Public Health Chronicles

PARTNERS FOR PEACE: AN AMERICAN DOCTOR AND A JOURNALIST IN 1950'S NEPAL

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[Editor's note: We are pleased to be able to publish another column by Dr. George Moore about his experiences in the U.S. Public Health Service in Nepal in the early 1950s. In this episode, he reports on the work of Dr. G.C. Sood, an Indian eye surgeon who set up clinics to treat the many eye diseases and cataracts in the population. He also includes the activities of Nancy Dammann, an officer in the U.S. Information Services, who served in Nepal at that time and accompanied Drs. Moore and Sood on a grueling trip across the mountains to document the opening of one of Dr. Sood's eye clinics.

Dr. Moore's first columns about this fascinating time in the history of public health were published in the

July/August and September/October 2005 issues of *Public Health Reports*.]

ARRIVING IN NEPAL

In 1951, Nepal's existence as a closed, private domain of the Rana Maharajas came to an end, and for the first time in over 100 years outsiders were invited into the country. King Tribhuvan, who had escaped to India for asylum, was restored to the throne and sought international assistance to improve the social and health conditions of the Nepalese people. I was a commissioned medical officer of the United States Public Health Service and was appointed head of the Public Health Mission in Nepal, a program coordinated by the U.S. State Department's Technical Cooperation Administration. In October 1952, I arrived in Nepal, a country as breathtakingly beautiful as it was unfamiliar, with my wife and four-year-old daughter and a staff of eight Americans. My mission was to assess public health problems and implement programs to solve them.

A week later, Nancy Dammann, a United States Information Services (USIS) officer, arrived in Nepal to open an Information Center library in downtown Kathmandu. She would provide reading materials about the United States, project movies, and serve as a primary source of information for government officials and the public. Nancy had served in the Women's Army Corps during World War II, and then joined the State Department after earning a Master's degree in journalism. She was among the first women to work for Point IV, a government program designed to aid underdeveloped countries, and had started her career several months earlier in southern India.

Our team was comprised of seven agricultural technicians

On the trail to Tansen. Dr. G. C. Sood (far right) and Dr. George Moore lead the way. Khadgaman Singh is third from left, dressed all in white.

and a secretary. We secured lodging for ourselves and our families in a rundown palace of the deposed Maharajah. His wife Number 9 was now without income, and was happy to rent the building to us. We had no electricity or running water, but had ample space and privacy to create satisfactory living quarters and offices. Nancy was not officially part of our group, but we invited her to share quarters with our secretary, the only other female on our team.

Our work in Nepal was challenging. We were young (in our early 30's), energetic, and idealistic, but also naive. Nepal had had virtually no exposure to or contact with the rest of the world for a century. There was no American Embassy or Consulate from whom we could seek advice. There were no telephones or paved roads. Toilets were often nothing more than a hole in the ground. Vegetables and fruit were scarce, and bread and milk did not exist. We were among Hindu and Buddhist peoples whose customs and traditions had been virtually unchanged for millennia. And, as we learned, political unrest from Communist rebels who were intent on toppling the new government threatened our work and our presence there. My medical goals and Nancy's public information tasks were distinct, but we faced similar problems in communicating with the people and in earning their trust. While our work was not officially related, a shared trek into the Himalayas resulted in a unique and well-earned respect for each other's work.

THE WORK BEGINS

My research of the medical problems suggested that all three types of malaria as well as typhus, smallpox, and parasitic infestations were prevalent in Nepal. The nine physicians in Nepal in 1952 had, until the regime change, served only the royal and military families, leaving the nine million Nepalese people to live and die without professional medical care. There were no nurses, health care workers, or medical data. With the help of a translator and cadre of Gurkhas, I made safaris to villages throughout Nepal and gained sufficient information to present a five-year health plan to the king, who approved a first-year budget of \$60,000. My foremost goal was to exterminate the vast population of malarial mosquitoes in the subtropical lowlands known as the Terai. I also instituted vaccination programs in villages where smallpox epidemics were so deadly that this dreaded disease had killed half the non-immune children and left the other half pockmarked. (For more extensive descriptions of these medical initiatives, see "Experiences of a U.S. Public Health Officer: 1950's Nepal," in *Public Health Reports*,

Nancy Dammann, 1953.

