



VELLORE NEWSLETTER

CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE, S.INDIA



Published by:

Friends of Vellore,
Flempton Hall,
Bury Road, Flempton,
Bury St Edmunds,
Suffolk IP28 6EG

Tel: 01284 728453

Website:

www.friendsofvellore.org

ISSUE No. 136 · AUTUMN 2011

REG. CHARITY No. 209168

All correspondence should be addressed to the Director, Richard Smith, at the Charity's Office:

Friends of Vellore, Flempton Hall, Bury Road, Flempton, Bury St. Edmunds, Suffolk IP28 6EG, UK.

Telephone: 01284 728453, Fax: 0871 2439240, e-mail: friendsofvellore@gmail.com, Website: www.friendsofvellore.org

WHERE IT IS MOST NEEDED!

Thank you for your kind and very generous
gifts and support.

As you know, we brought in a new Gift Form this year which allowed donors to indicate what scheme they wanted to help. Many of you have done this, raising funds for PTP, the Elderly, Palliative Care and so on but all too frequently the slip comes back with the five words "Where It Is Most Needed". This seems to summarise where FOV is at the moment. We look to help those who badly require help but cannot gain

access to the healthcare they need or, even if it is available, can ill afford. Our partnership with CMC allows us personally to get involved and hold out a hand to those struggling for essentials which we often take for granted. So I offer you several stories in this Newsletter where our involvement has really made a difference and at the same time has lifted our hearts a little to know that we were able to reach out in friendship and love.

Bryan and Helen's Memorial Annexe

You will remember that a fund in memory of Bryan and Helen Thompson was set up in 2008. The Thompsons were much loved doctors who had worked tirelessly amongst the poor and disadvantaged especially in Bihar. Their memorial fund, which continues to receive gifts, is overseen by Dr. Suranjan Bhattacharji, the CMC Director and also a good family friend of the Thompsons. In recent years, he has arranged gifts from the fund to go to the area where the Thompsons worked including the hospital in Hiranpur, but this year asked us to support the work of the Prem Jyoti Hospital in Jharkhand.

The Prem Jyoti Community Hospital has been working among the Malto tribals of Jharkhand since December 1996, focusing mainly on their health needs through a network of Community Health Volunteers, peripheral clinics, and a health centre for 140 target villages. The Malto tribals form



about 10% of the population in Sahibganj District of Jharkhand. The Malto are characterised by a diminishing population, pre-agricultural level of technology and extremely low level of literacy. They live in small hamlets (10-50 houses) scattered in the districts of Sahibganj, Pakur, Godda and Dumka of Jharkhand State. Most of the villages are remote and inaccessible. A study done by India Today, a leading magazine in India, ranked Sahibganj district as the least developed in the whole country. Since the bifurcation of the Bihar state, the district has seen some visible progress, though at a very slow pace.

The entire district with a total population of over a million does not have a single, functioning referral hospital to manage complicated cases. In view of the need for basic health services for all communities, the Prem Jyoti Health Centre was opened up for the general public in 2003. This resulted in the doubling of Outpatient numbers and an increase in the number of admissions. The project was upgraded as a hospital with 15 beds in 2004, continuing the community health work among the Malto people.

The Prem Jyoti Hospital wanted £7,000 to greatly improve the training capacity for community health workers. While the hospital facilities are somewhat basic, as can be seen from the photo of the operating theatre, much good is being done by education, immunisation programmes and health monitoring. The new annexe to be created as a memorial for Bryan and Helen Thompson will be a focus for this and has been greatly welcomed by the community. We were greatly touched by their recent prayer letter and the statement that:

"The highlight of the last month was God's surprise provision of a grant of Rs. 5 lakhs from "Friends of Vellore UK" which has enabled us to upgrade the residential training facility and buy necessary medical equipment. We are moved by the way the Lord stirs the hearts of people. We had signed up in faith as a contact centre for the CMC Distance program for health training of missionaries, although accommodation was limited. In record time our maintenance team completed the renovation of the old training hall." FOV are delighted to be associated with "God's surprise provision" and I am sure Bryan and Helen would be too! So "God's surprise provider to whom it is most needed" sounds like a pretty good FOV Mission Statement!



Team photo after dedication of renovated
"Thompson Memorial Annexe"





CMC VELLORE AND PUBLIC HEALTH IN INDIA

Dr. Daleep Mukarji O.B.E – Friends of Vellore Patron

In 1900 Ida Scudder started her one bed dispensary after she had chosen to train as a doctor in the US when she saw three women die in childbirth. She always responded to need as she developed her hospital, the education programmes and went out in the local community with her health services.

Today the institute she started, the Christian Medical College and Hospital at Vellore (CMC) is an outstanding hospital with over 2500 beds, medical and nursing colleges amongst the best in India and with excellence in research and health care admired by so many. CMC is a success of the churches and the missionary movement in India, owned, staffed and run by Indians. The running expenses for a year are well over Rs 3600 million (£ 48 million).

Over the years CMC has made a very significant contribution to the health of the people in India at Vellore, around it in the community and outreach programmes, in and through the mission hospitals where some of its graduates work and in the national scene on topics like HIV/AIDS, polio eradication, specific and relevant research projects and more recently in its well known distance education programme. People who come from all over India and even from neighbouring countries know they will get at Vellore compassionate, honest and excellent care. In spite of a growing private for profit health sector CMC still is competing and growing in a variety of ways.

