

## COMBATING LEPROSY in a SEA OF COVID

### Faith, Work, Struggle and Joy - at Lalgadh Leprosy Hospital & Service Centre (LLHSC), Nepal

From Graeme & Meena - and all the grateful LLHSC Team - 20 September 2020

Dear Church family ... *and all you beloved saints and friends,*

Warmest grateful greetings and love from Meena and me – and from all the team here at Lalgadh Leprosy Hospital in Nepal. It's really lovely to write a few lines and think of you – as today's torrential monsoon rain and humid heat here conspire to remind us just how remote we are from where you are. The map below (yep... seen it before) is a reminder.



This is just a short update to let you glimpse how the work is going on here at Lalgadh Leprosy Hospital. We are all still alive and upright - despite COVID-19, lockdowns, leprosy, monsoon rain, mud, and mosquitoes (there's other challenges too ... but Hey!... I shouldn't overdo it!)

Mighty different place the world is now as a result of the Covid-19 pandemic! We could never have imagined it this time last year. Here in Nepal Covid-19 transmission and infection rates continue to rise and remain out of control. COVID-19 is in the villages, communities, and Districts surrounding Lalgadh Hospital. Our front-line staff clearly need to keep our guard up and our protective masks, gowns, gloves, (PPEs) on... despite the heat.



Our nurses and docs – dressed in our protective PPEs, (hot and sticky) and with our rather inadequate oxygen equipment – a n oxygen cylinder, an oxygen concentrator, and of course we have the necessary tubing, masks and hand resuscitation equipment. But we don't have a ventilator.

### 1. COVID-19 ... and a few other challenges like the Monsoon – keeps us on our toes!

Officially the Nepal Government says ... 61,600 confirmed cases and 390 deaths so far. But these are really “Ha ha Ho ho Hum hum” figures as testing is piecemeal, and only in main centres in Nepal. Most remoter areas aren’t reached, and rates are actually certainly much higher. Our area, Province-2 (with 6.01 million people) is the worst affected part of Nepal, as it is adjacent to the Indian border. Some 25% of all Nepal’s COVID-19 cases and 34% of all Nepal’s COVID deaths are in this Province-2.

And then India (Bihar) is just a few kilometres away across the border. India has a whacking-great-massive out-of-control COVID-19 problem – today’s figures - 5.3 million cases and 83,000 deaths recorded officially, many more unrecorded – and still increasing daily ... as it is here in Nepal.

But Hey!....It means we are in the right place for tackling these health-horrors. With COVID all around us ... we exercise entry precautions with a double gate barrier and fever-testing at the hospital gates. All front-line staff wear our PPEs ... and we trust our safety to the Good Lord. And amazingly... so far no staff have been affected, although we had to quarantine one nurse, one doctor and one health worker .... but they emerged unscathed.

The national lockdown – still in place since March – has been a long and very difficult time for many. Death, disease and disability rates have risen from other causes including leprosy – because sick folks in remote villages can’t get to health posts or hospital. Many poorer people across Nepal rely on hand-to-mouth daily labour and daily income for survival for them and their families. There is a lot of hardship. Airports – domestic and international have been closed since March, although domestic flights are starting today. Kathmandu international airport remains closed for regular commercial flights. (Keeps us stuck here).



(A) Bardibas – our local town for shopping 5Km from LLHSC; (B) The Ratu River, next to LLHSC – monsoonal water coming down from the Himalayas.

Our local shops (Bardibas – 5 Km away) have been opening only from 6am-9am each day – it’s enough for us Lalgadh staff to get vegetables and rice and basic foods. It’s over the Ratu River, flooded at the moment because of the monsoon.



(A) Monsoonal torrential rain - LLHSC Outpatients Dept..

(B) Despite the rain, the goats still need to be fed – local village ladies

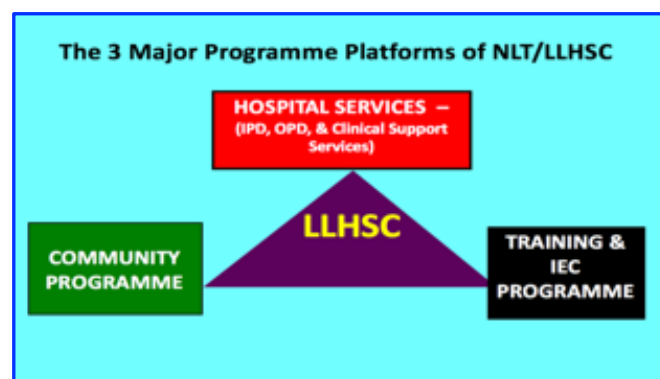
## 2. Hospital Work – Patient Care with Compassion

Daily patient numbers are much reduced – due to lockdown, no public transport, COVID-fear, and torrential monsoon rains and flooding in places. This time last year we were treating 450-500 outpatients each day. This past week our outpatient numbers have been 100-150 per day. There is a higher load of seriously sick folks coming – largely because they could not get here and/or have left it until their illness is severe. I mean really awful maggoty foot-ulcers and a suspected gas gangrene. One of our newly arrived inpatients with nasty leprosy foot ulcers, managed to get here by riding his bicycle 10 hours to reach our hospital.

