Pathways to Positive Change: A People's Perspective of Healthcare in Humla

Wensday Meyers Berman

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Pathways to Positive Change:

A People's Perspective of Healthcare in Humla

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Abstract

The villagers of Humla have suffered from unreliable health services and unjust indifference from the Nepali government for too long. Many global health initiatives and international NGOs have tried and failed to step in and make an improvement of health within these villages, because they are lacking an understanding of how these villages are run, what villagers prioritize, and how to continue providing reliable, supervised support. Because of the remoteness of the Humla area, it is difficult for allopathic medicine to be sufficiently provided here, and access to emergency medical resources are limited. Global health organizations such as WHO and UNICEF have made general plans for areas of remote villages such as this to provide allopathic healthcare resources, but many of these decisions are without considering the medical system already in place, the traditions and understanding of medicine of the villagers, and the villagers perception of what healthcare they want/need and would choose from what was provided to them. Changing healthcare in Humla will take many resources and many people, but it most importantly needs dedication and a full understanding of the villagers who are in need of help. Without understanding health as seen from the villagers perspective, it is impossible to know which initiatives will be accepted by the villagers, or how initiatives can be put in place so villagers are able to engage and interact with health services.

In this ISP, I explore health in Humla from the perspective of the villagers themselves. What health services do villagers use and value? What health services aren’t available, but are the most necessary? Who do villagers look to as a medical authority, and how can this person further provide services? I hope to share an understanding of the villagers’ perception of healing and the medical resources available to them, their needs, and modes of healthcare that could be accessible and beneficial to their specific communities.
Acknowledgements:

I would like to thank Sonam Lama for being our guide, translator, and savior throughout our entire adventure through Humla. Thanks for showing us the way, for finding us food and shelter, and for dragging two ignorant injis around to meet every cousin and aunt you are related to (or not) in all of western Humla. Sonam, you really earned your name as SonAma-la, thank you for all your help. I would like to thank Sophie Louaillier for spending the month with me, struggling to speak Tibetan and figure out how to conduct our independent research. I would like to thank Tenzin, Pema, and Prem, for dedicating yourselves to getting us to Humla, helping with endless logistics, and introducing us to our guide, Sonam. I would like to thank Wangdak Lama for graciously hosting us and making a home for us in the office of the Muchu government school, and sharing your knowledge and warmth with two overwhelmed and exhausted foreigners. I would also like to thank countless members of Sonam’s family for hosting us and feeding us, and attempting to communicate through broken Tibetan/English.

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# Table of Contents:

Abstract ........................................................................................................................................... 2
Acknowledgements .......................................................................................................................... 3
Table of Contents ............................................................................................................................ 4
Methodology ...................................................................................................................................... 5
Map of Western Humla ...................................................................................................................... 6
Introduction: Factors Involved in an Underdeveloped Health System in Humla ...................... 7
Transportation & Expense ............................................................................................................... 8
Lack of Government Support ......................................................................................................... 9
Pregnancy Services & Female Health ............................................................................................. 10
Muchu Village .................................................................................................................................. 12
Health Services in Muchu ............................................................................................................... 13
Khagalgaun Village ......................................................................................................................... 21
Health Services in Khagalgaun ....................................................................................................... 23
Spirits ................................................................................................................................................ 28
Herbal Medicine ............................................................................................................................... 31
Pathways to Providing Effective Health Services in Humla ....................................................... 34
Conclusion ........................................................................................................................................ 40
Suggestions for Future Research .................................................................................................... 42
Bibliography ..................................................................................................................................... 43
Methodology:

For my Independent Study Period, I travelled along with another SIT student and a guide from Khagalgaun village from the headquarters of Humla, Simikot, by foot between villages in western Humla. We primarily spent time in two buddhist villages, Muchu and Khagalgaun. In Muchu, we stayed in the office of a school house, teaching English to the children in the mornings and interviewing throughout the rest of the day. Interviews were initiated by walking around the village, poking our head into different houses, and then being welcomed inside to ask my questions. All interviews were translated in either Nepali or Tibetan, according to the person being interviewed. Language barriers were primarily experienced when discussing names and symptoms of different sicknesses, and also when discussing spirits and spiritual attacks.

In Khagalgaun, we stayed in Sonam’s home with his aunt and his mother. Interviews were conducted similarly, but in Khagalgaun Sonam was very familiar with every villager of whom we interviewed. During the interviewing process, Sonam and I did our best to ask about the health services and people’s experiences with them and the practitioners, as opposed to sicknesses the villagers had personally experienced. These stories were only shared if the villagers offered them, and were not specifically asked about.

Limitations to my research included language barriers, understanding of health, and my presence as a foreigner. Much of the information we received was based upon Sonam’s interaction with the villager, which wasn’t as engaged as I would have intended it to be. Also Sonam’s presence as a young male villager inhibited female villagers from providing their full opinions, as many were shy to speak about personal thoughts and experiences in front of him. As I mentioned, describing diseases, symptoms, and causes was also a limitation as Sonam wasn’t familiar with names of certain sicknesses in English, so many were left to be described but undefined. As a foreigner coming into these villages and speaking about health, many villagers were quick to tell me what the villages needed and ask for my help, but less focused on explaining their own experiences and descriptions of health practitioners and services. Additionally, villagers were more likely to discuss forms of medicine that they thought I would be familiar with, so I often had to prod to get thoughts and opinions about health services other than healthposts and hospitals.

I hand-recorded all of my interviews during the interview, and then re-wrote the interview afterwards. I provided my name and contact information to any villager who had the means to get in touch with me once I had left the village, and accepted contact information from them if they were interested in receiving my finished ISP.
Map of Western Humla

Walking Distances Between Villages

Simikot to Khagalgaun - 3 hours for villagers, 7 hours for foreigners
Khagalgaun to Yalwang - 4 hours for villagers, 8 hours for foreigners
Yalwang to Muchu - 2 hours, 4 hours for foreigners
Muchu to Hilsa - 3 hour truck ride

1 Personal Interview. Sonam Lama. Humla. 4-26 November 2016.
**Introduction: Humla’s Underdeveloped Health System**

The Humla district is located in the northwestern corner of Nepal, high in the Himalayas, and is one of the most remote areas in the country. The majority of villages in Humla are at 3,000m or higher, making this district extremely isolated and difficult to get resources to and from. In order to reach Humla, it is necessary to take a small plane for an hour journey northwest through the mountains, to arrive at the headquarters of Humla, Simikot. Simikot is one of the largest villages of 5,000 people, and holds the only hospitals and the only airport in Humla. Many villages in Humla don’t have access to electricity, internet or phone communication, education, or healthcare. Humla is known for having the nation’s lowest literacy rates, maternal and infant mortality rates “well above Nepal’s average”, and food shortages each winter when many villagers can be snowed in for months.

The only form of transportation between the villages is trekking along a well-used path carved out of the mountainside, many villagers use these paths for trade, walking alongside packs of zopas or horses or donkeys carrying large loads to and from Simikot. Besides the one government hospital and the one private hospital in Simikot, Humla district has 27 government run healthposts that were put into place in order to provide government supported and funded health services for many of the villages, but the government’s lack of attention and accountability to these healthposts leave them with unreliable, under-qualified staff members, few resources such as medicine or medical equipment, and provides no medical support to the villagers. Each healthpost is intended to also provide a place for safe, assisted deliveries to be held, but without educated and dedicated doctors or equipment, Humla villagers are without any support throughout pregnancy.

Jayalal Budha, a healthworker at a private healthpost in Yalwang, described how Humla is an extremely rural place with poor transportation, leading to underdeveloped health services.

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3 ADARA Staff. 2015. Rising to the challenge ADARA group operations report.
He said there are 27 healthposts in Humla provided by the government, that are all in an endless shortage of medicines and workers. Theoretically, there is suppose to be a birthing center in each one, but there is neither equipment nor trained professionals to provide this service in any of the healthposts in western Humla. Jayalal said that if the government was doing its job in regard to health services in Humla, then the monastery-supported healthpost in Yalwang wouldn’t be necessary. He said the most important ways to develop the health system is first through education and awareness of local villagers, then through more efficient transportation services, and then through better facilities and resources.\textsuperscript{4}

In this paper, I will first discuss the public health problems that Humla faces as a remote mountain region in Nepal. Then, I will look in-depth at the health situations in Muchu and Khagalgaun villages two buddhist villages in western Humla, and present the villagers’ experiences with their available health services. Finally, I will provide some suggestions, based on the shared perspectives from both villages, of important steps to take when providing effective healthcare to these villages.

\textit{Transportation & Expense}

The healthposts in each village are consistently unreliable, and the only hospitals in Humla are located in Simikot. This means villagers from all over Humla district have to travel far distances to receive even basic forms of healthcare, such as painkillers or antibiotics. Traveling for health services holds many negative effects, both for health and expenses. Traveling means losing days of work in order to physically exert one’s sick body in a multiple-day journey to reach the Simikot government hospital which is also lacking in medicines, equipment, and reliable staff. But for many villagers, even this trek is unaffordable. Tashi Dorjee Lama, an older man of Khagalgaun, explained that villagers who don’t have money to travel end up dying from diseases because they are unable to afford the travel for treatment or the treatment itself. And even for those who do have the money for travel and treatment still have to travel far on foot to Simikot to receive this treatment. Tashi described how he would have to walk “slowly, slowly, with a stick” all the way to Simikot, and if he was unable to walk he would need to take a horse or be carried by villagers.\textsuperscript{5} Similarly, Gharmu Lama talked about the difficulties of traveling to Kathmandu, and said that even if she had the time and the money to get there, once arriving in Kathmandu she would be surrounded by another culture, speaking another language, so she wouldn’t be able to communicate her health needs to the doctors there.\textsuperscript{6}

\textsuperscript{4} Personal Interview. Jayalal Budha, Community Medicine Assistant. Yalwang Health Post, Yalwang Village, Humla. 18 November 2016.

