The Zimmerman Family

Kathmandu, Nepal

May 2020

CMSI Link Letter

Deirdre sent this letter to CMSI in early April, before Easter - but it fell through the cracks of aborted office moves and staff changes. Please accept our apologies for the delay in getting this processed and distributed.

Dear Friends...

'Cast all your anxiety on him, because he cares for you'
1 Peter 5:7

His name meant 'Little King' and he was his mother's only child, five years old. His family name identified Saniraj as coming from one of the most socio-economically marginalised groups in the country, literally untouchable to some. When I met him on the children's ward, he sat cross-legged on his bed, withdrawn and unmoved by my best attempts to engage him or light a flicker in his eyes. His huge, swollen abdomen sat heavily on his thin, crossed legs, with other signs of malnutrition evident in his wasted arms and sparse hair.

His mother explained they were brickmakers, one of the most menial jobs available to migrant workers from the poorest rural districts. Brick factories provide free accommodation: their workers live in huts constructed of unbaked bricks on the raw mud floor of the land that has been scraped clear of its fertile soil to make the bricks. There is usually no piped water, no toilets, no sanitation. Families move from site to site with the brick kiln that is constructed in new sets of fields; children rarely attend school.

Throughout Saniraj's time in the hospital, I never saw his father, whether he was too uneasy to visit, or whether the brick factory owners required him to keep working. Mother and son were receiving free meals from the hospital, and I was asked to review his nutrition status.

His young mother was shy but assured me that until just a few months ago Saniraj had been a lively child who ate with gusto. Now he so completely lacked appetite that my first step was to cancel his free meals, which were thrown out untouched, one after the other. Saniraj spent three weeks on the ward, fevers persisting, his liver enlarged, fluid collecting in his abdomen, and his mental status deteriorating. Medical tests were limited by the family's need for charity, but gradually blood cancer, sepsis, and meningitis were ruled out. The remaining differential diagnosis was tuberculosis, but the medical team was reluctant to start treatment without confirmation. Saniraj didn't swallow a mouthful of food in that time, and I pressed the doctors to place a nasogastric tube (via his nose, into his stomach) so we could start feeding him some fortified milk.

Tuberculosis spreads from the mucus of those with lung infection, via their coughs, sneezes, spit and speech. Good hygiene is essential to its prevention and control, as are screening for high risk cases, early detection and treatment, and contact-tracing... sound familiar? Despite some drug-resistant strains, tuberculosis is curable and preventable.

In Nepal alone, 20 people die of tuberculosis every day. 33 million people in the world died of the disease in the years of 2000-2015, and tuberculosis accounts for an annual loss of income of $1.2 billion amongst the poorest people in the world.

The only time I saw Saniraj responsive was when he was fighting the nurses as they forced the nasogastric tube into his nose. He wailed miserably for his mother as they held his hands down until the tube could be secured with tape. A previous attempt to feed him by tube on the ward had led to vomiting, and when his level of consciousness had slipped further he was admitted to the intensive care unit. Now the tube was being repositioned in an attempt to take a sample from his stomach that might show TB of the abdomen. The procedure had been delayed because there were no functioning "GeneXpert" diagnostic machines in the city and the doctors were waiting for one to be fixed.

Out in the gloomy anteroom, his mother looked totally lost as the doctor told her she should prepare herself for the worst. Illiterate, she was unable to sign the paper to say she had been informed that there was little hope for her child's recovery. The last I saw of her, she was perched like a mother eagle in a squatting position on the edge of the high ICU bed. Rising up over him in her wrap-around lungi skirt, she carefully stepped her bare feet over Saniraj's limp body as she tried to rearrange his bedclothes. The next day Saniraj died and his mother returned to the brick factory, where children would continue to play in the same unsanitary environment that she had had to raise her child in.

Nepal identified its first case of COVID-19 in early January, in a Nepali student returning from China. The young man spent a few days with mild illness at the tropical medicine hospital and made a full recovery. And then... nothing. No cases amongst the 150 Nepali students on an evacuation flight from Wuhan, no cases arising from the thousands of Chinese and Korean visitors

to Nepal throughout the months of January and February, no significant increase in the number of cases of severe pneumonia appearing in hospitals. Nevertheless, as new 'hot spots' and spiralling statistics emerged from around the world, a mixed sense of both anxiety and disbelief began to swell as the Nepali population watched and waited for the disease to strike.

