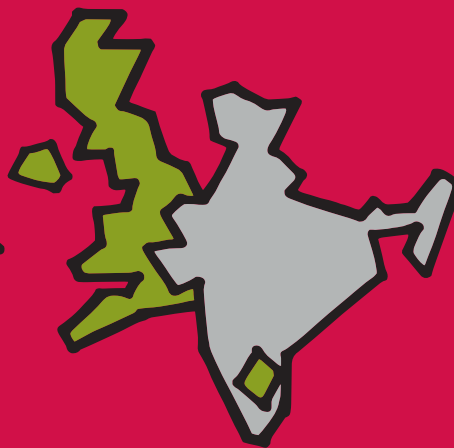




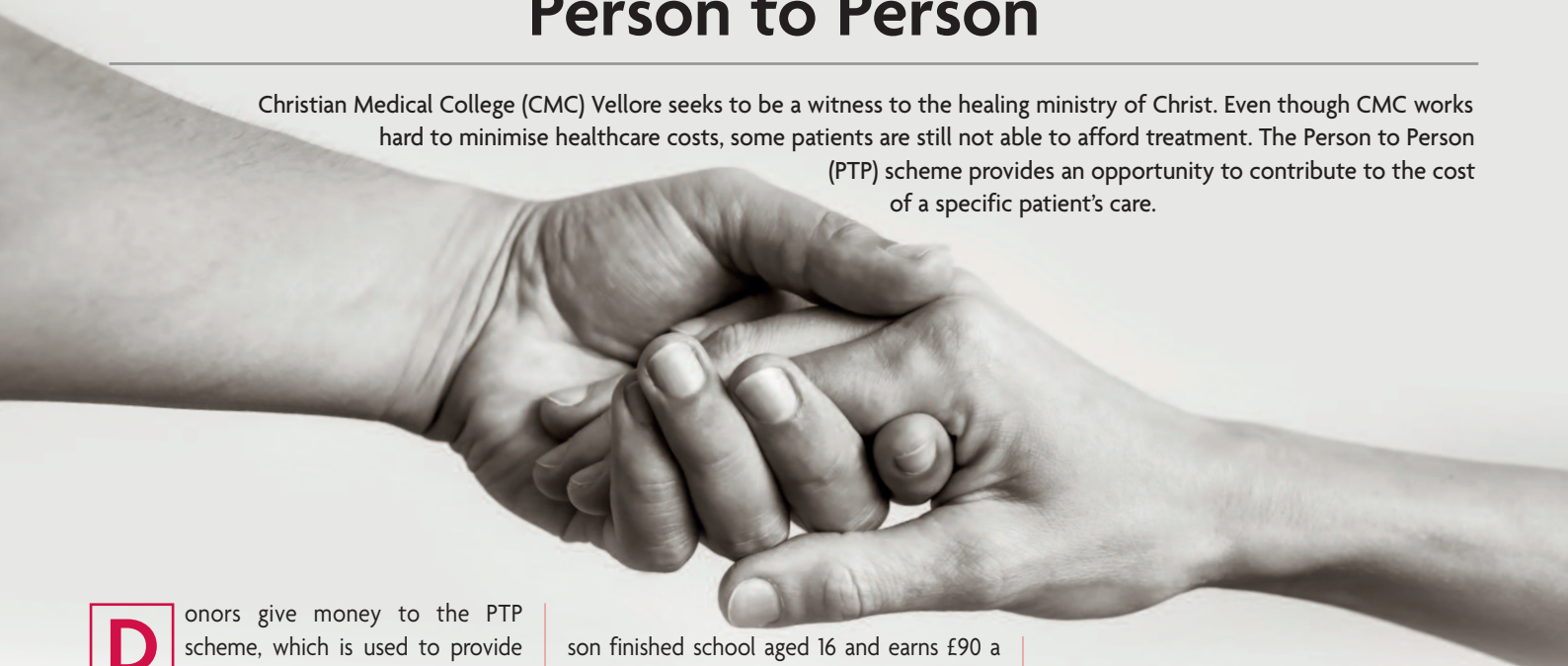
Friends of Vellore^{UK}



Supporting Christian Medical College, Vellore, South India

Person to Person

Christian Medical College (CMC) Vellore seeks to be a witness to the healing ministry of Christ. Even though CMC works hard to minimise healthcare costs, some patients are still not able to afford treatment. The Person to Person (PTP) scheme provides an opportunity to contribute to the cost of a specific patient's care.



Donors give money to the PTP scheme, which is used to provide small, targeted grants (up to approximately £100) to help pay the hospital bill for individual patients. Often this treatment is lifesaving.

Each donor receives a report from CMC about the patient they have sponsored including details about the patient, their ailments and the treatment they received. Below is the story of Kantha who benefited from the scheme:

Kantha

55-year-old Kantha was widowed three months ago, after her husband sustained a head injury from a fall at work. She lives with her only son in Velapadi, 4 km away from the hospital. Her



son finished school aged 16 and earns £90 a month packing sweets. He got married twelve years ago but three years back his wife divorced him. He has no children.

Kantha and her son live in a rented brick house, which has basic facilities such as water, electricity and sanitation. The rent costs £30 per month. They eat three simple meals a day using free rice provided by the Tamil Nadu government. They do not possess any property or savings.

Following the death of her husband, Kantha was struggling to eat and anxious about her son. She came to CMC complaining of nausea, intermittent abdominal pain, constipation and myalgia. She saw a psychiatrist who was unable to elicit any symptoms requiring psychiatric intervention. Following further investigations, she was diagnosed with a kidney infection and

metabolic encephalopathy. She was given intravenous antibiotics, with which her condition improved. After nine days in hospital, she was discharged and her son was advised to watch for any behavioural changes.

The cost of her treatment came to £647. Her son contributed a token amount; the remaining amount was absorbed by the Person to Person scheme and the institution.

For the last three years Friends of Vellore UK have sent £40-£50k in support of the Person to Person scheme to support patients like Kantha. We hope to continue be able to send similar sum each year, however, we will need more donors to the scheme to be able to continue our support at this level. If you would like to get involved, please use the donation form on the back of the PTP leaflet or this newsletter.

