



Teach a Man to Fish

by Ronald A. Stoddard, M.D.

A famous saying goes, “Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.”

As a physician and member of The Church of Jesus Christ of Latter-day Saints, I have had the opportunity over the last five years to leave a busy neonatology practice for periods of one to two weeks and visit physicians and hospitals in countries throughout the world and help “teach them to fish.” These opportunities have been sponsored by the Church through LDS Charities, a humanitarian aid arm of the welfare services department.

In a five-year period of time, I have visited the People’s Republic of China twice, Russia twice, Taiwan twice, and Hong Kong once. Arrangements are being made for a similar visit to Indonesia this fall. The primary purpose of each of these visits has been medical education--specifically, teaching neonatal resuscitation. Not only has this been a tremendously rewarding experience from the standpoint of teaching, but it has been a golden opportunity to see and be involved with the growth of the Church throughout the world. I have made many dear friends, and continue to exchange medical, religious, and personal thoughts and ideas with them via fax, phone, mail, and e-mail.

People’s Republic of China

In the fall of 1992, through the efforts of Dr. Robert Clark, I joined a large group of physicians and allied health care personnel on a visit to the People’s Republic of China. We carried multiple pieces of donated equipment and supplies as well as manikins, intubation heads, and equipment for the teaching of neonatal resuscitation. The Neonatal Resuscitation Program (NRP) has been translated into Chinese and was utilized in teaching instructor courses to physicians. We then observed their teaching of provider courses to other health care personnel. In a two-week period of time, we visited many hospitals in Xiamen, toured sights of great significance in Beijing, and taught at the University of Xian. We became well acquainted with a number of physicians who subse-

quently visited Utah for three-month periods at the invitation of the Utah Medical Association. These physicians stayed in our homes, became closely associated with our families and religious practices, and worked beside us in our clinical practices.

One pediatrician from Xiamen was converted to Christianity and was extremely interested in the Church. Under the guidance of the Asia Area president, we gave her copies of the scriptures and some other important Church works. Although I feel she was truly converted to the gospel of Jesus Christ, formal missionary discussions and baptism were not offered because there is no organized branch of the Church in her area. She was encouraged to continue personal reading, studying, and religious practices.

The following year, a group of four newborn intensive care nursery nurses and two pediatricians made another trip to the People’s Republic of China, visiting Xiamen, Shanghai, Hangzhou, and Guilin. Again we carried equipment donated by LDS Charities to each of these locations with commitments that the equipment would be used to further the teaching of neonatal resuscitation in these cities and areas. The Chinese people were very warm and gracious hosts. Most of the physicians in obstetrics and pediatrics are women; they work in a very difficult financial climate where physicians make much less money than local bus drivers. They are, however, very hard workers and have a voracious appetite for medical education.

Russia

THE FIRST VISIT—1995

In March 1995, two newborn intensive care nursery nurses (Teresa Blauer and Alyse Jones) and two physicians (Dr. Steven Clark, perinatologist, and myself) visited Ekaterinburg as part of a two-year program aimed at improving the delivery of perinatal care in the Sverdlovsk

region. We visited various hospitals in that region, including very large and very small maternity hospitals and the Regional Children's Hospital #1, which was the primary referral center for the Sverdlovsk region in Russia. Our visit was timed to occur shortly after a retired pediatrician, Dr. Joseph Newton and his wife, Betsy, had arrived in Ekaterinburg from Salt Lake City, Utah, to serve an 18-month full-time humanitarian mission for the Church.

Our two-week visit left us all with very deep and lasting impressions of Russia, the Russian health care system, and the health care providers in Russia. Overall, Russia is a very poor country with limited resources for the delivery of health care. Medical personnel are not well paid, and health care delivery is inept under the auspices of the gov-

there are live births. In fact, abortion is virtually the only method of birth control practiced there.

