

VELLORE

NEWSLETTER

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CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE, S.INDIA



HOPE FOR THE HILLS

There are a number of exciting proposals being worked on at CMC that we are looking to support in the coming months. In line with our priorities of serving poor and marginalised people, one such project stands out. We want to work alongside the Friends of Vellore in Germany, Australia and Sweden and the Vellore CMC Foundation, USA, to make the health and well-being of people living in the Jawadhi Hills a priority.

80,000 people live in this rugged terrain in Tamil Nadu, 37 miles from Vellore and their history, extreme poverty and poor road access mean that their health, literacy and development indicators are tragically low. Most people are small-scale subsistence farmers or land labourers. Due to poor conditions, many migrate to find seasonal farming work in nearby districts, taking the children with them who then miss school for extended periods. The Community Health and Development (CHAD) team has been building a relationship of trust with these people for over 30 years. We want to be guided by them as we share their vision for these people to be enabled to live a healthy and productive life, in harmony with nature.

Chronic malnutrition, TB, malaria, diabetes, high blood pressure, leprosy, HIV and thalassaemia are big problems along with infections, orthopaedic issues and alcoholism. CMC is currently working in the area providing mobile clinics to the

most accessible villages. They have chosen four villages that are relatively accessible and they want to provide toilets, clean water, and start community programmes. They are also running evening study centres and summer camps for the children as well as setting up a mushroom cultivation area. However, they want to do more and are asking for our help. They have already started training young people from the villages in health care.

The FOV UK trustees will be considering the best way for us to help. We would like to fund a particular project that will make a real difference to the lives of the villagers. When we have a proposal from the CHAD team, we would hope to raise £20,000 in the first phase of our project and would like our contribution to the work to be vital to the way forward. That seems an enormous challenge but please do consider whether it's something you'd like to be part of.

A MESSAGE FROM OUR NEW EXECUTIVE CHAIRMAN

Dear Friends,

Much has happened in the past year at FOV, and may I add, is happening as I write! Gareth stands down as chairman in April and I have agreed to take on the new role of executive chairman. In this role I will give time to liaise with the director of Christian Medical College (CMC) Vellore, the chairman of the CMC Vellore Council and all other relevant contacts at CMC to discern how best we can fulfill our charitable objectives. I will, of course, continue to be an ambassador for FOV UK and ensure that the charity is represented and promoted appropriately.

God has blessed us with a new administrator. She is Ruth Tuckwell, a Cambridge maths and management graduate, married to a church minister, and mother of three young children. Ruth's contract is for part time work to be spread over three days but, quite frankly, she is so busy putting systems into place that the hours worked are far in excess of that. No matter, the enthusiasm with which she is taking on this task is truly remarkable. Ruth's key responsibilities include: administration of the charity, communication with supporters, liaising with CMC re FOV supported projects and book keeping for the charity, along with receiving and acknowledging donations. You can read more about Ruth's visit to CMC and the very warm reception she received there on p10.



MY VISION FOR MY THREE YEAR TERM IS AS FOLLOWS:

1. Strengthen our bonds with CMC to include working closely together on projects that concern our target population i.e. the poor and marginalized.
2. Define specific roles for the trustees in order that each project is overseen and reported on to the board.
3. Enhance our communications, with each other and with Vellore, to maximize the use of digital technology (to include banking, gift aid etc).
4. Liaise more closely with other FOVs to co-ordinate our respective projects.

May the spirit of Christ govern all that we do.

Christian greetings,
Ajit Butt

A report from the Chairman as he looks back to where we have given support in 2015 and forward to our hopes for 2016:



Visiting CMC in January was a wonderful way to start a new year and both Ruth, our new administrator, and I returned excited by all the possibilities that lie ahead. The Council meeting at CMC was a very positive one and the contribution of FOV UK received recognition. You will have noticed that your

newsletter now includes Pulse, issued by CMC, to keep you abreast of their developments. All our communications with CMC go through the Development Office, headed up by Hugh Skeil who went to CMC with his wife Debbie many years ago with the Church Mission Society as their sending

organisation. Hugh has willingly taken on the responsibility of ensuring good communication with all FOVs and we thank God for this move.

As many of you are aware, we are a charity focused on giving priority to the needs of the poorest and most excluded





people and communities in India. When working primarily in partnership with CMC, now one of the most highly regarded hospitals in India and handling around eight thousand outpatients a day, it is inevitable that even the best thought out and prayed through plans do not develop in quite the way we had expected. None the less we have much to thank God for, and you, our supporters, have been key to enabling some great developments during the year.

During 2015 Friends of Vellore has

- Sent £50,000 to the Person to Person scheme (read more on p4)
- Given over £30,000 in support of projects at the Rural Unit for Health and Social Affairs (you can read more on pages 6-8)
- Completed the merger with Bishopston Kuppam Link
- Continued our support for the Palliative Care Department's Home Care Programme including a replacement vehicle
- Sent £2,145 to the Rehabilitation Institute for Motivation wheelchairs (read more on p15)
- Contributed £2,500 to Joe and Denny Fleming's funding through Interserve (see article on p9)
- Funded the post of Mission Network Consultant (read more on p12)
- Fully funded a new website for mission hospitals
- Sent £6000 to Erode Mission Hospital in its partnership with CMC
- Given a small gift to the Distance Education Department, thanks to one of our supporters completing a sponsored run

- Supported the new five year Low Cost Effective Care Unit project, including a new vehicle after a kind donation (see article on p12)
- Passed on a gift of £12,500 from a generous donor specifically for the new Kannigapuram hospital site
- Supported Alumni Batch funds after gifts from alumni
- Even moved office!

At CMC there is an enormous amount of work going into the plans for the new 1500 bed hospital site at Kannigapuram. The building of this 'extension' to CMC has become essential, with the main hospital site in conspicuous overload. Handling around two million patients a year is unimaginable by UK standards! The new buildings will enable CMC to extend its reach and to generate more income. This in turn will enable it to deliver healthcare to those who are sick and without the means to contribute more than a small fraction of the cost of their care.

During 2016 we have several exciting agreed projects for which we are hoping to raise funds. There is much going on at the Rural Unit for Health and Social Affairs (p6-8), we also need to raise funds for two community health workers we are sponsoring at the Low Cost Effective Care Unit (p12), we are looking for donations towards the cost of the final year of the Mission Network Consultant post (p12), we need funds to meet our commitments to Palliative Care (p11) and, as you've seen from our cover story, we are hoping to start some new work in collaboration with other International FOVs in the Jawadhi Hills.

Please be praying for the work of CMC, especially for those in leadership positions as they make strategic decisions and seek to show God's love to those they are caring for.



Make a gift in your will

Please consider making a gift in your will. We have codicil forms to provide for those who would like to make a gift but have an existing will. You can specify either a single gift which can be as little as £1 or you can bequeath a proportion of your estate which can be anything from 1% upwards. You can download the appropriate form from our website, complete it and get it witnessed and lodge it with your will.