Dear Friends of CMC Vellore,

As I write this, I am struck by how much has changed across the world since the start of this year. We have all had to adapt to new ways of living and working. Some of us may be on the road to recovery from coronavirus or struggling with the grief of losing loved ones. I am grateful that in the face of so much uncertainty, as Christians we can put our trust in our Heavenly Father, who is sovereign, totally dependable and offers eternal hope.



The associated costs of coronavirus are huge for CMC, with the lockdown resulting in significantly lower income levels and many patients with COVID being unable to afford their hospital care. This is in addition to the set-up costs of new ICU and isolation beds and ongoing costs of PPE and oxygen.

I have been overwhelmed by your generosity in responding to CMC's needs as they face the challenges of Covid-19. Thank you to everyone who has given to the various appeals and to our regular donors who continue to sustain our projects at CMC. We are also very grateful to those of you who support CMC in prayer. To date, Friends of Vellore UK have sent over £31,000 to CMC to help them cover the costs of equipping new ICU beds, PPE, patient care and outreach work. This is in addition to the funds we are sending to support current projects.

This year, we moved our Annual Supporters' Meeting online. It was lovely to have so many of you join us in September, several for the first time. One of the benefits of holding the meeting virtually, was that we were able to enjoy presentations from two speakers from Christian Medical College (CMC) Vellore. Dr J V Peter, CMC's Director, brought us up to speed with how coronavirus

is impacting CMC and how the institution has responded to the needs set before them. Dr Shantidani Minz gave a passionate presentation about the work of RUHSA (CMC's Rural Unit of Health and Social Affairs) where we fund several outreach projects.



In October, Ajit Butt stepped down as Chair of the charity. I am very grateful for his guidance and his enthusiasm and generosity as he has invested his time and money in CMC and Friends of Vellore. Dayalan Clarke, our incoming Chair, has written a fuller appreciation of Ajit opposite.

In this issue we bring you the latest updates from our projects at CMC Vellore. We particularly want to highlight the work of the Person to Person Scheme (see the cover article and page 13). You should have received a promotional leaflet about this project alongside your newsletter which you could read and pass on to a friend. If you would like any more of these leaflets, please let me know.

We hope you enjoy reading the newsletter and are inspired by the wonderful work going on.

Ruth Tuckwell

Ruth Tuckwell
Manager, Friends of Vellore UK
friendsofvellore@gmail.com



Whatever you did for one of the least of these brothers and sisters of mine, you did for me. Matt 25:40

PERSON TO PERSON (PTP)

Funding treatment for patients unable to pay their medical bills at Christian Medical College, Vellore

Christian Medical College (CMC) Vellore is a teaching hospital in southern India, initially founded to provide treatment for women and poor people excluded from good healthcare. It continues today to serve the underprivileged, providing free or subsidised treatment to many needy people.

Friends of Vellore UK | www.friendsofvellore.org | friendsofvellore@gmail.com

PTP Leaflet



Ruth Tuckwell



Dayalan Clarke



J V Peter



Shantidani Minz

Online Annual
Supporters
Meeting held in
September

Outgoing Chairman's Report

Many years have passed since I joined the Friends of Vellore (FOV) and, over the years, the charity's image has changed considerably. From a fairly small organisation it has grown in strength, both in numbers and activities.

A younger and more diverse group of trustees have brought a wealth of experience and expertise. The UK alumni are now an integral part; our annual gatherings are combined over the same weekend in the autumn with attendance approaching 200 when we last met! These difficult times will pass, and I look forward to re-establishing physical meetings and fellowship.

My heartfelt thanks to Geoff and Joy Levine for their service on the Board. They have demonstrated a remarkable concern for the poor in and around Vellore... visiting

those in need and helping with their presence as well as financial support. Their concern for the villages around Vellore has helped create new initiatives to improve individual and communal services. When travel becomes possible, I am sure they'll be back in the area helping our target population.

I would also like to thank Jeb Suresh for his role as our Treasurer for several years. With his expertise we were able to organise our finances and budget accordingly. We shall miss him.

Ruth Tuckwell has proved herself to be

invaluable. Her ability to cope and thrive, under changing circumstances has enabled us to improve our organisation and our meetings. She has gone the extra mile!

Finally, I would like to extend a very warm welcome to Dayalan Clarke as the new Chairman. He has a wealth of experience and his enthusiasm is contagious! In a relatively short period, he has transformed our PTP programme.

I look forward to seeing you all at our next gathering!

Ajit Butt

Passing on the Baton

Dr Ajit Butt steps down as the Chairman of Friends of Vellore (FOV) UK this year. Ajit, an alumnus from CMC Vellore, from the Batch of 1960, has been involved with FOV UK for over 40 years and has led the organisation as Chairman for the last four and a half years.

We, who have had the privilege of having a connection with Christian Medical College (CMC) Vellore, have an affection and admiration for what the institution stands for and for what it has achieved. In addition to this, those who have graduated from the institution have an immense sense of gratitude for the excellent training that we have received. Each of us, in our own way, finds different ways of supporting CMC, and for alumni, living out our indebtedness to the institution. Ajit has expressed this, by immersing himself in the two organisations that represent our alma mater in the UK: FOV UK and the UK Alumni Association of CMC.

Ajit has been a trustee for FOV UK for many years. As a trustee, Ajit has been responsible for the financial management of FOV's investment funds. He has initiated changes which have streamlined our funds and improved the financial position of the charity.

Since taking over as Chair of the charity, Ajit has overseen some restructuring and has worked very hard to strengthen the bonds between the charity and the UK Alumni Association. Ajit has also worked hard to improve the relationships between FOV UK and FOVs in other parts of the world. We

have recently started regular virtual meetings between Vellore and the international FOVs, in addition to FOV representatives from all countries meeting with CMC's Director at the time of the Council meetings in Vellore. Ajit and his wife Alice have also been generous donors to both CMC Vellore and the charity here.

