

# Vellore News

CMCH Vellore Web site:  
Australian FOV web site:  
SA FOV email:

<http://www.cmch-vellore.edu>  
<http://www.australianfov.net.au>  
[safriendsofvellore@gmail.com](mailto:safriendsofvellore@gmail.com)



## SA Friends of Vellore Annual General Meeting

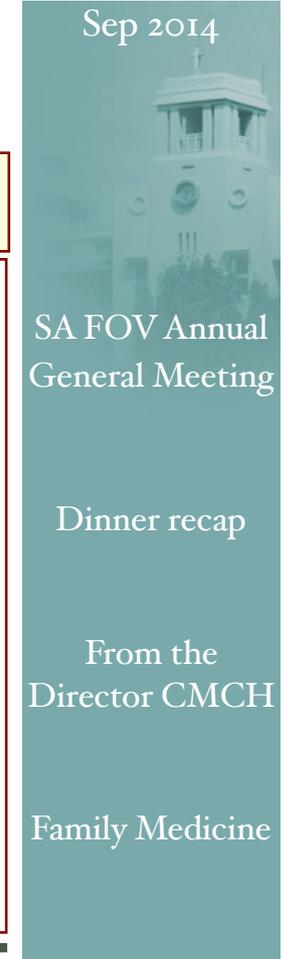
3:30pm, Sun 26th October, 2014

Rosefield Uniting Church  
2 Carlton St, Highgate

### Speaker:

Dr Christine Drummond, Palliative Care Physician at  
Northern Adelaide Local Health Network.

Everyone is welcome! Don't be put off by the term 'Annual General Meeting' - these are very enjoyable and informative meetings, with a delicious afternoon tea!



### Recollections of the SA FOV Dinner 2014

The annual South Australian Friends of Vellore dinner was once again a great success. It is inspiring to see several hundred people filling the tables in the Fogolar Furlan Hall. As retiring President of the Australian Board I was privileged to be invited to start the meal with grace which appropriately recognises that all our efforts and the work of Vellore starts with the Grace of God. Although fundraising is important the most valuable aspect of the Australian FOV is the relationships formed between ourselves and the staff at CMC and from the buzz in the hall between each other. The South Australian group has been particularly prominent in hosting medical families in a variety of disciplines as they train in Adelaide.

Anil Roy was an engaging host, expertly navigating the crowd through an evening of entertainment starting with the alumni singing the Silver and Blue, through the colour and energy of Indian dancing to the fundraising and Daryl Teague's expertise in squeezing the last drop of curry from the auction items.

The highlight of the evening was the guest address by Tim Nicholls, the filmmaker who was about to return to Vellore to make the next instalment of DVDs to succeed his very successful film "Home of a Healing God". He had known of CMC through the work of his father Graham who until a year or two before his death spent half of each year serving as a chaplain at CMC and who was remembered for that dedicated service earlier in the evening. Tim displayed great sensitivity towards the history and service at CMC and had creative concepts on how to capture that on film so it could be shared widely. He communicated with passion for this work and we eagerly await the series of short films on multiple aspects of the mission of CMC which will help both CMC and the Friends of Vellore groups around the world to spread the message of support. He makes these new films at a time when CMC are planning a multi-campus expansion to enable them to serve the increasing need more effectively.

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### Upcoming Events At A Glance

**Sun, 26th October, 2014**

**3:30pm**

SA FOV Annual General Meeting  
Rosefield Uniting Church

### South Australian Friends of Vellore Committee

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Following, as it did, a FOV Australia Board meeting where Board members stepped into new roles to continue the work, I came away from that large annual dinner in South Australia with a sense of optimism about the future of the Friends of Vellore in Australia and excitement about the new opportunities which are being pursued at CMC.

Ian Olver AM

The SA FOV dinner for this year raised around \$14,000! Thank you to all who attended and to those who gave a donation in lieu of attendance.

## SMALL THINGS BRIGHT AND BEAUTIFUL

The significance of small things is difficult to establish. In a world that romanticizes bigness, small things have become 'the last, the least and the lost'. Go to the United States and feel the overpowering presence of the Big Macs and popcorn buckets. The Big Guys store, the Big W, Toys-r-Us and all expressions of the 'big' phenomenon. Even in India, the paradigm of 'Big' seems to be catching on. The Big Bazaar, Mega Mart, seven-seater cars and bigger malls have caught the attention of the urban elite and the young people. 'The Bigger the better' is the maxim that the world seems to follow. If Charles Darwin were to be alive today, would he have to change his theory of 'survival of the fittest' to 'survival of the biggest'? I wonder!