Among a multitude of problems, we found that there is no system for collecting information about perinatal outcomes. Treatment is based upon anecdotal experiences dictated by the chief of service rather than science. Sterilization and infection control remain a serious problem, and there is a drastic shortage of medications and supplies. Other significant problems noted were: inadequate NICU facilities, a very poor social infrastructure with poor transportation, and an extreme lack of medical equipment as well as an inability to troubleshoot and repair broken equipment. We also found that professional education is quite limited because of inaccessibility of



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ernment. The facilities are inadequate, they lack medical equipment, and when equipment breaks down, they cannot repair it. The health care providers are anxious to learn, but their resources for learning are quite limited. We arranged for five of their neonatologists and five of their obstetricians to visit Utah during the next two years and receive further training with us in our hospitals.

The Sverdlovsk region in Russia is one of 72 regions (which are similar to states in the U.S.). There are 5.5 million people in this region with approximately 1.2 million children. Ekaterinburg, the capital of the Sverdlovsk region, has 1.5 million people and 30 different hospitals in the city. The main referral hospitals in the city are Regional Children's Hospital #1 and Maternity House #20. Most child, newborn, and maternal referrals go to these hospitals. There are about 40,000 babies born annually in the region. It appears that there are from three to five times as many abortions performed each year as

books, journals and publications; a lack of English skills; and abbreviated education for both nurses and physicians. Nursing rolls are not as strong as in the United States, and there is one physician for every two nurses.

Birth trauma continues to be a major problem and seems to stem from inexperience or biases of delivering physicians, nurse practitioners, or nurse midwives. Alcohol abuse, particularly during pregnancy, remains a serious problem. In spite of these almost insurmountable problems, the health care providers in Russia are remarkably positive and anxious to learn. They are very perceptive, gracious, and open people. They would ask us questions about medical topics as well as our religious beliefs. The years of restrictions have made them very inquisitive, and once they make your acquaintance, they are some of the warmest and friendliest people in the world.

There are 170 neonatologists in the Sverdlovsk region, but their training is limited, and many of them do not

know how to intubate. Most of the deliveries take place at a maternity house, and there are very few home deliveries. Neonatologists attend high-risk deliveries. There is apparently a very high incidence of birth trauma, maternal alcohol abuse, and poor prenatal care. Nurse midwives are frequently employed, but it is unclear who actually delivers the majority of the babies — nurse midwives or physicians.

After teaching a core group of physicians in neonatal resuscitation, we assisted them in setting up provider courses throughout the region. The neonatologists in charge of newborn ICU at Regional Children's Hospital #1 were charged with seeing that all physicians and health

Although Ekaterinburg had only been open for missionary work for less than a year, there were about ten missionaries working in the city, and a thriving, growing branch had been organized and headed by President Joseph Gwynn. At the time of our visit in March, it had been announced that a new mission would be formed and headquartered in Ekaterinburg starting in July 1995. This was formerly part of the Novosibirsk Mission. We were able to worship together with the Saints in a small rented government room for sacrament meeting. I was filled with gratitude and amazement as I noticed the hammer and sickle carved in the crown woodwork of the room just above the table where the sacrament was being prepared



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care providers involved in deliveries in the region be trained in neonatal resuscitation.

Elder and Sister Newton became rapidly involved in consulting at the Children's Hospital, facilitating the ongoing communications and efforts of the LDS Church, and teaching English classes at the university where many health care providers, including physicians, were able to markedly improve English speaking and reading skills. A regionwide conference for pediatricians and neonatal health care providers, consisting of two days of lectures by the American nurses and physicians, was held toward the end of our visit. The hospital auditorium was packed, and the people were interested not only in the medical lectures, but also in the LDS Church.

and administered to the saints. Less than ten years earlier, I left active duty in the United States Air Force, where we went through battlefield exercise training to be prepared for war with our two long-time enemies, China and Russia. Now I had actually visited both of these countries and witnessed miracles that I never had dreamed of seeing in my lifetime.

THE SECOND VISIT—1996

A little more than one year later, our team returned once again to the Sverdlovsk region in Russia to assess the effectiveness of our teaching. We were impressed with the findings. The NRP had been a remarkable success. Between 450 and 500 people had already been certified in

the Sverdlovsk region in neonatal resuscitation. These people were not only increasing their skills and self-confidence, but their relationships between hospitals and the referral center had markedly improved, the lines of communication seemed to have opened, and many infants were now being referred in a more timely fashion.

