FRIENDS OF
VELLORE NEWSLETTER

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SUPPORTING CHRISTIAN MEDICAL COLLEGE, VELLORE, SOUTH INDIA

One of the clinics in the slums

Boys from the slums

Richard, LCECU nurse, speaking with local residents

REACHING OUT TO THE POOR

At Christian Medical College's Low Cost Effective Care Unit (LCECU), the staff are passionate about reaching out to the poor to meet their health needs and bring glory to God. Those who live locally in the slums of Vellore may not seek medical help, as they do not have the means to pay for it. Sadly some do not realise affordable care is available for those in need.

LCECU provides low-cost healthcare to the poor living in Vellore town. Doctors from different specialties give some of their time to provide services for free so patients are asked just to pay for drugs and investigations. Social workers make home visits to check financial need and generic drugs are used to keep costs down. Waiting periods from referral are kept to a minimum to encourage higher attendance. The system is truly amazing.

Dr Sunil Abraham, head of LCECU, writes about one couple he saw recently: "The husband has hypertension and had a stroke last year. He was seen in the main hospital, had investigations, and put on multiple drugs for his blood pressure. The wife is a housemaid who can only buy the medicines when she has money. He has not been on regular medications. Her relative who is a patient of mine, brought him to Shalom Family Medicine Centre. His blood pressure was very high. I realised that they are poor and cannot afford the treatment there. He was registered in LCECU today and the medicines were changed to affordable generic drugs. I asked the lady why she did not come to LCECU before. She replied that she was not aware of this place. She lives close to the main hospital in Thottapalayam. I was upset to hear that and convinced of the need to go out more to where the poor live. That's what the Lord did for us."

Friends of Vellore are funding three community health workers: Alfred, Ambiga and Beryl, who are working in five slums of Vellore building trust with the local communities, running clinics and referring those who need further care to LCECU. They have mapped all those living in the five slums, creating registries of those with chronic diseases who need regular follow-up. Initially, this was recorded in books but the information has now been transferred to electronic files so it is more accessible.

A software engineer has built a database for storing the information and is developing a tablet based app to enable the community health workers to quickly access the information by geographical area or clinic and record clinic appointments. The app will have alerts for follow-up appointments for

Where did your Donations go? - See page 4

STORY CONTINUED FROM PAGE 1

Beryl showing me the electronic registries

particular groups such as those with diabetes or hypertension and the under-fives. There is also the potential to send text reminders. The efficiencies gained by this new system should mean fewer patients slip through the net and will enable the community health workers to work more effectively.

Improving the health of a population is more than just providing medicine. Other needs of those living in the slums, such as sanitation, garbage disposal and vocational training, desperately need to be met. Please pray for wisdom for LCECU in how they can help to address these needs.

Ambiga using the new tablet

DEAR FRIENDS OF VELLORE

THANK YOU for your generous donations and prayers for the work of Christian Medical College (CMC), Vellore. We are so grateful for each one of you and thank God for your partnership in this work. We would love to see you at our annual supporters' meeting on Sunday 7 October (more details below).

I had the privilege of visiting CMC again in January this year. I was able to meet with the project leads of all our current projects and had a day visiting the Jawadhi Hills to review possible new projects there. My trip also provided a valuable opportunity to meet with representatives from Friends of Vellore organisations in other countries and to visit the new campuses CMC are building at Chittoor and Kannigapuram.

This issue starts with a focus on the work of the Low Cost Effective Care Unit. They are bringing light and hope to those in the margins of society. Joining their weekly departmental bible study in January, I was inspired by their desire to show compassion in the name of Jesus.

We have updates on several of our projects and some patient stories to tell, each demonstrating just how much your gifts are blessing the lives of people in Tamil Nadu and beyond. We also have a moving article on lessons learnt in Palliative Care written by Dr Reena George, first published in the Journal of Clinical Oncology. There is news from CMC more generally and an article showing the benefits CMC doctors have gained from placements here in the UK.

Enclosed with our newsletter is a copy of the December 2017 edition of Pulse, CMC's annual newsletter. We are also including a consent form to enable those of you who haven't yet completed this, to tell us how you would like us to keep in touch.

We hope you enjoy reading the newsletters and are encouraged by the wonderful work going on at CMC.

Ruth Tuckwell

Ruth Tuckwell
Administrator
friendsofvellore@gmail.com

ANNUAL SUPPORTERS' MEETING: SUNDAY 7 OCTOBER

We are holding our annual meeting for all supporters of Friends of Vellore (FOV) on Sunday 7 October 2018 at the Holiday Inn, Coventry, CV2 2HP (just off Junction 2 of the M6).

This is on the final day of the CMC Alumni Weekend, enabling Alumni to stay on and others to join us on the day. The purpose of the meeting is to update the friends of Vellore about CMC and FOV as well as providing an opportunity for fellowship with each other and Alumni.

The timetable for the morning is as follows:

- 9:30am to 10:30am: Sunday Chapel Service
- 10:30am to 11:00am: Tea/Coffee
- 11:00am to 12:30pm: FOV Annual Meeting
- 12:30pm: Indian Lunch (sponsored by FOV but donations welcome)

Those attending on the day are welcome to join us in time for the service or to arrive in the coffee break in time for the meeting itself. We would love to see many of you there. If you are able to attend, please let Ruth know so we have an idea of numbers. (Contact details are on the back cover.)

JULLIE RAVI

Jullie Ravi is 38 years old with two sons aged 22 and 18 and a 20-year-old daughter. All three children have studied up to high school level but are all unemployed. They live in their own hut in Shenpakkam which is 5 km from the hospital.

Jullie with her husband and children

This family lives in a 'lean to' (a 'lean to' is a makeshift shelter made of dried coconut leaves which are propped up with poles) without any side walls. During the rainy season, it is very difficult for them to stay in this shelter. The house consists of a single room, measuring 8 feet by 15 feet, with a floor made of a mixture of mud and cement. Cooking is done outside the house in an open area. During the rainy season, it is very difficult for them to cook outside. They have electricity (just two bulbs, one inside and another outside, and a table fan provided by the Tamil Nadu Government) but there are no water or sanitation facilities. There is a municipal tap on the road outside, where twice a week they collect water for their various needs.

Jullie Ravi works in an orphanage as a helper and her husband works in a welding shop. Together they manage to earn £65 per month. The family gets 20 kg of free rice provided by the Tamil Nadu government. They manage to have two simple meals a day; cooking in the morning, they eat the same food for lunch and dinner.

