

RETROSPECTIVE: THE INITIATIVE TO ESTABLISH HRA AID-POST IN MANANG

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Several discussions in 1981, initiated by the Himalayan Rescue Association (HRA) Chairman, P.P. Prasai and Secretary Basanta Thapa with the Nepal Mountaineering Association (NMA) Executive Kumar Khagda Bikram Shah and Tek Chandra Pokhrel, complemented by the valuable input of other experienced members, led to an agreement for beneficial collaboration. Especially accommodating was NMA which recognised the advantage of having an expensive facility extending its use by a like-minded, reliable organisation also focusing on mountain activities. Thus the second official HRA medical aid post was welcomed by both the tourism and health sectors. With my previous experience with the NMA, I was requested to lead a small team to set up and operationalise NMA facility as the "HRA Trekkers Medical Aid Post", during months not utilised by NMA.

But first, I should jump back in time to the NMA Mountaineering Training Camp three months prior; for it was during that programme that the utility and necessity for an HRA clinic in this heavily trafficked area became evident.

The relative proximity of the Thorong La (a pass leading over to the famed Mustang District via Muktinath) and the Mesokanto La (less familiar in 1981, but equally spectacular route leading also to Mustang via Tilicho Lake), made the Annapurna Circuit a magnet for thousands of visitors; yet necessary precautionary consideration and measures were often unknown, misunderstood, overlooked or disregarded by travellers. So it happened, that during a bad weather break, some of our trainees walked to Brakha to ask about a health worker friend at the government-run clinic. They were told he had gone to Pokhara, but that a sick foreigner had been lying for three days inside the clinic. On visiting the man out of curiosity, they returned to our facility to report that a man lay dying!

I thereupon hastened with colleagues Dr. Borut Belehar of Yugoslavia and Jacek Rusiecki of Poland to see how we could help. Lying in a 1.5M x 2M dark, damp, cold room was a young Frenchman covered with his sleeping bag in the corner of the bed; we immediately bought him outside into the warm sun. In brief: he had pitched his tent at 4,200m towards



Dr. Belehar, myself and the patient being loaded onto Nepal Army helicopter

Thorong La; became sick overnight; could not move; carried by a local to the Bhakraa Clinic, where staff was absent. Feeling exhausted, he had defecated in his clothes; had insomnia, anorexia, chest pains on left side front and back especially when coughing; pain in upper arm; dehydration; depressed kidney function; was still coherent. Diagnosis: myocarditis with exudate to the left thorax and pleuropneumonia lateral sinister.

Borrowing the Pradhaan Panch's horse, we brought the young man back to our NMA building where we could provide more comfort and care. While Borut handled all the requisite medical assistance, I endeavoured to arrange a rescue flight by riding the horse to the Humde Police Post to send telegraph messages (operated by a cop pedalling on a bicycle to sustain power) requesting immediate air evacuation; and then radio telecommunication from the larger Chame Police Post, further down the valley, to Police Headquarters, Army Headquarters, HRA, Ministry of Tourism, Mountain Travel, and French Embassy.

Later that evening I returned to the NMA camp and, with colleagues, prepared a landing pad for the eventual arrival of a chopper. It was not until 2000 hours on the next day that seven policemen arrived with a written reply confirming a heli-rescue attempt within 24 hours, depending, as usual, on weather conditions.

Indeed, at noon the next day, an Army helicopter

arrived, with Bir Hospital's Dr. Adhikari and Military Hospital's Dr. Karka Bahadur Shrestha. They transported the patient to Tribhuvan Airport and thence by ambulance to Shanta Bhawan Hospital. There, the patient was further diagnosed with pericarditis and pleurisy and shifted to Bir Hospital, where he underwent three operations, draining 400cc of pus from his heart and was on a drainage tube for several days. After about six weeks, he was transferred home for follow-up assessment and any required additional treatment.

The seemingly simple, idyllic trek toward Thorong La—would the weather remain reasonable—lulls many a visitor! This highlighted some important lessons:

1. Adequate preparation: This particular season, November to December, is a transition to winter. Risks increase if ill-prepared with footwear and clothing, not to mention extra food. Distances without easily available help and effects of altitude pose predictable dangers. Travellers must be well-informed about signs, symptoms, preventative measures and enough time for acclimatization; accuracy and timelines of routes on a map; how and where to obtain reliable weather information; location of any health facilities; a schedule allowing reduced pace during ascents in altitude; carrying a portable emergency shelter; and have a comprehensive personal aid kit on oneself. (Nowadays, I would add that cellular phones are NOT a guarantee for emergency communication, as major storms can disturb cell phone lines!).

2. Awareness of practical alternatives: Never travel alone at high altitude, at night, nor in areas with poorly marked trails! Preplan a change in route if necessitated. Think ahead of changes in plans, such as spending more time at a village, returning to lower altitude via a different path, or joining a group.

