



Surmang Foundation

Annual Report 2006

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2006 marks the 10th Anniversary of the completion of our clinic building, the Ineke deWit Clinic. Not very long ago, I was the recently married man from the States who would sit for months at a time at Surmang watching the painfully slow progress in the 3-year construction process. At that time I was an English teacher at the Social Science Academy. Now I sit in an office in Beijing surrounded by images of our volunteers and my children and family. It is a dream come true.

At that time I was convinced that we needed a building that could act as a user-friendly center and that the clinic would be a magnet for the poor Tibetan people we sought to help and a comfortable living area for volunteers. I was also convinced that we were doing something special, something that required broad partnerships with the government, with foundations, and with businesses. Anyone who could advance our goal of bringing the people of Surmang back from the edge.

Now 10 years later, we have treated over 60,000 patients for free. While there are many arrows in our quiver that missed the mark, the purity of our intentions, and the willingness to adapt to changing conditions and listen to the input of government, development and health professionals, and other stakeholders, has colored our work with success.

There is no success without the hard work and dedication of our volunteers. This report is dedicated to them:

2006: Dr. CC Lee, Dr. Charlotte Wu, Dr. Robert Michaud, Dr. Alan Mease, Dr. Evelyn Fang, Joshua Lotz, Sara Saad El-Dein, Dr. Phuntsok Dongdrup, Dr. Sonam Drogha, Cindy Bonczyk, Wenjing Wang, Ella Dawa Kandro, Janis Tse Yong Jee, Lobsan Phuntsok, Ann Li, Torkel Snellingen, Bonzi, Achi and Losang. Thanks to Ineke de Wit, Chris Elzinga, Ernst Kleisterlee and Eric of Surmang Foundation Europe. Thanks to Julie Carpenter.

Yesterday we dreamed of being able to just help; we dreamed of a building where there was none before. Today, we have a corps of engaged volunteers around the world. We have a committed presence in Europe. We are active members of the European and American Chambers of Commerce. We learned that with the right intention we could connect our own inspiration and intelligence to the needs and intelligence of a people not just from the valley of Surmang; our success has led to push back the borders of our catchment area to hundreds of kilometers in diameter. Today we look to our work as a system, a model; something that can be replicated and be of service to the many rural regions of Chi

Now with the partnership of the Soong Ching Ling Foundation and the Chinese National Ministry of Health, we can paint our dreams on a far vaster canvas. Like 10 years ago when we dared to build a clinic, today I am convinced that we can have an effect on the lives of the rest of the 28 million people of China who live on less than 12 cents (¥1 RMB)/ day.

Sometimes I tell people that our foundation is like rock band that played bars in the Central Valley of California for 15 years and then one day became an overnight success. All this is possible because of the heart and dedication of our volunteers, partners in industry, NGOs and the Chinese Government. For all of you who left their handprint on our foundation in the past years, this success is your success; this report is your report.

Thank you,

Lee Weingrad
President

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**On Surmang Foundation's
Dharma Sagara Clinic's 10th Anniversary**

Ven. Damchoe Tenphel Rinpoche,
Abbot Surmang Jyeregon Monastery

Jinpa Samten means to give charity. You give medicine for all the world's people, eliminate their sickness and help millions of people. Your clinic is different than other clinics. Not only is your medicine free, but also your medicine is very helpful to work for the interests of others and the Medicine Buddha blesses you. Your clinic gets better year-by-year and you have continually developed and you hope to do good for more people. Having this mindset is good. I represent all people when I say thank you.

Important is Medicine Buddha's gratitude. Medicine Buddha blesses you.

In the oral teachings of the Buddha, he says he wishes all animals have peace and a peaceful life, and leave suffering and the source of suffering.

And the person that doesn't think just of himself, but works for everybody is a holy person.

You're so kind and have a good heart to help the millions get rid of sickness and suffering. We should learn from you.

Translated at the Dharma Sagara Clinic at Surmang Dutsi Til, in the year of the Iron Bird, 2006, Lotsawa Losang Phuntsok, under the lightening umbrella of Chogyam Trungpa Rinpoche. Jinpa Samten is the refuge name of Lee Weingrad. Mangalam.