Three weeks ago Jullie Ravi had a fall at home and subsequently developed swelling and pain in her right foot which spread to mid-thigh. She went to a local hospital for treatment. Still she could only walk with support, so her daily activities were affected. Eventually she came to Christian Medical College for more help. She was diagnosed with cellulitis, a bacterial infection in her right foot and leg. The wound in her right foot was treated under local anaesthesia to remove all the unhealthy tissue. She was prescribed antibiotics and dressings for the raw area on the right foot were regularly changed. Her temperature remained normal while she was on the ward and the wound looked healthy. After ten days she was discharged and advised to come for regular dressings in the outpatient department. She was advised to use crutches for walking to keep the weight off her right foot as it healed. All being well, Jullie Ravi may return for skin grafting later.

The cost of hospitalisation for her treatment came to £386. It was well beyond the limited means of a poor family like Jullie Ravi's. CMC were able to take care of Jullie Ravi through a donation from the Person to Person scheme which financed her care.

EXECUTIVE CHAIRMAN'S REPORT SPRING 2018

Warm Christian greetings to you all!

THANK YOU for your continued interest in the work of the Christian Medical College, Vellore, through this organisation. The past year has been quite busy for Ruth, our administrator; she has done a remarkable job of organising virtually everything digitally so the requirement for office storage is minimal.

It was indeed a pleasure to meet so many of you at our annual supporters' meeting in Coventry. Please do try to come this year as the venue remains unchanged; the programme will be notified in due course.

Like most healthcare providers in India, CMC is changing; with progressive growth in patient numbers and the need to keep at the cutting edge of care and research, an additional new hospital campus is taking shape requiring a huge amount of investment. We are not directly involved in this as it is outside our scope of providing for the poor and needy.

The uncertainty over medical college admissions continues to dominate the minds of the doctors who, in addition to their busy work schedules, manage the institution.

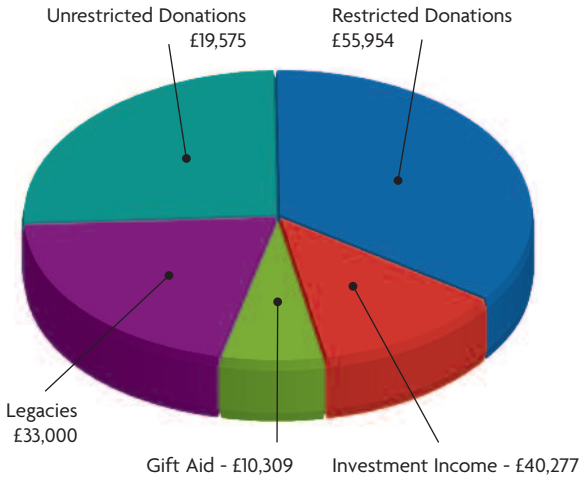
Let us all uphold CMC in our thoughts and prayers

Yours in Christ

Ajit Butt, *Executive Chair, Friends of Vellore UK*

WHERE DID YOUR DONATIONS GO ?

In 2017 Friends of Vellore UK received £118,838 in donations and legacies including gift aid. We received an additional £40,277 income from investments. We sent £119,365 in grants to CMC and £2,500 in grants to individuals working at CMC.



Through staffing changes and efficiency savings we managed to cut our support costs from £26,313 in 2016 to just £17,296 in 2017. The income from investment more than covers the support costs and the cost of raising funds (£12,396 in 2017, similar in 2016), allowing every penny of your donations to go directly to funding charitable projects.

During 2017 Friends of Vellore has:

- Sent £50,000 to the CMC Person to Person scheme helping about 900 patients (see patient stories on page 3 and page 13)
- Continued our support of a five year project enabling three community health workers from the Low Cost Effective Care Unit to work in slum areas
- Given £19,150 in support of projects overseen by the Rural Unit for Health and Social Affairs (you can read about some of these on page 6)
- Funded the travel expenses of the Missions Network Consultant (£3,790) to enable him to visit and provide support to smaller mission hospitals
- Provided £3,000 for mission hospital staff to access distance learning courses
- Funded the post of an occupational therapist working in Paediatric Surgery with burns victims and patients with myelomeningocele (£5,260)
- Bought a fundus camera for the Ophthalmology Department to enable detection of Diabetic Retinopathy (£5,460)
- Provided financial support for the Palliative Care Department's Home Care Programme (£4,340)
- Sent £14,640 of gifts directed Alumni for various batch funds and other projects
- Sent a supporter directed gift of £10,000 for Infectious Diseases
- Sent £2,460 for the College of Nursing Friendship Chapel
- Provided £2,500 for key self-supporting staff at CMC.

SAVING SIGHT

In the year 2000, 31.7 million people were affected by Diabetes Mellitus in India. This is estimated to rise to 79.4 million by the year 2030 and will be the largest number in any nation.

Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). Two thirds of all Type 2 and almost all Type 1 diabetics are expected to develop diabetic retinopathy over a period of time. It can cause blindness if left undiagnosed and untreated. However, it usually takes several years for diabetic retinopathy to become sight threatening.

Screening and timely intervention is cost-effective when compared with the disability of blindness, which can be reduced 10-fold with early intervention. Screening for diabetic retinopathy has also been shown to be a reliable indicator for monitoring diabetes-related complications.

There are a large number of people living in rural areas outside Vellore who are not routinely seen in the hospital and are only diagnosed with retinopathy when CMC travels to these areas to conduct screening programmes. The teams go out four days a week and referral slips are given, so that patients screened can be treated at no cost. However, the current method of screening is doctor intensive and so expensive.


Optometrist using the new Fundus Camera

In 2017, Friends of Vellore gave £5455 to CMC's Department of Ophthalmology to enable them to buy a fundus camera for the detection of diabetic retinopathy. This transportable camera is now in use at CHAD (Community Health and Development), RUHSA (the Rural Unit of Health and Social Affairs), the Jawadhi Hills and the LCECU (Low Cost Effective Care Unit) outreach clinics. When I visited in January, I saw it in operation.

The purchase of this new camera enables an optometrist or community health workers to conduct a fundus examination. The pictures of the eye are then sent to an ophthalmologist back at the base hospital for review. In addition to detecting diabetic retinopathy, other eye conditions have also been diagnosed. Those requiring treatment and follow-up due to complications of diabetes are referred to respective departments in CMC.

The early stages of diabetic retinopathy don't require treatment; the patient is educated in managing their blood sugars to prevent the condition from worsening. Laser treatment is given for the latter stages. Currently 5-10 laser treatments are carried out per week at CMC. In the future it may be possible to invest in a portable laser treatment machine which can be taken to the outreach clinics.

