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Dammar

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There were nights when the land of Gorkha District would flood with moonlight and the Himalaya, tall and silent, their broadsides aglow, seem to drift above the undulant hills. Nights when a boy could walk over long, rough trails and not be afraid.

In the summer of 1969, when Dammar turned seven, he began to notice he couldn't see well after sunset. He told his parents, but perhaps they were too busy with matters they could understand—keeping a farm going and putting rice on four children's plates. They waited for Dammar to get better, but within a month, he was blind.

I didn't choose Dammar as a friend. I've always looked back, somewhat bemused, at how events led me to grow close to a blind Nepali man. In 1987, when I worked at his village's hospital in Amp Pipal, Dammar would wander into the church, usually late, sit down, and begin playing his flute (intermittently in tune with the hymn).

A few years later, after I was posted to work in a hospital in the capital city Kathmandu, Dr. Helen Huston in Amp Pipal arranged for Dammar to move to a social service center in Kathmandu. There, they taught him to weave woolen carpets. Helen wrote to me saying, "If you can spare time

in your very busy schedule, could you go visit Dammar? He has no one to pray with out there.” I began to meet Dammar and his blind friends in their five-coloured house in Nakipot, two miles outside the city.

He used an old, straight tree branch as a walking stick, holding it like a shepherd’s staff and bouncing it back and forth on the ground in front of him. With a little practice, he was soon able to walk by himself on narrow, heavily trafficked city roads all the way to Patan Hospital. Every Saturday morning at ten, he’d turn up outside the hospital gate and we’d walk together to Patan Church.

Dammar taught me a few things about faith. Several times, we’d hiked together back to his village. There—where the trail climbs 2,500 feet up crazy rock staircases, runs along the narrow rims of flooded rice paddies, clings to cliff edges, and leaps from mud to stone to tree root—Dammar was dependent on a friend. I had to take his hand, which felt remarkably sensitive, and lead him. He needed to be told to step short or long or very long. If my words misled him, he could easily miss a target rock and plunge his foot into a channel of muddy water. But he was easy to guide. He didn’t ask me to tell him what was coming further along the trail. Chatting away in a lilting voice, he usually just held on and patiently trusted. On a good day, we’d make the climb in three and a half hours, a reasonable rate for a seeing person.

Dammar seemed happy at the social center. His circle of friends had grown compared to that of his days of sitting idly on his father’s front

porch, and if he wasn't the most productive of carpet makers, at least he had something to busy himself. He lived there for three years.

During Dammar's last year there, the center's director, a Catholic father from America, learned Dammar attended church. Feeling strongly that his social work in a strict Hindu kingdom might be threatened by Christian conversion, the director gave Dammar a choice: quit attending church or leave the center. I tried to persuade the father not to take such a drastic step, but he was unyielding. His ultimatum created a dilemma. Dammar didn't want to return home, where he'd already felt himself becoming an unwanted burden. Still, he didn't think long about his decision. Within a few days, he'd left the center and returned to Amp Pipal. He said, "This is the only way if I'm to walk with the Lord Jesus."

Some years passed. Although I'd kept loose tabs on Dammar through friends, I'd not seen him for a long time. Then one Saturday evening in February 1995, while I was treating patients in the ER, the watchman led him into the patient waiting area. Dammar recognized my voice, turned his face upward in his patented, beaming smile, and reached his hand out, eager for my touch. The day's journey? He'd walked with a nephew down the hill to Turture, had a quick snack there, came alone on a minibus to Dhumre. There, he hitched a ride in a private van to Mugling (where the police made trouble, saying, "Blind people shouldn't be out on the roads like this!"), given them the slip and got on a bus to

Kathmandu (only vomited twice), taken an auto rickshaw to the center of town, and finally a taxi to the hospital (driver may have overcharged).

“It’s good to be here, Dr. Mark. I hope to stay for about two weeks.”

“Great, Dammar. Can you wait here while I see some patients?”

Dammar got acquainted with the big town, shuttling himself from one group of friends to another. In between, he stayed in my apartment’s guest room. Two weeks became two months (“Why leave so soon?” he asked me several times when I’d explored his departure plans.) It always seemed when I was most busy with patients, the hospital operator would page me to say “Your blind friend is waiting for you out in the courtyard.” Different people approached Dammar differently—some warmly, some distantly, but all very curious. As he and I stood talking over some mundane matter, a crowd would circle to gape and listen.

One night, we had a big meal of *daal bhaat* at the Hungry Treat Restaurant and Lodge, whose sign advised, “Treat Hungryness & Be Healthy.” Then we went across the street to have some ice cream. It was Dammar’s second time ever eating this dessert, so he wasn’t too graceful with the tiny wooden spoon in the paper cup. A few dabs and slurps and Dammar finally just put his lips down into the cup to suck up the ice cream. One of the young waiters sauntered up and pointed at his walking stick.

“Hey, what’s this, bro?! You can’t see at all?!”

“Huhm,” without missing a lick, “can’t see.”