\textsuperscript{5} Personal Interview. Tashi Dorjee Lama. On his porch, Khagalgaun Village, Humla. 22 November 2016.

\textsuperscript{6} Personal Interview. Garmu and Yangdon Lama. On a porch, Khagalgaun Village, Humla. 21 November 2016.
The path between villages is for trekking only, not for cars or other forms of transportation other than livestock. From a health perspective, the remoteness and inaccessibility of these villages proves to be a huge problem for emergency cases such as cardiac problems, traumatic injuries, or complicated births. Dickey Palmo, of Muchu, talked about how problematic it is to have to travel far and seek medical services outside of Muchu. Because there is no road from Muchu to Simikot, it is extremely difficult for emergency cases to reach Simikot in an effective, timely manner. The journey from Muchu to Simikot takes around three days, and the person with the medical crisis needs to either be carried all the way there by willing villagers, or brought on horse or donkey. It is also very expensive to travel so far and so many days journey to receive health services. Because of the difficulty and slow process of emergency medical transportation, many people die from emergency cases that could have been easily treated, if treated immediately. Additionally, this is one of the reasons that maternal mortality is higher in Humla than in any other place in Nepal. Health services clearly aren’t sufficient or accessible to everyone in Humla if only the people who are physically capable and with enough money are able to receive treatment, while all others are left to deal with their sickness on their own, without any medical support.

Lack of Government Support

The Nepali government is lacking in many ways as far as providing support for Humla district. The education system in Humla is a mess, sanitation and safe water access are in need of support, and healthcare is hardly addressed, by the observations of the villagers. Though the government has built healthpost buildings in 27 villages in Humla, the government doesn’t consistently provide medicines for the healthposts, or provide expired unusable medicines. Additionally, the staff that the government has hired to work in the healthposts are often students who are underqualified, and more focused on their personal studies than dedicating themselves to the villagers. Even if the staff aren’t students, most of them aren’t from the villages themselves and rarely stay in their posts, as they would much prefer to stay in Simikot where there are more modern facilities available. The government provides no accountability to the healthworkers they

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hire, so when a healthworker decides they would prefer to live in Simikot than the village they were assigned, there are no repercussions and the village is left without a healthworker and with no accessibility to medicines.

Another necessary health service that the Nepal government doesn’t provide is health and personal hygiene education. When asked about other ways to spread information, and what information should be spread, Londup Dorje, the healthworker in the Muchu government healthpost, said he thought it was important to spread information about personal and environmental sanitation, vaccines and immunizations, and pregnancy and delivery information. He thought effective ways to spread this information would be through the radio, TV, or group discussions. Londup explained how his patients varied in age and gender, but the most common illnesses he saw in Muchu were diarrhea, gastritis, headache, and injuries from things such as falling. He also said he most commonly saw female patients for lower abdominal and gynecological problems. He thought this was because females have less awareness and education about their bodies, sanitation, and family planning.8

Spreading this kind of information is essential to changing health behavior in certain areas, the people need to be empowered with this knowledge in order to conduct themselves in a way most conducive to their continued health and wellbeing. The government needs to dedicate time to understand what information is most necessary for villagers to receive regarding health, and then provide the information to them in an accessible way.

When asked how the healthpost could be improved, Londup immediately stated the need for more staff and more medicines. He said the staff needs to be reliable and preferably from Muchu, or whatever village they are positioned in, so they will be dedicated and able to foster close relationships with the villagers and patients to be more accessible and effective in learning about and supporting people’s health problems. He also mentioned needing more government support, because right now, “the government isn’t dedicated to health in Humla, they don’t care.” Londup expressed frustration about how his evaluations by the government and his patients have not reflected his hard work. He said he does his best with the resources available, but patients lack medical knowledge and get confused with the information he supplies and upset when medicines aren’t available. He ended by saying that medical care should be as available in these villages as it is made available in urban areas, implying that the government needs to step up and provide more support to the cold, remote villages of Humla.

Pregnancy Services & Female Health

Pregnancy services and general medical accessibility for females living in these villages is another huge problem with health services in Humla. With no doctors available to assist births,

8 Personal Interview. Londup Dorje Lama, Health Assistant. In the Health Post, Muchu Village, Humla. 14 November 2016.
no equipment available for pregnancy check-ups, and no education about pregnancy or
deliveries, mothers in Humla are unable to know what they are to expect with their birth, or how
to go about it in a safe way. Most births in Humla villages happen within a woman’s own home,
surrounded by female friends and relatives, but with no medical support to assist with the birth.
This can be dangerous, especially for first-time mothers who are more likely to have a
complicated birth.9

Tashi Paljor, a young Muchu villager, discussed how he didn’t believe that health
services were equally accessible for males and females in Muchu. Besides there being few
resources available in the healthpost for handling pregnancy, there is also no information
provided or shared about female sexual health, contraceptives, family planning, or any reliable
doctor to check general female health. This is especially problematic because girls in Muchu, and
many other places in Humla too, feel very shy to share health problems, especially those related
specifically to females. Because of this, many female villagers get pregnant and have many more
children than they intend, which is dangerous when pregnancy assistance is so far from
accessible. Tashi believes it would be very beneficial to have a female nurse or doctor reliably
available in the health post so females feel more comfortable to share health concerns. He also
believes there needs to be opportunities for female villagers to get trained on a safe delivery and
general female and sexual health.10

Jayalal Budha, Yalwang healthworker, furthered described how health services were less
accessible for women. He explained how some diseases he only see within a certain gender. For
example, Urinary Tract Infections and Pelvic Inflammatory Disease he sees often, but only in
females. This is because of their body structure, as well as lack of information about general
sanitation and sanitation during menstruation. For PID, it is hard to diagnose with the few
resources he has, so he has to guess based on symptoms and then is only able to treat for pain
relief, not cure. In this way, he explained how medical services can be unequally accessible
between genders.11

Lhamu Lama, of Khagalgaun also supported the idea of having a reliable female doctors.
She brought up that health services were not equally accessible for both genders, especially
involving complications with pregnancy and pregnancy services in general. She thought it was
important to have a female doctor working at the healthpost both to help with pregnancies and
because a female doctor would be much more comfortable for her and other women to share
their personal health problems with.12

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9 Personal Interview. Tharik Lama, Local Amchi, In her house, Khagalgaun Village, Humla. 24
November 2016.
11 Jayalal Budha
Muchu Village

Muchu village is a buddhist village, about a two day trek west from Humla headquarters, Simikot. Muchu is nestled at the base of a few snow mountains, and lies next to Tumkot village, a village whose main focus lies on trade from the nearby China border, Hilsa. Muchu village was formed by buddhists many years ago, because they believed that the soil there, as it is next to the Karnali River, would be good for cultivation. After they had settled and built their homes, they discovered that the soil wasn’t fertile, but at that time it was too late to relocate. So people of Muchu kept livestock and traded and sometimes would receive one good harvest a year. Nowadays, there are around 200 people living in Muchu on two separate hills, and around 27 different houses. Since the road from Muchu to Hilsa has been completed, most villagers don’t keep large amounts of livestock anymore, only keeping a few for plowing and traveling. Because of this, Muchu is extremely dependent on receiving goods from China, especially for all the food they consume.13

The majority of Muchu villagers living there now are between the ages of 25-30 years old, and almost every villager in Muchu is a buddhist. Many villagers are even nakpas, or lay people monks who are still able to have families. Most of the villagers between the ages of 10-20 don’t live in Muchu, as they have been sent by their parents to pursue better education in places such as Yalwang, Simikot, or Kathmandu. Many people also send their children to India, as the Tibetan government in Exile financially supports the education and accommodation of these Tibetan students from Muchu and many other places.14

According to Wangdak Lama, a school teacher in Muchu, villagers in Muchu have good jobs and are generally more educated and politically active than many other villages. He said that having security guards permanently living in the village and who often socialize and support the villagers is helpful in them gaining political knowledge.

Another Muchu villager, Capchen, has lived in Muchu for 57 years, and watched healthcare in the area change. When he was younger, Muchu was even more remote especially in relation to health, and there were no healthposts or amchis. For buddhists, the only medical authority were the high lamas and rinpoches, who mainly function from a health point of view to

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14 Wangdak Lama
get rid of spirits or witchcraft, or help decide which medical service to choose from. For health problems that are more serious, more healthcare is necessary, but back in Humla 57 years ago when more healthcare was unavailable, Capchen said many people would die from sicknesses and diseases that we now consider minor and easily treated.\textsuperscript{15}

It wasn’t until 20 years ago that Capchen observed the first health posts and the first amchis coming to Humla. Capchen notes the importance of having these health facilities available, even if they still aren’t fully sufficient to treat the full range of illnesses and diseases of modern times. He also pointed out that even though the health post in Muchu is lacking medicines and reliable doctors with necessary training and equipment, he has seen a very notable change at the amount of deaths in villagers, especially from more minor diseases.

In Muchu village itself, the only option for medical care is the government healthpost, which has been in Muchu around 20 years, but whose working staff has changed consistently throughout those years. This healthpost, as discussed later, is notably unreliable and without resources. For more serious medical cases, Muchu villagers have to travel the multiple day journey to Simikot to go to either the government or private hospital, or even fly to Kathmandu to receive treatments such as operations. Many Muchu villagers also travel the few hour trek to Yalwang village, where they are able to access a more functional private healthpost, a reliable Tibetan medical amchi, and Pema Riksal Rinpoche, and incarnate lama who is highly respected by buddhists throughout the entire upper Humla area.

