

VELLORE NEWSLETTER

CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE, S.INDIA



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50 Years - Linked by Love

A Marathon, not a Sprint!

With the Olympics over, I am still amazed at how much I – a complete sports cynic – got interested and enthused. So you will forgive my analogy as I compare myself to the runner of the last leg of the relay.

There is a huge responsibility to carry on, building on the fantastic start your team mates have created and clinch the victory. Friends of Vellore has been a registered charity for 50 years and during that time it has achieved much. Surprisingly there have only been 3 Directors – Julie Sharp, Clare Howes and now myself. However there has been a legion of friends and supporters who have carried us to the position in which we are now. It is impossible to thank everyone who has helped around our particular track but the debt is great. To see the Christian Medical College and Hospital developed to its present prominence in India is a reward in itself and to know that the Healing Ministry, reaching out with care and compassion to all, is still in safe hands is a testament to all who over the years have supported both us and the hospital.

Sadly, it is there that my "Olympic dream" breaks down. The race cannot be won. And so the sobering thought as we celebrate our golden anniversary is that we must keep going and hold our position while we find others to whom we can pass the baton in due course. The Hospital's service to the poor and disadvantaged is now, in our 50th year, our absolute priority. You will know of many of our projects run in partnership with CMC through these newsletters and our new website. These programmes seek to bring care to this most deserving group. We cannot win because the numbers are just too overwhelming.

350 million people in India live on 70p a day or less and 21% of adults and almost half of children under 5 years old are malnourished. Already 900 million Indians eat less than the Indian Government's recommended minimum amount. Arrangements for subsidised food distribution do not work due to inefficiency and corruption and while the Government last year spent \$13 billion buying and storing commodities, some 10% of the food rots before it can be distributed and 3 million tons of stored wheat is at least two years old according to news agencies.

Corruption is rife and a survey showed that 40% of Indians have encountered the need for some degree of bribery to get access to the money, food or healthcare they needed. I suspect this is a gross under-estimate as I found out last year when I was at RUHSA where many of the impoverished, illiterate elderly could not access a state pension of about £12/month because they did not have the money to bribe the officials to get their application passed. A case of no money – no pension! The local RUHSA staff has helped get things moving but what about the countless others who do not benefit from a caring agency? Poor, illiterate and particularly sick people have no hope. India loves its bureaucracy and having the right forms, identity cards and certificates are all hurdles to the achievement of support and care. I am always amazed how much material



Help for the Excluded.



Care for the Poorest.



Support for the Vulnerable.

I have to produce in the UK to progress applications – imagine then that you may know little more than who you are but cannot read or understand forms, may not know how old you are and have little capacity for tackling petty officials who are probably hoping to gain from the approach especially if you are socially marginalised.

I say all this to stress that it is going to be a long course. With economies weakening, food prices rising and health care costs escalating, the path looks increasingly steep as we plan our next 50 years. I rather imagine my successor when we celebrate our centenary scribing the same message as I am now.

So please let us consider our 50th anniversary

as a celebration and rallying call to sustain and increase our efforts as we promote the work of CMC and engage with many departments there in extending a hand to the weakest and most vulnerable.

I am highly encouraged by our programmes and especially the new project in the Low Cost Effective Care Unit's work in the Old Town slums. Your early response shows that there is huge concern for those so disadvantaged and deprived and while we cannot hope to finish our leg of the relay in a splendid victory, at least we can show that we can pass on the baton still well placed with enduring hope as we set out on the next lap.



Reaching Out.



FOV Chairman, Asha Senapati, looks back... and forward!

Friends of Vellore UK is celebrating its 50th Anniversary this year. We started some ten years before that and obtained charitable status in 1962. In the early years we provided equipment, paid for staff and helped with training of members of the faculty of Christian Medical College Vellore. Friends of Vellore around the world were instrumental in establishing CMC as a major institution.

Over the years CMC has become, to a large extent, self-sustaining and is no longer in need of our support for its day to day activities. However, its Christian ethos and underlying philosophy means that many patients who cannot afford to pay for their treatment continue to receive medical care at the hospital. This is where we in FOV UK currently concentrate our efforts and resources.

We have 15 or more projects specifically designed to help poor and disadvantaged patients being treated at CMC so that they may benefit from the excellent treatment it has to offer. Our philosophy of supporting these activities goes from strength to strength in spite of the difficult economic climate in which we live. Examples of these projects are the Person to Person scheme, the Vellore Rural Community Trust, the Palliative Care project and the Cow scheme. Recently we have begun to support a project within the Low Cost Effective Care Unit reaching out to the citizens of Vellore town.

FOV UK has, in addition, an important role to

play in networking. Links between CMC and the UK are facilitated through our organisation helping people to find placements, training at a senior level, visitors going out to Vellore both to work and to volunteer and many other activities which enhance the reach of CMC to the wider world.

