



The Vellore Advocate

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“Not to be Ministered Unto, But to Minister”

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Consultation 2010:

Vellore Consultation Charts Institutional Strategy for the Next Decade



At the consultation, Drs. Mark Steinhoff, Gary Gunderson and M. C. Mathew (l. to r.) discuss the future of CMC.

In January, CMC convened its first “Consultation” since early 2002. As in the past, the consultation was a gathering of faculty, staff, students, Council members, and a variety of friends of the institution from around the world. The goal of the three-day event was to formulate a plan for the next five to ten years of growth and institutional development.

The presentations and conversations in small groups reflected a growing awareness that CMC must do more than simply be the very best hospital and medical college in India. It must even do more than treat the thousands of very poor people who are given free or subsidized care each year. CMC must exercise leadership in addressing the pressing health needs of India.

Health and basic welfare issues have been allowed to lag behind as India modernizes its economy. The country is now faced with the rapidly growing health problems of an affluent society (heart disease, diabetes, obesity), while it continues to be plagued by high levels of infant malnutrition, malaria, tuberculosis, gastrointestinal infections and the numerous other diseases of poor nations.

Those in attendance emphasized how important it is for CMC to become more involved in public policy debates, championing more and better services for the poor. Other key outreach proposals that were debated and generally supported were:

- To expand CMC – with the possibility of a second campus
- To provide for more and better research by faculty
- To expand classes to produce more doctors, nurses and health professionals
- To further expand distance education opportunities for the thousands of Indian physicians who lack advanced training
- To achieve a more independent status as an institution of higher learning so that CMC can chart its own course in terms of curricula without long waits for approvals from outside agencies
- To pursue accreditation of the hospital as a means of improving performance and service for patients

Highlights of the Consultation were provided by a series of distinguished speakers.

Rev. A. C. Oomen, a venerated senior member of the clergy who served at CMC for twenty-five years, opened the Consultation by explaining the goals of education at CMC. Knowledge is only part of what students are expected to acquire. They should also emerge committed to the healing ministry of Christ; and they should join a community of caring, which Rev. Oomen sees as part of the church. He hopes that CMC community will help to revive the overall healing mission of the church.

One outside speaker, Dr. Harris Berman from Tufts University in Boston, pointed out recent studies show that hospitals in the U.S., in spite of all the best efforts of quality control managers, are dangerous places. Death rates from hospital errors are considerably higher than deaths from motor vehicle accidents. No similar statistics were offered for Indian hospitals, but it is clear that pursuing accreditation would be an important means of improving and monitoring the quality of care and safety practices at CMC.

Another American, Dr. Gary Gunderson, vice president of Methodist/Le Bonheur Health Care of Memphis, offered a model of cooperation between his own major health care facility and local churches. He described the covenant relationship

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President's Corner

The Cinematic Pride of India

The world was surprised and thrilled this past February when the India-based film, "Slumdog Millionaire" overwhelmed its Oscar competition. A story of the rise of a young man from the slums of Mumbai as a contestant on a television quiz show, "Slumdog" captured the hearts of millions. It has the ingredients of a mega-hit movie including engaging actors, a love story with a happy ending, gangster violence, and lots of conniving businessmen, police and pimps. However, it also is a graphic portrayal of the harsh realities of urban poverty, made worse in India by communal violence and official corruption.



"Slumdog" is an excellent example of the deep dichotomy of India society today. The world-wide success of the film is a source of pride as a showcase for Indian movie-making skills and modern industrial accomplishment. But the theme of the film – the wretched and violent lives of orphaned children – is not something many want to think about much less see it exposed so vividly to the rest of the world

Of course, a feature film aimed at a mass audience is unlikely to include much about those who are working quietly and unobtrusively every day to change the reality of Indian poverty. "Slumdog" does not tell us about the many excellent community organizations and health programs that are active in Mumbai and elsewhere in the country. Countless Indian young people have risen from the slums to lead successful lives with the help of churches and welfare associations. To share these success stories is to plant the seeds of hope and to motivate people to contribute to a solution. Not the least of these stories is the 100 years of health ministry by the Christian Medical College of Vellore and the network of mission hospitals that radiate out from CMC. Whether or not you go to see "Slumdog Millionaire" I suggest you request from us a copy of the CMC video, "Home of a Healing God," and share it with your Sunday School class or missions committee. It hasn't won an Oscar, but I guarantee you will not be disappointed.

Mission Statement

The mission of the Vellore Christian Medical College Board (USA), Inc., in response to the healing ministry of Christ and inspired by the legacy of Dr. Ida S. Scudder, is to provide a focus for excellence and integrity through the support of the wide range of programs of the Christian Medical College and Hospital, Vellore, India.

Consultation *(continued from page 1)*

they have developed, providing clergy with training and sensitizing hospital personnel to the needs of individuals beyond the specific treatments they receive. The goals of the program can be summarized as ensuring that patients come to the hospital through the right door (usually not the emergency room), at the right time (before conditions become acute), and that they are never alone at the exit door and are returned to a supportive community.

