FOV UK
VELLORE NEWSLETTER
CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE, S.INDIA

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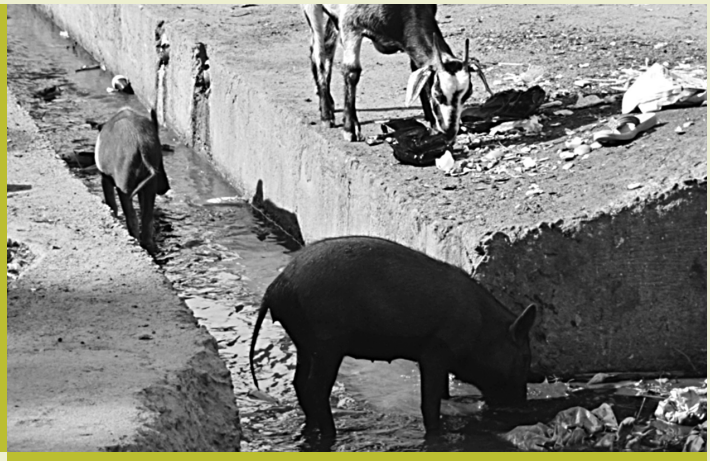
OLD TOWN: NEW HOPE

It is ironic that patients come from all over India to CMC while there is serious deprivation on the Hospital's doorstep.

A multitude of small dwellings, a lot of people - all just trying to get by.



A mixture of animals, humans, rubbish and open drains in Old Town.

During my recent visit I met Dr. Sushil who has now taken over from Dr. Sara Bhattacharji at the Low Cost Effective Care Unit (LCECU) which is based two kilometres away from the main hospital campus. LCECU treats only patients from Vellore and is aimed at helping the poorest and most disadvantaged in the city slum areas. Treatments are tailored to the needs of the population served and healthcare is kept accessible and of good quality but with a high emphasis on keeping outgoings low. For example generic drugs are used routinely and the in-patient facilities might be regarded as somewhat basic but are more in tune with what patients would be used to at home. Another arrangement at LCECU is that patient records are retained by the patients and presented by them at any medical appointment. Such records are a "passport" to treatment and I had only been in the unit half an hour when one young lad came for treatment with obviously the records of another person who it turned out was diabetic. Fortunately the staff know their patients and things were sorted out!

The LCECU Unit is really only part of the story. I went out with Dr. Sushil into Old Town and it soon became clear that Old Town was the "Ward". Dr. Sushil went around from patient to patient but was frequently stopped by others for advice or a quick "follow up". This struck me as true community medicine and outreach.

Old Town is a heady mix of small colourful buildings with many animals, open drains and a multitude of people getting by as best they can. The men were away working at mainly manual jobs, rickshaw driving and carrying work while the women were involved in small enterprises like making snacks to sell and bedis (small cigarettes) as well as the usual household chores. Pigs, goats and cows wandered around to find food and cow pat fuel blocks dried on the walls. There was a lot of disrepair and buildings were run down but householders sought to present the little that they had proudly.

It is a very hand to mouth existence and life is supported by fragile income streams. An accident or illness can be catastrophic. Families are large – I met one family with 9 daughters who still hoped for a treasured son and were going to "keep trying". Others have elderly folk in the family who need help and support on top of the routine challenges of earning an income and running

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the house. The demands are always there. I met one elderly lady who had suffered a stroke and was largely housebound. She was supported by her grandson of whom she was very proud. She relied on him to look after her but also wanted him to succeed and prosper. Clearly a bright lad, he was working in a supermarket by day and studying at college in the evenings as well as trying to help his grandmother. The tensions were obvious.

Dr. Sushil's "Ward" Round in Old Town.

Dr. Sushil also explained to me that he was concerned that he was not reaching the very poor folk. Unlike rural villages, it would be very easy to "fall off the radar" in an urban area like this. The very poor are often totally neglected largely because they are vulnerable, illiterate and with no resources. In India even getting registrations for documentation needed for support may require some degree of bribery of officials if applications are to proceed. With no resources they cannot register, without documentation they cannot get help. I discussed this with Dr. Sushil and indicated that we would be very happy to fund some research into this. Could we find a way of really breaking through to these most disadvantaged folk?

LCECU is a Department we have not regularly helped but after my discussions I believed that we could work with Dr. Sushil in a number of areas. The medical support available is good and cases where advanced treatment is needed are sent to the main hospital. However in an area like this the medical capacity is bound to be tested. The need for good support from social workers, physiotherapists, occupational therapists etc. is great. We met one elderly man who has suffered a mild stroke. He had restricted left arm movement. Medically he was getting all the support required and his family were rallying around. However a few sessions a week of physiotherapy would greatly benefit his condition and even improve his arm function. Could we help with this by strengthening these support services?

There is no easy answer to a challenge like Old Town. The very numbers are daunting and the whole environment is difficult. Suggestions about improving sanitation and providing toilets were made. Making certain that water supply is safe and helping folk through training and education to help themselves to a better healthier lifestyle are other ambitions. Certainly a lot has been done to engage with the youngsters especially after one of them died from cancer a few years ago. Suddenly awareness was raised and there are opportunities to harness the energy of the young.

WHAT CAN WE DO?

- Give to LCECU as part of their general patient support programme
- Consider working with LCECU to find the "very" disadvantaged group who have been lost to view.
- Help with the provision of additional support capacity like physiotherapists and social workers.
- Support local groups to find ways forward improving healthcare in the community.
- Support the longer term proposals for improved medical centres in the area.

LETTER FROM FRIENDS OF VELLORE'S CHAIRMAN

Happy Easter to all our friends and well wishers.

This year is the 50th anniversary of our support of CMCH – a legacy of which we are very proud. Although the nature of this support has changed over the years in response to CMCH's altering requirements and diversity, our goals and commitment have not. We may have adapted but we have not veered from the philosophy of ministry that we both adhere to.

The last 50 years has seen a move from helping sustain the fabric and day to day running of the hospital, via purchase of major capital expenditure to projects that help the poor, deprived and disadvantaged. To this end we have on-going projects with the palliative care departments, RUHSA, Person to Person scheme, paediatric orthopaedics and many more.

We also support training – senior training fellowships, community volunteers, scholarships and others. The expertise and knowledge of those who work in CMCH are what makes it the institution it is today and what it will be well into the future.

FOV UK is a success story like that of Aunt Ida's herself – we derive inspiration from her vision and are justly proud of the achievements of CMCH and our own contributions to these accomplishments.