Sadly even after more than sixty years of independence India is still an unevenly developing country with levels of poverty, malnutrition and exclusion amongst the worst in the world. 70% of India's 1.2 billion people live on less than \$2/day and one third of Indians are considered well below the poverty line of about \$1/day. The UN has ranked India 128 out of 177 countries on the human development index. India has a higher rate of malnutrition among children under the age of 3 (46%)

than any other country of the world. Caste based discrimination has meant that dalits (considered outcasts), and tribals are excluded in a variety of ways. These are real people who have not benefitted from the growing economy and liberalisation for which India is now being recognised. It is this poor and excluded India that CMC must now see as an area of priority if it wants to make a significant impact on the health of India. Poverty and exclusion are health problems. Poverty is a major cause of preventable death.

"CMC reaffirms its commitment to the promotion of health and wholeness in individuals and communities and its special concern for the disabled, disadvantaged, marginalised and vulnerable" in India. This is from the CMC mission statement. The Director says (it) "is our sacred duty to be rooted in the context of our nation especially among the poor and downtrodden (2008)." This then is the challenge for CMC in the years ahead, to look beyond Vellore and see how it can contribute to the health and well being of all Indians especially where the problems are acute. It has an obligation to make its excellence in research, education and service relevant to the people of India. It will need to work with others, central and state Governments, professional bodies, business, non governmental bodies and social movements to help improve health status and decrease poverty and inequality in India. This will not be easy. Yet in 1900 who would have thought that CMC would one day be such a large, respected and outstanding centre. It should take up the challenge to play its part in making India more just and healthy.

SELVI

The community health nurse and technician from the Community Health Department (CHAD) of Christian Medical College (CMC) Vellore were making a follow up home visit to Selvi.

Selvi comes from a hamlet located on a plateau 2,000 ft up in the Jawadhi Hills, a tribal area, which rises up to 3,000 ft high to the east of Vellore. Every home is a thatched mud hut - except for one partly constructed house, which is being built in granite. The nearest road accessible to vehicles is forty five minutes distance, after walking along narrow tracks, wading through two streams. From the village there is no other way to reach Vellore some fifty KM away. For a number of years, in parallel with the Government, CHAD has been running community health initiatives and is now involved with programmes covering up to 160 villages in the Jawadi Hills. As well as health clinics, this includes self-help, education, farmers, young women and children's groups, as well as vocational training and community mobilisation. Villagers are referred to CHAD hospital at Bagayam, on the outskirts of Vellore, and to the main CMC Hospital for medical treatment, if needed.

As is common, Selvi, aged 30, is part of a joint family, married to her cousin, Duraiswamy, aged 35. When she first married, the young couple lived with her parents. Although educated up to the age of 15, they are agricultural labourers, Duraiswamy and Selvi shared the work of cultivating the few acres of village land. Within a few weeks of marriage, Selvi became pregnant and in the fullness of time she had a healthy baby son. Things did not go as well during her second pregnancy. When she was seven months pregnant she developed fever and significant breathlessness, which frightened her. Leaving her 2 year old son with her mother, accompanied by her father, they

made the long walk to catch the bus to go to CHAD.

Here the doctor reported that the young wife was suffering with empyema (pus in her lung), which would need draining. This would need more specialist care than could be given in CHAD. Selvi was referred to the medical department in CMC where a tube was inserted to drain the pus and antibiotics were prescribed to counteract the infection and reduce the fever. Selvi had been gravely ill, so that it was 10 days before she was discharged and able to make the arduous trip back home. Sadly this was not the last of her troubles. A few weeks later her husband suddenly became ill and died before any help could be called. The young widow was left with a 2 year old son and another baby soon to be born. Before long, in labour, she was taking the long walk to the bus and to the government Primary Health Centre 25 KM away for the delivery of her second son.

Now the community health nurse and the technician were making the long walk to check on Selvi and the health of her two little boys. She was given help with breast feeding and nutrition. The little ones were checked to see that they are healthy and meeting the correct milestones.

The hospital bill for Selvi's empyema treatment, came to more than Rs.16,845-00. The family are very poor, as are most of the people in the Jawadhi Hills. When he was alive Selvi's husband earned just Rs.40 per day. Now Selvi depends on her family for daily living. There is no way in which this family could meet the cost of her

I AM WORKING TOO HARD!



When I put these newsletters together I draw on a number of people to provide material and especially Ann Witchalls who produces most of the patient stories. However talking to Ann, she says that it would be good to open up the Newsletter more to you, our friends and supporters. Tell us about your stories at CMC, send us your latest fund raising idea, suggestions as to how we can spread news about ourselves and CMC or just something like a recipe you like. This of course means I have to write less! Anyway we are throwing in a recipe just to get the pot boiling (so to speak!) and I hope you will feel free to send me things for April. I would like to think that our Newsletter is a message shared by friends so please feel free to contribute.