\section*{Health Services in Muchu}

\textit{Muchu Government Healthpost}

The Muchu government healthpost sits on the westernmost hill of Muchu village, surrounded by village houses, the government school, the security headquarters, and a few stores. The building is newly built, and from the outside it appears to be a functioning health

\textsuperscript{15} Personal Interview. Capchen. In his house, Muchu Village, Humla. 14 November 2016.
establishment. But after speaking with countless villagers about the role this healthpost plays within the village, it was clear that the Muchu healthpost is far from functional.

This healthpost is a government run, 5th level government facility, built and intended on being used for general checkups such as blood pressure, pulse, and temperature, and providing the 35 different medicines that were listed on a big poster on the wall of the healthpost. The Nepali government has assigned five different people with the responsibility of working at this healthpost, but of those five people, the only one who occasionally shows up is Health Assistant Londup Dorje Lama, who is also the only healthworker from Muchu. He has lived 14 years in Muchu, and has worked in this health post for six months and counting. Londup is a paramedic whose title in the healthpost is health assistant, a non-gadgeted (non-permanent) government job. He said that in order for him to attain a permanent job at the health post, he needs to do a few months of training in Simikot and pass a certain exam, which he intends to do when he is replaced in this health post. His job hours are 10am-4pm, everyday except Saturday. Although the rest of the villagers who I spoke with seemed to think otherwise, Londup gave no indication that he ever skipped work or wasn’t available. He did mention how none of the other workers ever showed up, but he personally was available all the time. Even if he wasn’t in the office, anyone who needed him could “just call him,” and he could help.16

Even though Londup is from the village, and theoretically is available anytime over the phone, most villagers didn’t seem to be aware of this way to communicate with him. Most villagers were able to name Londup as the healthworker, but then immediately described how the healthpost was rarely open and no one was ever available inside, even just for consulting. Because most villagers would stop by the healthpost rather than call Londup if they needed assistance, when no one is available and the healthpost is closed, many villagers are forced to leave Muchu and walk far distances to attain other health services. The closest health services outside of Muchu are a two hour trek away in Yalwang, and for someone who is feeling sick and seeking out health services, this journey can be especially taxing.

Kunchok Angmo, a middle-aged store owner living in Muchu, mentioned if a villager came in with a sickness, the healthworker wouldn’t do any tests, ask any questions, or provide a check-up, but would instead hand the villager a pack of medicine, if there was medicine that was in stock.17 Additionally, Muchu school teacher Wangdak brought up how the level of training of the healthworker was insufficient for the range of potential diseases needing treatment. As Londup is a paramedic-level trained healthworker, he is far from the years of necessary training to become a doctor, or even a pharmacist. This means that he is undereducated about proper medications, under qualified to assist complicated births, and given more responsibility from the government for the villagers than he is capable handling on his own. This under qualification and

16 Londup Dorje Lama
lack of government support can be seen as Londup described necessary improvements to the healthpost.

When asked how the healthpost could be improved, Londup immediately stated the need for more staff and more medicines. He said the staff needs to be reliable and preferably from Muchu so they will be dedicated and also so they would be able to foster close relationships with the villagers and patients to be more accessible and effective in learning about and supporting people’s health problems. He also mentioned needing more government support, because right now, “the government isn’t dedicated to health in Humla, they don’t care.” Londup expressed frustration about how his evaluations by the government and his patients have not reflected his hard work. Londup “does his best” with the resources available and the level of his educational training, but patients lack medical knowledge and get confused with the information he supplies and upset when medicines aren’t available, and puts this blame on him. He ended by saying that medical care should be as available in these villages as it is made available in urban areas, implying that the government needs to step up and provide more support to the cold, remote villages of Humla, and also more support and accountability to the healthworkers they hire to assist within these villages.

The healthpost is also supposed to help spread medical information such as education about health, sanitation, personal hygiene, and certain common diseases. Londup said he spread this kind of information by providing pamphlets and notices, and thought these methods were sometimes effective, but overall it was hard to get the villagers to care. He also said that he, “Maybe will have a group discussion in a month,” but was unclear about the topic, who would be attending, and how he would gather the villagers. Even though Londup clearly hadn’t taken much action in reaching out to the villagers for medical education, he still had many positive ideas about what could be helpful.\textsuperscript{18}

In order for the government healthpost to be sufficient for medical care in Muchu, Londup and many villagers believe the government needs to provide more qualified doctors who they regularly hold accountable for their attendance and dedication. The healthpost needs to be consistently stocked with medicines that haven’t expired, and are given out for the correct disease, accompanied by a doctor who thoroughly explains the method for taking the medicine. In order for the healthpost to be equally accessible to male and female villagers and be supportive of new families, at least one of the doctors should be female, and fully capable of providing information about pregnancies and assisting in both normal and complicated deliveries.

\textsuperscript{18} Londup Dorje Lama
Amchi Kalsang of Yalwang

Amchi is the mongolian word for healer, and throughout Humla, the word amchi was used to describe both local healers and Tibetan medical practitioners. In Muchu, the most commonly referred to amchi was amchi Kalsang Tsering, a Tibetan medical practitioner who is based in Yalwang village. Kalsang studied Tibetan medicine in Kathmandu for over seven years, worked in Kathmandu for three years, and has worked as an amchi in Yalwang for six years now, receiving a wide range of patients from Yari, all the way to Lower Humla. When initially starting in Yalwang, he would receive 600-700 patients annually, but as more and more people have been cured by Kalsang and word of his effectiveness has spread, he now sees between 1,000-2,000 patients annually, from all over Humla. Amchi Kalsang was hired by ADARA, a local INGO that has benefitted many Humla villages for years now. He is the only established systematic Tibetan medical practitioner in Humla, though there are local amchis in other villages, some who practice forms of Tibetan medicine, and others that perform other healing methods.19

Tibetan medicine is a medical practice using herbal ingredients to make medicines, and buddhist philosophy in its explanation and understanding of the human body and disease. In Muchu, all of the villagers are buddhist, but identify as Himalayan, or as one villager explained, “indigenous Tibetans.” So although many customs, traditional dress, cooking, and rituals are highly related to Tibetan culture, many villagers do not identify themselves as Tibetan. That being said, many villagers, of all genders and ages, were familiar with and relied upon Tibetan medicine as an important form of healthcare within the villages. When describing Tibetan medicine, villagers explained how it is a form of medicine that must be eaten slowly and consistently for a long period of time, ranging from one month to around five or six months. Instead of being used for immediate pain relief or a quick response to minor symptoms, Tibetan medicine is effective for curing sicknesses and ridding the body of them entirely, but after a long period of herbal medicine consumption. Many villagers sought out Tibetan medicine for ailments such as gastritis, joint pain, high blood pressure, nerve problems, ailments that were commonly believed to be most effectively treated and cured through Tibetan medicine.

Capchen, the older villager who had lived all of his 57 years in Muchu, said that allopathic doctors and amchis had been equally helpful in the positive change in health in Humla, because different diseases were more suited to be treated by each type of medicine. Some examples he gave of diseases best treated by Tibetan medicine were similar to many that other villagers have also recalled, gastric, joint pain, and high blood pressure. Capchen was a strong supporter of Tibetan medicine, he continuously mentioned how Tibetan medicine was better than allopathic medicine because it was more effective, cures slowly, and has no side effects. He cited an example form his own experience of having Tuberculosis. When diagnosed, he first went to Kathmandu to be treated by allopathic medicine. After receiving this treatment, he began experiencing severe pain in his kidney. He visited the amchi in Yalwang who gave him Tibetan medicine that slowly cured him. Many other villagers cited similar stories or similar accounts of the effectiveness of amchi Kalsang’s treatment. Gyarmet Lama, a young father living in Muchu, believed strongly in the importance of Tibetan medicine, and was willing to travel as far as Yari or Yalwang in order to receive these medicines. He thought that it would be beneficial for Muchu to have an amchi because amchi medicine is “much more effective” for gastric problems, which many Muchu villagers are inflicted with.

When asked about his patients, Kalsang says he most often treats gastritis, arthritis, common cold, diarrhea, joint pain, and blood pressure. He said the main cause of joint paint was the extreme cold, and many years of extreme physical labor. He said the main cause of gastritis was both irregular eating times, for example if someone was out doing work all day, they may not eat until they are done at the end of the day. He also said a cause was receiving a lot of food from China, both because the food manufactured in China is much worse for your body, and because most Humla villagers don’t know Chinese, and therefore can’t read the expiration dates.

Even though Kalsang accepts and receives all kinds of patients, most commonly he receives buddhist patients who are above 30 years old, and females are slightly more common than males due to diseases that are only experienced by females. Kalsang said that he has very good relationships with his patients. Because his medicines have been effective, he has good reviews from his patients and most patients come to him with the belief that Tibetan medicine will cure their problems, which is especially important based on the dedication necessary to taking Tibetan medicine regularly, long-term. When patients come to Kalsang, he not only diagnoses them and provides medicine, but he also provides them information about the importance of sanitation, diet, and other behavioral information as it relates to their health.

Paljor Lama, another Muchu villager, attested to Kalsang’s good reviews by explaining how, unlike the healthworker at the healthpost, Kalsang is reliably in Yalwang, qualified with medical knowledge to properly diagnose, and always has medicines in stock. Paljor said that Kalsang did, “very good work” and provides free and effective services to any villager who

20 Capchen
comes to him.\textsuperscript{22} Capchen further supported this, by explaining that out of all the health services Capchen utilizes when he gets sick, his most trusted health authority would be amchi Kalsang, because of his regularity and helpfulness. Capchen considered himself to have the strongest relationship with amchi Kalsang of all of the health practitioners he uses and has experienced.

Overall, the villagers in Muchu view amchi Kalsang as an effective and reliable medical practitioner, and rely on Tibetan medicine with similar necessity as allopathic medicine, but for different purposes. Amchi Kalsang has created this trust with the villagers by being reliable, available, and supportive of the villagers health needs, and for that reason, villagers travel long distances on foot from all across Humla to receive diagnosis and medicine from Kalsang.