I have no doubt that the next 50 years will see equally robust and inspiring projects taking place. We will adapt to the needs of the institution and continue to be of service; our ethos is a whole hearted commitment of support to CMCH well into the 21st century.

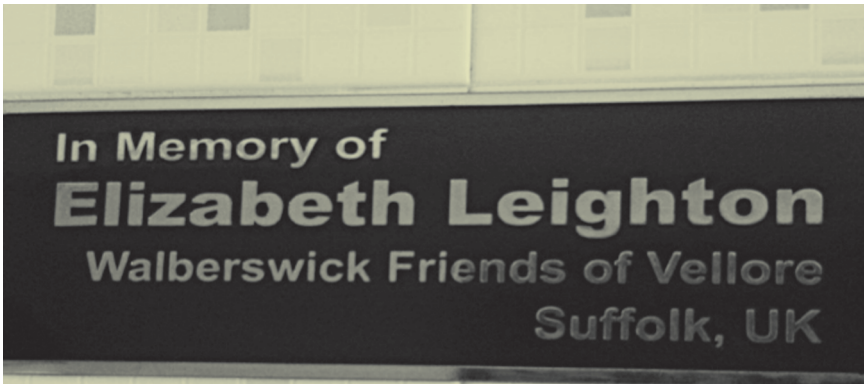
With very best wishes

Asha Senapati
Chairman FOV UK

GIVE US A CALL OR WRITE...

...but please use the correct numbers.

A number of people have had difficulties in contacting us because they used old addresses, old phone numbers, old e-mails and old websites. Check to see that you are using the contacts at the top of this Newsletter especially in regard to our e-mail which is friendsofvellore@gmail.com or write to me at richard@friendsofvellore.org.



ELIZABETH LEIGHTON REMEMBERED

The Walberswick Branch has been an enthusiastic and loyal supporter of Friends of Vellore for many years and their May Vellore Bazaar is a regular event and fund-raiser. Elizabeth Leighton had been their Chairman and a dynamic and motivating influence until her sudden and tragic death two years ago. She is fondly remembered and after last year's bazaar raised an impressive £1200 for Palliative Care work at Vellore, Dr. Reena George was please to put up a simple memorial plaque for Elizabeth in the Students' Reading Room at the Palliative Care Centre which FOV helped to build. It is by way of a thank you to Elizabeth for all she did as well being a lasting memorial to her. I know she would have been highly amused by this tribute but it is very well deserved.

The next Vellore Bazaar is at the Walberswick Village Hall on the 5th. of May at 2pm, so if you are in the Suffolk coastal area come along and help us raise some more funds.

JEAN BALD

I was particularly sorry to hear about the death in South Africa of Jean Bald.

Recently Jean had been a regular correspondent and generous donor to FOV but her connections with CMC go back more than 40 years. She had gone to CMC in 1968 and with the help of Monica Hopkins and Jane Blesson started a diploma programme in Occupational Therapy a year later. CMC was the first college in Tamil Nadu to offer such a course. Jean was a major influence in planning Occupational Therapy services and getting a structured programme in place. She extended the programme to Rehab, CHAD and Nambikkai Nilayam and is fondly remembered by her students for her patience and diligence.

She retired in 1983 and returned to South Africa where she continued to work in Occupational Therapy. She returned to CMC several times although her last visit was in 2000.

She enjoyed the FOV Newsletter and keeping in touch with the news from CMC. We wrote to each other two or three times a year and I shall miss her keen interest and enthusiasm.

INDIA STILL LARGEST RECIPIENT OF UK AID

India continues to top the list of countries receiving UK aid despite an economy which maintains fast economic growth and a huge investment in programmes including an expanding nuclear weapons capacity. Britain's justification for continuing the aid programme is that there is still a serious commitment to reaching the millennium development goals and that must include a policy in India – which is home to one third of the poorest people in the world and half of the number of malnourished children.

Where the aid goes is always a little unclear. However a former Indian Foreign Minister said that if UK wanted to help "perhaps one solution could be for the British government to give the aid directly to charities on the ground, who are working directly with poor people". An excellent suggestion and I await a cheque in the post! I will tell you when it arrives but do not hold your breath!

DID YOU KNOW?

The recent Indian census showed that a decade of rapid economic growth had made modest changes to most Indians' standard of living but none whatsoever for the poorest 20%. So while 54% of households have a phone (usually a mobile) up from 4% ten years ago, only 10% more have a private toilet. Treated drinking water is available in 33% of homes while 17% still have to fetch water from more than half a kilometre. Two thirds of Indians still use fire-wood, cow dung, crop waste and coal to cook on.

The Census Chief blamed "cultural and traditional reasons and poor education" for these rather skewed results. There was concern that 20% of all households still had none of the basic assets surveyed and somehow been "left out" of India's growth story. With a population of 1.2 billion, that still means that the poor, the deprived and the disadvantaged add up to 240 million people!

IT IS ABOUT FELLOWSHIP

On my last day at Vellore in February, I had lunch with Dr. Suranjan Bhattacharji - the current Director at CMC, but about to stand down in September. We discussed all the things that had gone on during his Directorship and the nature of current challenges. I asked him about the relationship between CMC and Friends of Vellore and he said that above everything it was the enduring friendship, fellowship and partnership that mattered. I thanked him for that as for some time it has been clear that our financial contributions to CMC are relatively modest (and in all honesty not likely to rise dramatically) and the hospital's income is steadily rising. It was good to know that the most important aspect is our fellowship and the warm and hospitable welcome I always receive bears testament to that.

We went on to discuss how we could strengthen that fellowship and agreed that thinking about CMC, praying for CMC and promoting CMC was all part of this great friendship. Anything we could do to embrace CMC in our own lives would be welcome and positive.

We have been looking at ways to do this. Professor Mike Keighley has started a Prayer Circle in the UK and we are looking to achieve fellowship with CMC by making access to CMC's own prayer and reading programme available to those in the UK too.

PRAYER CIRCLE

A small group who have signed up receive the UK Prayer Letter twice a year. We want to build on this circulation list as well as link to persons who can inform churches who would like to support CMC in prayer. This is a way by which we can extend the thought about CMC and its work and extend our fellowship. This is a new and developing initiative but if you would like to learn more please contact Dr. Ruth Ashbee on hrashbee@yahoo.co.uk or contact the office.

MAITRI

Maitri is CMC's own weekly prayer calendar with a reading and thoughts as well as prayers. It is produced annually. If anybody would like a copy of the printed version, I have a few copies available of the 2012 issue. Please contact the office.