PLEASE SEND ANY STAMPS, SPARE BITS OF LEFT OVER HOLIDAY MONEY (Anything!), COINS ETC. ALL CAN BE USED AND EACH £50 RAISED IS ANOTHER PTP PATIENT HELPED.

STOP! PLEASE DO NOT USE friendsofvellore@flemphall.clara.co.uk for future e-mails - this account will be closed shortly. Always write to me at richard@friendsofvellore.org or friendsofvellore@gmail.com

CMC RAISES FUNDS AND THE LEVEL OF HEALTHCARE IN VELLORE

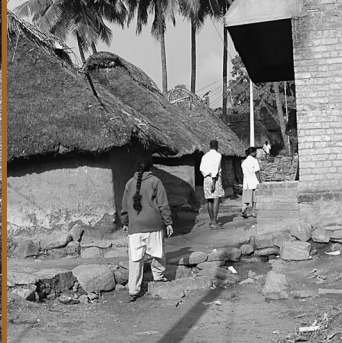
CMC's fund-raising programme for outreach events continues. In an earlier newsletter there were details of the free screening provision associated with World Heart Day. There was free health advice from a number of doctors and other health staff with



guidance on aspects of lifestyle including nutrition, smoking and exercise - the aim being to prevent problems rather than having to cure them. Early recognition of disease is important especially as many are reluctant to see a doctor because of expectations of high costs. Earlier this year CMC, as part of their fund-raising, were pleased to present Pallavi Krishnan and her troupe for a benefit performance in aid of the CMC Cancer Screening Programme for the women of Vellore to make the service accessible to all.



The 'road' to Selvi's village. Community Health Nurse and Technician



Selvi's village



Selvi and her 6 week baby son

treatment. Selvi pawned her jewellery and paid Rs.2,210 towards the cost. However this did not deter the staff in CMC from offering the best medical treatment possible. Fortunately there is a fund (Person to Person - PTP) set up by well wishers around the globe on which the Hospital can call to meet the costs of just such patients as Selvi. Rs.4000 came from the PTP. The balance, Rs.10,500, was absorbed by the hospital itself.

Selvi and her family will always be grateful for the expert care, loving concern and financial help in her time of great need.



RECIPE CORNER

Chicken Curry

INGREDIENTS:

12 oz cooked chicken pieces.
1 tablespoon cooking oil.
1/2 teaspoon garlic powder, or paste.
1 onion, thinly sliced.
1/2 teaspoon ginger powder.
1/4 teaspoon aniseed (fennel, or sompf) powder.
1/4 teaspoon cumin powder.
1/4 black pepper powder.
1/4 teaspoon clove powder.
1/2 teaspoon cinnamon powder.

1/2 teaspoon tumeric powder.
6 small teaspoons coriander powder.
1/2-1 teaspoon chillie powder.
1/2 teaspoon salt, to taste.
2 tomatoes, chopped.
1/2 pt (250 ml) stock, water, or milk.
1 table spoon finely chopped fresh mint.
1 table spoon finely chopped fresh coriander leaves or fresh parsley.
2 table spoons coconut milk, or 1" knob creamed coconut block.

METHOD:

Measure the ginger powder, aniseed powder, cumin powder, pepper powder, clove powder, cinnamon powder, tumeric powder, coriander powder, coriander powder and salt into a small bowl.

Heat the oil and gently fry the onion and the garlic, until the onion is soft.

Add the powders and fry until thoroughly mixed, stirring all the time.

Add the chopped tomatoes and about quarter pint stock (water or milk) to the mixture. Cover and simmer for five minutes.

Add fresh mint and fresh coriander leaves. Parsley can be used instead of coriander leaves, but the taste and aroma is not as good as using coriander leaves.

Add coconut milk. Stir until the coconut milk is well mixed in.

Add chicken pieces and stir to mix well. Simmer until the curry is boiling and cook for five minutes, until the chicken is thoroughly heated through.

Most cooked meats, diced, such as lamb, beef or pork can be used instead of chicken. Serve with plain rice, or vegetable rice.

Serves 4.

Adapted from a recipe from Dr Sally Date, Batch of 1962

THE END OF POVERTY?

Politicians love figures. You can really do what you like with them! So while the World Bank figures show that 41% of the Indian population are below the international poverty line, UN Reports indicate that poverty will fall to 22% by 2015 – more than half the 51% registered in 1990.

Do these figures inspire you with confidence? Sadly, not me. As usual it is not a simple problem. India has always been complex. At the same time as the New York Times was reporting that 49% of the world's underweight children live in India, we now get information of huge numbers of cases of childhood obesity especially in the big cities!

It is also interesting to look at poverty in the various states. In Tamil Nadu it is 32% while in neighbouring Andhra Pradesh where CMC is establishing the Chittoor hospital it is 45%. In Jharkhand (referred to in another article) it is 77%. This is the challenge – the poor and disadvantaged live in deprived areas with no support, no



infrastructure, little health care or education and huge problems while the more affluent get provision for everything. The Indian economic miracle needs to tip the balance in favour of those where hope is currently a rare commodity and we can only continue to support CMC's partnership with those essential but badly resourced mission hospitals which have the poorest and most vulnerable in their charge but very limited means to support themselves. In the same way as CMC has found a way of helping

poor patients by having an active private patient capacity, there needs to be a wider geographical application of such models but there is no money in it and limited political interest.