FOV UK has been fortunate enough to have had three excellent directors. Julie Sharpe led the organisation in the early years. Clare Howes oversaw the transition to the role we now play. Our current director Richard Smith has been responsible for shaping our role as a supporting organisation for disadvantaged patients. Without these three people FOV UK would have folded years ago. I would like to express our sincere thanks to them for all that they have done over and above the call of duty in helping CMC Vellore through our auspices.

No charity can exist without its donors and supporters of whom there have been many hundreds. I offer my heartfelt thanks to them for believing in us and in the institution. It is

testament to all these individuals that the ethos and values that we believe in so strongly, continue to be upheld.

In celebrating our 50th year there have been several events throughout the UK. My sincere thanks to the Scottish Branch and Isaac Poobalan for organising the Scottish / Indian Night in Aberdeen on the 15th June this year and also three services of celebration and thanksgiving in Ely Cathedral on 25th August, St Paul's Cathedral on the 8th September and Dunblane Cathedral on the 29th September. Prayers and thanks for the work done by CMC and FOV were offered at these services with recognition of the service to the community offered by so many people.

FOV UK is in fine fettle. I hope all of you reading this will continue to support us and allow many people in South India to receive the medical treatment they so badly need.

My thanks and best wishes to you all.

Asha Senapati
Chairman FOV UK

Image below: Roadside ambulance 1930.

50 years of Friends of Vellore

Having served more than 2 decades as the Director of the Friends of Vellore, I still follow its progress and that of the Christian Medical College and Hospital with great interest.

I often think of you friends of Vellore living all over the UK: from the house in Scotland named Vellore, to the impressive Vellore Room in what is now a hotel in Bath, Vellore is remembered. And that is before one counts all the many medical staff in the UK with CMCH connections.

Some of you will know of my involvement with Archives; I instigated the establishment of the Archive at CMCH and set up the FOV Archive at the British Library. All of the early FOV Committee papers are stored there and I regret that other commitments have not allowed me to travel to the British Library and check the exact starting date of FOV. From memory, there was a joint Indian/Chinese Mission supporting CMC from the 1920s and FOV developed from that in the 1940s. In 1948 the Vellore Christian Medical College British Section merged with the Friends of Vellore Society and in 1952 the new Constitution was approved, the new name adopted formally in 1954 and in 1962, registration as a Charity with Charity Commission registration.

In the 1960s, the setting up of the Indo-UK Agreement saved 200% Indian Import Duty on

medical equipment bought and shipped from FOV UK. In the 1970s research funds were set up by FOV for work in leprosy and polio and funding was sent for child health and mental health.

In 1989 the then Director prioritised "the creation of awareness of CMCH in the UK." This led to more UK visitors and medical personnel experiencing the work and spirit of CMCH at first hand and becoming new friends of Vellore.



Roadside Outreach 2012.

Although this arose partly because CMCH was self sufficient, it was clear that financial help was still needed for the care of the poor and for aspects of development. So although less

emphasis was put on raising and sending funds and equipment, the previous FOV representational, financial and servicing roles continued.

The run up to the Millennium was dominated by the raising of funds for the Centenary Appeal for the FOV ward in the new Maternity Building. I had already compiled a book about Dr. Hilda Lazarus, the first Indian Director of CMCH but I wanted to present a tribute to mark CMCH's Centenary, so the 'Links of Love' was compiled. It tells the stories of the British staff and volunteers who served at Vellore from the 1920s into the 21st century. The effective end of overseas staff service is merely the beginning of another stage of CMCH/FOV history.

I was heartened to be present at a recent FOV Executive meeting where future plans were outlined. The 'Links of Love' between Vellore and FOV are clearly unbroken and the fellowship will continue. As you will see from the photo eighty years may have past but the CMC's Healing Ministry still reaches out to the poor and disadvantaged and FOV is still striving to support them.

Clare Howes

Mrs W.



Mrs. W is a 55 year old lady coming from the border of Andhra Pradesh (AP) and Tamil Nadu. Her home is a thatched roofed house. Her only daughter is married and living with her with two primary school age children in another street in the same village. Mrs W's former husband, a retired office attendant left her 25 – 30 years ago and lives with a second wife in Madanapally (AP). Fifteen months ago Mrs. W came to the palliative care clinic, with a lump in her right breast, which proved to be cancer. When her home assessment was done, the palliative care team social worker saw how little resources she had, and decided in

the team meeting to give concessional drugs. She pays Rs.50 for one month's supply of drugs, as her contribution and receives free radiation therapy and a voucher to enable her to obtain her hospital chart without charge. To support herself, Mrs W buys shampoo sachets, soap and vegetables at a low price from a wholesale shop whenever she comes to hospital for her medicines. Returning home, she spreads her goods on the floor in her room and sells to anyone who will come and buy. You could hardly call this a shop. She earns Rs.10–20 per day in this way to meet her every day family expenses.

ASHOKAN: A life changed for the better

Sixteen year old, Ashokan belongs to a village in the District served by the Rural Unit for Health and Social Action (RUHSA), a part of CMC's community health service. He is a fine, athletic, young man, looking forward to a career in computing, when he leaves school at the end of the academic year. This was not what might have been, but for the care and expert skill of staff at RUHSA and CMC.