This camera is enabling a more cost effective screening method and so allowing more people to receive screening and benefit from education and treatment, which will decrease the occurrence of blindness. This project particularly benefits the poor and marginalised who are less likely to attend hospital screening sessions. The Ophthalmology Department are very grateful for the generosity of our supporters in funding this.

NEWS FROM CMC

CELEBRATING 100 YEARS OF MEDICAL EDUCATION

2018 is an important year for Christian Medical College Vellore: it marks one hundred years since Dr Ida Scudder opened her medical college for women. It was on August 12, 1918, that the first batch of students was admitted for the Licensed Medical Practitioner course.

CMC's healthcare service is unique in the very definition of healing and the delivery and practice of healthcare - a holistic restoration, the emphasis on reaching out to the marginalised, and a focus on the spiritual dimension, with healing coming from God.

CMC is planning various ways to mark this centenary. They want to celebrate God's faithfulness to them as they look back and are reminded how God has blessed and enlarged the medical mission work in India and to seek His wisdom and guidance for the years ahead. They will remember those who have become doctors, those who have taught them and the great contribution they have made to healthcare in India and beyond. A coffee table book entitled 'Healing for the Nations' has been commissioned to commemorate this milestone.

"Give thanks to the Lord, for he is good! His faithful love endures forever" (Psalm 136:1).

ADMISSIONS UPDATE

One of the main challenges CMC is currently facing is the admission process. CMC is still waiting for the Supreme Court verdict on their petition to choose their own students. They believe that academic achievement should not be the only criteria for selection of their undergraduate and postgraduate students. However, sadly the court case has been a long drawn out process with one postponement after another and still no resolution.

The problems with the Supreme Court case are leading to significant staff shortages particularly amongst the postgraduate doctors. In some departments, shortage of staff has led to senior doctors sleeping overnight in their departments so they can look after very sick patients themselves.

Dr J V Peter, CMC's Director writes: "In these times of uncertainty and difficulty, we can be encouraged that the Lord who has led us thus far will continue to do so in the coming year. 'For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future' (Jeremiah 29:11)."

Please continue to uphold CMC in your prayers.

BUILDING NEW CAPACITY

When I visited Vellore in January, I was able to visit CMC's new campuses in Chittoor, across the state border in Andhra Pradesh, and at Kannigapuram, on the main road from Vellore towards Chennai. Space is currently CMC's biggest constraint so these new campuses will enable more people to be treated and relieve pressure on the main hospital, in addition to providing a much needed hospital for the local people of Chittoor.

Services at Chittoor (pictured above and left) are in operation already with up to 10,000 patients being seen a month (compared with 8000 per day at CMC). There is a large outpatient department and 130 inpatient beds with a plan to expand to 900 beds over 10 years. We saw for ourselves the state of the art operating theatres which are already relieving pressure on CMC's main hospital with 75% of the surgeries referred from there.

The site will be split into zones: a hospital zone, an academic zone (medical college and nursing college), and a residential zone. CMC are working with the developers to encourage biodiversity and to protect the local wildlife, flora and fauna (see above).

Building work is well underway at CMC's new campus at Kannigapuram (pictured above). It is amazing how the site has changed in the last year since I visited for the brick laying ceremony. There are 1,500 construction workers on site and the buildings have reached six storeys. The new multi-specialty hospital with trauma care centre should be ready by mid-2018 and will help relieve pressure on the existing campus. The Government of Tamil Nadu is working closely with CMC and is looking at the centre as a model to develop for the state.

A SHORT VISIT TO RUHSA January 2018

Pam and Brian Morris, together with Friends of Vellore (FOV) supporters Lee Morris and Janice Wise have just returned from a most successful visit to CMC's Rural Unit of Health and Social Affairs (RUHSA). Pam has written this update for our readers.

As members of Bishopston Kuppam Friendship Link, Brian and I have visited KV Kuppam many times since 2003 and this was our second visit since we merged with FOV in 2015. It was Jan and Lee's first visit and they were most impressed by the work of RUHSA and overwhelmed by the warmth and welcome extended to them by RUHSA staff and the local people.

Our main focus, as always, was the Pachaikilli Centre for Children and the Elderly. Shortly after our last visit in 2016, one of our wonderful teachers, Padmini, left to take a position in a government school and we feared that she would be difficult to replace. She and her colleague Rani had an amazing relationship and both were committed to delivering an excellent early years education as taught to them by Sally Whittingham back in 2009 when the centre was first opened.

We need not have worried. Rani and the new teacher, Priya, are working well together, following an active, play based curriculum which also includes special time with the elderly who attend the centre five mornings a week. It was very moving to observe the interaction between them.

The Pachaikilli Centre continues to gain a reputation as a Centre of Excellence and the elderly and children benefit from sharing their days together. A meeting with the parents confirmed the high regard in which the playschool is held by the community and we are very proud of the partnership between RUHSA, the Self Help Group Women who run the centre, FOV and our supporters.

During our visit we were very pleased to meet Mr Paul Jebaraj who is an Occupational Therapist and Training Officer based in RUHSA. He talked to us enthusiastically about his proposed Child Development Initiative, in particular about the importance of early screening to identify children with any disability or developmental delay. He described one or two case studies where intervention had changed the lives of children and helped the local community to understand and support the families concerned.

Over the years our visits have been both joyful and at times very sad. We have personally known three young people aged 15 to 18 years old who have taken their own lives and we have been told that while approximately 30% of deaths in the age range 10-19 years are due to suicide, adolescent girls are particularly vulnerable. We were, therefore, very pleased to meet with Dr Rita and Dr Prashanth for an update on the 'Empowering Adolescent girls through health education and counselling project', a proposal which was supported by FOV last year. We were also invited to visit Vidyalakshmi School to observe the first of two sessions on 'Relationships'.

A special relationship

Dr Rita Isaac explained to us that due to the wide range of adolescent concerns and the sensitivity of the subject, the team had taken time to carefully plan this project and had decided to begin in schools with 13 and 14 year old girls. Gaining the trust of the young people and ultimately that of parents and the wider community cannot be rushed. There are many cultural issues and traditions to respect whilst endeavouring to help young girls to thrive in a modern India. This seems an ambitious but very important and worthwhile endeavour and we wish the team success in facing the challenges ahead.