At least the 40 poor elderly folk we help at Ramapuram are supported in their new centre. Without it many would face poverty, isolation and even abuse. There are however millions in small, especially rural communities throughout India completely outside the scope of help and largely ignored.

THE DEPARTMENT OF ACCIDENT & EMERGENCY MEDICINE

The greatest need for the medical profession arises when a person becomes acutely ill and requires emergency treatment.

A sudden accident or a life threatening illness can be a very frightening experience to patients and their relatives. It is during these difficult times that the Accident & Emergency Department act as a vital window to the ethos of the institution.

Located in the erstwhile 'A' ward the old chaotic 'casualty' has now grown into a 46 bedded full-fledged independent clinical and academic department. In addition to the main emergency department, a new dedicated paediatric emergency department was established in 2000 which is located in the Ida Scudder Centenary building. The last couple of years has seen tremendous growth with the addition of a five bedded 'Priority 1' resuscitation room and expansion of the paediatric emergency department. With an annual attendance of more than 65,000 patients, it is one of the biggest and busiest emergency departments in India.

PATIENT CARE

An effective nurse led triage system separates patients into three groups based on the urgency of treatment required. The patients are then directed to the appropriate treatment area. This ensures that patients with life threatening conditions are seen by a doctor without delay.

The absence of ambulance services is a big problem faced by patients in India. Patients rely on relatives and public transport to reach hospital. This effectively means no pre-hospital care or pre alert, a luxury that emergency physicians in the UK take for granted.

In a country where every investigation and medicine needs to be paid for by the patient, it is a common sight to see patients struggling to arrange finances in the event of an acute illness. It

is during these times that generous contributions from charities across the world come to their aid.

ACADEMICS

CMC has pioneered emergency medicine training in India through the Fellowship in Accident & Emergency (FAEM) training program. What started as a one year in-service training has developed into a comprehensive two year structured training course with a Fellowship being awarded on successful completion of a scientific research project and passing a theory and practical examination. Many successful trainees have now established emergency departments in different corners of India. With the Medical Council of India recognising emergency medicine as a distinct speciality in 2009, plans are underway to start MD in Emergency Medicine.

The department runs a three day Early Management of Trauma Course (EMTC) biannually. It is an indigenously developed course based on the Advanced Trauma Life Support (ATLS) of the American College of Surgeons.

The department is recognised by the World Health Organisation (WHO) as the South-East Asian regional centre for training in Trauma Nursing.

RESEARCH

The department is involved in many locally funded studies as well as international multi-centre trials. Every year a number of observational, diagnostic, interventional and animal studies are presented at the Annual conference of the Society for Emergency Medicine in India (SEMI).



CIDENT

They that are whole need not a physician; but they that are sick
Luke 5:31



OUTREACH ACTIVITIES

The Emergency department has shown a keen interest in disaster medicine. On many occasions emergency medical services have been provided at the site of mass casualty incidents, the most notable one was following the tsunami in 2004.

The Injury Prevention & Research Camp (IPRC) is a community welfare outreach program. Every month a team of doctors, nurses and paramedics visit colleges, schools and factories to educate people on injury prevention, first aid and basic life support. A Power Point presentation on injury prevention and indigenously prepared videos on first aid are the highlights of these camps. A session on sexual health conducted by women for women has been well received by the students.

Until now PTP has not been able to help patients during their stay in the emergency department. Although patients may eventually benefit from it upon discharge from the wards, it is worth looking at ways to help them in the acute setting. Dr. Sanjeev Prathap.



FRIENDS OF VELLORE LOOKS TO THE FUTURE

Asha Senapati:
Friends of Vellore Chairman.

Friends of Vellore has been through an important process of internal re-configuration as mentioned in the last newsletter.

Firstly, I would like to thank Pat Wallis, Geoff Barraclough, Monica Hopkins and Victor Duraisamy for their sterling work over the years on our Executive Committee, without whom our organisation would not be where it is today. Although retiring from their posts, I hope they will continue to be involved in our work and help us where they can.

It is with great sadness that the person who was due to step into Geoff Barraclough's shoes as representative from Bournemouth, Meg Wilkins, died suddenly in April. Our sincere condolences are with her family and friends. We will greatly miss her enthusiasm and support.

For 2012, we will restructure the Executive (who are also the Charity's Trustees) with responsibility for different areas lying with individuals as follows:

Asha Senapati:	Chairman
Agnes Leslie:	Vice Chairman and CMCH liaison officer
Jeb Suresh:	Treasurer
Anne Witchalls:	PTP and Promotions Officer
Mike Keighley:	Prayer Circle
Ajit Butt:	Finance Committee
Gareth Tuckwell:	Palliative Care
Arabella Onslow:	Vellore Rural Community Trust and Community Health
Isaac Poobalan:	Communication and Website.
Dayalan Clarke:	Alumni Association.

As always all these activities are underpinned by Richard Smith, our Director, and his tireless commitment to our mission.

I am pleased to announce that Pat Wallis has been appointed to the post of Patron of PTP in recognition of her pivotal role in making the scheme the great success it is today.