In general, the Consultation demonstrated openness to new forms of outreach by CMC, including greater involvement in health policy formation in the arena of public affairs. The importance of work at the national level was emphasized by guest speaker Dr. Daleep Mukarji. He was the founding director of CMC's RUHSA program and has since gone on to jobs of national and international importance. He is now head of Christian Aid, a large relief and development organization in the United Kingdom. Mukarji emphasized the continuing serious conditions in India, including high levels of infant mortality, malnutrition and deep poverty.

Mr. Hugh Skeil, head of the Development Office, provided a summary of recent thinking about partnerships. Two important levels of partnership being explored are termed "Healthy Vellore" and "Healthy India." In both cases, the discussion is about relationships with public agencies and community associations aimed at furthering public health. Both topics signalled a new interest at CMC in playing a role in the public arena by sharing information and contributing to policy formation. The Consultation agreed that it would be desirable to develop a policy on partnerships—establishing criteria for desirable partners, suitable goals for the relationships and providing guidance on financial questions.

Policy recommendations growing out of the Consultation are being compiled and edited and will be presented for approval to the CMC Council meeting in June.

Research Emphasized at Consultation 2010

The CMC Consultation session on research started with the insight that a strong research program is linked directly to excellence in clinical practice and education. CMC cannot afford to neglect research or its reputation for top-notch care and excellent education will erode. Recommendations included:

- Every department should incorporate basic and applied scientists;
- The undergraduate curriculum should include research clerkships;
- There should be an Associate Director for Research, not only a Vice Principal;
- There needs to be more protected time for faculty to engage in research;
- There needs to be support staff and budget for the Vice Principal for Research (or any future Associate Director

for Research);

- There should be a grants office to assist individual faculty members in grant applications;
- There should be a bridge loan fund for committed grants that are slow to arrive.

Dr. V. I. Mathan, former CMC Director, suggested that retired faculty could be used to support research.

Dr. Shiv Pillai, CMC alumnus and researcher at Harvard/Massachusetts General Hospital, shared information about the structure of the faculty at his institution, which includes people with exclusively clinical interests, full-time researchers and a third group that combines clinical practice with an interest in research. Dr. Pillai remarked that in his day, students at CMC had been taught to think critically. CMC was a major center of research for India in earlier decades. He recalled the work of Dr. Jacob Chandy in attracting researchers to CMC and the subsequent achievements of people such as a Dr. T. Jacob John in virology.

Dr. Ajit Varki, CMC alumnus at the University of California at San Diego, reviewed his experiences with CMC as a student and over the past nine years of visits. He is part of a group of alumni involved in research who have been working for the past decade to encourage more and better research at CMC. Dr. Varki provided his own set of recommendations:

- Emphasize the importance of research in relation to the goals of CMC in health care and education;
- Create released time for research activity of faculty members and work with the Vellore CMC Board (USA) initiative to make this possible;
- Take advantage of the abundance of funds available now in India to support research;
- Offer students paid summer research opportunities;
- Make better use of alumni in academic positions and emeritus faculty;
- Maintain a balanced portfolio of different types of research, including basic science.

RUHSA: Providing Continuing Help To the “Children of the Tsunami”

India is a country that greatly values education, but opportunities for vocational training are lacking for many. For example, one of the great social bottlenecks for development is a paucity of skilled construction workers. As the technology of construction advances, older Indian ways of building by hand are falling into obsolescence, but there are not enough programs that train people in the new methods.

In 2000, CMC's RUHSA unit launched an effort to provide practical vocational training courses to low-income young people through its own college, recognized by the Community College Systems of India. This innovation proved especially helpful in the aftermath of the Christmas 2004 tsunami. The fishing industry that sustained the coastal villages collapsed, and many young people could

no longer rely on fishing to provide them with employment. Under the leadership of Dr. K. R. John, RUHSA stepped in to offer training opportunities at its campus near Vellore.



Young men from a Tsunami-destroyed village get vocational training in a RUSHA program.

A good example is found in the story of Sutharsan, a young man who had failed his final school exams and was still living with his parents in a tsunami-affected village. RUHSA's Vocational Training Coordinator spotted Sutharsan and with

the permission of his parents and the village leaders, he was sent to Vellore for a six month training program. After his return to his coastal village, Sutharsan found employment in a local machine shop where he has become a valued employee. He is able to support himself and to provide assistance to his parents.

Dhinesh, also from the tsunami affected district of Nagapattinam, had a similar story. He too had failed his 10th level exams and was therefore unable to proceed with formal education. After selection by the elders of his village, he went to RUHSA community college and trained as an air conditioning mechanic. After an internship in the Vellore area, Dhinesh was hired and is working full-time at one of Vellore's best hotels. He is able to send funds home each month to his parents.

