Nepal: a lesson from chaos

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The police were extremely nervous. As the commander listened carefully to the nurse's instructions, the others anxiously watched the hospital corridors for signs of unusual activity. They had come to retrieve one of their comrades, admitted earlier that day with spinal meningitis. Now he needed to be spirited away. The police had learned that a large group of Maoist insurgents were on their way to the hospital to get him. There was no time to lose: the Maoists typically execute their captives before a rescue attempt is possible. And so they gathered up their comrade with several days' supply of intravenous fluids and antibiotics and swiftly departed, hoping to make it back to their garrison before nightfall. As darkness crept into our valley and the moon rose above the crest of the hill behind the hospital, we wondered what the night had in store for us — especially if the Maoists arrived to find their quarry gone. It was an episode typical of the uncertainty that prevails in the many areas of Nepal that are beset by overt armed conflict. Fortunately, the hospital had no unwelcome visitors that night. We returned to our normal routine the next day, as if nothing had happened.

Most of the world is unaware of the 7-year conflict that has been raging in an idyllic country best known for expeditions to conquer Everest. Two years ago, the massacre of the Nepalese royal family made international headlines, but did Canadians realize that a state of emergency had been declared when the Maoists broke off peace negotiations and attacked military installations around the country or, more recently, that the King dissolved parliament, an act that suspended a democratic process already bogged down in corruption and scandal? The conflict in Nepal by no means dominates world news, but it has been enough, along with the fear generated by the terrorist attacks of Sept. 11, 2001, to reduce tourism — a key income generator in this country — to a trickle. Those who suffer the most from political instability are those who are already stricken by poverty. Civil unrest and a battered economy do not decrease the need for medical care, but only make access more difficult.

Such was the situation I found at a small remote hospital in the Himalayan foothills in September 2002, when I arrived at the United Mission Hospital in Okhaldhunga to start 2 months as the only physician in the district. Most of my work in Nepal has been at a larger general hospital in the town of Tansen in central Nepal, but the Maoist activities and remoteness of Okhaldhunga had left it without permanent senior medical personnel for over 6 months; I was to fill in for a short while.

The Okhaldhunga hospital serves not only its own district but also 4 surrounding areas, and thus a population of more than 200 000. To get there I had 2 choices. One was to fly to the nearby village of Rumjatar on a high plateau to the east and then walk 3 hours up the mountain to the hospital. The other was to take a bus to a not-so-nearby village to the south and then walk for 3 days. I chose to fly. Most of the hospital's supplies come from Kathmandu by truck to a village to the south, from which point porters carry their loads for 5 to 7 days to the hospital.

For patients, access is even more challenging. Some must walk for many days carrying sick family members on

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Patient transfer by *doko*: preparing for the 4-hour walk to the airstrip to catch the plane for Kathmandu.

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their backs. Their situation is made worse by the activity of Maoist insurgents in the district. A strict curfew of 7 pm prevents most people from coming to the hospital at night. Many are fearful of travelling because of the Maoists' forcible "recruitment" of young men in the area. Men and boys have fled, leaving their families to tend their farms.

Given its remoteness and the local unrest, the hospital struggles to maintain a full complement of medical staff. When I arrived, the hospital was operating on an electrical generator; the Maoists had destroyed the electrical power station for the district several months before. Their attempts to cripple the government and its military had only worsened the plight of the impoverished people of the area who, unlike the rich, did not have access to small generators. Shortly after my arrival, the hospital generator broke down, and parts from Kathmandu would be 2 months in coming. Solar-powered batteries ran a small light in the operating room, but at night most of the work was done by lantern. I often wore a camping headlight I had brought from home. X-ray machines and oxygen concentrators needed more power than the solar panels could provide, so the hospital did without. For some patients, the lack of an operating oxygen concentrator had fatal results.

With an average per-capita annual income of only US$235, Nepal is one of the poorest nations in Asia. Within Nepal, Okhaldhunga is one of the poorest districts, having few natural resources and no tourist trade. The perpetual state of poverty is evident in the condition of the people who come to the hospital. Poor hygiene, lack of clean water, lack of education and malnutrition set the stage for many diseases. And the lack of proper medical care has its own particular consequences.