Our administrator, Ruth Tuckwell, would be delighted to help you get the wording right and the purpose of your gift clearly identified. For example, you might want to support the work at the Rural Unit for Health and Social Affairs or palliative care. We can ensure that your kind wishes will get to the people who need help.

Remember that giving to a charity can help in reducing inheritance tax so do not hesitate to get professional guidance should you need it.

A gift in your will can bring transformation to needy, excluded and vulnerable people

2016 Alumni Association Weekend

The Alumni Reunion 2016 is at the Holiday Inn, Coventry between the 9th and 11th September. The flyer will be on our website by 1st June. This will have the full details including the costs and booking process. ***Do put the dates in your diary!***

In 2015 we sent £50,000 to the PTP Scheme!

Many of the people who attend outpatients or are admitted benefit from the PTP (Person to Person) scheme which has been making small grants to patients towards the cost of their care since 1974! As a result of your donations, FOV UK contributed £50,000 to this fund during 2015. Many of you give to this fund through us month by month and receive an email telling you about the person you have helped. This is so worthwhile and even £10 a month goes a long way. Do contact us if you would like to be part of this scheme.

Below is the story of Malliga who has benefitted from the PTP scheme this year.

Malliga

26 year old Malliga and her husband, Manickam, live two km from CMC's Main Hospital with their three daughters aged 23, 20 and 18. Their eldest daughter is married and lives with her own family. The second daughter has studied up to 12th standard and works in a shop, earning £25 per month. The youngest daughter has also studied up to 12th standard. She lives at home, helping her mother. Manickam is a manual labourer. Unfortunately he is an alcoholic and his wife does not know anything about his income. They live in a rented brick house which has no electricity or indoor toilet and eat only three simple meals a day. They have no

savings or means of paying for healthcare. But Malliga makes a small income from cooking four kinds of rice (curd rice, tomato rice, lemon rice and tamarind rice). She sells these at a little stall near what is now CMC's Eye hospital, the site of Dr Ida Scudder's first hospital, built in 1902. She manages to earn £20 a month after all expenses.

Malliga became aware of a persistent pain in the right side of her lower abdomen. Living so close to CMC and knowing its reputation for skill and compassion, she came to the outpatient department. Investigations were done and she was found to have fibroids in her uterus. The doctors decided to do a total



hysterectomy under spinal anaesthesia. After eight days in hospital, she was discharged and advised to come to the outpatient department for follow up.

The cost of this expert care came to £465. There was no way in which Malliga, with her financial problems, could afford to pay for such skilled treatment. We looked after her in the hope that some kind donor would cover her medical expenses. The bill was taken care of by the Person to Person scheme and from CMC's funds. This was possible only through generous donations. We join the grateful family in thanking our donors for this timely help.

RICHARD SMITH

Director, Friends of Vellore UK 2003 - 2016

By Asha Senapati, Chairman, Friends of Vellore UK 2003 - 2013

Richard Smith was appointed director of Friends of Vellore UK (FOV) in 2003. I sat on his appointments committee and immediately was struck by his ability to grasp a situation and be in command of it. At that stage he had very little knowledge about Christian Medical College Vellore (CMC) and yet it was clear from the beginning that this was someone who would rapidly rectify that situation and take on the mantle of directorship with vigour. His appointment proved to be an excellent decision for FOV - as director he moved the

charity in a new direction more applicable to the 21st century in India.

Richard is a man of many talents. The ones that he brought to this particular role are his legendary organisational skills, his attention to detail, his networking skills and ability to think progressively. The degree of flexibility and commitment that was needed far exceeded a conventional role, and Richard and his wife Joan stepped into these shoes par excellence.

Richard had many achievements during his 13 years as director. Most importantly,

he oversaw the change in the direction of the charity from an organisation that supported its founder institution financially through the raising of money for equipment and personnel, to that of a charity primarily serving poor and disadvantaged people in the environs of CMC Vellore. This latter direction took many forms. I am sure Richard would be particularly proud of his initiation of the palliative care project. Palliative care is a relatively new concept in India and certainly was not available to the poor and destitute in that area. Friends of

FAREWELL TO GARETH

In 2011 Dr Gareth Tuckwell was appointed a trustee of Friends of Vellore UK (FOV) and became chairman of the charity in October 2013. He stands down in April 2016. Ajit has written the short article below, recognising the work he has done for FOV.



Gareth was introduced to the FOV board by Monica Hopkins. Within a very short period, his experience working for charities became apparent. He had been associated with the Burrowswood Christian Hospital for almost 18 years, including five years as its CEO. He was clinical director of Hospice in the Weald 2003-2007 and regional director of Macmillan Cancer Support from 2000 to 2003. Coming from a medical background, a practising Christian with a very amiable personality, Gareth made a lasting impression on the other trustees. So much so, that he was nominated, and elected chairman in 2013.

Methodical and earnest, he soon got to know the role FOV played in CMC, Vellore. Visiting the institution in Vellore a few times, he established a smooth working relationship with the leadership there and, under his guidance, several key projects were undertaken. Perhaps, his lasting contribution was to the palliative care department in Vellore using his experience to mentor and bring support.

Like most good things, Gareth's association with FOV would inevitably end given his appointment as non-executive director of The Sanctuary Group and chair of Sanctuary Care Ltd. Gareth: you have made several lasting friendships during your tenure at the FOV and, we shall miss you! Farewell, my friend. ■

Changes at FOV UK

From 6th April 2016 Friends of Vellore UK will be led by a new team. The executive chairman will be Dr Ajit Butt, a Christian Medical College and Hospital (CMC) alumnus well known to many of you, who has a deep love of CMC but also, importantly, a passion to help poor and deprived people in India.

Ruth Tuckwell has been appointed part-time administrator of the charity. She is already holding the reins as Richard Smith has recently had surgery and will be on sick leave for the remainder of his tenure.

Richard sadly resigned from the charity because he was frustrated by the lack of willingness to allow him to work with other organisations in the CMC network to address wider Indian healthcare challenges. He longed to ensure our aim of making a real difference for poor and disadvantaged people in India was achieved as effectively and widely as possible.

I leave the board in April too because it seemed to me that the opportunity to have a CMC alumnus who is well networked at CMC as chairman should not be missed! Dr Ajit will greatly facilitate our work and our potential to form partnerships that have currently eluded us. I will always have a passion for CMC and FOV UK and will ensure my daughter-in-law, Ruth, keeps me up to speed with progress in all areas.

As ever, in Christ, Gareth Tuckwell



Vellore, along with Sneha Deepam, a Catholic organisation, worked together with the palliative care team at CMC to provide a building, transport and maintenance costs for this service to be rolled out to hundreds

of people at the end of their lives.

The Low Cost Effective Care Unit (LCECU) at CMC works with the community in Vellore town, and through Richard's enthusiasm, developed clinics in the slum areas.

The Person-to-Person (PTP) scheme had been in existence for many years, but Richard saw to it that it flourished and became a flagship project for FOV. This scheme allows individuals to donate sums of money, large and small, which specifically are used to treat an individual patient.

