



VELLORE NEWSLETTER

FRIENDS OF VELLORE CHRISTIAN MEDICAL COLLEGE & HOSPITAL (QLD)

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(Qld FOV is a branch of the Australian Board of the Vellore Christian Medical College and Hospital)

Dear Friends,

This is a special year for Vellore Friends in Queensland because the annual meeting of the Australian Board for Vellore will be held in Brisbane in August. This Board coordinates the work of the various State groups and is our direct link with the College, the Hospitals and all their related activities.

The Board will meet during the day, Saturday 27 August, with special guests, Dr Lionel Gnanaraj and his wife, Dr Jessie Lionel, representing the Director. Some details about this couple are given on p.2.

We are taking this opportunity to organise an evening meal so local people can meet and hear from the visitors as well as from interstate members of the Board.

Brisbane readers have an order form so they can register for this meal, but if you can come from beyond Brisbane that will be great. Contact details are in the box below.

<p>The details are: 6.30pm, Saturday 27 August at The Gap Uniting Church, 1050 Waterworks Rd., with a contribution of \$25 per head to cover cost. We need to know numbers no later than 20 August. Contacts: Brian Lee 3351 3272 (jblee19@bigpond.net.au) and Gwenda Spencer 3300 1452 (gwendaspencer@eml.cc)</p>

VISITORS FROM VELLORE IN BRISBANE IN AUGUST

Dr Lionel Gnanaraj, MB BS, MS, MCh graduated from CMC Vellore in 1977 and went on to specialise in surgery and urology. He worked in the CSI Hospital at Ikkadu and at CMC Vellore becoming a lecturer in surgery in 1985 and in Urology in 1991. In 1996 he came to Adelaide for two years as Senior Registrar in Urology and Transplantation at The Queen Elizabeth Hospital and was there again for 9 months in 2005 as a Fellow in this specialty, returning then to his post as Professor at CMC Vellore.

He is now the Medical Superintendent with oversight of this Hospital complex with its more than 2000 beds and with many general and specialty departments.

Dr Jessie Lionel graduated with an MBBS from CMC Vellore in 1980 and after further studies added DGO, MD (both relating to O & G) and Dip NB (Family Studies) to her qualifications. She joined the CMC staff in 1985 as a Registrar, was appointed Lecturer in 1985 and after several promotions is now, since January 2007, Professor of Obstetrics and Gynaecology, specialising in HIV pregnant mothers and high risk pregnancies.

During their visit to Australia from 16 to 31 August, they will be sharing news of current developments at Vellore with Friends of Vellore groups in Adelaide, Melbourne, Hobart and Sydney as well as attending the Australian Board's Annual Meeting in Brisbane on behalf of the Director.

INITIATIVES IN DISTANCE EDUCATION

A new program of CMC's Department of Distance Education provides teaching material for a Community Lay-Leaders' Health Training Certificate with an expected 200 students per year. The course is specifically for Christian NGO workers based in remote parts of India where there are few or no healthcare facilities available. Those completing the course will be able to offer preventative and basic curative care to the communities they serve. There will be 60 days of classes for hands-on training conducted by CMC trained teachers in 10 regional centres in 9 different States in North and South India. Interaction through teleconferencing will be part of the teaching program.

ONLY IN INDIA?

I am sure we would like to think this could happen only in India – not in this country surely! Could a mentally ill Australian wander from Cairns to Perth to be found by chance? This is a story from the CMC Newslines.

Hospitals are generally not very happy places, but once in a while somebody or something makes everything worthwhile. This story not only has a happy ending but also underlines CMC's commitment to "ministering".

When Mr A was working in a cycle shop in a Bihar village, he developed a psychiatric illness which his family did not realise. He wandered from home and the next news of him was from a hospital far away in Kashmir where he was admitted with an injury sustained while wandering the streets. Before his family could get to him, he had left there. There was no future news till 13 years later when they heard from a doctor in Bihar who told a relative that Mr A was living in a home for destitute mentally ill persons in Tamil Nadu, a home where CMC psychiatrists provide medical consultations. They had found there that he was virtually mute and there was little chance of tracing his family. When he responded to medicines and began to speak, his language was not recognised. Only this year, during a routine review of his case with Dr Sherab Tsheringla, the examining resident, light began to dawn. She happened to be familiar with Bhojpuri Hindi, the dialect spoken in Bihar. Mr A was able to tell her of rivers and railway stations near his village and Dr Sherab used friends in Bihar to trace his family. Mr A's father, uncle and brother made the long journey to CMC and were welcomed by a smiling Mr A. Now feeling herself part of the family, Dr Sherab arranged train tickets and food for them to return home where Mr A will continue his treatment locally.