Under these tough times it's good to keep before us **LLHSC's Mission**.... As we strive at LLHSC to "fight the good fight" and "run the race set before us" ... Trying to put into action Jesus's double calling, to be:

- **"the salt of the earth"** – seeking and serving with compassion the leprosy-affected and other poor, sick, needy and marginalised including development work and continuing relief efforts; and
- **"the light of the world"** - by shining the Gospel light of love and salvation through both word and deed, in this awfully dark difficult superstitious world

Three main programmatic arms characterize LLHSC's work (Yep I know ... you've seen this before!) – Hospital Services (Outpatients, Inpatients, and Diagnostic Support services); Community Outreach services across the 8 Districts of Province 2 ((covering 6.01 million people) adjacent to the Indian border; and the Training Programme.



So despite the struggle caused by rain, lockdown, COVID-19, lack of transport, flooding, landslides and poverty all around. here's a summary - for you program-minded folks - of what we strive to ensure still goes on at Lalgadh Leprosy Hospital and its Community outreach programmes. Being not only Nepal's busiest leprosy hospital, but one of the world's busiest leprosy hospitals, with many more leprosy patients than most other hospitals worldwide, LLHSC strives to find, manage, treat, cure, and rehabilitate leprosy-affected people, and ultimately seeks the elimination and ultimate eradication of leprosy from Nepal.... and of course we deal with thousands of other children and adults with other diseases of poverty.

- Leprosy detection and diagnosis;
- Leprosy management including medical, surgical and reconstructive surgery treatment
- Leprosy prevention
- Disability management and reversal
- Physical and socio-economic rehabilitation
- Training government health workers
- Technical and program assistance to the Nepal National Leprosy Program
- Leprosy research initiatives
- Training of local and international students
- Development of strategies and policies top strengthen the push for leprosy elimination
- Leprosy monitoring and surveillance
- ...and the diagnosis and management of a large number of non-leprosy patients with a wide range of non-leprosy diseases and health problems, such as respiratory, gastro-intestinal, worms & parasite diseases, typhoid, tuberculosis, lymphatic filariasis, dengue, malnutrition, measles...and many more

All services and hospital treatments for leprosy patients are free. Here are some pics of some of these works....





(A) Ward Round – Urmila, Sarita & Dr Krishna dressing a leprosy foot-ulcer; (B) Septic surgery – he has a nasty condition called necrotizing fasciitis



Orthopedic Surgery day - Dr Krishna-operating, Krishna-Maya-scrub nurse, Panina-in pink, Meena-in green, Manisha (just visible)-anaesthetics

### 3. Community Outreach and Relief Work – Rescuing the Needy and Neglected

We really worry about the 2,300 or so leprosy-affected folks out in villages and remoter areas who are usually cared for through the 112 Self Help Groups that LLHSC supports. Normally the LLHSC Community Programme staff routinely visit, monitor and support these Self-Help Groups, and additionally we run regular satellite clinics that particularly focus on leprosy, out in the Districts. It's through these groups that we can quickly find anyone who is particularly poor or destitute, or needing relief, or hospital treatment for leprosy or other illness. Many poor folks are having difficulty surviving.



But for the past 6 months – since mid-March – it’s been difficult to get out into some of the remoter areas, now because of the lockdown... and people can’t come to the satellite clinics because of the lockdown and no transport ... Also the monsoon rain, flooding and landslides have made some tracks impassable right now. Awfully challenging circumstances!

The LLHSC Community Team has recently managed to deliver some emergency food aid relief to some areas. This has provided emergency relief to 664 particularly poor or needy families, mostly leprosy-affected, disabled, widowed or elderly folks, with a month’s supply of food – rice, lentils, oil, salt, soap and masks. The Self-Help Group leaders alert us to who in their areas needs emergency food-support, and the Community Team tries to get there with food relief if it can.



