c/o NSI, Box 8975, EPC 1813,
Kathmandu, Nepal.

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Dear Friends,

Now faith is the assurance of things hoped for,the conviction of things not seen. Hebrews 11:1

In remote areas of Nepal, people don't consider an institution to be a real hospital unless it provides emergency operations. They've seen relatives or neighbors die for lack of a timely, sometimes basic, surgical procedure.

For an operation to take place, ideally four components come together around the patient: a surgeon, an anesthetist, a nurse, and equipment. People in many countries can assume that if they need an operation a doctor anesthetist will be there working beside their surgeon. However, in rural Nepal, among Nepal's 65 government district hospitals (each of which serves an average population of 200,000), not even one has an anesthesia doctor on staff. Nepal's anesthesia doctors choose to work in the cities.

For the last five years, the Nick Simons Institute (NSI) has worked closely with the Nepal government to develop an Anesthesia Assistant Training program – this teaches nurses and paramedics to provide basic anesthesia under the supervision of the operating doctor. NSI has taken a leading role on the training steering committee, written a new curriculum, and built up training teams in 4 hospitals. NSI also gave the impetus for development of an appropriate-technology anesthesia machine for less-developed countries.

Four years ago, the Nepal government appointed Dr. Brahma Dev Jha to chair the Anesthesia Assistant Steering Committee. Dr. Jha is a luminary in Nepal medical circles, being one of the first Nepalis to get his full anesthesia specialty training 25 years ago – when there were only a handful of anesthesia specialists in the country. As the professor of a leading government hospital, Dr. Jha played a major role in increasing that number to about 150 Nepali anesthesia doctors today.

Dr. Jha's first name, Brahma Dev, means 'God of gods', but people call him "B.D." Though not tall, he has a certain presence – a straight, trim man with a moustache, who listens long before replying. He comes from the Brahmin caste and is a strict vegetarian. He rides a bicycle to work– something that most senior Nepali doctors would eschew.

Ironically, one major obstacle to developing Anesthesia Assistants for rural Nepal is the anesthesia doctors themselves. Some anesthesiologists see Anesthesia Assistants as being inferior providers or even competition to their practice. I say to them, "But we're talking about rural hospitals, where there *are* no anesthesia doctors." They reply, "Our Nepali people deserve better." In vain, I point out that much anesthesia in a developed country like the U.S. is competently administered by nurses.

Early in his tenure on the Committee, Dr. Jha suggested that Nepal's Anesthesia Assistant course be expanded from 6 to 12 months, which is closer to international norms. We agreed and began making plans to develop a longer course. We arranged an initial meeting with Health Ministry officials and leading Nepali anesthesia doctors. I gave a presentation advocating development of the Anesthesia Assistant cadre and hoped for support from our committee members. At that meeting, though, Dr. Jha spoke with hesitancy, even mentioning a recent complication he'd heard of under the care of an Anesthesia Assistant. Nevertheless, with Health Ministry backing, we undertook development of the new course.

Our Committee met every two months to discuss the development and fine-tuning of the course. Created by professionals from Nepal, England, Australia, and the U.S., it was shaping up to be an outstanding training program. By November 2009, the course was ready to launch, or so we hoped.

Unfortunately, by then a group of anesthesia doctors had solidified their opposition to the training and the National Academy, who would sanction it, was hesitant to stand up to the group. At that stage, Dr. Jha's continued hesitancy would have been fatal to the course. Looking back, he later reflected, "By that time, after listening to all of you talk on and on about Anesthesia Assistants, I began to see things differently. Whereas my hidden agenda for the Committee had been to support doctors' training, I came to realize that Nepal needs a short-term solution and that that could only be the Anesthesia Assistant."

Dr. Jha, who was then President of the Society of Anesthesia of Nepal, bucked members of his profession and wrote a Society letter in favor of the course. Then he used his position as Dean in the National Academy to push the training proposal along. He took a professional risk, uncommon in Nepal, and by the summer of 2010 the scales had tipped in favor of imminent approval. Then tragedy struck.

