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

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CMC: Mission of Hope

When I first went to CMC nearly 10 years ago, the hospital was seeing nearly 1.4 million patients a year and it felt hugely busy.

Now the numbers are in excess of 2 million – about a 50% increase and the Vellore campus is heaving with staff, patients and their families. There is great pressure on the doctors and nurses, the support structures like laboratories, equipment and the infrastructure. Other issues like traffic, water shortages and sometimes extreme heat are additional considerations. I have often mentioned the need to exercise some degree of control but that is very difficult. Last year, an outbreak of Denghi fever brought large numbers of children to the hospital and posed a situation which was nearly unmanageable with corridors, store rooms, waiting areas and even outdoor areas pressed into patient accommodation. The Director, Dr.Sunil Chandy, confided that they had agreed to stop taking in patients but found it impossible to implement control in the face of a tidal wave of concerned families and sick children.

CMC suffers, if that is the right term, from its high reputation for clinical excellence, its long held standards of care associated with its Healing Ministry and a rock solid status as a place of integrity and honesty in the treatment of patients. This draws patients from all over India and there is reluctance to turn anyone away especially those who may have sold everything or borrowed money to travel long distances to seek help in Vellore. I must have mentioned an early experience at CMC when I met a young girl of about 8 years old who had travelled from Bengal with her sick younger brother clutching a 500 rupee note and looking for help. An extreme example but turning folk away is not an option for CMC although the numbers are getting critical. What then is the answer? CMC is seeking more space and developments at Chittoor and a new 80 acre site at Kanningapuram near Vellore offer

some extra capacity but have their own problems and may not do more than provide a degree of respite which will take some time to show through. The key to the matter is that 60% or even 70% of patients coming to CMC in Vellore do not need to access a major centre-of-excellence tertiary hospital and could be adequately treated by clinics or hospitals with lower but effective capacity. The problem is the draw of CMC which is recognised throughout India and makes it a goal for anyone seeking the most reliable treatment. CMC can address this in a small degree by outreach services and there has been recent discussion of requesting other hospitals to pick up some of the weight of demand. This will only work if the CMC "standard" is employed and enforced in the quality of service and clinical work.

In short, what we need are more CMCs. That may not be as crazy as it first sounds as there is renewed interest in the 250 Mission Hospitals which currently exist throughout India (There used to be 800). These already enjoy the support of CMC with staff placements, help with equipment, training, distance learning and tele-medicine. It would be wrong to suggest that these offer an easy local option as the standards and management of the Mission Hospitals are enormously variable. However there is current interest in encouraging and raising the standards of these institutions. One way forward is to export the CMC brand to Mission Hospitals and encourage them to improve and reach agreed standards. This might just start to address the need of patients to travel to Vellore for treatment. It will be a gradual process but an exciting one and FOV has offered to fund a Mission Hospital's co-ordinator to work in a newly established Mission Hospital Office at CMC. This is all under discussion at the moment. From our point of view, given FOV's commitment to help the poor and disadvantaged, there is good reason to support many of these hospitals as they serve very deprived communities. Many of you will recall a gift from the Thompson Fund we were able to make to the Prem Jyoti Hospital in Jharkhand serving a very impoverished tribal area a few years back. I suppose this throws up another conundrum - we want to stop the pressure on CMC and reduce numbers but CMC and FOV still want to seek out areas of need and help provide care and support to the most vulnerable and excluded. CMC cannot and never could do this alone but by working as a healthcare leader and standard setter it might just find a model which reduces the overwhelming numbers at Vellore but brings quality healthcare to a wider part of the population. This was and remains Ida Scudder's vision to extend quality healthcare to India and CMC's position at the hub of a network of successful Mission Hospitals as a mission education institution should be a solid way forward for the future.

Director, Dr. Sunil Chandy and Dr. Samuel George Hansdak open the Wellness Centre in February

Chittoor and Kanningapuram

While work goes on at Chittoor, where 1000 outpatients are seen each month, CMC has put greater store in the short term on an 80 acre site at Kanningapuram only a few kilometres away from Vellore in the direction of Chennai. Given that the present campus is 25 acres, the new site there offers significant potential. There are still a few legal issues but the main problem of access has been resolved albeit at a high price. The proximity to Chennai by the main highway is also positive and Kanningapuram is closer to Chennai airport than the airport is to Chennai!. There is a hope to move quickly and options for the land include research and super speciality work with day-care theatre suites and a trauma unit (reflecting the proximity of the highway). About half the site may be used for housing to address the critical need.

Meanwhile at Chittoor, basic facilities are developing and as well as the outpatients, laboratory work and X-ray capacity, there will be theatres functioning soon. A trauma centre is also planned to tie in with the upgrade of the highway which runs past the site. One exciting but as yet unconfirmed prospect would see Chittoor developed as a major centre for tele-medicine. Other ideas are a nursing school, a centre for allied health courses and a dental school.