Maitri is now also available online thanks to some follow up which was discussed when Dr.John Muthusami visited last Autumn. This sends the weekly section of the printed version with added topics for prayer where new issues have arisen. Currently there are a dozen or so who receive this but if you are interested in receiving it this way please let Ruth Ashbee or myself know. Depending on the response we can add names to the distribution list in Vellore. We might look at providing a link via the website but no decisions have been taken.

NEW LEAFLETS

For wider promotion of the work of FOV, we have now got some new leaflets printed. These show the essentials about Friends of Vellore and are ideal for handing out to individuals or leaving in churches, schools, etc. or for supporting events.

There is a new leaflet on Friends of Vellore and a new leaflet on PTP (the Person to Person Programme). If you would like to receive these leaflets please let me know and I will send some.

THE OVERWHELMING NEED FOR PALLIATIVE CARE:

The first visit to CMC Vellore cannot but change you in some way. Observing the palliative care team at work, both in the Hospital Outpatients and in the Community was a privilege. The need is overwhelming and the treatment options are relatively limited. No wonder the love of Christ makes such a difference.

Seeing Dr Reena George, Palliative Care consultant, at work in the Outpatient Department was inspiring. The whole team was incredibly busy with long weekdays and busy Saturday mornings too. I'm not sure how they sustain the pace, week after week.

The teamwork really was good and yes it must be best to have female palliative care doctors as multi-skilling is essential here! Dr Reena was breaking bad news to a patient about the lack of further treatment for her cancer, whilst advising another doctor who came into the 10 by 12 foot cubicle (consulting and examination room) on how best to treat a different patient, answering the phone, asking relatives of another patient to please be patient as one peered through the curtain door, and then listening to her patient who lived alone but really could not go into the hospice because there would be no one at home to cook for her hard-working son, for whom she had not yet found a wife!

The assessment for bursary fee support was a little different to that used in Burrswood Christian Hospital where I work. The form with boxes to fill or tick included: cow, buffalo, bullock, sheep, goat, and land in acres wet or dry; home...thatched, tiled... number of rooms. Then a note 'literate or illiterate'. This is a surprisingly quick and helpful assessment of wealth in Tamil Nadu and a guide as to how much the hospital fees could be discounted.

The vehicle given by FOV to the Palliative Care "Home Care Team" – we should start saving for a replacement in a year or so!

The young age of many of the patients also struck me. When Ida Scudder went to India life expectancy was 25. In our clinic there were a number of patients from 27 through thirties and forties with inoperable cancer, particularly oesophageal and rectal.

There was the not uncommon struggle on the medical side between oncologists who are keen to try expensive treatment that would be unlikely to help for long and their resistance to referring

Story continued from page 4 - THE OVERWHELMING NEED FOR PALLIATIVE CARE:

patients to palliative care. In contrast, some people end up in the palliative care outpatient clinic with potentially curable conditions. A good medical knowledge along with constantly checking notes to ensure biopsies and other tests are conclusive is essential.

Many patients had taken out loans from loan-sharks to pay for their treatment and families were then left with impossible sums to repay. One patient refused to be admitted to the hospice because she needed to be at home when the people came for their regular repayment. If she wasn't at home they might think she was avoiding repayment and take action against her family. One family, whose income was £6 a month, had borrowed £400 to pay for hospital treatment. Careful thought has to be given because of the cost of each test and prescription; there is no point in testing a patient's breast cancer sensitivity to Herceptin if the patient cannot afford it longer term. Why do we moan about some aspects of the NHS! Well-off families hesitate to use the hospice and be stigmatised because of the implication (which may be true) that their family is not caring for them

A lady of 37 with widespread breast cancer was so at peace about her short prognosis: "My faith really helps me" she shared.

One 34 year young man had come over 2000 miles, from Assam, for help with his pancreatic cancer. He needed oral morphine for his pain but this can only be bought from morphine centres and his family would have to travel around 60 miles each way for his prescription. No Macmillan to help ease the cost of having cancer let alone prescription charges, from which most in England are exempt anyway. Morphine for injection is not allowed outside hospitals by regulation. Some families are taught how to give the drug tramadol through a butterfly needle under the skin every 8 hours or so. Family support in times of illness is essential.

Syringe drivers for drug administration are a rare sight. They are totally impractical in the community but are used in the hospital. They have to be guarded as one ended up on a funeral pyre! UK best practice is often totally unrealistic but the principles of good palliative care remain.

Then on the road out into the rural villages. Just three patients to see but each took an hour or so. They were all very ill but the best medicine with the fewest complications was seeing the doctor (David). He always carried out a full examination, I think as part of the 'treatment'. Living conditions in two of the homes were awful. No clean water but they generously gave us mugs of Fanta; I could not help wondering how clean the mugs were before the Fanta was poured in but, as usual here, really no option but to accept the hospitality. Again most treatments were less than optimum partly because of the unavailability of syringe drivers in the community and partly because some drugs (eg Fentanyl patches) which would often be ideal are too expensive to use except in the last few days of life. When entering a village the team look at the wall posters as the custom is to put up a picture and obituary when someone dies as a mark of respect. The posters are tending to get bigger and bigger and are in colour if the family can afford it.

After the home visits, Reena took me on a ward round at their beautiful hospice…good to see the Richard Smith library and the Robert Twycross study centre, named in recognition of their generosity to the hospice when it was being built. Less good was the low bed occupancy when so many in the rural communities could benefit from its care. The social stigma for the family is often too great.

How can FOV UK make a real difference in the face of overwhelming needs such as these? We want to raise £25,000 to support the amazing ministry and clinical work of this team as they live out the Gospel delivering excellence in care, wrapped around with compassion and the love of God that brings hope in the face of despair. The Palliative Care Team vehicle, so essential to the domiciliary work of the team, needs replacing in 2015 at the latest and alongside that, funds are needed for palliative medicines that can bring a wonderful relief from the distressing symptoms of illness and the gnawing pain of cancer that can quickly overwhelm.

Dr Gareth Tuckwell (FOV Trustee) March 2012

The Home Care Staff Nurse discusses the drug prescriptions with the patients sister.

