BETHEL HARRIS, daughter of a Presbyterian clergyman, was the eldest of two daughters and four sons. Staunch faith and love of humanity were fibre of her being — a love which early led to her decision for mission work in India. Following graduation from Wilson College, she attended Women's Medical College in Philadelphia where she received her medical degree. Under the Presbyterian Mission Board, she was appointed to hospital work in Fatehgarh, India, in 1932.

While studying Hindi at Landour, she met Methodist missionary Robert L. Fleming (later Dr. Fleming with a Ph.D. in education), son of a Methodist minister. They were married in St. Georges, Delaware, on March 25, 1936, with both their fathers officiating. Upon their return to India in 1937, Bethel became a physician at the Landour Community Hospital and medical officer at Woodstock School in Mussoorie, where Bob taught and later became high school superintendent. She had now transferred to the Methodist Board of Missions.

At Woodstock their home, "Fern Oaks", built on a lovely hillside looking down from the Himalayan foothills to the Indian plains, became a place of warm hospitality, with pleasant memories for Woodstock students and faculty. "Fern Oaks" held a special spot in their hearts, and after coming to Nepal both she and Dr. Bob looked forward to their occasional holidays there. Their last visit was October 1971.

Bob, Jr., was born in Mussoorie in October 1937, and Sally Beth (Sarah Elizabeth Harris) followed him in December 1944. The four Flemings formed an ideal family — each directing his activities into chosen channels but all joining in mutual understanding and regard to form a unit which was particularly theirs. Undergirding their lives was a deep and abiding faith in God, with family prayers a part of daily living.

Drs. Bethel and Bob received their appointments to Nepal in 1953 at the Delhi Methodist Conference, becoming the first Protestant missionaries to Kathmandu. Quickly they were joined by other missionaries, and in 1954 the United Mission to Nepal - interdenominational and interna-
Following cremation, memorial services were held at the United Methodist Church of Wenatchee. A memorial service was held by the American Nepal Friendship Association, Washington, D.C., of which she was a member. Various organizations in Nepal also had such services, including the Nepal Medical Association, the Nepal Tuberculosis Association, the American Women of Nepal, Shanta Bhawan Hospital staff, and the Kathmandu Community under auspices of the Protestant Congregation.

It is planned that a portion of the ashes shall be returned for disposition in India and Nepal.

We quote the words of a friend of many years who loved Dr. Bethel dearly:

"Dr. Bethel, no matter how busy, was always present for worship services and other Congregational activities. In her role as wife, mother, doctor, and friend, she exemplified a consistent Christian character which blessed all who were privileged to know her.

"As wife, she was a proud supporter of her husband's profession. As mother, she was devoted, wise, and happy to be a grandmother. As a doctor, she served skillfully and lovingly. As a friend, she was always giving without knowing how much she gave.

"We shall miss her at 'every turning' but our sorrow is given 'wings' in the remembering of her triumphant and contagious faith in her Lord, Jesus Christ. We would simply say, 'Thank you, God, for Dr. Bethel Fleming.'"

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Personal interest and kindly attention marked all of Dr. Bethel's professional contacts. These notes recorded in an outlying clinic were to be filed carefully for reference on this village woman's progress.
SHANTA BHAWAN'S NEWEST VENTURE

CHAMPA, a 20 year old woman, lives in Techo, a small village five miles from Lalitpur. She has been involved in voluntary health work there since last April. She has visited all the homes in Techo, talked to the families about each member, their joys and problems, and observed them for signs of poor nutrition and infectious diseases, especially tuberculosis. If the family has such signs, she accompanies them to a center staffed by a nurse, an assistant health worker, or a compounder (a local pharmacist who provides the villagers with medical advice and medicines). At the health center Champa becomes a social interpreter and bridges the gap between the "health expert" and the villager.

This briefly outlines the exciting new project of Shanta Bhawan Hospital. It is exciting because it is experimenting with volunteers. It is exciting because it is coordinating efforts with local government. It is exciting because it goes to the people instead of asking them to come for help. It is exciting because it is an integrated, cooperative effort - an approach needed in developing nations. The expertise is offered by trained workers of the hospital staff; the working cooperation is given by local officials, the volunteers, and the villagers who are eager to learn health protection through the most rudimentary means of sanitation and healthful living.

There are 28 such Champas, ranging in age from 15 to 47, and in educational training from fourth standard to a Bachelor's degree. They have been selected by their panchayats (elected village governments). Late last spring they took a crash course of training at Shanta Bhawan on nutrition, recognition of obvious signs of illness, survey techniques, and as much other pertinent information as could be crowded into five weeks of lectures and demonstration.

At their graduation they were given small hand scales for use in weighing and charting growth of babies and small children - the Road to Health. A fall below the normal growth curve may indicate a health problem needing investigation by a more highly trained worker. Rudimentary? Yes, but an effective beginning to health protection in regions where previously early help has been unavailable and only acute illness has been recognized.

This program has begun under auspices of the Lalitpur (Patan) and Kathmandu District Panchayats in cooperation with the Shanta Bhawan Outreach program in the same area that the District Clinic program had been working. It recognizes that health and the responsibility of maintaining health belong to communities.