These changes will result in the initiative being taken to develop each of the above mentioned areas, which I am sure will allow us to approach our 50th anniversary year as a Registered Charity in 2012, with vigour and verve.

With very best wishes to all our supporters,
Asha Senapati.

YOU HEARD AND GAVE US A HERD!



I am delighted to report that following the last newsletter's appeal for 3 – 5 cows for the farming scheme, aimed at helping poor farmers get a better return from their limited holdings by using organic material rather than expensive fertilizer, we raised funds for 15 cows!

This is due to some wonderful gifts including a generous donation from the Blandford Lake Trust.

This will permit a much more comprehensive introduction than was initially suggested and will allow training to be

much more widespread using 4 farmers groups. This is all being arranged and there will be much more in future newsletters but I thought you would like to read about the exciting news which has really thrilled the local staff.

One further bit of good news, coming out of this arrangement, is a commitment by the farmers to support the elderly programmes we fund in gratitude for the help with the cows – a real first step to getting some longer term sustainability into the rural work.

KARTHICK

Fireworks are a feature of cultures across the world.
In India fireworks commemorate religious festivals, funeral processions and happier family celebrations.

Seven year old Karthick was no different to any other child, thoroughly enjoying letting off fireworks, scaring the unwary with loud bangs. But it is dangerous to play with fireworks, as the mischievous boy found out to his cost.

Karthick comes from a very humble, illiterate family living in basic accommodation; a shed built against the wall of another house in Chittoor, a town about 100 KM from Vellore. Both his parents worked as manual labourers on daily wages. Their combined income, when there is work, is about Rs.100 per day.

Fireworks are always readily available to buy in the market. One day Karthick and his friends had bought fireworks and were playing with them, especially the "bombs" which fizz on the ground and explode, with a loud bang, scattering dust and debris high into the air. Inevitably one "bomb" failed to go off. The boys peered closer to see what was wrong, and just at that moment it exploded in Karthick's face. His left eye was seriously affected. Bystanders, who rushed to help, called Karthick's parents who took their son to a local hospital. There they were advised to convey the lad to the Eye Department of Christian Medical College (CMC) in Vellore. The Hospital is well known for its high quality and trustworthy medical service. Many buses run between Chittoor and Vellore. It did not take long for Karthick and his parents to reach CMC's Eye

Department, which is situated in the Mary Tabor Schell Hospital close to the Main Hospital in Vellore. Schell was the original hospital established in 1904 by Dr Ida Scudder, the founder of CMC.

On examination in the outpatients clinic the doctor saw that there was a tear in the sclera, or white outer wall of his left eye which would need to be sutured under general anaesthesia. Karthick was in hospital for six days for the surgery and while the eye recovered. When he was discharged the family were told that Karthick would need to return for several check ups until they were satisfied that there was no lasting damage to his eye. They gave him strict instructions to be much more careful when handling fireworks in future.

On their small income it would have been impossible for Karthick's parents to pay the full cost for his treatment. But CMC believes that no-one in need should be turned away solely because they cannot pay. The full cost of the young boy's treatment came to Rs.6,370. The family managed to borrow Rs.980 towards the bill. Concerned people around the world also donate money into a fund called the Person to Person (PTP) scheme to help those in need, like Karthick and his family and Rs.1,120 came from the PTP Fund. The remaining Rs.4,270 was absorbed by CMC.

RAJAMMA

Traditionally in India marriages are arranged by the relatives. Rajamma, now aged 36, who comes from Andhra Pradesh (AP), had been swept off her feet by Selvam, the handsome young barber from across the border in Tamil Nadu.

Against her family's wishes they married and set up home in Vellore, living with Selvam's parents. Sadly it soon became apparent that Selvam had an alcohol problem. As time went by two children were born, first a daughter, Suja, then a son, Vijai. Rajamma struggled on, seeking to do the best she could for the children, as her husband spent more and more on drink, giving less and less for the housekeeping. When Suja became a teenager, to protect her from her father, Rajamma sent her to live with her own mother in AP. By this time Selvam's parents were getting old and frail and unable to be of any support to their son and his family.

Rajamma developed a swelling in the left lower abdomen. One day she was gripped by a severe bout of abdominal pain. She knew she needed to see a doctor. Rajamma had only elementary schooling and had worked as a maid in two houses. In one she did the cooking and in the other she looked after the children. She could earn about Rs.1,000 per month. However, with the pain and the swelling she had to stop work. She depended on her own mother for financial support. The Low Cost Effective Care Unit (LCECU) of Christian Medical College (CMC) has trained Community Based Rehabilitation (CBR) volunteers in many parts of Vellore. There were two living in the area where Rajamma lived. She went to them for help and advised her to go to LCECU. The cost would be minimal.



Rajamma and her son, with one of the social workers at LCECU

On examination at LCECU the doctor realised that Rajamma might need surgery and so she was referred to one of the surgical units in CMC Main Hospital. Here the surgeon diagnosed that she had a hernia. She would not need general anaesthesia, but this could be repaired under epidural anaesthetic.

Nevertheless the cost of Rajamma's treatment and 9 day stay in hospital came to Rs.18,270. Much more than she could ever afford. By borrowing from her family she managed to pay Rs.3010. Rs.4,000 came from the Person to Person Fund, supported by well wishers around the world. The balance was absorbed by the hospital's own contingency funds.