Feedback about the progress of that patient is then given to the individual donor. This personalised giving lends itself to the entire ethos of CMC and we are proud to be a supporter of it.

A charity parallel to FOV, the Vellore Rural Community Trust (VRCT) has been in existence for many years. Richard was responsible for arranging its merger with FOV. He had already administered VRCT during his term of office and it was entirely appropriate that this project became a flagship of FOV. Schemes, such as the goat scheme, the elderly care networking group, the elderly village centres, and the farmers' club were promoted and enhanced by him.

His newsletters took on a new invigoration, especially when they were printed in colour. His sourcing and writing of articles and photographs were exceptional and many friends of Vellore and beyond enjoyed these publications. They proved to

be major sources of fund raising for the different schemes underway at the time.

I have a particular knowledge of Richard's contributions to FOV because he was appointed almost at the same time as I took over as chairman and we worked very closely together for ten years until I stepped down in 2013. Working with Richard was not only efficient and pleasurable, but also very easy and straightforward. No sooner had a matter been discussed, but it was done and his follow-through on ideas and projects was exemplary.

Friends of Vellore UK will miss Richard. It will be hard to fill his shoes as he has played such a major part in the way that FOV has evolved over the years. His stamp on the organisation has been permanent and indelible and whatever new direction the charity takes in the future, his legacy will stand it in extremely good stead and on a very firm footing. ■

Health and Development SIDE BY SIDE

Over the last few years under the visionary and effective guidance of Dr Rita Isaac, the Rural Unit for Health and Social Affairs (RUHSA) has developed into a progressive community health department serving the local community in a multitude of different ways.



RUHSA –the hospital grounds.

RUHSA helps communities build strength and resilience by supporting them in all aspects of health and social wellbeing. Dr Rita has seen developments in screening programs, nutrition projects, the building of a new outpatient department, improved teaching programs, building links with national agencies (RUHSA even won a national award for their work in rural communities) and that does not even begin to cover the work they do.

The work we support at RUHSA is enabled through our restricted fund overseen by the Vellore Rural Communities Trust sub-committee (VRCT). VRCT is directly involved in supporting health and wellbeing across the whole age spectrum from youth sports clubs to elderly welfare centres, with farming and health schemes in between. Last year, I was privileged to present a cup to the winners of a cricket tournament named in honour of my late father, who loved cricket, India and life. The enthusiasm and joy of the winners, all young lads, who, until joining the youth clubs set up by RUHSA were disaffected and in danger of developing anti-social behaviours such as drinking, petty crime and unemployment, was inspiring. They spoke so heart-warmingly about how being part of the youth club had changed their lives; they were

now proud, aspirational young men. I am looking forward to seeing the cup handed over to new winners next year.

Keen on gender equality and equal opportunities for all young people, VRCT has supported beautician courses for young girls, although I was pleased to see a raucously enthusiastic ladies cricket match sneaking in on the side-lines of the ostensibly male only tournament!! Perhaps next year we can encourage a ladies' sports tournament.

One of the flagships of the VRCT-RUHSA



Ladies who teach on the beauticians' course.

partnership is the dedication to the welfare of the elderly. This year we are pleased to join forces with the Bishopston-Kuppam Link who, inspired by the centre at Keelalathur, started a kindergarten with an elderly welfare centre included. The benefits of mixing the ages are enormous for both age groups and the community value for their elders has increased as they are seen in a new light. (You can read more the elderly centres and the children's play centre on the next page.)

We have other projects in the pipeline, including a recent collaboration with Aberdeen University to develop diabetic monitoring skills in the community. RUHSA has been proactive in ensuring that people are screened and treated for diabetes, but they have discovered that the ongoing

expense of managing the disease in the community has not been focussed on sufficiently. They discovered that all the testing sticks and equipment were kept as "talismans" rather than used. Working with local self-help group women to educate their own community about the value of self-monitoring and how to minimise the expense of this will help keep many more local people healthy and avoid more expensive treatment once the disease has caught hold. We look forward to hearing how this forward-thinking work is progressing.

Another exciting project is hearing testing for children and elders. Deafness causes social exclusion and catching and treating it early can be life-changing. We are lucky to have the expertise of a retired audiologist on the committee and his skills and contacts are helping reduce the blight of deafness in the rural villages (see articles on p8).

There is also a need for money to help repair houses or even to provide shelter for the most vulnerable elderly people living close to RUHSA. These people are struggling as they do not have children to support them and have no independent livelihood or assets. Some have damaged huts and others have nowhere to live. If any of our readers would like to help with this awful situation we will ensure your gifts go directly to providing shelter. £2000 would provide a single-room hut with toilet and £300 would repair a damaged hut to make it waterproof again.

If you are interested in volunteering, visiting or donating to any of our projects please contact us as we are always keen to hear from you.

Dr Arabella Onslow 



Boys learning car and motorcycle mechanics.

The following article is an excerpt from a previous edition of Maitri,

PAINFUL QUESTIONS

In the Sermon on the Mount, Jesus said, "Blessed are those who mourn". Perhaps our first reaction when we hear the statement is a protesting "NO!!!", especially when it is a season in our life where there is more mourning than we can bear, when our hearts and our minds are silently screaming "WHY?"

In a world where death and imperfection are realities, we acknowledge that the suffering that we either endure or inflict upon others can sometimes be meaningless or mystifying. Yet our faith shows us that there are also the unforgettable times when suffering brings blessings that might not have come otherwise.

We look at the three words in the name of the **Christian Medical**

Three weeks at RUHSA, January 2016

Four of us, friends and formerly members of the Bishopston-Kuppam Link, now under the umbrella of FOV/VRCT, have recently been staying at RUHSA. We are Pam and Brian Morris and my husband Andy and me, Sally Whittingham. We have visited many times since 1991, but this was our first time as members of FOV/VRCT, and in that capacity we asked if we could be taken to see as many FOV projects as possible.

Jeffers takes the lead with the Farmers' club and the stall fed goats and we had very interesting visits with him providing information enthusiastically. Through the Farmers' clubs 56 cows have been provided since the scheme began in 2012 which helps to lift agricultural families out of subsistence. We also met with boys from thriving youth clubs where RUHSA are working with young men to encourage them to stay in education.

The other main project supported by FOV is the day centres for elderly people. We managed to visit five of the six centres during this visit, four of these are supported by FOV UK. At Ramapuram, we were greeted with a lovely dance that the women had prepared for us, which they did to the singing of their caretaker, Bavani. On our visit to Seetaramanpet, Pam interviewed three of the elders and heard some very sad stories of difficult lives, which left her in no doubt about the real value of the day centre to these people.



Elderly and children enjoying parachute games.