(A) Food relief – a needy widow Sundari Maya;



(B) Much needed food relief for this blind man and his daughter



(A) Urmila;



(B) Hungry children and village folks - thin, hungry and malnourished



#### 4. Marichman & Radika-Maya Tamang - it's tough when you are elderly with leprosy

We were alerted about the situation of an elderly leprosy-affected couple in need, in a village about an hour away from Lalgadh Hospital. Marichman Tamang 85 and his wife RadikaMaya were indeed struggling with food shortage, blindness, leprosy disability and ill health. A couple of months earlier we had delivered food rations to them and other needy folks in their area (rice, lentils, oil, soap, masks). But someone had entered their house through a hole in the back wall - their house is disintegrating in the monsoon - and stole their food. So last week we went to their village and brought them back to Lalgadh Hospital. First, gave them a good meal. Then a careful medical checkup for both with X-Rays, and blood tests. Our ophthalmic officer managed to restore the sight in RadikaMaya's messy infected left eye. We gave them a necessary medicines, a change of clothes, and provided them pension funds which they receive monthly from LLHSC, and took them back home.



RadikaMaya and her husband Marichman Tamang – at home .... in awful conditions



(A) the back of their house – disintegrating and a hole in the wall;



(B) Their kitchen (the hole is in the wall at the back)

You can see (below) that Marichman has quite severe leprosy deformities and disabilities. He first caught leprosy 40 years ago, was not properly treated, his leprosy progressed affecting his eyes, hands and feet, so when he first came to LLHSC 25 years ago he already had advanced deformities. He is blind in his left eye, with only partial sight in his right eye, has lost his fingers and some toes, and has a right-sided wrist-drop making his right hand almost useless. He suffered pulmonary tuberculosis 20 years ago as well.

RadikaMaya is stiff with arthritis, and has had a messy infection in her left eye so that she has been unable to open it for the past 2 months. Our ophthalmic assistant examined cleaned and treated her eye and amazingly restored her sight. Their house is falling down – exacerbated by the monsoon rains. We are looking for funds to rebuild a modest home for them – two rooms and a toilet. (I'll do a little project doc on this shortly for anyone interested. It will only cost \$3,000). Old age, leprosy disabilities, blindness, food-shortage, local thieves, the monsoon, a disintegrating house, and COVID-19 anxiety and lockdown, and no caring family – make life so very very hard and difficult when you are elderly.





(A) Marichman and Radika Maya telling their story;



(B) Getting medical check-up and care in Lalgadh Hospital (just last week)



(A) Dr Ananda giving the couple a thorough medical checkup; (B) A cup of tea, fresh clothes, medicines, glasses, pension... about to be taken home



### 5. Bibles, Hymnbooks and Baptisms - Joy

Shining the light of the Gospel of Jesus love is an equally important arm of LLHSC's mission work.. We managed to get a boxload of Bibles and hymnbooks (in Nepali). You can see the joy of our Christian nurses. These are a great help in our morning 8.15 am praise and prayers. The nursing staff take it in turns to conduct these daily devotions, held in the new Children's Unit. Patients mostly like to come, even though most are Hindu, to have a good sing. The singing is only accompanied by a tambourine, but most of the nurses have good voices. We have just finished Psalms last week and are now into Matthew's Gospel.



(A) The joy of opening a boxload of Bibles and Hymnbooks (in Nepali of course);



(B) Happiness - Krishna-Maya, Manisha, Panina, Meena

Also last week had eleven (adult) baptisms in the local river next to the hospital. These days this has to be a rather secretive event with only limited number of church folks to witness, because anyone changing their religion or appearing to encourage others to become Christian, risk arrest and jail... so says the new Nepali laws. We have to be extra cautious in this region near the border with India, as the population is strongly, sometimes militantly, Hindu.



(A) Morning devotions with patients, nurses and docs – Panina leading today



(B) Baptisms (11 of them) last week in the local river

## 6. Twins – More Joy

Our fabulous new Siemens ultrasound machine “Janet” is performing Oh-soooooo beautifully. This-morning I did an ultrasound on a 20-week pregnant lady having her first baby, from the local village and to everyone’s surprise – including hers, the nurses and mine – diagnosed twins - *two* beautiful little babies. They appear to be monozygotic... which means they will be identical twins. Such little joys certainly give us a much appreciated thrill and a lift each day.



(A) Our magnificent ultrasound machine “Janet” diagnosed twins this-morning. (B) Can you make them out? The fetus on the right side is “sitting” upright and you can see her head; the other fetus on the left side is upside down with her head near the knees of the first fetus. Monozygotic identical twins I think

## 7. LLHSC-Laboratory Development - a Double Triumph Achieved: Dermatopathology, and Bacteriology

With much technical and equipment support from Dermatopathology Department, University of Indiana, USA, our LLHSC hospital laboratory now provides an excellent dermatopathology service, plus a fully functional bacteriology services. The Dermatopathology setup enables LLHSC to process (histology) and diagnosis microscopically a wide range of skin cancers and diseases from tissue biopsies. The Bacteriology service which we have been moving to establish over the past 10 years, allows us to take samples of blood, fluids, urine, pus, sputum, and or swabs from infected sites, identify which bacteria are causative, and determine which antibiotics they are sensitive or resistant to. These are major milestones in our laboratory development, a major step forward for accurate diagnosing and appropriate treatment for patients.