\textbf{Rinpoches and Lamas in Yalwang}

In Yalwang village, there sits a monastery filled with over 300 monks, established by Pema Riksal Rinpoche. Pema Riksal Rinpoche was originally from Muchu, but moved to Yalwang to establish the monastery, a monastic school for young aspiring monks, and a private healthpost to care for the monks, and any other villagers who visit.\textsuperscript{23} In the past, as mentioned by Capchen earlier, Humla had no form of healthcare other than lamas and rinpoches, where all villagers would turn to for medical advice. Lamas and rinpoches receive no medical training, so for most sicknesses, these lamas were unable to cure the villagers. Now that there are other forms of health services in Humla, many villagers mainly rely on healthposts or amchis for their medical care, but the idea that lamas and rinpoches can still contribute to making medical decisions is widely believed.

The role of the Rinpoche in Yalwang is primarily a religious presence, who holds poojas and gives lectures that are widely attended by villagers across Humla. Villagers travel from all over to visit this monastery and receive teachings and advice from Pema Riksal Rinpoche. Most commonly their travels are with religious intent, following the dharma, as explained by Capchen.

\textsuperscript{22} Personal Interview. Paljor Lama. In his home, Muchu Village, Humla. 16 November 2016.
\textsuperscript{23} Sonam Lama
Because of their historic roots of being intertwined with health, rinpoches and high lamas are still understood to provide guidance in making healthcare decisions. Throughout many interviews when asked the first steps taken when falling sick, countless villagers noted that they would first seek out either a practicing lama within their village, or the Rinpoche in Yalwang in order to help them decide which medical facility they should go to, and what kind of treatment they would need.

The biggest health factor that Muchu villagers related to the Rinpoche about was physical and mental health problems attributed to the attack of spirits. If a villager was experiencing a spiritual attack, whether it be possession, Teep, Doon, or undiagnosable pain, it was essential that he or she needed to seek out the Rinpoche in Yalwang in order to rid himself or herself of the spirit who was inflicting them. Without fail, every villager of whom I spoke with mentioned the necessity of rinpoches and lamas for dealing with spiritual attacks, a kind of bodily attack that is inherent in these buddhist villages and within their religious beliefs.

Yalwang Private Healthpost

The healthpost in Yalwang is used by Muchu villagers in the case that the healthpost in Muchu is closed, or is not stocked with the appropriate medicine. It is a private healthpost around six or seven years old, established by the rinpoche in charge of the monastery in Yalwang, Pema Riksal Rinpoche. It was established in order to serve the 300 monks living there, but also works to serve the boarding school down the hill and whoever else in Humla that comes to see him. They have no support from the government at all, all the medicine and equipment is supplied by the Rinpoche, who funds it through donations of the villagers who come to the monastery. Because there is no real head or owner of the healthpost, they too are lacking medicine and equipment. According to Jayalal Budha, the Community Medicine Assistant at this healthpost, the funding from the Rinpoche will not stop while the monastery is still running, but this funding isn’t sufficient for all the medicine and equipment necessary, even though this healthpost functions and benefits sufficiently more than any other healthpost in western Humla.24

Jayalal is originally from a village three days away from Yalwang. He first worked at the government hospital in Simikot, until he started working at this healthpost and has been there for

24 Jayalal Budha
six years. Jayalal spoke about how the government hospitals aren’t run properly, and their “duty is not done well.” He said the doctors are never regular, so even though they have more medicines and equipment, it doesn’t matter.

Even with their lack of funds and resources, Jayalal said that this healthpost is better than the government hospital in Simikot. The monks are there year-round, so the healthpost is open year-round and all the doctors are dedicated and regular. He himself said that he enjoys working there because he’s always learning more about health and likes helping people. Because this healthpost lacks proper equipment, he said that most cases are treated based on experience of having seen or treated the disease before. If he is unsure how to diagnose or treat a patient, he calls a doctor from Kathmandu to receive help, and if it’s something that can’t be solved in the health post in Yalwang, then the patient needs to go to Kathmandu.

The Yalwang healthpost used to be free of cost, but because it was free, many patients who didn’t actually need treatment would come, and many people undervalued the medicine and would throw it out instead of using it. Now the healthpost charges not for doctor services, but charges minimally for medicines in order for the patients to value and utilize the medicines that they receive.

Muchu villagers didn’t know too much about this healthpost, but did know that it was an option. It seemed that if villagers had a serious enough illness to leave Muchu to seek help for, then they preferred to make the trip to Simikot or Kathmandu where there are bigger hospitals with more equipment available. An example of a situation where this healthpost would be utilized was when our guide, Sonam Lama, was injured in the head and on his hand. The wounds were enough that he required stitches on his head and serious bandaging for his finger, and medicine to ease the pain. Sonam first visited the healthpost, where, after calling Londup, he was assisted in bandaging and getting stitches. But Londup didn’t have the most effective medicines, so the next day we left for Yalwang (where we were headed anyway) and before my interview with Jayalal, Sonam went and got rebandaged, received extra bandaging and anti-bacterial liquid to manage his own wounds, and was given the correct medicine to help with his pain.
Khagalgaun Village

Khagalgaun is a buddhist village in Humla, a four hour trek away from the Humla headquarters, Simikot. Khagalgaun is located on top of a mountain along the path that villagers walk, heading west out of Simikot. There are around 85 houses in Khagalgaun, and over 200 villagers. Because of their mountain location, and their across the river orientation from most other buddhist villages, Khagalgaun has no electricity and relies on solar power for the few lights they have inside of their homes. Villagers in Khagalgaun are very close with each other, and consider each other family. Even if there is no blood relation, they refer to fellow villagers as cousin-brothers, cousin-sisters, aunts, and uncles. This relationship includes the over 35 lamas living in Khagalgaun, of whom the villagers trust and greatly respect. Because of their family relationship with the lamas, the monastery plays a huge role in the village as a gathering area for both religious and nonreligious purpose, and a place for the villagers to come together to celebrate, mourn, and generally support each other.

Khagalgaun villagers live a laborious lifestyle, as much of their work is farming and dealing with the few livestock they own. During the pre-winter months, the villagers are extremely busy cutting grass and collecting sticks from the nearby forests in order to prepare for the harsh winter ahead. As more villagers have started living in Khagalgaun over the past few years, resources are harder and more intentional to come by. Cutting grass and collecting sticks can become a competition among villagers in order to get as much as they need for the winter, and also to get more than other villagers. This mix of competition and necessity leads to villagers carrying much greater loads than their bodies are capable of carrying, and this hard work ethic leads to joint pain, back pain, broken bones, and arthritis in later years of life.

Many Khagalgaun villagers identified the most common sicknesses to be gastritis, common cold, joint pain, back pain, and high blood pressure. They understood the causes of these sicknesses to be consuming an abundance of oily foods like butter tea and junk food, lack of personal and environmental sanitation, carrying too heavy of loads, walking far distances, and

25 Sonam Lama
26 Lhamu Lama
the changing weather and cold. Even with the understanding of common ailments and their causes, Khagalgaun villagers indicated no change in their behavior based on this knowledge.

Lhamu Lama, a young mother in Khagalgaun, along with many other villagers, explained how the large amount of work that each village family needed to complete before the winter and the laborious lifestyle Khagalgaun villagers live, lead to nearly every villager prioritizing the strenuous amount of work they do over their personal health and wellbeing. This was visible within the village, as villagers walked down the streets carrying bags of grass larger than their bodies and bundles of wood that caused them to walk hunched down and slowly moving with the load on their back.

When asked if there was a way to change this prioritization, Tashi Dorjee Lama stated, “We can’t stop work!” and explained how their work was their lifestyle, their work allowed them to eat and drink and live the way they do. Similarly, Lhamu Lama didn’t know what a solution could be, as the competition between villagers for collecting grass and wood would only grow as the population grew, which meant that villagers would need to work harder and harder. Tashi Tsering Lama said that villagers prioritize work over health because they have to work for a living, but he thinks that it is up to the individual to decide that the amount of work that they are doing is harmful to their health, and choose for themselves to do less.

Additionally, even if a villager decided to prioritize their health, in Khagalgaun, that is no easy thing to do. The only health services located within the village itself is a government healthpost, which is staffed, at most, once a month, and a few local amchis who provide very specific treatments to a few severe health maladies for villagers and animals. If a villager is seriously sick, in order to receive medicines or healthcare of any kind, they are required to travel either a day’s journey to Yalwang to amchi Kalsang, or a day’s journey to Simikot for the private or government hospitals. As Pema Chhyung, a lama in Khagalgaun, explained, health in Khagalgaun was so poor because from when people are born there are no health services available, not even to help with their birth. From then on, they receive no education about health or their bodies, they have no accountability for their bodies or health through general check-ups, and they have essentially no interface with any reliable medical voice or knowledge.

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27 Tashi Dorjee Lama
of their lack of understanding or awareness of how to be healthy and take care of their bodies, and their lack of health accountability, it is easy for them to prioritize their extremely laborious work over their own bodies and health, which nearly all the villagers admitted to doing.

Health Services in Khagalgaun

Khagalgaun Government Healthpost

The Khagalgaun government healthpost is a small healthpost located in the village, that is never staffed, and never has any medicines. On the rare occasion, sometimes occurring once month, when the Personal Assistant comes to the healthpost, many villagers line up at the door to get medicines, just to find that their are none, or the ones that they are given are incorrect or expired. Because of this, Khagalgaun villagers don’t rely on this healthpost, they aren’t familiar with the ever-changing and never-present staff, and they have no health support within their village.\textsuperscript{30} Lhamu Lama also brought up that all of the medicines they have are in pill form, instead of a kid-friendly liquid form. So when a family finally receives a medicine for their child, it is difficult and dangerous for the child to consume.