***Pamela Morris** - Vellore Rural Communities Trust, a subcommittee of FOV*

Ball skills with teacher Priya

Spending time with the elderly

INITIATIVES TO REVIVE, RESTORE AND REBUILD MISSION HOSPITALS

India is getting stronger in medical care and even promotes medical tourism from the west. Chennai was once known as 'Temple City'; now it is known as 'City of Health'. But on-the-ground realities are not encouraging. The poor and marginalised have very few places to go. The policies encourage private corporate industry driven hospitals where the intentions are tangible profits.

CMC, seeking to be a witness to the healing ministry of Christ, want to reach out to those in need. They want to take healthcare beyond their own campuses in Vellore to help other mission hospitals through the following frameworks:

1. **Owned campuses:** for example RUHSA, CHAD (Community Health and Development), Chittoor, Kannigapuram.
2. **Partnership Model:** CMC is responding to those hospitals that are willing to hand over the governance and management to CMC's administration. Currently CMC has partnered with three hospitals.
3. **Associate Hospitals:** hospitals that are doing well and want occasional support or CMC's help to upscale some of their services.
4. **Affiliate Hospitals:** CMC would offer support in certain areas such as improving quality of laboratory tests or negotiating prices for hospital supplies.

In 2017 we sent funds to cover Dr Sam David's travel expenses. Dr Sam works as CMC's mission network consultant, visiting smaller mission hospitals all over India to see if CMC can offer support or partner more formally with them. Three such partnerships have already been set up:

KOTAGIRI MEDICAL FELLOWSHIP HOSPITAL (KMF)

KMF Hospital in Kotagiri is a 50-bedded hospital catering to a population of almost one million, of which about 60% are from a tribal background. This hospital was started in 1941 by Dr Pauline Jeffrey (biographer of Dr Ida Scudder) and a few other missionaries with encouragement and support from Aunt Ida and CMC.

In 2017, this hospital came under the management of CMC and is in the process of renewing the medical work which had declined over the last 10 years. It has well maintained infrastructure and a dedicated eye unit as well as general services, an operating theatre and a high dependency unit. Plans are underway to improve the laboratory and community work. There is a high incidence of myocardial infarction with almost three to four cases a week and the nearest reliable hospital facility is about three hours away. Those who are not so well off cannot afford to travel there.

CMC is running medical clinics in two villages to increase awareness of the hospital. KMF needs staff (full time doctors in particular), equipment and finances to give the hospital an initial push.

KMF local clinic

ERODE CSI MISSION HOSPITAL

It is now two years since the Memorandum of Understanding was signed. Two slum clinics have been started and one CMC graduate is working there now. The nursing school is training nurses who are then practising at other hospitals. The immediate need is to get the building up to standard so it is structural and safe. CMC has given the hospital six months to do this before any further involvement.

With the CSI Coimbatore Diocese committing to renovate and rebuild the main hospital building and structures at Erode, the CMC graduates serving their service obligation have taken on themselves to reach out to the urban poor. The obvious outcome of rapid urbanization is the increase in slum dwellers mostly from the lower margin of the society. In order to serve this community, two urban health clinics have been opened, serving around 3000 households, in an area with a predominant population of beedi workers (who roll thin cigarettes), weavers and daily wage labourers. The people in both these areas have been very enthusiastic and receptive to this new initiative.

Urban Clinic at Vendipalayam, Erode

REYNOLDS MEMORIAL HOSPITAL, WASHIM

On 17 October 2017, a Memorandum of Agreement was signed between Christian Medical College Vellore, Emmanuel Hospital Association (EHA) and Reynolds Memorial Hospital (RMH) Society, Washim, Maharashtra. RMH, a 79-year-old hospital which has been struggling to continue its services, approached CMC for assistance.

This is the first partnership with a mission hospital in North India. The vision is to rebuild, restore and improve the healthcare facilities in the region. This is a significant initiative in expanding medical services to meet the needs of the unreached regions in the country.

Reynolds Memorial Hospital

Please pray for God's provision of all the needs mentioned for these three hospitals and pray that they would be a witness to the healing ministry of Christ.

BRINGING HEALING AND RESTORATION

For nearly 18 months, Friends of Vellore UK has been funding an occupational therapist working in Paediatric surgery. This new post was created specifically to help burns victims and children suffering from myelomeningocele. Dinesh took up the role in November 2016 and is doing a wonderful job. The department are full of gratitude to Friends of Vellore for making this appointment possible.

Dinesh saw 175 patients in his first 14 months in the department. He helps the children with their exercises, using diversion strategies where necessary, educates families on scar management and enables a smooth transition from hospital to home. He advises on coping strategies and provides valuable psychological support to his patients. He keeps meticulous records and can tell you all about each patient he has seen. You can read about some of them in the patient stories below.

Paediatric Surgery have been inundated with work as they could not take in new paediatric surgical trainees on account of the restrictions placed on the college by the Indian government. Dinesh has been extremely useful in filling the gaps arising from the shortage of registrars with respect to burns care and he has blossomed into a very valuable member of the team. He and the other burns team members have managed to cut down inpatient stay and soon they will be able to offer better outpatient services in a new dedicated burn care room.

The Department of Paediatric Surgery has produced a video to educate families on safety in the home and burns prevention. It is very professionally done and is being shown in outpatient clinics and inpatient departments on hospital televisions. You can watch it via a link on our website.

In January we paid for Dinesh to attend a burns care workshop in Northern India. Dinesh writes: "It was a great experience I attended the workshop. I met many experts, specialists in burns. I fully enjoyed the event with so many interesting seminars, discussion and demonstrations on various topics. They did a perfect pre-planned first aid management demonstration. I attended Splinting workshop it was a nice experience and I learned new ideas in splinting. And also I won 2nd prize in a quiz. I would like to express my heartfelt thanks to people who have taken effort to send us to the workshop."

RAMYALEKHA

Ten year old Ramyalekha comes from Aarni; a town about 15 miles from Vellore. She is studying in sixth grade at school. Her father, Sudhakaren, is a farmer.

Ramyalekha and her younger brother were playing in the courtyard with matches, as children do! Suddenly from the kitchen Ramyalekha's mother heard screams and the young girl rushed in, with her dress aflame. Mrs Sudhakaren did her best to put out the flames as quickly as she could. Nevertheless she could see that her daughter was very badly burnt.

Dinesh and Sister Sandhia with Ramyalekha

Sending the neighbours, who had congregated outside, to call her husband in from the fields, they left their son in their care and quickly brought Ramyalekha to CMC. They were admitted to the Paediatric Burns Unit. Ramyaleka had sustained 42% burns and needed skin grafting. When she was discharged, the family was told to bring her for weekly occupational therapy in the outpatient department, in order to prevent contractures and ensure full mobility.