All the centres are thriving, with a full quota of elderly people attending regularly who all seem to benefit from the company and activities offered, and especially the good food which they receive. Despite all the efforts made to regularise all of the centres, differences do inevitably arise. The quality of activities on offer varies according to the enthusiasm of the caretaker. One of the centres asked us to arrange for them to have

egg more than once a month. Now, the elders at Seetaramanpet get eggs twice a week and chicken once a week. We were given to believe by a RUHSA officer who knows the village, that the self-help group women are sustaining this high standard, despite very unstable prices locally for vegetables, milk, eggs etc, by sacrificing some of their own fee for cooking. This they do, he said, because they have a sense of duty to the community and these elders.

We were visiting just after the heaviest rains in fifteen years, which as well as providing desperately-needed water to the area, nonetheless had also caused a huge amount of damage to homes and we heard tales of elderly people losing the meagre shelters they had. By definition, our elderly attenders are all amongst the most vulnerable and many are poorly supported, or unsupported, by family. At Panamadangi, one man who lost his home in the flooding is currently staying at the centre. One of the most valuable things that RUHSA staff do to support this work is to help people obtain their monthly pension of Rs 1,000 (£10). Bureaucracy and corruption (the demand for bribes) can make it impossible for an older person with poor literacy.

Our main activity during our stay was to support the work going on at the Pachaikili play centre and centre for the elderly. The two teachers and the ayah do a superb job, keeping the play centre thriving and the children receive a really good, active and play-based start to their early years of schooling. We undertook a day of training with them, helped by Sekar from RUHSA, and it is clear that these women work so well together and remember all the basic principles of good early years education which I taught them years ago. They are loving and kind and they

instinctively know how to deal with the different difficulties children may have.

The bringing together of the young children with the elders at this centre has been such a positive experience for both age groups. The elders love their interaction and it makes them feel part of a family. One day I was there when one teacher was on leave, and one of our elderly women, who used to be an ayah in a school, sat with the children in the sandpit to play with them. We had brought with us a parachute which is now being used by both elders and children, sometimes both together, for lively fun and play. Similarly, we introduced the elderly group to the idea of painting, alongside the children; and we had bought some adult colouring-in books, which I knew my 96 year old aunt enjoyed, which proved popular with all the elderly in the centre.

To summarise, we were inspired by all the work supported by FOV that is being undertaken with RUHSA's help and felt proud to be part of it. Sekar is going to support Rakesh, the RUHSA officer who leads on this project, in running a day workshop for the caretakers so they can come together to share ideas and, hopefully, learn from each other about good practice. I think that very good value for money is being given in all the projects, be it farmers' clubs, youth clubs, work for the elderly, or with the preschool children, and all of the projects do make a real difference to people's lives.



Children and elderly doing art together.



the weekly Bible studies produced by the chaplaincy team at CMC

College. Each offers a question other than "Why" that allows us to be open to the possibility of blessing.

CHRISTIAN: The most valuable event in the earthly life of Jesus was not his miracles or his teaching but his cruel, tragic death bringing grace and faith. Jesus through the tears of Gethsemane was able to ask "Who do I trust?" rather than "Why did this happen?"

MEDICAL: The most valuable event in the astoundingly successful life of Ida Scudder was not the inauguration of her buildings, but her encounter with the deaths of three women. Despite her struggles and resistance she asked "What can I do?" not just "Why me?"

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Hearing Healthcare for the Elderly

I am a specialist audiologist from the UK, recently retired from the NHS as head of audiology and senior chief audiologist. I was thinking about what contribution I could make for the poor and marginalised people in the community. While visiting my daughter, a specialist in embryology on the staff of CMC, I was introduced to Dr Arabella Onslow, chairman of Vellore Rural Community Trust (VRCT), through my brother, who is the accountant at RUHSA. VRCT has been supporting the work of RUHSA for a number of years. During the conversation, Dr Arabella talked about the day centres for the elderly and suggested that I should do something for the elderly. Her offer for me to join VRCT was a golden opportunity and hearing healthcare was conceived.

The first day centre was opened in the village of Keelalathur in January 2007. The ladies of the self-help group agreed to cook and serve the lunchtime meal. 28 older people joined. They chat, watch TV, read newspapers and play games. The local health aide was appointed as caretaker. She teaches exercises and gives basic health talks. The day centre is open from 10:30am from Monday to Friday. After lunch they can stay on or return home at their leisure. At present there are six centres with a total of 120 elders. Four centres are supported by FOV UK and two by FOV Sweden.

While I am in Vellore I visit the day centres and RUHSA. One health worker is tasked with identifying the hard of hearing in the centres and a number come to the RUHSA Ear, Nose and Throat (ENT) clinic conducted by an ENT doctor from CMC every Tuesday. I deal just with the elderly who need hearing aids, bringing the necessary moulds, batteries and hearing aids donated by NHS audiology departments from the UK.

This is a very rewarding venture. These elders are poor, often ignored by their families, and desperately need help. Some hesitate to speak or to join in, saying that they cannot hear. They will just play. Many of them experience a great sense of loneliness, even when present in a group of 30 or so. Now, having been given hearing aids, many are happier and chatty.

I have now seen everyone who needs help with their hearing in all six day centres and fitted 30 elders with hearing aids. I am currently exploring the possibility of helping about 1,000 school going children with hearing difficulties and screening 1,300 babies born each year in RUHSA.

Richard Rajamanickam ■



Elders playing a game in one of the day centres.

Mari

The old man first came to the notice of the social worker and volunteer audiologist from the UK, as he was sitting under a tree in the grounds of one of the day centres for elders run by RUHSA. He was clutching his bowl in one hand and his walking stick in the other hand. A cow was tied nearby. The staff went into the day centre making time to talk with the 30 or so elders gathered.

Midway through the conversations, the audiologist remembered the man outside. "What about the man outside?" "He is one of us" they said, "But he remains outside. He doesn't want to come in." On reflection he realised that the man, whose name is Mari, suffers from leprosy. He has the tell-tale symptoms: claw hands and a deformed nose. His eyesight is poor; he's blind in one eye.

The audiologist could not forget the man. Living with his daughter during his time in Vellore, he wanted to take Mari home for a special meal of biriyani. Asking his daughter's permission he said, "You won't like this." When asked, "Why?" our audiologist replied that Mari is the poorest man he could think of. The question was: Would Mari like it?

At the day centre the meal would be taken out to him. Usually he took the food home to eat. However, after the social worker and audiologist started chatting to him, he stayed to eat his lunch. Talking to Mari they realised that he is hard of hearing. If he did come inside, he could not easily interact with others. The audiologist always came with his aids and offered to give him a hearing test on the spot. "If it makes me hear better, OK", agreed Mari. Taking his hand they coaxed this needy elder to come in. Mari could not believe that anyone was actually touching him, a leprosy sufferer.

Sitting him down, the audiologist did the hearing test. All the women gathered round asking, "What is he doing?" In God's grace the moulds which the audiologist had with him fitted.