Clinic activities/Core Project

The heart of our work is the Core Project, the activities that support and maintain our primary care clinic. These include, the patients, the training of the doctors, the pharmacy, patient records, the maintenance of the clinic and environs, security, the outreach to the community and the access the community has to clinic services:

Patient visits. 2006 marked the 10th anniversary of the construction of the Ineke de Wit Clinic Building. In 2006 we treated our 60,000th patient. In 2006 we treated over 750 patients, all for free. For the entire 10-year's medical services have been free, including medicine. These patients have come from a vast area that includes Chamdo in the TAR,



Yushu County, Sichuan Province. In the last 10 years we have hired two residential Tibetan doctors, Phuntsok Dongdrup and So Drogha. We have seen our work mature from a walk-in clinic to a pro-active service that targets mother and child health. 2006 also marked a transition year when our clinic started to transition into a replicable model of rural healthcare.

Our connection with local culture also matured in the past ten years. This June, Ven. Damchu Rinpoche, the brother of the late Abbot of Surmang Dutsi-til, Chogyam

Trungpa, Rinpoche, proclaimed our clinic a center of Medicine Buddha.

Patient records. 2006 Surmang Foundation began to make good on its promise to keep patient records. Of the approximately 700 patients who visited the clinic, all were put on patient records. This record keeping is a run-up to the on-line system under development with the People's University of Beijing and the Ministry of Health.

Off-site Provider Training. In March and April, Dr. Phuntsok Dongdrup, our clinic's Chief Medical Officer, traveled to Beijing for training. Through the help of Drs. Mease and Snellingen, Phuntsok was able to study at Tsinghua University Hospital.

On-site Provider Training. Visits by volunteers. This year we had 4 doctor-volunteers: Drs. Charlotte Wu, CC Lee, Robert Michaud and Evelyn Fang. All of them were there to observe and train our doctors.

Projects: Transition to Pilot Project. *The evolution of our efforts as a primary care clinic have led us to realize that we can further develop our system into a replicable model, a pilot project, that can be used in other remote regions of China. In some cases, this expands our Core Project to include communication and Community Health Workers. Here are some aspects of that transition:*

Sat Dish. Installed a satellite dish in partnership with ChinaCast (双威公司), the largest private satellite service provider in China. This dish has brought telephone communication (via Skype) to our campus, as well as providing research, diagnostic and referral opportunities for our doctors there. It has also been quite useful in modernizing our medicine inventory and re-stocking in collaboration with our partner, the Yushu Prefecture Department of Public Health and the Yushu Prefecture Hospital. Prior to the installation of the sat dish, as recently as last May, messages to the outside world had to be given to logging truck drivers to deliver in Yushu. The satellite dish came with the licensing from ChinaCast through the Tele-communications Ministry of the Chinese Government.



Looking north from the clinic building in the late afternoon.

Community Health Worker grant.

This project represents a substantial commitment of Surmang Foundation to create access to services, and improve capacity among medical providers as well as appropriate clinic infrastructure.

In 2006 Surmang Foundation trained 30 community health workers.

Surmang Community Health Worker (CHW) Training, funded by the 2005 AmCham Charity Ball, covered basic pregnancy, delivery and newborn care as well as management of childhood illnesses and family planning. Despite literacy being about 5%, they were found to be incredibly receptive and retentive of the information taught and the trainings proved to be highly successful. A total of thirty women were trained, ten in the Surmang Valley and twenty in two nomadic areas that had some of the worst health indicators in the region. At the second training, participants were again tested on materials from the first training and all had remembered essential lifesaving information.



l to r: Sara Saad El-Dein, So Drogha, Ella Dawa Khandro

This project was managed by Sara Saad El-Dein, MPH. Sara volunteered for us for about 4 months, 3 of which were on-site. Despite the great challenges of being in such a remote region, Sara was an imaginative, energetic manager, who did outstanding work in creating and implementing the project.



Everyone was happy to work with her and the great deal of professionalism and kindness she exhibited endeared her to everyone she touched. Not only were the women trained, but SF paid their salary

Remote onsite training of CHWs

Archiving Project. This project is an essential part of the infrastructure that will increase the capacity of our Core Project as it morphs into the Pilot Project. It will make it possible for our medical providers to not only increase their knowledge, it will connect them to a central platform, located at a partner hospital, that will provide diagnostic and referral tools. For example, with the help internet connectivity, we can email ultra-sound and digital X-ray files to specialists in partner hospitals.

