

MEDICAL TREK IN THE GANESH HIMAL MARCH – APRIL 2008

In the spring of 2008 I travelled to Kathmandu to join my sister (a family physician in the USA), another American doctor and a Nepalese dental technician, to spend two weeks participating in a medical trek to the remote village of Lapa, close to the Tibetan border in north Nepal.

A journey that would have taken 18 minutes by helicopter, took us one days bumpy and tortuous drive, and then four long days trekking. Our highest point was at Phangsang pass in the Ganesh Himal at a height of 14,000 feet. We camped in Himalayan snow, in pine and rhododendron forests and on steep mountain terraces descending to the river far below.

The trek was organised by Himalayan HealthCare – a non-profit, non-religious NGO co-founded and co-ordinated by Anil Parajuli, who lives in Kathmandu. Anil originally trained as a doctor in India but his studies were halted several months before he was due to qualify. He has spent the last 16 years working with American support to establish and develop HHC. Since then over 70 treks have occurred.

The Nepali government's budget for health care approximates to the equivalent of the price of two aspirin annually for each of its citizens. 80% of Nepalese are farmers and live in inaccessible areas. Before we arrived, the village of Lapa had had no health care provision for four years. It had been a Maoist stronghold and HHC had had to withdraw their health care worker there, after he was kidnapped, held with a ring of grenades around his neck and released with a hefty ransom demand.



HHC have worked to improve the lives of the impoverished people in this poorly trekked area. The three villages of Tipling, Shertung and Lapa were identified after Anil heard of a cholera outbreak in the village of Tipling during which over 100 children died. Each village have chosen a young member of their own community to travel to Kathmandu for two years training in health care. They then return to health posts in the villages, providing health education, maternal and child care and basic dispensing. Three schools have been built and others from the village have been trained as teachers, to provide child education and adult literacy classes. Support is also given to orphans. HHC have built a community hospital in Ilam (in the east of the country) where other treks are carried out. They hope to develop this as fully financed and run by the local community, and promote it as a model for the rest of the country.

We were looked after by a great team of Nepali field staff, cooks and porters. We held our 4-day makeshift medical camp in the school courtyard with the waiting room in the adjacent field. We would start the day teaching the health care workers in one of the tiny, dusty classrooms, with a rock-strewn floor. We would then see patients in rooms dimly lit, the electricity supplied by the temperamental generator the porters had carried in. Noise from the thronging crowd outside and rain on the tin roof, and dust blowing through added to the challenges we faced.

Patients spoke Tamang requiring a 3-way translation – English to Nepali to Tamang - that felt a bit like Chinese whispers. With a limited history and no diagnostic facilities our diagnoses relied heavily on examination in the poor light and led to empirical prescribing. We saw TB adenitis, chronic ear infections, gastritis, worm infestations, severe cataracts, stroke, rheumatoid arthritis and asthma/COPD. Tiny old women would complain of painful knees and breathlessness going uphill – a legacy of walking long distances with heavy burdens over the course of their lifetimes - I would have liked to explain to them that they were in far fitter than many of my forty year old patients back home. We were able to prescribe medicines from a limited list and refer those in significant need to Dhadingbesi (the nearest hospital – a 2-3 day trek away) or Kathmandu.



Both the trek and medical camp were a fantastic experience, especially under the guidance and inspiration of Anil. HHC endeavour to provide the stimulus to empower these communities to develop their own sustainable resources, thus enabling them to continue supporting basic health and education in their villages. Already cardamom growing, and handicraft production (such as angora wool and baskets made from recycled materials which are marketed through the Spiral Foundation – see below for HHC website link) are being established, providing income for participants and further funding for HHC. It could be argued that the medical care we provided during our 4-day stay was just 'band-aid' medicine. However our main input was to help educate the health care workers and provide a public relations exercise - engaging with the people and building their trust in the organisation, so that they are more willing to return to see the permanent health care workers and accept their advice in the future.



I was the first British doctor to join an HHC trek. Anyone interested in supporting HHC or participating in future treks should contact Anil Parajuli (anilhhc@mos.com.np) or access the HHC website (www.himalayan-healthcare.org).

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