And Rajamma – she is truly grateful for the love and care and generosity of medical staff, and well-wishers around the world, who have shown her the love of God in her hour of need.

ARSHARA

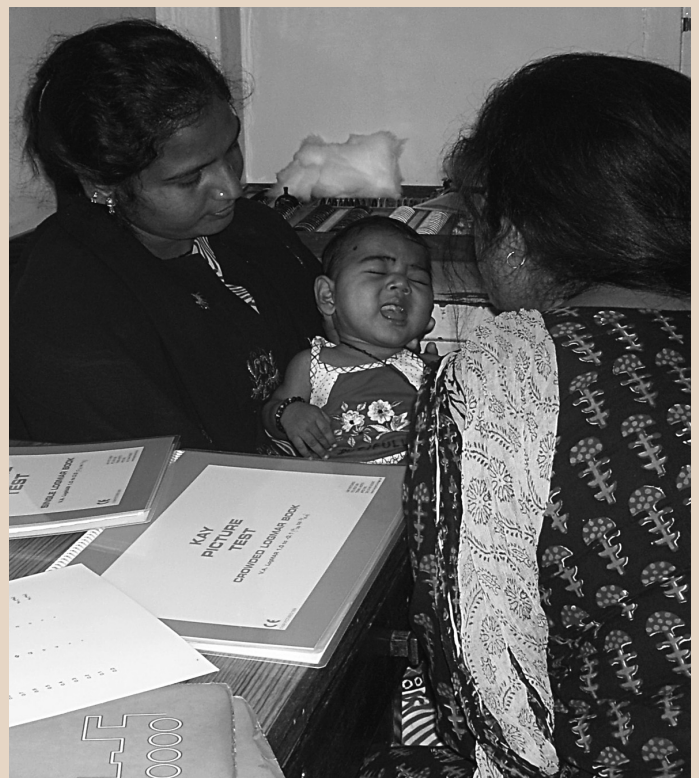
Baby Arshara belongs to a poor family living on the outskirts of Vellore. She is the third and youngest of Sheik Ibrahim's children.

Ibrahim works on a stall selling chickens. His wife is a domestic help. He earns Rs.40-50 (60 pence) per day, while his wife earns Rs.400 (£5) per month. In addition to Arshara they have two older sons, aged six and three.

As is the custom Arshara went to her mother, in Chennai, for the birth of her baby. The little one was jaundiced at birth and was given two units of blood. On the third day she began to have seizures. Relatives and doctors in Chennai were not sympathetic, saying that it would be better to let the baby die. After all, they already had two sons. A girl, and handicapped at that, would only be a drain on the family's limited resources. But Arshara's mother was adamant that she would love and care for her little daughter, whatever it took. As soon as she returned home with the new baby, she brought her to the eye department at Christian Medical College (CMC) in Vellore. This is situated in the Mary Tabor Schell Hospital close to the Main Hospital in Vellore. Schell was the original hospital established in 1904 by Dr Ida Scudder, the founder of CMC.

It is too premature yet to say what can be done for the baby. The doctors will have to wait a little while longer and reassess her again.

It is good that Arshara's parents have sought medical help so quickly for the infant. The doctors at Schell will give her parents every possible support to see that she achieves her maximum potential.



Baby Arshara, an unwilling patient on her mother's lap

CHITTOOR “OPEN FOR BUSINESS”

Saturday, 24th. September was the date for the Alumni Weekend near Nottingham. It was a very well-run event and the support from Alumni and their families as well as Friends of Vellore supporters was very high.

Friends of Vellore is very grateful for the kind invitation to join the Alumni in their special annual event and we hope to continue to work closely over the years.

The Guest of Honour was Dr. John Muthusami, Associate Director at CMC (see opposite). He attended and made a presentation at both the Friends of Vellore Executive Committee Meeting in the morning and in the afternoon speakers session.

The “hot news” (apparently quite literally) from Vellore was the formal opening at the end of September of the Chittoor Campus for routine treatments. The Campus, based on two acquired sites, will eventually operate on over 750 acres but 615 acres are now in hand. The work is starting with an outpatient department set up in temporary buildings (see picture) with a view to creating a 120 bed inpatient facility in a year's time and a 1400 bed multi-speciality unit in 3 years with an associated residential and university campus. At the moment there are no emergency facilities. The health needs in the Chittoor area are great and general health awareness in the community low, requiring a substantial effort at drawing the confidence and



involvement of the local people to this new provision. Programmes like eye-camps as well as addressing real needs had helped build closer participation by the locals and recruitment and training of Andhra Pradesh staff is planned.

Land prices have rocketed on the area adjoining the CMC site!

A 19km wall had been built around the site (the picture (bottom left) shows the CMC Director, Dr. Suranjan Bhattacharji and Dr. Raju Titus Chacko looking over the site from a vantage point with some of the wall in view to the right.)



Referring to CMC itself, John was able to confirm that more flexibility in the regulation of student numbers was allowing them to increase medical student numbers from 60 to 100 a year together with substantial growth of post-graduate training.

