A new Mongolia that, in a sense, despite its long history of imperialism is going through its own adolescence politically, culturally, socially and economically. A Mongolia whose new future now rests on the consummate vision and health and well-being of its children and youth.