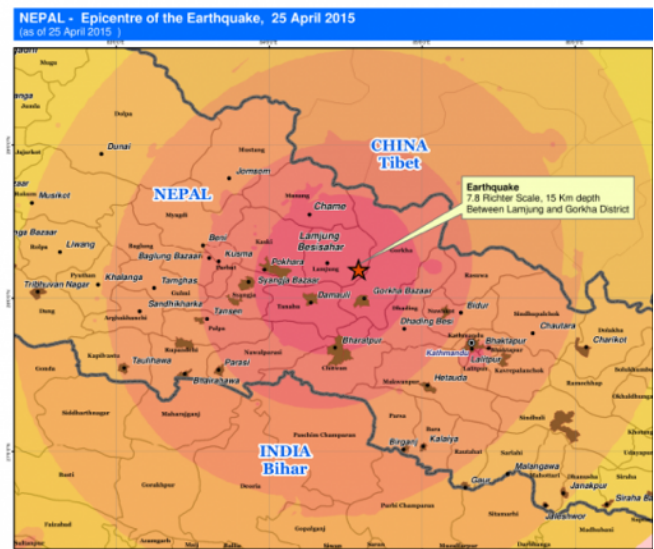
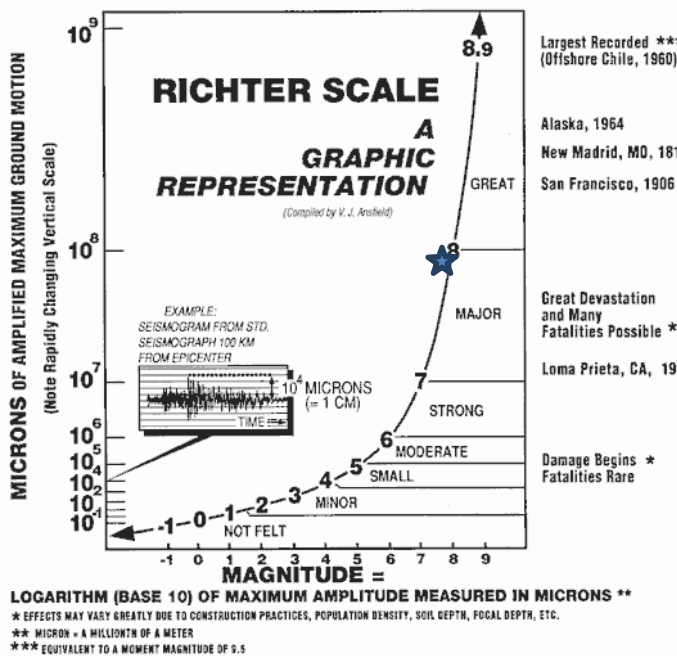




Himalayan HealthCare's past president, Dr. David Johnson, traveled to northern Dhading, Nepal, with a team from the United States comprised of five doctors, one nurse and one communications specialist. In addition to carrying out a medical relief camp in Lapa, where more than 800 patients were treated, the team surveyed and documented the damage in Kathmandu and northern Dhading as well as Himalayan HealthCare's relief efforts. Following is Dr. Johnson's personal account of his time in post-earthquake Nepal.

## Nepal Earthquake

Just before noon on Saturday, April 25 in the Dhading area where we have worked for the last 23 years, Nepal experienced a 7.8 Richter-scale earthquake. The death toll was in excess of 7,000. It would have been higher if it had not been a no-school day or if it had been at night. The Kathmandu valley was badly damaged. The quake was Northwest of Kathmandu and, in fact, our villages were virtually at the epicenter.



Anil Parajuli, our founder and Nepali director, and his family escaped injury. Our health care worker Phe Dorje was buried under rubble and unconscious but eventually recovered.

Himalayan HealthCare (HHC) organized airdrops of grain and tents to our villages. We worked with the district health officers of Dhading every step of the way. Within two weeks, HHC had received donations of over \$350,000. We had delivered satphones and generators. We coordinated the medical team "NYC Medics" (<http://www.nycmedics.org/>) and their presence in Jharlang.

Volunteers from around the world came to Nepal. The world's attention was focused on Nepal. HHC sent our hospital team from Ilam to Sherthung. They arrived on April 30. The Ilam hospital in far Eastern Nepal was intact.

HHC's President Rob McKersie, US Director Christina Madden, Treasurer Tim Cotton and I were very busy coordinating the relief efforts from the US side. Finally, Anil asked us to come to Nepal as a select group.

My friend and boss, Dr. Rick LaFountain, medical director of MASH, said, "Go, we are proud of you, we will cover your shifts." My wife Patti and our sons Damien, Tully and Luke were concerned for my safety but said, "Of course, go".

Our team consisted of: Gary Nichols, a pediatrician from Minneapolis; Gerald Donovan, internist and infectious disease specialist from Virginia; Rob McKersie, family MD with obstetrics; John McHarney, nurse from New Mexico; Robert Rosenthal, writer; Suzi Shrestha, Nepali general and transplant surgeon; Ashika Jain, ER MD from NYC; and myself. We were proud to be Anil's handpicked team of "non-complainers" and presumed tough individuals under stress.