On behalf of the Trustees and all those

involved with FOV UK, I would like to convey my sincere and heartfelt thanks to Ajit for his leadership over the last four years. We are grateful that Ajit has agreed to continue on the Board as a trustee for another year. Thank you Ajit.

Dayalan Clarke,
Incoming Chair, Friends of Vellore UK



Ajit and Alice (back centre) at the 2017 Alumni Reunion

Letter from Dr JV Peter, CMC's Director

September 2020

Dear Friends,
We appreciate enormously the prayers and support of all our friends. So many of you have sent in letters of encouragement, contributed financially, prayed for us, and helped in other ways.

Response to the Covid-19 Pandemic

As soon as news of the novel coronavirus began to circulate, CMC began to formulate a response. By the time the global pandemic was declared on 11 March, CMC had protocols and plans ready. We were one of the first private institutions in India to be approved as a Covid-19 testing and treating centre. Following requests from Government authorities, dedicated COVID ICUs and isolation wards were prepared, and infrastructure changes implemented to enable us to cater for suspected Covid patients.

From June, the number of Covid positive patients admitted began to increase rapidly and many more beds were allocated to Covid needs. The need for a coordinated response across the various campuses necessitated the creation of a Covid Command Centre (CCC). The CCC undertakes policy making, protocol development, patient information services, contact tracing, patient subsidy, training and deployment of staff, bed management and staff welfare.



Covid Command Centre

CMC's testing facilities can handle around 400 tests daily. Results are available within 12 hours and patients are informed of their results and treatment options by phone. CMC have performed over 25,000 tests so far. To meet increasing demand, capacity was increased from 150 beds at the start of the pandemic to 910 beds presently, dedicated exclusively for Covid care. 80 of these are ICU beds for critically ill patients (of which 65 have ventilators).

So far, we have admitted more than 6,500



ICU with support from FOVs across the globe

patients with Covid infection and over 85% have recovered and been discharged home. With the pandemic raging on, large numbers of patients come to our Emergency Department every day. Even with 80 ICU beds, we sometimes have to turn away very sick patients requiring ICU beds. Some have been as young as 21 years of age. It has been heart-breaking for our team to refuse patients, especially when we know that many of them have a good chance of survival if we had resources to admit them.

Following a request from Ranipet District, part of the inpatient block in Kannigapuram that is under construction was readied quickly to admit Covid-19 patients. Three wards with a total of 168 beds were commissioned. So far over 1,200 patients have been admitted in this campus. Work is going on to operationalize ICU beds here.

Preparing for the months ahead

1. Oxygen Concentrator Plants: Many Covid-19 patients require supplemental oxygen therapy. In the hospital campus, we are installing two oxygen concentrators to offset the dependence on liquid oxygen, supplies of which have become limited and at times erratic. Once set up, the cost per litre will be about half that of the bulk oxygen supply. The cost of each oxygen concentrator is £41k.



Oxygen Concentrator

2. Additional ICU beds: 24 of the 150 ICU beds in Kannigapuram are being readied urgently for Covid care. The cost per bed is £20k.

3. Personal Protective Equipment: The hospital spends approximately £314k every month on protective equipment. Rather than pass on the entire cost of this to patients, we are seeking partners who can sponsor part of the cost of PPE.

Our efforts to provide a safe working environment were recognized by the Consortium of Accredited Healthcare Organizations (CAHO) with the award of 1st prize in the very large hospitals category for 'Workplace safety during the Covid-19 pandemic'.



Staff in PPE

4. Patient Support Funds: Coronavirus spreads rapidly in congested urban areas, and therefore a disproportionate number of patients are from poorer sections of society. Up to 50% of our patients cannot afford the full cost of their treatment. Our dream is not to turn away anyone in need for financial reasons. However, our regular patient income has been greatly reduced



ICU bed

during lockdown, while our expenses have been higher. We therefore need compassionate partners who can help us

with subsidies. A moderately sick patient requires hospitalisation for 10-14 days. Bed, nursing and medical charges, together with medications, tests and food cost around £80 per day resulting in a total treatment cost of £1000. Around 5% of Covid-19 patients require intensive care. The average cost of ICU care is around £260 per day.

Impact on CMC

The lockdown in India was announced on 24 March 2020. This had immediate effect and was one of the severest lockdowns in the world. It was initially for 21 days but has been progressively extended with some relaxations.

The immediate effect on CMC was an 80% reduction in our outpatient numbers, and consequent fall in inpatients. Initially we were only permitted to treat emergency cases and Covid-19 patients. Outpatient numbers have remained very low even after relaxation of the lockdown for two reasons: 1) Travel is difficult with no trains, buses or flights. 2) People avoid coming to a hospital known to be treating Covid-19 patients.

Meanwhile expenditure continued at pre-Covid levels. We have continued to pay salaries every month and tried to meet all our other contractual obligations. In addition, we have incurred significant costs in converting wards, opening new beds, equipping ICU beds, modifying infrastructure to reduce the spread of Covid and purchasing PPE and oxygen concentrators.

With reduced income and higher than normal cash outflows, we are stretched financially. We have been helped through:

- Donations and CSR grants in India of £1.2M.
- Staff who have donated through salary deductions amounting to £0.5M.
- Staff being willing to defer portions of their salaries.
- Grants and donations from the international Friends of Vellore amounting to £380k, on top of existing commitments and donations.
- Gifts in kind, especially of PPE. So far, we have received gifts valued at £50k.

Impact on Students

Life has been extremely different for the undergraduates. Face to face teaching had to stop, and students were confined to the campuses and hostels from 24 March. Since then there has been no clinical experience possible, although online classes have been going on. Most students were eventually allowed to return home in May.



Nursing students making PPE

Impact on Staff

Travel restrictions, fears for ourselves and our families, closure of shops, eating places and amenities have all made this a difficult and stressful time for everyone. With schools and colleges closed, staff have had to organise childcare and find ways to occupy their children. CMC organised buses to transport staff living in different parts of the town. Hospital canteens distribute packed food items. Counselling services have been made available.

