Healthcare for the Himalayas

"You educate a man; you educate a man. You educate a woman; you educate a generation." Brigham Young



1. Summary

- Shree Mangal Dvip (SMD) Boarding School has been providing free education and full care for more than 34 years. We meet the needs of impoverished Himalayan children from Nepal's mountain districts. Our children come from 'yak country' — above 3500 metres.
- Whether they are Sherpa, Tamang, Manangi, Gurung, Rai, Limbu, et al, Himalayan folk are a linguistic, ethnic and religious minority. Their villages are undeveloped, with no schools or roads, there is no electricity, running water or sanitation and there is not enough food — 62% of the children are stunted. There is no healthcare. Many of our children have seen people die needlessly. This is why so many want to become Health Assistants.
- There is one physician for every ten thousand citizens in Nepal. Most doctors are male high caste Hindus who do not understand the Tibetan-based dialects of the mountains. They have no understanding or respect for mountain folk and they do not seek posts at altitude where life is so hard, the weather harsh and the way of life is alien.
- We encourage our graduates to take General Medicine to become certified Health Assistants (HA = paramedics) licensed to manage health posts, able to provide health care and education in remote villages. Students have two choices: to join the training after they finish Class 10, or to finish Grades 11 & 12 and then join General Medicine training. Since the earthquakes in 2015, many have chosen to take the quick path. Those who are interested in doing degrees opt for the second, and the way is open for both groups to go on to do bachelor's degrees and more.
- To date, we have trained eleven HAs. Three will graduate and start practicing this year, 2021. Another six are at different stages in their training. All who have chosen this path have done so because they've seen people die who would have lived had there been health care.
- General Medicine HA training is only three years. An HA can provide life-saving healthcare in remote areas and are fully capable of patient care and lab work. If the patient is too serious for treatment an HA can provide, the only option is to get a helicopter to the city.
 - Trained HAs will save lives in the mountains of Nepal
 - The cost of three years' training for one student is 3000 euros
 - Cost of living is for three years approximately 2420 euros

WHO WE ARE AND WHAT WE DO

2. SHREE MANGAL DVIP (SMD) BOARDING SCHOOL

Thrangu Rinpoche Tibetan lama escaped from Tibet to India in 1959 and came to Nepal nine years later. In Tibet he had a thousand people in his care, but when he came to Nepal, this world renowned scholar and a meditation master first lived in a cowshed.



When word filtered into Nepal's mountains that a great lama was in the country, disciples began to gather round. Soon, Rinpoche was able to build Thrangu Tashi Choling, his first monastery at the Great Stupa* in Boudhanath, in the Kathmandu Valley. Droves of people came to beg him to take their children into care. Taken aback at the poor condition the children, Rinpoche realized Nepal is different that Tibet. In Nepal, parents put their children are put into robes to preserve their lives and so the children can get an education. (The Buddha taught the path, "Study, contemplate, meditate" - Buddhists must be literate.) Construction for the nunnery, Thrangu Tara Abbey soon started — the adult nuns did the construction themselves.

The villages our children come from are remote. The villagers are subsistence farmers or seasonal nomads. All the mountain districts are food deficit. Many children do not survive to see their fifth birthdays. Diarrhoea and upper respiratory infections, compounded by heavy parasite loads carry them away. There is no access to education or healthcare.

Rinpoche opened SMD Boarding School in 1987 to serve the needs of the indigenous children of Nepal's. mountain districts. Rinpoche aims to help Himalayan children save their language, culture and Buddhist way of life and, in giving the children education, he is given them the tools to help themselves and their own people in the future.

Whether they are Tamang, Sherpa, Gurung, Rai, Limbu, et al, our children's ancient roots lie in Tibet. Their Mongolian heritage evident in their faces, they are a visible minority further marginalized by language (dialects of Tibetan) and their Buddhist way of life. They do not observe caste but mountain people are classified as 'low caste', in Nepal and were defined in the Civil Code until 2015 as "enslaveable alcohol-drinkers and eaters of yak meat". No government in Kathmandu has ever seen fit to address the needs of mountain folk. Himalayan people are extremely marginalized in their own country.