Local Amchis

In Khagalgaun, the only other health service besides the healthpost are two local amchis, Tsering Dorjee and Tharik Lama. Tharik is a 63 year old woman who has lived in Khagalgaun all her life, and has worked as a local amchi for 30 years. Tharik explained that her primary job in the village is farming, like most others. All of her treatment of patients is unofficial and she doesn’t get paid for it. She treats both villagers and animals.\textsuperscript{31} Although she is known as a local amchi, she has no relation to Tibetan medicine. She mainly treats broken bones, Tug Zer, Nyen, and sometimes helps female villagers with complicated births. Tharik has received no professional training, but rather learned all of her techniques by watching an old villager named Dadool treat patients with these methods, and as she helped him, she too learned and experienced how to do it.

For broken bones and occasionally high blood pressure, Tharik uses a method called Meh, which translates to fire. Meh involves collecting an herb called Dha, wrapping it into a tube in special paper, lighting it on fire, and placing it onto the area of the body where the bones are

\textsuperscript{30} Lhamu Lama
\textsuperscript{31} Personal Interview. Tharik Lama, Local Amchi, In her house, Khagalgaun Village, Humla. 24 November 2016.
Tharik said that this will burn the skin and muscle, but that it will join the bones back together. She also creates a cast for the broken bones to hold them in place while they mend.

Nyen was described as a swollen, pimple like things that sometimes occur around the ears, naturally occurring. In order to get rid of this, Tharik will take a sharp object, put it in the fire, and then prick the swollen area so puss will be released, and then it heals.

Another treatment Tharik performs is for Tug Zer, which translates in Tibetan to “blood pain”. After many difficulties with descriptions and translations, we determined this sickness is likely internal bleeding. The symptoms of Tug Zer show as pain in the stomach, lack of blood circulation, vomiting, fever, and sweating. To treat this, Tharik has to take blood out from either a vein in the wrist or a vein in the ankle, and this release of blood allows circulation to continue and the person to survive. She said it could be from consuming “hard tea” or bad food after doing a lot of hard work, or experiencing physical trauma that can cause the internal bleeding swelling, and horrible pain that is deadly if not treated by Tharik. Another cause is a contraceptive injection that females receive, and also having high blood pressure. She explained how difficult this process was, especially with the few tools she has, and the difficulty of finding the correct veins. Although Tug Zer is rare, she has experienced it many times helping villagers out.

Normal deliveries in Khagalgaun happen in people's' homes, accompanied by other female villagers, relatives, and friends. If the birth is normal, this process works alright. But if it is a complicated birth, which there is no way of knowing ahead of time because there is no pregnancy care in Khagalgaun, then the only person in the village who can assist is Tharik. She said that complicated births most commonly happen with first-time mothers, and that if she is able to get there in time to help before the baby dies in the womb, then the mother and the baby will survive. Tharik also helps with complicated births of cows and zumas, and said that this is the hardest thing that she does as a local amchi.

Tharik has no professional education about these treatments, but even so, every village member mentioned her as a health service in Khagalgaun, every villager was aware of the treatments she provided, and every villager attested to her effectiveness in these treatments. Working with no pay, no support, and no equipment is a taxing job for Tharik, and she said she has needed two operations on her eyes because of the difficulty and lack of even such things as eyeglasses to assist her treatments. She took on this job to follow the dharma and help others, but as she is getting older she intends to let Tsering Dorjee, the other local amchi, take things over and she will just farm.
Though the villagers are all aware of the local amchis, and feel that their treatments are very effective, the maladies that local amchis treat are rare and do not cover a wide span of diseases. They aren’t used as health consultants in the village, and don’t provide medicines or diagnosis as they are untrained in the medical field and not supported by any government or organization. Although they benefit the few villagers who experience broken bones or Tug Żer, these two local amchis are not sufficient for the healthcare needed for Khagalgaun villagers.

**Khagalgaun Lamas**

The lamas in Khagalgaun (around 35 of them) are part of the villager’s big family, but they also have a huge role and responsibility in the monastery. When asked about his role as a lama, Pema Chhyung Lama, a lama born and living in Khagalgaun, explained that it is both for him, and the villagers. For himself, he is a lama to work towards the next life and do good work in this life to contribute to the next life. For the villagers, a lama is a highly respected, highly believed in position within the village, and the villagers look to lamas for advice about not only religion, but general advice about their lives and also advice about their health. For events such as deaths, festivals, holidays, or certain sicknesses, the lamas will come together in the monastery to do poojas to honor the event or to get rid of the sickness. These poojas can last many days, for example a pooja for the purpose of a death in a village lasts 49 days, 7 of those days (one day a week) involves all the lamas together in the monastery reading through an entire script all together, usually lasting the entire day into the evening. The lamas line up sitting crossed legged in their maroon gowns, reciting the scripts while banging drums and blowing out of horns made out of femur bones. While they are praying, the villager who called the pooja goes around and serves Tibetan tea and their homemade alcohol made from Barley called Chang, and offering them different breads and crackers and other snacks. For some poojas, such as when a lama has returned from retreat, the whole village stops work and packs into the small monastery up on the hill to celebrate together.

When the villagers are seeking out healthcare advice, similar to the Rinpoche in Yalwang, many refer to a local lama to help them figure out if they are being attacked by a spirit, and also which health service they should seek out. Tsojam Lama, a middle-aged woman in the village, said that she goes to lamas in her village for spiritual attacks, and she will go to any
lama who is available at the monastery at that time. Since she is very close to all of them, as they live in the same society she considers them family and believes in both them, and Buddhism. She described a spiritual attack as not being able to see the spirit, but having sudden, intolerable stomach pain, headache, or vomiting. It doesn’t happen often, but there is no way to know when it will happen, and when it does, the only cure is to go to a lama.\textsuperscript{32} Similarly, Lhamu Lama explained how all of the lamas lived in the village and were family to her, so she would go to any one of them if she needed help. If she was having a problem, instead of going to the monastery to find them, she would go right to their houses to ask for help.

\textit{Amchi Kalsang of Yalwang}

Because of its distance, it seemed as though amchi Kalsang played less of a role in Khagalgaun than in Muchu, but still contributed to their health as far as providing Tibetan medicine. Fewer villagers of whom I spoke with relied on Tibetan medicine the way Muchu villagers seemed to, simply because it was a far distance to travel to receive these medicines. If villagers were sick enough to leave Khagalgaun to receive medical support, it seemed as though it made more sense to head towards Simikot where there were two hospitals and access to Kathmandu in case it was more serious.

That being said, every villager I spoke with, even if they didn’t use it personally, said that Tibetan medicine was effective for curing diseases, and that many other villagers used it. Tsojam Lama explained that she decides whether to go to Simikot or Yalwang according to the disease. She goes to amchi Kalsang in Yalwang for gastritis, and joint pain. She hasn’t personally had many health problems, but she knows that amchi Kalsang provides Tibetan medicine, takes in all kinds of patients, and provides very effective diagnosis and medicines. Similarly, Bhuti Lama was experiencing a lot of back pain, and because many villagers said that Tibetan medicine was effective for back pain, joint pain, gastritis, and high blood pressure, she travelled to Yalwang to see amchi Kalsang. Kalsang gave her medicine which she took regularly for one month and her back pain was cured. When Bhuti went to amchi Kalsang, he not only provided her with medicine, but with behavioral advice as well.\textsuperscript{33} Even though many villagers wouldn’t necessarily travel all the way to Yalwang to receive Tibetan medicine, Bhuti, and many other villagers, thought that if there were an amchi for Tibetan medicine in Khagalgaun, that many villagers would use and benefit from it.

\textsuperscript{32} Personal Interview. Tsojam Lama. In her house, Khagalgaun Village, Humla. 21 November 2016.
\textsuperscript{33} Personal Interview. Bhuti Lama. In her kitchen, Khagalgaun Village, Humla. 22 November 2016.
Traveling to Simikot or Kathmandu for Health Services

Health services in Khagalgaun are extremely lacking, as there is only one healthpost that is never open, two local amchis, and many lamas who can assist with only spiritual attacks. Therefore, if people are seriously sick, they have to travel to Simikot or Kathmandu to receive any diagnosis or medicine, which is inefficient, expensive, and inaccessible to most villagers. Traveling for health services has many negative consequences and inconveniences for villagers. It means taking days of time away from their work and families, paying large expenses for travel, and not being able to receive any follow-up care after being treated, taking medicines, and returning back to the village. Lhamu Lama explained that if she had a serious sickness, she would need to go to Simikot for health services. Going to Simikot would be expensive, and it would mean she would need to leave her work behind for a few days, which has big consequences for her family. She is the one who cooks food for her whole family, so while she was gone she would be unable to provide for them.

Additionally, going to a hospital in Simikot means walking the day's journey while suffering from a sickness. Lhamu said that if she was too sick to walk, she would either be taken by horse or a bunch of villagers would have to carry her on a stretcher. Either way, it would be a long expensive journey that inconvenienced many people, especially considering medical services in Simikot are also lacking, so there is no guarantee she would be treated.

To highlight the inaccessibility of traveling for medical services, a trip to Simikot from Khagalgaun would require a full day hike, first straight down the steep mountain Khagalgaun sits upon, and then up an even steeper and taller mountain to reach Simikot. This is a taxing path that is strenuous even for a healthy villager, and would be no easy walk for someone who was sick. After reaching Simikot, if they aren’t able to assist with the sickness, villagers would need to travel to Kathmandu to receive more advanced services. Traveling to Kathmandu from Simikot would require taking a
small plane out of Simikot, and these planes are often delayed, cancelled, or changed because of unreliable weather conditions and the dangerous flight through the mountains. After arriving in Nepalgunj after this flight, either another flight is required to reach Kathmandu, again, often delayed or cancelled, or a 17 hour bus ride through more mountains. By the time a villager would reach Kathmandu, it has been a minimum of three days, hundreds of dollars, and still no guarantee they’ll be cured or helped in Kathmandu.