With fewer patients in some departments, many staff have had a less pressured working environment. Early on we gave generous additional leave provisions to enable people to organise things at home and have a break. Staff in very busy areas went the extra mile to ensure that the services to patients were not disrupted and provided optimally. Once the number of Covid-19 patients began to increase, clinical staff from all departments were drafted in.

A number of our staff have come down with Covid-19, and a few have experienced very severe symptoms, needing ICU care. However, we are very grateful to God that, through his grace, so far all have recovered from the illness. A lot of community support has emerged for the families of those affected.

Major Development Projects

The Covid-19 pandemic has struck CMC at a time of unprecedented capital investment. Alongside regular maintenance and refurbishment we have three major projects underway:

- Conversion of the old Student Nurses Hostel into an inpatient orthopaedic facility.
- Development of the Chittoor Campus. The patient flow has increased rapidly over the past few years. Additional outpatient, inpatient, and diagnostic space is needed, along with staff accommodation.
- Kannigapuram Campus. We have completed the staff accommodation area. The main hospital (1,500 beds) is almost complete, but since March progress has been very slow because of various restrictions and a shortage of labour. Most of the skilled labourers were from out of state and returned home when they could.



Kannigapuram Campus

Around two thirds of the funding for the Kannigapuram project is from a bank loan. The rest must come from our reserves and from grants and donations. The more we can raise through donations and grants, the less dependent on the bank loan we will be.

Conclusion

CMC's distinctive has been its unique ability to offer health, hope and healing for all, especially for those who suffer because of social and economic inequalities. Our mission cannot and should not change, and so we invite you to partner with us once again to help us meet the needs of those who knock on our doors at this difficult time.

We are truly grateful for the friends and alumni who have been with us through this very difficult period and we look forward to continuing to partner with you to fulfil the motto of CMC, 'Not to be ministered unto but to minister'.

Yours sincerely,

Dr J.V. Peter

On behalf of the CMC Community



Kannigapuram Covid Facility



Feeding the hungry

CMC's Low-Cost Effective Care Unit (LCECU) cares for disadvantaged communities living in the slums of Vellore. Understanding that many living in these areas will be unable or reluctant to visit the hospital, LCECU take healthcare and health education into local communities in order to reach the vulnerable. Friends of Vellore UK are currently funding two community health care workers as part of the team that work in six urban areas.

During the lockdown, the team found that many of their patients were struggling. Daily wage earners were unable to leave their homes to earn an income. The elderly, destitute and the very poor needed ready cooked food, not just dry provisions.

Working together with Hope House (a local NGO) and Papa's House (a church), LCECU began delivering packed lunches every day from the end of March. With help from Thrupti Foundation and an alumnus group from Ida Scudder School, this was scaled up to 400 packets a day. A group of young CMC doctors also joined the effort, preparing 30 more lunches a day.

As the lockdown progressed, CMC could no longer deliver food to the slums. Where possible, they gave local volunteers money to buy provisions. They prepared a variety of simple meals in their community kitchens. At lunch time, young and old would come, bringing their tiffin boxes, to collect tasty hot food. Hope House and Papa's House continued to provide packed lunches for local



volunteers to collect and distribute. At the peak they were feeding 700 people daily from the slum areas.

LCECU also organised medicines for elderly and disabled patients unable to visit the hospital and delivered these to their homes. Initially the community health workers took prescriptions for people with chronic disease to their homes, but as cases were detected in these areas, they had to change approach. Their network of local volunteers (residents who have been trained in community-based rehabilitation and chronic disease) took on the role of monitoring patients with chronic disease. The volunteers were given advice and support from the community health workers by phone. They were also given PPE and training on prevention and spread of Covid-19.

It is amazing what can be done through partnerships, even in difficult times such as the coronavirus pandemic. Working with many volunteers, donors and small organisations, LCECU has touched hundreds of lives.

Introducing Dayalan and Easterine

Since our last newsletter Friends of Vellore UK have a new Chair and Treasurer. Find out more about them here...

DAYALAN CLARKE (Chair) was born in CMC, when his father was on the staff of CMC as the chaplain. He spent the first four years of his life as a 'campus kid'. He returned to CMC to do both his undergraduate and postgraduate medical training in surgery and belongs to the Batch of 1977.



Dayalan and his wife, Vinodhini nee Iswariah, (also from the Batch of 1977) moved to the UK in 1991. Dayalan worked as Consultant Breast

and Oncoplastic Surgeon at Warwick Hospital before taking early retirement from the NHS in 2018. Vinodhini is a paediatrician. Their son Dushyant teaches economics, and their daughter Aparna works for the diplomatic services.

Dayalan took early retirement in fulfil his



Running the London Marathon before Covid

Running the London Marathon for LCECU

Abraham George, an Alumnus of CMC Vellore (Batch of 1973) ran the London Marathon this year to raise funds for Friends of Vellore. So far, he has raised £6179. He writes about his experience below:

I approached Ruth at Friends of Vellore UK, to consider taking me on as a runner for the London Marathon 2020 to raise funds. She agreed, and we decided that the beneficiary would be CMC Vellore's Low-Cost Effective Care Unit (LCECU).

I had previously run the London Marathon in 2018 and 2019 for a housing charity in London. This year's training followed a similar pattern to previous years. I use an app called 'Runkeeper' and generally stick to a training plan tempered with common sense as I am in my 60s and started running only in 2017.

Fundraising started with a presentation at the annual gathering of CMC alumni in the UK. Following this, I used phone calls, leaflets in the post, email, Facebook, Twitter and Instagram to generate the amount raised so far. I am continuing to call and canvass more funds.

Covid-19 resulted in my work at the surgery getting busier, making it difficult to do my training runs over a period of 7-8 months. A simple fix was to run to the surgery instead of



using the car (about 4 miles each way).

The Covid pandemic pushed the date of the run from April to 4 October. Though the organisers of the London Marathon tried very hard to preserve the race in London, organising social distancing, public transport and emergency services proved too difficult. The organisers asked all the runners, in the UK and around the world, to run a virtual marathon using an app that they provided. The app was downloaded to each runner's

phone just prior to the event and recorded the distance covered, deactivating at the completion of 26.2 miles.

