

18 October 2010

c/o NSI, Box 8975, EPC 1813,  
Kathmandu, Nepal.

Dear Friends,

*"...and the leaves of the tree are for the healing of the nations."* Revelations 22:2

At 10 o'clock on a sunny morning I walked through the dark corridor of the hospital. A man stopped me and said, "Doctor, can you please come see my patient?"

"OK, who is it?"

"It's my sister-in-law. She was bitten by a snake."

I hesitated. "Where are you from?"

"Down by the airport."

I'd heard this story earlier in the morning when we had breakfast with Dr. Ram, the hospital superintendent. She was an 18-year old girl who 6 months before had ridden joyfully into town during her wedding to a local boy. They lived in a house 10 minutes walk from the hospital and slept on the ground floor. In the early hours of this morning, she'd sleepily pushed an object away from her face. The snake bit her and, though they rushed her to the hospital, she soon experienced difficulty breathing, then lost her blood pressure and died.

"I think I know about this. Didn't your patient die a few hours ago?"

"Yes, that's right. But we heard that there was medicine that could restore her life if given within 24 hours."

"I'm sorry. It's too late for us to help her."

We were back in the far west district of Bajhang, another of our trips to support this government hospital located in one of Nepal's poorest areas. In addition to the training programs that the Nick Simons Institute conducts, a few years back we also began a program to build up district hospitals within the government system. We establish an internet connection, train staff, work to strengthen the hospital governing committee, and improve staff children's education. In addition, we send one or two family practice (GP) doctors to each hospital. Our intention is to transform an underused facility into a trusted institution where local people can bring their sick. In Bajhang, that's a tall order.

This rural district support program – and the very concept of the Nick Simons Institute – takes me back 20 summers to the time when I had the chance to work in a mission hospital in the hills of Gorkha District. The hospital was three to five hours walk from the nearest motor road (depending on the season) and located on a mountain, yet saw over 150 outpatients a day. For decades, people all around depended on that crumbling hospital for quality health care, including life-saving surgery. I only worked there for a little over a year, but the experience left a lasting impression on how I viewed medicine in Nepal. When the United Mission to Nepal decided to close that hospital in 2001, I mourned along with many people who lived in that area. About a year later, I attended a meeting of Gorkha people. Some began their speeches with 'When I first heard the news that the mission was pulling out of the hospital...' In the end, the locals somehow kept it going – it was *their* hospital, after all.

There are about 10 mission hospitals still scattered across Nepal. They are islands of excellence – places where expatriates join Nepalis in striving to provide a high level of care, where donations keep the hospitals well-equipped, and where prayer abounds. Yet, they are just that – islands. Between the mission hospitals lie vast swaths of Nepal that are only served by the government system: 65 district hospitals and almost a thousand health centers and health posts. In ethos and practice, these government institutions are worlds removed from the mission hospitals, but they are what the local people must rely on. The district of Bajhang has a population of 180,000 with one hospital to serve them.

We spent 3 days in Bajhang – talking with staff, discussing programs, and observing the hospital. The hospital numbers have increased and Dr. Ram, the lone doctor there, has his hands full. He also looks after a district-wide public health program.

On the last morning, just before we left, Ram asked me to come see a girl in the emergency room. She was about 30 years old and unconscious. The night before, a rock had fallen from a slope and hit her in the head. A villager said it was about a 10 kg rock. Blood oozed from her left ear and her pupils were both wide and not reacting to the light of a flashlight. What was there for me to advise? The family was planning to hire a truck to take her 10 hours to a large medical center in the Terai. Sure, it's probably worth a try, I said.

We crammed into our own jeep and headed down the road. An hour on, we passed a man who motioned to us, hollering "No road." We came into the next town and heard the news – the previous night 10 or more landslides had come down in the road ahead of us. It might take the bulldozers a couple of days to clear them. We secured and hefted our bags and trudged up the road, soon meeting the first slide. It had created a deep pool of mud and shale in the middle of the road. We walked gingerly along the outskirts of the ooze, the only solid foothold being along the edge of the cliff. Where we met each landslide, men and women working with picks and shovels to clear it.

After an hour of broken walking we came to the other side of the slides, where a group of vehicles was parked. Once the number of people going in our direction was enough, we convinced a waiting truck to turn around and drive us out.

Across from me in the truck was a cute girl, about 8 years old wearing a Bob Marley bandana, with her arm in a sling. Her father leaned over her protectively. She'd fallen on a path the afternoon before and they'd walked several hours to reach the hospital in Bajhang. He handed me the X-ray – a fracture of both bones of the forearm, one bone somewhat out of line. Dr. Ram was hesitant to reduce the fracture, so he sent the girl 8 hours up the road to the mission hospital in Dadelhdhura.

Here is a situation that we hope to improve. A GP doctor in Bajhang will surely be able to handle this sort of patient – and many others like her. Our GP scholarship program is due to send the first doctor out to Bajhang in November.

The first truck stopped for lunch and decided to stay put, so the final leg of our journey out of Bajhang was on a truck carrying a load of bamboo. The two women in our party climbed into the cab – accompanying the driver and 10 others. I sat in the supply box perched over the cab, which was jammed with other travelers. One by one, people got down at their villages, finally leaving only Shankar and me up top. He was a thin fellow in his thirties wearing a ragged T-shirt, a novice chicken farmer who had just sold his first batch of 60 birds to a man in Bajhang and now he was heading home. Night settled on the towering mountains around us and the truck chugged slowly up a muddy, switchback road. Drizzle turned to cold rain. Shankar motioned that we stand up, which I did a bit shakily in the lurching truck. He shook out the dirt and wood chips from a matted wool carpet that lay in the bottom of the turret. Then we sat shoulder to shoulder, with this rug wrapped warmly around us and laid over our legs. It felt like 5-star luxury.

In July, Deirdre's parents came out to Nepal to surprise her on her birthday. We had a good summer, and a great time with them, though August was marked by illness. Benjamin had dysentery, Zachary a cold/cough and blocked ear, then I came down with cold/cough, and then Benjamin had the cold with an infected ear. Only Deirdre escaped – someone needed to hold down the fort.

Autumn brings a clearing of the air and lightening of spirits. The Himalaya are out and fields yellow with mustard. We continue to work and pray, thankful for your being on the journey with us. We are thankful for your prayers – for us, for our church, and for people in places like Bajhang.

Love,  
Mark, Deirdre, Zachary, and Benjamin Zimmerman