For many villagers, their health-seeking journey ends in Simikot, whether they are cured or not. Even traveling to Simikot is expensive, but for many villagers, Kathmandu is unrealistic and inaccessible because of the expenses of getting there. This means, that villagers could take a few days off traveling back and forth to Simikot, and return back to Khagalgaun having wasted time and money, and still suffering with the sickness that they had been seeking help for.

**Spirits**

Throughout all of my research, Muchu and Khagalgaun villagers brought up the idea of spirits, and how if they experienced a spiritual attack, then they would need to go to a lama or a Rinpoche in order to rid the soul from their body. After countless interviews mentioning spirits, I spoke with Pema Chhyung Lama, a lama in Khagalgaun, as he tried to explain in more depth what the villagers were talking about. When a villager comes to him about a spiritual attack, Pema and his fellow lamas perform certain poojas in order to fight the spirit. The poojas become necessary for two different kinds of sicknesses, spirit possessions and spirits who attack and prevent the person from being cured from their sickness.

Spirits are sentient beings without bodies. Dead souls are souls whose body has died, but they have not moved on, and are left to roam around and attack people who are down on their luck or who are walking around at night on their own. These souls were unable to find the path to enlightenment or rebirth because during their life, they had done bad things, felt a lot of anger, not completed their desires, or not followed the dharma. Some examples of not following the dharma that could lead to the existence of a roaming soul is only caring about your own family, not anyone else’s, feeling a lot of anger towards people during your life, not thinking introspectively about yourself, not think about others, and not putting any consideration into the next life. Instead of moving on to be
reborn again or becoming enlightened, these souls enter a sort of hell where they are stuck, bodiless on earth to roam around and attack living souls.

Live souls can also cause a spiritual attack onto other live souls, which is considered witchcraft. These attacks aren’t necessarily intentional, but can happen when a live soul (a living person) feels jealous of another person. In the cases of both live souls and deal souls, the spiritual attacks can look very similar. If the spirit fully takes over, the person being attacked gets rigid and starts talking in an entirely different voice. They say the name of the spirit attacking them, and violently embody this spirit. 34

Another way a spirit can attack is by causing extreme pain in the head, stomach, or heart. This pain is intolerable, and if the cause of this pain is a spirit, then no doctors or medicines will be able to cure it. The only cure to both of these spiritual attacks is to seek out a high lama or rinpoche, and have them do pooja, both in the monastery and within the villager’s house. These spiritual attack poojas last six or seven days, and also involve burning the name of the spirit who is doing the attacking, if they have presented themselves, which they always do in a spirit possession. By doing these poojas, the lamas lessen the power of the spirits so they are no longer able to have control of the body, or no longer able to prevent the body from being cured. If it is a high rinpoche who is doing the poojas, then they pray for the peace of that soul, and are able to release it from earth.

Wangdak, a government school teacher in Muchu, further discussed the role of spirits and lamas in healthcare. Wangdak thinks lamas can be very helpful in curing health-related things as they relate to spirits and witchcraft. For cases of spirit possession or health problems brought on by spirits, he has seen people travel as far as Kathmandu looking for cures from different medicines, but the only way to cure these things is by going to a high lama. Wangdak hasn’t personally experienced any spirits within his own body, but he talked about how his mother used to point out when spirits were going by his house and he could hear whistling and banging of drums and since then he has believed in spirits. He also talked about spirits haunting the government school in Muchu in the past few months. Wangdak explained how two older people had passed away long ago inside caves where the school was built. These old people weren’t satisfied with their life when they died, so their souls weren’t reborn and they became spirits. After the school was built over the area they had died, teachers and students started noticing strange things. During the day and night there were often strange noises coming from the upstairs classroom, and a few teachers claim to have seen the ghost of an old woman coming in and out of the classrooms during the day. The teachers who were living at the school also started having nightmares about the old couple, and so Wangdak summoned a high lama to the school who did different mantras and rituals in order to set the spirits free. Since the lama came and helped at the school, there has been no more signs of these spirits.

34 Pema Chhyung Lama
Yangdon Lama was an older woman living in Khagalgaun, and she too had experienced spiritual attacks. She personally had been attacked by spirits many times in her life, and said it showed as head pain, stomach pain, heart pain. The pain was intolerable and sudden, and would only be cured by consulting a lama. She didn’t know the cause of spirits, but said, “In our religion, we give more importance to the next life, rather than this one.” So all the poojas and offerings they do are focused on the next life. Whenever Yangdon personally had been attacked by many spirits, she would always go to a lama and it would be cured.

Amchi Kalsang from Yalwang also had thoughts and experiences to share about spirits. When I asked if lamas and rinpoches had any relation to Tibetan medicine, Kalsang said they were related as they both are based in Buddhist philosophy. Kalsang said that along with their treatment is also to recite mantras and sutras. If a patient is experiencing spirit possession or spirit related problems, then the Rinpoche is the person to go to, not an amchi. When talking about spirit-related problems, Kalsang mentioned “Teep” and “Doon.” Teep is a problem that many villagers had brought up to me as an example of spirit possession. Teep is a trauma starting with a bad feeling, sometimes not wanting to eat, and then suddenly fainting. He explained Doon as when you feel ill, but no doctor can figure out why and no medication works. In order to rid yourself of the spirit possessing you and making you feel ill, you must go to the Rinpoche who will do blessings himself and give you certain mantras, and then you should be cured. Kalsang distinguished spirits from mental illness by describing mental illness to be caused by certain thought processes, for example a businessman thinking too much about business and then having it fail and then his mental state is lost and the result is mental illness, where cause and symptoms can be identified. Spirits, on the other hand, have no prior cause, and can show as many different symptoms, some manifesting much more physically. Kalsang said he couldn’t explain the “deeper causes” of spirits, but mentioned how they commonly come when someone is walking alone at night or too scared of the spirits.

The allopathic healthworker in Muchu village, Londup Dorje Lama discussed how it is not good to go to the lama for healthcare, but it is important to go to the lama for spirits and witchcraft. He said he would never refer someone to a lama, but if they had gone to Kathmandu or Simikot for healthcare and that hadn’t resolved the problem, then it is important to go to a lama, as the problem could relate to spirits or witchcraft. When asked to make a distinction between spirits and mental illness, Londup explained that spirits are within the mind and cause
Certain psychological effects and bodily effects, while mental illnesses have specific signs and symptoms that can be distinguished as they are defined.

Though the idea of spirits is unfamiliar from the perspective of western culture, it is a reality to the villagers of Muchu, Khagalgaun and most buddhist villagers in Humla. Without fail, every person I spoke with, old, young, male, female, lama, lay person, all reliably believed in spirits, spiritual attacks, and the effectiveness of a lama in dealing with both of these things. Because of the intensity and consistency of this faith in spirits, it is essential to consider when looking at health care in this area. Even though spiritual attacks are far different than regular sickness, they manifest in similar physical ways, and therefore relate to the health of the people. As mentioned before, the only cure for a spiritual attack is a lama or rinpoche, so when considering what role certain medical professionals play in maintaining health in an area, lamas and rinpoches play an important role in dealing with these unique crisis.

**Herbal Medicine**

When initially asked about what they would do when they got sick, villagers would bring up amchis and healthposts and hospitals, but it wasn’t until I specifically asked about methods of treating themselves that villagers started mentioning some herbs they had in their house. These herbs are commonly used for common cold, joint pain, stomach pain, and cuts and wounds, and are widely known by all of the villagers in Khagalgaun, and many in Muchu. Villagers go to the forests of Khagalgaun or Muchu and pick these herbs themselves, both for medicinal self treatment for villagers and their families, but also to sell to businessmen, who then sell the herbs to China.

Dickey Palmo, a woman from Muchu, furthered described these self treating herbs She collects these herbs herself from the hilly and forested areas around Muchu, and says that they are very effective. When the health post doctor is unavailable, she mainly relies on these herbs for relief, and believed that these herbs were totally unrelated to doctors, amchis, or lamas.. Dickey also mentioned that she learned about these herbs from older people in the village, and that the entire village uses these to self-medicate.

Like Dickey, most villagers told me about how the knowledge about which herbs to use, where to find them, and how to use them had been passed down for generations, and were common knowledge among most buddhist villagers in Humla. No villagers connected the herbs to any other form of medicine they talked about, and many times wouldn’t mention it unless asked specifically, because the use of them was a natural action. When I was meeting with amchi Kalsang in Yalwang, I asked if he had heard of people self-medicating with herbs, and if he thought it was effective. He immediately provided me with two examples, one of which we pulled right off his desk. He said “Meh” meaning fire, was an herb wrapped up that you lit on fire and placed onto the area of the body that was experiencing pain, usually joint paint. He said
Berman 32

this method was extremely effective. Then he described “Kenba” which is an herb you heat up and put on your nose, which stops nosebleeds. He also talked about “Katakai”, an herb that many villagers had mentioned, and told me about how it is very useful for treating both jaundice and fevers, and oils from “Khambu” and “Chuli” are useful for joint pain and massaging. Kalsang went on to say how all of these herbs are related to Tibetan medicine, and all of them are used in different amounts in all kinds of the medicines Kalsang provides villagers. This relation between local herbs villagers have been using to treat themselves for generations is fascinating, especially considering that theoretically, systematic Tibetan medicine has only been around in Humla for 14 years and none of the villagers have identified these herbs as having any relation to Tibetan medicine.

Pema Chhyung, a lama in Khagalgaun, confirmed that these herbs were part of Tibetan medical system, as nearly all the herbs mentioned by the villagers are different ingredients for different Tibetan medicines. When these herbs are used on their own for self treatment, they are effective for relieving symptoms such as headaches, stomach pain, or cough, but can’t cure serious sicknesses. When used in medicine made and given by amchis, these herbal medicines, necessary to be taken consistently over a long period of time, can cure many diseases.