"Now look at me," the audiologist commanded, "Your son is going to talk to you." He switched on the hearing aids. Mari screamed with amazement. The women who look after the day centre talked to him. "If the doctor can touch a leprosy sufferer, why can't we touch and talk to him?" asked the other elders. Taboos have been broken down. The volunteer says that it feels as if in all his 40 years as an audiologist this is the most rewarding thing he has done to bring glory to God. ■



Mari being fitted with his hearing aid, while his son and a lady from the centre look on

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COLLEGE: A defining event in the history of this college was when the Licentiate Medical Practitioner course was to be discontinued by the government. The administrators were divided on the controversy: Should the college redefine its mandate and identity and take male students, or not? The medical college exists today

because our predecessors chose to ask **"Where is God calling us?"** rather than **"Why should we change?"**

Many of us here in CMC today owe at least one of our faith, education, career, life or health because some day, someone, went beyond asking *Why?* to ask *Who?* or *What?* or *Where?*

Can we apply the *who, what or where* to the sorrows and mysteries of our life?

Joe and Denny Fleming at CMC Vellore - in it for the long haul

Joe and Denny were seconded to CMC by Interserve England and Wales in 1998, after visiting the previous year for six weeks. They are now in their 18th year.



Joe's brief was to prepare the department of clinical biochemistry for laboratory accreditation. That is to apply standards in the laboratory that makes it equivalent to any international laboratory. He was given the title Quality Manager, and under the head of department, Dr Selvakumar, and with the help of many other staff, they were the first accredited laboratory in CMC in 2002. Now with Dr Victoria as head of department they are accredited under ISO standard 15189:2012.

The laboratory does all the clinical biochemistry testing for the hospital, and special testing for Community Health and Development (CHAD), RUHSA, all research projects, and community projects such as the Jawadhi hills. They measure over 160 analytes, for example kidney and liver function, diagnosis of diabetes, lipid profile etc, receiving over 3000 specimens and performing 30,000 plus tests per day. They give the highest quality results at an affordable price. At CMC patients pay as much or as little as the requesting doctor feels they can afford. The department generates a huge amount of the hospital's income and runs an external quality assessment scheme for over 4500 other hospitals. Joe has co-guided two successful PhD candidates from the department and he teaches on the medical laboratory technology BSc course as well as post graduate medical courses.

When Denny came to her laboratory in clinical pharmacology, it was a different story. She was asked to start Therapeutic Drug Monitoring (TDM). The unit had 3 staff and, with the help of Dr George Chandy (medical superintendent at the time), Dr George T John and Dr Chacko, the unit got their first High Performance Liquid Chromatograph (HPLC). The unit has gone from strength to strength as faculty and technical staff joined. They are recognised by peers as being one of the best TDM units in the world. They now have 14 staff and two fellowship students, six HPLC systems and a LC-

tandem mass spectrometer.

Their TDM work spans many areas, for example, immunosuppressants for kidney and liver transplant patients, antibiotics for patients in intensive care, anti-tuberculosis drugs and newer anticonvulsant drugs. The aim is to achieve, through measurement and computer modelling, individually tailored doses for the patient. A new scheme is being introduced for the measurement of all anticonvulsants for the small rural mission hospitals using very cheap filter paper which is safe and can be sent to the unit by post. At present they are taking the enormous step of introducing selected screening tests for new-born babies for inborn errors of metabolism. They have focused on disorders where the diagnosis can mean the difference between the baby developing normally on a medically controlled diet or if undiagnosed the child will go on to become brain damaged.

Both Joe and Denny are committed to helping students reach their full spiritual potential. They teach in student Bible classes and at Sunday school at a local church. Denny has directed over 15 Easter plays, and many College plays and as a couple they give lots of time to students in their home.

Joe and Denny gratefully acknowledge the great financial help given to them over these 17 years by Friends of Vellore, UK: "Without your giving, we could not function here". 2016 is scheduled to be the last year we support them through a small (£2,500) grant to Interserve. Please do remember them and their work in your prayers.



In the tombs of our own mourning and darkness may God give us a ray of light, enough to keep us asking searching questions even when there seem to be no answers.

The 2016 edition of Maitri can be found on our website: www.friendsofvellore.org/images/stories/maitri_2016.pdf

We are hoping to redevelop our website this year. There will be more news about this in our next newsletter.

If you would like to receive weekly prayer updates from the CMC chaplaincy team, please email Ruth at friendsofvellore@gmail.com to ask to go on the email distribution list.





RUTH REFLECTS ON HER FIRST VISIT TO CMC

In January this year, I travelled to Vellore to visit CMC and see for myself some of the projects we are supporting.

My husband Jon came with me as well as Gareth, my father-in-law and FOV UK chairman. For Jon and myself, it was our first visit to India so there was much to experience. One thing that really struck me was the nature of the roads. I hadn't expected to be sharing them with local cattle and was amused to notice that if the road was blocked on our side, we'd just use the other side!

We stayed at Alumni House on the medical college campus about 20 minutes' drive from the main hospital. Ann and Brian Witchalls (see article p13) helped to arrange our itinerary and looked after us during much of our stay. The week was packed full with meetings and visits to the various projects FOV has been supporting or might



Ruth with the Palliative Care team.

support in the future. I don't have space to mention everything but have selected a few highlights.

On Monday morning we were up early for

a visit to the Rural Unit for Health and Social Affairs (RUHSA). Dr Rita Isaac, who is in charge of RUHSA and also Director of Promotions, gave us a tour of the hospital there as well as showing us some of the many development programmes that are underway. We were taken to one of the elderly day care centres nearby and saw first-hand what a wonderful service these centres are providing to vulnerable elderly members of the community who have little family support or financial means.

That afternoon, we met Dr Sunil Abraham at the Low Cost Effective Care Unit (LCECU). This was set up to provide low cost care to the poorest living in Vellore itself. Patients pay a nominal amount for registration, and then are only

charged for drugs and investigations – even those charges are according to the individual's ability to pay. I was really struck by the valuable work going on here, fulfilling the Bible's command to care for the poor in order that God might be glorified.

We took a drive to the slum area of Vellore, in the new jeep provided by the generosity of a FOV donor. Here we saw one of the clinics and learnt more about the community support workers we are sponsoring.

On Tuesday, Dr Anu Rose led a group visit of Friends of Vellore from Australia, Germany, the USA and the UK to see the tribal villages in the Jawadhi Hills. CMC have set up outreach clinics but want to expand their healthcare provision and enable development opportunities for the local people. The journey was a three hour drive along winding roads and beautiful scenery. We were able to see many of the different crops growing – paddy fields, banana palms, spices etc.

In one village we were able to see something of the way of life of the local people who live off subsistence farming and then migrate for work elsewhere in periods when the land isn't productive. At a school, girls performed some amazing dancing for us including one dance where they balanced pots on their heads all the



Professor Reena George with her patient.

way through. They had been learning this dance at one of the evening centres run by CMC. It aims to build on their education and teach them other confidence building skills.

The CMC Bi-annual Council meeting took place on Thursday and Friday. The Council consists of CMC's senior management, external stakeholders from mission hospitals and the church, and international Friends of Vellore organisations. I attended

on Thursday morning to hear the director's report.