Ashokan, his parent's first child, was born with a crippled right foot. His father, a blacksmith and a violent man, given to alcohol, blamed his wife, Kantha, for his son's deformity. When the anxious mother wanted to take the baby for treatment to the hospital at RUHSA, he refused even to give her the bus fare to go. So, Kantha walked the 4 km to the hospital, carrying her precious bundle. The Paediatric Orthopaedic Department visiting RUHSA from CMC diagnosed the infant with moderately clubbed foot. (CMC

sanctions a free plaster of Paris plaster cast for needy patients, but for children gypsona is more comfortable, for which a patient is usually charged. This was sanctioned, without charge for baby Ashokan.) Normally to begin treating club foot, the foot is put in plaster prior to surgery. However Ashokan's club foot was resistant to plaster cast. When he was about six months old, he underwent surgery to straighten his right foot. X-Rays taken at follow up when the toddler was two years old showed that he had made a good recovery. With the importance of treating club foot, the Paediatric Orthopaedic Department holds club foot clinics twice a week. The modern Ponseti casting technique used in the club foot clinic now ensures that very few children actually need surgery these days.

Today only his closest family know that there was once anything amiss with Ashokan's foot

as an infant. He confidently looks forward to a prosperous and happy adult life, playing his full part in his family, his community and the wider scene. After completing his higher secondary education this year he is aiming to do B. Tech Computer Science. But his father is saying that he cannot afford to send him for higher studies and that he should get a job to help the family finances. Ashokan lives in hope that some benefactor will help him to achieve his goal. This without a doubt has been one of the many success stories which could be told in CMC and strengthens our case for supporting Paediatric Orthopaedics as we have for many years. We have often claimed that helping children from poor families who are blighted by deformity or disability does turn lives around for both the child and the family. Here is one example and thankfully there are many, many more given your generosity and support.



Ashokan at school.



Ashokan today.



Club foot at six months.

Dr Val Major reflects on CMC in the 60s

When I think back to CMC and FOV in the 1960's I am reminded of the debt of gratitude I owe to FOV.

At that time I was a junior anaesthetist working in Birmingham when I went to a scientific meeting where the speaker was Dr Gwenda Lewis who happened to come from my home city of Cardiff. She was speaking on her experiences in CMC where she had started the department of anaesthesia, and she was speaking from a wheelchair having contracted polio when doing mouth-to-mouth resuscitation on a child. I found her very impressive. Some years later, when I had moved to work in the Cardiff hospitals, I was given the opportunity of a year's leave of absence to widen my experience. While considering this I remembered Dr Gwenda and wrote to the FOV office. Julie Sharp was the Director and she was so helpful and encouraging. She found out a Nuffield research scholarship which was tenable in a number of places, including CMC. She got all the details for me, I applied and was accepted, finished working in Cardiff midweek and flew to India that the weekend with little idea of what to expect! (I can remember saying to my mother "Don't worry – I can stand anything for a year!")

That proved to be wide of the mark. I really appreciated what CMC was doing – trying to keep a good standard of medical care and yet making it available to

the local population while all the time being limited by financial constraints. (I can still vividly recall resuscitating a child who had drowned in a tub of water, and saying to the Sister that the child needed Hydrocortisone immediately and hearing Sister say to one of the Nurses to go and find out if the family could afford it, - a far cry from the NHS and the start of my enthusiasm for the PTP scheme). So much of the work was carried out by junior doctors training for a postgraduate degree and there was tremendous emphasis on training them. They were a great bunch of enthusiastic young staff, well aware of the difference they could make when they returned to their home base. But to do this in the anaesthetic department and carry the workload needed more staff, and here I felt I could help. So I came home, worked my notice while offering to the Church Mission Society (CMS), who accepted me. I returned to CMC for what I thought might be a few years. However this turned into a total of 28 years and then retirement was mandatory for Professors of my age! I really thank God for the opportunity I was given and must express my gratitude to CMS for their support all that time, but it was all initiated by that scholarship which FOV found for me – so thank you FOV and long may you continue to support CMC in so many ways.



Farmers' Club Update

The result of the appeal for funds for the organic cow scheme was very strong and thank you again to all who responded.

We sent sufficient funds for 15 cows as a result of your generosity. These were used to support three farmers' clubs which were set up at Hyderapuram, Kamarajapuram and Damodharanpet. The Farmers' Clubs have to be registered with the Government and there was a short delay while this took place. I understand each club had to be photographed with all the members together which took some arranging! There are about 15 members in each group and each group was allocated 5 cows from the "cow project" fund. The members of the club allocated the first 5 cows at each location with the poorest farmers given priority but also paying regard to their capacity to look after the animal. The receiving farmers pay 2,000 rupees (just over £20 a month) into the fund which will build up to buy the next tranche of cows. In addition, a contribution is made from the fund to the elderly support programme. All this is what the farmers have agreed among themselves and we have had no input into it other than starting the process by giving the first 15 cows. If we get more funds we would probably start another group rather than try to change the arrangement the farmers have organised.