Rather than being competitive, runners were invited to run 'my race, my way' and make it a fun run.

On the day, it was wet, cold and windy. Running around the deserted streets of Norwich on my own was a totally different experience to the actual London Marathon experience. What sustained my effort was my love for CMC and Vellore. I have therefore volunteered to run again in 2021 and realise that unless Covid is tackled satisfactorily, it may result in a similar lonely run next October.

I am hoping that my contributors to this year's run, will continue to support another initiative linked to CMC and Vellore. I am grateful to the few alumni in the UK that supported me this year, and I hope and pray that many more might consider supporting my run in 2021.

desire to work for the poor and underprivileged in areas of need. He spent six months in 2019 helping the surgical department in the Baptist Christian Hospital (BCH) in Tezpur, N India. In 2020 he returned with Tezpur with his wife to work there for six months, until having to return to the UK earlier than planned due to the pandemic.

EASTERINE MILLS-CLARKE (Treasurer) is an alumnus of CMC and belongs to the batch



accountancy, working in this sector for 16 years.

The most interesting part of her working life, however, was when she and her husband

of 1970. Due to unfortunate circumstances she was unable to continue her career in medicine, so she switched to

set up their own taxi company and worked as taxi drivers. They had many loyal and interesting customers. One of her most fascinating clients was the Chief Prosecutor from the International Criminal Court in the Hague.

Her abiding love for CMC and its mission inspires her and she enjoys being able to assist and be involved in all aspects of its work. She now lives in Anglesey in North Wales.

I was deaf but now I can hear

Friends of Vellore UK are currently funding the post of an audiologist to screen children for hearing problems. Ms Mayvees Brown is undertaking this role.

The new audiology post is significantly improving the services provided to disadvantaged children in Vellore. Many of the children with mild to moderate hearing loss can be operated on in the LCECU theatre, with the microscope that FOV funded in 2019. The surgery cost to the patient is significantly lower here compared to the main hospital.

Mayvees screens babies for hearing loss in the community as well as on the LCECU neonatal ward. (Previously children born outside the hospital were not able to be screened for hearing defects.) Hearing aids and cochlear implants are given to those who need them. There is government funding available for cochlear implant surgery which can be carried out at CMC.

Children who have had cochlear implants or hearing aids fitted are given auditory verbal therapy (AVT). Children with a stutter or other speech and language disorders are provided with speech therapy.

During the Covid-19 lockdown, due to the



Mayvees giving Auditory Verbal Therapy for a child with cochlear implant

lack of public transport, auditory verbal therapy and speech therapy were conducted for people living nearby at the SHALOM family medicine centre. For a few children who were cooperative, online AVT classes were conducted. Parental guidelines for talking therapy at home was given weekly for parents of children who were unable to undergo online therapy.

Prior to the lockdown, Mayvees visited

local schools for deaf children to raise awareness in teachers and parents on hearing loss among children and rehabilitation options. She refers children for cochlear implantation and provides hearing aids for those who need them.

Below is the story of Janani who has benefitted from a cochlear implant and subsequent therapy.

Janani

Janani was born on 2 June 2018 in CMC to Padmavathi and Umapathi, a farmer from a village near Vellore. Their happiness knew no bounds when their first 'bundle of joy' arrived. Yet their excitement was tinged with fear and anxiety over what lay ahead for their daughter since both of them have been deaf and dumb since birth. Amidst their silenced darkness, her cute smiles brought a huge ray of sunshine to their lives.

The baby underwent neonatal hearing screening the day after her birth. This suggested some abnormalities, causing anxiety among the parents. The screening was repeated twice in the following month resulting in the audiologist making a referral to the paediatric ENT doctor. A diagnostic Auditory Brainstem Response confirmed the parents' fear – their daughter was found to have bilateral severe-to-profound hearing loss. Her parents were obviously upset and were counselled on various options. Janani was fitted with hearing aids for auditory stimulation and the parents were counselled on cochlear implantation.

Being deaf parents, they know it can be extremely hard and isolating to live with hearing loss, and they didn't want their child to experience the same. They were convinced that the best option for Janani to hear and

speak would be cochlear implantation and eagerly made arrangements for the surgery.

Janani underwent cochlear implantation on 28 May 2019 in CMC's paediatric ENT unit; the cost of the surgery fully covered under the Tamil Nadu Government Health Insurance

scheme. Janani is now undergoing her speech therapy in CMC's SHALOM Family Medicine Centre. Mayvees, the audiologist funded by Friends of Vellore UK, provides the speech and language therapy. As both Janani's parents are deaf, her grandparents have pitched in and diligently provide home training for her.

As William Hazlitt says, 'the art of conversation is the art of hearing as well as of being heard'. The family was filled with immense joy and with a heart full of gratitude for the cochlear implant technology which aided Janani to connect with family, friends and peers more easily. The surgery and subsequent speech therapy have also made it easier for Janani's parents to communicate with her.

Janani is learning to listen and has begun to utter her first few words - her first step into the world of verbal communication.



Janani and her parents

Healthcare during Lockdown

The Indian lockdown to curb the spread of Covid-19 began, with very little advance warning, on 25 March.

CMC's community health department care for many patients with chronic diseases who live in rural and tribal areas. The staff were concerned about how these patients were going to get their daily medication with no public transport and lockdown enforcements. Patients with chronic diseases such as diabetes, hypertension, epilepsy and heart disease, would be at risk for complications arising from discontinuation of treatment if they were unable to access their medication.

Six teams comprising nurses and health workers were rapidly organised to leave early morning on March 24 in order to return before the lockdown began. They visited 28 villages and gave about 500 patients with chronic disease their medication for the next month. A further 57 villages with approximately 1500 patients with chronic diseases were covered over the next two weeks.



Food distribution

A different strategy was needed in the Jawadhi Hills tribal area in view of the hilly terrain and the wide distribution of hamlets. CMC has identified and trained health workers from 22 of the hamlets who



had been facilitating and enhancing the provision of health and developmental activities in the tribal area over the previous 18 months. (Friends of Vellore UK are funding ten of these.)

