THE GAJENDRA NEGI STORY

First, let me describe my involvement and give some relevant background information.

I've been working as a rafting guide and skills instructor for the past twenty years in a camp situated in the Himalayan foothills on a beach of the river Ganga some 20km upstream from the town of Risikesh in the region of Garhwal. Several Garhwali villages are found nearby my rafting camp. In early October of 2010, while walking on a footpath in the hills above my camp, I met members of a family who asked me to visit their house and meet Gajendra Negi, a young man of 23 years of age who had fallen from a tree and suffered a spinal injury which had resulted in paralysis of his lower body. Throughout the hills, it is part of the daily routine for most of the farmers of different age groups to risk the danger of climbing high in the trees of the forest to cut fodder for livestock and to cut firewood. From time to time, falls will happen which result in complete or partial paralysis. The vast majority of families are unable to pay for the appropriate medical care etc. for their unfortunate family member. A paralyzed victim will be forced to endure a life of hopelessness and desperation while being aware that in developed nations appropriate attention and rehabilitation would be forthcoming.

In Gajendra's case, he had been bed-ridden for over one year before I met him and had developed very advanced and dangerous bedsores, some badly infected. Had the parents and siblings been properly informed and equipped, his deterioration need not have happened to this extent.

Gajendra's mother seemed the only family member who had not given up hope- her prayers were passionate and consistent.

I was shocked upon first meeting this young man when he asked me to "give him poison so he could die". He described himself as being 80% dead already. However, the way he bravely propped himself up in bed with great difficulty impressed me. I found myself aggressively scolding him for his defeatist attitude and told him the lower part of his body was "only sleeping" and that he should not be influenced by anyone else's negative attitudes. Upon that, a beautiful smile formed on this young man's face and that smile has been on his face continuously every single day for the past three months during his treatment. Gajendra asked me if I could help him in some way as did his mother. All I could say was that I would try, that it would be hard work for him, and that I would simply do my best; I said that I would be back in a few days.

I was a friend of Dr, G.L. Arora of Risikesh. I went to him and asked him if he could meet me at the start of the footpath to village Mala and walk up to perform an assessment of Gajendra's condition. He agreed and two days later we met, along with my 22 year old son Dean, who was joining me in India for the first time. We walked up the steep trail for about 45 minutes; the sunlight was beautiful on the trees. Gajendra was lying on his bed outside in the afternoon sun; he looked up and was happy to see us. Dr. Arora started his assessment. It was very painful for Dean and I to watch as the bedsores were terrible to see. I knew what my son was thinking: was this situation simply hopeless? Could anything be done to help this young man?

The doctor finished his examination and told us he would start a 10 day course of antibiotics to BEGIN to treat the infected bedsores. My son and Gajendra were developing a strong bond of friendship just during this short period. It struck me that both were of the same age; the two of them would spend a lot of time together during the next few months. Dean is a very positive boy who inspired me not to give up and to try to help this young man.

The first challenge was to get the boy evacuated from his village and, after this, to get him to a hospital to deal with his advanced bedsores. If treatment was successful, the ambition was to get him into a facility for spinal injury rehabilitation...all this impossible to do for a poor family in Garhwal...without financial help.

We encountered several obstacles but after nearly one month of often frustrating effort, were able to find him the promise of medical care (primarily for his bedsores) in the Jolly Grant hospital near Dehra Dun. To evacuate him from his village was no easy feat; it took a team of 8 very strong men to carry him to the road, then to put him in the ambulance and transport him to the hospital.

The plastic surgeon at the hospital, upon examining Gajendra, informed me that cleaning and repairing the bedsores was going to be a very precarious and complicated procedure. However, this doctor quickly developed a strong affection for Gajendra and very skillfully operated on the bedsores and was able to heal them to the extent that easier care for them was practicable and facilitated. Then with the great and kind help of other individuals, we were able to get Gajendra into the Indian Spinal Injuries Centre in New Delhi. This centre has provided very energetic and professional attention to Gajendra and the very comprehensive and vigorous physiotherapy is working to bring this young man closer to the realization of very specific goals i.e. 1) to give him functional mobility in a wheelchair and 2} to make it possible for him to acquire job training and then productive employment.

I am aware that, individually, I do not have the financial capacity to fully support his introduction into a productive workplace and, just as importantly, the nursing care that he will need as he precedes with his life. Therefore, I want to set up a trust fund that will be used to provide financial support in meeting his specific needs. I must emphasize that I want the quality of treatment to be a model for promoting and actualizing awareness and practical action directed toward the situation of falls from trees and the resulting condition of paralysis for all the hill people of Garhwal.

Gajendra is beating all the odds now that he has been given another chance at life. He may never walk again but it looks like he has a chance to become quite independent and selfsufficient despite his handicap. I want his story to inspire hope in the hill people who have suffered the same injury and to have him one day become a counselor and promoter of spinal injury awareness. Of course, such work would ideally be in a newly created centre for spinal injury prevention and rehabilitation in a location much easier and less expensive for the Garhwali families of patients to visit.