

# Out of Hours

## Letter from Nepal

### WAITING TO SEE THE DOCTOR

'*Kay bayho?*' (What's the problem?) I ask, smiling at the child before me, who has purple cheeks and mucus running down his upper lip. He looks back at me blankly: he is only 5 years old and, although I was using Nepali, his mother tongue is Gurung, one of 93 native languages spoken in Nepal.

Home for this little boy is quite literally at the roof of the world in Upper Mustang, on the Sino-Nepalese border. For 6 months of the year it is too cold to study at over 4000 m and, with the rest of his school, he has made a 2-day journey by jeep and bus down to Pokhara at 825 m, where he is spending winter in a residential school.

On the morning commute in Pokhara you see dozens of school-bound children. Pretty girls with their shiny black plaits tied in ribbons to match their spotless tights, boys in navy blazers and flannel trousers, and toddlers in brightly coloured jumpers with beanie hats. These are the children who greet you on the street with a polite '*Namaste*' or, giggling shyly, try out their English, '*Hello. How are you? What is your name? Have a good day.*' They have parents who can afford the fees for a private education and their future lies in the widely advertised Japanese or Australian universities, or in a 'pre-recruitment academy' leading to the Ghurkas, police, or Indian army.

The children from Mustang do not have these advantages. The residential school in which they study is badly constructed with single-thickness breeze blocks that have gaps between them, topped by a tin roof. Their tiny classrooms have home-made benches levelled with stones on bare earth floors. At night, the juniors sleep together on the floor of the one classroom that has a concrete skim. The playground is a dusty yard and the school kitchen has an open wood fire in one corner where all the meals are cooked. There are just two squat toilets for over a hundred people and no washing facilities.

I am in the school today with a team from the International Nepal Fellowship (INF), called in by the teachers because a flu epidemic has hit the school. Almost 40% (33/83) of the children have florid signs of secondary chest infections and 20% (17/83) have ear problems, including three with perforated tympanic membranes. We have brought medicines with us and, in addition

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to treating their infections, every child is given an antihelminthic and multivitamins. Our gap year student explains to the teachers how to take the medicines, which are dispensed from a bench in the yard.

The high level of secondary chest and ear infections reflects the overcrowded, unsanitary, unheated, and smoky conditions in which these children live. Ear infections are often untreated and there is a high prevalence of chronic ear disease in Nepal. Although amoxicillin and more exotic antibiotics are obtainable for a few rupees at roadside pharmacies in the city with no questions asked, medicines and medical advice are scarce in the remote regions. Advanced ear disease is common, and young children often have serious complications such as facial nerve palsy.

Nepal was in a state of chaos even before the earthquake last April. The most recent democratically elected government is factional and unstable. Despite numerous anti-corruption committees, Nepal ranks 130th out of 168 countries on the Corruption Perception Index (with 168 perceived as the most corrupt; the UK is 10th) and, of the money sent after the earthquake in response to the international appeal, 96% remains unspent. India surrounds Nepal on all but its Chinese border and covets its fertile lowlands and water supply. The Indian-looking Madhesi faction are responsible for a largely unreported border blockade, preventing entry into Nepal of road fuel and cooking gas. Hundreds queue overnight for supplies, and those who cannot afford the black market rates are left to cook over wood fires. Electricity is subject to 'load shedding': a euphemism for no supply for most of the time. Meanwhile, the newspapers report women in the Humla region giving birth in cattle sheds and deaths from hypothermia.

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Despite all their problems the Nepalis are hardworking, stoical, and cheerful people, let down by a political class serving its own interests. Many non-governmental organisations, including the INF, did reach the earthquake-hit regions to provide medical interventions and erect temporary shelters. The US Peace Corps are undertaking long-term work at village level to improve people's nutrition, and building work has begun in Kathmandu. To trek in the countryside is a real privilege and there is unrivalled biodiversity, with 10% of the world's birds present here.

The snotty little boy from Mustang smells pleasantly of wood smoke. He is wearing several layers of clothes. His outermost jacket is outgrown and held together by a piece of string while his trousers are fastened with a safety pin. He is compliant and uncomplaining as I examine him. Although he does not look particularly unwell, he has bilateral coarse crackles, a pleural rub, and otitis media. He smiles back at me as I tuck his shirt back in; I want to take him home and tuck him into a real bed. But this is a child of Upper Mustang and in his 5 short years he has already borne more hardships than I have ever known. The resilience of these children is impressive. I find the conditions of the school truly shocking, but they merely reflect the state of this wonderful country.

**Bridget Osborne,**

Retired GP, Conwy, North Wales.

I wish to acknowledge Drs Claire Stevens and Ian Ferrer, the two INF GPs I was with and who are actually out in Pokhara, Nepal, working full time.

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