Harris weighing a nomad baby in Nagchu.
Photo: Nancy Nielsen

Saving Tibet's Children

Dr. Nancy Harris has dedicated herself to fighting the malnutrition and preventable disease threatening Tibet's children. As ***Sienna Craig*** *reports, she seeks solutions not in outside aid but in Tibet's own resources and traditions.*

IT IS MIDNIGHT ON THE TIBETAN PLATEAU. The moon, long since risen, hovers over a landscape stilled by winter. An inky sky, shot through with stars, stretches across this high, dry land. Several nomad tents punctuate the plain and a mastiff stands guard over them. Drawing closer to the encampment, one can see the faint glow of fire coming from one of the tents.

Inside, the tent is alive with laughter and the talk is as thick as the smoke from the burning yak dung in the hearth. Several people huddle around the fire: two local men, a nomad woman with her children, a traditional doctor from Lhasa, and Nancy Harris, a physician from northern California. They have come together to address the health crisis facing the children of Tibet.

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Tibetan mother and child in Nangchen. The child has depigmented hair from protein-energy malnutrition. Photo by Nancy Harris.

The problems of Tibet's children are widespread, serious—and preventable. Ninety of every one thousand Tibetan children die of treatable afflictions such as malnutrition and diarrhea. Many have rickets, a bone disease most frequently caused by vitamin D deficiency, and a high proportion of children suffer from severe stunting. The physical and mental development of one million children, the next generation of Tibetans, is threatened by nutritional deprivation, placing the future of a whole people and culture—long one of the world's most resilient—at risk.

The two elderly Tibetan men sitting around this late evening fire speak quietly, explaining to Dr. Harris and her Lhasa-based collaborator where the best medicinal herbs in the area can be found. The woman nurses her son, a small child who could be taken for a newborn, and at her feet sleeps another child, a daughter who is twelve but looks half that.

The group has spent hours that day measuring the height, weight and skinfold thickness of the area's youngsters, collecting critical baseline data. They have administered traditional medicines to children diagnosed with diarrhea and acute respiratory infections, and also to a control group of healthier children in an ongoing effort to determine the effectiveness of a new herbal compound. The group is exhausted but pleased by what they have accomplished.

They are part of an unusual team—the Tibet Child Nutrition and Collaborative Health Project. Founded by Dr. Harris in 1993, this non-profit organization includes traditional Tibetan doctors, a western-trained Tibetan physician, Chinese health care workers, and several Western practitioners, including Dr. Harris. All are dedicating themselves to the health of Tibet's children.

For nearly a decade Nancy Harris has spent half of each year on the Tibetan plateau. In what can only be described as a raw physical and political climate, she and her partners have succeeded in bringing medical care to more than 8,500 Tibetan children and families, often at sub-zero temperatures in settle-

ments at altitudes of over 13,000 feet, without benefit of electricity, heat or running water.

The project has distributed more than half a million dollars worth of medical supplies and has held workshops and training classes for more than two hundred health workers. The team is spearheading programs to combat malnutrition and rickets and fighting child and maternal mortality through a health care training and midwifery program. Many of the public health experts who initially thought Harris' vision impossible now praise the project for its creative solutions to the health emergency in Tibet.

"It got started for reasons I can't explain," says Harris, back in the United States, as we sit in a quiet corner of a San Francisco restaurant. "About 1988, I sort of got a calling to go to Tibet." Educated at Yale and Stanford, she was working at the time for the U.S. Public Health Service with Hispanic, indigent, and HIV communities. "I was thinking about issues of justice, violence, poverty, suffering, and sickness. About what matters in life, and what to do with my own life."

Harris had worked with native communities in Venezuela on a Fulbright fellowship in 1978, and was no stranger to the difficulties and pitfalls of international development work. But in spite of the fact she had no real knowledge of the country and "no pull to go to Asia," somehow a seed was planted, and in 1990 Harris went to Tibet.

Before going to Lhasa, she spent three months studying Chinese medicine in Beijing, an intuitive move that has made possible her work in Tibet. During her stay in China's capital, Harris met a number of intellectuals, doctors and other health practitioners who taught her how to navigate the Chinese system. "They were anxious to reach out," she says. "Had I gone to Tibet first, I would not have been helpful at all."

What struck Harris during her first visit to Tibet was the condition of the children: those whose raven-colored hair had faded to blonde from malnutrition, those whose petite frames hinted at rickets, and those whose survival was routinely threatened by respiratory infection and chronic gastro-intestinal problems. Deeply affected by the sight of so much suffering, she tried to find data on Tibetan children's health and infant and maternal mortality. She found virtually nothing.

Harris sees an answer to malnutrition in a small root called droma (Potentilla anserina), which grows on grasslands throughout Tibet. Tibetans once harvested droma, ground it, and fed it to their children.

"I realized that the way I could help most in a medical capacity was to work with children," she explains. "There is no reason I should have chosen this path. My background is not in pediatrics, epidemiology or statistics, but it became very clear to me that working with young people would be the most significant way to impact the outcome of this particular ethnic group."

Harris desperately wanted to know why Tibet's children were starving, and she wanted to do something to stop it. After two years of negotiations with the Chinese government, Harris launched the Tibet Child Nutrition and Collaborative Health

Left: village doctor, responsible for the care of 3,000 people, with empty medical case. Middle: stock of medical supplies at typical village clinic. Right: measuring child's height with homemade "stadiometer." Photos by Nancy Harris

Project. It got going in 1993, financed out of Harris' own pocket, and received its first external funding in 1994.

