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Utahns go to Nepal to lift people out of poverty

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On a recent afternoon, Bishnu Adhikari positioned himself flat on his back on a skinny white table and stared up at the ceiling. For the next hour — wearing a white mesh mask that made him look like a fencer taking a nap — he lay perfectly still while hundreds of radiation beams targeted a tiny, diseased part of his brain.

Adhikari is from a region of Nepal where medical care is still fairly primitive, a place where pregnant women often give birth, alone, in sheds. If a man breaks his leg, he will probably be carried three hours in a bamboo basket to a clinic and then, after he gets a bandage, he might be carried to a hospital a day away.

Adhikari is luckier than most. When he collapsed one February day in 2008, he was in one of the region's larger towns, so he was put in a van and taken, unconscious, to a hospital in the Nepalese capital, Kathmandu.

He was diagnosed with a tumor on his pituitary gland and was able, with the help of Utahns he works with in Nepal, to get brain surgery in Thailand. And when it became clear that he needed additional treatment, those same colleagues brought him to Utah this month to receive high-tech CyberKnife radiosurgery with the help of Salt Lake Regional Medical Center.

Adhikari understands the distance between the current state of medical care in Nepal and what might be possible in the future.

Trained as a civil engineer, he is in-country director for West Jordan-based CHOICE Humanitarian, which runs community development projects in some of the world's poorest countries. CHOICE also works with Hope Alliance, a Utah-based nonprofit with a similar mission.

On Thursday, Hope Alliance and CHOICE Humanitarian will send 23 Utahns to Nepal. They'll engage in what people in development work call "capacity building," a bit of jargon that refers to the nitty-gritty work of teaching people new ways of creating and maintaining jobs and infrastructure, which in turn helps them help themselves rise up out of poverty.

Adhikari makes all this possible in Nepal, says Salt Lake geriatrician Dr. Fred Gottlieb, because "he's gifted at sitting down with village leaders and saying, 'What do you need? What can you bring to the table to show this won't be a handout?'"

There have been plenty of well-meaning medical and poverty missions that basically helicopter into communities to offer aid and acute interventions but haven't helped in the long run by working with local leaders to dispense knowledge and sustainable supplies, says Gottlieb, who will be making his fourth Hope Alliance trip to Nepal.

And "80 to 90 percent of projects implemented in impoverished circumstances fold within 12 months," says CHOICE program director Chris Johnson.

The three-week expedition will include agricultural experts, engineers, a computer expert, a master gardener and nine doctors from Salt Lake Regional Medical Center. Among other tasks, they'll teach basic health care and help build "biogas digesters" that process animal, human and food waste into methane gas to provide heat and energy for villagers' homes.

In the isolated regions of western Nepal, families still cook indoors over open flames, so the biogas digesters improve respiratory and eye health.

The team, whose members will pay their own way, will also travel to Chitwan district, where they will bring equipment for laparoscopic surgery and will help train doctors at the new medical school that opens in October.

In turn, the Utah doctors will learn from the Nepalese doctors, says Gottlieb, who notes that the surgeons there have become adept at quick surgeries with minimal infection.

Adhikari will be waiting for his Utah friends. After getting five CyberKnife treatments in Salt Lake City — lying perfectly still, his head held in place by the mesh mask while the robotic machine moved around him like a graceful dancer — he has now returned to Nepal to help his country.

Adhikari's hope is that, within 10 years, every village will have basic medical care. Not the CyberKnife, he says, but at least a clinic.

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