

Sabbatical Report: Winter Term 2009 – Netti Garner, RN, MSN, D.Min;
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Sabbatical Purpose:

During my winter sabbatical, I had planned a trip to India. While this wasn't the focus of my original sabbatical application, some interesting opportunities came up. I became aware of the Tibetan Delek Hospital in McLeod Ganj, Upper Dharamsala, noticed which has a maternal and child health program. I had organized a maternity nursing exchange to Eugene's sister city, Irkutsk, Siberia with another LCC instructor in 1993 and so I was intrigued to see if there might be an opportunity to engage with the Tibetan community in a similar way.

The goals for my approved revision of the sabbatical were:

1. Learn through direct experience about Tibetan culture and spirituality,
2. Explore Tibetan medicine, and
3. Explore opportunities to lend my nursing expertise in the area of maternity and newborn care.

1. LEARN THROUGH DIRECT EXPERIENCE ABOUT TIBETAN CULTURE & SPIRITUALITY

Setting the Stage:

On February 8, 2009, I boarded Kingfisher Airlines flight 4351 from Delhi to Dharamsala. I arrived about 3:00 p.m. on a gorgeous winter day. The night turned cold – no heat in my room – so I slept in with my thermals under my pajamas and put all the blankets in the room on my bed.

Dharamsala, India. The Tibetan refugee community... what more can I say than it was an experience of a lifetime. Dharamsala has a population of about 20,000 persons. Men make up over half of the population. The literacy rate is higher than the national average of India, about 77%. Nearly 10% of the population is under six years of age (Wikipedia. *Dharamsala*. <http://en.wikipedia.org/wiki/Dharamsala#Demographics>. Accessed 093009).



The geography of the region directly affects access to resources, and most specifically to health care access. Here are some of the details:

Dharamsala is located at in north western India, with an average elevation of 1457 meters (4780 feet). The nearest railway connection to Dharamsala is Kangra. The nearest airport is Gaggal at Kangra, which is just 15 km away. There is a daily flight from Dharamsala to Delhi.

Dhauladhar means "white ridge" and this breathtaking, snow-capped range rises out of the Kangra Valley to a height of 17,000 feet. They form a treacherous range creating unpredictable weather, but passes of 8,900 feet provide route for the herdsmen of the Ravi Valley beyond. The Kangra Valley is a wide, fertile plain, criss-crossed by low hills.

Dharamsala is divided into two very different parts. Kotwali Bazaar and areas further down the valley are called Lower Dharamsala, while McLeod Gunj and surrounding areas are known as Upper Dharamsala. McLeod Gunj is nine km

by bus route and four km by taxi route up the hill from Kotwali Bazaar. While inhabitants of Lower Dharamsala are almost all Indians, McLeod Ganj is primarily a Tibetan area. (Wikipedia. *Dharamsala*. <http://en.wikipedia.org/wiki/Dharamsala#Demographics>. Accessed 09/30/09).

Upon my arrival by air, I could see the Himalaya's rising in the near distance – snow covered and luminous under a sunny winter sky. My 450 rupee (\$9.00) taxi ride to McLeod Ganj provided an opportunity to survey the town. My driver was a Tibetan refugee and pointed out the Tibetan Delek Hospital as we wound up the serpentine, single-lane road to Upper Dharamsala. He had to navigate goats, pedestrians, motorbikes, cows and other vehicles as we made our way to Pema Thang's



Guesthouse – my home for the 15 day stay. The room was very comfortable with a view out over the valley and the Dalai Lama's Temple complex.

I took the evening to settle into my room, my home away from home. The winter darkness descended about 6:00 p.m., which found me ready for dinner in the Guest House restaurant. A bowl of MoMo's – chicken broth with scant vegetables and large dumplings stuffed with vegetables, a traditional Tibetan dish... tasty and filling. That and a pot of Chai brought a perfect ending to my arrival to McLeod Ganj.

The next day, I took myself on a walking tour of McLeod Ganj to explore the village and find my intended contact points. I had email contact with Lha Director, Ngawang Rabgyal prior to my trip and agreed we'd meet once I arrived. Lha Charitable Trust is a non-profit Social work organization on Temple Road in McLeod Ganj, India.

My other email contacts were not as successful, leading me to make in-person contacts once I arrived – Tibetan Delek Hospital and the Tibetan Refugee Center.

Tibetan Delek Hospital was founded by His Holiness the Dalai Lama in 1971 to offer much-needed health care to the Tibetan and local Indian communities in Dharamsala, India in the foothills of the Himalayas. This 45-bed charitable hospital provides general medical care with a special focus on Tuberculosis, the single most serious infectious disease that threatens the Tibetan population and new arrivals from Tibet. Delek also has strong maternal and child health care programs, a service sorely lacking in the area. (<http://www.tibetfund.org/delekhosp.html>).