July/August 2005; and "Experiences of a U.S. Public Health Officer: 1950's Nepal, Part 2" in *Public Health Reports*, September/October 2005.)

Nancy's adventure began in Kathmandu, where she worked on establishing the USIS library. She found an assistant and translator and investigated transportation possibilities, since she would need some way of conveying books. There were no roads in or out of Kathmandu, but there were cars; in fact, there were about 50 for the entire Kathmandu valley. Coolies literally carried vehicles over the 8,000-foot pass that led from India to Nepal's capital city. The vehicle Nancy used was a jeep flown in by the U.S. government. The driver assigned to Nancy had been in an accident, however, so Nancy needed to secure a Nepalese driver's license. This seemed rather silly in the context of so few drivers, but was a legal requirement all the same. Apparently, the local police were not accustomed to testing drivers, especially American women, but after observing her drive (almost entirely in reverse), they allowed her to get a license.

The library was located near the center of Kathmandu in the vicinity of political demonstrations, noisy vendors, and dog fights. In addition to housing around 2,000 books, the library showed films about life in the U.S., the Korean conflict, and sanitation practices. Local libraries in Nepal, Nancy learned, were typically stocked with books and magazines donated by Communists; Nancy endeavored to balance the holdings with books by authors that ranged from Shakespeare to Austen. Her larger mission was to educate the Nepalese and help them eradicate their poverty. She employed three or four earnest Nepalese to help run the library, and soon found that she had the most popular showplace in the city. Crowds of people visited her every day, eager to learn more about America.

DR. G.C. SOOD'S EYE CLINICS

Although malaria control became my greatest effort in Nepal, I also worked to control and cure eye diseases. I saw trachoma, a highly infectious disease that resulted in corneal scarring and blindness, in many children. Tetracycline ointment was effective and my team and I dispensed thousands of tubes through local health workers. Another problem was the early onset of lenticular cataracts among adults, possibly as a result of anemia and high altitude ultra-violet light exposure. An Indian eye surgeon, Dr. G.C. Sood, appeared on my doorstep one day and asked for my help in organizing eye clinics where he could perform operations to remove cataracts. His method was simple, quick, and effective. He used a topical anesthetic to numb the patient's eye, and then he slit the cornea and expressed the opaque lens. He covered the eye with a compress and injected long-acting penicillin. After ten days, he removed the dressing and assessed the patient's vision. A pair of glasses that focused at 20 feet allowed the patient to resume a life of farming and caring for his or her family.

Dr. Sood, an Oxford-trained physician, explained that he could perform an operation in three minutes, or about 15 patients per hour. We began to work together and our eye clinics in Kathmandu were immensely successful. People who had been blind for

years could suddenly see again. The Nepalese government began to help with finances and in February 1953 asked Dr. Sood to establish an eye camp in Tansen, a remote town in the Mahabharat Mountains of Western Nepal. Tansen was located on a key trade route between India and Tibet. Today the route has become the Siddhartha Highway, but in 1953 the trail was accessible only by foot. I realized that the climb to Tansen at over 4,500 feet would provide me with an opportunity to do malarial surveys, and asked if I could accompany Dr. Sood. He agreed that I should be an official part of his group and we made our plans.

As a matter of protocol, the eye camp in Tansen was to be inaugurated by His Majesty's Prime Minister for Foreign Affairs, Khadgaman Singh. He would bring with him B.P. Lacoul, Director of Food, as well as two individuals with titular and cultural importance—Swami Krishnanand, a Hindu spiritual leader, and L.P. Devkota, Nepal's national poet. Also to accompany us were two malarial technicians that I had trained and two of Dr. Sood's workers. Nancy soon heard of the trip to Tansen and asked if she could accompany us. Her library was now running well and she wanted to see another part of Nepal, take photos, and write copy for the State Department. I was somewhat taken aback and explained to her that the trip would involve a long trek through jungles and over mountains. If we needed to camp, conditions would be rugged and primitive. I

also reminded her that she would be the only female. I had made many such journeys through remote areas of the country by this time and knew well the risks and physical demands they incurred, but Nancy's experiences had been limited to Kathmandu. She would not be dissuaded, however; she ascertained the significance of Dr. Sood's eye camp and the Prime Minister's political pomp, and would be there to photograph them first-hand. Her journalistic sensibility won me over, and she joined our expedition.