Harris' philosophy is that most of what is needed to address the health crisis already exists within Tibet—in traditional Tibetan medicine and the wealth of medicinal plants found across the Tibetan plateau. "Our goal is to reassure Tibetans that they have, and always have had, all the answers they need to sustain themselves," Harris says.

Between 1993 and 1996, a team of American, Tibetan and Chinese health professionals conducted baseline nutritional and epidemiological research on 2,500 children throughout Tibet. The results, published in *International Child Health*, confirmed what Harris had seen with her own eyes. Fifty-two percent of the children examined suffered from severe stunting; 40% showed signs of protein malnutrition; 67% had rickets. Statistics from sixteen counties across Tibet showed that 41% of deaths among infants and children were caused by pneumonia and 20% by diarrhea.

These findings inspired a four-pronged attack on the health crisis of Tibetan children: a rickets education and prevention program; encouraging use of an indigenous high protein root called *droma*; support for traditional Tibetan medicine, and a health care training and delivery program. These projects are giving shape to an approach to health care that relies on traditional herbs and local foods alongside allopathic drugs such as antibiotics.

The rickets-related venture is based on a simple premise: that encouraging mothers to expose their infants to sunshine will decrease the prevalence of this disease, which is caused by lack of vitamin D and calcium. Currently, Tibetans' swaddling practices during the first years of life prevent infants from getting enough exposure to the sun, but it was not always so. According to village elders, before recent cultural changes Tibetan infants were traditionally placed in the sun for short, but effective, periods of time. When I tell Harris that I had seen such sunbathing—infants greased with apricot oil and flipped like deli-

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Left: traditional Tibetan doctor takes pulse diagnosis in combined traditional/allopathic clinic in Nangchen. Photo Nancy Harris. *Right: Harris and Tibetan child.* Photo: Susan McGlashan

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cate pancakes in the sun—in ethnically Tibetan regions of Nepal, her face lights up. "You see, it is all there already."

Harris sees an answer to malnutrition in a small root called *droma* (Potentilla anserina), which grows on grasslands throughout Tibet. Tibetans once harvested *droma*, ground it, and fed it to their children. I recall seeing bundles of this bleached umber root in the markets of Kathmandu, and have watched villagers harvest it in the high pastures of Dolpo in western Nepal.

On an informed hunch, Harris commissioned a nutrient analysis of *droma*, which revealed that its amino acid profile is complementary to that of barley, a Tibetan staple. When combined, *droma*

Nancy Harris and friend.

and barley form a complete protein, and since barley flour is mixed with tea and fed to children from a very young age, *droma* can easily be added to the mixture.

"We have been doing a lot of research, gathering proof that what we are doing with *droma* is making a difference," Harris explains. But after several years of answering questions about *droma* and infant swaddling practices, the villagers have become impatient.

"They finally came to us and said, 'Will you stop asking us all these questions? Just tell us if we should feed *droma* to kids or not. Should we put our kids in the sun or not?' They can see with their own eyes that their kids are dying. I don't have to convince them of that. They would like to know what to do. That is what has been so exciting about this past year."

Beginning in 1999, the project has been introducing the *droma* and rickets programs on a larger scale. Harris is the first to point out that none of these programs would be successful without the collaboration of traditional Tibetan practitioners. Ultimately, it is they, along with the spiritual leaders, who can lead a community to modify its health practices. Changes in behavior begin with these learned elders.

Nancy Harris outside Lhasa with 8-year-old child who weighs 45 pounds. Photo: Susan McGlashan

"Some people feel that the degree to which I am impressed by traditional wisdom is fatuous and ill-informed. We should be telling them about pesticides and things," Harris says ironically. "But these people have lived there for thousands of years and if they hadn't figured out how to live there, they wouldn't have made it this far. Their beliefs are functional. But there is a line to be walked. Just because someone is old and wears a costume, has a title and is labeled indigenous, doesn't necessarily mean they have wisdom."

Throughout her time in Tibet, Harris has worked to identify traditional practitioners who are willing to combine their techniques with Western methods. "A circle of traditional physicians has emerged who are excited, not threatened, to work with Western doctors," she says. "Of course, they are cautious about disclosing their proprietary ingredients, but they would love to see recognition by Western scientists.

"Last year we gave an old master *carte blanche* to create an herbal recipe for children, to address the reasons that they most often die," Harris relates. "He and his two apprentices tested the recipe all through the winter, in three month intervals. One half of the kids got the herbs and the other half did not. It will be very interesting to see how this recipe does when the analysis is complete. Especially because with my own eyes as a doctor I could see positive changes in those who took it. Their hair was getting darker; they were less run down and miserable."

Harris' work has been honored and supported by numerous foundations and private organizations, and in 1998 she received the Temple Award for Creative Altruism. When I ask her about these accolades, Harris sloughs them off. "Altruism is a very interesting concept, because if you are doing it for thanks, then it will blow up in your face. It is not altruism if there is ego involved, if you want someone to say thank you and recognize that you've sacrificed.

"I have an incredible commitment to make sure every cent that comes through us is getting to them," Harris says. "All you need to develop this commitment is to have a child die in your arms and to know that for fifty cents, for the cost of soap and water, that death could have been prevented.

"The dharma in this work is patience and faith. Patience has never been my strong point, and the work certainly has not been lucrative. Several years ago I nearly lost my own health completely." She rests on this thought for a moment, then moves on. "But there is a reward," she says quietly. "It is not material, not a plaque on your wall. Instead, it is to be part of a cycle of unconditional love, as a participant and a witness, as a donor and a recipient. What goes out comes back in, more so. It is one of the few times that life becomes effortless." ♦