MISBA FATHIMA & SANJANA SHRI

Each Christmas the Paediatric Burns Unit throws a Christmas party for patients who have been seen during the preceding year. This is an enticing way to encourage parents to bring their children for an annual check-up.

Misba Fathima, aged five, on the left, and Sanjana Shri, aged four, were two of the little girls who came to the Christmas Party in 2017. They loved dancing for everyone.

Misba Fathima had come to the hospital with 20% burns, as a result of running into live electrical wires.

Four year old Sanjana Shri, climbing on the table in the kitchen, had overbalanced and fallen into a pan of hot oil. Fortunately her mother quickly rescued her and speedily brought her to CMC. As a result she only had 13% burns.

Both children were seen regularly in the outpatient clinic by Dinesh.

Dancing Girls

VINAY

Two year old Vinay comes from Chittoor, a town about 18 miles from Vellore across the State border in Andhra Pradesh. His father, Babu, is a plumber.

One day Vinay was playing in the kitchen while his mother was cooking. She turned her back for a moment. The toddler reached up to peer in to see what was cooking in the pot on the stove. He pulled the pot of boiling rice onto himself, sustaining 23% burns to his arm and upper right chest.

Father, Babu, with Vinay, Dinesh and Sister Sandhia

The mother called her husband and they quickly brought Vinay to CMC. He was admitted to the Paediatric Burns Unit for one week, during which time the little boy had skin grafts done. He was discharged home, returning for weekly follow-up and occupational therapy at the outpatient clinic.

NANDITA

Mala and her husband, an auto rickshaw driver, live in one of the most disadvantaged parts of Vellore, not far from CMC's Low Cost Effective Care Unit (LCECU). The couple are first cousins, living as part of a joint family. The home is presided over by the mother-in-law, to whom all the working members give their wages and from whom the whole family receives such monies as they need. Mala has studied up to the age of sixteen.

The couple was delighted with their firstborn, a baby girl whom they named Mohanapriya. Now aged four years, she is a bright child, full of chatter and enjoying the Balwadi, (nursery school) which she attends. The contrast between Mohanapriya and their second baby, another daughter called Nandita, became apparent even by the time the little one reached eleven months. Nandita made no effort to speak and did not appear to hear even loud noises. Mala became very anxious and brought her to LCECU to the doctors there in whom she had come to have such confidence. Every week the Paediatric Ear Nose and Throat (ENT) Unit in CMC conducts a clinic in LCECU. Suspecting that the little one might have a hearing problem, they directed Mala to take the child to the Main Hospital for further investigation. This showed that Nandita did indeed have a serious hearing loss, which had probably existed from birth.

Nandita delighted with her hearing aid

It is vital for hearing loss in newborn babies to be identified as soon as possible. Remedial help given quickly maximises the chance of an infant being able to develop to live a normal life and be a contributing member of society. Children from poor backgrounds need all their wits about them to survive and prosper in a harsh world. Ideally concerns should be raised by the time a baby is one month old. By the age of three months a diagnosis can be made and by six months of age a hearing aid may be fitted, so that the baby's speech is not seriously compromised.

In Nandita's case, she was eleven months old when Mala brought her to LCECU. Fortunately an audiologist from UK, who has been generously providing high quality hearing aids for the disadvantaged newborn and youngest school going children in the area around LCECU had brought a number of hearing aids. These are donated through Friends of Vellore UK. Nandita could be fitted with a hearing aid, without charge, while an application is made to the Chief Minister's Fund which will provide money for a cochlear implant. A cochlear implant costs about £7600, far beyond anything Mala and her husband could afford.

The Paediatric ENT Unit aims to seek out and identify newborn babies and the youngest school-going children with hearing loss, in order to offer remedial rehabilitation to give the most disadvantaged the best chance to lead as full a normal life as possible.

SHOP TILL YOU DROP AND RAISE MONEY FOR FREE!

Did you know that whenever you buy anything online - from your weekly shop to your annual holiday - you could be collecting free donations for Friends of Vellore?

There are over 3,000 shops and sites on board ready to make a donation, including Amazon, John Lewis, Aviva, thetrainline and Sainsbury's – it doesn't cost you a penny extra!

It's as easy as 1, 2, 3...

1. Head to https://www.easyfundraising.org.uk/causes/friendsofvellore/ and join for free.
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CMC'S DEPARTMENT OF PULMONARY MEDICINE BENEFIT FROM THE MEDICAL TRAINING INITIATIVE OF THE ROYAL COLLEGE OF PHYSICIANS

In 2008, the Medical Training initiative was started by the Royal College of Physicians London (RCP), to enable physicians from all over the world to work and train in the UK. Dr Johnson Samuel, Consultant Respiratory Physician and Director of Medical Education in Basildon University hospital (BTUH), UK, an alumnus (Batch of 83) from Christian Medical College Vellore (CMC), trustee of Friends of Vellore and current president of the CMC UK Alumni Association, proposed this initiative of the RCP and the opportunity to train at BTUH to the department of Pulmonary Medicine in CMC Vellore.

In 2009, Dr Balamugesh Thangakunam, now Professor of Pulmonary Medicine in CMC, used his study leave from CMC to avail of the MTI programme and train with Dr Samuel and his colleagues at BTUH. He spent two meaningful years in BTUH followed by Dr Prince James & Dr Richa Gupta (2012 to 2014) and Dr Barney Thomas (2014 to 2016), all permanent faculty in the Pulmonary Department, CMC. In addition to the faculty from the Pulmonary Department, Dr Samuel has facilitated training posts for faculty from CMC's Department of Endocrinology, the CMC Chittoor campus and other CMC affiliated medical mission organisations such as the Emmanuel Hospital Association. The three main areas Pulmonary Medicine in CMC has benefitted through the MTI programme at BTUH are elaborated below.

Endobronchial Ultrasound (EBUS): This is an advanced bronchoscopy skill to access central thoracic lesions and lymph nodes till then accessible only through surgical procedures under general anaesthesia. This procedure was just being introduced in India and Dr Thangakunam was in the right place to learn these skills from Dr Dipak Mukherjee, lead for interventional bronchoscopy at BTUH. Having gained good experience, he was able to perform this independently on his return to CMC. Drs James, Gupta and Thomas had some exposure to EBUS through Dr Thangakunam prior to the programme, but their skills and experience considerably increased during their tenure at BTUH.