"It's a small world" is a usage heard commonly only in relation to technology-enabled communication. But there is greater truth and generality in saying "its a world of small things". The hidden beauty of small things lies waiting to be discovered. We often ignore them in our callousness and rush. Look around and you will find joy and beauty in small things. The tiny flowers that bloom on your walkway and get willingly crushed under your feet. The humming bird that flits and fleets on the branches of your garden tree. The tiny hands and feet of a newborn child, nimble, soft and pure. The small-built men in the circus tent who titillate you to splits, but matter little after the show. The babies of any species who look so adorable and cute, even the young one of a donkey. We peer in wonder at miniaturized models of buildings and spaceships when we visit museums. The significance of small things is not just in material objects but also in human interaction, relationships and family. The child's prayer, the family meal, the christening ceremonies and picnics are small events but hold great significance in our lives. These small events are times of Gods visitation and must be held with great care, like you would a crystal bowl. The Booker prize winning book - 'The God of small Things' was a narrative on the joys of family life in a small insignificant village in Kerala.

History lies studded with numerous examples of small events that made an impact. History also describes the feat of small people and small communities in the formation of the world. Preparing for a convocation address to a school, I discovered the significance of small things in the Bible. I wish to share with you four small objects to bring home the importance of small things

1) Sling and Stone:(1st Samuel 13 ) Pitted against a nine foot giant warrior Goliath, armed in battle fatigues and trumpeting a shrill war cry, it took David, a small boy with a small sling and a small stone to bring him down. Even if you wish to pass it off as a story, the moral enshrined in it is worth considering. EMPOWERMENT. Gods strength made perfect in our weakness. We are empowered by Gods grace to do things beyond our capacity. That is the truth for all of us.

2) Snack:(John 6) There is another narrative in the Gospels of a twelve year old boy on a picnic who carried a snack of five loaves and two fish packed exclusively for him by his mother. Quite likely she may have told him not to part with it to anyone but he surrendered it to the larger needs of a five thousand people and found his mite ENHANCED beyond all imagination



3) Salt:(Mathew 5 vs 13) talks about this chemical that is effective only when used in small quantities. Its punch lies in a pinch!

Excess makes it ineffective. Try it in a bowl of soup. When sprinkled it drowns, dissolves and disappears. In its minuteness lies its flavouring, leavening effect. Salt is an ENABLER, raising the flavour, making food palatable.

4) Seed: The mustard seed is one of the smallest seeds known to man. Yet it embodies the awesome capacity of a tree within it, which in full bloom can bear a million seeds, and provide place for birds to nest. The seed of a watermelon holds within it a fruit that is several times its size and weight. EMBODIMENT of huge potential within each of us waiting to be unleashed in the right environment.

Mahatma Gandhi and Mother Teresa were two small people who shook the world by their examples. Their servitude and smallness became their greatness. There are others in history who though small, conquered their smallness to transform the world they lived in. Zachhaeus was a small man to whose house Jesus invited himself. I met an employee in our institution who took an appointment to see me in my office. She described to me the repeated setbacks of life and work that made her feel small. She alluded to the uncaring behaviour of her family doubling her smallness. It made me realize that unknown to us, we may be

hurting people by our 'professional' behaviour. I submit that part of our mission and mandate is to make the small feel not-so-small-after-all. CMC did that a few months ago to empathize and rehabilitate two young bonded labourers whose hands were chopped off in an act of unkindness. In having provided them with prosthetic hands, we shared with them our desire to raise them as human beings worthy to love and be loved.

There are hundreds among us who feel small and are made to feel small. Can we sieve them out and hold their hands and tell them of the sling, the stone, the snack, the salt and the seed. Small things that made a difference!

Small Things Bright and Beautiful, The Lord God made them all !!!

Sunil Chandy, Director CMC&H

(written primarily for CMC&H staff, Aug 1, 2014)

### ESTHER RANI'S BABY

Married! God had finally granted Esther Rani's prayer. At the age of 32, long after her cousins and girl friends were married, a marriage was arranged for her with Thulasiraman, who was in his late thirties. Esther Rani's cup was filled to overflowing when she fell pregnant within the first year of marriage.