The project seems to be going well. On my February visit, I saw the "FOV" cows and the set up. Dung collection is going on and the training in setting up the organic system is in place but it is too soon to tell how far this will prove effective in substituting for expensive commercial fertiliser. The farmers are very poor. One I met (who had received a cow) was trying to support a family of 6 on half an acre of ground. Others have more land but it is not good and some have even larger families to support. The fact that these schemes have been formally set up and recognised by the Government has made the farmers eligible for grants and other support e.g. fodder subsidy, equipment loans, irrigation funding etc. This will be

progressed by the local staff. They had already started to look at breeding and the first cow I saw which had been bought in calf around December had produced a healthy youngster (in the photograph below).

There has been veterinary training as well as courses in fodder management. All the cows are insured. There have been additional benefits in that the farmers' clubs have received training in dealing with poisonous plants and snake bite!

There is no doubt that establishing these clubs and obtaining the first cows has been extremely positive. I spoke to one farmer who would, according to him, be among the last to receive a cow from the club but was highly delighted that the clubs had been set up and that



Successful Breeding producing healthy calves.

the farmers were working together to make them succeed. The clubs all have a President, Secretary and Treasurer and proper meetings and accounts are required. These farmers are all very marginalised and come from the Backward Caste, the Most Backward Caste or Dalits (Scheduled Caste) so this is a big step forward for them.

If you have any questions please get in touch or if you would like to fundraise to begin another group, we need a few more cows - £300 each.



Eye Care.



Palliative Care Home Team.



Farmers Club.



FOV Goat Scheme.



LCECU Slum Clinics.



Corrective Surgery for Children.



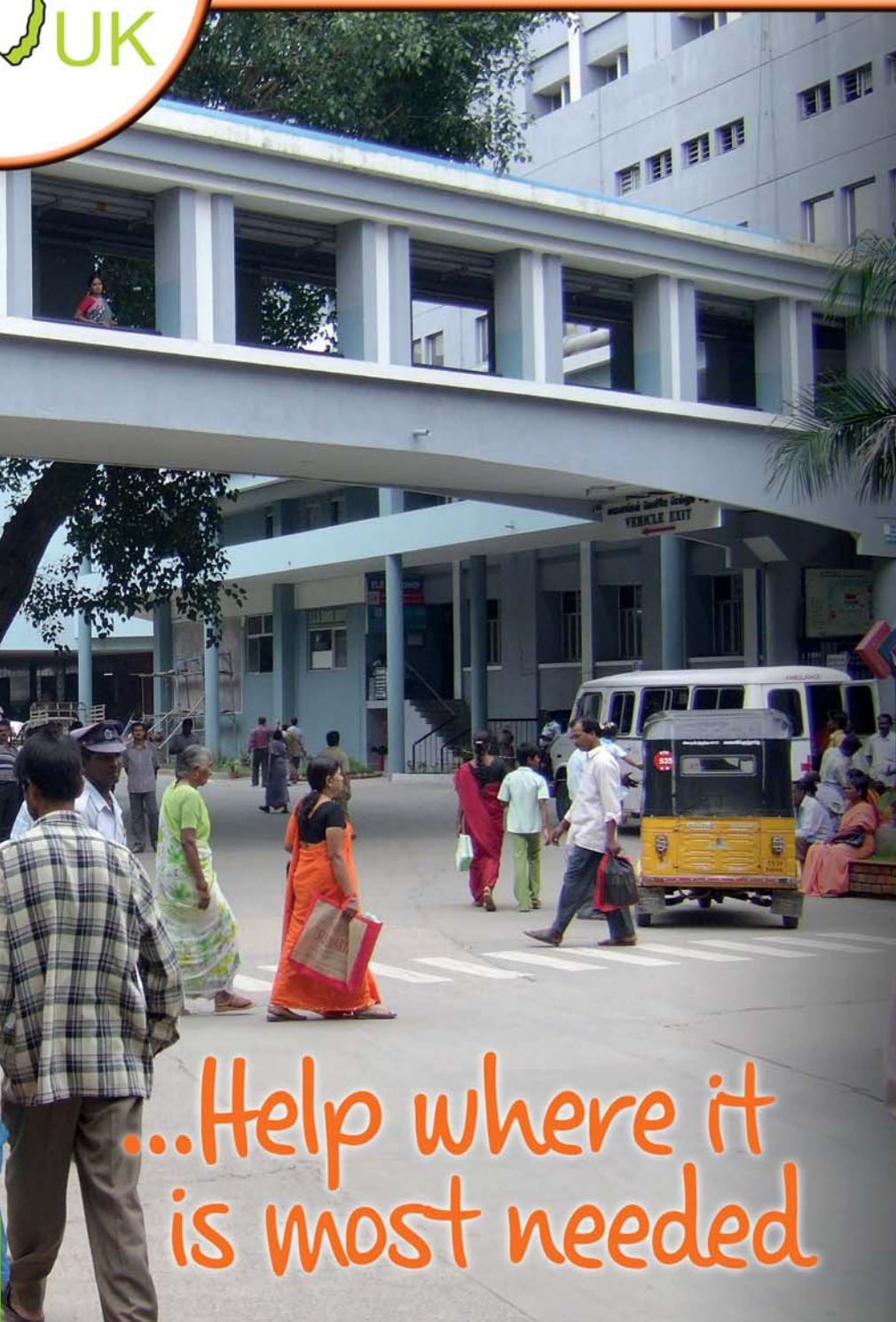
Orthopaedic Theatre Suite provided by FOV.



