



1997

Change and Continuity: A History of Kunde Hospital, Solukhumbu, Nepal...A Work in Progress

Susan Heydon

Follow this and additional works at: <https://digitalcommons.macalester.edu/himalaya>

Recommended Citation

Heydon, Susan. 1997. Change and Continuity: A History of Kunde Hospital, Solukhumbu, Nepal...A Work in Progress. *HIMALAYA* 17(2).

Available at: <https://digitalcommons.macalester.edu/himalaya/vol17/iss2/15>

This Research Article is brought to you for free and open access by the DigitalCommons@Macalester College at DigitalCommons@Macalester College. It has been accepted for inclusion in HIMALAYA, the Journal of the Association for Nepal and Himalayan Studies by an authorized administrator of DigitalCommons@Macalester College. For more information, please contact scholarpub@macalester.edu.





Kunde Hospital Staff, 1984
Keith Buswell, Ellie Kreuf, Dromalley Sherpani, Mingma Temba Sherpa, Kami Temba Sherpa

Change and Continuity: A History of Kunde Hospital, Solukhumbu, Nepal ... A Work In Progress

Susan Heydon
Kunde Hospital

Surrounded by the peaks of Thamserku, Kangtaiga and Ama Dablam, the hospital is situated at the foot of the Khumbu's sacred mountain, Khumbu-yul-lha, at the far end of the small village of Kunde. Kunde Hospital was built with funds raised overseas by New Zealander Sir Edmund Hillary, his family, friends, and local villagers, at the end of 1966. Ever since the hospital has provided Western medical services to the people of this rugged area of Nepal that includes the world's highest mountain—the reason that first brought Hillary here.

The aim of this history of Kunde Hospital is to examine its history, functioning, and impacts: the introduction of Western medicine to the remote Khumbu region near Nepal's border with Tibet; the building of the hospital as one of Hillary's aid projects to the Sherpa; the hospital's organization and funding by the Himalayan Trust; local health problems; how the hospital is used and by whom. A history of Kunde Hospital has also to be set against the broader development of this region, which has become one of Nepal's principal tourist destinations.

Both the physical environment of Khumbu and its Sherpa inhabitants have attracted considerable attention worldwide from researchers belonging to a wide variety of disciplines, and much has been written about both. In the field of health and disease a few studies have looked at Sherpa beliefs about illness, the role of spirits in causing misfortune and traditional methods for dealing with sickness.¹ On the whole a relatively small amount has been written about health issues or services, and hardly anything from an historical perspective.² Little also has been written about Hillary's aid projects and the Himalayan Trust, which have played a

significant role in this region since the first school was built in Khumjung, a short distance from Kunde, in 1961.³

What is emerging from this history of Kunde Hospital, which draws from written and oral sources, is a picture both of change and continuity—changing practices but often continuing traditional beliefs. Sherpas face many challenges to their way of life and beliefs; people visiting the Khumbu and subsequently returning years later have noticed enormous changes in the lifestyle of the Sherpas. Lukla airstrip, which was built by Hillary in 1964 to transport building materials and supplies for his building projects, became the unintended gateway to the region for thousands of overseas visitors. In that year there were just 20.⁴ During 1996/97, 17,412 overseas visitors entered what is now the Sagarmatha National Park.⁵ Tourism has greatly increased the overall influence of Khumbu society, although not all villages or families have benefited equally. Opportunities in tourism vary from a few weeks portering to owning lodges on the main trekking trails or businesses in Kathmandu. Sherpas today have more money, dress differently, live in bigger and better houses, eat more food, and travel within Nepal and overseas.

In her recent study, *Tigers of the Snow and Other Virtual Sherpas*, Vincanne Adams sees that Sherpa modernization has considerably advanced as a result of the resources and activities of biomedical development programmes.⁶ Sherpas have been involved with mountaineering expeditions from the early twentieth century and gained some exposure to Western medicine through expedition doctors and medical researchers.

¹ Furer-Haimendorf, C. von, *The Sherpas of Nepal: Buddhist Highlanders*, London, 1964, ch. 7; Adams, V., 'Modes of Production and Medicine: An Examination of the Theory in Light of Sherpa Medicinal Traditionalism', *Soc. Sci Med.*, 27, 5 (1988), 505-13.