This grant is a first phase of this project and by March 10th, we should have: an IT platform, basically a website that will perform the following functions: patient record keeping & diagnosis, online referral & remote consultation, a reference tool, a meds inventory tool that interacts with patient records. In the past year with the help of the scholar Losang Phuntsok, we were able to input into our database, many Tibetan and Chinese language texts, diagnostic tools.

The IT work was done in cooperation with People's University Graduate IT Dept. The website will be hosted by ChinaCast. The archive is part of the Platform-centric approach to virtual provider community building, on the left below. The direct communication among providers is on the right – Net-work-centric. This latter approach is quite unique and is being pioneered by Surmang Foundation.

Acquisition of additional land. In June, we negotiated a 50-year lease on a lot adjacent to our current campus. This leasehold purchase, in cooperation with the monastery, increases our campus by an additional 60%, allowing us to accommodate an anticipated inpatient facility, housing for our staff, and a residential medical provider training center.



Photos showing before and after land acquisition & other capital improvements

Site Manager & Capital Construction. One of our success stories in 2006 was in capital construction and site management. In mid June, when the first team of volunteers arrived at Surmang Joshua Lotz took his seat as Site Manager. He was charged with keeping the volunteers' domestic situation together: food, cooking, communication with the outside world. Joshua came to us, a 21 year-old graduate student from Ohio, with native-level Chinese fluency, and conversational Tibetan. He completed the following: expansion of clinic perimeter wall after the purchase of the addition lot; creation of a wall containing the Tibetan name of the clinic campus; construction of a guard house and the hiring of Ado as the head of security; the construction of a secure pharmacy.



new pharmacy with window

Tibetan Volunteers. The work of the foundation is not only in the accomplishment of the goals, but it is making sure that our work can continue and hopefully expand. From this point of view it is about sharing the methods we use and the adoption of them as a genuinely local product. Without Tibetan participation, we would continue to be a foreign project. The sustainability of our work depends to a large extent on increasing local capacity. This year we had the services of 3 Tibetan volunteers: Ella (Dawa Khandro), Janis Tse Yong Jee and Losang Phuntsok. Ella and Janis are both Khampa and have very high levels of English, Chinese and Tibetan. Losang Phuntsok is a graduate student at the China Social Science academy and was a great help in translation and particularly in the Archiving project. We look forward to their continued and growing role in our work.

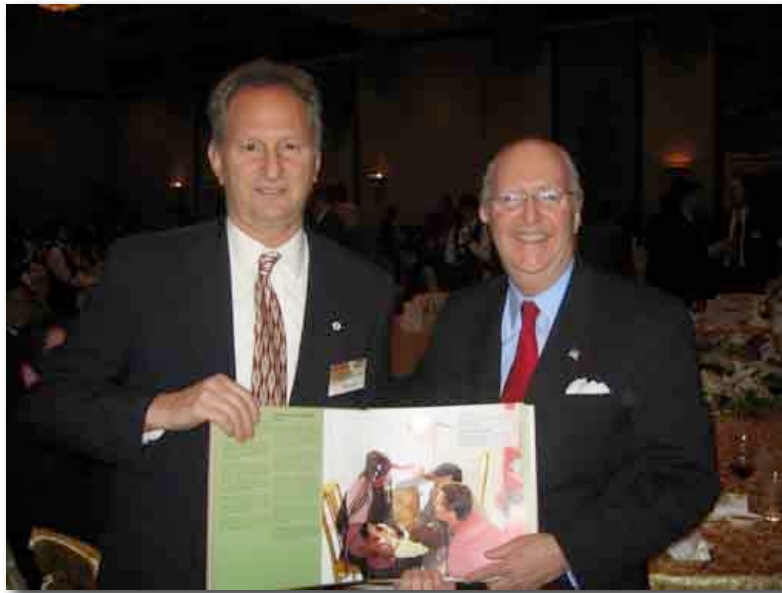
Board Meeting. In August 2006, Surmang Foundation held an historic board meeting in Boulder Colorado. Ernst Kleisterlee, of Surmang Foundation Europe attended, along with Julie Carpenter, David Clauss and Lee Weingrad. There were many items on the agenda – but the most important factor was the sense of unity and participation. During the meeting we were able to have a sat dish-enabled phone conversation with our clinic. Dr. David Clauss was invited to be a member, and he graciously accepted.

Capacity building of Surmang Foundation medical providers. In March 2006 Phuntsok Dongdrup came to Beijing for a 6-week course of study. He was hosted at the Tsinghua University Hospital.