Sleep medicine was the second subspecialty area the department benefitted from the MTI exchange. Dr Samuel runs a fully-fledged sleep service in the region including full multichannel polysomnography and is very proficient in the interpretation of sleep tests. Although CMC had a sleep lab, the experience and skills gained by all four of the CMC faculty has helped to expand and improve the CMC sleep service following their return.

Cardiopulmonary Exercise Tests (CPET): Although available in CMC, it was sparingly used at a basic level. The exposure to the variety and volume of CPET tests and experience in reporting with Dr Samuel in the Pulmonary Physiology lab at BTUH has enabled this to become a comprehensive clinical service at CMC. This has led to collaborative training opportunities with the first Indian workshop on CPET organised at CMC in March 2018 with Dr Samuel.

The faculty from CMC with Dr Samuel and colleagues at BTUH had 6 publications in peer reviewed journals and 6 presentations in international conferences during the MTI programme. Dr Samuel facilitated placements for the CMC faculty in the Royal Brompton Hospital, an internationally renowned respiratory centre in specialised clinics such as interstitial lung disease (ILD), ventilation and lung transplantation. This experience particularly in ILD directly translated to enhanced care of ILD patients with the development of the ILD-MDT in CMC. All four CMC faculty were involved in the regional teaching symposia organised in BTUH and have collaborated since in teaching workshops in India and the UK.

Many other aspects of patient care, education and communication skills have benefitted the CMC faculty. The feedback from BTUH has been very complimentary and the exchange proved very beneficial to both institutions and faculty thanks to the MTI programme of the RCP London.

Dr Barney Thomas Jesudason Isaac
Associate Professor of Pulmonary Medicine
CMC Vellore

From left to right: Dr D J Christopher (Head of Pulmonary Medicine) with Dr Prince James, Dr Richa Gupta, Dr Balamugesh Thankgakunam and Dr Barney Thomas

Dr Balamugesh Thangakunam & Dr Johnson Samuel at a presentation in Cambridge (2010)

OBITUARY:
DR AGNES LESLIE

It is with great sadness that we inform you of the death of one of our trustees, Dr Agnes Leslie, who died peacefully after a long and debilitating illness in the early hours of Saturday 3rd March 2018 aged 85.

Agnes was a CMC graduate, of the batch of 1949. She later worked at the Holdsworth Memorial Hospital, Mysore before coming to the UK for her postgraduate studies, becoming a consultant anaesthetist in January 1966. She was the consultant anaesthetist at the first open heart operation in Britain and was responsible for the rostering of doctors in Manchester and the surrounding areas. During a two year sabbatical at CMC on voluntary service, she enabled staff to take a much needed break from their clinical duties and was greatly appreciated. In her last post before retirement, she was the consultant and clinical director of Anaesthesia and Intensive Care at Manor Hospital, Walsall.

Agnes was actively involved with the work of Friends of Vellore UK for over 40 years. She was chair of the Manchester Branch, and previously of the Birmingham Branch, which raised funds through organising concerts, dinners and coffee mornings, making Christmas cards, and showing films and videos to church groups. For many years she served as Deputy Chairman on the Board of Friends of Vellore. Agnes was a cornerstone of Friends of Vellore, generously giving her time to meetings and discussions.

Agnes was very involved in the Alumni Association from its inception, and held various posts of responsibility on the Committee over the years. She regularly attended alumni events in Vellore and the UK, and was highly regarded because of her alumnus batch year which is of great significance to those coming from Vellore.

We thank God for Agnes and her wisdom, gentleness and untiring devotion to CMC. She will be remembered for the kindness and concern she showed, not just for her friends and their families, but also towards the needy. Her desire to help the poor and marginalised served by CMC inspired many in her church family, Christ Church Timperley, to join her in raising funds for Friends of Vellore. Please do remember her two children: Brian and Jean in your prayers.

CMC UK ALUMNI ASSOCIATION

The UK Alumni Association aims to promote social and professional networks amongst CMC alumni in the UK and also with other international alumni and CMC Vellore.

They hold an annual meeting over the first weekend of October in a central location, with both time and place being chosen to make it as convenient as possible for alumni of all ages to attend. The meeting provides a relaxing break from busy schedules and is a time to catch up with old friends, make new ones, and reminisce about the good old days. It is also a quiet time of fellowship.

There are usually talks about ongoing expansion programmes in Vellore and also issues of concern where UK alumni may be able to support CMC. Speakers at the sessions could be visiting faculty from Vellore, doctors working abroad or speakers from other walks of life sharing their experience and expertise with the alumni.

In addition the UK alumni association also supports the charitable organization Friends of Vellore, in their fundraising efforts and other endeavours.

In September 2018, the current President of the Alumni Association, Dr Johnson Samuel is handing over to Dr Susan Das. Another recent change on the committee is the new secretary: Dr Sunil Zachariah. Below they give a brief introduction to themselves:

DR SUSAN DAS: BATCH OF 1984 MBBS FROM CMC VELLORE

I finished MD General Medicine from Vellore in 1995. In 2003, I came to the UK, trained to be a GP and obtained my MRCGP qualification. I am currently working as a GP in the riverside town of Ross-on-Wye in Herefordshire. I'm married to Kaustuv Das, also batch of 1984 MBBS who did MS General Surgery in Vellore and is now working as a Consultant Breast and Oncoplastic Surgeon in Hereford. We have two daughters, one a civil servant in London and the other in Liverpool Medical school.

DR SUNIL ZACHARIAH: BATCH OF 1990 MBBS FROM CMC VELLORE

I received FRCP (UK) and CCST in Endocrinology and Medicine. I'm presently working as Consultant Endocrinologist in East Surrey Hospital, Redhill, Surrey and also as the Foundation Doctors Programme Director. I'm married to Indu Koshi, Batch of 1990 who is working as Consultant Physician in Brighton and we have one son Tarun, who is in Leicester Medical School.

THAT IS ALL THAT REALLY MATTERS

Dr Reena George,
Professor and Head of the
Palliative Care Unit, CMC

She was a little woman with a big smile, a smile that seemed to suggest that her life had been joyously carefree. But this 32-year-old woman was a widow, desperately poor, and the mother of three children (the youngest badly handicapped) and was now diagnosed with colonic cancer necessitating a colostomy. Just one of these many tragedies—widowhood, a child with special needs, severe poverty, cancer, or a colostomy—may have been enough to shatter joy and faith in many of us, yet here she was smiling in the palliative care clinic.

She had been married as a teenager and had come to the hut in the hamlet in South India where her husband and his parents lived. They worked hard together to bring up their young family. Her husband had died 3 years ago, and she and her mother now earned their living carrying bricks as construction labourers.