FOV welcomes a new Patron

FOV greets the New Year with enthusiasm. Our projects are going well and our role in helping the needy has become firmly established. The addition of VRCT (Vellore Rural Communities Trust) to our portfolio, under the leadership of Dr Arabella Onslow, has been a huge benefit not only to FOV & VRCT, but hopefully also to the communities served by RUHSA whom we support.

We thank Dr Daleep Mukarji for his support as our Patron for a number of years – his wisdom and counsel were invaluable. In his stead we welcome Dr Chitra Bharucha MBE. She too is an alumnus of CMC and has a distinguished career in the UK. Her achievements are too numerous to mention in full (please visit http://en.wikipedia.org/wiki/Chitra_Bharucha & http://www.debretts.com/people/biographies/browse/b/11935/Chitra+BHARUCHA.aspx for more details) but with special relevance to FOV, she has been a Council Member for the Leprosy Mission for Northern Ireland, Vice Chairman of the Northern Ireland Council for Postgraduate Medical Education, Vice Chairman of the BBC Trust, Member of the General Medical Council and President of the Medical Women's Federation.

We are privileged to have her as part of the team, and look forward to working closely with her.

With best wishes to all our Friends

Asha Senapati, Chairman FOV UK

A DOUBTFUL CHARLIE HOGG MAKES IT TO CMC

I usually work six miles from my hometown, within a hydrotherapy pool and in a country where I can speak the language fluently. However, I have always had a wish to use my physiotherapy skills abroad: a few gentle half-hearted enquires, surprisingly, never came to fruition. Until… I was ambushed!

Well not quite ambushed per se but three different but strong-willed voices within a week mentioned the Christian Medical College (CMC), Vellore and how I would love it there. Initially, I disagreed. I love the security of my routine and comfort zone and I wasn't keen on having this interrupted. I pushed a few Indian doors and a wind caught hold of them which resulted in, ten months after first learning about CMC, I was boarding a plane to Chennai.

After spending the first couple of days at the main CMC site, a huge district tightly packed with clinical arenas that are full to bursting point with patients and their families who have journeyed from all over India, I found myself feeling overwhelmed and slightly 'lost'. However I was then sent to Rehab…

The Rehabilitation Institute is an 84 bed inpatient unit based at the Bagayam/College campus; a rough fifteen minutes drive from CMC main site. Rehab specifically focuses on rehabilitation of patients who have experienced a spinal cord injury (my particular interest), traumatic brain injury or other long-term neurological conditions. It has a therapy lead in which Physiotherapists (PTs) and Occupational Therapists (OTs) take a primary role therefore there are three two-hour therapy sessions everyday day with sports activities and educational sessions alongside.

Even though it is placed just adjacent to an Indian highway, Rehab has a certain serenity when you enter through the gates: patient rooms and therapy areas are based around a central courtyard which encourages an inclusive Rehab 'family' feel and nurtures rapport between clients, their families and staff. I immediately felt at home here and began getting involved.

A most memorable experience was the Rehab Mela – a celebration of the Institute and its clients; past and present. Held on the same three days each year, the Mela invites discharged patients for an annual review and provides cultural extravaganzas during the evening. During 2013 Mela over 180 patients registered and sought support from CMC. I have never experienced such camaraderie with everyone participating in sports events and in the cultural shows each evening. It showed that victims of life-changing events can become victorious! This has to be one of my most treasured memories during my time here.

Working with the patients in assisting them to achieve their goals was a most rewarding experience. At the age of 23, I have been given the opportunity to expand my professional knowledge and question preconceived ideas which would not have been possible had I remained in the UK. So from the sunlit courtyard of the Rehabilitation Institute, I challenge you…… ***would you like to go?***

Charlie Hogg (Burrswood Hospital)

Fun and very strong competition!

An appreciative audience at the Mela!

The Chaplaincy: CMC's Heart

I consider it as my privilege to share my reflections on my ministry as a chaplain from the context of Christian Medical College, Vellore, where I serve.

THE CALL

To be in a hospital with the sick and the suffering is something I did not want to do when God called me for this ministry. In the year 2000, while doing with theological studies in Union Biblical Seminary, Pune, I happened to work with the department of chaplaincy in CMC for seven months. The pain and the suffering I saw in a tertiary hospital like CMC really disturbed me. I wanted to run away to a more 'comfortable' place.

But later I realised that God wanted me to be there, to be with those who suffer, that I may become a channel in bringing the healing touch of Christ to many. Looking back over the past 9 years, I am convinced that God plans are always better, even when I don't understand fully.

As I best understand the calling of a hospital chaplain is to carry the presence of Jesus to those who need him. A hospital is a place surrounded by needy people.

A healing narrative in the beginning of the Gospel of St. Mark chapter 2 better explains my ministry.

THE PLACE: AN OPEN HOUSE

Jesus was in a house and actively engaged in preaching. The house was full of people listening to the Word of God. Many who 'heard' about Jesus came to see him and hear him. This was a first hand experience of Jesus for many who were in that house.

It is a humbling experience to see how people from far and wide, poor and rich, literate and illiterate trust this hospital and the people who work here. They trust in the name of this hospital – name which bears the name of Christ. They tell us that God's presence is very evident in the hospital.