In the afternoon I accompanied the palliative care team on a home visit. We travelled in a jeep provided by FOV UK for about an hour through the hills to see a lady dying of lung cancer. She lives with her daughter who is suffering from schizophrenia so unable to look after her. The team were wonderfully caring, seeing to their patient's medical needs but also remaking her bed for her (all supplied by CMC as she is very poor). They also were able, with the offer of a new sari, to give the daughter her medication by injection as she is not taking her tablets regularly and then ill-treating her mother. The injection will last for a month and will benefit both daughter and her mother. At the end of our visit, it was a wonderful experience to be able to pray with the patient who is a Christian. Both she and her daughter were thrilled to have seen us and asked if we could stay for a month!

Reflecting on the week, I was so grateful to have met so many people who I will be in touch with over the coming months and years through the projects we are supporting. I came away excited about the small part I and FOV UK can play in supporting the valuable work that CMC is undertaking, especially amongst poor and marginalised people.

CARE IN THE LAST DAYS

The work of the palliative care team, led by Professor Reena George, continues to be so inspirational. Their community team visits those living within 30 kilometres (and occasionally rather more) of Vellore bringing compassionate care, prayer and expert symptom control to individuals and families in desperate need of help. Thanks to your donations the team was able to replace the vehicle we had originally given them and they are finding the new one a great blessing. We also contribute to the fuel costs, the cost of medications and occasionally to fund social support needed by desperate families. Some of you have also given money for much needed mattresses (£10 each) and mosquito nets (£3 each), thank you. We need to raise a further £2000 this year to meet our commitments to palliative care.



The Palliative Care team in action.

Bringing Healthcare to the Slum Areas of Vellore

We are entering into a new five year agreement with the Low Cost Effective Care Unit (LCECU) to sponsor two community health workers at a cost of nearly £30,000. We need your help to pray in or raise this money, where every pound will make such a difference. The community health workers come with a minimum of 12 years education. Their training will enable them to focus on the healthcare needs of very poor communities in the city of Vellore where there are now five outreach clinics. They will monitor the development of children, promote ante-natal care and follow up on people with chronic illnesses such as diabetes, tuberculosis and heart disease. They will help to ensure compliance with medication, treat minor illnesses, encourage the elderly into community-based rehabilitation programmes and importantly facilitate referral to CMC when necessary.

Living in the UK, it is hard to imagine the desperate need of people living in the poor areas of Vellore. LCECU's visionary director, Professor Sunil Abraham, said that the patients attending the outreach clinics are living on the edge; for example one survives by going through other people's waste to find anything they can use or sell for recycling, another by begging. One person



Prof Sunil Abraham and local people at the Clinic.

was covered in flea bites because she was sleeping with dogs on the street. It is such a privilege for us to support this project. So long as it objectively proves its value, the salaries of the community health workers will be incorporated into the LCECU core budget in five years' time.

One kind member of FOV UK has just given enough for a new larger vehicle for the team and we travelled in this to visit one of the outreach clinics. It has four wheel drive and that capability was certainly needed for the terrain we had to cross! We will also support the salary of the driver for a further year.

CMC FORGES LINKS WITH MISSION HOSPITALS

Many of you have given to our work aimed at supporting mission hospitals. We have funded the new post of Mission Network Consultant for the past two years. CMC recently requested that this funding be extended for a further year and we have agreed to that, not knowing where the extra £8,000 will come

from but believing this is the right way forward. Dr Sam David is the consultant doing this work and all enquiries from mission hospitals go through Dr Sam's office.

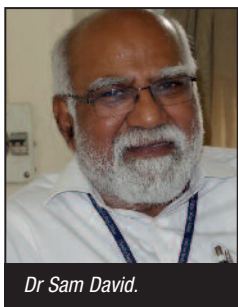
Should his time working at CMC be further extended, we have an assurance that his salary will be incorporated within the hospital's core funding.

Dr Sam has worked hard to develop links with mission hospitals. His pastoral gifts have

been greatly used in supporting CMC undergraduates and postgraduates working in over 20 mission hospitals. Now a significant number of these have asked to establish some form of operational partnership with CMC so that the high level of trust and credibility of CMC can be transferred to these hospitals. This would ease the very high workload of CMC and help sick people to be confident of the care they could receive more locally. This sounds exciting but in reality there are enormous legal, funding, governance and operational challenges to be worked through.



None the less, the first mission Memorandum of Understanding between CMC and CSI Erode Hospital was signed by CMC and Bishop Timothy Ravinder at the January Council meeting. This marks the beginning of a new direction in mission renewal initiatives for CMC. Dr Kenny David has been the director overseeing mission hospital relationships and we are grateful to him for his support of our initiative over the last two years. He reminded us that fewer healthcare professionals are keen to work in mission hospitals today. Those that do offer to go have either a strong calling from God, a passion for social justice or a reason to keep the flame burning in their local area.



“GOD HAS UNDERWRITTEN OUR LIVES EVERY STEP OF THE WAY” (even when knee deep in mud)

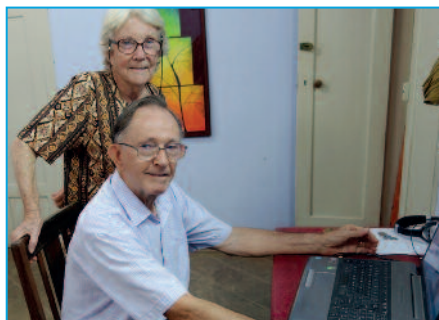
In his sermon last Easter, the Archbishop of Canterbury asked the congregation: “Are we still witnesses that say that Jesus is alive?” That can seem quite a challenge and yet, looking around the CMC campus, so many people are devoting their lives to bringing hope, healing and health to those on the margins. We quickly think about the healthcare professionals in this context; it is easy to forget those who make things happen behind the scenes. Brian Witchalls is one of the many who do just that and here is a little of his story.

As a youngster growing up in East Ham, Brian would cycle to the River Thames near Woolwich, and look at the many ships that came through the lock there, from all over the world. He never dreamt that one day he might be aboard one heading down the river, looking back at the same lock gates.

Brian did an apprenticeship in mechanical engineering, followed by his National Service in the RAF where he learnt electrical engineering. He has sung in choirs all his life and still does so in Vellore! He joined a church choir in East Ham when he was seven. In 1953 he joined St Paul's Church, East Ham because they were taking coaches to Haringey to hear Billy Graham. He went along and this saw the birth of his Christian faith. Wanting to use his engineering skills in a Christian context, he and Ann, his fiancée, made an open offer to the Church Mission Society (CMS) and Brian went to their training college. At that time Ann was a parish worker in Deptford. Brian was sent to CMC, Vellore in 1962. The following year Ann joined him and they were married in St John's Church in Vellore.

In 1965 their first son was born at CMC. Their second son was born in Wiltshire two years later.