ALUMNI ASSOCIATION NEWS

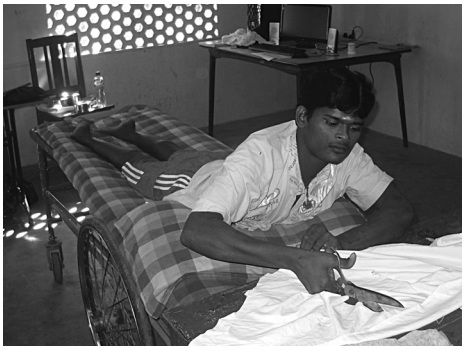
The UK Alumni Association had its annual meeting in September 2011 at Hotel Derbyshire near Nottingham. There was a good turnout for the annual reunion. We had Dr John Muthuswami from Vellore representing the institution at the reunion and he gave us an update of the developments in Vellore. The annual General Body meeting was followed by the evening dinner and entertainment. As usual, the reunion ended on Sunday, following morning worship that was led by Winston Solomon and Canon Isaac Poobalan. The move from a June meeting to a September meeting was made for 2 reasons. The first was that at the previous meeting, some alumni raised some concerns that June was when the GCSE/AS/A Levels were held and so alumni who had children preparing for these exams would not be able to attend a June event. The other was to try and space out the UK and US annual meetings with the hope of alumni crossing the pond for each others' meetings. We have already had US alumni confirming their attendance for this year's meeting. This year will be the 40th anniversary of the UK alumni association and the reunion will be held at the same venue as last year – Hotel Derbyshire – from 14th to 16th September and we hope to see many of you in Nottingham.

It is with sadness that we inform you of the death of Moses Christian (Batch of 1983) on the 24th of February of this year. Moses was very active in organising the reunions in Cardiff a few years ago and could we please remember his wife Jutta and son Adrian in our thoughts and prayers.

Dayalan Clarke

RAMADOSS

Ramadoss, a 21 year old man lives in a remote village where transport services are very limited.



Most of the people in the village depend on agriculture related work. His house is in a hut in a field and the surrounding environment is not disabled friendly. It is challenging as far as mobility for a disabled person is concerned.

Ramadoss's life has been full of miserable events. He lost his parents during his infancy. He was brought up by his aunt (mother's elder sister) and his cousin. He studied up to 7th Std, then started looking for job opportunities. Under the influence of his cousin, Rajiv Gandhi, who was employed on a sweet stall, he got a job in the same sweet stall at Chennai. However he had a special interest in working in the transport sector. Having worked in the sweet stall for two years, he returned to his village and started working as a cleaner in a truck. He used to travel across various states of India.

One day the truck collided with another vehicle in the nearby state (Andhra Pradesh). He was hospitalized in the local government hospital and diagnosed to have spinal cord injury. He was taken to Chennai by his family for further treatment. The owner of the truck supported him initially but withdrew the support as the truck was not covered by any insurance. Ramados had to return home and developed multiple pressure sores.

As his village belonged to the area covered by the Rural Unit for Health and Social Action (RUHSA), which is a part of CMC's community health services, he was referred from RUHSA and admitted in the Rehabititation Institute (Rehab). The Rehab Social Worker made an evaluation home visit in order to understand the socio-economic background and explore vocational options for him. While at Rehab Ramadoss took part in the Stamp ("Earn and Enjoy") Project. He was given the task of soaking off stamps for which he "earned" a small remuneration. He was then able to "enjoy" being able to help to pay for his medicines and food and for some of the aides which he needed. Like Ramadoss many other deserving poor patients have been helped through this Project.

On admission, Ramados's nutritional status was very poor and the stamp project helped him to improve his health and his self esteem over a period of time. He was trained to walk with knee ankle foot calipers and elbow crutches which were provided free of cost through the International Committee of Red Cross fund. He was also trained to become independent in all his self care. Bladder and bowel management was also taught to him. Vocational options were discussed with him and he was counseled to learn a new skill. It was amazing to see the moral and physical support given by his aunt and his cousin during the period of rehabilitation.

Following discharge he returned home and applied, successfully for an identity card for a person with disability from the state government which helped him to get a monthly pension. He joined the vocational rehabilitation programme of the Rehab Institute and has been learning tailoring skills at the Mary Verghese Trust (the rehabilitation project run by Rehab). He is hoping to complete in three months time and start a new life with a new skill.

THANK YOU ANN!

Ann Witchalls and her husband Brian have been associated with CMC since the 1960s.

Their knowledge of Vellore is huge and they have seen generations of staff, visitors, volunteers and electives come and go as well as enormous developments at the hospital itself. Brian and Ann spend about six months of the year at Vellore and help with all aspects of the hospital programme and its social side. Ann is particularly good at pushing along our projects and programmes when they get a little "stuck" in the system and ensuring that all visitors get the best out of their experience at CMC. She helps arrange cultural evenings and other events for young visitors. Brian makes a significant contribution to the engineering projects at the hospital. (He kindly invited me to inspect the sewage works which was one of his current projects but sadly my programme was already full!)

Ann writes up the majority of the patient stories which you read in this Newsletter but many are picked by the States, Australia and other countries for their promotions.

Ann has "upgraded" the PTP programme as PTP donors will know with patient reports coming straight from the PTP office at CMC. Ann spends a lot of time making sure that donors get reports in line with their interest. As you will see from elsewhere in this Newsletter, we have sent £48,000 to PTP over the past 15 months and this is very largely down to Ann's hard work making sure she maintains contact with donors.

Ann really keeps Friends of Vellore going by maintaining an unwavering enthusiasm for both the charity and the hospital. Fortunately I am now able to speak frequently to Ann with Skype which is a huge boon, meaning that the contact between UK and Vellore is strong and issues readily resolved. Anyway Thank You, Ann, we do appreciate all you do but I know you will be embarrassed to be thanked for something you love!

Ann is a Trustee of the charity and Brian a Board Member.

NEELA

38-year-old Neela is unmarried and lives with her family in Old Town, Vellore, which is 4 km from the hospital.

She has four younger siblings – three sisters and a brother. All her sisters are married but her brother is unmarried. Neela has studied up to the elementary school level. Her mother is uneducated and sells fruits on the streets. She earns £14.00 per month through this activity. The brother, who has studied up to high school level, sells fruits in the market and earns £36 per month. This family lives in a hired brick house with minimum facilities. Their rent is £7.00 per month. The house consists of one room, measuring about 12 feet by 10 feet, with a cement floor and a thatched roof made up of coconut leaves, tied up with bamboo sticks. One corner of the same room is used as a kitchen. They have electricity (one tube light and a fan), but no water facility. A municipal tap, located on the road outside, provides water thrice a week. There is a common toilet in the street for which the family has to pay Rs.2/- per person/per time. One of Neela's younger sisters, her husband and three children live with Neela, her mother, brother and maternal grandmother. Thus six adults and three children live in this one room dwelling. The family just about manages to have three simple meals a day.