I see CMC as a temple of healing – Christ stands with an outstretched arm to welcome every one. As the house was full because of Jesus, many come and hear and see Jesus before they go back as healed people from CMC.

THE MINISTRY: PREACHING, TEACHING AND HEALING

Jesus' ministry in the gospels is understood as threefold - Preaching, Teaching and Healing. The ministry of chaplaincy emulates the same.

A day in the hospital begins with a time of prayer and devotion in the morning at 07.00 am. Chaplaincy organises this in the hospital chapel which is broadcasted to all the inpatient wards.

Staff, students and patients join together in prayer to begin the day. Many hear about the words of Jesus and a prayer in His name for the first time; as CMC is surrounded by people who come from different faiths and walks of life.

In the morning hours (from 08.00 am onwards) chaplains visit patients in the wards. We listen to them, be with their situation of pain and suffering. We take time to pray for them and at times counsel them with the assurance that Jesus Christ is ministering through us at the bed side. We administer Holy Communion at the bed side to a patient on request. Bible literature and tracts which are written exclusively for the hospital context is made available for patients.

After the ward visits, at 12 noon, chaplains meet together for prayer. We share the concerns of patients and pray for them. We certainly know that we do not have any resources to solve the problems of people. What we can do is like the four men who carried the paralytic – to carry the burdens of others on our shoulders and place it in the hands of Christ. "Our help comes from the Lord – the maker of heavens and the earth."

This is also a time to pray for different concerns of students, staff and the institution. We also conduct special prayers for the specific needs of the institution. Prayer I believe is the force behind our work and witness in CMC.

On Sundays worship services are conducted in 11 languages including two foreign languages – Nepali and English. Besides this there are evangelistic meetings arranged in Hindi, Bengali, Tamil and English and during the week days Jesus film is screened once in a week.

Weekly Bible classes are being conducted

by Chaplaincy for the staff and students in CMC. Our work reflects what is being taught from the Bible. The Bible continues to be a lamp to our feet and light to our path. We try to emulate the ministry of Jesus in preaching and teaching that it may contribute towards the formation of a healed community.

THE FUNCTION: TEAMWORK

Jesus always worked with a community. He called a community of disciples first and through them ministered to the world at large.

In the above narrative, we see a team of four people carrying the paralytic into the presence of Jesus. May be one person identified the paralytic person and shared the concern with other three. In the same way, Chaplaincy functions as a core team to build the Kingdom of God through the staff and students of CMC. The chaplain works along with the doctor, nurse, para medical and housekeeping staff. We do our best to orient all staff and students about the call of Jesus – "not to be ministered unto but to minister" which is the motto of CMC.

Here, spiritual wellness is integrated to the medical treatment. Faith and medicine go together. We get strength and vision for the work from worship and prayer. Thus our chapels/places of worship become centres of power and vision for the whole community.

THE MOTIVATION: FAITH

Mark 2:5 says, "When Jesus saw their faith…"

Jesus recognised the faith of the four men. It is amazing to see that Jesus did a miracle in response to the faith they demonstrated. This gives me great motivation for my ministry. God is looking at my faith in the context of someone else's crisis to do a miracle in that person's life.

There are many crisis situations when a chaplain is called. When a patient is dying, when a trauma patient is brought to the causality, to be with a grieving family, to be a member of the ethics committee to decide about life and death decisions etc.

When faced with a crisis, it is very is easy to be 'reactive' and loose hope. But Faith brings a new perspective. Faith made the four men to be 'proactive'. Faith opened a seemingly closed door. They believed that for God nothing is impossible.

ON CALL WITH THE GREAT PHYSICIAN…

This call does not have an end. It continues beyond 'duty hours', because it is a call to be with the Great Physician. So every new day becomes one more opportunity to join Christ who is already there with the people. Basically it is a call to be with Him first and then move out and serve those who need him most.

Rev Finney Alexander
Chaplain, Christian Medical College, Vellore.

Real Care in the Community

When someone develops a mental illness, it is not only he, or she, who endures pain and suffering. Family members, too, may have to cope with the prejudice experienced, and relatives often face financial hardship if that individual can no longer contribute to the family income.

CMC's Mental Health Centre sets an example to psychiatric services here in the UK by the way it involves family members in the treatment process, realistically recognising that without family support, treatment can only be of limited value. To decrease the distance and cost of travel for patients and relatives living in the RUHSA area, the Psychiatry Department sends a group of psychiatrists there fortnightly. Patients find coming to RUHSA less stigmatising than a visit to Bagayam. Psychiatrists are treating 150 to 170 people at RUHSA each month; visiting staff also offer mental health training to community outreach teams.

Mental health work, though, is not only about treatment of mental illness, important and necessary as this is. Doing all that is possible to prevent the 'ups and downs' of life that we all face from time to time from spiralling downwards into disabling illness, and enabling people to live well, are also vital aspects of mental health care.