Orthopaedic help for kids.



CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, Vellore, S.India



Support groups for the Elderly.



Caring for the Elderly.



Palliative Care.



Low Cost Effective Care Unit.



Paediatric Intensive Care Unit.

...Help where it
is most needed

“The educational philosophy of CMC emphasises personal commitment, self-giving service, compassionate care, need based research and concern for the whole person. The organisation as a whole has nearly 2,500 beds, conducts 160 operations a day and treats 2 million patients every year.”

GREAT STEPS FORWARD IN OLD TOWN

Since the last newsletter featured the work of the Low Cost Effective Care Unit and its ambitions to help the poorest and most vulnerable in Old Town, much has happened.

Following my visit in February, there was continuing correspondence with Dr. Sushil about what could realistically be done to help this community so badly needing support, while in the shadow of one of India's best hospitals. I had indicated that FOV would greatly like to help if it was possible. He came back with a proposal to set up and run 4 small clinics in the most challenged parts of Old Town. He knew of buildings which could be used – one of which is a church – but needed additional staff resources if the work was to go ahead. After discussion, Friends of Vellore determined to provide £20,000 over the next three years which will cover the establishment of the clinics and the salaries of a community nurse, a driver / attender and an occupational therapist who will be specifically recruited to supplement the existing LCECU team for this project.

It is a most exciting proposal and we are delighted that CMC has agreed to proceed with it. The programme will get underway in October and we wish it every success. Dr. Sushil points out that it will help the most needy. He was concerned for the elderly and disabled who find it difficult to get to the LCECU department. He also saw this as an opportunity to build relationships with the community in general and act as a focal point for the sick and their families who might hesitate to come forward for care fearing the costs or simply being unable to travel. He was hoping to rediscover patients who had received treatment but then got "lost"

It is a worthy project to start in our Golden Anniversary year as it really addresses all our priority targets. However we need the money! Following generous gifts and a donation from the Kirby Laing Foundation, we are well on the way to



achieving our first year commitment of nearly £7,000. Fundraising events in Walberswick and Aberdeen have nearly got us there - and a big thanks to all who helped in those functions. So while Year 1 might be secure we need to raise £7,000 for each of years 2 and 3. It is hard to imagine a more worthwhile scheme bringing care and help to so many in this urban maze. It was interesting in talking to Dr. Sushil about Old Town, that I raised comparison with some of the work at RUHSA especially that aimed at the elderly. His view was that in the rural situation people did not get totally lost and excluded but in the Old Town slum area people could truly disappear and it is this group of the most disadvantaged and those living absolutely on the periphery of the community that he hopes to reach. He is keen also to get to poor disabled children who can both be medically supported and also have rehabilitation and development provided by the occupational therapist, greatly improving their prospects.

So please help us fund this work. It will help the lives of many and I look forward to telling of major progress in future newsletters.

New Website for FOV

As part of our celebration for the Golden Jubilee of our registration as a Charity, we decided to overhaul and upgrade our website.

Hopefully by October when you get this the main work will be completed and you will see a new site full of information and photographs about the Charity and the Christian Medical College and Hospital. The website address is the same as before so please log on to www.friendsofvellore.org and see our new revamped presentation. There is a lot of information about all our projects as well as contacts and links to CMC.

It is very much "your" website as we want the site to supplement the newsletters. I have always felt very keenly that it is my job to keep in touch



with you all and while the newsletter carries a lot of information about what we are doing, I am hoping the website might be more readily

updated so that we can have an additional way of communicating with you. Please let me have any comments about the site. If the comments are about the contents and photographs that is definitely down to me but technical queries about the function and navigation of the site I will be passing on quickly to our web-designer for him to address!

I hope you enjoy it. If for any reason it is not ready when you try be patient – it soon will be!

By the way, many thanks to the anonymous donor who sent £500 to help defer our website development cost!

Friends of Vellore's Half Century of Progress

FOV UK initially worked in conjunction with the Joint Mission Hospital board in the late 40s and 50s. In the early 60s FOV was set up as a registered charity in the UK to support CMC in the various aspects of its healing ministry.

I was elected to the executive committee in 1975 when FOV was reviewing its strategy and finances, and the formation of groups in various regions of the UK. With help I produced a couple of small booklets about the reorganization of the of the Charity, and about the newly started RUHSA by a young dynamic Dalip Mukerjee. Some leaflets about CMC were produced for local distribution, in order to facilitate starting a group even in a small way in the North-west region. This was followed with introductory talks to various Church groups, schools and social groups in and around a 20 mile radius. The response was encouraging, and by 1977 we had our first meeting in the Greater Manchester region with a nucleus of supporters who wished to know more.