Neela, a known diabetic and on regular treatment, was admitted because the ulcer on her left foot was not healing. Her left leg had to be amputated below the knee. Following the surgery the left leg needed daily dressings. After twelve days in hospital, she was discharged and advised to come to the out patient department for follow up.

The cost of this expert care came to £329.00. It was well beyond the limited means of a poor family like Neela's. Her younger brother borrowed some money from their neighbours and was able to pay £14.00 towards the hospital bill. We took care of Neela in the hope that some kind donor would finance her care and £57.00 was allotted through the Person to Person Scheme, thanks to a generous donation. Neela's outstanding bill was settled by the concerned unit and the institution. We join the grateful family in thanking you for this timely help.

Neela with her grandmother.

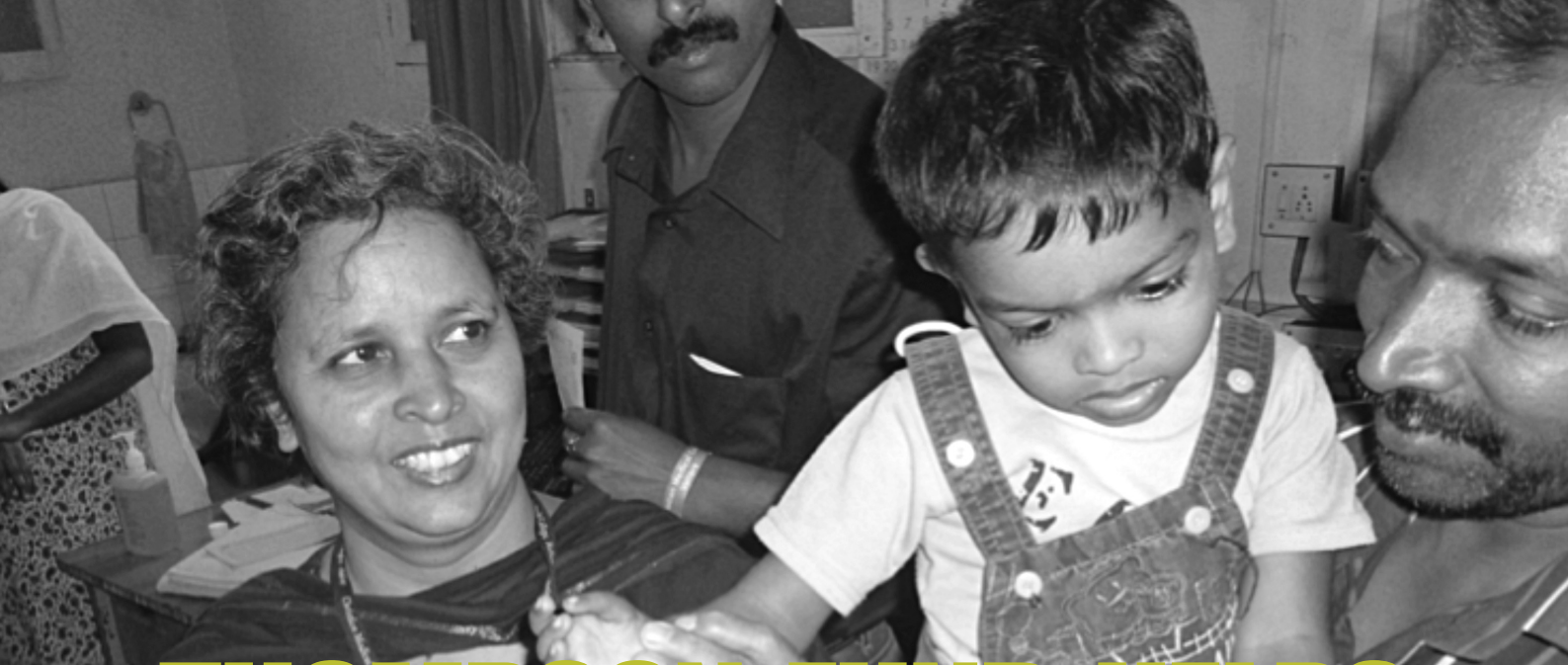
WHAT DID FOV DO IN 2011?

We had a good year last year thanks to your interest, support and generosity.

OUR ACHIEVEMENTS?

- Sending £28,000 to PTP in 2011 (and have already sent £20,000 in 2012) – enough to help nearly 1000 poor and disadvantaged patients meet urgently needed healthcare bills.
- We supported Palliative Care by sending money for the Home Care team's travel costs using the vehicle we had provided.
- We sent £5000 to help Paediatric Orthopaedics and have sent another £5000 this year.
- We sent money for 15 cows to start the Organic Scheme for poor subsistence farmers.
- We extended the FOV Goat Scheme for the Elderly to Ramapuram.
- We funded the Prem Jyoti Hospital in Jharkhand to set up the Helen and Bryan Thompson Memorial Annexe as a base for their Community Health Programme to the Malto tribals.
- We were able to send £10,000 to the Allied Health Scholarship Fund after a kind legacy.
- We sent $20,000 to support the Senior Training Fellowship.
- We paid the salary of an Occupational Therapist at RUHSA.
- We helped conclude the training of Community Volunteers again at RUHSA.
- We supported Interserve in their funding of Joe and Denny Fleming at CMC.
- We provided for the elderly centres at Kavasampet, Ramapuram and Keelalathur including a basic daily meal for 105 vulnerable elderly.
- We made further small gifts to Rehab, LCECU etc.
- We helped many visitors, volunteers and electives make arrangements to attend CMC.
- We helped send Alumni gifts to Batch projects.
- And, thanks to a kind thought from Mary Brettell, we sent a good selection of hand knitted teddies for the children!

Not a bad year but we can always do more! So please support the work. All these activities really help especially the poor and disadvantaged and you can be sure that your gift will have a real impact.



THOMPSON FUND HELPS THE KIDS

As regular readers will know we have been supporting the Paediatric Orthopaedic work led by Dr. Vrisha Madhuri for several years.

Many will recall the work she did on the brother and sister orphans, Gokul and Parvitha, who had such badly deformed hands and feet. Her work continues and benefitted from our gift of an orthopaedic operating suite a few years ago. One of the elements of that gift was an operating microscope which has allowed the team to extend their work and develop new techniques. It is a great pleasure to see how our help has really contributed to the team's efforts especially to change the lives of children from the poor and disadvantaged community who were formally blighted by disability or deformity but who can now lead a very normal life after treatment.