On a recent visit to Vellore, I saw good examples of such preventative and supportive care. While at RUHSA, I was taken to a village centre catering for the needs of both elderly people and young children. The children attend kindergarten classes while the elderly people work together in the garden or sit discussing the day's news. At times during each day, the generations come together, as old people became 'surrogate grandparents' to children requiring help with feeding or self-care. In another village, elderly people, mainly widows and widowers who would otherwise be at home alone all day, gather together to play games, sing, read or chat. One old lady told me how much coming to this centre means to her: 'When I have company here I can forget all my worries for a while'.

With imaginative thought, projects that bring people together can do much to reduce the effects of problems made worse by loneliness or isolation. Initiatives such as these can reduce levels of anxiety or depression in whole communities.

Good, caring relationships are known to have a positive effect on our mental health: enabling people to live well, however, cannot be achieved by care and support alone.

The following, for example, are also necessary:

- challenging the injustices that make people more vulnerable to stress, anxiety or depression
- earlier detection of the symptoms of mental health problems, so that appropriate support and treatment can be provided more quickly
- getting rid of the prejudice that makes people reluctant or afraid to seek help
- cheaper drugs, to make treatment, where necessary, more accessible

Money is always required, to ensure that the poorest patients have access to support and treatment. How else can Friends of Vellore help, though, so that our partners in Vellore can improve mental health care and enable people to live well?

Lorna Murray, February 2013

SO PLEASED WE CAN HELP!

In February, 3 members of FOV spent a wonderful week in Vellore looking at all the amazing work that takes place there done by some incredible, inspirational, dedicated people and teams.

One of those days was spent at RUHSA which is the extraordinary multi-disciplinary rural health & social welfare department about 30km outside CMC in KV Kuppam. Covering an area of 200,000 people, RUHSA works on a multitude of different projects to improve the local community from providing a small local hospital, outreach clinics, preventative medicine and educational programs, training local boys in auto maintenance, setting up & supporting self-help groups; and those are just the ones that FOV is not directly involved in!

We in FOV are delighted to provide support for a range of diverse projects at RUHSA. We worked with them to set up their flagship elderly welfare centres which provide welcome havens of friendship & support, as well as a delicious meal made by local women who are keen to become involved & raise the issue of elderly care within their community. The FOV-supported occupational therapist has started income generation projects in all centres so the participants can raise small amounts of money for themselves by making paper bags which are then used in the college shop on Bagayam campus.

The first centre opened in January 2007 and the fifth centre, funded by FOV Sweden has just opened in January 2013. RUHSA hope to extend these simple, but effective models throughout the area. This year we were told of one of the participants, a lady who has no-one and nothing in her life except a small bag she hangs from a tree under which she sleeps each night. Her time spent surrounded by other members of her community, chatting and being included gives her such pleasure, that every morning she is waiting at the door of the centre hours before it opens.

Raising the profile of the elderly centres is always a priority for FOV as we are so aware of the increasing burden of ill health this sector of society bears and other work we support helps to improve family finances in the poorest groups so that they can afford to look after all their family members, but also some of the money generated can be recycled back in into the elderly welfare projects. This year we are supporting a pilot stall fed goat scheme. We are funding the building of a goat stall which can more intensively rear goats for better profit margins. We visited an organisation in the Jawardi Hills which has a similar project and were impressed. The stalls are airy & light, the goats are allowed to roam free for a couple of hours a day and they are fed well. RUHSA hopes that this will generate personal & project incomes as well as becoming an exportable model for other SHGs.

This year, RUHSA made a further proposal looking at another difficult group, the local village youth, who often become rootless & aimless, reducing their future prospects. This year, they are looking to develop sports clubs in the local villages to encourage youngsters to take part, have fun & feel part of a community. With FOV support they will provide simple sports equipment for several villages and every year, there will be a sports tournament organised at RUHSA in order to give the lads something to work towards & achieve. Next year perhaps, some FOV members can present the first RUHSA trophy to the winners!

It is always such a privilege to see first hand the work done out in India. The level of expertise and experience is extraordinary, their vision about their local community's better future is inspirational and I hope this newsletter gives at least a flavour of what takes place. I would urge anyone to visit and see for themselves and if you cannot go - send a gift.

Arabella Onslow

Our visit to the Swedish Centre. (Dr.Tuckwell on the centre and Dr. Rita, head of RUHSA, second from the left standing).

Old Town – Anniversary Project

This is progressing well with four small clinics set up and a fifth planned for one of the poorest areas on rising ground at the edge of the area where 70% of the houses have no basic toilet. The rooms for the clinics have been made available by the community. A great team including Staff Nurse Helen (second from right in the picture) and Occupational Therapist Trinity Kumar (right) who are paid for by FOV is starting to get established and Dr. Sushil as usual has been highly enthusiastic.

There will be more to report in future newsletters but here are some photos from my recent visit showing Old Town and the conditions under which healthcare can be quite challenging. Water and drainage are huge issues.

Many examples of water and drainage issues.