A large team of staff from the department packed and labelled medication for each patient. This medication was taken up to the Jawadhi hills and given to the health workers who distributed the medication to the respective patients while following appropriate steps in preventing transmission of infection, even during visits to the different hamlets. This continued for three months and is still in place for patients who are unable to access medicine due to a lack of transport.

More than 10,000 people, mostly young adults, have returned to Jawadhi Hills from various places where they were living for migrant labour. CMC anticipates that this large group of unemployed young people might lead to an increase in substance abuse and anti-social behaviour as they have little to

occupy themselves. CMC's Community Health Department is working with the community to help find employment or to engage these people in some activity.

CMC are still awaiting completion of legal formalities towards a long lease of the land for the clinic they run daily in the Jawadhi Hills. The clinic had to shut for three weeks at the start of the lockdown but was then able to reopen. Numbers were initially low but are increasing now with public transport running again. The healthcare team are continuing to see complicated patients due to the lack of access to timely medical care, especially in antenatal patients. So far, there have been only a few Covid patients in Jawadhi.

The mobile clinic visits continue to run providing antenatal, post-natal, under-fives care, chronic disease treatment and cancer screening as well as treatment for acute illnesses. Home visits by the health workers were suspended due to the lockdown but are continuing again now.

Partnering with smaller Mission Hospitals

CMC's Missions Department seeks to help smaller mission hospitals across India, raising their profile and sharing resources and expertise.

They recently organised a Zoom meeting for Indian mission hospitals to discuss management of Covid-19. Those involved in Covid management at various hospitals shared experiences and lessons learnt and identified areas for working in partnership.

Shiloh, CMC's annual students' medical missions conference was conducted online this year, allowing more to attend. The theme was 'Salt & Light' based on Matthew 5:13-16.

Shiloh is a forum where medical students can catch glimpse of the breadth of Christian

medical mission; a movement that seeks to develop leaders in the healing ministry of Christ. It is a time to listen to and interact with those who have worked in the mission field and be inspired and challenged to respond to God's calling.

Reynolds Memorial Hospital, Washim

CMC Vellore are helping to revive and restore Reynolds Memorial Hospital (RMH) in Washim, Maharashtra into a functional 100 plus bedded hospital. Clinical services have restarted, and a new Medical Superintendent was appointed in May. The mission of the hospital is to provide Christian quality healthcare at low cost for the poor, seeking to witness to Jesus Christ's love through teaching, caring and sharing.

Washim is one of the seven districts within the Vidarbha region in Maharashtra, mostly consisting of farming communities. Vidarbha is known for farmer suicides and it is CMC's prayer that through medical and community intervention, God will help them to reach out to those in need.

A new project in collaboration with CMC's Haematology Department is enabling a genetic diagnosis lab to screen for thalassemia, sickle cell disease and congenital disorders.

***Praise God** for answering prayers for a new Medical Superintendent. Dr Anita Victor is an Alumna of CMC with rich experience both in India and overseas.*

***Please pray** for Dr Anita and the team working hard to provide good clinical care to the local community - mostly struggling farmers. Ask God for more workers to be inspired to join this harvest field.*



30 beds are prepared for Covid isolation at RMH

CSI Hospital Erode



Urban Clinic at Vendipalayam, Erode

The first hospital CMC partnered with was CSI Erode, with whom they signed an MOU in January 2016. Sadly, this was terminated in January 2020 following delays in renovation and sorting out the infrastructure. However, CMC's partnership with CSI Erode continues in spirit. They are encouraging CSI Erode to form an advisory committee with CMC and other hospitals.

***Please continue to pray** that this hospital will be made fully functional. Dr William, one of CMC's obligation candidates, is Medical Superintendent and has been working hard at taking it forward along with support from various CMC departments.*

Kotagiri Medical Fellowship Hospital

Kotagiri Medical Fellowship Hospital (KMF) is situated high in the Nilgiri mountains. The hospital had fallen into decline but has recently been revived with staff moving there from CMC. It has been growing steadily, with improved services and increasing patient numbers. New staff have joined and gradually the locals are gaining confidence in using the patient services.

Since the Covid pandemic began, KMF's outpatient numbers have dropped but the number of patients requiring admission and treatment has remained steady. The hospital is one of very few options left for the sick to obtain treatment since most local government facilities are being used only for Covid patients.

In 2019 Friends of Vellore UK sent £30,000 to enable KMF to purchase much needed equipment for their lab. This is named after Ms Monica Sutton, a British missionary and lab technician who was one of the pioneering founders of what is now KMF. Dr Tony Abraham, Medical Superintendent, shares the story of one of the many patients who has benefitted from this new lab on the opposite page.

***Please pray** that KMF staff witness to God working in them by demonstrating God's love and a spirit of unity. Pray for protection from Covid and that they would be able to source enough PPE. Pray also for finances to buy much needed equipment.*



Lab technician, Sweetie, in the new lab at KMF



Pandian

Pandian* is a daily-wage labourer who works as a gardener. He came to Kotagiri Medical Fellowship Hospital with severe chest pain. An ECG and other investigations showed that he had myocardial infarction, commonly known as 'heart attack'. Blood supply to part of his heart was blocked, leading to early signs of dysfunction of the heart.

We were able to diagnose his condition quickly with the help of laboratory tests, ECG and radiology. The high-quality laboratory in the hospital was particularly helpful in getting reliable results quickly.

Pandian was treated in the ICU with medicines to dissolve the blood clot and he was soon free of pain. A follow-up ECHO showed that his cardiac function was almost normal, with no signs of dysfunction. Since he came early, within the 'golden hour', we were able to treat his problem optimally. Now, Pandian is very thankful to be back at work and able to support his family.

Myocardial infarction (MI) is commonly

seen in our hospital and we are able to thrombolysed and stabilize those with this problem before referring for further management (angiogram). Before the hospital was functional, those with MI had to travel to the nearest city, Coimbatore (about three hours by road) which meant that they would not benefit from early thrombolysis and many perished along the way. We are thankful that we are able to give the required treatment at the right time and thus make a difference in the lives of people.