JOURNEY TO TANSEN

Our trip began on a WWII two-engine DC-3 piloted by a Polish refugee who had served with the RAF. Our party left the Kathmandu airport on March 16th for a 40-minute flight to Bhairawa on the Indian border. Flying in Nepal was still rare—air strips were grass or dirt, radar

The eye clinic in Tansen where Dr. Sood performed surgery. Notice how bricks and rocks are used to elevate the tables.

didn't exist, maps were incorrect—and our pilot had never flown to our destination before. He asked the passengers if anyone could direct him. Fortunately, an elderly Indian stepped forward and served as his co-pilot. We landed on a grass strip and were immediately surrounded by a mob of curious people. At the time, villagers believed planes were mythical birds prophesied about in Hindu mythology. This was only the second appearance of an airplane at Bhairawa and many wanted to touch it. A few dignitaries met us and then carried us in their jeeps the 14 miles to Butwal, where the road ended. Our 20-mile hike to Tansen still lay ahead.

In Butwal we were met by a large group of raucous young men who quickly encircled our party and shouted for a revolution. We learned later that they had been incited by Communist rebels to target Khadgaman Singh, who was easy to spot in his all-white garments. The rioters carried banners demanding the removal of the district governor who had jailed Communist agents in Tansen. They also hoped the agitation would lead to freedom for the prisoners. Their frenzy lasted for hours, but they didn't appear to be dangerous and focused their attention on Kadgaman Singh. I drew Nancy aside and suggested that she find children I could begin to examine on the street. The crowd hardly noticed us slipping away, and the children responded to us with curiosity.

The crowds finally dispersed and that night, after a dinner of canned meat and vegetables, Nancy and I had an opportunity to learn more of Khadgaman Singh's background. In his youth, he had been a leader of a student movement to overthrow the Rana family dictatorship. Someone betrayed his identity and he was imprisoned along with four friends for the next 22 years. For much of that time, Singh lived in a 60-square-foot cell with a five-foot ceiling. All but one of the friends imprisoned with him died. He was released in 1951 following the deposition of the Maharaja and was celebrated as one of the nation's heroes. The new king appointed him Prime Minister, and he began to wear only white clothes as a symbol of purity. We came to respect him as a man of great courage, strength, and resolve.

Singh cautioned us that the trek to Tansen would be difficult. He asked Nancy if she would like to be carried

Patients lined up for treatment at the Tansen eye clinic. The child in front has a cataract from trachoma.

on a litter. I suggested that such an act would damage both our and the Prime Minister's image, and Nancy confirmed that she would rather walk. We looked at each other anxiously as we rolled out our bedding for the night in the mud and brick hut. I warned Nancy about scorpions and suggested that she check her boots and gear in the morning as a routine.

We rose at 5 a.m. and started our hike. Our journey would take us over the Mahabharat Mountains, 7,000 feet high, and then to a mountain with a flat top where the town of Tansen lay. The narrow trail was steep and rocky and often led along precipitous gorges. It was also hot, probably around 90 degrees. After two hours on the trail, I noticed that Nancy was beginning to tire. We stopped at a village for a cup of tea; then the climbing became more arduous. We ascended almost 1,000 feet in an hour. At times, it was so steep that we had to hold onto rocks and roots and pull ourselves up. We stopped for lunch, then climbed another six miles up a second mountain of about 6,500 feet, and then down a steep incline into a lovely flat river valley. Most in our group were experienced hikers and we kept up a brisk, steady clip.

At Nuwakot, a small village at about 5,000 feet, I examined residents' spleens as part of my malaria

survey. Malaria enlarges the spleens of its victims and by palpating abdomens I could ascertain the presence of the disease. I had theorized that anopheline mosquitoes, the primary vector for malaria, couldn't live in high altitudes, thereby reducing the number of malaria victims. My theory was proving so far to be correct. At a village near Butwal where we started, 77% of the residents had enlarged spleens. Only one person in Nuwakot had an enlarged spleen. This was extremely useful information that would later help me to formulate a medical plan to present to the king. Stopping here also gave Nancy a chance to rest.