Brother's Brother Foundation (<http://brothersbrother.org/>) made a large contribution. Dr. Jonas Johnson, an HHC alumnus, helped BBF with public relations.



Robert, Suzi, Gary, John, Ashika, Gerald, David, Robert

As we changed planes in Dubai there was another quake Northeast of Kathmandu. This caused more loss of property and life and tied up the helicopters that we planned to use to get to Lapa, our Dhading village destination.

We stayed at the Yellow Pagoda Hotel during our first night in Kathmandu. In the middle of the night, there was a tremor, which sent everyone out to the street (some in their underwear!)

Robert was living in Kathmandu and had toured the devastation. He took us to Bangmati on our second day to see the damage to this old town on the periphery of the valley.

Everywhere we saw homeless people living under tarps or in tents.

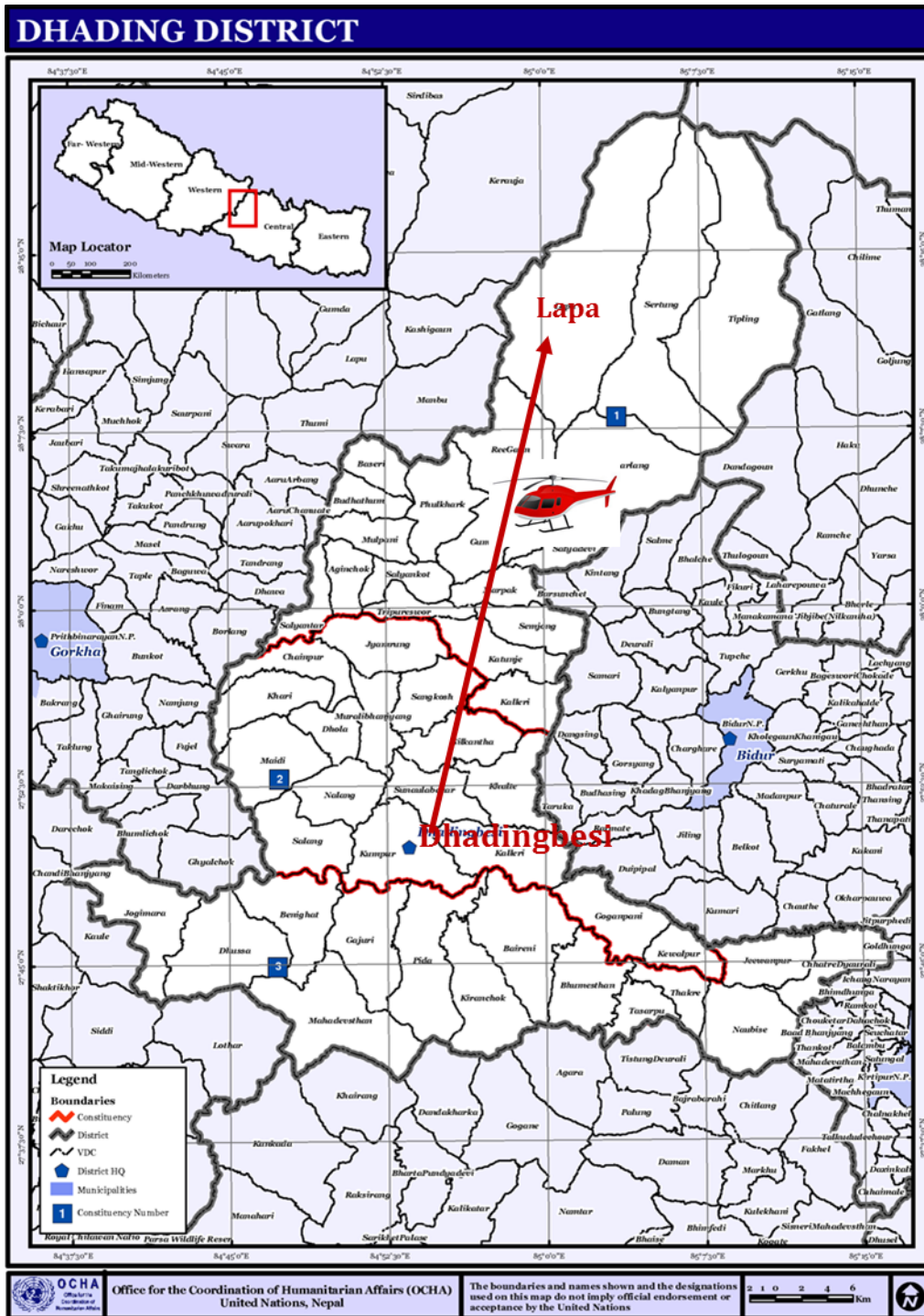


People were hyper vigilant and stressed but remained very cordial. They knew anyone in their country who was a foreigner was likely there to help and consequently everyone had a smile for us.



On day three we drove to Dhadingbesi. This town sits at the bottom end of the valley where we work.