“Since when? Since birth?”

“Since six or seven years old.”

“So what, the eyes just went like that?”

“Just went.”

Neither the waiter nor Dammar regarded this line of questioning as rude. Dammar had been through it a thousand times before. A few minutes later, two other waiters joined the first over by the ice cream counter, and they repeated the same dialogue among themselves.

I encouraged Dammar to spend some time with his uncle on the west side of Kathmandu, an area called Kapurdaada. Since there are no street signs or house numbers in Kathmandu, we rode around on my bicycle trying to find the place, me carrying Dammar’s stick across my handle bars and Dammar balancing behind on the book rack. Picture a tall white guy pedaling unsteadily on the back streets of the town, taking directions from his blind passenger, both searching for a house neither of them had ever seen.

I thought Dammar was going to go back to Amp Pipal after visiting his uncle, but I later learned he’d stayed another week. During that time, one of the girls in the house, a shy sprite of eighteen named Bhagawati, had suggested they take Dammar to the government eye hospital in town. If they’d asked me beforehand, I probably would have said, “No, his eyes have already been checked over several times and nothing can be done,” but I hadn’t been there to ask. As it turned out, the National Eye Hospital was closed that day due to a strike and the taxi driver suggested

they try the new eye institute beside the Pashupati temple. That night, they phoned me and convinced me to come along with them the next day.

Tilganga Eye Institute had recently been established by Nepali ophthalmologist Dr. Sankuk Ruit, with the assistance of his friends in Australia. Tilganga was a state-of-the-art institution for Southeast Asia, with a production unit for intra-ocular lenses and a cornea bank, at that time stocked with corneas from the U.S.

Dammar was ushered through the crowded rooms—a little roughly I thought, but it was good not to have to wait. His right eye was beyond repair, they said. While the front part of the left was badly damaged, probably by a deficiency of vitamin A, the ultrasound of the back chamber, where the retina lies, was normal. We were soon back in front of Dr. Ruit, who was saying to me in rapid-fire English, “We can’t be too optimistic. Your friend has a 20 percent chance of regaining useful vision. We’ll put him on the list for a corneal transplant and an intra-ocular lens implant. It will all be free. We expect a shipment of corneas within a month and will call you as soon as they arrive.”

In the busy hallway outside, I related this news to Dammar’s two nieces. The three of us had to hold back tears. Dammar seemed unmoved. Maybe he was wiser and saw it as a long shot. Or maybe he was uncertain about whether his life would really be better in a visible world. That night, among a group of his village friends, he didn’t say a word about his visit to Tilganga. The next day, when I coaxed Dammar to imagine what

he would do if he could see, he seemed confused by the question and then said, “I suppose I’d plant the crops on my own land, and serve God by helping less fortunate people.”

A man from the eye institute called me on a Tuesday. He’d just received a fax saying a package of human corneas was being sent from Baltimore, Maryland. Could I bring my friend Dammar to the hospital on Thursday afternoon, the day the plane would land in Kathmandu?

We waited among a group of patients and their relatives. Dammar’s two nieces read my magazines. A nurse had instructed us to put antibiotic drops into Dammar’s left eye each hour throughout the afternoon; Dammar usually asked after 40 minutes if it wasn’t time for the next application. At about four o’clock a male nurse I knew hurried past carrying a large box, tapped it, and said, “Doctor Mark, the eyes have arrived.”

I looked out the window at a vine wrapped around a post and climbing towards the roof, extending tendrils bearing violet flowers. Two women walked away from the hospital with a gentle sway that caused their shoulders to brush. Monsoon clouds swirled above a row of trees whose leaves glistened in the breeze of an approaching storm.

Dammar was case #1, slated to be handled by the director, Dr. Ruit, at 8 p.m. Afforded VIP status, I watched from the library, which was separated from the OR by a plate-glass window. A nurse led Dammar to the operating table and equipment was swung over his face.

Suddenly, an eye filled the closed-circuit TV screen in front of me, a misshapen globe covered sloppily by a white-tissue omelet and surmounted by a tangle of hungry blood vessels. I sat transfixed. A huge tube descended, sized up the curvature several times, and then sliced deeply into it. Thick vitreous humor welled up and mingled with rivulets of blood. In two minutes, the uneven landscape had, cut into it, a precise circle opening into a black hole. It took half an hour more to cover the space with an American cornea and secure it with 12 sutures of thread finer than human hair. Dammar emerged from the operating room wearing a tight bandage and went home with his two nieces, who would be able to provide the day-long, post-operative care I could not.

The realization Dammar had not miraculously regained his vision dawned on us over several weeks. Two days after the operation, the girls called me to say that when Dammar peeked out from under the bandage nothing seemed different. Later they reported that, at his first revisit to the eye institute, he'd perceived only a little more light than before the operation.

When he came to stay with me, I immediately took off his patch. I found he turned his head away from a bright beam of light. He could differentiate the colors of books that I held in front of him. Sometimes he could catch a stick as I passed it in front of his face. New light was getting into his eye. When he got up and walked to the bathroom, however, he bumped into chairs and groped along walls the same as before. We repeatedly

practiced the simple vision maneuvers, but I wondered if I was encouraging progress or just deluding us both.