She spoke of how diffident she had been to come to CMC when she started having abdominal bloating and pain. When she heard that she needed emergency surgery she had prayed, "Lord I have three children, please take care of me." And the operation went well.

But it had not gone well, I knew, because the surgeons had found disseminated peritoneal disease. The diversion colostomy had relieved the pain, vomiting, and bloating, and Kavita[1] therefore thought all disease had been removed. How did one tell someone, whose brief life already had far more than its fair share of tragedies, that the cancer was still there, that she would not live to see her children grow up?

I forced myself to share the painful truth, telling her that the cancer had not been removed, that it could be dangerous to her life, that we would refer her for palliative chemotherapy, but would also need to help her to find a place where her children could be cared for.

Her first reaction to the news that she had terminal cancer was surprising, "If you can find a home for my children, if they will be looked after, that is what really matters. I do not need to ask God for anything else."

Dr Reena George with a patient

I have heard so many different reactions to bad news: "Are you sure?" "Can it be cured?" "Will alternative treatments work?" "Why did this happen to me?" and "I don't believe it!" But never this. Where did such a reaction come from? It was not that she did not know what an untimely death implied; she had seen a young husband die.

Perhaps unlike most of us who automatically notice what is wrong or lacking in our lives, letting that existential sore tooth dominate our thinking; Kavita homed in on the essentials: "What is most important in life? If that is in place, let me focus on being grateful for it."

My eyes filled up, hers remained steady. We were both silent for what seemed a long time, before her elderly mother spoke through her own tears. "I am old. I have been carrying bricks to feed these grandchildren. I don't know how much longer I will be there for them. Please help us."

Thanks to a multinational clinical trial, Kavita received the best available chemotherapy. The contrast between the posh suite in which she received chemotherapy and the mat on the floor of her thatched hut, evoked neither jealousy nor awe, she took these disparities cheerfully in her stride.

Sadly, Kavita did not respond to first-line or second-line chemotherapy. The imaging findings showed disease progression. Her increasing belly and decreasing weight were a constant reminder that the disease was growing. Admission to the inpatient hospice was offered, but her last desire was to die at home.

Her second daughter joined a hostel run by the Missionaries of Charity; the other two sisters would join her there after their mother died. Kavita was very proud when her second child topped her class, then went on to say, "My eldest is not doing well in school. Her teachers in the government school complain that she does not study hard enough."

"Can she really," I wondered, "When at the age of twelve she has to miss school in order to be the cook and the baby sitter every time her mother is admitted? Her performance as a surrogate mother is surely as praiseworthy as her sister's in school."

It was a sad morning when the slightly built, undernourished 12-year-old came to the outpatient clinic, carrying a 6-year-old handicapped sister on her waist, accompanied

1. *Name changed*

2. *Clark D. `Total pain', disciplinary power and the body in the work of Cicely Saunders, 1958–1967. Social Science & Medicine. 1999; 49(6):727-36.*
3. *Remen R.N. Helping, Fixing or Serving? Shambhala Sun; 1999.*

by their weeping grandmother.

"Tell me what happened," I said.

"My mother was very tired last night. She called my sister and me. She told me to look after my sister." Her voice broke. "She was able to kiss only the little one, and then her eyes closed."

URGENT NEEDS AND IMPORTANT NEEDS

We look at a patient through the prism of our professional discipline - be that surgery, nursing, oncology or physiotherapy. Cicely Saunders, the founder of modern palliative care had qualified as a nurse, a social worker and a doctor. She used the term total pain[2] to encompass the suffering that is physical and emotional, social and spiritual, a suffering not only of the patient but also of those who love them and need them.

So often in so many aspects of life, it is the urgent that screams for our attention. In our work too it is the physical pain, the vomiting, the breathlessness that we urgently have to address so that the patient and the family are better able to attend to what is important in the short time that remains.

But if we are not careful, the urgent might become an end in itself. In Kavita's case the suffering was so stark that as a mother myself, I could empathize with the important, and many of us together could help to address it.

Yet, serenity does not come primarily from ourselves or our ability to meet our patient's needs. The deepest answer lies within the God-given strengths[3] of the patient. And many times we receive as much or more than we give.

THE STRENGTH BEYOND THE NEED

Kavita's grace and luminosity were for me a blessing, a prayer, a meditation. She moved me to ask myself, "Do my troubles outweigh my blessings? What causes me to dwell on the sore tooth of my life, taking for granted everything that goes well? How can I redefine what is most essential to my peace of mind?" How can I be grateful for all that goes well, for all who bring blessings into my daily life?

Many of our patients have faced far greater life struggles than we have. The lessons they have learned about courage and grief, hope and gratitude could have much to teach us if we but recognized that in the school of life, they are the experts, and we the novices.

Our clinics, our wards, our communities are filled with hidden saints. They wait for us to discover their identity.

KANNAN

77-year-old Kannan and his wife live at a place called Salavanpet, 7 km away from the Main Hospital.

They live in their own brick house which has a damaged asbestos roof and a cement floor. They have electricity and water facilities but there is no sanitation. The house consists of a single room, measuring 10 feet by 15 feet, the corner of which is used as a kitchen.