Tipling, Sherthung, Lapa and Jharlung (in Constituency #1 on the map above) are the villages HHC has served for 23 years. They are in the north, located at the highest elevation and are the toughest to get to.

In Dhadingbesi, we found more people living in tents and more damage. We visited the local hospital, which was bulging with activity. We made rounds with their doctor and offered to come back. We met with the district health officer.

We met with and congratulated the llam team for their fine work in Sherthung.



Ilam team, pictured above, later worked in Kathmandu as a medical relief team in the Patan neighborhood, and then returned to our hospital in far Eastern Nepal. From the left: Khagendra Thakuri (ward attendant), Amrita Prithakoti (midwife and pharmacy assistant), Nandu Rai (lab assistant), Rita Neupane (lab assistant) Bina Lungeli (staff nurse). Dr. Rakshya Parajuli.

During the night, there was a tremor at 2am, which felt like a truck hitting a wall. We were in an open schoolyard, safely away from any buildings. Some said they could hear it before they felt it.

The following morning there was another big tremor as we sat inside a hotel for breakfast. We all ran out, knocking over chairs and slipping. I noticed that people on the street were truly terrified, running in all directions, not knowing which way to go.

We waited, and were glad to load ourselves — and our gear — into a small helicopter.



We went up the river valley to Lapa in twenty minutes. This is a three-day walk. Everywhere we looked, there were tarps. We knew this meant that people were not in their homes, which were either flattened or unsafe.



We landed in the central soccer field of Lapa. After three copter trips we set up camp in a cornfield above the soccer field. Police and army personnel were on guard at all times.



Our medical tent is green on the middle right. Our sleeping tents are to the left of the medical tents. The cook tent is blue with yellow top. **The Lapa school is ruined at top right.**

We began going for walks and witnessed that everyone in the entire village was unable to use their home, health clinic or school. People were sleeping under tarps where their animals had been kept. The animals were out in the open. Vegetable gardens were disrupted and compromised by the animals' presence. The expressions on people's faces reflected a crisis beyond their imagination as they wondered how they could survive in the rough environment without the usual actions of crop harvest, animal husbandry and food storage. On arrival, we only saw one house being taken apart with a plan for starting over. The second quake had taken their legs away again.







As stated not every house was flattened, but every house was damaged and unsafe.



This woman tearfully explained that she had no husband and that her stored food was buried under the rubble of her house.

The following morning we began with our daily assessment hikes followed by clinic. Altogether, we saw more than 800 patients over five days. The number-one illness was diarrhea. There was statistical evidence for an epidemic as determined by careful data analysis. Many complained of headache and stress.



One of our hikes up the hill brought us to the encampment of the residents of Ward Two. Their entire land had been destroyed beyond recovery by a landslide. Fifty families were living under tarps with no place to go.



Fortunately HHC and other agencies, coordinated by central command at the government office in Dhadingbesi, had delivered rice and water purification tablets. We did our best to educate them about waterborne illness.

I do believe that the world was watching. Again and again we told people that an effort was under way to reach out and help, and that things would be better.

One copter after another came in with supplies from the Indian Army, the Nepal Army, the United Nations and the World Food Programme. Tarps were arriving and tents were beginning to show up. This was timely since the monsoon arriving in about two weeks will make the rescue and rebuilding effort even more difficult.

With each landing, our tents were blown around and we had to interrupt our clinical work.



We saw patients for five days from May 16 through the 20<sup>th</sup>. We worked in tough conditions but knew that we would return to the comfort of our homes.

We made a plan for the recovery of the villages we have served since 1992. We knew that the new Nepal needed to be self-sufficient but that now is the time for international outreach. We asked ourselves how outside help can create sustainability, i.e. self-sufficiency rather than dependency.

Our founder and director Anil Parajuli laid out a plan, which was reviewed by government, local experts and our board of directors. This plan can rapidly change, as the conditions can be variable with time.

## The basic action plan:

1. Get enough food in place for a year so people do not flee to the city and/or leave Nepal.
2. Establish secure shelter before the rainy season hits in June, using tents and tarps.
3. Educate and implement a clean water action plan. We will use chlorine drops. We have already made an educational film, which will be shown *via* mobile technology to as many as possible ASAP.
4. Get the trails open for foot delivery of goods.
5. Rebuild the health posts.
6. Rebuild the schools.
7. Replace lost animals, as they are the basis of much family income.
8. With new engineering using local materials, each family will rebuild its own home.

For those who have lost all property due to landslides, relocation will be coordinated and carried out by the government of Nepal.

**We are directed by the government of Nepal. There is not enough wealth in Nepal to make a quick recovery without help from the outside world. The response from agencies and governments around the world has been forthcoming. With a coordinated effort lead by HHC and the Dhading district office, we can turn this tragedy around in twelve months.**

Please refer to our website, [www.himalayanhealthcare.org](http://www.himalayanhealthcare.org) for more information and addresses.

I can be reached at 716 432 9495 (USA)

David N Johnson MD

Director of Development and Past President of Himalayan HealthCare

May 25th, 2015