NEW COLLEGE OF NURSING LIBRARY OPENED

Officially opened in March, the new Library in the new College honours the work of Ms Florence Taylor, a pioneer of nursing education who, during her 16 years at CMC, 15 of those as Dean of Nursing, played a seminal role in shaping the curriculum of graduate nursing education for CMC Vellore and also for the whole country. What began many years ago as a 1000 book library in a small corner of the Visitors' Room is now a magnificent 11,000 sq ft three storied structure complete with the best of technology and over 17,000 journals and theses.

THE LOW COST EFFECTIVE CARE UNIT AND DR SARA

This Unit, usually referred to as LCECU is a CMC feature that may indeed be unique. Built originally as the Ida Scudder Ward with help from Australian Friends of Vellore, this Unit provides low cost care given by highly qualified staff to those sometimes called “the poorest of the poor”, many living in Vellore’s slum areas. From 1999 to April this year when she retired, the work of this Unit was led by Dr Sara Bhattacharji (she was previously in CMC’s Community Health and Development (CHAD)). The following is from a speech made by Dr Sara on the launching of two books about LCECU.

This Unit is a place of stories. There are stories of suffering and pain, of immense courage and tenacity, of weakness and betrayal, of generosity, of kindness, of love.

When I first came to the unit in 1999, I was struck by several things, chief among which was the ease with which the patients, who were visibly very poor and disadvantaged, walked around the ward. There was a sense of belonging, almost ownership, that was so good to see. I prayed that this was something I would have the wisdom to nurture. The other thing that struck me was the incredible wealth of clinical material. The variety, the complexity, the resource constraints and unexpected twists and turns made clinical work an exciting and stimulating challenge.

As I continued to work here, I stumbled on to a whole philosophy and practice of medicine: GP or ‘family medicine’, which though it had a lot in common with community medicine as I had known it so far, also had distinctive features as well. The centrality of the individual who is located within particular contexts informs and influences the relationship of the doctor and patient. The family medicine ‘specialist’ is not a specialist of any particular disease, but of the patient. Being at heart and work till then a grass roots person, I missed the going out from the centre and as soon as I could I started to visit the community from which our patients came. We chose to work with the poorest areas, through a community based rehabilitation project. We learned a lot about our people, and our work has led us into myriad ways of working together with local communities for better health.

However, working with impoverished communities does mean that in our day to day work, we are often confronted with hard questions that have no easy answers. We are very conscious that we are fortunate to be part of CMC which gives us enormous back-up and support for medical care and finance. Despite this, in the daily encounters with people whose lives are constantly on the edge or beyond the edge, we still experience with them the sense of despair, and the hopelessness of people defeated by circumstances and the great odds against life itself. (cont.on next page

cont. from p.4) Amazingly, it is these very people themselves who have helped us to face the stark questions that surface. Their resilience and good humour in the face of great odds, their tenacity and courage to believe that things will change for them and their loved ones, their generosity, their love, their will to move horizons, this basic life force that we have encountered, all these have been for us a source of hope amidst the despair and seeming chaos.



Low Cost Effective Care Unit



LCECU Open-air Chapel

TUBERCULOSIS IN INDIA

Recently in the Australian press there were articles regarding the possible spread of tuberculosis from PNG through the islands in Torres Strait to the Australian mainland. People in India are well aware of this dangerous disease. It is estimated that approximately 1000 people die of TB every day in India. Since the discovery of the mycobacterium causing the disease nearly 130 years ago, much has been done to limit its disastrous effects on what are usually poor areas both in cities and in rural communities.

On World Tuberculosis Day, 24 March, CMC's Department of Pulmonary Medicine and the College of Nursing organised a number of activities to increase awareness of TB among people in the area and health care workers. Over 150 doctors and nurses attended these programs. Through a Walkathon educational leaflets were distributed to the people of Vellore. Though TB has been afflicting mankind for thousands of years, it can be controlled and eventually eliminated but only through awareness and education as well as treatment.