Financial transparency. The Foundation has decided to hire a Chinese Accounting firm to prepare audited financials for 2006. For 2007 the financials will be done in the USA.

Partnership with Soong Ching-ling Foundation. Soong Ching Ling was our fiduciary and provided the legal umbrella for our continued work in China. Since the leadership of SCL represents a very high level of the Chinese national government, a necessary factor as our projects expand.

Reaching out to the business community: Corporate Social Responsibility (CSR). 2006 marked the evolution of relationship with business community in China, American Chamber of Commerce, PRC. European Union Chamber of Commerce. We are the only foundation that is member of both AmCham and European Chambers. Our basic strategy is to be pro-active in the CSR efforts of the Fortune 500 MNC's in China, especially supporting the activities that are common to each other's strategic objectives. To that end we have energetically participated in CSR committee meetings. One result is the inclusion in the recent AmCham book on CSR, "Partners in Progress." Another is our leading role in the AmCham book launch/US Embassy reception for World Figure Skating Champion Michelle Kwan.



Lee Weingrad (l) with US Amb. Randt at American Chamber of Commerce Appreciation Dinner



Lee Weingrad (l) with Vice Chairman National People's Congress Standing Committee Cheng Siwei.

Website re-launch. The re-launching of our website in 2006 made it possible to focus our communication on our mission. In the past our website was a polyglot of adventure travel, cultural, religious and development themes. We had often seen high traffic to our site for things we were not interested in promoting. It was a little bit like running a vegetarian restaurant and having most of your customers sitting down and ordering hamburgers.

The new site has a more narrow and a more professional focus, which reflects the place we find ourselves in and the direction we are going. The proof of the pudding is that the new site has raised over \$17,000 since its launch, with another \$12,000 in annual or monthly giving pledges.

Streamlining of procedures. One of the blessings in planning to create a system is that it forces you to make you have standard management procedures. With foundation headquarters in the US and Europe, the Operations Office in Beijing, and the Core Project in remote Qinghai, dealing with a number of languages, this presents some serious challenges to management. The immediate focus of these procedural improvements relate to meds ordering/inventory. We are moving in a direction of automating our inventory control so that it is eventually tagged to on-line patient record keeping. At this point we are able to receive a standard order as attachment to email from the clinic. The order is then given to either the Yushu Prefecture Hospital or to a drug wholesaler in Beijing or Xining.

The difficulty of this streamlining cannot be overstated. It took us over two years to get our docs to use patient records. The next step will be to introduce electronic patient records. This will be somewhat of a leap, since electronic patient records have even found a luke warm reception American doctors.

Projects under development

Analysis of KAP data. We have, with the help of KAP designer Karen Deutsch, secured the services of a scientist who will give us a quantitative analysis of our KAP data. This project will complete the KAP work we started in 2004 and give us a scientific picture of the women and children in our catchment area.

IHP. This project is a sustainable network of remote clinics. It is empowered by our existing Core Project, as a model. The subtext of this project is that we are looking at what we do at Surmang in such a way so that it can be replicated. Also we are proceeding in our future development of our Core Project so that it uses systems and procedures that are transparent and simple enough to be used by other clinics in other locations.

Taking on this view will have the effect of breaking us out of our cocoon, so to speak. As hard a sell as this may seem, the basic message is that we have to look at what we are doing not only so that it makes *sense* to someone else, but also someone else can use that it. This project will be a product of National Government collaboration, because it needs to be useful to the people who want to and can fix the rural health care crisis among the 28 million poor of China. This project is targeted at benefiting 2 million critically poor Chinese in the next 10 years.

Retrofitting of Building #2 as an inpatient facility. This item was approved at the Board meeting. It will be a 4 patient ward in the downstairs of Bldg. #2. The purpose of it is to be able to admit patients who are basically too sick to leave the clinic or too sick to go home. In the past we had a number of patients who were allowed to stay at our clinic, because they were critically ill¹ and we would like to have a more structured set-up for future patients.

Clinic Manager. We have begun a search for a clinic manager and should fill this position by the end of the summer 2007.

Marketing/development. This includes all the communicative links with our supporters: website, promotional video, brochures, signs, and other media for a core of volunteers around the world who support our work. Xiaoni Chen, a Beijing resident, has volunteered to manage this project. We expect to have a brochure, a completed video and a mailing by May 2007.