Gift Aid Changes

From this month there are changes to the Gift Aid arrangements. Generally this involves the way the office submits its returns but there are a couple of interesting points. It will be possible to claim on cash donations of £20 or less without the need to collect Gift Aid Certificates and there is a further provision on "small donations" of up to £5000 each year for example from collection boxes, bucket collections and during religious services. This looks helpful on the face of it but if you need more information check out www.hmrc.gov.uk/charitiesonline and find more information about the Gift Aid Small Donations Scheme. Generally speaking however continue to register for Gift Aid if you are a UK taxpayer – you only have to do it once.

Thompson Fund

We are delighted to report that the Paediatric Orthopaedic Team, who often spend time in remote and ill-equipped Mission Hospitals, now have a full set of top quality portable orthopaedic instruments to take with them ensuring that a wider range of procedures and optimal results can be achieved. This has been possible due to a £5,000 donation from the Thompson Fund which was set up to mark Drs Helen and Bryan Thompson's outstanding work often in very difficult locations with extremely limited facilities.

CMC VELLORE (UK) ALUMNI REUNION 2013

FRIDAY 20th - SUNDAY 22nd SEPTEMBER 2013

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The annual CMC(UK) alumni reunion is being held this year at Daventry from September 20th -22nd, 2013. This year we are privileged in having the new Director of CMC, Dr Sunil Chandy attending the reunion. In addition to Dr Sunil Chandy, we will also have Dr Daleep Mukarji, Dr Valerie Major and Dr Arabella Onslow speaking at the reunion. This will be followed by the AGM and the annual dinner on Saturday and morning worship on Sunday. We would like to welcome all alumni to join us for the weekend.

The FOV Board Meeting will be held on the 20th September as part of this Event.

OUR GIFT OF COWS – A HUGE SUCCESS!

Monsoon and debt are the key concerns for farmers in India. Some have even equated farming with gambling because everything depends on the outcome of the rains.

Last year was bad with poor rain and this has led to crop failures – and crop failures means less work for those who try to make money by offering casual labour. Debt bondage is a huge problem in rural India with moneylender interest rates excessive and debts can be passed from one generation to the next blighting families' chances of escaping poverty.

The Farmers Clubs were a means of helping poor farmers make a little progress. 5 Farmers Clubs have been set up and three of them received cows generously donated by FOV's Vellore Rural Communities Fund after kind gifts including a substantial donation from the Blandford Lake Trust. The Farmers Clubs run themselves and have regular meetings. The farmers themselves decided who out of the club membership of around 20 should receive cows. Those getting cows pay a fixed amount monthly and the fund then buys more cows as the scheme progresses. I saw two Clubs when I visited in February and starting from 5 cows they now had nine and ten cows respectively. 25% of the income is given to the Elderly Centres towards the feeding costs. Everyone has paid their due on time and there is huge pride that these low caste farmers are doing something for themselves. Often in India, just a little bit of help is needed to get things going but the willingness to grasp opportunities is there. The Farmers Clubs once set up get advice and support from the Government too but the main message I took away was the satisfaction that comes with a little self-empowerment.

I am absolutely confident that this system works to help everyone and I would hope to see the remaining clubs get their cows so that they can start too. Cows cost about £200 but can unlock a great advance for a poor farmer. One, Raman, confided that he had got his daughter married and he was not in debt – a major achievement! Here is his story:

One of the other Club Members with his cow and a recent addition!

Farmer Raman, aged 60 and his wife, Shanthi, aged 55 (pictured above left) live in a village in K V Kuppam Block, the government district in which CMC's Rural Unit for Health and Social Action (RUHSA) is situated. Shanthi studied up to 4th standard. Many villages have a government school, educating children up to 8th standard. For higher studies teenagers have to travel to the district town nearby. Often families are not willing to let their girls travel away from home. As a consequence they will not allow them to study at a higher level. Raman admits to being illiterate, although he is able to write his name. He is the eldest of 6 siblings, with 2 younger brothers

and 3 younger sisters. Raman and Shanthi have 3 daughters. The first two are married. They were able to pay for their middle daughter's marriage with the profits they had from the sale of their cow's milk. Their youngest daughter, aged 18, is yet to be married.

Raman's family are traditional farmers - farming cattle for the past 20 years. Some years ago he acquired land to build his own house and some farm land, under a government initiative whereby dry land is allocated to those in the community who do not own any land. Around Raman's village over 100 plots were given out through this scheme. Raman was allotted 1,800ft of land. He built a small 2 roomed house for his family, with outside latrine. The kitchen is set up outside, with a mud cooking range and shelves for the cooking pots. He also has a cow shed. For water – there are 2 municipal taps in the road, just outside their property. One tap supplies "sweet water" (clean drinking water) twice a week. The second tap runs daily, with "salt" (brackish) water. Raman also has an acre of dry farm land, but it is not very productive. He has no pump to draw water to irrigate. When the nearby lake is full, after a good rainy season he is able to grow maize. He is also able to grow fodder for his cattle from this dry land. As part of RUHSA's Scheme to promote Farmers Clubs, Raman was chosen to be the beneficiary for a Holstein Friesian cross cow.