Dr. Michael Skylar, the chief of Regional Children's Hospital #1, reported that the NRP had been accepted, approved, and was mandated for health care providers in the perinatal area by the Sverdlovsk government. After successfully taking and passing the course, a physician or health care provider needed to go to the regional government, where a similar test was given. On successfully completing the examination, the person was certified in neonatal resuscitation. In addition to the Sverdlovsk region, Dr. Skylar reported that the NRP had been adopted by the national government in Moscow as the standard throughout the entire country for neonatal resuscitation. The resuscitation manual is now being printed and distributed in Russia in a hard-back form about the size of a copy of *The Book of Mormon*.

The Regional Children's Medical Center had expanded its intensive care facilities to house eighteen intensive care beds rather than six. We were pleased and excited to see sinks in every room and other careful attention to suggestions that we had given on the previous visit. Dr. Skylar reported that numerous maternity houses throughout the region had upgraded the care of newborns. The numbers of incoming consultation calls, as well as transport calls, had increased by 25% in just one year. In addition, it was noted that the neonatal mortality had dropped by 30% in just one year.

Elder and Sister Newton, close to the end of their 18-month mission, had warmed their way into the hearts of many physicians and health care providers in Ekaterinburg. They had been successful in bringing other physicians into the Church and had been eyewitnesses to the phenomenal growth in Ekaterinburg. There were now three large branches of the Church, and the missionary work was moving ahead in a great way. Elder Howard Sharp, another retired physician, and Sister Marjorie Sharp had been sent from Salt Lake City on an 18-month mission for the church, and they were rapidly winning their way into the hearts of physicians and health care providers in Ekaterinburg.

In addition to assessing neonatal resuscitation, we were very closely involved on this visit in bedside teaching for both nurses and physicians as well as teaching certain newborn ICU skills. We discussed strategies, specific patients and specific skills used in newborn intensive care. We taught the team approach to critically ill babies and reinforced it later in the year when two of the neonatologists visited our hospital and worked with us in the new-

born intensive care nursery.

During our visit, I had the opportunity to ask many people who were in their 30s and 40s about the differences before and after the fall of communism in Russia. They talked openly about how religion was forbidden and most of their parents said little or nothing to them of a religious nature. Because of fear of the totalitarian government and threats toward parents and children, Christianity might have been totally eradicated were it not for the grandmothers in Russia. I found that a surprising number of people had learned about Jesus Christ from their grandmothers.

The spark of Christianity had been propagated from grandmothers to their grandchildren, keeping their religious hope alive. Now these very same people are the ones most interested in hearing about the gospel of Jesus Christ, and many of them are joining the church. There are now three large branches of the church in this city with more than 100 members in each branch. Elder Newton and Elder Sharp, in addition to their humanitarian and medical service, have been actively involved in proselyting and were serving as the two counselors to the first native Russian mission president who came from St. Petersburg.

We had a delightful three-hour block of worship in the central Ekaterinburg branch. Elder Colt was departing the mission field and had been involved in the work in Ekaterinburg right from its onset. He was known not only for his love and spirit in the mission, but most of all because of his supreme mastery of the Russian language. Elder Colt started learning Russian in elementary school long before he was old enough to serve. At that time there were no missionaries in Russia, and he received friendly kidding from family and friends about his study of the Russian language. Now he had completed a remarkably successful mission, and there were few dry eyes in the congregation as he humbly bore his testimony to these Russian Saints. After our three-hour block, we were privileged to join with ward members in witnessing a baptism in the swimming pool of a local school building. Again, to stand on Russian soil and see Russian brothers and sisters dressed in white and being baptized into the kingdom was a dream come true.

