

Greetings from hot and steamy Nepal! The monsoon got started late, but it has been raining fairly regularly since then. The farmers were happy to get rice planted, but some areas did experience flooding again. There are also rock slides and road closures - the monsoon brings good and bad! But we love to see the green hills around us.

Since I wrote our last letter, we've done a lot of traveling and enjoyed celebrations with family. (Those of you who signed up to get our blog get more regular "letters" from us - this is our longer newsletter which we try to do about 3 times a year.) If you would like to sign up for the blogs (which happen once a month max - and sometimes less!) just go to this link and put your email in the box. <https://dornnonnepalmission.wordpress.com/>



We enjoyed celebrating our oldest grand daughter's 3rd birthday, we got to introduce Les's mom to her 2 great grand daughters, we attended the party for the 75th wedding anniversary of Debbie's great aunt and uncle, and we could honor Rachel as she got her Master's Degree in Social Work.



As a bonus, we got to have Rachel back in Nepal with us for almost 2 months. It was a great joy to have her here - we miss her now as she is back in the U.S. looking for a new job! You might notice that Hannah was also with us in the U.S. - but that wasn't a celebration. Her visa was initially denied for U.K, so she had to come to the U.S. to reapply. We loved seeing her, but are pleased that she is back with Nathan in UK now.

Sometimes I (Les) find that my work changes in unexpected ways, even within a few months. This year we had 2 experienced doctors, who were managing the medical ward and rehabilitation, depart. Also, we now have a Nepali OB/Gyn doctor with some experience, as well as an American Family Physician with lots of OB/Gyn experience who has returned from leave. So I have now moved to the medical ward as the in charge doctor, which is a little scary, even though I have been managing medical ward patients all along when I was on call. Now I run the morning rounds on medical ward patients most days (together with some junior



doctors), organize the internal medicine training sessions weekly, and see the patients in our 4 bed rehab ward twice a week (together with the staff in the therapy departments), as well as being overall responsible as the training coordinator for the whole hospital. At least I can say there is never a dull moment working in Tansen!

With the arrival of monsoon, we are seeing a spike in "monsoon diseases". Snakes are now active at night, since it does not get cold, and their holes are often flooded when it is raining. So we see snake bite victims. They all come with the telltale fang marks on a finger or toe, and usually symptoms of anxiety, since most people realize that snakes can be fatally poisonous. Other than that their presentation can vary. We have Kraits, who are invasive at night, sometimes coming into the person's home or even their bed. They have a paralyzing poison. A few of the recent Krait bite victims were almost in need of ventilation, which we are now able to do in our High Dependency Unit (HDU). But they all managed to pull through after getting antivenom. There are also Vipers, which have a bleeding inducing poison, and tissue injury around the bite site, which can cause painful swelling. Most of these people recover with pain medicine, limb elevation to reduce swelling, and advice to avoid physical work for a week or two, so they don't have any trauma that could start internal bleeding. Thankfully Cobras and other more venomous snakes do not live in our area. Also many snake bites are "dry", when they don't inject their venom. Many people can go home the next day after observation and reassurance.



Monsoon rains are important to replenish the ground water so that the springs flow the rest of the year, but they also flood the sewage and waste into streams, making water borne illnesses more common. We are in the middle of a mini epidemic of amoebic dysentery. This is easily treatable with a cheap antibiotic and rehydration, but a few people have been sick enough to develop kidney failure. So far this year everyone (with one exception) has improved after admission without needing referral to a larger hospital for dialysis (which many of them can't afford to do.)

There are a lot more nasty bugs out now. Mosquito borne illnesses that cause fever like encephalitis, scrub typhus, and malaria mostly come during monsoon. The hard part is picking out these cases from other causes of fever, like meningitis, typhoid fever, tuberculosis (TB), or just viruses. We now have rapid testing for scrub typhus available. Unfortunately the government supply for genetic testing kits for TB has not been consistent, so we often end up doing the old fashioned sputum smear test, which is less sensitive. Japanese encephalitis is much less common now, partly due to the government surveillance and vaccination program, but also partly because fewer people are keeping pigs on family farms, and if they do, they are not living next to them, so the mosquitos can't go

from the animals to the people as easily. When we find meningitis caused by TB, that is usually sad, because recovery can be both slow and incomplete. Families have to prepare for some degree of disability that they have to care for, a burden they can ill afford.

Some of the saddest cases we see are the result of hopelessness and desperation that some Nepali people feel. Last month a woman set herself on fire, and came with 80% burns. There is no hope for recovery in our hospital or any other in Nepal. She was offered prayers, counseling, and pain relief for the 2 days that she survived. Others try to poison themselves. The most serious ones we see are from the organo-phosphorous insecticide. They are treated with the antidote atropine in our HDU and usually recover completely. We have been admitting 1 or 2 of these people each week recently; a wife who had an argument with her husband when he came back from migrant work outside of Nepal, a student who found he had failed an exam, and a young woman with depression who could not cope any longer. Hopelessness is a world-wide malady. Giving them hope in Jesus is something we can do. We are grateful to the pastoral care staff who can spend more time with these people and their families to encourage them.



We do see "normal" illnesses as well; heart attacks, diabetes, and emphysema. One man came with a heart attack. He said he had one 3 years ago as well, but had no documents about what treatment was given. (Doctor: "Was a stent put in?" Patient: "What is that?") He had also stopped all his medicines after a few months, because he was feeling OK. In the end, we decided to refer him to another hospital for angiography, since he was able to afford it, and his chest pain was not completely gone after treating him with medications for 2 days.

On the rehab ward, I am mostly seeing patients with strokes or spinal cord injuries. There is a 35 year old woman who fell out of a tree and broke her back. She has no strength or sensation below her hips (L1 level). Her fracture was stabilized by the orthopedic surgeons, and after 2 months at home on bed rest for it to heal, she was readmitted to learn how to walk with a walker. She also has to catheterize herself every 3 hours, since she can't empty her bladder. Fortunately she has avoided getting a bed sore.

On the bed next to her is a woman of about 50 with transverse myelitis. She was treated at a university hospital with all the tests and medicines, but when she wasn't getting better, they went home without good teaching on bed sore prevention. She came to us with a large ulcer on her right hip. After a month, the ulcer is slowly improving, and she has practiced enough that she can get up with a walker. The family is reluctant to take her home and care for her bed sore there, so she will probably stay with us for another month or so while the ulcer heals. We continue to do strengthening exercises for her arms, so she can get around better.



Whew - that is a lot of reading. Thanks for plowing through to the end - and thanks for your prayers and support for us. Blessings!