Kumar

Kumar and his wife, Selvi have been married for more than sixteen years. They live with their two teenage sons, who are studying in 10th and 6th standard respectively, 3 km from CMC.

Kumar showing his medical record to CMC staff from the Person to Person Office.

The family lives in a rented brick house, just about 10 sq.ft., which is old and dilapidated. A little kitchen is added on one side. They do have electricity. Toilet facilities outside are shared with two other families. Water has to be collected in plastic pots once a week from the municipal tap in the road.

After studying up to high school level, Kumar was taken on as a bore well pump operator, earning £71 per month. Selvi studied up to elementary school level. In between caring for the family, to enhance the family income, she works as a casual labourer on construction sites, earning £43 per month. The couple have a poor quality of life. Selvi cooks once in the day, half eaten at midday and half in evening. They do not own anything which they could put to use in an emergency. Sadly Selvi has recently been diagnosed to have stomach cancer. She is receiving treatment and has to go for follow up every three months.

Seven years ago Kumar met with a road traffic accident, fracturing his left thigh bone, for which he had surgery at a local hospital. However he continued to have pain and sought help from the Low Cost Effective Care Unit of CMC. He received further medical aid, with a bone graft of his left femur, which was a great relief. Now he returned saying that he had again seriously injured his left leg whilst working on the bore well machinery. Upon investigation the doctors found that a problem had developed with the previous graft so that the left femur needed further attention. This was carried out under spinal anesthesia. Kumar could be discharged after ten days in hospital.

The cost of this expert surgical care came to £484, a sum well beyond the limited means of a poor family like Kumar's. They were unable to make any contribution towards the hospital bill. We took care of Kumar in the hope that some kind donor would finance his care and £57 was allotted through the Person to Person Scheme, through your generous donation. The remaining amount was settled by the concerned unit and the institution. We pass on the gratitude of this family for this timely help.

Sponsorship Your Newsletter

As you will see we have stuck with colour after the last successful Anniversary issue. It just made so much difference. We are looking for sponsorships and appropriate advertising to offset the increased cost and we are grateful to Burrswood Hospital for their support and interest. You will find a small advert from them in this edition.

Do you know of any firm or organisation which would like to advertise or sponsor?

Palliative Care:

Dr. Reena George and Dr.Jenifer who have established a caring palliative care service at CMC.

compassion, commitment and specialist care

We have regularly updated our readers on the work of the palliative care team at CMC but there is always more to reflect on as it reaches out to those who are often on the margins, handling immense need. In this issue you join a busy outpatient clinic. Another time we will describe a morning visiting patients in their homes where the clinical team is accompanied by a member of the chaplaincy team.

What hits me every time is the fantastic difference this small team makes in the lives of those who are really up against it, those who are keeping going despite progressive disease, increasing weakness and often pain that is stoically born but not easily controlled.

The team so clearly has a sense of calling to this work and radiates God's love even in difficult times. Each member delivers the best of palliative care with no fanfare but just quietly gets on with practical care that makes an enormous difference. The route to grand things passes by the common place. They are free of the need to impress.

In outpatients, I noted how Dr Jenifer has the same gift as Dr Reena and her colleagues in offering pure and undivided attention to the patient and their family member despite all the interruptions competing for time. I noted the lack of preconceived expectations of what the patient needs. There seemed to be no particular results that they wanted to engineer from each consultation...a love without strings. Love, after all, is so often the way that God is made known. In the stillness of the prayer within, the heart and will can accomplish what human reason could never attain.

The overwhelming need, the challenge in care (often practically met by the patient's family) and the pressures on time and space for the team were as evident as last year. The first outpatients arrive with a member of their family around 7.30am, often after a journey of several hours. There is no self-pity at all evident; they are just getting on with living and dying, often in pain (until the team have helped them), incontinence and disfigurement along with a financial and physical struggle to avoid being a burden.

The first lady seen was 47 years young. She was blind, emaciated and smiling, wearing a skin of hope and accompanied by a member of her church congregation. Her blindness was due to an inherited condition which is now evident in her brother's children. She has a deaf mute sister; her brother could not come as he is the sole wage earner in the family. Cancer of the oesophagus is progressing and having anything more than fluids is now a challenge. Admission to the hospice would give her the greatest comfort in her dying and with no one at home to care that may be the way forward but her brother must agree. Ramu, the Social Worker, will visit the home after working hours to talk this through with him. Sadly this patient cannot see the verse that inspires the care, written on the CMC calendar for the month: 'If I speak in the languages of men and of angels, but have not love, I am only a resounding gong or a clanging cymbal'.

The next consultation concerns a lady of 73 who has breast cancer that has spread to her bones and her brain. She manages to get to the clinic thanks to help from her grandchildren

but they are struggling to know how best to care for her. They receive much needed practical advice and the medication for pain control is reviewed. Only enough morphine for a week can legally be dispensed so one of the family must join the outpatient queue weekly to report on the situation and collect a new supply.