In the hospital, Brian was able to use his engineering skills within a Christian context and under God's guidance. He soon discovered that he had to find answers to the varied engineering challenges that came his way. Transport, refrigeration and air conditioning were an early focus. Furloughs at home were fully utilised, including Brian getting his higher engineering qualifications. Between 1972 and 1975 a large German grant enabled CMC to embark on the EPOQ project. Three ward blocks, O P Q and E the Engineering block, were built along with 20 new operating theatres and many other new facilities. The engineering team grew to around 200 people. Brian was installing foreign equipment for the new steam



Brian and Ann Witchalls.

laundry, autoclaves for sterilising, generators, etc. mostly using only limited written instructions. This led to his appointment as deputy general superintendent (Eng) and in this role he had to ensure that the CMC administration understood the current mechanical, electrical and civil engineering needs.

In 1983, for a number of reasons, Brian and Ann believed it right to return to the UK. Home in England was the house left to them by Ann's parents. She reflects that their long term commitment to CMC would not have been possible if they hadn't been given a base in England for their later years. In their local church in Wiltshire, Brian became a lay reader and Ann a lay worker. Brian worked for the NHS as a design engineer until 1999.

In retirement they began to divide their time, spending half of each year at CMC, and half at home. They had been supporters of FOV UK since the 60's, with Ann eventually becoming a trustee.

Today they continue to dedicate their time to CMC. Brian has never been short of engineering projects to become involved with. The operating theatres lacked anaesthetic gas scavenging systems which he knew were mandatory in the NHS. Rather than import systems with sophisticated fittings and

electronics that would be hard to maintain, he built them, using what was available locally, based on NHS standards.

Many of the major equipment items installed in the 70's have been replaced or expanded in the last 15 years by CMC engineers, with Brian's design and supervision. Over the last four years he has been working on improvements to the sewage treatment and water recycling, both at the hospital and on the 200 acre college campus. The recent heavy rains, that caused so much damage and loss of life in Chennai, also meant Brian had to get physically involved in taking emergency steps (in knee deep mud) to create large drains and install rainwater pumping equipment to avoid the complete failure of the flooded sewage treatment plant.

After more than 53 years association with CMC, isn't it time for them both to settle down in England? God hasn't spoken into their lives in that way yet. They love being part of the CMC Christian community and know there is still so much for them both to do. Besides, Ann provides a vital link in communication for the work of FOV UK!

Please pray for them, that they might be enabled and refreshed for all God calls them to at this time. A big 'thank you' to our key people at CMC.



Digging the tanks for recycled water.

WHO ARE THE TRUSTEES OF FOV?



Ajit Butt (Executive Chair) is a CMC alumnus from 1960. He has worked as a GP in the UK and spent ten years in mission hospitals in North India. Vellore changed his life and he is passionate about CMC and its links with mission hospitals. He has been a FOV trustee for over 25 years.



Agnes Leslie (Deputy Chair) is a graduate of CMC Vellore. She worked at the Holdsworth Memorial Hospital, Mysore before coming to the UK for her postgraduate studies. She has been actively involved with the work of Friends of Vellore for almost 40 years. In the late 1970s she was able to help with some months on voluntary service at CMC, to enable some staff to take a much needed break from their duties. She hopes to continue to be of some use to FOV and its work in funding projects identified by CMC that are aimed at helping poor and marginalised people as in rehabilitation, pain relief and low cost care.



Dayalan Clarke (Deputy Chair) was born in CMC, when his late father was on the staff of CMC as the chaplain. He went on to do both his undergraduate and postgraduate training in surgery. He is currently a Consultant Surgeon at Warwick, UK. He has been involved with the FOV UK over the past few years and would like to see the FOV continue to reach out to poor and marginalised people in and around Vellore.



Jeb Suresh (Treasurer) is a qualified accountant providing IT and Management consultancy services to Global companies. He also runs a GP Practice and Outsourcing business in India. He is the husband of Thelma Theodore, CMC alumnus of 1983 and son-in-law of Kin Kin Packianathan, alumnus of 1949. He is passionate about flying and holds a pilot's license. His vision for FOV is to help meet the current challenges of CMC and be a beacon of hope.



Mike Keighley is a Colorectal Surgeon and Emeritus Professor of Surgery University of Birmingham. He first visited CMC in 2002 when he was exploring options for voluntary work in retirement. He helped set up and provided support to the new Department of Colorectal Surgery at CMC from 2004-2015. He also helped to establish prayer support for CMC largely by making Maitri available to those wishing to pray on a weekly basis. His aspirations for FOV are that they support the medical work of CMC in a spirit that honours the name of Jesus, so that CMC remains a beacon of service and hope for the people of India, providing care for all, independent of their ability to pay.

Geoffrey Levine is a retired GP and trainer of health care workers in diabetes. He spent six months at CMC in 2005-6, helping establish the diabetes clinic at CHAD and training staff. Since 2009 he has visited CHAD and LCECU annually to provide updating and more recently has become involved at RUHSA. To help educate patients



about diabetes, colleagues from LCECU and he made a DVD, filming in the Old Town in Vellore on the streets and in homes. He hopes FOV will continue to support CMC initiatives to improve healthcare for the poorest and most marginalised people and in its support for mission hospitals.



Joy Levine is a retired psychodynamic counsellor. In January 2005, with her husband, Geoff, she worked for a CMC for six months in chaplaincy and training staff in pastoral care, in particular, in bereavement and how to break bad news. She was privileged to make contact with many people for which CMC provided medical support: nomadic people, rag picker villagers, abandoned children and abused young people, some alcohol dependent. Her firm desire is to see FOV strongly encouraging CMC in its support for India's poorest, particularly through LCECU, RUHSA and CHAD, but also in its wider objective to strengthen the work of mission hospitals via education and personnel.



Isaac Poobalan is Provost of St Andrew's Cathedral, Aberdeen and Chaplain at the Robert Gordon University, Aberdeen. He is the son of Evangelist Poobalan (1946-1976), Chaplaincy, CMC and was born and brought up in CMC. Isaac hopes that FOV UK will be a true Friend of CMC, promoting its Christian life and witness in India, developing links between the UK and Vellore to enable the work of CMC, raising funds to help small scale projects and praying for its welfare and witness. He would love to see a Prayer and Spiritual Centre for Retreat, primarily for the staff and students and all who make a pilgrimage of spiritual healing to Vellore from around the world.



Arabella Onslow was moved to change her whole career path and study medicine after a life-changing trip to Vellore and CMC in 1989. She is now a GP in Cumbria. She is passionate about wellbeing and community health and spent a year's sabbatical in RUHSA in 2006 after completing her GP training to work on rural community projects and was privileged to help establish the Elderly Welfare centres in KV Kuppam district. She continues to visit RUHSA every year, learning more about the amazing work they do for the poor and vulnerable rural communities around. She is chair of the FOV VRCT sub-committee dedicated to rural improvement schemes.