*Dr Tony Abraham,
Medical Superintendent, KMF.
(*Name changed)*

Obituary: Dr Sakuntala Karat

Dr Sakuntala Karat (MBBS batch of 1951) passed away on 26 July 2020 at her home in Katpadi, Vellore, after a prolonged illness. Her husband, the late Dr Benty Karat, was also an alumnus of CMC (Batch of 1953).

After completing her MBBS, Dr Karat, worked as a research officer in the Department of Orthopaedics and Leprosy Reconstructive Surgery at CMC with Dr Paul Brand caring for those deformed due to leprosy. She was one of the members of the team that pioneered, perfected and established reconstructive surgery for correction of deformities in leprosy. She was also a hand surgeon in Karigiri Hospital (15km NE of Vellore) for several years.

She carried out a baseline survey to measure the burden of leprosy disability in the community and went on to establish home- and hospital-based principles of care of anaesthetic hands, feet and eyes. Working with Dr Paul Brand she evolved the principles of prevention and management of plantar ulcers.

Dr Karat migrated to the UK in 1975, where she trained in orthopaedics and became the first female consultant orthopaedic surgeon in the UK. She was internationally respected for her work in the field of hand surgery, establishing the first Hand Surgery Unit and



Training Program in the northern region of the UK. She worked at South Tyneside District Hospital until her retirement, when she returned to India for six months each year to continue her passion for leprosy at Karigiri.

Whilst in the UK, Dr Karat worked with CMC to modernise orthopaedics. She arranged for training for the Heads of Orthopaedic Units in the UK, laying the foundation for orthopaedic specialisation in CMC Vellore. In addition, she campaigned and arranged for donations, through Friends of Vellore UK, for funds to procure advanced surgical equipment for specialised surgeries.

She lived a fulfilling and fruitful life. In living out the motto of her alma mater 'Not to be served unto, but to serve' she exhibited Christ's character and nurtured Kingdom values, unobtrusively to others but with full awareness in her heart.

Dr Sakuntala Karat is survived by her son Dr Dayalan, a GI surgeon in UK, and two daughters – Dr Nirmala, a retired dentist in the UK, and Dr Pushpa, a dentist in Australia. They have set up a fund in memory of their mother and father for a prosthesis unit and gait lab at Karigiri. Donations can be made through Friends of Vellore UK. For more details contact Nimmy: nimmellor3@gmail.com

News from RUHSA

During the pandemic, CMC's Rural Unit of Health and Social Affairs (RUHSA) continues to provide hospital services to everyone who can reach them. They put systems in place to help patients negotiate lockdown restrictions and to ensure social distancing within the hospital. A triage and fever clinic near the entrance ensures that suspects are not mingling with other patients.

Whilst the village clinics were unable to run due to the lockdown, the team delivered medicines at home for patients with chronic disease who could not reach the hospital.

RUHSA is using the pandemic as an opportunity to focus on what is needed and has long-term benefit to the community. Staff identified many individuals and families in need of food supplies as the lockdown caused income losses. These include elderly without families, families with disability, some patients with chronic disease, single mothers and TB patients. RUHSA is supplying these people with dry rations to supplement their nutrition needs, thanks to support from staff,

friends and community members.

The Indian government has mandated the closure of all children's play centres for the time being. However, the Pachaikili centre is continuing to provide nutritious snacks and milk for the children who would have attended. They come to the centre, drink the milk and take the snack home.

Whilst children in the UK were able to continue lockdown lessons at home, thanks to online lessons and access to the internet through various devices, sadly children in the rural villages don't have this provision. Although many have smart phones, there are no online classes.

Food is still being prepared for the elderly

at the elderly welfare centres. They can come and collect a meal and others in need who have been identified are also being provided with hot meals to eat.

Dr Shantidani Minz, Head of RUHSA writes:

"While COVID-19 has disrupted all our lives, I think we have learnt valuable lessons. I think we have all learnt to become the neighbours Jesus wanted us to be.

Thank you for being our friends. Please continue to uphold us in your prayers as we move around in the villages and treat patients.

Be safe and God bless you."



RUHSA patient waiting area



Hot food at one of the elderly centres



Elderly exercise class



Obituary: Dr Anand Date

Dr Anand Date passed away on 15 October 2020, here in the UK.



Dr Date was born on 22 April 1939. He completed his early education in Mumbai, going on to study medicine at CMC, Vellore from 1957. He worked for a year in CMC's Department of Physiology before joining the Department of Pathology where he did his MD and became a faculty member.

A brilliant and engaging teacher, Dr Date had a razor-sharp mind that could make the most complex concepts appear simple.

His area of interest and expertise was Nephropathology and he made significant contributions to the renal transplantation

program of CMC, which was the first institution in India to perform renal transplantation.

His dedication to his subject was astounding. Once Dr Date was admitted in the hospital for a few days. When one of his friends went to the ward to visit the 'patient', he saw Dr Date sitting behind a microscope and reporting slides! He had several publications in national and international journals and was considered an authority in renal pathology.

Dr Date was the Head of CMC's Department of Pathology from 1991-1997. He

retired in 1997 and moved to Muscat, Oman as Head of Pathology at the Sultan Qaboos University Hospital. In 2012, he moved to England with his wife Dr Sally (MBBS batch of 1957), to be close to their daughter Geetha.

Wherever he worked, Dr Date was known for his humility and friendship. He was an inspiration to his students who remember him with reverence and affection.

Sally has requested any gifts in memory of Anand should be sent to FOV for support of 'attenders' in CMC's Pathology Department. (Attenders are responsible for cleaning and are the lowest paid members of staff.)

GUNA

52-year-old Guna is married with a daughter. He has diabetes mellitus and is on insulin therapy. He also takes medication for hypertension. He developed swelling and discoloration of his right leg which was investigated at CMC. His family were living in their own house in Coimbatore, 550 km from Vellore town.