The weeks continued without a second case and different theories about a possible protective factor began to do the rounds: an innate genetic mutation (but what about the foreigners living here?), herd immunity acquired from frequent short outbreaks of bird flu (then why not in China?), the high consumption of garlic (don't the Italians do the same?), our tropical climate (isn't Thailand warmer?). Still, the tension led to a brief run on cooking gas and a scarcity of face masks, only mildly relieved when security forces found 2 million masks in the space of one week being hoarded by various black marketeers.

Nevertheless, in the last three weeks, as for the rest of the world, life here has changed dramatically. The schools closed first, leaving our boys studying at home on-line and all national and international exams cancelled. We are so grateful that, unlike many students, Zachary's college plans are secure irrespective of the lack of final exams, but nevertheless he will miss the closure of his schooling and many friendships, losing the usual round of graduation ceremonies and other farewells.

Both international and internal travel restrictions increased as the second and then third cases of Corona were identified (in Nepalis returning from France and the Middle East); and then suddenly, without any notice or chance to prepare, the government announced a nation-wide full lock-down. The streets became silent and empty in a way we had not seen before, even for curfews during the civil war and general strikes during political unrest.

Of course, Nepal is incredibly vulnerable to a disaster like Coronavirus. If the wealthiest nations in the world struggle to contain death rates, we can only imagine what it will look like in a country where a UNICEF survey found that 53% of health facilities across the country lack a handwashing facility with soap and water (questions about numbers of ventilators are likely superfluous).

The lockdown brings with it very mixed emotions. We feel like we are bracing for the arrival of a hurricane, even as preparations are completed at Patan Hospital for a COVID unit and 18 critical care beds with ventilators, completely separated from the main wards which are now emptied of all but the most serious cases. Non-essential surgeries have been cancelled, outpatient clinics are almost empty, and staff are working on light rotations in this seeming 'calm before the storm'; however, anxiety levels have led to incidences of panic in the handling of ordinary patients.

Meanwhile, spring has arrived with its welcome warmth and birdsong; the smog and dust across the city have completely dissipated with the lack of traffic and we are enjoying glorious views of the Himalayas, framed by blossoming bougainvillea and azalea. It truly seems like nature is rejoicing at the break from man's polluting activities.

While needing to ration a few luxuries like cheese and frozen meat, at home the boys and I enjoy leisurely lunches in the sunshine on our roof, watching our neighbours tend their gardens and spring clean. Zachary engages with classmates through Zoom, while Benjamin sneaks out to a nearby Catholic school to do basketball drills alone on their huge campus until Mark arrives to 'rebound' the ball for him. In our home it is peaceful, but if I turn on BBC radio or open my newsfeed, stories flood in of overwhelming levels of death and illness in Western countries and we remember with concern older family members and friends, near and far.

From the apparent security of our quiet middle-class neighbourhood, with Nepal's confirmed cases still below ten, we worry about how the many less privileged are faring, and I think of Saniraj's mother. Social distancing is an unattainable luxury if you are part of a community squeezed into a few shared rooms. What do you do as a day labourer, living hand to mouth, when you have no possibility to go out and work? Brick factory owners are not known for their charity and unlike in the US, Europe or even India, the government here has remained silent on the possibility of help for the vulnerable to survive the devastating economic impact of the travel restrictions and lockdown (let alone the illness itself). Perhaps Saniraj's parents will join the other groups of migrant workers leaving the city under cover of darkness to walk the many-day journeys back to their villages as they run out of money and food. Small business owners with their stock sitting in shuttered rooms that still need to have the rent paid; porters, cooks, waiters and cleaners in the collapsed tourist industry; there are many here without any social net to catch them. And what about the pregnant and the sick now unable or afraid to seek medical care, the many other 'Sanirajs' who will not receive timely treatment for life-threatening but treatable illness?

Wondering what the days ahead hold, we are grateful to be able to turn it all over to the One who cares, who cared enough to join us on this earth and walk with us all the way to death, and beyond it, into life. We join you in prayer as we watch for Easter.

Deirdre, Mark, Zachary & Benjamin.