She was not used to mountain hiking or the thin air at high altitudes. The farther we hiked, the more she lagged behind. She began a pattern of walking for five minutes and then resting for five minutes. I stayed with her, but each stop became more difficult for her. She fidgeted with her pack and cameras, and became nauseated with fatigue. When she stood, her legs ached painfully. The Prime Minister and his party continued without stopping and soon were far in front of us. I was amazed how briskly Singh navigated each steep hill, especially considering his years in prison where he must have suffered from poor nutrition and other problems. I did my best to give Nancy encouragement and time to recover. She did not want the others to see her struggle.

TANSEN

At last, we came to the final mountain, the one with Tansen on its summit. We would have to climb a steep trail of 30 to 45 degrees for almost a mile. As we began the climb, an honor guard of about fifteen Gurkha soldiers met us. Presumably, Khadgaman Singh had already reached the top and suggested the honor guard to the governor. The soldiers immediately took our packs and cameras so we would be unencumbered with their weight. They then dispersed on both sides of the trail and scrambled up the mountain with us. I was astonished at their agility and skill in climbing the steep slope. We were exhausted when we reached the rim. The Gurkhas had brought two horses and beckoned us to mount them. It was all that I could do to climb onto the saddle; I presume that the soldiers helped Nancy. The stirrups were too short for me, so I let my feet dangle. The horses were off in an instant and soon galloping; I held on to the pommel for dear life. Nancy was behind me as we raced through the town to the governor's palace. Throngs of people lined the cobblestone street, amused to see two gangling Americans flying like the wind.

Our horses instinctively knew where to go and carried us to the door of the palace. It was 6:30 p.m., twelve and a half hours since we had set out. We tumbled off our horses and entered a huge austere reception hall, where we sat on hard, straight-backed chairs for

two hours while Khadgaman Singh conferred with the governor. Nancy and I sat politely, not included in the conversation and not understanding the Nepali. The discussion became quite heated and we learned later that the governor was upset because no one had brought fresh batteries for his radio. Nancy squirmed with pain, and said that every bone in her body ached. Finally, after tea and a light meal, palace officials escorted our entire party to a guest house where we again slept in one unfurnished room.

Accommodations were crude. We were up by 6 a.m., but it was already too late for Nancy to use the outside well, as she found three naked men already there. I set up a few pup tents for some privacy, but

Members of the expedition. Nancy Dammann is flanked by Kadgaman Singh and Dr. G.C. Sood.

a crowd of onlookers always seemed to surround us. I used a bamboo mat roll to wall-in a four-foot high privy for Nancy, but even that didn't keep people away. They had never seen a white female before and were fascinated. Sweaty and dirty, she decided to wear the bedraggled clothing she had hiked in throughout our three-day stay.

That afternoon, Khadgaman Singh inaugurated Dr. Sood's eye camp at a school ground. About 2,000 people crowded into the compound to watch the Prime Minister open the clinic. Governor Shah, Swami Krishnanand, and Khadgaman Singh all gave lengthy speeches. Finally, the ribbon was cut and the VIPs followed Dr. Sood to watch the first operation. A tent with two tables served as the operating room. The eye surgeon seemed unfazed by the commotion, including stray dogs wandering in and out and flies buzzing around. The first patient was an elderly woman with cataracts. Dr. Sood dropped anesthetic into her eye, cut out the cataract, gently applied a bandage, and injected penicillin; the patient did not stir or make a sound. Dr. Sood patted her on the shoulder and moved to the next table. During the three-day camp, he performed 97 operations and treated 375 cases of trachoma and other ocular problems.

I also set up a clinic to discover what diseases were prevalent there. I examined 322 patients and found tuberculosis, venereal diseases, anemia, and intestinal infestations with myriad worms and amoeba. Since treatment for many ailments was impossible, I remedied as much as I could with aspirin, antibiotics, and paragonic. I did not find mental illness or other crippling diseases because it was customary for families to abandon individuals who could not care for themselves.