Around the same time we were made aware of help needed for Paediatric Surgery. We started to raise funds to purchase an Infant Ventilator and a Theatre warming blanket. We also undertook the collection and dispatching of some of the unused and cast away equipment which could still be used in India. This was possible at that time through the Indo-Uk agreement, but no longer allowed.

An annual Concert at The Royal Albert Hall, to promote and support CMC was a regular feature. We had a box booked for the 25th concert in 1977. Sadly with rising costs, this venue was not used for much longer. A few concerts were held at the Barbican, and one at the Royal Festival Hall.

Around 1972-73 The Birmingham Youth Orchestra began to give the November Concert for Vellore. Promotion and Publicity for these concerts were at first handled by FOV London, and in the 1980s Birmingham friends took charge of the November concert. Regretfully, the last Birmingham concert was in 2002, due to reorganization of the MYO. We have tried to focus on smaller promotional events for the Midlands.

In 1983 Miss Sharp retired as Director and Lady Clare Howes followed till her retirement at the end of 2003.

In the 80s FOV set up the Training Fund, to facilitate further education and training for CMC approved study leave, for staff returning to serve at CMC. A list of local contacts was also set up. The 80s also saw the birth of the PTP (Person to Person) initiated by the late Rev David Marriott, now a major project of FOV.

In the 90s we had retiring or returning staff from Vellore working with FOV. The year 2000 saw the Centenary building open and the aims set out for the first decade have been achieved. We intend to maintain these and additionally enhance support for the Low cost unit for the urban poor of Vellore (LCECU).

We hope that even if new branches and groups are not established, the spirit of Vellore can be nurtured and we will continue to do the best we can for Vellore in these changing times.

Dr Agnes Leslie

AMAZING COLOUR!

Thanks to the CMC UK Alumni Association for helping FOV celebrate its Anniversary by funding the upgrade of this edition to full colour. We are very grateful. Sadly, the next issue in April 2013 will be back to the normal format ...unless we get some further sponsorship!

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Alumni Ruby Event raises funds for Old Town

The highly successful Alumni Reunion at Nottingham – attended by around 110 people - celebrated the UK Alumni Association's Ruby Anniversary. This most enjoyable event also raised nearly £700 for the Low Cost Effective Care Unit's Old Town Slum Clinic Project through the raffle and auction. Plans for next year are already in place and Daventry was selected as the location.





PTP Report

by ANN WITCHALLS

I am pleased to report that PTP continues to hold its own, even in these challenging times. Donors seem to appreciate the fact that the Scheme does not bombard them with requests for contributions. The patients' stories speak for themselves. There is usually an increase in interest and donations immediately following the publication of the Newsletters, which carry stories of some of the patients.

By May contributions had exceeded the complete total for 2011. In the period January to July 2012 PTP has received £24,380 in donations, exceeding even the total of £22,667 raised in 2006. In the same period there have been 53 donors (compared with 57 in the whole of 2011) of whom 15 are new donors (compared with 15 in the whole of 2011). In the same period 462 poor patients have received help in paying their hospital bills.

I continue to be extremely proud of the PTP Scheme, created by Canon David Marriott. I am convinced of the need for such a programme and the value it gives in offering help to thousands of the most marginalised and needy people who live in and around CMC. I am sure it would be close to the heart of Dr Ida Scudder herself and her vision of fullness of life for all, regardless of status.

MAGESWARI

Twenty two year old Mageswari has a younger sister and a brother. Her younger sister has studied up to the high school level and works in a shoe company, earning £14.00 per month. She will be married next month. Her younger brother has studied up to the elementary school level and works as a painter, four days a week and earns £29.00 per month. Her father is an alcoholic and her mother works as a labourer for daily wages earning £14.00 per month. Mageswari was married to



her maternal uncle (mother's brother) five years ago. At present she stays with her parents in Konavattam, 10 km from the hospital. This family lives in a hired brick house with minimal facilities. This house has two small rooms measuring 8' x 8' and a small kitchen. Traditionally Mageswari and her husband should live with the husband's parents, but due to some problems with her mother-in-law (grandmother) they are living with Mageswari's parents. This family manages to have two simple meals a day. Mageswari has a three year old daughter, who is a heart patient and was operated at the age of ten months. Four days in the week Mageswari's husband is hired as an agricultural labourer working on other people's land for daily wages. He earns £14.00 per month. They have their own mud house at Pernambet which is 50 km from Vellore.

Mageswari had regular antenatal check-ups in the Low Cost Effective Care Unit of CMC. It was decided that it would be in the best interests of the young mother-to-be that this second baby should be delivered by caesarean section, so she was referred to CMC's Main Hospital for the birth. In the event it was an emergency caesarean section, with sterilization, which was done under spinal anaesthesia and she gave birth to a fine baby boy. After three days she and the baby were discharged.