The villages are divided into six areas grouped about a central village or "health center" where a graduate nurse or auxiliary nurse-midwife is resident. Once a week a team from the hospital visits each health center. Comprised of a doctor, the public relations officer, an assistant health worker as sanitarian, and a driver cum microscopist, the team meets with the village volunteers of the area. It checks patients they have brought in, analyzes specimens, and through the public relations officer (a highly educated Nepali woman) maintains a cordial, cooperative rapport with village leaders. During the week the village volunteer (in larger villages there are two) keeps in touch with village residents, and should a difficult problem arise, calls upon the trained personnel of their health center. Shanta Bhawan Hospital is a referral center for patients who cannot be treated in the home areas.
The health centers are in process of being relocated from United Mission owned and managed facilities to rooms within the village panchayat buildings. This indicates a desire on the part of the community to support such health functions. Because it has been estimated that nearly half of the children born in these villages do not survive beyond the age of five, the clinics are being structured particularly to serve the needs of mothers and children. This will include what usually are termed antenatal, postnatal, sick baby, and family planning care. The "Under Five" program is especially stressed.

Compounds are encouraged to reach higher standards of accurate medicine dispensing. This is being achieved through the services of the doctor on the advisory team from Shanta Bhawan, who comes to a compounder's shop to work with him for curative treatment of patients, rather than threatening his livelihood by offering competitive medical care.

During the weekly visit the sanitarian surveys and discusses water supply and sewage disposal. The latter is extremely rudimentary and one of the greatest causes of disease in Nepal. In fact, one of the first things the volunteers were asked to do was to persuade their own families to construct and use a toilet if they did not have one!

Meanwhile, the public relations officer of the team is contacting village leaders - panchayat members, teachers, important individuals, as well as the health aides who have come from their villages - to iron out problems, receive and present new ideas, and act as liaison between the District Panchayats of Lalitpur and Kathmandu (the areas selected for this pilot project) and Shanta Bhawan Hospital. Miss Ambika Acharya, dedicated to serving Nepal, has been invaluable in assisting Shanta Bhawan to set up the program.

At present the central health centers' resident staff are a Japanese nurse, a Finnish nurse assisted by a Nepali, a Canadian doctor, and three Nepali nurses. Many prayers, much thought, and many hands have had a part in organizing the community health project - instigated by a Japanese doctor and an American hospital administrator, and now supervised by an American woman doctor. We look forward to the day when the volunteer health worker, carrying the scales and the chart which are the cheapest diagnostic tools for untrained workers, will be the symbol of hope and of healing on the Road to Health throughout Nepal.

Is this too ambitious a dream?

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A father recently lost his son in hospital with whooping cough complicated by encephalitis. His only other son had died with the same disease two weeks previously in the village. He was asked about immunization for whooping cough. Tragically and pathetically he answered, "I gave my children smallpox, BCG for TB, and cholera needles. No one in my whole village knew that there are needles for whooping cough!" As His Majesty King Birendra has recently said, the greatest problem of Nepal is ignorance.

FLASH! WATCH FOR THE EXCITING ANNOUNCEMENT IN OUR NEXT ISSUE.
BECAUSE LOVE of children and the desire for "family" is ingrained in Tibetan mores, it is not uncommon to adopt a relative's child, rearing it with the loving care of a real parent. But when Anna Pao- don's mother "gave" her four-year-old daughter to her childless sister, she could not know that it would be fourteen years before she saw her again.

Shortly afterwards Anna and her aunt crossed the mountains from Lhasa, capital of Tibet where Anna was born, to far-off India. There they lived in Kalimpong, a thriving city in the hills near the Bhutanese and Tibetan borders.

It was in 1954 that Anna's aunt was called back to Lhasa on business. Leaving the little girl with friends for safety, she made the long, hazardous trip to Tibet, only to become involved in a still more hazardous adventure - the active invasion of Tibet by the Chinese. Anna's parents also were forced to flee, but not before the two sisters had made a loose plan to "keep in touch" somewhere in the safety of India.

With the return of her aunt, Anna's peregrinations began through north India. But though they moved about, her schooling continued and alert little Anna kept up with her peers. Moreover, she learned English. For a time they dwelt in Dharmashala, the great refuge in northwest India over which His Holiness, the Dalai Lama, presides. Later, after other moves, Anna came under Christian influence and was baptised.

During these years, Anna's aunt had heard occasionally of her sister, whom she learned was living near Kathmandu, and had received a snapshot of her and one daughter.

Evidence of the Oriental "melting pot" which is Nepal is shown in the fifteen girls capped. Representing eight ethnic groups, all are Nepalis with the exception of Anna (second from left, center row).
Lalitpur's (Patan's) Durbar Square complex of Nepalese craftsmanship, one of the marvels of Asian art, lies only a mile from Shanta Bhawan Hospital. This ancient Newar city, once capital of a Malla kingdom, is far less modern than Kathmandu, three miles away. An unspoiled atmosphere gives glimpses of life as it was in old Nepal. With Lalitpur one of the cities pioneering in the community health project (see pages 3 and 4) it is hoped that modern ways can lead to healthful living without detriment to its unsurpassed charm.