RUHSA Community College is a very low-cost form of education that pays off for young people with few options in life. It boasts a 75% placement rate for its graduates. Living conditions for students are spartan, to put it mildly. Having no dormitory, students are currently housed in a rented home with no running water, and there is no cafeteria. Meals from a nearby government office canteen are eaten sitting on the ground. Funds raised by the Board for tsunami survivors continue to help with expenses of this grassroots program.

Ida Scudder Low Cost Effective Care Celebrates 25 Years of Service

Last December, the Low Cost Effective Care Unit (LCECU) at CMC celebrated 25 years of service to poor people in Vellore town. LCECU was begun as a special unit of CMC to meet the needs of the poorest of the poor, living in the most dilapidated inner-city neighborhoods.

For the past ten years, LCECU has been led by Dr. Sara Bhattacharji, an experienced practitioner of community-based medicine who was educated at CMC. She also trained with the Drs. Raj and Mabelle Arole, a husband-wife team of CMC alumni, who pioneered new forms of community health care in Maharashtra. (See the December, 2008 issue of National Geographic for a description of the Arole-initiated program.)

Dr. Bhattacharji (pictured below) and her colleagues at LCECU took the occasion of their institutional anniversary to publicize their evolving ideas about "Family Medicine". In short, this movement is aimed at meeting the health needs of the hundreds of millions of people who live in the countryside and small towns and villages of India. As is the case in many countries including the USA, Indian medical students tend to pursue specialties that lead them to a career in "tertiary" or specialized care centers, usually in large urban areas. Too few become "General Practitioners" who provide primary and secondary care. This reality not only leads to a shortage of care in non-urban areas but it also tends to clog tertiary centers such as CMC with patients who don't need the level of care available there and who could be better served in clinics with fewer high tech facilities.

Dr. Bhattacharji, along with many other physicians and medical college faculty at CMC and elsewhere in India, believe the answer is to create a new specialty of multi-competent/general physicians that will be known as Family Medicine. A medical student, upon completing the basic medical degree, could then proceed to specialize in Family Medicine, receiving advanced training in how to practice general medicine. The student will be taught to assess the patient not as an isolated individual but as a part of a particular community with its own specific environment and economy.

Dr. Sudi Devanesen, CMC alumnus and community health physician in Toronto, writes: "Family Medicine being a relatively new discipline is often confusing to some – but confusion is only a door to a new reality. India desperately needs well-trained, skilled, patient-centered physicians to reduce the burden of illness and suffering, using the principles of prevention, early diagnosis and treatment, health education and continuity of care. These are some of the key principles of Family Medicine."

CMC is leading the way by establishing a fledgling Department of Family Medicine. This effort builds on previous training programs operated by Community Health at CMC and combines the resources and experience of CHAD, RUHSA and LCECU. This joint effort will maximize the quality of the program and will help advertise it to the country at large. Ultimately, both rural and urban populations of low-income, underserved people will benefit.

Dr. P. Zachariah, retired CMC faculty member, writes: "CMC has become one of the leading centers of medical education, with the resources to develop further along directions of its choice. . . .Over the years, CMC has been developing a variety of programs for continuing education broadly in the ambit of multi competent Family General Practice. . . . The back up of the CMC Hospital can enable Family Medicine to expand its scope and multi-competency as may be necessary in the large ill-served parts of the country. CMC's network of Christian Hospitals, at the secondary level of medical care, is a unique asset as well as a reason for such a venture."



Recent Gifts of Note

Congregations and church organizations that have joined the ranks of Vellore CMC supporters in the past year include:

Asian Indian Christian Church of Franklin Park, New Jersey

First United Methodist Church of Chelsea, Michigan

First Congregational Church of West Brookfield, Massachusetts (UCC)

First Congregational Church of West Chicago, Illinois (UCC)

Pentecost United Methodist Church, Brockton, Massachusetts

Presbyterian Women in Muskingum Valley Presbytery

St. Paul's Episcopal Church of No. Kingston, Rhode Island

United Methodist Church of Hertford, No. Carolina

Are you a part of a congregation or religious organization that gives to mission? Please keep CMC Vellore in mind.

We note with appreciation the continuing gift of professional services by Dr. Luba Petrusha of West Bloomfield, Michigan. Dr. Petrusha is an obstetrician/gynecologist who has volunteered at the Low Cost Effective Care Unit each winter for many years. Last year she also donated a new LCD projector to LCECU, which is in constant use in community meetings.

New Endowment Honors Dr. Carol Jameson

Frank Gard Jameson, Mary Gard Jameson and her husband, Larry Wangberg, have made substantial opening contributions to a new endowment fund honoring Mary and Frank's great-aunt Dr. Carol Jameson. Dr. Carol, an American Baptist from southern California and a graduate of Stanford University, was among those who worked closely with Aunt Ida in the early days of CMC, bringing medical care to women and children. Her interesting memoir is available from the Board office. This new endowment fund will continue Dr. Carol's legacy by supporting scholarships for nursing students. We are tremendously grateful to have this new opportunity to support nursing education at CMC.

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