The couple live in the Karugamputhur area of Vellore, where the Low Cost Effective Care Unit (LCECU) of CMC work. Thulasiraman has completed his B.Com. However the only job he could get is as a painter, painting walls. He supplements this income working as a subscription collector for a local cable TV service provider. His mother, Mary, lives with them. She suffers from multiple myeloma for which she is undergoing treatment in CMC. Thulasiraman has two younger brothers who live with their families in other parts of Vellore town. One brother works in a cinema theatre and the other as a construction worker.



*Esther Rani with her tiny daughter*

For her first pregnancy Esther Rani faithfully attended all her anti-natal check ups at LCECU and was carefully monitored. Since she was older than usual for a first pregnancy, and as she developed high blood pressure she was referred to the Main Hospital for her delivery. Here it was decided to induce the delivery six weeks early because of her age and the danger to her life as a result of the high blood pressure. She delivered a beautiful baby girl, weighing just 1.38 kg (approximately 3 lbs).

Because the infant was so small she was transferred to the neonatal unit for extra care. For ten days she was kept in an incubator. She was given intravenous fluids and parenteral nutrition and started on tube feeds on Day two of life. However she could not tolerate this initially and was not fed for a day. Full tube feeds were reached on Day Six. When Baby was tolerating feeds well and gaining weight she could be transferred back to LCECU for further management. Here Esther Rani and her little daughter remained for a few days.

As soon as the baby one had put on enough weight, she was allowed home to their welcoming family. Thulasiraman had saved some money for the delivery. But, unexpectedly, he was being called upon to pay for both his wife's hospital care as well as the baby. This was quite beyond his financial means. He also had very little family support during the time of delivery. Esther has a widowed mother. Her elder brother is an auto rickshaw driver. He was able to give some financial support at the time of delivery. The LCECU Team assessed the family situation and financial capability. Part of the cost of baby's care was absorbed by the Neonatal Unit. Esther was also eligible for concession under CMC's scheme for those mothers who had their antenatal care in CHAD, RUHSA or LCECU and required special care in the main hospital. Under this scheme CMC would bear the cost of treatment of the mother and the child after a financial assessment was done and they were found to be in need of support to pay the bill. LCECU helped the family with part of the payment of the cost of drugs. Esther is staying with her mother for few months and Thulasiraman is looking for a better job. The family will always be grateful for the skilled care and concerned support shown to them by CMC in their hour of need. This was another instance where the systems in place in CMC in both a high tech unit like the neonatal ICU where the child was given acute expert care, the low cost follow up care in LCECU, the financial and administrative support from the main hospital and work of the social worker in the community visiting the family and providing crucial information of the family's needs, all worked together to help a family going through a very difficult time.

*Upwards or Outwards? The outward journey of CMC Vellore through training Family Doctors.*

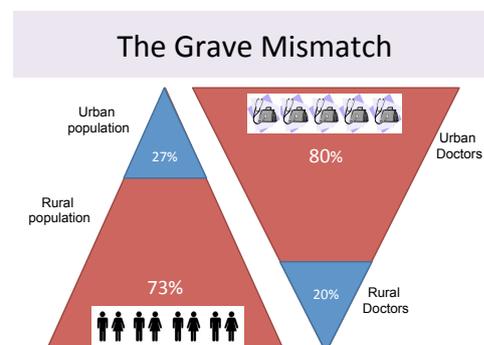
The story of CMC Vellore is a remarkable and very distinctive one in India. It continues to achieve excellence in specialist areas and to recover full costs from those who can afford it while maintaining an ethos of service in the poorer community nearby. With prestige it would be easy to charge competitive fees for medical students, but CMC has remained relatively low fee and made sure that it remains accessible to poorer students. There is an internal tension between the sometimes opposing drives of excellence and accessibility. It comes to the heart of CMC's vision for health care in India and reflects trends in the health care market in India generally. The trend has been upwards and not enough outwards.