The only negative opinion of these herbs came from Londup Dorje Lama, the healthworker at Muchu healthpost, and Jayalal Budha, the healthworker at the Yalwang healthpost. Jayalal, a Hindu, wasn’t familiar with the herbal medicines and said that he wasn’t sure of their effectiveness, but thought they could be dangerous. He had heard that villagers would put soil and ash on their open wounds, and he thought this was dangerous and could cause infection. This treatment mentioned by Jayalal wasn’t mentioned by any villagers of whom I spoke with. Londup also talked about the herbs that Muchu villagers use to self-medicate. He said he didn’t know much about them so he was unsure about their effects, possible side effects, or helpfulness. He said he thought they could be good, but also that they prevented people from immediately seeking medical support from a legitimate medical service, and because of that they are negative. He personally does not use these herbs.
<table>
<thead>
<tr>
<th>Name of Herb</th>
<th>Description</th>
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<th>Name of Herb</th>
<th>Description</th>
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<tbody>
<tr>
<td>Alshot</td>
<td>Herb</td>
<td>Cuts and wounds</td>
<td>Pode</td>
<td>White seed</td>
<td>Headaches and cough</td>
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<td>Chal</td>
<td>Herb</td>
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<td>Herb</td>
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<tr>
<td>Chuli</td>
<td>Oil</td>
<td>Joint pain, massaging</td>
<td>Saymenok</td>
<td>Small fruit</td>
<td>Common cold</td>
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<tr>
<td>Gajarani</td>
<td>Herb</td>
<td>Stomach pain</td>
<td>Sotoowa</td>
<td>White, onion looking seed</td>
<td>Cuts and wounds</td>
</tr>
<tr>
<td>Katakai</td>
<td>Roots</td>
<td>Jaundice, fever, cough</td>
<td>Takshoon</td>
<td>A black, fibrous root found year round on rocks</td>
<td>Blood pressure control</td>
</tr>
<tr>
<td>Kenba</td>
<td>Heated up herb</td>
<td>Stop nosebleeds</td>
<td>Wangbo Lakpa</td>
<td>Herb</td>
<td>Cuts and wounds</td>
</tr>
<tr>
<td>Khumbu</td>
<td>Oil from a peach-like fruit</td>
<td>Joint pain, massaging</td>
<td>Jeera</td>
<td>Oils from an herb</td>
<td>Joint pain, bone pain</td>
</tr>
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*Self Treating Herbs mentioned throughout interviews, spelling translated with the help of Sonam Lama*
Pathways to Providing Effective Health Services in Humla

How to run an effective NGO in Humla Villages, ADARA

The government’s lacking focus or support of Humla has lead to Humla being packed full of NGOs and INGOs from across the world trying to help support agriculture, education, and healthcare in this remote area. Despite the countless amount of NGOs, Humla is still severely lacking in sustainable support. A big reason for ineffectiveness of the majority of NGOs in Humla is that they misuse their funds, either because of corruption or not having a full understanding of the village’s needs. Throughout travels through Humla, one INGO that appeared to be making a positive change in multiple Humla villages was an INGO called ADARA.

In Muchu Village, ADARA is a local INGO that has been working for Humla for over 18 years, working in Humla for 6 years, and working through an office in Muchu for 2 years. ADARA’s main office is in South Africa, and for the first 12 years of Humla-focused work, ADARA mainly provided funds to NGOs already present in Humla. When ADARA learned that these funds were being misused, they set up offices in Simikot and 8 other Humla villages to make sure their support was being intentionally utilized and to manage and supervise their projects in these villages, through the end.35

When distinguishing ADARA from other NGOs in Humla, which have been less successful, Muchu ADARA staff member Dhana Bhadur Shai made sure to emphasize the importance of ADARA’s presence in the villages for managing and supervising projects. ADARA focuses on providing infrastructure for education, health, and agriculture. Their work in Muchu has been helpful so far, and visible while visiting. In Muchu, their primary work completed thus far has been setting up village-wide latrines, both supplying materials and teaching villagers how to install them. Because Muchu soil is not good for harvesting, ADARA has provided materials and trainings on how to build and sustain small greenhouses throughout the village so villagers are able to have fresh vegetables. ADARA has provided seeds and saplings to promote some agricultural development.

ADARA also supports the school in Muchu, both by building a new school building and hostel building for the Muchu government school, providing school materials such as notebooks and whiteboards, and hiring Wangdak, the only reliable teacher and the most dedicated worker to the school. Wangdak lives in the school office and spends his days organizing students, staff,

35 ADARA Staff. 2015. Rising to the challenge ADARA group operations report.
materials, and also teaching, whereas the majority of other Muchu, government hired school teachers are irregular and less experienced.\(^{36}\)

As for health, ADARA has been less successful in Muchu considering the villager’s feelings about the health post, but ADARA built a new building for the health post and supplies the health post with medicines if requested by the healthworkers. ADARA also intends to fund transportation and medical services for any Muchu villager in an emergency situation. This service doesn’t appear to be well-known by villagers in Muchu, as most of them noted how expensive it was to receive healthcare from Simikot or Kathmandu. It seems as though ADARA has done many things for Muchu in other fields, but is lacking in health.

Dhana described for me the way in which ADARA works. There is a social mobilizer in each village who is a villager who is decided on by the villagers to be responsible to let everyone know when a meeting will be held, there are usually eight or nine community meetings a year. The meetings are attended by most villagers, and in the meetings villagers decide with the guidance of ADARA staff, what their village needs. After some ideas are posed, ADARA reaches out to the government to receive permission, and then looks to its donors to receive funds for the project. Once funds are received, meetings are held to either provide a training on how the villagers can implement a project themselves, or get organized and decide how they plan to complete a project. Dhana said that these meetings are very important for spreading information and giving trainings because most of the villagers are there listening.

ADARA is posing a good example at how a functional Nepali government should be working and supporting Humla villages. Dhana emphasized how ADARA is doing the work that the government should be doing, and that the government could learn a lot from the way ADARA functions, especially the way they engage and empower villagers, hold their staff accountable, and supervise and manage projects until they are successfully completed and ensure the benefits are maintained. In referring to a new Nepali government, Dhana said, “Work like

ADARA, or don’t work at all,” reiterating the effectiveness of the way ADARA functions and how it is showing the government a good way to support Humla villages.

The end of the pre-planned ADARA budget is coming up in 2017, and it is undecided whether ADARA will continue receiving enough funds to support Humla. When asked what would happen if ADARA left Humla, Dhana explained that Muchu and Humla would be in pretty bad shape. Even though ADARA empowers villagers by teaching them how to do things such as build latrines and sustain a greenhouse, without the funding and continued donation of resources from ADARA, most Humla villagers wouldn’t be able to sustain the projects ADARA has implemented. Even though they have built a new school building, without the school supplies and ADARA staff supporting the functions of the school, the school would return to an even lower functioning state. Even though ADARA has done many great things and is respected by the villagers, they are reliant on it and would certainly suffer if the ADARA future budget didn’t include supporting Humla villages.

ADARA runs their an NGO in a way that creates positive change in a village. The way ADARA empowers villagers to decide what they need and then supports them in creating it themselves is very effective and could have longlasting effects. Even though ADARA within Muchu hasn’t made much of an effect on available healthcare, this is more attributed to the unreliability of healthworkers than ADARA itself. Dhana explained how ADARA does fund more medicines being provided in the health post, but if the healthworkers aren’t there to give these medicines to the village, then they just expire and aren’t good for anyone. Dhana also explained how when ADARA tells the government they are going to do something, for example, if ADARA told the government they would supply the health post with a new working staff, then the government would retract all support. This wouldn’t be a huge problem, as government workers are unreliable and the government barely provides medicine, except that there is no guarantee that ADARA will continue sustaining these villages. If ADARA were to take on the responsibility of supporting the health post, have the government retract support, and then leave, healthcare in Muchu would surely become even more unreliable than it is today.

Therefore, I think ADARA shows how the government should be interacting in the villages, and could be a good way to spread health information and training through community meetings, but it cannot be the only source responsible for doing the government’s work, because it is unrealistic and not sustainable.

Female Accessible Health and Pregnancy Services

Humla villagers from Muchu and Khagalgaun villages consistently stated that health services were not equally accessible between genders, and that their villages were in serious need of reliable pregnancy and delivery services. These feelings are also reflected in the maternal and infant mortality rates of Humla, which are significantly higher than the rest of Nepal, and most countries in the world. When considering how to impact this remote region with the most
effective positive changes in healthcare, a huge focus needs to be placed on the pregnancy and delivery services, currently unavailable. Each of the 27 healthposts in Humla are built as a space for deliveries to happen, but given few resources and no reliable medical support.

Having doctors and medicines in these healthposts is important, but making sure that these doctors are trained in delivery and are dedicated to sharing information and education about deliveries is essential to creating a safe and comfortable space to give birth for the female villagers of Humla. Additionally, many women in Muchu and Khagalgaun were nervous and shy to speak with me about general health in Humla, because they felt that they didn’t know the answers and it wasn’t worth hearing what they had to say. Women in these areas need support in order to have a voice, especially when it comes to something as personal as their own health. Therefore, it is also essential to have a female nurse or doctor dedicated to working in these healthposts, so female villagers have someone they feel comfortable going to with personal health problems, and someone they feel comfortable with asking questions and advice from.

Bhuti Lama supported this, as she felt that health services in Khagalgaun were not enough, and thought that the most needed health service was a good hospital for women to deliver their child in, and good doctors for complicated births. She thought a female doctor was necessary for women in the village to be comfortable sharing their personal health problems. She then explained to me how she, like all other women in this village, gave birth in the village with the help of female friends and family. She personally had no complications, but women who experience complicated births have to be brought to Simikot, a day’s trek away. Londup, the healthworker in Muchu, said he thought it was important to spread information about family planning and pregnancy and delivery information, and he thought it would be helpful to have a female healthworker volunteer to help share information with the women in the village.