The cost of this expert care came to £259.00. It was well beyond the limited means of a poor family like Mageswari's. Her mother borrowed some money from the neighbours and was able to pay £29.00 towards the hospital bill. We took care of Mageswari in the hope that some kind donor would finance her care and £57.00 was allotted through the Person to Person Scheme, thanks to your generous donations. Mageswari's outstanding bill was settled by the concerned unit and the institution. We join the grateful family in thanking you for this timely help.

Rural Community- A Real Chance to Help

One of FOV UK's subcommittees, the Vellore Rural Community Trust (VRCT) concentrates solely on working with & funding projects in the rural outskirts of Vellore. Most people in India live in rural areas & access to health & development resources can be poor. CMC has a remote unit – the Rural Unit for Health and Social Affairs (RUHSA) – 30km from Vellore town which delivers health & social development services to a wide local rural area with a population of 200,000.



RUHSA & VRCT members standing outside main training building. L to R Mr Muniraj (RUHSA), Dr Arabella Onslow (VRCT Chairman), Dr Rita Isaac (Head of RUHSA), Mr Ramarickram (VRCT member), Mr Richard Smith (Director FOV UK), Mr Mathew Asivartham, Mr Selvakumar, Mr Ashokan, Mr Sanjeevi (RUHSA).

VRCT collaborates closely with the experienced team at RUHSA developing innovative projects, providing start-up funding. We continue to work hard with the local population & staff at RUHSA to develop the programs further to become at least partially self-sustaining. VRCT reviews all programs on an annual basis, visiting the work directly in India, modifying the progress to ensure the projects deliver measurable benefits to the local population.

All these projects require funding. If you wish to find out more about a particular project have a look at the information on the website under Rural Projects or contact the Charity's Office. Some brief detail of the schemes is included in this Newsletter including the Farmers Clubs, the Goat Scheme and the work with the Elderly.

Rural Community- ELDERLY WELFARE CENTRES

January 2007 saw the opening of the first Elderly Welfare Centre in Keelalathur. These centres provide a haven for some of the poorest senior villagers to meet, make friends, play games and eat a midday meal provided by local village women. The community occupational therapist - an innovative post started by VRCT - visits weekly to carry out exercise classes and has started an income generation scheme, enabling the elderly members to supplement their meagre incomes in a sociable setting. It also enables RUHSA to co-ordinate & provide much needed free health care for the participants.

Since 2007, 3 more centres have opened in other villages, providing work for local women who cook the food as well as support for the elderly.

This scheme continues to expand. It is an exportable model; it is cheap to run & not only provides support for the most vulnerable local elderly population, but does so by providing employment for the village women who run the centres. Our next step is to invest in some ambitious income generating schemes to support the centres such as the Goat Scheme & Farmers' Clubs.



SUDIPTA MAHATO

Many people travel hundreds of miles seeking the life giving treatment they know they can rely on getting at Christian Medical College (CMC), Vellore. Shyamal Mahata and his family come from West Bengal. They have three children, a daughter who has completed her final year at school and two sons, one who is in third standard and Sudipta, aged twelve, who is in the 8th standard.

Shyamal is a relatively low paid civil servant, while Gandhari, his wife keeps the home going. They live in their own home, with its own well. But trouble broke into their ordered lives in a very distressing manner.

Their elder son, Sudipta, a lively, intelligent lad, developed a bony swelling, extending from just below the knee, downwards in his left leg. He experienced mild pain, when he walked. Gradually over a period of about eight months, the swelling got worse. Eventually his parents took him to see a local doctor. They were devastated when he told them that he suspected that the boy, young as he is, might have a serious tumour in his leg. He said that Sudipta's plight was beyond his skill and recommended that they should take him to see a specialist. However the Mahatas had no confidence in the medical care available in Calcutta. They decided not to seek help in Calcutta, where, they said, "You are not treated well." Instead they made the long train journey of well over 1,000 miles to consult the doctors at CMC.

When they reached CMC, they were directed to the Paediatric Orthopaedic Surgery Department. After a range of tests the paediatric orthopaedic surgeon confirmed their worst fears. Sudipta did indeed have a large tumour, about 10 cm in length in the bone in his left leg, which was

spreading from knee to midleg. Bone cancers are the second most common bone malignancies in children, often developing very quickly, over a matter weeks. That was the bad news.

The good news was that the Paediatric Orthopaedic Department at CMC has for a few years been developing innovative surgery for paediatric orthopaedic malignancies, aided by a special microscope, donated by the Friends of Vellore (UK). Live bone, with its blood supply is taken from the fibula and incorporated immediately into the thin slice of joint surface which is uninvolved, replacing the diseased bone. In this way it is only necessary to join the live blood vessels at the top and bottom of the graft. The new bone is held in place by thin wires and plaster cast as it integrates.