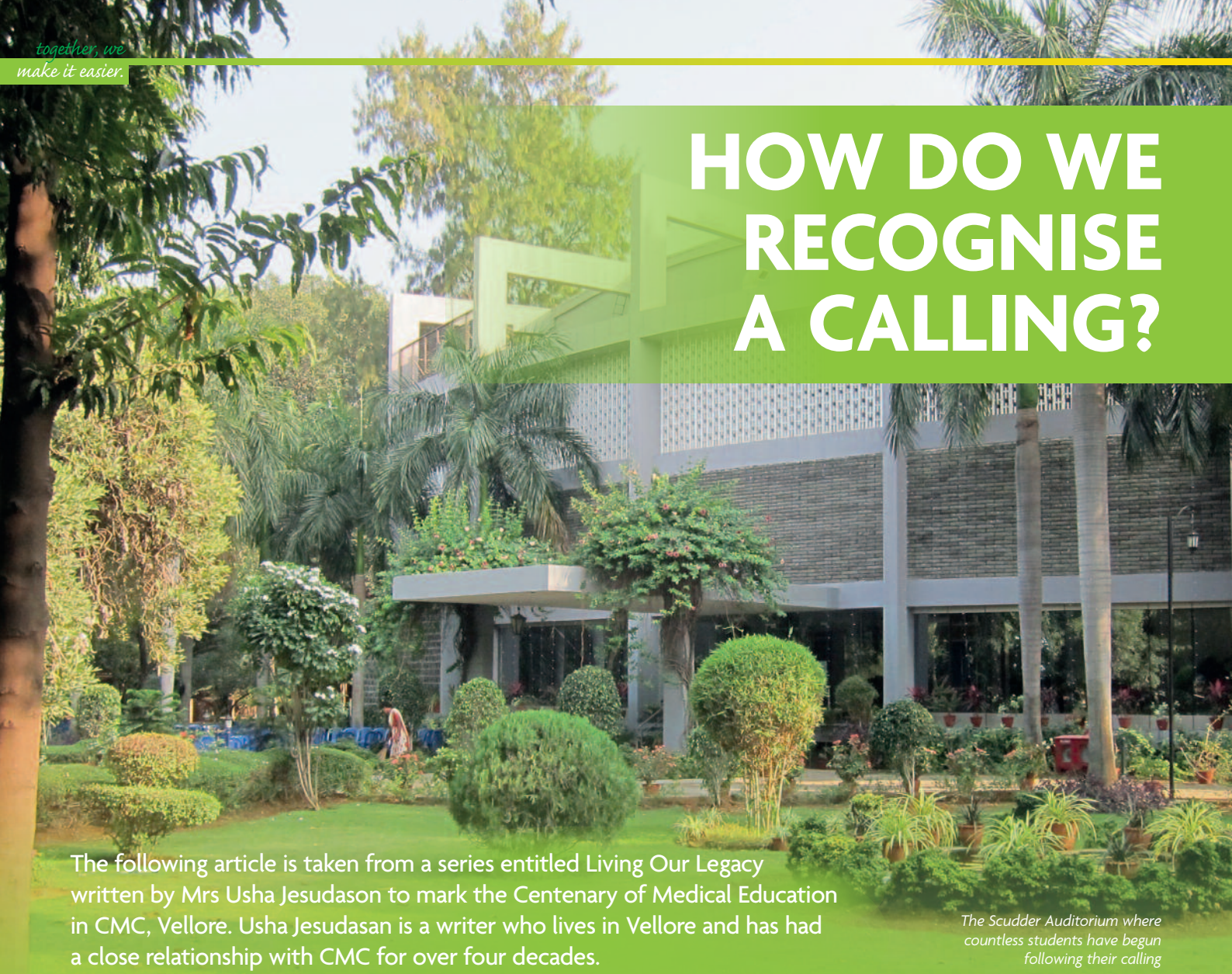
They have two daughters and a son aged 30, 28 and 26 respectively. All of them are married, living separately with their own families about 300 km away from Salavanpet. Since the children are labourers on daily wages, they are not in a position to help their parents financially. Kannan gets an old age pension of £10 per month and 20 kg of free rice which is provided by the Tamil Nadu Government. With these they manage to have two meals a day.

Kannan with his wife

Kannan came to the hospital with a history of swelling on both sides of his groin for the past five years. This increased in size on straining and coughing, and reduced in size when he lay down. Following investigations, he was diagnosed with a bilateral inguinal hernia. Appropriate surgery was carried out under spinal and epidural anaesthesia. After four days in hospital, he was discharged in a clinically stable condition. He was advised to eat a normal diet, perform daily activities as he could tolerate, avoid strenuous work for one month and return to the outpatient department for review.

Kannan's care had to be provided completely free because they had no resources to raise any funds at the time of need. CMC and the family are very appreciative of Friends of Vellore's continued support of the Person to Person programme which funds treatment for patients like Kannan.

HOW DO WE RECOGNISE A CALLING?



The following article is taken from a series entitled Living Our Legacy written by Mrs Usha Jesudason to mark the Centenary of Medical Education in CMC, Vellore. Usha Jesudasan is a writer who lives in Vellore and has had a close relationship with CMC for over four decades.

The Scudder Auditorium where countless students have begun following their calling

It was a tragic night, just before the turn of the 20th century, when three young women whose names we do not know, died. Young Ida Scudder had come from America to be with her missionary parents for a while before going to college. She did not want to be a missionary like her parents. She disliked the poverty, dust and sickness that pervaded India's villages. Her desire was to return to America and live the good life of an educated lady.

But during that holiday with her parents, something happened to change her life forever. One night, when her father was away tending to another very sick patient, three young husbands knocked on her door, one after another. They needed help for their wives who were struggling through childbirth. The men wanted a lady doctor only, and Ida not knowing what to do, sent the men away. The next morning, she heard that all three women had died.

This tragedy changed the course of Ida's life. Throughout the next day, she experienced that nagging feeling deep in her heart. The frivolous life was not for her. She knew she had to go back to America to study medicine and train as a doctor so that she could come back to care for India's much neglected poor, sick women.

When Dr Scudder returned to India, she did not come with a vision to start a health care centre or a medical college. She just saw the great need – to care for sick women and children - and then just offered herself wholly to meeting that need. Then she saw another need - one for trained women doctors - and she set out to meet that need. In doing so, she set an example, for those who followed in her footsteps – whether it was in caring for the sick, teaching and training future health care specialists, or striving for new knowledge.

Often, through a tragic event in our lives, we are called to minister to others. Like Dr Scudder, we may not want to, but are pushed into doing so. And years later, when we look back and reflect, we see the Hand of God leading us and connecting us with others who either need our help, or will journey with us. For some, inspiration or 'calling' comes from looking at someone else's life. Many doctors and nurses have come to train at CMC hearing not only about Dr Scudder, but of the many who came later, who dedicated themselves into living a CMC life – one of personal sacrifice, other centeredness and hard work.

In today's high-tech, fast paced world, is it still possible to be 'called' to be of service to others? To do the kind of work that no one else will? To be the kind of person who still practices values that have endured and sustained several generations?

Can you still feel 'called' if your job is to sit behind a desk for most of the day? Or to do the same tests every day? How can you keep from doing your job like a robot, and be of service to others? That is something to think about!

Dr Scudder's life shows us that a calling is not a goal to be achieved, but a gift to be received. Receiving the gift graciously and with humility will tell us what to do with our lives. Once we identify what it is, if we work with passion and joy, even though our work may be boring and routine, 'our lives will speak.' Just as Dr Ida's does a hundred years later.

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ALL CORRESPONDENCE:

Should be addressed to the administrator,
Mrs Ruth Tuckwell, at the charity's office:
48 College Fields, Cambridge, CB4 1YZ, UK.

Telephone: 03333 445245
e-mail: friendsofvellore@gmail.com
Website: www.friendsofvellore.org

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