That July, Dr. Jha was driving his wife on a weekend vacation to the mountain resort of Nagarkot when the car veered off the road and down a hillside. An ambulance brought them both to the very intensive care unit where Dr. Jha is director. His wife's most serious injury was a pelvic fracture. Dr. Jha, however, had bled into his chest and had a head injury. When we first came to visit him in the hospital, he could only respond with a mumble. A week later, he still had tubes draining blood from both sides of his chest, but was more alert.

"What's the status of the Anesthesia Assistant course?" he immediately asked.

"Don't worry about that now, B.D."

"No, what's going on with the course?"

"Your deputy has managed to block it."

"Give me another 2 months. I'll be back."

After he left the hospital, I went to see him at home and found his condition alarming. He looked his usual self while sitting, but he could only walk with a walker and that at a snail's pace. This was one of a number of junctures when we asked friends to pray for our long-sought course.

After 4 months away, Dr. Jha did come back, leaning on a cane, as Head of the Department of Anesthesia. Our NSI team continued their forays to government offices pushing the approval papers along. Finally, the agreement was signed and on May 28 of this year we entered the first 10 students of the new one-year training. It was a happy moment after a long team effort – faith bridging many low points of the journey. And it was a landmark for safe surgery in Nepal.

Shanta Maya Khadga is a 21-year old woman who lives in a farm house in the mountains of Gulmi District. After she became pregnant for the first time, her family made plans for her to deliver at home. But when she went a week overdue and began to leak fluid, they carried her down to the road and arranged for a jeep to bring her 3 hours to the district hospital in Tamghas. Someone had said there were good doctors there.

By most measures, the Tamghas Hospital is not fancy. It does have relatively new buildings and basic equipment, but the dusty concrete floors and dimly lit rooms are spartan. On the day Shanta arrived, the 10-bed maternity ward was treating 12 women in various stages of labor – two lying on mattresses on the floor. After a night of minimal progress, the GP Dr. Kashim decided there was a risk to the baby. Shanta needed a Caesarean section, so the simple operating room was made ready.

The metronomic beeping of Shanta's heart monitor was the only sound heard above the murmurs of the medical staff getting down to business. Dr. Kashim leaned over the patient and a junior doctor worked across from him. A nurse moved here and there. The overhead light focused on the open surgical wound – oozing, marbled flesh folded back from the pink dome of the uterus within.

Near to the patient's head stood Ramesh Panti, auxiliary health worker cum Anesthesia Assistant. Ramesh received training in basic anesthesia and some refresher trainings since then. A few minutes after she'd arrived in the operating room, he slid a long needle between Shanta's spinal bones and injected an anesthetic. Her legs began to tingle and soon she had no feeling below her navel. Ramesh has accomplished hundreds of cases like this one.

A drape barrier was erected over Shanta's chest to keep her from seeing the surgery. While on one side of the barrier, the scene was charged with tension –hands stretching the abdominal wall to widen the surgical wound, suctioning blood, groping for the baby inside – on the other, Shanta stared contentedly at the ceiling. Ramesh checked her blood pressure, adjusted the IV drip, gave an injection, looked up at the monitor, and said something to her. Then a lusty cry filled the room and relief showed in the eyes over surgical masks. The child was taken for suctioning his airway, with all signs that he was healthy. When a nurse told Shanta she had a son, her bored expression permitted a flicker of a smile.

For a number of years in Nepal, I worked as a clinical doctor and later combined that with hospital administration. The work in the Nick Simons Institute has led me into a new set of challenges – involving coordinating diverse teams, coaxing reluctant officials, and trying to assure that a quality product eventually improves patient care. The ultimate goal has not changed, and neither has the need for faith and prayer. Many blessings have come my way in this new line of work, including for one, now having B.D. Jha as my ally and friend.

Love,

Mark, Deirdre, Zachary, and Benjamin Zimmerman