This procedure is proving very effective. Sudipta was given courses of chemotherapy before and post operative to aid the healing. It was possible to preserve the joint above and add a graft below to fill the deficit. The bones after surgery took only two months to heal. After another 3 months he could bear weight on the leg and could walk. Now he is back to normal. He cycles 10 KM to school a further 5 KM from there for coaching classes. His aim is to study to become a doctor. He has near normal knee function and should not need any further surgery

on the leg - ever. In the long run there should be no disability, except for some shortening as he grows. Very few centers in the world are doing epiphyseal preservation with vascular grafts in small children. It is possible to carry out surgery, replacing the malignant bone with autologous (from another site in the patient but without the blood supply) bone graft or cadaveric bone graft, which is cheaper and easier to do. However in doing this, healing takes much longer and the long term outlook is not so assured. The outcome for this procedure, as followed in CMC is excellent with children treated in this way being returned to normal life and many have been followed up for at least five years, now.

Sudipta's treatment is costly. The cost of his surgery alone Rs.70,000. Plus there was the cost of medicines, travel and accommodation in Vellore, while the lad was having treatment. Because the microscope was FOV's gift, no charge was made for the micro-vascular surgery. That would have in itself added a further Rs.30,000 to the bill. As a lower civil servant Shyamal earns Rs.10,000 per year. Nevertheless they count it well worth it to know that their elder son is well and active again. They are so glad that they made the decision to bring Sudipta to CMC. It has reaffirmed their belief that if they came to CMC they would receive healing.

Rural Community-Goat scheme



The first & most successful Pass on a gift scheme - the first kid from Sukkupattu's goat (far left) is given away to a local village woman.

Initially, FOV funded "Pass on the gift" goats for the elderly participants of the welfare centres. Donors bought the goats & then the recipient gave back the first kid to be handed onto another participant. This scheme was met with mixed success. At some centres the scheme is still going after 3 or more generations of goats, with one elderly woman earning enough money to save for the funeral she has always wanted, but was never able to afford! ("Now I will not have a pauper's funeral" she told me) At other centres, the goats went AWOL. As a result, although the funds are being re-couped, the goat scheme has evolved further and RUHSA is looking to develop an intensive goat-rearing enterprise, run by a Self Help Group (SHG) of women, who instead of paying back the loan to RUHSA, will contribute to the running of the elderly schemes. This project is currently under development & will form part of the VRCT project portfolio for 2013.

Rural Community-Community Occupational Therapy



Prabhu assesses the functional ability of a gentleman with a new stroke causing speech defect & paralysis.

Mental illness & dysfunction is rife in India & the scarce care is like a drop in the ocean. RUHSA & VRCT have worked together to develop a community occupational therapy service which works with the local population to try and improve their ability to manage their mental illness burden. VRCT funded a post for 3 years, which has now been taken on by CMC for an OT to provide practical expertise in both an outpatient & community setting. Prabhu works with an enormous range of illness, from neurological deficits to psychiatric disorders, but the focus is the same, to maximise their ability to live as independently as possible. This involves training family members as well as working with patients. This is a new concept of mental health service in India and the department is very new & constantly evolving to meet local need.

Scotland's "Golden" Event

On Saturday the 15th of June 2012 over 80 people gathered at the Aberdeen Beach Ballroom for Scottish-Indian evening to Celebrate 50 years of FOV UK. The chief guests at the meeting were the Chairman of FOV UK, Dr Asha Senapati and the Director, Mr Richard Smith. The



event was hosted by the FOV Aberdeen group and coordinated by Dr Prakash Abraham, Dr Alan Dawson and Dr Amudha Poobalan. Dr Madhumitha Dhandapani managed the floor and welcomed people to the event.

The evening began with some worship songs by Miriam & Friends. Highlights of the evening included keynote address by Mr Richard Smith, an Act of remembrance by Dr Asha Senapati, Indian music and dance by the Aberdeen Indian Classical Dance School and Ceilidh music by the Aberdeen Music School.

Mr Smith highlighted the work of the charity and thanked people for their generosity in reaching out the most needy and vulnerable in parts of India. He rejoiced in the success of the Person to Person funding scheme where all monies raised in the UK and other parts of the world pays for the healthcare of those who cannot afford. He then introduced the Golden Jubilee Project called the Low Cost Effective Care Unit project in Vellore, South India. The moving story of a young girl who was blessed through this unit and said that many such will be blessed by the generosity of the people gathered there and many more up and down the country. The address was well received.

This was followed by a brief recall by Dr Asha Senapati of people from the UK who gave generously of their lives in bringing hope and good news to people in India. She highlighted the extraordinary work of the three Directors of FOV UK in coordinating this singular contribution to the health and welfare of India. These two addresses were the meat between the delightful entertainment by the Aberdeen Indian Dance School and the Aberdeen School of Music. Young people from both these schools gave the audience an electrifying evening of entertainment. The studio quality live music brought everyone to the dance floor.

The Chairman of the Aberdeen FOV group Dr Prakash Abraham thanked many people who made the evening possible. He thanked the special guest Dr Arabella Onslow and many colleagues from his unit for their presence. The evening ended with two local anthems, Torry Anthem and the Northern Lights of Auld Aberdeen.

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

Chairman:

Miss A Senapati, PhD, FRCS

Hon. Treasurer:

Mr Jeb Suresh

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