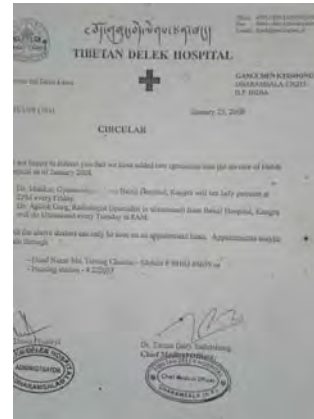


In the midst of violent storms or rolling blackouts of Dharamsala India, the world goes dark in the Tibetan Delek Hospital. No backup generator kicks in, but rather a mad scramble ensues to care for those delivering a baby, in the midst of surgery or who require personal attention to survive. We can't imagine such a scenario in our hospitals, but it is a sad and often repeated and absolutely avoidable situation in Dharamsala. That is our reason for writing you today.

A small and committed group of individuals has formed Friends of Tibetan Delek Hospital with the purpose of providing urgent and important support of this hospital under the auspices of His Holiness the Dalai Lama. We seek to inspire gifts to sustain and advance the care provided at Delek Hospital (<http://www.delekhospital.org/index.htm>).



Physical Therapy Department



Announcement of OB program

Sabbatical Activities related to Goal 1 – direct experience with Tibetan culture and spirituality

1. Tutoring English Language Conversation

One of the volunteer opportunities at Lha is to work with Tibetan refugees who plan to return to Tibet. They know that their tea shop, or other business is more likely to succeed if they can speak English. This enables them to converse with the tourists most likely to spend money in their shops. Rinchen teaches computer software and organized English language conversation tutors for the refugees. She introduced me to:



Jampa(25 yo) Tenpath(28 yo) & Lobsang(21 yo)

We met for an hour most mornings from 10:00 – 11:00 a.m. We began having Masala (chai) tea together and talking through the items in the restaurant and sharing information about ourselves. One day we opened a National Geographic magazine and used that to guide our English practice. Avocado was a new to them, among other things. Through much laughter, rephrasing, clearer pronunciation and comparison to the Tibetan word (if there was one) filled our time together. One day we took a hike to a waterfall about 3 miles from my

guest house. The stream served as the wash house for clothing and bodies. Clothing was laid on huge boulders to dry in the sun. Doing one's laundry was an all day affair.

Jampa had a gastrointestinal (GI) problem. He previously had surgery for the problem, yet continued to have some kind of GI distress. He was anticipating another health care visit and likely more surgery.

The young men were openly discussed their journey to Tibet. None had a passport due to the Chinese not providing Tibetans with passports, so they had entered India illegally. All were attending school in lower Dharamsala, hoping to return to their hometowns and make a living. Lobsang wants to be an English language teach. He said he would not charge for teaching since "you don't really need money in Tibet". That led to an interesting discussion about how one accesses food, housing, clothing.

I was impressed with their kindness, lack of anger over their situation, easy way of being and eagerness to learn all they could. Oh, to have brought them to LCC so they could pursue their education in a free and open setting.

2. Tutoring Computer Use at Lha

I volunteered in the computer lab at the Lha office on Temple Road. Renchin introduced me to two computer classes. I alternated between the 1-3pm and 3-5 pm classes. Each class had 10 students, ranging in age from about 12 years old to middle age adult, with each class having about four monks from the Dalai Lama's temple complex. I began tutoring on my birthday – February 11th. Classes were held Monday through Friday. Renchin provided 30 minutes of instructions, with all students watching her move through the contents of one of the Word tabs. The remainder of the time I coached the students as they worked through the contents of that tab in Microsoft Word. The software was in English. The student's English literacy was wide ranging, with usually the younger girls being much further ahead than the older men. The equipment was fairly new with internet access and fast processors.



This gave me new insights into first time learners, learning content in another language, being a foreigner and finding my place in the classroom life. Much of what was typed by the students were messages of pursuing freedom for Tibetans, honoring the Dalai Lama, and letters and/or pictures for their family.

Through this activity, my eyes became open anew to the challenges facing the first year nursing students I teach as they enter the culture of health care with its own language, values and customs.

*See video in accompanying CD of Renchin teaching class and footage of students at work. *Beware – my novice videography skills will be evidenced by the turning of the picture during filming, so you'll need to turn your head sideways (or your computer screen) to clearly see some of the footage.*

2. EXPLORE TIBETAN MEDICINE

Prior to leaving for India, I spent time with two books related to the Tibetan Culture. Bercholz S. & Chodzen Katen, S. (1993) *Entering the Stream* which provided an in-depth

overview of Tibetan Buddhism concepts and practices. This was very useful to refresh my knowledge of Buddhism and to explore the spiritual precepts I would encounter as I engaged with the Tibetan refugee community. Khanghar's *Tibetan Medicine* (2000) provided details of the framework for Tibetan medicine practices, as well as details as to how health and disease are viewed and treated.

3. EXPLORE OPPORTUNITIES TO LEND MY NURSING EXPERTISE IN THE AREA OF MATERNITY AND NEWBORN CARE.

I had been unable to make a direct connection with the Tibetan Delek Hospital by February 10th. So I decided to walk down to the hospital and see what I could do in person. The narrow one-lane road had a variety of pedestrian and vehicle traffic. In addition, the fantastic views of the valley below and Himalayas above led to stopping to take pictures along the way. All in all, I took 45 minutes to make the trek down from McLeod Ganj.

