

## Seeds of hope

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She's 76 years old, and she's walked for 3 days over the foothills of the Himalayas to get to this tiny cubicle where I sit with my Nepali clinical clerk. She's tiny, maybe 35 kg, and her face is deeply marked. She's wearing the traditional red shirt and skirt of the area with a long piece of cloth wrapped around her waist several times. She's speaking in short sentences, recovering from the breathlessness resulting from the short walk from the benches outside into the hospital clinic. Her home is only 8 hours away, her niece tells the clerk, but it took them this long to walk because her aunt is having trouble breathing and they had to keep stopping.

We are in Ampipal, Nepal, a rural hospital surrounded by mountains and rice paddies. I am a Canadian rural physician teaching Nepali clinical clerks on their rural rotations. This is a volunteer position with a group from the Society of Rural Physicians of Canada and Academics Without Borders. It's my second day here. My clerk, a striking

24-year-old named Roja, takes a history, and another clerk, Nancy, translates for me. Roja rapid-fires questions at the tiny old lady. Nancy tells me that the patient has no burning micturition, and her menopause was 25 years ago. She denies headaches, and her movements have been normal. No blood, no vomiting, no paresthesias. My thoughts start drifting as I watch a contingent of ants dragging the dried corpse of a moth up the wall to some unknown destination in the corner of the room. It's a very detailed history. Roja seems to be trying to impress me with her thoroughness, but the old lady seems happy to be finally telling someone her story ... her whole story.

Then the story turns to her life. She had 3 children, 1 has survived and he is 48 years old and living in Oman, sending money home when he can. She lives with her daughter-in-law, her niece, her sister and her 2 grandsons. Since the earthquake destroyed her son's house last April, they have all lived in a temporary small clay shack. They are not ready to rebuild yet. The political troubles in the Terai, or plains region, have resulted in a fuel shortage because no fuel is getting in from India. They've been cooking with wood and dung on a clay stove inside for a few weeks, and since then my patient's breathing has been getting worse. There's been no word or money from her son for a few months. She's been diagnosed with chronic obstructive pulmonary disease for a few years and takes oral salbutamol 3 times a day.

I ask her through Roja if she'd be willing to stay in the hospital. At first she insists she's going home, but her niece intercedes. Once our patient is in a bed on the women's ward, it's apparent she's not doing well. The walk downstairs from the clinic has made her cyanotic. Her oxygen saturation is



The view over the valley from Ampipal Hospital toward the Annapurna mountain range.

reading in the high 60s. She waves off the offered oxygen — she doesn't have money to pay for this. We put the nasal cannula on anyway — the hospital will pick up the bill if she's too poor to pay.

This is but one patient. The hospital is filling up with them. These are the overlooked victims of Nepal's chronic crisis. The earthquake in April 2015 destroyed homes and lives, roads, schools and hospitals, and took away the tiny measure of security the people in the Gorkha region had. The government has been slow to pay to rebuild homes and donor money is tied up in bureaucracy, so people have managed as best they could — living crowded and frugal lives, rebuilding when they could afford it, not to code, and not up to withstanding the next earthquake.

In September, after a decade of deliberation, a new constitution was promulgated. It's not perfect, but it's Nepali. There was rejoicing, 2 days of statutory holidays, singing, fireworks. Then the troubles in the Terai erupted. The Madhesi people felt that their political rights were not enshrined. The Indian government was not pleased with the secular constitution. A blockade of the border stopped goods (fuel, food, clothes, etc.) from coming in from India.

Nepal is a landlocked country. It is nestled in the Himalayas between India and China. China, to the north, is accessible by mountain roads only, and these roads were largely obliterated by the earthquake. India, to the south, shares a flat border, and is virtually Nepal's only trading partner. Without fuel from India, Nepali people have no fuel for transportation, for heating their homes, for cooking food, for delivering medicine, for running x-ray machines or refrigerators. They have no power to pump or process water. They are hardy, and capable, and so have built clay ovens in their homes and are cooking and heating with wood and dung for fuel.

My patient recovered and started the walk home 5 days later. She had a quick smile on her face, an infectious laugh and a new spring in her step. She had been given antibiotics, steroids and bronchodilators. Two weeks later, however, as I was leaving the hospital, we were out of salbutamol. We were running out of antibiotics and steroids. Oxygen was still available, as long as the power was on, but power outages were more frequent as the cold season was coming on, and the back-up generators had only a few hours of fuel left. The hospital was entitled to 10 L of fuel, but this would have to be picked up in Dumre, a village down the jeep track, and the jeep would use up about that much fuel to do the round trip.

Nepal has been here before. This is not the first border blockade or political upheaval. This is not



Suvetchya, Roja, Nancy and Jasmin climb over the rubble still lingering from the earthquake, making their way from the canteen back to the hospital after tea.

the first earthquake. People adapt quickly, because memories of the last crisis are still current.

As I sit here tonight in my home in Midland, 3 weeks after returning, I think of my 7 students up in the hills by Ampipal. After their Dashain holiday, they all returned to their rural clerkship rotation. They are spending 4 months at the hospital, learning rural medicine and experiencing rural life. Roja wants to focus her sharp and questioning mind on public health. Daja wants to work with the elderly. Jasmin told me she felt it was a privilege to live and work in that breathtakingly beautiful place with those hardy, strong people. Shweta is from the Terai, and her compassion and even-handed approach to the crisis expressed a maturity far beyond her years. Nancy's winning personality will someday make her a leader in health policy. Suvetchya, I can see as a surgeon, bursting with ideas for quality improvement in rural care. Monisma, the gunner, will no doubt do brilliant things in the future; she will be a force for health improvement in Nepal, and always look perfect doing it. For now, these young women were my students and friends. More important, however, they are an inspiration to me and fill me with hope and optimism for the future of Nepal.

**Competing interests:** None declared.