(A) Ravi (Lab-in-charge) demonstrating microscopic diagnosis of a biopsy; (B) Ravi explaining the whole multistep process of dermatopathology

### 8. Children & Teenagers – Courageous Leprosy-Affected Children

As you know, we have a special heart for children with leprosy. They face a lifetime of difficult uphill struggle to prevent or cope with progressive deformities, mutilation and disability. And although our inpatient numbers are currently lower than normal we still have a number of hospitalized children and/or teenagers – mostly for severe leprosy complications.

Leprosy can occur at all ages, from infancy to very old age. In highly endemic areas occurrence seems to have two peaks, in childhood between 10 and 18 years of age, and again in adults between 30 and 50 years of age. Girls and boys are affected equally. In the adult years the male:female ratio appears to be about 3:2 and is similar in most other Asian countries although the reason is unclear. Children have a greater susceptibility to leprosy than adults, which is one reason for our special focus on leprosy-affected children.



(A) Nurse-Anita, Chun-Chun 19, Santosh 19, Shova 18, Meena (B) Ruby 18 severe Type-2 leprosy reaction, Sakila 20 leprosy-affected hands and feet, Shova 18 leprosy affected hands and feet, Neelam 19 Rt below-knee amputation – all except Sakila have spent the last 4-5 months in LLHSC.

Hospitalized leprosy-affected teenagers here this week and the past several weeks include Santosh 19, Ruby 18, Chun-Chun 19, Shova 18 and Neelam 19. All these children have sad, difficult yet mighty courageous stories of how their battles with leprosy has affected their lives and future hopes. ChunChun has leprosy-affected hands and feet – he wanted to be a fisherman like his Dad, but couldn't manage because of his leprosy. Shova aged 18 who has lost her toes and most of her fingers due to leprosy got married at age 10, and her husband deserted her when she was 11 when he found she had leprosy.

These teens have lessons every day in the Children's Unit classroom. Many children who come to Lalgadh Hospital, and most of the women patients too, cannot even write their own name nor the name of their village. BY the time they leave LLHSC most have good basic literacy. When they first come we get permission for using their photos, or for operative procedures, using a stamp-pad and their inked thumb-print.

### 9. Winding up... and I should mention our Wheelchairs... and even a few other needs (blush)

Lots more I would love to tell you about current life and work here at Lalgadh Leprosy Hospital.... but the above is enough for a wee glimpse. Little by little work goes on to develop the hospital services for improving compassionate high-quality holistic Christian care.

We are trying to upgrade our Obstetric Unit at the moment. We are running a series of regular weekly Obstetric training sessions for our nursing staff and we need some basic equipment for the delivery room...such as a proper delivery light, nor do we have a humidicrib for premature babies, or baby cots so newborns have to share the bed with the Mum. Our wheelchairs are in a rather sad state... our workshop can probably repair about three but we need to replace some 13 damaged-beyond-repair. Here, with embarrassment, I'll squeeze in a mini-fonted Equipment Needs list (blush!... I don't like including such lists in Newsletters) ... but just in case anyone is interested ....

Current Equipment Needs - 20 Sept 2020		
Equipment	Qty	\$ US
Oxygen concentrator (makes Oxygen)	1	\$ 991.38
Operating Light (LED) - (for Obstetric Delivery Room)	1	\$ 1,379.31
ECG Machine	1	\$ 1,724.14
Fetal heart monitor (maternal strap-on – detecting fetal distress)	1	\$ 206.90
Auto Refractor/Keratometer – for eye clinic (blindness in leprosy)	1	\$ 3,017.24
Humidicrib – for newborn premature babies – (warmth & oxygen)	1	\$ 2,586.21
Neonatal Phototherapy Light – for newborn babies with jaundice	1	\$ 1,206.90
Refrigerator (small) for vaccines & injectables	1	\$ 215.52
Baby cot x 2 – for postnatal unit (instead of newborn baby in bed with mother)	2	\$ 189.66
Wheel Chairs - needed for leprosy disability - inpatients	13	\$ 1,456.90
Walker (Zimmer) frame x 2 – leprosy patients	2	\$ 50.00

That's life here! Meantime...the monsoon goes on... and what can one do but try to enjoy the monsoonal rain!



Thankyou for reading this, for your interest, prayers, encouragement, funding, support and your love. We send warmest grateful wishes from all here, with much love from Meena and me, .... and God bless.

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