I will not soon forget an 8-year-old boy who had broken his wrist when he fell from a tree. His father had quickly taken him to the local health post, manned by a "medical assistant." The treatment was to wrap the boy's wrist so tightly that it cut off most of the blood supply to the hand. Over the next 2 days, the boy's pain increased as his hand swelled and slowly loss function. Realizing that something was wrong, his father took off the tight bandage and set out for our hospital — a journey of 3 days. By the time they arrived, the hand was in a serious condition. Without electricity, there was no way to determine the seriousness of the fracture with an x-ray. We immediately took him to the OR and operated to restore blood flow. Over the next 24 hours it became obvious that the boy would need specialized care that we could not offer. A hospital charity fund paid for the flight to Kathmandu, and it was quickly arranged for a porter to carry the boy in a *doko* (carrying basket) to the airstrip 3 hours away. Would he reach his destination on time? Losing a hand would be tragic in any country, but in rural Nepal it would also spell the loss of a necessary livelihood through farming.

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In the midst of poverty, there is still joy and hope.

Nor will I forget a young couple who came from a village in the next valley, a 5 hours' walk away. They were some of the poorest people I have ever met. The tattered and dirty traditional clothes they wore seemed to be all they owned. Both were shy and uncomfortable in the "busy" atmosphere of the hospital, a slow-moving place by big-city standards. The wife had injured herself with large wooden hammer, breaking a finger and degloving the skin on part of the hand. By the time they arrived at the hospital, the wound was so grossly infected that I feared she would lose the whole hand. We operated immediately to debride the dead tissue, and within a week she was ready for a graft to close the large defect of the skin. It was clear to me that this couple was overwhelmed by the process and were not really sure what was going on. I found myself becoming very protective of them and could see how they could get pushed around by the more confident patients in the hospital. Because of their caste, social status and poverty, these people were truly the most downtrodden of their society. The most rewarding part of my work is the privilege of serving people like these. This was especially true when I took the bandages off her hand for the first time and saw the amazement and smiles on their faces as they saw how the skin graft had nicely covered the once ugly defect on her hand. They did not say anything but to see the woman look at her hand then look up into my eyes with a surprised smile, that I so rarely saw with them, was all the communication that was needed.

Later that week I travelled back to Kathmandu. The 3-hour walk to the airstrip became quite merry as we met several groups of people from our area who were taking family members to the airport to fly back home after visiting for a large festival. When we arrived at the airstrip, it became obvious that security had been heightened significantly since I was last there. The army had been put on high alert in response to intelligence about a Maoist plan to attack the airport and the small army garrison stationed there. The beautiful sunny day, the cool breeze passing

over the ripe millet and rice fields and the joyful banter of families waiting to be admitted at the airport checkpoint made it easy to forget we were under the gaze of edgy army personnel.

The highlight of my trip to the city was a visit to the teaching hospital, where I hoped to check on some of the patients I had recently referred. After some investigating at the admissions department, I found the small boy who had broken his wrist. When his father saw me walk into the ward his face lit up as if he had discovered a long-lost relative. He talked to me excitedly in Nepali about what had happened since they had arrived. I could understand only a fraction of what he said. But I learned that his son had undergone surgery to repair the fracture; his hand was improving and would be spared. As we talked, other patients' families gathered round to hear the story again. This one child, I realized, would have been enough reason for me to come to Okhaldhunga. Laughing together, I tickled my young patient, who grabbed my finger with his good hand. He continued to hold my hand as we talked, and I simply enjoyed being there with them. The afternoon passed quickly.

My small plane bounced 3 times before grounding itself safely on the grass runway at Rumjatar. I was on my way back to Okhaldhunga hospital after a short break. This time I was met with an atmosphere of high anxiety and tension. Only 7 days earlier an estimated 2000 Maoist rebels had simultaneously attacked both the airport at Rumjatar and the army garrison at Okhaldhunga. The fighting had been fierce, but for the first time since the start of the conflict the army was successful in defending their position. The rumours we had heard weeks before had been taken seriously by the army: the 62 men stationed at the airport were well prepared, and only 2 were killed in the fighting. It was different for the Maoists. Although the declared number of Maoist dead was only 68, this figure unofficially climbed to more than 150 as villagers found bodies in the fields around Rumjatar. As we left the plane, a large army helicopter was unloading heavily armed troops at the same time. We walked around the small terminal building in a newly dug trench under the watchful eye of dozens of troops. The small airport terminal building was scarred with dozens of pock-marks, and new sandbag defences had been put in place. All the military activity at the airport left the impression that they were digging in for another attack. As I gathered my belongings and started off with my porter, several more military aircraft arrived with new troops. The 3-hour walk to Okhaldhunga seemed even longer than usual that day.