Dr. Vrisha has helped so many children over the years and I met her on my last visit to see the results of another treatment. A young boy lacked bone in his forearm and had no thumb. Dr.Vrisha had stabilised the arm and used one of his fingers as a thumb. The results were amazing as the young lad proved by playing a mean game of Chinese Checkers! He now has near normal use of his hand and is delighted as you can see in the picture.

I was very pleased to send a further £5,000 from Friends of Vellore as a small contribution to her work.

She and her team have been going out to some of the Mission Hospitals to undertake paediatric orthopaedic surgery there to help the youngsters. Often there is little or no orthopaedic surgery equipment and she wondered whether Friends of Vellore would be prepared to provide a complete set. It certainly seemed a sound proposal and I mentioned it to the Director, Dr. Suranjan Bhattacharji over a lunch. He fully saw the benefits and suggested that it might be the answer to my request to him for a 2012 gift from the Thompson Fund which is a memorial fund for Drs Helen and Bryan Thompson. (You will recall from the last Newsletter that the Thompson Fund was able to support the Prem Jyoti Hospital in Jharkhand). So we may go ahead with obtaining Dr. Vrisha's travelling surgery equipment as a benefit to all Mission Hospitals and as a further memorial gift for Helen and Bryan.

Incidentally the staff at Prem Jyoti send their thanks and blessings for the Helen and Bryan Thompson Memorial Annexe which is now fully functional and serving the community needs of the local Malto tribals.

NEW CMC DIRECTOR ANNOUNCED

New Director for CMC. Dr. Sunil Thomas Chandy (photo middle) was announced as Director designate of CMC Vellore at the Council meeting in January. He is currently head of Cardiology. He will take over from Dr. Suranjan Bhattacharji on September 23rd this year.

Other new administrators include: Dr. Kenny David who will be Associate Director (Missions), Dr. DJ Christopher Associate Director (Human Resources) and Mrs. Sundari Edwin, Deputy Director (International Relations). Dr. Nihal Thomas will be the new Additional Vice Principal for Research and Dr. Regi Oommen will be Deputy Registrar.

I had a very good meeting with Dr.Sunil during my recent visit and we discussed a number of ideas to take forward the fellowship and partnership between FOV and CMC. Our thoughts and prayers are with him as he prepares to take on this major role at a time of great challenges.

ALLIED HEALTHCARE SCHOLARSHIPS

Allied Health Sciences at the CMC Vellore is the term given to all professional educational courses which are not nursing or medical.

It includes an array of around 36 courses, both under-graduate and post graduate, covering specialities as varied as Occupational Therapy, Medical Records Technology, Optometry, Dietetics, Medical Laboratory Technology, Medical Radiation Technology, Health Economics and Clinical Pastoral Counselling. Currently there are over 350 students studying these courses, but the numbers are set to rise over the next few years since we have recently been able to start a number of three-year BSc courses as the second and third intakes fill up the seats.

The fees for all these courses are highly subsidised, making it possible for most people to afford without borrowing money. However, when the cost of hostel accommodation and other costs are taken into consideration the amount may be too high for many families. It is common for people in rural areas and even in towns to rely on one breadwinner bringing home daily wages of Rs.100 or less per day, and even this is highly seasonal. There will be no money left at the end of the month, after purchasing every day necessities, for the children's education.

So, in addition to the general fees subsidy, CMC encourages students from a deprived background to apply for scholarships, which are awarded according to need and can cover the whole cost of fees, food and accommodation. Friends of Vellore was very pleased to send a £10,000 gift to the fund following a generous and thoughtful legacy. It is a fund we are seeking to support further because, as has been said, it offers real hope of a rewarding career in healthcare to even the poorest children.

The story below is an example of one who is coming through the training after being given the scholarship funding.

PHYSIOTHERAPIST – IBUNGO

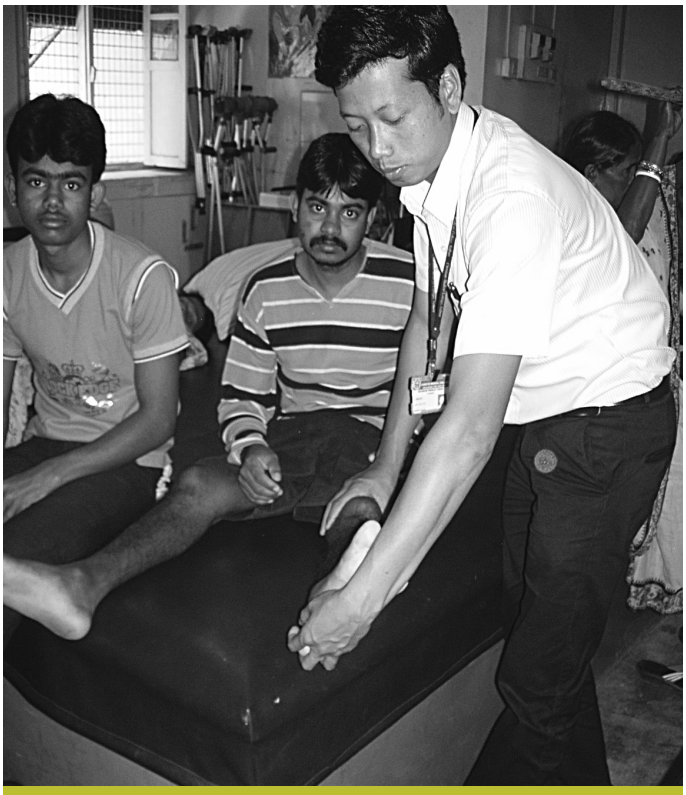
Ibungo is in his fourth and final year, studying to be a physiotherapist at Christian Medical College (CMC), Vellore in South India. His home is far away in Manipur, north east India. His father is a retired soldier. Now the family live simply on a small village farm. A local large farmer pays them to cultivate rice. When this is harvested, the family retain 15 sacks for themselves, returning 5 sacks of grain to the farmer

This young student is second in the family of four children. His older sister works from home, making the traditional and beautiful Manipuri embroidery for a living. His younger brother and sister are still at school. His brother dreams of becoming an engineer, or following Dad's footsteps in the army. Mother keeps the family in order at home.

Although the local language is Manipuri, Ibungo attended an English medium school. Every day he would be ready by 6.30 AM to make the one and a half hour bus journey to school. His dedication and hard work paid off, because he was successful in gaining admission for the physiotherapy course, straight from school, at the first attempt. Still his commitment is being tested. It is no easy matter to get to Vellore from Manipur. With no train, Ibungo takes the bus from home to Guwahati, where he boards a train which will bring him to Vellore. The whole journey takes four days. Not surprisingly he only makes the long journey home twice a year, in the Christmas and in the May holidays.

