

Nancy Harris, MD, Receives Distinguished Service Award for Dedicated Work in Tibet

From a very early age Dr. Nancy Harris, recipient of the SMCMA 2003 Distinguished Service Award, felt a responsibility to do something about human suffering. "It's very hard for me to look at human suffering and just turn away from it," she said.

A six-month research trip to South America to study indigenous populations was a milestone in Dr. Harris's life. She was in the process of earning bachelor's and master's degrees in biology simultaneously at Yale University. By attending classes straight through and lumping her vacations together she was able to take time off for this trip with professors from the Epidemiology Department. Working in Venezuela with a German anthropologist, who had lived among the indigenous people, "I really got the point," she said. "What is interfering with a culture and what is helping a culture; what is exploiting a culture and what is harming a culture that is fragile. These are very fine nuances."

After graduation Dr. Harris returned to Venezuela for a year on a Fulbright scholarship. She observed that the indigenous populations least contacted by the outside world were the most robust and healthy, and those populations integrated into the bottom rung of the cash culture around them were the most miserable and sick. They had become ashamed of their traditional values and customs. "Shame is not a great thing to bring to a people you want to empower," Dr. Harris lamented.

Medical school at Stanford was next on the agenda. Dr. Harris chose internal medicine as her specialty because she really enjoys the science and art of diagnosis; she says she still finds it exciting to look at a patient, diagnose a probable illness, and be confirmed in her hypothesis by all the appropriate tests and labs. She graduated from medical school in 1983 and took her internship and residency at Santa Clara Medical Center, where she received hands-on primary care experience; later work in clinical settings and emergency rooms further enriched her diagnostic skills.

Dr. Harris's first trip to China and Tibet came after completing a three-year commitment to the National Health Service as a "scholarship obligee." She worked in underserved communities in the Imperial Valley of Califor-

nia under extremely difficult conditions and became frustrated by the lack of power to change things. At this point she decided to take a break to reassess why she became a doctor and how she wanted to practice medicine. The trip to China had a dual purpose: to study traditional Chinese medicine and to go to Tibet. She admits she knew very little about Tibet at the time and certainly not that it was under marshal law and closed to all foreigners.

During her three months stay in Beijing, Dr. Harris pursued her goal of visiting Tibet. Everyone told her it was impossible; forget it. In the end, a travel agent gave her a one-day pass, but she stayed a month. She remembers that the children were drastically small for their ages, and she decided their health status needed to be addressed. Again everyone told her she was not the one to do it; she didn't have the background, she didn't have the stamina, she didn't know anything about the area, etc., etc.; but she persisted by learning fast and partnering with colleagues who had the necessary expertise.

After doing double-duty in clinics and hospitals around the Bay Area for a couple of years, Dr. Harris raised the funds to start a research project on Tibet's children, and the Chinese Ministry of Health finally gave its approval. The research team—the Tibet Child Nutrition and Collaborative Health Project, which included researchers from the Public Health Institute in Santa Cruz, the University of California-Berkeley, and the Tibet Medical Research Institute in Lasha—began its work in 1993. This organization formed the basis for the Terma Foundation with headquarters in Half Moon Bay, which Dr. Harris founded to coordinate Tibetan operations.

"We found a generation of children who appeared malnourished, but we were told it was not possible. Even international health organizations whose job it was to feed the children told us there was no malnutrition among the children of Tibet," Dr. Harris reported. The small team of researchers traveled the vast country, primarily in the Tibet Autonomous Region, with a tape measure and a scale, unwrapping the layers of padding children wore to find distended bellies and misshapen bones. The team weighed and measured several thousand children.



Nancy Harris, MD

See Distinguished Service Award, Page 14

Distinguished Service Award
Continued from Page 4

Two studies have been published on their research: the first, which was a pilot study, in 1996 in *International Child Health* and the second in the *New England Journal of Medicine* (2/1/01). Both studies concluded that the children of Tibet suffer severe stunting due to malnutrition that occurs early in life and morbidity is high. Stunting is associated with clinical conditions such as rickets, abdominal distention, hair depigmentation, and skin lesions; stunting is not associated with altitude.

Before a solution can be found to any problem, it is necessary to admit a problem exists and identify what the problem is. This has been the focus of the Terma team as it traveled among the Tibetan people administering basic health care. Until Dr. Harris conducted this research, it was widely assumed and promulgated that the small stature of Tibetan children was due to the altitude, averaging 14,000 feet. Dr. Harris's research has proved altitude is not the problem; chronic malnutrition and its resulting diseases are the problem. Now she has convinced international health organizations with a presence in Tibet, along with the Chinese Ministry of Health, to make child and maternal health a top priority. There are approximately one million children in Tibet at risk of dying from disease and malnutrition before the age of seven, a staggering 56 percent. "We are in a race with time to save this generation," Dr. Harris warned. "It would be a shame if, in this advanced stage of world development, another ancient culture went extinct so unnecessarily."

In the second phase of the Tibetan project, Dr. Harris is concentrating on solutions. "Our goal," she said, "is to reassure Tibetans that they have, and always have had, all the answers they need to sustain themselves."

"This indigenous culture has survived for thousands of years by developing ancient methods based on scientific theory and observation, as well as spiritual ethos, that are effective in a rugged environment. We want to reinforce their wisdom that is being challenged now, working closely with traditional healers, village elders, and health workers. Our team brings basic medical supplies and training programs, but essentially we work within the traditional value system, avoiding the imposition of the Western medical model." In 2002 alone Terma delivered 1.2 million dollars in medical supplies and one million multivitamin tablets, enough for 3,000 women and children for one year.

One Tibetan custom Dr. Harris has reintroduced is eating droma, a protein root that can be ground and mixed with barley to form a complete protein. Another custom, lost to this generation, is giving babies short sun baths to prevent rickets, with which approximately 70 percent of the children are afflicted. Also, just in the investigative stage, is work with commonly found plants used in the past to make



Dr. Harris teaches about and treats the health of these Tibetan women.

soap. All these efforts emphasize cultural traditions.

"The hardest part of my work is not the hardships we face in Tibet; it is materializing my vision," Dr. Harris said, "and creating an organization that can maintain its passion and integrity and outlast me and my personality," adding that she will never abandon the promise she has made to the people of Tibet. She feels she can fulfill that promise by bringing in others who hold the vision and are able to do more of the hands-on work. Terma in Tibet now has a permanent staff of 20 health care workers at two clinic sites, one in Lasha and one in remote Chamdo.

On receiving the SMCMA Distinguished Service Award, Dr. Harris was enthusiastic, "It makes me smile from ear to ear to receive this recognition from so many respected peers. It's like a cosmic pat on the back. I'm proud of being a San Mateo-based physician; I could not have practiced medicine in such an unconventional way over the years without the help and support of the medical community in the Bay Area. Two physicians, among many, who have been of assistance, are Dr. John Rosenberg (emergency medicine) who traveled to Tibet, and Dr. Gisela Schechter (infectious disease) who serves as Terma's expert on tuberculosis.

Dr. Harris said she is looking forward to passing the mantle of administration on to others and returning to private practice in San Mateo, particularly for the underserved. Up to this point, her life has been almost entirely work-focused and now, along with work, she said she would like to have a family and write books about her experiences and the wonderful people she has encountered. ■