Richard Rajamanickam completed post graduate studies in Medical Audiology from Manchester University before working in Deafness Research at CMC. Back in the UK, he studied Neuroaudiology, specialising in Inner Ear Diseases and worked in the NHS as Head of Audiology & Senior Chief Audiologist until his retirement in 2010. He sees being part of FOV as enabling him to serve poor and marginalised people; he now spends a significant proportion of the year at RUHSA providing audiology services to senior citizens. He hopes to expand audiology services to

neonates and school going children. He has a particular interest in Mission Hospital Initiatives in CMC.



Koppada Rajaratnam is a post-graduate alumnus of CMC. He worked in Orthopaedics & Trauma at CMC for twelve years. He was inspired by the vision of

his father, a doctor who served the sick and the poor by starting clinics and hospitals in remote villages of Andhra Pradesh. When LCECU first started, he was in charge of orthopaedic care. In this capacity he visited a number of mission hospitals. He continues to offer orthopaedic support to a Spanish NGO for rural development in Anantapur. His vision for FOV is to support CMC to continue to provide for the basic health needs of the have-nots living in and around Vellore. In this context matters related to RUSHA, CHAD, LCECU and PTP are close to his heart.



Johnson Samuel is a Consultant Respiratory Physician and Director of Medical Education at Basildon University Hospital. He graduated from CMC and

then completed higher specialist training in Respiratory Medicine in Cardiff. Dr Samuel has built educational links with a number of medical departments in CMC Vellore and facilitated placements of CMC faculty for study leave in the UK. He is currently the President of CMC Vellore UK Alumni. He hopes to foster closer working and collaboration between the UK alumni and FOV both in the UK and internationally and believes both organisations have a crucial role to play in partnering with CMC Vellore.



Ann Witchalls and her husband, Brian, a hospital engineer, came to CMC in 1962/3, supported by the Church Mission Society. They returned to UK in

1983, when their sons needed tertiary education. Brian retired in 1999 and since then they have been spending six months of each year at CMC, Brian using his engineering skills and Ann in the Public Relations Office, especially helping with the PTP Scheme. Ann hopes that FOV will continue to engage with poor and marginalised people in India, especially around Vellore, in fulfilment of the dream of Dr Ida Scudder, the founder of CMC. ■



Motivation Wheelchair Fund

This year the Rehabilitation Institute (Rehab) at CMC is celebrating its Golden Jubilee – 50 years since it was founded by the famous “wheelchair surgeon” Dr Mary Varghese. Like the founder of Rehab, many of their patients require wheelchairs. The British charity, Motivation, makes wheel chairs which are far better than the clunky, locally-made version, but are double the price. So poorer self-paying patients tend to opt for the local ones. CMC has recently set up a charitable fund to help purchase Motivation wheelchairs for deserving patients. Thanks to a lovely donation, we were able to send £2,145 in 2015 to Rehab for their wheelchair fund. Below, is the story of Rohit, who we were able to see using his new wheelchair.

Rohit

It has been a joy to be able to help such a hard-working young man as Rohit. He and his wife won the respect of all at Rehab, during the time he was there as an inpatient. The couple have two daughters. Their younger daughter, two and a half year old Sudheeksha came with them to Rehab. The little girl brought a smile to everyone's face.

Rohit comes from a village in Jharkhand, two days train journey to the north east of Vellore. His father is a rickshaw puller. Financially the family were struggling. As a young teenager, having completed 6th standard in school his parents sent him to work in Delhi to boost the family income. He did a variety of jobs, picking up a number of skills along the way. While in Delhi he took up the challenge to complete his schooling, through the “Open School”. He became a hotel cleaner. The hotel owner was very impressed with this enterprising lad and subsequently gave him the opportunity to learn to cook.

In July 2015, now aged 25, Rohit was visiting a village to attend a funeral. He climbed a tree to cut wood for the funeral pyre when he lost his balance and fell to the ground. His lower spine was injured, so that he lost the use of his legs. He lay in the government hospital in Jharkhand for two

months. Neighbours told him that he was not getting proper therapy and that he should go to CMC. The family sold the little land that they owned to defray the costs of getting to CMC, where he was admitted to Rehab in November 2015.

The whole team of doctors, nurses, social workers, physiotherapists and occupational therapists has been involved in Rohit's rehabilitation. His wife, who stays with him, has been totally supportive from the beginning. At first the quiet, resourceful young man doubted his abilities. The staff worked to give him confidence to work from a wheelchair. Using his strengths, his cooking skills were developed and a business plan was drawn up as to how he could earn a living from cooking.

Of course Rohit needed a wheelchair. Whereas cheap, locally-made wheelchairs are available, the team felt that he really needed the more versatile, light-weight and robust chair available through the British charity Motivation. The full cost of this wheelchair is £126. Rohit managed to give £5 towards the cost but there was no way in which he and his family could cover the full cost. The team at Rehab were very happy to be able to use some of the donation from FOV to help this commendable young man and his family. ■

STOCK FOR SALE

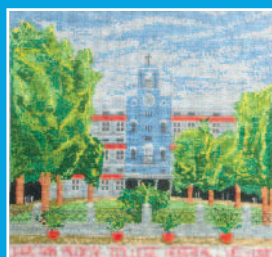
Following the office move, we have the following stock for sale. The cost allocated to each item includes the cost of postage and any profit will go towards our current projects. Further details and photos can be provided on request.

If you would like to buy anything, please send a cheque payable to Friends of Vellore to Ruth Tuckwell, 48 College Fields, Cambridge, CB4 1YZ with a note indicating what you'd like to buy and your address for postage.

Alternatively you can email me at friendsofvellore@gmail.com to check the item is still available and then put the money directly into our bank account:
HSBC sort code 40-02-06,
Account number: 00014559.

DVDS AND CDS	COST	QTY
Our Stories, Our CMC DVD	£7	20
Home of a Healing God DVD	£5	12
Dr JSM (Dr Joel, Selva & Mahesh) Turn on the Dreams CD Acoustic songs with witty lyrics and beautiful instruments, Desi- Celtic musical style	£6	12
VARIOUS		
Cross stitch kits	£5	40
CMC business card holders in gift boxes (to fit cards 5cm wide)	£3	5
CMC plates	£8	3
Book of CMC stamps	£10	5
BOOKS		
Dr Ida: Passing on the Torch of Life, Dorothy Clarke Wilson	£5	4
Dr Hilda Lazarus, a short biography (1st Indian director of CMCH)	£2	90
Signs of the times (Community Health & Development Programme)	£3	3
Ripples of Life, LCECU	£3	4
Links of Love: British links with CMC, Edited by Clare Howes	£3	11
Be Thou My Vision, Carol E Jameson	£3	2
Being an Instrument of Peace, Usha Jesudasan	£3	1
...and he embraced him, Usha Jesudasan	£3	1
Everybody loves a good drought - stories from India's poorest districts, P Sainath	£3	1
Current medical issues, Jan 2015	£2	3

FRIENDS OF VELLORE NEWSLETTER



ACTION POINT: > GET INVOLVED

*Cross stitch embroidery
kits available to purchase
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