Dammar stayed in town one more month so he could be rechecked by the eye doctors. When he was with me, he spent his time listening to the cassette tapes I'd laid out for him or washing his clothes more times than needed. One morning, as I walked back from a friend's house, I noticed a figure on my flat roof, silhouetted against the clouds. It was Dammar. He must have gone up to hang laundry to dry. He stood near the railing, staring up into the morning sky, passing his hand back and forth in front of his face.

On one of his last nights in Kathmandu, Dammar and I were having dinner together in my apartment. He'd left the tape player running and Doc Watson's rendition of 'The Wabash Cannonball' was booming from the next room.

"That's the blind American, isn't it?"

"Yeah, that right. Do you like him?"

"He's good. Dr. Mark, I'll never see again, will I?"

"What kind of talk is that, Dammar? The eye doctor told you your vision might continue to improve for six months after the surgery. Why lose faith so quickly?"

"Sorry. You're right."

At 6:30 in the morning, we wandered the bus park among revving engines and billows of exhaust, searching for an auto-rickshaw going to the west side of Kathmandu. As we climbed in, whom should we find inside but Dammar's distant aunt,

her brother, and her son. They, too, were returning to Dammar's village. We were all surprised. They expressed curiosity about Dammar's operation, but didn't appear at all interested in helping him. At the crossroads, we all got out of the rickshaw, and they walked away and boarded a different bus than we did.

A government bus took five hours to carry Dammar and me to Dhumre, along the 100-mile road that followed the Trisuli and Marsyangdi Rivers. The third leg of our journey took us to Turture on a dilapidated local bus. The only empty seats were in the very back, so I led Dammar clumsily down the aisle, which was crammed with cases, backpacks, and a folded-up baby carriage. Everyone stared at us. A man said loudly, "Who would bring someone like *that* on a journey?!" All the windows were closed to keep out dust, so it was sweltering inside. The bus crossed a briskly-flowing stream and lurched onward. Several times it seemed as if it might tip over as a wheel slid into a deep fissure in the muddy road. I understood why Dammar had skipped lunch.

By the time we started walking, only three hours of daylight remained, which was barely enough time in the best of conditions, and I didn't even remember the path well. In the town of Taadi Pokhari we came abreast of a group of men who were sitting out in front of a row of stores chatting. One of them greeted me. It was Ganesh Shrestha, a shopkeeper from Dammar's village. He was a clever businessman, a man who'd had enough money to build a local temple to the Hindu

god Ganesh. I wasn't expecting him to jump up from his friends and offer to make the trip with the two of us, but he did just that.

The first half of the hike meandered through meadows bordering rice paddies; the second half was a steep climb. Dammar was walking totally in blind mode, ignoring any light that might be entering his eye. I held his arm as I picked my way along the hard trail. My patience was beginning to flag, but Ganesh continued to encourage Dammar. "That's it, Dammar, step short! Very good!

"Soon you'll be back walking this path on your own.

"Hey, that's not your fault, bro. If you stumble, we're to blame."

Ahead, two mountains formed a semicircular ridge; Dammar's village clung to the western side of this forested half bowl. It was getting dark and Ganesh had taken on the difficult job of guiding Dammar for the last hour of the climb. The thick jungle smelled of dank earth. On the banks of the trail, lightning worms glowed among the ferns. Overhead, the sky was gradually adding layers of darkness and the stones on the path were now barely visible. I plodded on, carefully feeling for each foothold, as Ganesh came up behind me with Dammar. Cliffs dropped off to our left. The trail slid clear of the forest, and the lights of the hospital complex, like a sprawling, grounded spaceship, leapt into view and then disappeared as the trees thickened again. The clackety-thud of its distant generator competed with the chorus of crickets.

At Dammar's sister's house, the family, who were considered poor in a notably poor town, laid out a splendid dinner for us. Sitting on a woven straw mat on the floor, we ate with our hands—rice, black lentil soup, vegetable curry, meat curry, and two types of spicy chutney. Before I could refuse her, Dammar's sister had opened a bottle of Fanta for me. It had probably cost her more than the whole meal.

Every so often, a villager poked his head through the doorway, face flickering in the light of the kerosene “lamp”—a wick dunked in a bottle. Each person asked the same question: “Can you see now, Dammar?”

Between bites of food, he patiently explained yet again. “Not really. It's about the same. But the doctor said it might continue to improve for up to six months after the surgery.” Dammar's brother-in-law added his advice that eating spinach and other colourful vegetables would surely increase his chances of recovery.

After dinner, I led Dammar out in front of the house. A full moon had just risen above the ridge, freeing itself from the trees high above us. A perfect circle cut from the black velvet night, its light filled the courtyard where we stood, both of us in turn spilling cold water from a brass urn onto the other's hands to wash away the clinging grains of rice.

About the Author

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