In addition to photographing the clinics, Nancy, accompanied by Khadgaman Singh, donated books to the people throughout the village. Singh introduced her as the woman who walked all the way from Butwal just to give them books. Libraries had been illegal until the regime change, and Nancy discovered that Tansen was the site of an underground organization that housed 4,000 books in English, Hindi, and Nepali.

The governor held a political rally at the palace before our departure from Tansen. Nancy and I hoped to remain inconspicuous in the crowd of several thousand people gathered on the palace grounds. Once again demonstrators waved red flags and demanded the release of prisoners. Two young men screamed for the governor's resignation. To divert attention, the governor shouted over the hecklers for Nancy and me to come to the speakers' platform. We were exhibited as friends of Nepal and, thus, a diversion to the rioters. The crowd quieted and Khadgaman Singh gave his

address. He spoke very highly of Dr. Sood's eye camp and my health clinic. He also commended Nancy's willingness to climb a difficult trail to support the library. She had taken photos of the town's needs and would convey the problems to the United States for possible assistance. He asked the crowd, "Why can't the young men of Nepal work as selflessly as the Americans?" Following the rally, we packed our gear and left Tansen, glad that our walk would be mostly downhill.

A NIGHT IN POKHARA

Back in Bhairawa, Nancy and I met with my malaria technicians, then flew to Pokhara in central Nepal, where we were to meet with a high official from Washington who wanted to document our programs. We were in for a harrowing experience, however. Our courtesy visit with the local governor resulted in his urgent warning that we were in immediate danger from Communists who planned to protest the "white imperialists who were carrying gold to the much-hated Rana family." He urged us to take precautions during the night and promised to send a few soldiers to guard us. Night came but no soldiers arrived. Both Nancy and the visitor from Washington were petrified, and had visions of being shot or stabbed to death. The demonstrators were Newaris, not Gurkhas, and I knew from experience that their threat was more bluffing than for actual physical harm. I boarded up the windows and door as best I could and left a candle burning in one unoccupied room. In a dark room, we took turns on a watch for the entire night—sitting on the floor to avoid any bullets that might come in through the windows. I took the first watch and kept my gun ready. Of course, nothing happened, and I went to sleep. Our official visitor, however, did not. He included this frightening event in his report to Washington, which resulted in greater support and the promise of increased assistance.

BENEFITS

The results of our work were manifold and set the groundwork for continued success. My medical mission was firmly established in both the research of existing problems and the subsequent programs to treat illnesses and prevent their onset. My examination of patients in villages throughout Nepal provided me with information sufficient to convince the king and the American government that my five-year plan would significantly improve the health of the Nepalese people. More specifically, my study of malarial transmission at different altitudes allowed us to be more effective in

our attempts to exterminate the anopheline mosquitoes that transmit the disease.

Nancy's positive and thorough reports and photographs convinced the State Department that our work was important and increasingly successful. In addition, her documentation of the difficulties and dangers we faced in Nepal contributed to our receiving additional assistance and accolades of courage. Most importantly, our work and positive relationship with Prime Minister Singh fostered the United States' friendship with Nepal and its recognition of Nepal as a sovereign nation. For Nancy, her personal accomplishments, especially the grueling trip to Tansen, far surpassed her initial expectations and are the best testament of her work toward improved life and peace in Nepal. In a country that degraded its own women, she stood out as a white American woman who persevered to overcome tremen-

dous obstacles and hardships to aid the people. Indeed, she was the best example of what the Prime Minister referred to as an American "working selflessly."

Dr. George Moore served in Nepal from 1952 to 1954 as a commissioned officer of the U.S. Public Health Service. Since retiring in 1971, he has taught courses in the epidemiology of chronic diseases, and conducted research studies and developed programs in international and community health at the University of Virginia Medical School and the Medical College of Virginia. His daughter Berwyn was born in India in 1953. She is a writer of nonfiction and poetry, and is an associate professor of English at Gannon University in Erie, PA. Her book of poems, *Dissolution of Ghosts*, was published in 2005 by Cherry Grove Collections.

For more information about Nancy Dammann's experiences in Nepal and India, see *We Tried* by Nancy Dammann; Sun City (AZ): Social Change Press; 1995.

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