

About Nepal

Nepal is a landlocked country (between India and China), approximately the size of Illinois. However, it has an extremely diverse topography, with the Himalayas in the north, the plains in the south and everything else in between. It has every season, flora and fauna that can be found on earth.

The main problem has been its severe poverty. Kathmandu, the capital, is influenced by the West, but otherwise, Nepal may be over one hundred years behind in development, as compared to the US. This intense poverty and bad governance has produced a 10 year old insurgency, which is finally under ceasefire and peace talks. Everyone, including the insurgents, is looking forward to resolving the conflict. But, mind you, 'foreigners' and tourist have never been under any threat. The government is democratic, albeit in its fledgling stage. It is as safe in Kathmandu as anywhere else in the US.

Health and PICU

Like everything else, health care delivery is very under developed. Kathmandu has a surplus of doctors, but outside Kathmandu doctors are a rarity. Children die of diarrhea / dehydration, respiratory illnesses and malnutrition (under nutrition). WHO provides immunizations. There are no pediatric sub-specialists in Nepal.

There is a 4 bed 'so called' PICU in the only children's hospital (Kanti Children's) in Kathmandu, which just has ventilators (old Birds) without pulse oximeters and end tidal CO2 monitors, let alone ABG machines and people to interpret them.

The Gangalal Heart Institute is a great cardiac hospital in Nepal. The dynamic cardiac surgeon and director trained here in the US and Sick children's in Toronto. He mainly does adult surgeries but wants desperately to do infant/child cardiac surgeries. He has no support staff. He told me, recently, that the few neonatal arterial switches he did died within 5 days post op. They are building a separate peds cardiac ICU there. They have state of the art equipments, including a cath lab. He just needs people to train his staff.

Patan Hospital, a missionary hospital, is where the general PICU is being built. Dr. Mark Zimmerman was the director (of about 20 years) until recently. When I went to Nepal this summer, Dr. Neelam Adhikari, chair of pediatrics told me that Mr. and Mrs. Simons (from US) have generously donated money to build a maternity and child hospital in the vicinity. Construction has already started. They will be building a 6 bed PICU there as a start. I sent articles and suggestions on the placement and layout of the PICU. It will be handed over in October 2007.

How can we help

My plan is to help with the training of manpower necessary to run the PICU. I think PICU is a team effort, including dependable and knowledgeable nurses, RTs and pharmacists. Therefore, I offered to find people and resources to train in Nepal. I thought sending a few highly trained and experienced people there was a better idea than bringing a big group of Nepali people here to be trained. I thought maybe 3 months goal would be good for starters. We may try to gather donated equipments as the need arises.

America Nepal Medical Foundation (www.anmf.net) supports medical training in Nepal. Once I get an idea about how many trainers (besides intensivists) are needed, I will ask them to help us with the funds. The hospitals there have doctors' quarters which will provide lodging for the visitors. ANMF will most likely be sponsoring one Pediatrician from Nepal to go to India to get a PICU training for 3 months.

We will train doctors, nurses and pharmacists in the two hospitals. We will have to make a curriculum and schedule once we have a team. The experts from here will also have to do practical training in the ICUs.

I know that it is easier for India to help, and I am sure that they will. But Nepal being my country, I want to do whatever I can from here.