



# Travelogue

Part two:  
Making friends  
in Kumari, Nepal  
Next week:

## 'Living vicariously through the adventures of our friends'

"We recognize these humble people in this virtually unknown spot on Planet Earth as simply friends. Good friends, and not only of ours but of our greater Hood River community. As we bounced our way back to Kathmandu, my thoughts were becoming clear about what we can do."

### Jim Haun and Jim Pennington learn ways to sustain Kumari connection

By JIM HAUN  
For the News

On the morning of Dec. 1, seven of us and our driver piled into our rented Land Cruiser, including Jagat Lama and his two top associates, Chet and Chaundra, and the Kumari clinic pharmacist, in Kathmandu to visit his young son who was ill. The four hour drive to Kumari begins in the hustle and chaos of Kathmandu and passes by slums along the river which flank the austere government hospital before exiting to the relative tranquility of the Trisuli (paved) road. Before long, we left the pavement to travel over ridges and through valleys along roads more resembling goat trails, enjoying bumpy but spectacular vistas of terraced farms, lush forests and distant Langtang peaks for the remaining hours of our journey, arriving in Kumari mid-afternoon. After being greeted by some villagers with fragrant marigold leis, Jagat took us on a tour of his experimental farm, bypassing the clinic for the time being. This surprised me a little but I took it as a sign, which was later confirmed, that Jagat needed the diversion the experimental farm appeared to provide.

Kumari is not so much a village as it is a large region, akin to a county, populated by 70,000 residents spread throughout the many nearby hills and valleys. Apart from a very elementary "trading post", there is virtually no commerce or town center. The clinic and school are the only substantial structures anywhere to be seen. In fact, many of the homes can't be seen at all other than at night when lit. Most, if not all, residents are subsistence farmers.

The clinic compound is impressive. After seeing the experimental farm, we began our tour and met the staff which consisted of personnel from Kumari who had been trained and certified in Kathmandu, then returned to serve their community. The staff is comprised of a PA (Physician's assistant), a pharmacist, a lab technician, a midwife and a janitor. The clinic is a no-frills concrete structure with an ER, patient ward, pharmacy, lab, gynecology room, an outpatient office and 2 comfortable residences for non-patient visitors (where we stayed).

The entire facility was clean and orderly, with basic supplies and equipment. It was completed and began offering services in April 2014.

We were surprised to discover that their patient load was only several (typically less than 10) per day, with some days having no patients at all. Since opening in April,



the midwife had delivered only 2 babies. Our western minds raced to try to understand this. We'd all seen pictures of long lines - many hundreds of people - waiting to receive care during mobile clinics in the past, before the clinic was officially open. And clearly, with 70,000 residents and no other nearby clinics, there is a significant need. Numerous theories and ideas surfaced including costs, transportation, superstitions, local customs, and education. Are people aware of the clinic and what it can provide? Are they aware that the services are available for free to those who can't pay? Are they simply not accustomed to seeking medical help because none was previously available? Do their superstitions and wariness of outsiders cause them to stay away? We were to learn that if they were concerned about costs, they have the option to walk 4 hours then catch a bus to Kathmandu where they could be treated at no charge in the government hospital. For many and probably most, if they thought they'd have to pay even \$10 for services they'd rather (or have no choice to) do the walk or be carried if necessary, to receive free services.

My earlier suspicious about the indefatigable Jagat's possible need for a rest were confirmed in a candid conversation we had that afternoon where he expressed his concern about the day-to-day strain and pressure of now running the clinic after so many years of preparation, fundraising and construction. Now he carries the burden of paying a staff, educating the community, in-



creasing the service levels, etc. On top of that, he wants the community to be self-sustaining and not reliant on outside support. As always, though, he has a plan. A very good plan.

To underwrite the ongoing costs of the clinic he believes that sufficient revenue can be achieved by operating a farm specifically for that purpose. He has his eye on a piece of land on the main paved road, about an hour from Kathmandu. While Kumari is predominantly farmland, its location - as is a problem in much of rural Nepal - makes it prohibitively difficult and expensive to transport crops to the population centers. This new potential farm is close to the city, on a main road and has plenty of year-around water. Looking ahead to clinic oper-

See TRAVEL, Page B6



### About the author

Jim Haun, left, with Dr. James Pennington, is a construction and property management consultant who has traveled seven previous times to the Himalayas. Pennington is a physician who has had a Hood River practice since 1992.



IN DECEMBER 2014, Haun and Pennington traveled to Kumari, Nepal, to visit and lend a hand at the Sukman Memorial Polyclinic in Kumari, established by trekking guide and community activist Jagat Lama. Haun and fellow team member Daniel Bryant wear flower garlands given them on arrival. "I felt like a dignitary," Pennington said, who consults with Elen, a physician assistant at the clinic, and the Kumari mayor. Haun and Pennington learned of Jagat's efforts via Hood River photographer Peter Marbach, who went to Kumari as part of a documentary film team in early 2013.

Photos by Jim Haun and Jim Pennington