Next is a 69 year old lady with ovarian cancer. She has developed a bony swelling on her chest wall...that would be an unusual way for her cancer to spread; a bone scan is ordered. The £30 charge will be met by CMC as she has little money to get by. She has not connected the swelling with her cancer and the possibility is communicated. The 'Communication sheet' is used to ensure all the team know what has been shared.

Then interruptions begin; Ramu pops in with a couple of important questions and then a nurse. The oncologist needs to be kept informed of treatment plans; a family needs a response to a question about medication.

Along with all this, a man of 50 is brought in by his wife as an emergency. He has been vomiting for some days and has secondary cancer from his prostate. A check on his blood biochemistry is swiftly reported on and is more reassuring than the patient's looks would suggest. He is short of breath and very distressed. A bed is swiftly found for him, funded by PTP, and further tests show that his bone marrow is filled with cancer with his life is swiftly closing in. He and his family seem calm; somehow God shows up best in people who can do nothing for themselves! Perhaps God allows burdens to feel too heavy at times so we finally allow Him to bear them for us. When we run out of the strength to keep going, we begin to take in the truth that He doesn't just give us strength; He is our strength.

Finding one bed is not unusual but when a second is needed, there had to be negotiations with oncology as the three CMC palliative care beds are filled. This second admission is for a lady of 50 with bowel obstruction who needs steroids and medication to improve bowel contractions to see if there is any chance of buying a little time. Syringe drivers are not used in the community; there is no Macmillan team to maintain and recharge them with medication and morphine given this way is illegal outside the hospital. Drugs that come in the form of patches, often used in this situation in the UK, are impossibly expensive and cannot be considered except possibly in the last day or two of life. The money donated for palliative medications has to go a long way and be used carefully, fairly and wisely.

Patient notes are written up along the way; the IT is superb, with scanned notes as well as latest scans on the screen and test results swiftly available within the patient's folder. No lost notes here!

A lady who works with dying patients is brought in because she is experiencing emotional difficulties. A psychiatric appointment is booked online for the same day!

And so outpatients work goes on and on with a seeming endless queue of people with heart-wrenching needs. The dying is being done by one person but the family, their community and those who are caring are also carrying the load.

We are so grateful for the gifts that enable this work. Specifically we provide:

- the vehicle that enables the team to visit patients in their homes within thirty kilometres of the city,
- all the fuel for this work, year on year,
- a contribution towards drug costs, all of which have to be met by donations,
- financial help to some who have extreme social need. The PTP scheme also funds the admission costs of some palliative care patients.

How can you help? We need ongoing funds to support all these areas and gifts marked for 'palliative care' will be applied to where the team see the need as greatest. There is also the need for:

- water mattresses for patients being nursed at home. These prevent bed sores and are an invaluable help. The team currently needs three costing £30 each.
- mosquito nets to keep the flies off (only £3 each). Without these, open wounds are soon covered with maggots, which are seen as a curse from God.

Gareth Tuckwell

Chelliammal showing the letter which awarded her pension, to the Social Worker from RUHSA.

OAP CHELLIAMMAL

Chelliammal is an elderly widow living in Kavasampet. She is a member of the Day Care Centre (DCC) in that village run by the Rural Unit for Health and Social Affairs (RUHSA), and funded by Friends of Vellore through the Vellore Rural Communities Trust Fund.

The poor widow lives in a thatched hut behind the substantial brick dwelling being built by her late husband's brother. The new house has electricity and access to a good supply of sweet, clear river water. The old lady has two sons both with good jobs on the outskirts of Vellore, but take little interest in their mother. In the monsoon rains last winter her mud hut crumbled, becoming uninhabitable. She moved into her brother-in-law's partly constructed house. Her brother-in-law has promised to rebuild Chelliammal's simple home, once his own place is completed.

RUHSA runs DCCs in 5 villages in K V Kuppam Block, the administrative district for which the government has given it some medical and welfare responsibility. It is the dream to be able to open such Centres in more of the villages under their care, as resources become available. These Centres provide a lifeline to the lonely and impoverished elderly living in the villages; a place where they can come and socialise, play games, watch the TV and have one good meal a day, five days of the week. RUHSA soon realised that some of the Elders were not receiving the free pension of Rs.1,000 which is officially granted to the over 60s deemed to be below the poverty line. Often as has been reported in earlier newsletters, applications are not processed unless a bribe is offered which most elderly cannot afford. Urged on by FOV, RUHSA has committed itself to the task of helping those not receiving the pension to which they are entitled. Six people in one of the Centres were identified as being most needy, of whom Chelliammal is one of them. It has taken months of repeated visits to officialdom, but finally at the beginning of the year, along with three other elderly ladies Chelliammal received the letter telling her that she has been granted her Old Age Pension, backdated to November. No longer is she a figure to be despised and overlooked. She has become a useful member of the community, contributing to her family income.