In 1995, the construction of SMD began and the school was opened under the auspices of the education Ministry of Nepal. (Our founder is Tibetan, the school is Nepali.) The first batch of children (boarders and day scholars) started in 1997. The monastery is five minutes' walk from the school, so Rinpoche integrated the school aged monks into the school as day scholars. This began the 'double-track' education: secular education + Buddhist education. Both lay children and the monks were doubly educated. When Thrangu Tara Abbey Nunnery got a school bus, the nuns joined our school population and they too, were 'double-tracked'.

The nuns and monks get the traditional monastic education when they return to the nunnery/monastery at the end of the day. The lay children are given instruction in Buddhist philosophy and practice and spend at least half an hour every day in prayer and meditation. We teach three languages, Tibetan, Nepali and English. We follow the Nepali curriculum, but SMD is an English medium school. We enrich with instruction in Tibetan, the music and dance of the highlands and of course, in the colour and pageantry of Buddhist festivals and the children are trained in meditation as well.

It is a matter of pride that we are home to the annual 'mani droubchen' — a prayer festival for world peace, a ten day gathering of the faithful from all over the Himalayas. All our children take part too — they understand their prayer also helps. All our nuns and monks come home from overseas. We run a free acupuncture clinic for all the sore knees (common with farmers) during the droubchens. On the last day there are always at least 3000 faithful seeking Thrangu Rinpoche's blessings.

OUR PARENT ORGANIZATION IS NAMO BUDDHA MEDITATION & EDUCATION CENTRE

The wider organization is Namo Buddha Meditation and Education Centre. SMD comes under that 'umbrella'. NBMEC oversees care of all Thrangu Rinpoche's activities in Nepal, India and Bhutan. (monasteries: 10 in Nepal, 2 in India, 2 in Bhutan), the retreat centres (2 in Nepal), the nunnery, the publishing and media houses in Nepal and Taiwan.

Rinpoche has a monastery in Vancouver and a retreat centre in Crestone CO and he is the spiritual director of Gampo Abbey on Cape Breton Island in Canada. He has dharma centres around the world and until the pandemic (he is now 88) travelled extensively.

Another of Buddha's teachings is, "Help if you can help" — the Buddha taught altruism — it is this (altruism = bodhicitta in Sanskrit) that lights our days at Thrangu Rinpoche's school. Rinpoche himself is an example. Our children do their best to follow this example. When they finish Class 10, they are given a chance to 'pay it forward' — to take a Gap year to give service. Most chose to help.

Our graduates are in high demand, because they speak, read and write the three languages and more, because they are trained in Buddhist practice. In spring 2021, we place twenty-five 'seniors' at our own monasteries (two above 3500 m.) and at other monastery schools. After their year of service, we do our best to help them go on with their education. Some chose to finish high school (Grades 11 & 12) other chose to go into General Medicine to become certified Health Assistants, who are licensed to run health posts in remote regions.

3. THE NEED

All Buddhist nuns and monks are educated, as the Buddha instructed. Everyone else in Himalayan villages is illiterate. The red robes are beacons of hope — they have vows to help and as they are educated they have the means to help.

Hunger, heavy parasite loads and no medical care are the causes that contribute to many mothers' and children's deaths. One survey of pregnant mums in Nubri found almost 90% with tapeworm (from sun-dried cheese or meat). As mentioned earlier, many children don't survive to see their 5th birthdays. Weakened by hunger, colds and diarrhoea carry many away. There is no maternal care, many mothers lose their lives after giving birth leaving their newborns struggling to survive without mothers' care. When a father dies, the survival rate of small children under 5 years is halved.

The nearest healthcare is days' trek away, along perilous mountain trails. (We've lost three fathers to falls on the trails.) Helicopter companies will fly mountain people down for medical care at no expense, if they happen to have a machine in the highlands. When there is no healthcare available, death is always close, villagers depend on prayer and sometimes, on exorcism.