The commercial trend in India has seen rampant specialism available without referral, consuming more and more money from the rich and middle classes without a full return in terms of improved health. One of the answers is obvious to Australians, as we enjoy the benefits of a strong general practice model, protected by legislation, with referral and good communication essential aspects of the system. The reality is that while there may be 250,000 general practitioners in India, the quality and morale is very low. Family Medicine (same thing as GP) is only just beginning to come up as a recognised discipline with post-graduate training and qualification, yet its development is crucial for transforming the health care of the nation.

I got involved when I was head of General Practice and Emergency in BPKIHS university hospital in Dharan, Nepal. The fortunes of those disciplines were clearly tied to those in India, even though Nepal was in some ways far ahead of its big brother. Dr Vinod Shah visited from CMC-V and told us about the development of the distance learning unit and the plans for distance learning for GPs. After returning home to Australia he invited me to come as a visiting faculty member to participate in the contact programs with the trainees doing the distance study.

The PGDFM pioneered by Vinod Shah has become MMed Family Medicine awarded by Tamil Nadu State University. It is completed over 2 years by distance learning run by the Distance Education Dept of CMC-V led by Dr Jachin Velavan. There are 300 enrolments per year including government sponsored candidates. It is aimed at mid-career GPs, rural hospital doctors, younger doctors still deciding their career path and also caters for specialists who want to do GP on the side (as most of them do). Candidates have to attend three contact sessions which are held in 10 locations around India simultaneously. My role is in Chennai where I spend 2 weeks every 8 months at the Southern Railway Hospital. It is one of ten centres where the contact programs are run simultaneously with an afternoon teleconference hook-up with CMC Vellore. The training material is all nicely prepared at CMC-V, so it is a pleasure to be able to arrive and facilitate the learning of 25 doctors in the group.

I coordinate the recruitment of GP teachers under the banner of PRiME Project of Health Serve Australia [www.healthserve.org.au](http://www.healthserve.org.au). HSA is the overseas aid and development NGO set up by Christian Medical and Dental Fellowship of Australia, but independent of it. PRiME Partnerships in International Medical Education [www.prime-international.org.uk](http://www.prime-international.org.uk) is a UK based organisation with which we are closely affiliated. PRiME specialises in short term mission trips to minister through medical



education opportunities. In the case of CMC Vellore, the partnership has become long term, and is strongly lead from the Indian side. The personal relationships we make with Indian GP trainees through these brief encounters may last years through return trips and internet connections.

There is a lot in it for the visiting teacher. The trip may be short and the connections all work, even the ATM machines. Local people appreciate you coming and while your contribution is limited it may be significant. As a little fish from



a big pool of resources you find yourself regarded as a big fish. It gives you a break from what may have become humdrum at home but you return with a new appreciation of your facilities. The cross-cultural interaction and reflection in the educational process educates you to return wiser and deeper, spiritually recharged. The opportunity to be a partner in their program teaches you how to accept some uncertainty and sudden change. You appreciate the effort expended by your hosts and the constraints under which they have produced resources and programs. You learn a lot of medicine as it is applied in a different context, appreciating alternative ways of solving similar problems. Sometimes there is opportunity to share deeper things with trainees. Opportunities for sharing the gospel may be incidental to those relationships or softly prepared through the content and context of the education process.

This has been my experience as a visiting teacher over the past 5 years. At this point in time, CMC-V does not have sufficient general practitioner faculty to teach in all the centres. Hence PRiME has been asked to provide 5 tutors every 4 months to make a two week trip to India. PRiME UK and PRiME Australia have contributed equally to this on-going scheme. Ideally the same PRiME tutor goes 3 times over the 2 year course so the students have continuity. I recruit and coordinate potential visiting faculty with Dr Jachin Velavan, who heads the Distance Education Centre, CMV Vellore.

I would like to raise this opportunity through the Friends of Vellore Fellowship in Adelaide. Please would you identify and nudge potential GP teachers in their midst or other circles. CMC-V has stipulated that we recruit Christians. Experience overseas and in education is an advantage. To become a PRiME tutor it is necessary to attend the annual training course which rotates around Australia. Next year it will be held 3-5 July at Tabor College in Adelaide.

Please get in touch with me [owen\\_d\\_lewis@hotmail.com](mailto:owen_d_lewis@hotmail.com) or [prime@healthserve.org.au](mailto:prime@healthserve.org.au) 0434085269.

Dr Owen Lewis



*Child Health Department CMC&H Vellore*



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Dr. Ian Roberts-Thomson  
8 William St  
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