I explored a building that looked like it would be a hospital. There were a few signs in English and a posted notice about what day of the week the obstetrician and radiologist came to the hospital. I wandered onto a veranda that provided outdoor seating for the hospital patients, most of which were tuberculosis patients.

As I continued to look for a person who spoke English, I came upon a physical therapist, newly arrived in his office. He pointed out the administrative building and told me to ask for Tashi – the volunteer coordinator. I found Tashi in an office with 4 other persons at work. He said the obstetrical nurse coordinator/public health nurse – Tsering Paldon - and nursing director were in Delhi getting supplies. The hospital administrator – Dawa Pnakyi was out of town as well. They would be back in several days and Tashi would call me when we could make an appointment. I gave Tashi the phone number at my guest house and began the trek back up the hillside to McLeod Ganj.

Daily, I checked with the guest house manager to see if Tashi had called. Then on February 18th, I received word that I had an appointment at 10:30 a.m. to meet with hospital staff. On this morning, I stayed on task and made it to the hospital in 20 minutes. I met briefly with Ms. Pnakyi who was very welcoming and interested in connecting me with his nursing staff. He introduced me to Ms. Paldon who gave me a tour of the obstetrical area and introduced me to the hospital nursing supervisor. We went on to Ms. Paldon's office where she provides prenatal care, primarily in an out-patient setting.

The hospital is the site of a weekly prenatal clinic. The obstetric came on Fridays at 2:00 p.m., and the radiologist came on Tuesdays at 8:00 a.m. to perform obstetrical ultrasound. Ms. Paldon provided weekly prenatal classes, most of which were one-on-one with patients. There have been no HIV positive women in the pregnant population to date. No routine cultures are done, although baseline complete blood count and metabolic screen are done at the first prenatal visit.

There is a fairly high birth rate in McLeod Ganj with about sixteen births a month at the hospital. Women labor at home, supported by their family; and then come to the hospital to deliver. First time mothers stay about 24 hours, while multiparous mothers go home after about six hours. Tibetan women in this community tend to become pregnant between 25 to 35 years





of age. Their close family unit provides education and support during their pregnancy. The pregnant woman's sister tends to be the labor coach because the men are shy and don't come to the birth.

Ms. Paldon was in the midst of preparing for the visit of an Australian nurse who was going to assist her implement a training program for lay health clinics. This six week training course would teach the participants how to run a health clinic, which could prescribe antibiotics, diagnosis and treat tuberculosis and give needed injections. Preparation for the training, in which physicians, laboratory technicians and physical therapist were being brought in to help teach, was talking all of Ms. Paldon's time; hence there would not be an opportunity for me to volunteer during my stay.

There was interest in exploring a relationship with the hospital. A group from Denmark was involved with the hospital, as well as this new relationship with Australia. My trip home to Eugene showed me how far away Dharamsala is and the challenges of creating an on-going relationship over such a long travel distance.

*See video in accompanying CD of exterior of the hospital and footage of the delivery room. *Beware – my novice videography skills will be evidenced by the turning of the picture during filming, so you'll need to turn your head sideways (or your computer screen) to clearly see some of the footage.*

Conclusions

1. I found the immersion in the Tibetan culture to be rich and compelling. Most interesting was their happy nature and lack of anger. The three men I tutored did share their experience crossing into India, some of it quite harrowing, and yet there was no judgment or anger toward the Chinese or the meager living situation they were now in. I reflected on how the average American would complain about not being waited on quickly in a restaurant, or being caught at a red light, or angry at "the other" political party's ideas for our country. How is it that from such adversity this kind and compassion nature is so evident in Dharamsala?

It appeared to me that the culture's deep connection to their spiritual practice, actually the lack of separation from their spiritual nature affords them the opportunity to be at peace in the midst of uncertainty, and let's face it, poverty.

2. There is an openness to create an on-going relationship with the Tibetan Delek Hospital. The volume of patients would likely not support a large contingent of nursing students. Groups of 3-5 with a well planned in advance project, along with a flexible schedule could be developed. Cost and travel distance would be a barrier for many of LCC's students. Likely the biggest help to this hospital would be an on-going project of providing supplies.

As I left the hospital, the nursing supervisor gave me a list of needed items – bedside pulse oximeter, surgical masks, gloves, fetal heart rate doppler, among other items. The challenge in provided electronic equipment is the lack of personnel who can fix equipment as it needs repair.

3. Working with Lha to provide education to Tibetan refugees may be the best fit for LCC. The challenge of working with undocumented Tibetans and the possibility of their coming to LCC for an education would likely take significant administrative time to get them

to Eugene. But with the internet and on-line education opportunities, the antenna that sits atop McLeod Ganj may be the vehicle to connect the refugee community to opportunities at LCC.



Students at Lha's computer class