² For example: Lang, S. and A., 'The Kunde Hospital and a Demographic Survey of the Upper Khumbu, Nepal', *New Zealand Medical Journal* (NZMJ), 74, 470 (1971), 1-8; McKinnon, J.R., 'Health Problems of Khumbu in Nepal: The Work at the Kunde Hospital', *NZMJ*, 67, 140 (1968), 140-43.

³ See: Fisher, J.F., *Sherpas: Reflections on Change in Himalayan Nepal*, Berkeley and Los Angeles, 1990. Fisher, who was a member of Hillary's 1964 Himalayan Schoolhouse Expedition, particularly looks at the impact of education.

⁴ Quoted in: Nima Wangchu Sherpa, 'A Report on Firewood Use in Sagarmatha National Park, Khumbu Region, Nepal', Sagarmatha National Park, 1979.

⁵ Sagarmatha National Park records.

⁶ Adams, V., *Tigers of the Snow and Other Virtual Sherpas: An Ethnography of Himalayan Encounters*, Princeton, 1996, p. 84.

Before Hillary built Kunde Hospital his expeditions and others provided medical help to the local people. During his 1963 Himalayan Schoolhouse Expedition two doctors ran a clinic in Khumjung for six months, and expedition members also provided widespread smallpox immunization during the epidemic they encountered as they walked into the region.⁷

At the same time, Western medicine was entering the Khumbu via a different route, with the opening of a government clinic in Namche Bazaar in 1964. Although the government health service in Nepal provides both Western and Ayurvedic clinics, most government services—including the clinic at Namche—are based on Western medicine, and have been since before Nepal was opened up to the outside world in the 1950s.⁸

Today Kunde Hospital is the main provider of health services within the region, and so to Adams has occupied an important role in this process of Sherpa modernization, a contradiction in the Himalayan Trust's aim to complement and respect rather than replace traditional systems and beliefs.⁹ Since the opening of the hospital in 1966 the overseas volunteer doctors based at Kunde have worked to develop both curative and preventive services, such as immunization and family planning, throughout the area. In the early 1970s Kunde doctors, as the Trust's local representatives, were regularly visiting schools in Solu which the Trust was supporting financially. As well as seeing patients at Kunde, services began to be provided in the villages nearer to where people lived. Initially this was to enable patients to continue tuberculosis treatment after leaving hospital, while later village health workers were trained to provide a range of simple treatments, to refer to the seriously sick to hospital and to give health education—particularly to the local schoolchildren.¹⁰

Over the years the number of patients treated at Kunde Hospital has increased considerably, although at this stage it is difficult to give accurate figures because of the different methods and periods of time that doctors have presented the statistics in their annual reports. Between November 1969 and the end of October 1970 there were 2293 outpatient attendances and 55 inpatient admissions.¹¹ From the middle of January 1996 to the middle of January 1997 there were 7286 outpatient visits and 122 inpatients.¹² Part of this increase is due

⁷ Gill, M., *Mountain Madness*, Auckland, 1969; Hillary, E., *Schoolhouse in the Clouds*, New York, 1964.

⁸ Dixit, H., *The Quest for Health*, Kathmandu, 1995.

⁹ Wood, M., 'Draft Strategic Plan for the Himalayan Trust Khumbu Health Programme', 1995.

¹⁰ Kunde Hospital Annual Reports, Kunde.

¹¹ *Ibid.*

¹² *Ibid.* Statistics are now kept according to the Nepali calendar.

to greater use by the resident, mainly Sherpa, population. Today, Kunde Hospital serves the entire area above the village of Surke. The population is not known accurately but in 1996 was estimated to be 6500.¹³ Some of those coming for treatment are the area's traditional medical practitioners. In recent years a large number of people from other ethnic groups, particularly Rai, have come to the Khumbu on a temporary basis to work, and so swell the number of patients attending the hospital. In the early years patients at Kunde Hospital were mainly Sherpa. Today there is a much greater ethnic mix. Finally, the increasing number of overseas visitors to the region contribute to patient numbers. They remain a small percentage of the total patients seen at Kunde, although at times represent a considerable workload.

Despite this expansion of services and increase in the number of patients treated, has this change to Western scientific medicine—or biomedicine—been as thorough as might be believed? I suggest that the answer is no, and that the use of Western medicine is in the first place pragmatic, based on a medicine's or treatment's supposed efficacy. The biomedical explanation is probably considered irrelevant and often ridiculous by the patient.