Many of the differences between male and female health are the few sicknesses only females experience, such as Pelvic Inflammatory Disease. Many of these sicknesses come from a lack of personal sanitation, especially during menstruation. In order to prevent these diseases, it is important that these women are provided information about their bodies and how to keep themselves clean and healthy. It is also important to provide information to both males and females regarding family planning, contraception, and safe sex methods to keep all villagers

Khagalgaun villagers Yangdon and Gharmu Lama
sexually healthy and to prevent unintended population growth, as many of these families are of lower economic status and can’t afford to raise, feed, and educate multiple children.

**General Check-ups and Prioritization of Personal Health**

Villagers both from Muchu and Khagalgaun lived laborious lifestyles of cutting grass, collecting wood, farming, and traveling far distances to attain food and other resources from Simikot or Hilsa. Many of their day to day jobs involve extreme strenuous labor to their bodies, and without a reliable doctor or medical voice to help them consider their personal health, most villagers work relentlessly, regardless of the state of their personal well-being. Many villagers felt that within the lifestyle they live, there was no space to prioritize health over work, because work is how they sustained their lifestyles and fed themselves and their families. Because of competition among villagers and growing populations creating a scarcity in available resources for villagers to collect, their laborious lifestyle would only continue, if not become even more laborious.

Pema Chhying Lama, a lama in Khagalgaun explained that in order to improve health services and general health of villagers in Khagalgaun, it is extremely necessary for there to be a good hospital with equipment and medicines and reliable doctors. Even more specifically, it is essential that these doctors mandate annual check-ups for every villager, where they explain behavioral causes of diseases and give guidance on creating behaviors, such as more focus on personal hygiene, carrying fewer loads, and eating nutritional food on a regular schedule. This would create a space for villagers to begin prioritizing their health, if not over their work, at least alongside it.

Tashi Tsering Lama, a Khagalgaun villager also stated that it would be very beneficial to the villagers if the reliable doctor would do annual check-ups and give advice about changing behavior to improve health, he thinks this would definitely help people pay more attention to their health.

Having a reliable doctor in the village mandate check-ups with villagers provides villagers with accountability to their own health. With a figure to provide education about certain health maladies, good behavioral strategies to prevent disease, and personal focus given to each villager about their own lifestyle, villagers can be guided towards being intentional about their personal health, throughout their laborious days. Even if it wouldn’t mean doing less work, it could provide strategies, for example carrying loads in a less harmful way for the body, or bringing more attention to the importance of eating regularly throughout the day, even during a long work day. When providing healthcare to villages that spend the majority of their time doing laborious work, it is important to consider the necessity of this work and how it interfaces with health, in order to communicate to the villagers how work is important, but so is their personal health in order to be able to continue living and working without illness and pain.
Health Initiatives Supported Through the Monastery

In the Buddhist villages of Humla, religion plays a huge role in the life of the villagers, along with the lamas, rinpoches, and monasteries that support the villagers. The villagers have full trust and faith in their religious leaders, and go to them for advice and personal problems. The monasteries within villages, such as Khagalgaun, are gathering places for the entire village to come together in support of each other, and spaces open to learning and growing. As Pema Chhyung, a lama in Khagalgaun, mentioned, most villagers come to see the lamas before seeking out other medical services. Villagers already look towards lamas as role models and a support in making their medical decisions. Therefore, an effective way to spread health education, trainings, and other initiatives within villages could be by going through the monastery. Reliable doctors and medicines are necessary within the healthposts, but with a strong medical base in the villages, reaching out to monasteries and the lamas within them to help share the importance of personal health, sanitation, and preventing disease could be an effective way to spread these values within the villages.

Initially, providing the lamas with basic knowledge about health services available, general sanitation, and healthy behavior would affect the villagers as they visited lamas to seek out personal health advice. After the lamas have an understanding of the importance of health and how villagers can access it, they would be able to bring up the values of personal health when the villagers are gathered in the monastery, and begin showing the importance of self-care to the villagers who have spent so long focusing solely on their work. Then, as certain health trainings about things such as female health, sanitation, or family planning are being provided by the reliable doctor in the village, the lamas who know everyone in the village as family members, could spread word of the trainings and gather the villagers together to learn.

The Importance of Tibetan Medicine in Humla Villages

Tibetan medicine is well-known among villagers in Humla in the past 10 years as a slow-working medicine that effectively cures many diseases, with no side effects. It is understood that Tibetan medicine is most effective for curing gastritis, joint pain, high blood pressure, and nerve problems, and both Muchu and Khagalgaun villagers all were familiar with the effectiveness of amchi Kalsang’s treatments in Yalwang.

Though there currently aren’t amchis in every village, Tibetan medicine has the potential to provide a very positive change to health services and behavioral health within Humla villages. Amchi Kalsang said that Tibetan medicine has already had a role in improving health in Humla as many villagers believe in and actively seek out Tibetan medicine for their medical needs, instead of trying to deal with it themselves or not knowing where to go. Amchi Kalsang believes it would be very beneficial to the villager to have an amchi in every village as an amchi is someone they trust and an amchi is dedicated to helping as many people as they can, a value
which is literally ingrained in their practice and training. Therefore, he thinks it’s important to recruit more Tibetan medical doctors, and make them as widely available as possible.  

Throughout Muchu and Humla, the most common diseases, as understood by the villagers, were gastritis and joint pain. These are also the two diseases that Tibetan medicine is most widely known for being effective for. In buddhist villages, behaviors such as drinking an abundance of Tibetan tea, or carrying too heavy loads are inherent in these villages, and the causes of most sickness. Therefore, having an amchi in each village who can provide the most effective medicine for curing sicknesses common in the village, as well as providing holistic and behavioral diagnosis, treatment, and advice, could be influential in helping the villagers prioritize their health, and most effectively be cured of their pains.

Tibetan medicine could play a huge role in developing health services in Humla, as doctors are reliable and dedicated to their patients, many Humla villagers use and believe in Tibetan medical herbs without even understanding this is part of Tibetan medicine, and Tibetan medicine’s holistic approach to understanding behavior, diet, and lifestyle as the most important factors of health could be essential to positively changing health behavior, sanitation and diet in Humla.

Conclusion

Health in Humla is clearly in need of further support, from whatever sources are available and can dedicate themselves to providing the necessary health services. When deciding what areas are in need of the most support, or how support will most effectively be received, it is essential to turn to the people themselves for answers. Muchu and Khagalgaun villagers are willing to accept health services in many forms, primarily through the healthposts that are conveniently located in many villages but horribly under functioning. Villagers stated that the most important first step in improving healthcare is providing consistent medicines, and having a doctor who is properly educated, and dedicated to the village he or she is placed in. Villagers also emphasized the importance of Tibetan medicine, as it holds an effective cure to many of the sicknesses and pains that villagers experience due to their laborious lifestyle and the food they consume, both culturally (consuming large amount of Tibetan tea) and the processed food received from China. Villagers have experienced the severe lack of pregnancy and delivery services, and understand the importance of these services to be available to all families in the village in order for health services to be more equally accessible to all genders. Villagers also respect lamas and rinpoches as active figures in the health world, as related to spirits and spiritual attacks, an equally threatening harm as any sickness or disease.

37 Kalsang Tsering
Health initiatives can most effectively create positive change within the villages by knowing and understanding what the villagers need for health services and in what ways the services available to them function. By bringing reliable female doctors and amchis to every village, by spreading health values through the monasteries, and by having dedicated projects to improve villagers’ awareness and education about their bodies and healthy behaviors that involve and are initiated by the villagers, healthcare in Humla can continue to develop to benefit the villagers living in this remote region in the northwestern corner of Nepal.
Suggestions for Further Research

Throughout my research about the health services in western Humla, I discovered a few interesting aspects that I wish I had the time to investigate further. I only discovered the use of local herbs for self medication halfway through ISP, and learned that they were a part of Tibetan medicine even later. In relation to all of the other topics that I was covering, I didn’t have time to go more in depth, but I think it would be fascinating to continue learning about these herbs and get a better idea of where they come from. It would be interesting to look into their relationship with Tibetan medicine, ask more people if they knew about this connection, and also learn where all the herbs that villagers sell to businessmen are being used for.

As my research was about hearing the perspectives of the villagers, the research is ongoing and could always expand to hear more perspectives and thoughts. I didn’t think to ask the villagers about what they thought common diseases in their village were, and why they thought these diseases were so common until my last few interviews. Doing research about people’s perception of health in general and what causes sicknesses to occur is another essential aspect of understanding how to provide accessible health information, and I especially found it interesting that many people were very aware of what caused common sicknesses, but still willingly partook in the behaviors that led to these sicknesses. Looking into health and behavior in these villages is an important area to be further researched.

Another changing aspect in Humla is the road that is being constructed between Simikot and Hilsa. This road is predicted to take another few years to be finished, but once this road is completed healthcare in Humla will surely have both positive and negative changes as a result. Accessibility to emergency services, multiple health service options, and medicines will improve, but at what expense to villager’s traditional lifestyle? Any research involving the before/after of the road construction, especially in an area as remote as Humla, could be an interesting look at modernization in a very traditional area.

Humla is a beautiful and fascinating place with a diversity of landscapes, cultures, and lifestyles all interacting far away from the cities and streets of Kathmandu. I would certainly recommend traveling to Humla for research, but it is a tough journey. The trekking between villages is challenging, and most villagers do not speak English, so we depended a lot on Sonam, our guide/translator. That being said, if you are interested in traveling to Humla for research, please feel free to contact me or any of the contacts named below who would love to help support your travels.

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