Scotland Reporting on 50 Years of Friends of Vellore: Past, Present and Future

Father, whose life is within me and whose love is ever about me, grant that thy life may be maintained in my life today and everyday; that with gladness of heart, without haste or confusion of thought, I may go about my daily tasks, conscious of ability, to meet every rightful demand, seeing the larger meaning of little things, and finding beauty and love everywhere and in the sense of Thy presence may I walk through the hours breathing the atmosphere of love rather than anxious striving.

Aunt Ida's prayer

As the 50th Anniversary year of the founding of the Friends of Vellore Charity was coming to an end, the Aberdeen Vellore Exchange (AVE) branch hosted the annual winter event marking the Golden jubilee. A short service of thanks and prayer for all that CMC has achieved was held at St. John's Church in Aberdeen. Simultaneously, a DVD covering the history of the founding of CMC through to the changes which have resulted in its expansion and improved delivery of healthcare to India was shown. This was followed by a three course Indian meal enjoyed by some NUMBER people who had come along to support the work of the charity. Miss Sanju Vijayan led a musical interlude on the flute and Father Emslie led the room into song. The after dinner speech was delivered by Dr. Alan Dawson and focussed aptly on the significant milestone achieved by the FoV charity – 50 successful years of dedication, faith, hard work and pleasure.

It began by the reciting of Aunt Ida's prayer (written above) and a reminder of the many services and events held throughout the country to celebrate the Golden Jubilee including: services held at St.Paul's Cathedral in London, Ely Cathedral in Cambridgeshire, and Dunblane Cathedral in Scotland and the summer event hosted by the AVE in Scotland at the Beach Ballroom. This latter event was hosted in June 2012 and kept the theme of a Scottish-Indian evening with some Indian dancing (which I participated in – much more complex than I initially thought, but good fun!) followed by a Scottish ceilidh. During the evening, a candle was lit and the names of the individuals who were instrumental in the founding and running of the Friends of Vellore charity were read and remembered. This event was attended by Dr. Asha Senapati (Chairman of FoV UK) and Mr Richard Smith (Director of FoV UK) and it was a pleasure to have their presence and showed a unifying response to mark such a special occasion.

A brief reminiscence of the past 50 years was explored with the way in which FoV provides support to CMCH. Initially, the money raised was invested in allowing the hospital to develop and expand its one-bedded hospital into a multidisciplinary hospital, which is now home to every speciality serving the population of Tamil Nadu and beyond with an international reputation for the provision of excellent clinical care with compassion and a centre for teaching and learning. The partnership has subsequently evolved through new paths to provide assistance with specific projects with emphasis placed on compassionate care for the poor, vulnerable and disadvantaged who cannot afford the medical treatment required. The person-to-person scheme is one example of such a project that has altered the lives of patients who cannot afford healthcare for the better. Mr Richard Smith during his summer speech to the AVE last year introduced the Golden Jubilee project titled: "Low Cost Effective Care Unit (LCECU)". This is a project set up to provide care to the inhabitants of Vellore at a low cost. I spent my medical elective at CMCH and I recall clearly the first time I turned onto Ida Scudder Road and towering above stood CMCH and a host of people flocking around – presumably, relatives, patients, staff, and the inhabitants of Vellore. It did not take me long to appreciate that CMCH provided outstanding care for patients from across India, but it was not until I spent one week with the Community Health and Development team that I realised the inequalities of healthcare provision. The very citizens of the Old town of Vellore where this grand institution belonged were suffering ill health and would not come to CMCH for assessment or treatment for fear of cost. Therefore, the introduction of clinics through the LCECU allows patients in the Old Town of Vellore to be managed out-of-hospital where possible and identifies those requiring more detailed observation or treatment who can then be referred in the knowledge that funding is available for those who are poor and cannot afford treatment through the person-person scheme. In more recent years, the FoV charity has raised the profile of the work of CMCH and its ethos to encourage visitors and elective students to go and experience the healing ministry. To that end, the AVE have collaborated with the University of Aberdeen to offer a bursary to medical students with a desire to learn and experience the way healthcare is provided at CMCH.

All events held by the AVE have been attended not only by those who have experienced CMCH but also by people touched by the work carried out there through someone they know. Each event allows an opportunity to give thanks for the work that has gone before, to learn of the work still to be accomplished and provide a means of planning so that the projects outlined above can be supported. It is through all the supporters of FoV with their kindness and generosity that the lives of so many patients treated at CMCH have been changed. For this gesture, you cannot be thanked enough.

A lot has happened in the past 50 years and as new ideas are explored and initiatives created, our attention was briefly turned to the next 50 years! The way in which support has been provided to CMCH over time has changed significantly and it is without doubt that it will continue to evolve. The FoV will continue to support the CMCH but the way in which that help will be translated into patient care will show itself through time. The way forward, from past experience, cannot be predicted, however, we lay our trust in the Lord to light the paths where help or development is required and all that we can do for now is to ensure that we meet every rightful demand, find beauty and love everywhere, look and breathe the atmosphere of love and encourage others to visit, experience, and learn from an institution that provides healthcare in totality.

Alan G. Dawson