Beliefs and practices relating to ill health are a central feature of any society, and are often linked to views about a much wider range of misfortune. The Sherpa view of illness is based upon a fundamentally different causation to that of Western medicine. Sherpas inhabit a world full of invisible beings that can be dangerous if offended or ignored, but can also be appeased through appropriate measures. The origin of bad luck or sickness to humans, animals, or crops can be viewed in much the same way; dealing with such forces remains an integral part of the Sherpa way of life in the Khumbu. Three main agents can be at work, sometimes alone but more often together. The *nerpa* are malignant ghosts of people who have died, but not been reborn into one of the six Buddhist worlds, and have been left to wander on this earth. A second malevolent agent is the *pem*, a kind of witch spirit that can come unintentionally, and most usually, from women. The third principal agent of misfortune is the *lu*, a spirit that inhabits houses or special trees, or lives near water. The *lu* differs from the *nerpa* or *pem* in that it is potentially benevolent if treated properly, but if neglected or offended turns harmful. *Thip*, or pollution, can also lead to sickness if a person comes into contact with too many of the numerous things that are considered polluting.

Intervention is necessary to combat such forces, and people will consult whomever they think is appropriate to deal with their problem. Sherpas practice an ancient

¹³ Estimated figure given by the District Health Office for the 1996 international polio campaign. Accurate data are not available.

form of Tibetan Buddhism, belonging to the Nyingmapa sect, and hold many ceremonies to increase their luck or give them spiritual strength. These may involve the whole village at certain times of the year, or can be held throughout the year for the benefit of the individual or his family. In other cases of sickness or misfortune a person or his family may consult a shaman, or *lhawa*, who can go into a trance, becoming possessed by the spirit that has been offended, and decide and take appropriate action. If the illness does not improve, then the *lhawa* may be consulted again to see if there is another spirit that is keeping the person sick.

Although hospital attendances have risen and more people come first to the hospital, it is equally true that few people only use Western medicine.¹⁴ The local *tawas* (monks), have a busy schedule in the villages and their services for many ceremonies may need to be booked well in advance. The use of *lhawas*, however, has decreased in recent years, and close to the hospital. Without the *lhawas'* drums, night time (which is when the *lhawas* perform their rituals) in Kunde and Khumjung, is much quieter than when the hospital opened, while the *lhawa* at more distant Phortse remains busy. Part of the reason for declining use may be the decreasing number of *lhawas* as the practicing one dies. The position often was inherited, but today their children no longer really believe in shamanism. People's choices are being reduced. If no full *lhawa* is available people may consult a junior one. Being a *lhawa* is not an exclusively male occupation because the *lhawa* in one village is female, but the status of a *lhawa* is lower than that of a *tawa*.

In looking at the impact of Western medicine on traditional Sherpa medical practice a number of points should be made. First of all it is well documented that people in developing societies continue to use traditional forms of medical practice after a Western service has been established, and Adams has shown this to be the case amongst the Sherpas.¹⁵ Secondly, Sherpas in the Khumbu already had access to another medical system: they could consult an *amchi*, a practitioner of Tibetan medicine. In Tibetan medical philosophy ill health results from a disequilibrium of the of the different energies that form the mind and body. These two existing healing systems employed different methods and were based on different philosophies. Thirdly, people can distinguish on a pragmatic basis between good and not-so-good services. The government clinic in Namche Bazaar, like most government institutions, has suffered throughout its history from staffing, equipment and supply problems, and so most local people come up to Kunde to what they see to be a more effective service. Equally, some

¹⁴ This section is based on personal observation and various oral sources.

¹⁵ Adams, 1988, p. 505.

traditional practitioners are considered to be better than others.¹⁶

From the time the hospital opened in 1966 there were some treatments and procedures whose effect was dramatic, such as a reduction in size of the huge disfiguring goiters following the introduction of iodized oil injections in this iodine-deficient region. The extraction of a tooth after years of discomfort would bring immediate relief. People who used the hospital for nothing else would come in cases of trauma, of which there was—and still is—a lot.¹⁷

What has happened over the years is that more people use the hospital and for more things, but such practice co-exists with traditional beliefs.¹⁸ One of the commonest complaints presenting at Kunde is epigastric pain. The patient will take the antacid or ulcer-healing medicine, but is unlikely to believe that the cause is the existence of an organism called *Helicobacter pylori*. The patient is more likely to believe that he or she has been poisoned by a *pem*.