Where there is healthcare (lamas have hired HAs to staff the clinics, bought equipment and medicines and got it into the mountains on donkey trains or by helicopter). HAs are able to provide vaccination and teach the villagers about sanitation, hygiene and

nutrition and when disaster strikes, they are able to direct relief programmes. Some of the SMDers who have done the HA training have marshalled funding from overseas and built health posts for their villagers.

The Thrangu family has been establishing health posts in the mountains where there was no health care. All funding comes from overseas. The Chhekampar Health Post was destroyed in the 2015 earthquake. When the government refused to rebuild it, our monk rebuilt it, adding a birth clinic. He turned it over to the government when the health post was finished.

- 1. Thrangu Nar Satek Phende Clinic youtube.com/watch?v=-6S4MTNlblc
- 2. Compassion Health Post www.compassionfortsum.ca/compassion-health-centre
- 3. Thrangu Phende thranguphendeclinic.org On the rim of the Kathmandu Valley, provide health care for 14,000/year. Offering allopathic, Tibetan & Chinese medicine.
 - 4. Chhekampar Health Post kathmandupost.com/health/2020/02/13/a-monk-on-a-mission
 - 5. Narayanthan Health Post built by one of our graduates, Mingmar Sherpa

4. OBJECTIVES

The primary goal in placing this proposal is to get health care into the Himalayas. We hope to raise enough money to train more Health Assistants. We are seeking funding for General Medicine (HA) training. We've already trained several and others are in various stages of training. In the next batch of students (they are all on Gap Year to give service) there are 8 students who have iindicated they want to become HAs. Our aim is to get as many HAs trained as possible, and to send them back into the mountains where they speak the same language and share the culture.

The second goal which does not fall within the purview of this proposal pertains to the future of health care in the Himalayas. Our HA graduates will work in remote posts for some time and (if they are interested) will return to Kathmandu to upgrade their qualifications. Four have already started Bachelor of Public Health degrees.

As mentioned earlier, there are two tracks into General Medicine

- 1. Directly after Grade 10
- 2. After finishing Grades 11 & 12

Students who have finished 11 & 12 plus HA training can go on to university to do bachelors' degrees in the medical field. Four of our graduates have chose to go on iin

Public Health. Further studies lead to Masters or doctorates. With graduate degrees in hand, our students could then work at policy level to bring government health care into the mountains.

5. TIMETABLE

In a non-covid year, our students finish Class 10 in March. We send them back to their villages for 3 or 4 months, until the government publishes the (SEE) results. When they return to Kathmandu, we accept applications from all who wish to become "Seniors" graduates who volunteer a year of sevice. When the year of service is finished, we do our best to help them continue their education.

- High school (11 & 12) starts in August 2022, they finishing in March 2024. Note students who elect to finish 11 & 12 are generally covered by their long-term school sponsors.
- General Medicine starts in November, after admission exams: the training is 3 years of intensive work, the first year is all theoretical, but from 2nd year on, students start moving into the real world. The third year includes hospital experience and before graduation, field work, usually in a rural area (but not the mountains).
 - Starting directly after Class 10: start HA November 2022, finish in 2025
 - After 11 & 12: start HA in November 2024, finish in 2027

6. BUDGET

<u>Tuition</u>: three years approximately **3000 euros** (at 2021 tuition rates)

Cost of Living:

For 1 year would be 2420 euros and for all three years of training **7260 euros**

Note: in normal times, our HA students stay with us at SMD; but the school is quarantined (for the new small children and our monks — none of are vaccinated), so it is impossible for our HA students to come and go.