Registration in China. Surmang Foundation is pursuing registration through the Ministry of Health, Soong Ching Ling Foundation, and Party Secretary of Qinghai Province, Bai Ma.

Growing our Capacity: Solar PVC, Vaccination and Portable Digital X-ray: The addition of hardware always has two components that require strong management support: procedures, logistics and training. Although we are going ahead with a vaccination program in cooperation with the Yushu Prefecture Ministry of Public Health, the requirements for a stand-alone solar powered unit, have taken a great deal of time. In addition for this project we will have to have a Clinic Manager in place to oversee the ordering, inventory, use, transportation, delivery of the vaccines.

Vehicles. We have applied for the donation of two 4-wheel drive vehicles plus a sufficient amount of cash to cover the costs of repair, maintenance and the salary of a driver-mechanic for one year.

Assessment. There are four major capital construction projects on the horizon: construction of an inpatient facility, construction of a training center, construction of residences for our doctors and staff. Before we can put these proposals on paper, we have to know what kinds of facilities would

¹ One was a one-week old baby with sepsis. Another was a woman who had severe post-partum hemorrhaging. A third was a woman in labor 9 days.

accommodate our plans. In the summer of 2007 an architect of clinics and hospitals, Ralph Allen, has accepted our invitation to do a site assessment for these capital construction projects. Ralph has a long history of designing clinics and hospitals, including the Shanghai Children's Medical Center in the Pudong district of Shanghai.

Partnership with private foundations in China. There are several foundations that have asked us to help them set up primary care facilities in remote places in China. We have determined that there are many kinds of help we can give, such as sharing formularies, that amount to sharing of information. However in the sharing of system design, we have to make sure that allied foundations share our strategic views (pro-active/preventative medicine; the value of capacity building among local providers), the kind of priorities we have placed on assessments, particularly the PRA (Participatory Rural Assessment) and the KAP (Knowledge, Attitudes and Practices) and share our view of the need for mother and child health as a main focus of our work. We are currently working closely with a foundation that is interested in this systemic approach.

Community Health Worker Training Kit. This proposal was co-written by Sara Saad El-dein and Lee Weingrad. It attempts to bridge the literacy divide we experienced in the CHW training in 2006. The proposal also involves the creation of graphic design. We have been in discussions with Penelope Colville, who is an educational graphic media consultant.

China Rural Health Alliance. This project is the creation of a government umbrella group consisting of the Ministry of Health, the School of Public Health of Beijing University, Soong Ching Ling Foundation, and the Wu Jie Ping Foundation. The purpose of the umbrella group would be to support the IHP network initiative – a network of 30 remote clinics among the 28 million poorest in China.

Relations with other foundations. We hope to continue to reach out to other foundations whose missions are not directly connected to our work, such as Konchok Foundation. We hope to be able to demonstrate the inclusive sense of participation and sensitivity to local culture doesn't exclude representing core Western values in fields such as fair labor practices and transparency. We also hope we can demonstrate that human life, particularly among women and children, are at least as important as cultural preservation.

Working relationships: Human and Institutional.

Soong Ching Ling Foundation. Provides fiduciary function and connections to the highest levels of Chinese government. They have a strong connection of CCTV 9, a national English language TV network that wants to produce a documentary on our work.

Qinghai Provincial Government. Major Chinese Government partner.

Yushu Prefecture Ministry of Public Health. Major local Chinese Government partner

ChinaCast. Provides satellite hardware and internet service to our clinic. They are blazing a trail for further partnering with commercial Distance Medical Education projects. They will also host our Archive website.

Royal Netherlands Embassy, Beijing.

Western Academy of Beijing.

United Family Hospital. UFH has been a source of resources: human, in the case Drs. Alan Mease, and Evelyn Fang, and materials in the case of the donated Siemens Ultrasound. They presently are part of our supply chain for supplying our pharmacy.

Wu Jie Ping Foundation. A forming partnership in rolling out IHP.

UNICEF. Providing resources for immunization, infrastructure, supply chain.

Bridge Relocations. Have donated ground transport for flooring and the Siemens Ultrasound.

People's University. They are the implementing institution in the Archiving project.

Dr. Torkel Snellingen. Consultant and partner in health promotion/IT

Western Mobile. Provides donated email hosting in China.

Indra's Net. Provides web hosting

Bluetrope.com. Webmaster.