Hong Kong

Although neonatal resuscitation supported and sponsored by The Church of Jesus Christ of Latter-day Saints had already occurred in many areas of Asia, including the People's Republic of China, it was always assumed that there was no need for such training in Hong Kong. The medical sophistication of Hong Kong is very similar to

that of the United States. Almost all the physicians speak English fluently, and Hong Kong has been open for missionary work for many years. When Elder Robert Young, the executive secretary of the Asia Area presidency, inquired, he found that the newly formed Hong Kong Society of Neonatology had already identified neonatal resuscitation as a priority to be taught in Hong Kong. They had contacted the American Academy of Pediatrics but were informed that the teaching alone, not including the cost of manikins and medical supplies, would cost between \$21,000 and \$30,000 in U.S. currency. This price was far beyond the means of the fledgling society, and this information had been given to them literally a

openly recognized and expressed appreciation to the Church. In all of my experiences, I have never seen or felt such warm, open appreciation from a group to us and the Church.

These physicians also were very interested in asking questions about the Church. They were intrigued when they found out that all of us had served full-time missions for the Church in various countries. Dr. Cornish had been in Guatemala, Dr. Groberg served in Indonesia, I served in Germany, and Dr. Bell had been a missionary in Hong Kong twenty-five years earlier. His tasteful and timely use of Cantonese also developed strong mutual friendships. Dr. Bell was very open in challenging them to



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few days before contact by Elder Young. They were, of course, delighted at the possibility of LDS Charities helping them establish the neonatal resuscitation program in Hong Kong.

Dr. Richard Bell, Dr. Devin Cornish, Dr. George Groberg and I went for a week to Hong Kong and began instructor training on 23 October 1996. Elder Kwok Yuen Tai, the Asia Area president, introduced the program and the Church's involvement with the NRP. We were well received by the 33 neonatologists who successfully took and passed the neonatal instructor's course. In addition to the recognition of the Church in printed programs, the directors of the conferences and meetings

notice the LDS missionaries and listen to what they had to say.

After teaching this core group of instructors, we again went to separate locations in the city and observed these instructors teaching their provider courses in their individual hospitals. Dr. Cornish, Dr. Bell, and I were also asked to speak in an evening lecture at Queen Elizabeth Hospital in Hong Kong. More than 200 physicians and nurses were in attendance, and the lecture started late because of the need to bring in extra chairs. The format of the conference allowed the instructors to have their credentials established, and questions and answers continued until late in the evening. Our hosts in Hong Kong were

among the most gracious and concerned people I have ever met. They were constantly paying attention to every detail of our comfort and made it a special visit.

Taiwan

The neonatal resuscitation program was introduced in Taipei, Taiwan, in November 1996. I had previously been invited by the Taiwan Society of Neonatology to lecture on high frequency ventilation earlier in the fall. They had requested that I return and teach their neonatologists newborn resuscitation.

CONCLUSION

The American Academy of Pediatrics has set a standard that every delivery in the United States should be attended by someone skilled in all aspects of neonatal resuscitation. Although they have chosen not to certify students taking this course outside the United States, they have been open in asking that each country find a certifying organization. In Hong Kong and Taiwan, the neonatology societies of the country accepted that responsibility and have developed certificates to be given out at the completion of training. In addition, they had catalogued the equipment donated by the Church to be checked out from a central library and used in various cities through-



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The venture was co-sponsored by the Church by their donation of five sets of neonatal teaching equipment, including a resusci-baby manikin, intubation head, and miscellaneous supplies such as a bag and mask, laryngoscopes, and ET tubes.

Some 31 neonatologists from throughout the entire country of Taiwan who were present and participated in the instructor's course. All of the physicians were conversant in English, and the course was taught from manuals in English. The NRP course was then taken to various cities and hospitals throughout the country to be further taught.

out each country. In Russia, the government itself (health care division) has taken the responsibility of certification within the country.

These special opportunities provided by LDS Charities have not only given me the opportunity to be intimately involved in missionary work throughout the world and to witness the growth of the Church, but they have truly allowed me to help "teach people to fish."

Ronald M. Stoddard, M.D., is co-director of the Newborn Intensive Care Unit and director of perinatal outreach at Utah Valley Regional Medical Center.