Total cost for each student to complete HA training: approximately **5420 euros**

Please see Page 9 Table 1 for details

Table 1

Annual costs	Rate in N rupees	No. of months	Total
Allowance	3000	12	36,000
Medical	8000	annual	8000
Stationery	8000	annual	8000
Uniform	8500	-	8500
Lunch & snacks	2730	10	27,300
Equipment	25,000	for field work	25,000
			112,800
Rent, food, & utilities would (we guesstimate) inflate annual costs at least 3 times			
Therefore, per student, cost of living/year approximately			338, 400

Meet Some Of Our HA Graduates







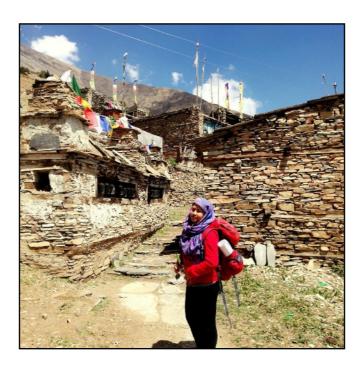
Nelha Sangmo Lama B296

Nelha finished HA training some years ago and took a post in Gorkha District (Bhi Village) funded by CANepal an INGO founded by the British climber, Doug Scott. www.canepal.org.uk/ Nelha worked for about a year in Bhi (there had been no health care there until she went).

The child in the photo was attacked by a red monkey while his mum was working in the fields. The baby, a 4 month old boy was very badly injured. Nelha wrote, "There wasn't anything on his head, just bone and the hole on the face has made a hole all the way to the tonsil. It was almost three hours away (she means a trek) from the place where I work. Took all the day to get there. The picture was taken after 2 weeks. I almost gave up handling the patient but I succeeded and am very happy with whatever I have done." Against all expectation, the baby survived. The second photo shows Nelha making a house call.

Nelha is back at SMD and on staff as one of our medical workers, working half time. She is halfway through an undergraduate degree in Public Health.

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Pran Maya Kadkhi B385

I spent two and half years providing medical care in Humde, Manang. It was an astonishing and an impactful time and it was a magnificent opportunity to provide my skills in health care as a Health Assistant to the villagers of Humde and beyond.

Being in a remote village has its own limitations, and was not easy because everything was totally different than I had imagined. I was unfamiliar with everything — the weather, culture, language, food and the lifestyle! Adapting to all the new situations took me a bit of time, but I never stopped providing health care. I was managing the Parkyung Health Care Station, taking care of patients and the health post itself. The health post offers general checkup, pharmacy, dental, and volunteer rooms. Despite all the responsibilities, the beautiful environment and antique design of the health post made it cozier.

I followed a daily routine while performing my duties in the health post. The patient flow was average. People came to the clinic whenever they felt ill — mostly with cases of diarrhea, typhoid, tonsillitis, hypertension, diabetes, piles, gastritis, jaundice, viral influenza, chicken pox, for blood work, oral health related diseases, and others. Complicated cases were sent to the central hospital to get treatment.

Besides my duty in the health post, I also made home visits. Sometimes I visited schools and taught about the importance of sanitation, brushing teeth, and hand washing. These topics surprised the villagers since they had never heard of these practices.

Similarly, when the opportunity arose I mingled with the locals to discuss nutrition, family planning, and water filtration. They actively took part and I enjoyed these information sessions a lot. The only downside was the uncomfortable walk, as the weather is very cold and windy up in snow covered Humde. However, I loved the experience of carrying a backpack with medicine, food, and water. I will always remember the two days trip in a jeep full of heavy things on bumpy roads from Kathmandu taking medicines and equipment for the health post.

In the cold, winter people move towards warmer places. Their livelihood depends on subsistence agriculture and it's fascinating how they prepare themselves for the cold. Before snow falls they dry all the food for winter. Potatoes and items made from wheat and the buckwheat, seasonal vegetables and apples are some of the tastiest I have ever had.

With the mesmerizing view of the Annapurna Himalayan Range, appreciation and love from the people, eating organic food and not forgetting the generosity of Lophelling School for keeping me as a family member I never felt alone. Instead it boosted my confidence to help others.

It's a marvelous opportunity to provide health services in remote areas as that is a perfect place where we youngsters can apply our knowledge. It is challenging and interesting at the same time to work in such a rural areas. I am very glad to have had the opportunity to utilize my knowledge and skills to serve the people of Humde. This is all due to the generosity of V.V. Khenchen Thrangu Rinpoche, the supporting sponsors, and my dear SMD family. I am grateful to all those who made it possible.