Ibungo is an outstanding scholar. As there was no possibility of sponsorship from his area, he took his chance amongst up to three hundred applicants as an "open", i.e. not sponsored, candidate. That he was successful indicates his natural academic ability and caring nature. He has rewarded the trust placed in him by CMC in granting him a scholarship for his studies. In his second year he gained second prize. In the third year he took first prize. In their final year every student has to complete a small research project. Ibungo has chosen to research into the problem of retraining of the diaphragm following abdominal surgery. Although he is an "open" candidate, all students, whether sponsored, or "open" are required to work at CMC, or another hospital designated by CMC, for two years following their graduation and six months of compulsory internship.

Undoubtedly Ibungo will be a physiotherapist of whom his family and the hospital where he is training can be proud. Surely he will carry on the tradition of serving "in the spirit of Christ."



Ibungo with a patient and his brother.

VELLORE RURAL COMMUNITIES TRUST PROJECTS

After over 30 years, VRCT has finally become part of FOV and as such ensures that there is a strong voice representing the needs of the most vulnerable and poorest people in & around Vellore.

VRCT has always been strongly associated with RUHSA which, being a department based in the heart of the rural outskirts of Vellore, is ideally situated to work with & for some of the most vulnerable communities. VRCT work has increased in focus & scope over the last five years and we anticipate the amalgamation with FOV increasing the opportunities further, which is very exciting.

One of the flagship activities of VRCT is the Elderly Welfare program. There are now 4 centres providing essential support for the frailest in these villages - companionship, activities & a nutritious meal to 4 centres serving 100 elderly. Every visit, we hear the same tale - they love the company, they feel more valued by their community and therefore by their families and for some, the one daily meal may be the only guaranteed food. As the service is provided by local self help groups, the program also provides an income for several other families. Other villages are keen to set up Elderly Welfare Centres in their areas. It is an advantage for the SHGs to be working on a social welfare project because it increases their ability to apply for & receive government grants. This means that the support provided by VRCT for these Elderly Programs, are valued far beyond those who directly benefit from the centres themselves.

Elderly making vegetable bags from old newspaper. They earn 1 rupee a bag but it is a sociable activity.

But these elderly are still only receiving the barest minimum. For most the centres represent everything - all they have are the few hours of friendship and a single meal five days a week. It is heartbreaking to hear their gratitude coupled with pleas for additional food, a sweet or non-veg dish, or for clothes to replace their only threadbare set. Most poignant of all is their request to be taken on an outing to a nearby forest for a picnic which they have never experienced. Even the self help women have never had this opportunity, so if we were able to organise a picnic, we would like to include the SHGs as well as a thank you for all their work at the centres. As a result of this RUHSA are setting up a special elderly fund to try to raise money for these extras and if you would like to donate, the costings are below & contact FOV.

Item	No	Cost pp Rs	Total cost Rs	Cost pp £	Total Cost £
Non-food items					
Clothes (Saris/dhotis)	100	200rs	2000 rs	£2.85	£285
Gifts (tiffin tins)	100	70	7000	£1.00	£100
Picnic (to Amirthi Forest)					
Transport (there & back)	100+20	50 rs	6000 rs	86p	£86
Food (lunch/tea + snack)	100+20	50 rs	6000 rs	86p	£86
Special Lunch					
Non-veg chicken dish	100	25 rs	2500 rs	36p	£36
Non-veg egg dish	100	3.5 rs	350 rs	5p	£5
Sweet	100	4 rs	400 rs	6p	£6

We are also making progress in our attempts to improve the sustainability for these programs. In 2008 we started the "Passing on a Gift" Goat Scheme & many of you generously donated goats to be gifted to the elderly. This has been a great success in some areas, although, we lost a few goats who were missing presumed consumed. There are still goats being gifted on and a couple of the elderly have benefitted enormously from this scheme. One woman has made over 9000rs from her goat and is saving all the money so she can have a dignified funeral. Prior to this she was destined to have a pauper's funeral. However, we need to be more ambitious as we open more centres & the need for sustainability increases, so we are working on developing a commercial goat scheme at RUHSA. VRCT will invest to pay the initial costs, but as the scheme generates profits, the investment will be paid back into the Elderly Scheme to enable us to set up further centres. In addition, the SHGs who will be running the enterprise, who have the advantage of having no start-up costs & minimal overheads, will be contributing a percentage of their annual profit to the ongoing running of the projects. RUHSA is developing the business case for this & we hope to have more news about this in the next newsletter.

VRCT's other main project is the support for the Community Mental Health Program at RUHSA. Mental illness is a huge burden worldwide and none more so than in rural poor communities such as India, where the spectrum of mental ill health include severe intellectual delay, untreated psychoses, cognitive deficiencies such as dementia or stroke, not to mention depression, anxiety and alcohol & drug related problems. Psychiatric services are woefully inadequate for the need and the knock on effects of mental illness in a country with no welfare state is immeasurable. In 2010 RUHSA started to look at this problem and have approached it from a unique angle. They take mental health training out into the community to minimise the impact of mental illness by improving the function & skills of those affected by it. The VRCT funded Occupational Therapist post is filled by a keen new graduate who is developing the program organically by responding to the communities' needs. He runs a daily clinic where local people can bring their relatives to learn activities of daily living, such as self-care or carer skills, they run carer & awareness training days & he goes out into the local community to support the work he does on site. In 2011 the program reached over 1000 families. In addition, he goes out to the elderly programs and helps them improve their function. He has started a paper bag making program in each of the centres which gives them a pleasant activity to do whilst chatting with friends or waiting for lunch & generates small amounts of income for the individuals. It is early days but this program's approach is invaluable and VRCT is keen to see it develop further.

If anyone is interested to learn more about the work FOV does for rural communities through VRCT, please contact Richard Smith or Arabella Onslow on belons@gmail.com.

RENAISSANCE

Mr. Edward Sigamani, a 30 yrs old painter-electrician lives in Old Town, Vellore. He used to earn about Rs.150 per day of work.

He married Parveen, a Muslim lady for which her family disowned her. They have two children, a 3 year old daughter and an eighteen month old son. Parveen continued working after marriage, in a company producing toilet cleaning acids, earning about Rs.80 per day. The whole family, as well as Edward's mother and brother lived together in a thatched house with mud walls. Edward's family are practicing church members and through a foreign donor's scheme which supports their church, Edward's family was able to build a concrete house with two rooms and a small cemented area in front of the entrance.