3. Proof of insurance: Carry at least a copy of it on your person. One cause for delay with the above rescue was that this Frenchman's proof was in his hotel locker back in Kathmandu. Had it not been for my Instructor team's convincing promise of payment in case of default by the victim, a timely rescue may not have been possible.

I strongly suggest that the responsibility for highlighting, if not monitoring and controlling, the above 3 aspects is a joint responsibility of the foreign operators booking clients; the locally contracted trekking agency; National Park check posts (if going through such areas); the Government of Nepal's tourism promotion; accommodation facilities in Kathmandu and other cities; and, lastly, of the individual trekker or climber.

Now back to our historical overview! With the leadership of Basanta Thapa, a small team comprised of myself, Canadian assistant Kenneth Congdon, and our facility staff—Kamal-- started the journey on Thursday, November 5th, with a five-hour bus ride to Dumre, where we gathered a few porters to help carry medical and first aid material, along with food, cookware and sundry tools. That same day we advanced as far as Turture.

The subsequent six days of trekking took us past Paunti Bazaar, Phalusanghu, Saldara and Chaur; then onto Raut, Bahun Danda; Jagat, Chamje, Taal; Dharapani, Danaghu. On the 4th day, I and Kenneth left Basanta and Kamal with the porters and continued past Chame, Bhrtang and Humde so as to reach our building in advance and ensure accommodations for their arrival.

Arriving at the massive facility, we found a 2nd floor window open, all outside padlocks missing, and doors nailed with 2 bars on inside. Thus I had to climb the outside of the building to the 2nd floor for ingress (the one where I affixed the signboard) and then open the doors from the inside. Rain had been blown in through the open window and all floors and furniture were soaked.

Having set up temporary sleeping quarters on tables in a classroom, our small team then spent the next few days airing the facility, clearing out two storage rooms; installing a window; setting up shelves; removing lumber from corridor to a storeroom; cleaning the corridor and material in a designated HRA Room. The NMA gear had to be reorganized and separately labelled and stored, in preparation for the next training course in the coming spring. Finally, we cleaned the kitchen, moved tables for sleeping into the kitchen area--where from the cooking heat we had some extra warmth over the cold nights-- and secured classrooms inside and out. As scheduled, having



ensured the facility was in good hands, Basanta then returned to Kathmandu.

With the facility now reasonably clean, my last essential task was to unpack all medicines, medical equipment and materials brought in by our group as well as left here from the previous NMA camp, and ensure proper labelling, storage and/or disposal. There was one serviceable oxygen tank left over from the NMA programme.

We were now ready to officially open the facility and provide necessary service to trekkers, climbers and local residents.

I installed the HRA signboard on the roof and raised the Nepali flag. On the main trail itself, about 50M north of our building, I installed a sign advising passers-by of the services.

It was not long before a variety of travellers began to trickle in for mountaineering advice, with health issues, or out of curiosity.

With both individuals as well as groups, I held discussions and provided experience-based advice on altitude related issues, routes, and cultural considerations. For local youth and the odd adult, I spent time on hygiene and sanitation subjects.

Citizens of these 12 countries dropped in (or were brought in!): Australia (2), Canada (10), England (1), France (6), Germany (7), Ireland (1), Nepal (12), Netherlands (2), Scotland (2), Sweden (8), Switzerland (2), USA (15) for a total of 68 within 4 weeks. A gamut of health and other safety conditions were encountered over the subsequent month, with three requiring brief overnight stays before continuing down, as illustrated by this sampling:



Myself on roof, having affixed our sign

- Group (wisely) turning back because of snowfall towards Thorong La, with a member having severely calloused and abraded feet from ill-fitting boots
- Pneumonia and dehydration
- Moderate AMS by a guy having tried to climb Pisang from village to 16,000ft to sleep, then made it to within 300ft of the top before realising he did not acclimatize properly
- Debilitating colds and coughing
- Strained Achilles tendon
- News of trekking partner being ill and still at altitude
- Confirmed freezing to death of two Americans and their Sherpa staff on Thorong La
- Group returned from the Mesokanto La because of too much wind, snow and clouds, causing invisibility
- ...and of course about a dozen locals, mostly ladies and girls (as they tended to be the ones walking several hours), with eye irritation as well as abrasions, cuts, and sprains from firewood collection, herb gathering and slipping on rocks.

A typical 'unexpected' wind/snow lashing at higher elevations

One day the Assistant Health Worker (AHW) from Bhrakaa Clinic visited our Post for tea and a good discussion about the main concerns in such remote service areas: adequate supplies, communication for requesting additional help or getting advice, decent accommodation, cultural differences etc. Of interest to us both was the obvious future in which for a certain period each year there would be two health services present in Manang. It was important that both have clarity on each other's jurisdiction and capabilities, under an umbrella of sustained, good relationship.