Numbers of patients attending CMC continue to rise and there was a regular year on year increase of about 7% keeping pressure on staff, equipment and infrastructure at a very high level. CMC had acquired other sites in Vellore with a view to reducing pressure at the main campus and the new College of Nursing Campus, including accommodation blocks, which would relieve some of the pressure. The new Outpatients unit off the main campus would also help reduce the constant tide of numbers to the main Hospital. In the medium term, the presence of Chittoor might restrict the flow of patients to Vellore but there is likely to be a strong local demand in due course.

CMC is also upgrading the work it undertakes with 42 Mission Hospital partners and in the light of other articles in this Newsletter, FOV was keen to explore opportunities where the charity might work with CMC in aiding Mission Hospital work although the needs and opportunities are extremely varied.



CHARITIES BENEFIT IN THE BUDGET

There was a change in the arrangements for Inheritance Tax in the Budget. Put simply if you leave 10% of your estate to a Charity, there is a 10% reduction on the Inheritance Tax due.

The Chancellor announced a cut in the rate of inheritance tax from 40 per cent to 36 per cent from next April for those who left at least 10 per cent of their estates to a good cause.

Accountants welcomed the move, but pointed out that any family or friends who were due to benefit from these estates would inevitably lose some of their inheritance.

Inheritance tax is only paid on estates worth more than £325,000. Currently therefore, an estate of £1m (which we use as a nice round figure!) would see the beneficiaries receive £730,000 and the taxman £270,000.

However, if 10 per cent of that estate above the £325,000 threshold is given to charity, the beneficiaries would only receive £713,800 and the taxman £218,700. It means the charity receives £67,500.

As usual it is a personal decision but if you were minded to leave something to a charity it is worth discussing with your financial adviser.



TREASURE IN HEAVEN

**Responding to the needs
of the poor and vulnerable
living around Vellore**

Friends of Vellore is deeply committed to promoting the Person to Person Scheme (PTP). In spite of the economic situation over the last year there has been a steady increase in donations, both from loyal supporters and with new donors joining the scheme. This year it is certain that at least £25,000 will be sent to CMC. The world is changing, but with a growing population, the numbers of destitute people in India continue to rise. In the first half of this year 1873 patients have received help with their bills, through PTP. Sadly, for lack of money, a further 394 could not be helped through PTP. These patients were treated, but precious funds were diverted from other sources in CMC to meet the bills.

Within PTP there have been changes. With the untimely death of Cannon David Marriott, Dr Pat Wallis became Chairperson of PTP, ably guiding the Scheme for the last twenty five years. She has now relinquished this post to become the newly created Patron in recognition of her commitment and dedication to PTP. FOV is deeply grateful to her and for her continuing support. Mrs Ann Witchalls takes over as Chairperson. Ann, together with her husband Brian has been associated with CMC for almost 50 years. They first went there to work as missionaries in 1960s - Brian as a hospital engineer and Ann helping in the Public Relations Department (PRO); roles which they continue to fulfil. They now spend some months in CMC, every year, helping in engineering and PRO. Thus Ann is well qualified to talk about PTP. Because Ann is in Vellore a lot of the time, she and Mr Richard Smith jointly administer PTP and the FOV Office in Suffolk is the point of contact for all enquiries about PTP. Mrs Mary Anselm continues to look after PTP in the Office in Vellore. Dr Reena George, Head of the Palliative Care Department and a Deputy Director of the Hospital, oversees the work.

PTP is trying to improve the link with supporters. All reports and "thank you" letters are now sent direct from the PTP Office in Vellore to the donor. Where the Office has an email address, the letters and reports are being sent by email. This enables supporters to receive their acknowledgements more speedily, more cheaply and probably more reliably. If you are able to receive emails, please let Mr Richard Smith know, so that your reports and letters can be sent to you by email.

As you may see from articles in the Newsletter FOV is raising the profile of PTP even higher. The desire is to acknowledge what supporters are doing around the country; to advertise the continuing need for help for the poor in India. With the Branch and Supporters page it is hoped to acknowledge the effort supporters are making and to share the good work being done by committed people to join with CMC to alleviate the suffering which still happens in much of India.

Financial investments these days are yielding very small, or nil returns. Investing in helping those most in need brings rich rewards, not least the knowledge that, as Christ said, "In as much as you have done it to the least of these My brethren, you have done it to Me." Many will bless you for your care and concern.

Dr Madhumita Dandapani reporting

SCOTTISH-INDIAN EVENING IN ABERDEEN

Around two hundred people from far and wide gathered at Holburn West Church hall on Saturday the 18th of June 2011 for a Scottish-Indian gala night of food and fun. The night was an ambitious and concerted effort by the emerging CMC Elective alumni, the CMC mafia and the Friends of Vellore in Aberdeen. The objective was to bring together cultures and people from diverse backgrounds to celebrate life and to aid life saving work at the Christian Medical College Hospital, Vellore, India.

The theme could not have been more explicitly represented by a Thistle, representing Scotland and a Lotus, representing India. The idea was initiated by Dr. Alan Dawson from Aberdeen University, who was in Vellore last summer for his elective placement in CMC. He managed to enlist young volunteers to take the lead, supported by the CMC Alumni and FOV Aberdeen.