Everything went on well until Edward fell down from a ladder while painting a wall. One day Mrs. Suryakala, a local volunteer in the Community Based Rehabilitation (CBR) programme of the Low Cost Effective Care Unit (LCECU) and the Physical Medicine and Rehabilitation Department (PMR) was visiting a young man with schizophrenia whom LCECU has just started treating at home. Edward's family heard that some people from CMC were treating their neighbour so they asked for help. The Outreach team visited Mr. Edward at his home and found him depressed, sick, extremely weak and lying on the floor. He had not changed his catheter for the past 4 months.

His fall had led to severe spinal injury which had resulted in loss of function from his chest down. He was treated by the Orthopaedics Department of CMC for acute care. His bill was so huge that his family literally fell at the feet of the doctor in charge explaining their poor condition and lack of resources to pay. Understanding their desperate situation, the Orthopaedics Department wrote off his bills and advised him to return for review in two weeks and to go to PMR for rehabilitation. When Edward was discharged, he was asked to return in a couple of weeks for review and further management. However fearing the cost if Edward went again to CMC, they did not go back to the hospital or PMR.

Edward lay on the floor all day in severe pain. Meanwhile, Mrs. Parveen had to give up her job to take care of her husband and children. Now the whole family was dependent on the income of Edward's brother, also an electrician who is a daily-wage earner who gets most of his work during weddings and ceremonies. The family slowly began to go hungry and the children soon became malnourished. By the time the CBR Team met Edward, he had developed a hugh pressure sore on his back. He suffered collapse and infection of his lung and a severe urinary infection.

Like the poor widow in Jesus' Parable, depicted on the wall behind, many people have sacrificed much to facilitate Edward's journey towards rehabilitation and renaissance.

In view of the critical situation Edward was in, he was admitted to PMR. After a few days at CMC, he was transferred to the Rehabilitation Institute (Rehab). He slowly improved and gained the will to live. However due to the nature of his injury he was unable to lie on his front and this delayed healing of his bed sore. After three months stay in Rehab, he was discharged. At home, he continued his therapy. The Outreach Team of LCECU bought him a good mattress and provided for his high protein diet through a local store for a few months. While looking for long term sustainability of such help we discussed his situation with the Hope House and they began supporting his food and toiletries. Medicines, dressings, catheters, uro-bags and gel were also given free of cost initially.

Edward was asked to return to Rehab once his bed-sores had healed so that he could be trained to use a wheel chair. This would give him some independence and his wife would also be able to resume her previous employment. Sadly, just before Edward was due for re-admission, he suddenly suffered a stroke. He was admitted in PMR, before being transferred to Rehab. At this time Edward's daughter needed help to pay her school fees, books and notebooks. On recommendation by the Social Worker at Rehab, Ganga Trust came forward to pay the complete educational expenses and immediately paid the school fees and supplies.

To help with their income, LCECU assisted Edward to get a National Disability Identity Card issued from the District Disabled Rehabilitation Office, with which he would be able to access a Rs.1,000 disability pension. Udavam Ullangal, another local Social Service organisation helped with transport. Social workers in LCECU and Rehab accompanied Mrs. & Mr. Edward to the Office and his pension was sanctioned on the same day.

Edward's condition was an extremely complicated case for the rehabilitation team. His spinal cord injury was very severe and his neck was bent so that he could not lie flat. He had a bad bed sore that delayed his rehabilitation. When he was looking forward to being taught to use a wheel chair, he had a stroke. His home environment was not wheelchair friendly. In addition to all these, the whole family was poverty-struck. However the multidisciplinary network formed around this catastrophe has helped Edward and his family on their journey towards rehabilitation. It has guaranteed their daughter's education; strengthened his and his wife's self-confidence and esteem and has made him optimistic toward life and given Parveen a better job. Interestingly, when a new job opportunity to train and work as a Rehab 'care-giver' arose, Parveen joined up and now earns Rs.175 per day. As you can imagine, she is very good at her work.

The work done by CMC through the CBR Team, staff at LCECU and PMR and Rehab to facilitate Edward's journey towards rehabilitation has slowly extended to the whole family with the help of Hope House and Ganga Trust and reinforces the need to have a multidisciplinary approach to rehabilitation.

Person to Person

"Our supporters: They are like gods. We handed over our child to God and with that hope we agreed to start the treatment"
So said Jebisiya's father.

PTP continues to strike a chord with people. The need for compassionate giving is more vital than ever. All Gifts are gratefully received. The "thank you" letters and patient reports are sent from the PTP Office in CMC, Vellore. Almost half of supporters now receive their mailing by email. This is a great saving in time and money. However, please make sure that emails are read, even if they go straight into the "Junk Mail". Patients eligible for PTP receive up to Rs.4,000 (approximately £50) towards their Bills. With the rising cost of treatment, fewer patients are referred with Bills much less than the full Rs.4,000. Sometimes a single donation only covers part payment of a Bill, which is topped up from other PTP donations. Where a donation is a part payment of the PTP grant, this is indicated in the "Thank you" letter.

A big "thank you", on behalf of the 500+ needy patients and their families who received support in their time of need, during 2011 through the Person to Person Scheme (PTP).

SHENBAGAM

Shenbagam, and baby son at home.

Shenbagam's family live in a make shift "lean to" made up of dried coconut ,propped up with poles with no side walls. She came to CMC for her confinement and returned home after three days with her tiny son. The cost of her hospitalisation was £73.00, well beyond the limited means of a poor family like Shenbagam's. We took care of Shenbagam hoping that some kind donor would finance her care and through your generous donation, £30.00 was allotted through the PTP Scheme, We join the grateful family in thanking you for this timely help.

JEBISIYA

Jebisiya, foreground, with her mother.

Jebisiya comes from a poor family. She came to CMC's Paediatric Oncology Unit and was diagnosed with leukemia. On hearing the diagnosis, her parents burst into tears. Jebisiya faithfully attends her monthly follow up chemotherapy treatment

Acute Lymphoblastic Leukaemia is the most common cancer in children. 70%-80% of such children can anticipate a full recovery. Without treatment, the disease is fatal. Jebisiya's parents are fortunate that they brought her in time to such a loving and highly skilled hospital.

Her parents could not possibly have met the cost of the treatment. With help from the Paediatric Oncology Unit, they were able to get the necessary funds from internal and external agencies. "Our supporters: "They are like gods. We handed over our child to God and with that hope we agreed to start the treatment" So said Jebisiya's father.