Having preplanned on shutting the facility for this brief inaugural season, our Pradhaan Panch brought fresh yoghurt as a farewell treat. His younger brother, Choktel Ghale (Bhrakaa/Ward-9 representative) came with a white, yak-hair rope as a gift for me. I reciprocated with the only new and clean material I had--a pair of white woolen socks—which seemed to highly satisfy him in this climate and motivated his

enthusiasm to share some local rakshi with me and my team.

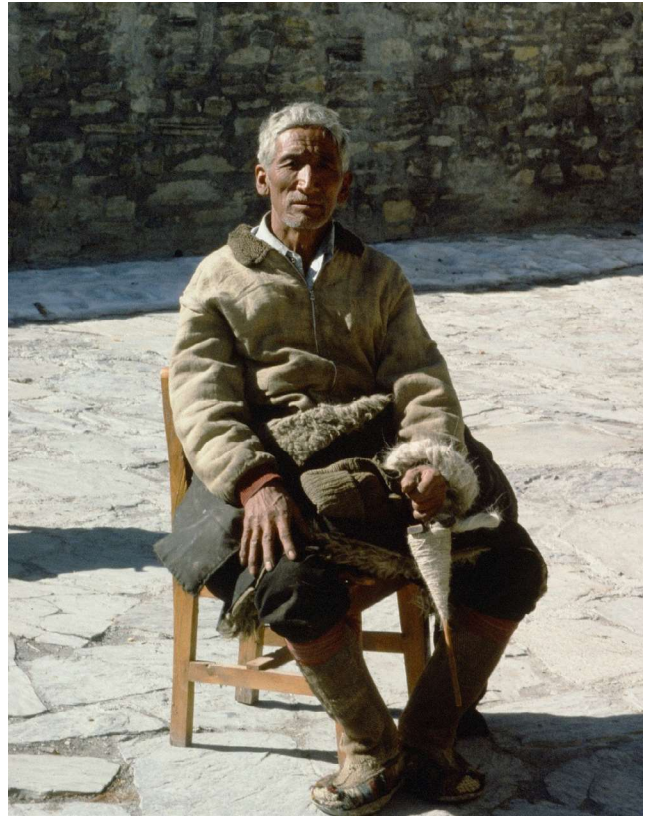
Six days before Christmas I installed extra lock on corridor doors opening onto patio; removed office window outside handle and installed it inside, so there would be nothing to pull on outside. Kenneth installed a lock onto HRA Office door and fixed lower window lock in office; he then left to continue his own, well-deserved crossing of the pass at Thorong La. Over and above good companionship, Kenneth's assistance had been invaluable in preparing the facility for future use.

Kamal and I completed a food barter with Karma Gurung, exchanging 2 Baris (60kg) rice for yak meat, buckwheat, biscuits and dried parsnip, 2 Horlicks, 1 Angkor milk, 1 Italian chocolate drink, 3 Italian cans without labels and 5 jars peanut butter. I also donated to the Bhrakaa Clinic some usable first aid supplies and medicines, some of which would have expired before the next opening of the HRA aid-post.

On Chanukah, December 20th and 5 days before Christmas, Kamal departed for home. I left the next afternoon with a 30kg pack and hiked in 2 days to Turture (the end of the motorable road), from where I hitched a ride in a truck to Dumre. Needless to say, my feet and shoulders were exhausted!

I fondly recollect that having been in the community, interacting often with their politicians, leadership, security forces, as well as with many local residents, teachers and government officials, provided an excellent opportunity to allow them to better understand a foreigner (me), together with my own improved understanding of the local villagers' ethnocultural peculiarities, their unique commercial trade history going back to the 18th century, along with the creeping effects of tourism. And certainly, while tourists were obviously increasing in numbers, decent lodges (and 'German' bakeries) were non-existent in 1981.

My knowledge broadened about how some expeditions function and about the body's reaction at altitude. My respect for weather increased with the often unpredictable changes: relentless wind gusts up to 35km/hr exacerbating snow flurries, temperatures dipping to many degrees below zero, all contributing



Pradhaan Panch

to low or no visibility. And this was around our HRA Post! Nearer the passes of Mesokanto and Thorong, with winds typically from the East, it was often worse. As it is in all high mountain ranges, local physiography can modify predicted general weather patterns. This spurred me to reinforce to drop-ins that if bad weather be predictable (which it was), its consequences were often preventable (so do seriously think through those three lessons above, before continuing further up the trail)!

Aside from the technical and administrative tasks accomplished, coupled with social obligations, I relished the wind, occasional solitude, nature's sounds, fresh coffee, a few good books, nostalgic thoughts, utopian dreams and a friend or two to share with. HRA had made its inaugural mark in Manang and was ready for lengthier, more elaborate utilisation and expansion to its own facility in the coming seasons.

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