The hospital was almost empty when I arrived. Few patients were willing to risk the walk to the hospital. They feared not only the Maoists efforts at recruitment but also the scrutiny and intimidation of the army, which was patrolling the multitude of paths around Okhaldhunga. Although the hospital had not been directly affected by the recent fighting, the Maoists had used a pathway about 100 metres above our compound in their approach to the army base up the hill. Thankfully, the army had considered the hospital location during the fight and had carefully avoided sending mortar fire in our direction as the Maoists retreated.

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Troop reinforcements arrive after the Maoist attack at Okhaldhunga.

Although there were fewer patients, everything seemed as I had left it 2 weeks earlier, other than a noticeable increase in the level of tension within the staff. Many were fearful of more fighting and expected the Maoists to return to revenge their defeat. Only time would tell. The sick slowly started to trickle in over the next weeks; within a month, the patient numbers were almost back to normal.

One thing that had not changed was the generator problem. For more than 3 weeks now, the hospital had been without electricity, with no solution in sight. Even a minor surgical procedure was an adventure, especially in the evening. On one occasion, we needed to clean the wound of a patient who had survived an encounter with an unfriendly buffalo. Buffalo gores can become badly infected and need to be cleaned as soon as possible. By the time the patient had walked a day and a half to the hospital the first signs of infection were evident. One nurse helped me while the other held a kerosene lantern above the operative field. This gave us barely enough light to see around the room, and certainly not enough to see all the dirt in the wound. Insects and moths circled the lantern and my headlamp, not infrequently crashing into either and then dropping into our "sterile" operative field. I am always amazed how well these patients do under such conditions.

Assessing a fracture without an x-ray is daunting for someone trained in Canada and accustomed to having the best of medical technology at his fingertips. In one case of a 9-year-old boy brought to us with a fractured elbow, our attempt at a reduction without an x-ray failed. This again

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A beautiful and challenging terrain.

meant that we would need to send them to a referral hospital in Kathmandu. The boy's father had never left the remote countryside where they lived, let alone gone to the big city. Kathmandu can be an aggressive and terrifying place. The unscrupulous are always waiting for a chance to relieve naïve villagers of their money. This boy's father was in risk of not only losing the money we gave them for transportation and food, but also of being parted from his own hard-earned cash. Many such people who arrive without knowing anyone in the big city are the victim of scams and are forced to sell their livestock or, even worse, their land. Referral to care in Kathmandu is always stressful for everyone concerned. Most of the time, we never heard how the story turned out.

Checking on patients on ward rounds in the morning, I was sometimes overwhelmed by the number of people who could not afford basic medical care and were getting assistance from our charity department. Not to mention the cases where there was little hope without expensive specialized care in Kathmandu.The young mother with rheumatic heart disease and heart failure who needed cardiac surgery; the hydrocephalic infant who needed neurosurgery; the middle-aged with woman Hodgkin's lymphoma who needed chemotherapy. The financial burden in such cases was too great and the decision would be made, for the good of the extended family, and often despite the offer of charity assistance, to take the patient back home to die. I know all the arguments in favour of attempting only sustainable medical care in poverty-stricken countries. But it is a different matter to sit on the edge of a patient's bed explaining that nothing can be done, knowing that the necessary treatment could easily be accessed in the richer countries of the West. These people are no different from you or me. They laugh and cry, love and feel pain, bleed and heal all in the same way that we do, given the chance. And yet here they are, by no choice of their own, not able to get treatment as we would back home. All because of money. This is the great dilemma.

Often, this challenge came to mind as the day wound down and I walked home from the hospital. I would stop along the pathway, on the edge of the small plateau where my home was located, and watch the sun set over the distant hills. Life pulsed around me as the sounds of village activity drifted across the valleys. The beauty of the sunset was enhanced by a human symphony: the laughter of children at play; the cry of a healthy baby; a drum keeping time while someone sang; women talking as they returned home from the fields. Later, as I sat reading by candlelight, I would often stop and listen to the quiet. No telephones, no cars, no televisions: just quiet. But if I listened more carefully, I sometimes heard the drum and the singing, off in the distance. It was at times like these that I realized that we all have our own realities in life, each with their own trials and sacrifices. Some sacrifices are just different from others. Sometimes, I don't mind having no electricity.

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