There was buzz in the air even before the evening of the event with the ascent of enthusiastic alumni from the south of the border. Curiosity must have got the better of the committed alumni that they arrived in stages, some scaling great heights and many hurdles. This certainly was an added bonus to the event and a sign of things to come. The Aberdeen Alumni and FOV were much encouraged and felt energised by the visitors.

The evening began with a flute recital of 'Vande Mataram', an Indian national song by Sanju Vijayan, a talented young lady from Robert Gordon's College in Aberdeen. This was complemented by a rousing Scottish tune on the bag pipe by Greg Cahill, from the rival camp at the Aberdeen Grammar.

The pattern of Indian and Scottish themes continued throughout the evening. Exceptionally talented students from 'Bharata Narthanalayam', an Indian School of Dance in Aberdeen, performed various dances under the guidance of Mrs Srirajani Ruthirakumar.

The guests were then treated to Scottish-Indian food with Stovies and oatcakes prepared by the ladies of St John's Episcopal Church. This again was complemented with Pakoras generously provided by the Jewel in the Crown, a popular Indian restaurant in Aberdeen. The world premier Haggis pakoras stole the show!!! After such sumptuous food, the guests were ready for some exercise, hence followed a lively two hour Ceilidh.

A young Scottish lassie who also happened to be a medical Doctor Lorraine Sinclair performed various Scottish Highland Dances. The event raised over £1300 pounds. However, what made the difference was the involvement of young people with such enthusiasm and commitment bringing many communities together. In the words of Henry Ford "Coming together is a beginning, Keeping together is progress and Working together is success." It was good that we have taken the first step.



WHAT YOUR MONEY CAN BUY

CAESAREAN SECTION

at CHAD£82

CATARACT OPERATION

all included£78

ONE WEEK'S REHAB

inpatient stay and therapy£65

3 DAYS INPATIENT

bed with food£35

FOOD –

ONE WEEK£10

OUTPATIENT80p



Patron: Dr. Pat Wallis
Chairman: Mrs Ann Witchalls

Enquiries and Donations to:

PTP Fund (FOV)
Mr. Richard Smith
Flempton Hall
Flempton
Bury Road
Flempton
Bury St. Edmunds
Suffolk
IP28 6EG.

Please use the Gift Form
& Mark it as a PTP Gift.



THE PERSON TO PERSON FUND LINKS YOU TO NEEDY PATIENTS AT CMC VELLORE. HUNDREDS OF PEOPLE ARE HELPED EACH MONTH WITH SMALL GRANTS TO PAY FOR THEIR TREATMENT.

CMC has always paid special attention to economically disadvantaged patients. The dream is to help everyone based on their need and not on their ability to pay.

About 20% of the annual budget is earmarked for free and concessional medical care. However the need always surpasses the limited funds available from internal resources. Person to Person (PTP) donors help to pay for hospital treatment for patients from very poor families, with a monthly income of less than Rs.4,000 (£53).

This scheme helps around 300 patients a month. Each usually pays a minimal amount. A grant of up to £35 is given from PTP and the balance is borne by the clinical department treating the patient. Donors are matched with specific patients, and a report is given. The hospital care often makes the difference between life and death for people like Annadurai.

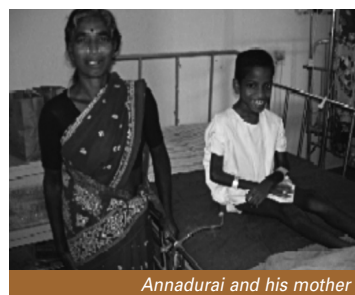
Annadurai – carried in his mother's arms

Annadurai, aged 7, belongs to a family who live high up in the Jawadi Hills, a remote tribal area South of Vellore. Access to education and medical help is very difficult. CMC Vellore conducts community health programmes for 160 villages but there is no hospital there. When Annadurai developed fever and breathlessness the family knew they needed to get him to a doctor.

So Kamala carried her son 10 km along narrow tracks to the nearest road. There she caught the bus down to CMC's CHAD hospital.

The doctor diagnosed serious pneumonia, with fluid in the lungs. They admitted Annadurai and inserted a chest drain, but had to transfer him to the Paediatric Surgery Department at the main hospital for specialist attention.

He recovered fully, but the treatment cost more than Rs.26,000. The family earn about Rs.1,000 (£13) per month from farming and could only afford the cost of his drugs. The Paediatric Surgery Department never turns away a child with a treatable condition and, with help from a PTP grant, absorbed the rest of the bill.



Annadurai and his mother

FRIENDS OF VELLORE in the United Kingdom and Ireland

Patrons:

Right Rev. Dr. Michael Nazir Ali, Dr. Daleep Mukarji, O.B.E., Lady Clare Howes,
Lord Balfour of Burleigh, Mr. M.A.S.Dalal, O.B.E. and Professor Tom Meade, F.R.S
Miss A Senapati, PhD, FRCS

Chairman:

Mr Jeb Suresh

Hon. Treasurer:

Mrs A Witchalls

Hon. Promotion Secretary:

Director and Office Address:

Richard Smith, MA, Flempton Hall, Bury Road, Flempton, Bury St Edmunds, Suffolk IP28 6EG.
Tel: 01284 728453