The field of obstetrics further illustrates this view of co-existence. Nepal's maternal mortality rate is one of the highest in the world, but in the Khumbu it is very low.¹⁹ Thirty years ago no woman would deliver in hospital, but now they are much more likely to use the hospital's services if they are in difficulties, either coming to the hospital or calling out the doctor. The hospital still sees very few normal deliveries and does not seek to. In other parts of Nepal there are traditional birth attendants, but in the Khumbu there are none. This may be because childbirth is considered a polluting event and other women are reluctant to help. Women have been encouraged to (come for) antenatal care, either to the hospital or to see the doctor during a village clinic visit. This has slowly increased over the years. One of the principal aims of this service is to identify potential problems at delivery, and if necessary encourage the woman to come to Kunde, or even to go to Kathmandu if a cesarean section is indicated. Most women are reluctant to come to the hospital when in labour, not only because of the discomfort or difficulty in getting here, but because the belief that a woman in labour will have a worse outcome if she is seen by another woman remains strong. This could result, for

¹⁶ Interview with Kami Temba Sherpa, senior medical assistant, Kunde Hospital, June 1997.

¹⁷ Interview with Dr. John McKinnon, first doctor of Kunde.

¹⁸ This section is based on personal observation and various oral sources.

¹⁹ In 1988 the rate was estimated to be 850 per 100,000 deliveries. Quoted in: Ali, A., *Status of Health in Nepal*, Resource Centre for Primary Health Care, Nepal and South-South Solidarity, India, 1991. Nepal lacks an effective birth and death registration system which makes it difficult to get accurate data.

example, in the birth of a girl instead of a (much) preferred boy.

Another belief that remains strong is that people think the hospital is home to ghosts, and so they are reluctant to be admitted as inpatients and want to leave as soon as they feel a little better. People prefer to be treated on an outpatient basis, and if possible get an instant cure. The Western ideal of a private room to oneself is anathema. The last thing a patient wants if they have to be admitted is to be alone, particularly at night. The more people there are in the room the better the chance of outnumbering any ghosts. Before the bamboo matting of the original long-stay ward was rebuilt in 1981, it provided plenty of scope for such fears with the creaking and shadows it created at night. Few people come to the hospital at night, not only for fear of the hospital ghosts but also of other ghosts that they might meet along the trail. Patients who do have to come will usually have a charcoal spot on their noses to prevent the ghosts from seeing them.

Associate editor's note:

Kunde Hospital has been a major source of medical care and various medicines to the local people since it was established in 1966. Needless to say, the local people greatly appreciate its enormous support, such as the doctors' visiting in patients' own house, supplying free medicine, etc.

According to the history of the Sherpa, their ancestors originally emigrated from Tibet about 600 years ago. Thus, the Sherpas are Tibetan Buddhists and their culture, traditional systems, and architecture are similar to the Tibetan.

It is obvious that Sherpas do strongly believe in different invisible beings since it is typical in Tibetan culture. In terms of consulting a physician, local lama (mostly Tibetan), shaman, etc. in order to discover the health problems and be treated, Sherpas first give priority to the local lamas and shaman if sickness is thought to be caused by nerpa, chu, or thip (pollution). If these causes are responsible, they do all kinds of ritual practices and only then they go to see the doctors and use the western medicine. Even though the Sherpas have been gradually westernized, the practices and belief in shamanism still remain not only in old generation but also young generation. Sherpas gradually tried different shaman who are from different groups, such as Rai, Tamang, Chetri, Magar, etc., since there are a very few indigenous Sherpas lhawa (shaman). Belief in the powers of shaman is common not only to Sherpas but also typical in Rai, Brahman, Chetri, Newar, and Limbu communities even in the cities.

However, people do believe in western medicine as well; it is vital to find out from illness' symptoms, like accidents, burning, etc., which medicine is appropriate. Symptoms indicating nature of illness include

chu: blistered, pus, body swelling, etc. It is said to be very dangerous if one doesn't treat the chu properly;

pem: fainting, headache, stomachache

nerpa: nausea, fainting, no appetite, stomachache;

thip: headache, eye pain, stomachache.

Amchi (Tibetan physician) are becoming more popular in Khumbu. Some amchi are able to deal with the patient who is afflicted by pem, nerpa, or thip besides doing their own practices. They mostly use herbs and pure natural medicine.

Tenzing Gyazu Sherpa

Tenzing Gyazu adds: "I get a headache every day in America, and I am looking for a shaman!"