BHARATHI – A STORY FROM VELLORE

Seven year old Bharathi comes from a town about an hour's bus ride from Vellore where his parents work as hired labourers, living hand to mouth. They brought Bharathi to CMC's Paediatric Casualty Department saying that for the previous two days the lad had been suffering with frequent spasms, and arching of his back. Ten days prior to this he had injured his



left leg. He was diagnosed to have tetanus, against which he had not been immunised. Immediately, in the paediatric casualty ward, a tracheotomy was done, to maintain his airways. He was then admitted to the Paediatric Intensive Care Unit and was put on a ventilator for 28 days. He required high doses of muscle relaxants to control his spasms. He also experienced other problems including pneumonia, sometimes associated with being on a ventilator. He also developed a paralytic gut, for which he required a laparotomy and intravenous antibiotics.

With aggressive physiotherapy and good nursing care he gradually improved. After 65 days in hospital he was able to walk and could return home, once again fit and well. The family will be for ever grateful to the well wishers and to CMC who worked together to meet the cost of their son's life-giving treatment.

CHANDRA – FROM THE LOW COST EFFECTIVE CARE UNIT

Chandra's husband died 12 years ago and she now lives in her mother's home with her three teenage children in one of the poor parts of Vellore City. Chandra only studied up to 4th standard but she made sure that the children almost completed their schooling and all completed their childhood immunisations.

The home, one in a closely packed colony, is thatched with palm leaves and has brick walls plastered with mud. There are two rooms, a kitchen-cum-eating place and a sleeping area. The door is the only source of ventilation. There is no electricity and firewood is used for cooking. They bathe in a thatched shed behind the house and go into the open for their toilet. Some feet away there is a garbage dump, piled high with rubbish and an open sewage drain runs in front of the house. Mother and daughter take turns in bringing 10-15 pots of water every two or three days from the municipal roadside tap about ½ km away for their domestic needs.

(cont. next page)

cont. from previous page) Their neighbourhood is part of an area cared for by the Low Cost Effective Care Unit (LCECU). When her son, Ramarajan, developed a duodenal perforation he was referred by them to the Main hospital for an operation. Now, when Chandra had a severe abdominal pain, the neighbours advised her to go to LCECU for help. She too, like her son, was diagnosed with duodenal perforation. Straightaway the doctor phoned one of the Surgical Units in the Main hospital requesting that Chandra be referred to them for surgery.

As soon as she reached the Casualty Department the necessary investigations were started and Chandra was reassured because the young house surgeon who visited her son after his surgery was now working in Casualty. She was pleased to see a familiar face in her bewildering surroundings. She was soon admitted for surgery and the operation was successfully performed. She returned to LCECU for her recuperation and for follow up after her discharge.



The family's income depends on how much money Chandra can make each day selling poor quality fruit. Already she had borrowed Rs.2,000 from a

money lender to help to pay for her son's medical care, of which she has so far managed to repay only Rs.200. However, as requested in the letter from LCECU to the Surgery Unit 5, she was treated as a free patient. Sometimes the cost is borne by the Person to Person Fund, supported by well wishers around the world. Other times the cost is met from the Hospital's budgeted fund for free treatment. Often the cost is met by the individual Department's own special fund which receives 20% of all patient fees and professional charges.

Chandra and her family have experienced firsthand the dedication and skill which all of CMC extends to those who come for help. "Where else can we find a doctor willing to visit us at home without charge", asked Chandra. They will never forget the sacrificial care freely given by staff and well wishers.

THE DVD “HOME OF A HEALING GOD”

Copies are still available from Brian Lee (ph. 3351 3272 or jblee19@bigpond.net.au) for \$10 (including postage). It is a great resource to use to tell your friends about CMC Vellore, its people, its work and something of what makes it the great place it is.

WEB SITES

www.australianfov.net.au

Vellore and USA sites: www.cmch-vellore.edu & www.vellorecmc.org

STREET STALL NEWS

Many thanks to new volunteers, and to those wonderful people who continue their many years of stall work. In recent months more than \$1000 a month has come just from these two stalls.

Each of the Toowong and Tank Street stalls happen once a month. New helpers are always welcome. Continuing needs include:

- Suitable items for sale
- Help with transporting the goods
- Workers at the stalls

- regularly or now and again as you are able.

If you, or someone you know, can help in this, kindly contact Mrs Claire Mainstone (3371 1332).

For material in these Newsletters I am indebted to CMC's weekly "Newslink" and to Mrs Ann Witchalls' great stories about people whose lives are changed by what happens at CMC Vellore.

Regards, Brian
(Newsletter Editor).

QLD FRIENDS OF VELLORE OFFICE BEARERS

Chairman: Mrs Cathy Chandani, 24 Mathews St, Bethania 4205 (ph 0412391353)

Vice Chairman: Rev John Hooper, 74 Meynell St, Salisbury 4107 (ph 3701 0017)

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