However, due to Guna's illness, they moved from Coimbatore to Vellore to live with his wife's family in Sankaranpalayam, which is 5 km from the hospital.

Guna has studied up to high school level and was working as a watchman, earning £60 per month. Currently, however he is unemployed as he is on dialysis. His younger brother, who works as a professor in a government college in Coimbatore, is supporting his whole family including the educational expense of Guna's daughter. She is studying for an MBA (Master in Business Administration) in the government college where her uncle works. Guna gave his share of his house in Coimbatore to his brother.



Guna

The family have three simple meals a day.

On evaluation at CMC, Guna was found to

have acute worsening of renal function associated with hypocalcaemia (low calcium levels). He was admitted for further management and underwent left arterio-venous (AV) fistula under local anaesthesia. He is on maintenance haemodialysis via a temporary central venous catheter. After three days of hospitalisation, he was discharged and advised to care for the fistula through regular cleaning and avoiding lying on it, and to monitor its effectiveness before and after dialysis.

The cost of his care came to £183. Guna's brother paid a part of the bill and the remaining was settled by the Person to Person scheme. Guna and his family are so grateful for the donation that made this possible.

Obituary: Rachel Paterson

Rachel Paterson, widow of Dr Donald Paterson, CMC's former Head of Radiology has died in New Zealand at the age of 98.

Rachel Elizabeth Lucas Paterson was born in 1922 in Wilton, England. She was 17 when World War II erupted, and she spent the war years driving a truck for her father, collecting paper and rags for recycling.

Rachel felt that her calling after the war was to support the people of Britain in a time of great need through the church. She went to Liverpool and trained to be a lay preacher, where she met Donald who was studying to be a radiologist. They married in 1952 before setting out together as missionaries to India.

Over the next 12 years Donald worked as professor of Radiology at CMC Vellore. He took over from Dr Ida Scudder's niece, Ida B Scudder, and established the leading radiology department it has become. During this time, Rachel focused on pastoral ministry and worked with St John's Sunday School whilst also caring for their four boys: Edward, Andrew, Alan and David. This period brought great friendships and cemented a



Rachel and Donald Paterson

lifelong connection with Vellore.

In 1964 they returned to the UK to allow their boys access to educational opportunities. They threw themselves into the life of the United Reformed Church of Sutton Coldfield, Birmingham, Rachel running the large Sunday school programme. They promoted the mission work of the church through presentations in many local churches. Rachel also preached at a church in Tamworth and took on three more boys in

the school holidays, the sons of missionaries in Madagascar.

Donald and Rachel emigrated to New Zealand in 1974 to begin a new chapter in their lives which again centred on the church. Rachel also applied her impressive listening skills and caring concern to work as a marriage guidance counsellor.

Rachel's faith in God, positive attitude, and her love and care for family and friends made her a very special and much valued wife, parent, grandparent and friend for so many people in so many places

around the world.



Rachel and Donald Paterson and 4 sons
in Kodaikanal 1966



Slow Down

I recently saw a young man struggling to match his quick pace to that of his elderly companion. In this modern culture, many of us walk fast, eat fast and speak fast. Words like 'quick', 'fast', 'instant', 'immediate', 'urgent', and 'speed' seem to be the marks of the day. However, there are some moments in life where the opposite is required. If we don't slow down, we will miss the beauty of the wholeness of life.

1.

Fellowship with the physically sick: 'Slow Dance' is a poem written by a teenager with cancer, a few lines of which are:

*"You better slow down.
Don't dance so fast.
Time is short.
The music won't last"*

We sometimes run so fast, not bothering to wait to hear the reply to our own commonplace question, 'How are you?' When we have the patience to listen to their reply, we can know about them and help if necessary. When we sit with someone who is physically sick, we understand that their world is quite different. If we want to understand their pain, we need to slow down.

2. Look at the birds of the air: While talking about worries, Jesus told that we can learn a lot by considering the birds of the air and the lilies of the field. The behaviour of the birds and the beauty of the flowers are observed only by those who slow down. In our life of speed and action, we miss these important experiences. Often, it is adults who are unable to appreciate the beauty of nature or the mystery of the universe - unlike children. A

child has his own rhythm and speed, which is conducive to experience, wonder and beholds beauty around us.

3. Wisdom from the elderly: Many of us seek out an elderly person when we go through a crisis. One thing they facilitate is 'slowing down'. When we have hit rock bottom, we realise that 'slowing down' is a good idea. The elderly, in their wisdom, know the futility of speed in many aspects of life. They may not tell us to slow down. But every moment we are with an elderly person, makes us slow down unknowingly.

4. Listening with empathy: Listening is an activity of the heart. It is significantly different from 'hearing' which is the activity of the ear. Listening requires slowing down. Many caring professions involve a significant amount of listening. Humility, respect and compassion are prerequisites for listening. We walk the same pace with the other when we listen. We may deliberately reduce our speed, knowledge and even intention for the sake of the other. It is only in that process of listening that healing emerges.

5. Slow to anger: One God's intrinsic qualities which recurs in many Biblical passages is that

the Lord is 'slow to anger'. How is it possible that an all-knowing God is slow to anger? Why does God suspend or delay His anger? If anyone is justified to get angry, it is God since He knows our inner thoughts and motives. The book of Proverbs counsels this specific quality of being 'slow to anger': 'Whoever is slow to anger has great understanding', 'those who are slow to anger calm contention', 'One who is slow to anger is better than the mighty', 'Those with good sense are slow to anger'. The apostle James instructed his listeners to be slow to anger. It is a divine quality which enhances understanding and removes quarrel.

Slow down, today, to have fellowship; slow down to catch a glimpse of the first star or the colours of twilight; slow down to listen to those in the evening of their lives; slow down to listen to the heart of a companion or family member; be slow to anger. In those holy pauses, God speaks.

Rev Dr Arul Dhas, CMC Chaplain

This article was first published in August 2018 in CMC's weekly newsletter. CMC's Chaplaincy Department witnesses to the healing ministry of Christ through the provision of pastoral and spiritual care to staff and patients. The photo is of a palliative care home visit.

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