

Winter 2016 Newsletter from St. Luke's Hospital Hiranpur.

We are rushing to get this out to everyone by 31st December, having had every good intention of it being ready by Christmas.

Our small staff family at St Luke's have been saddened by losing a life long



member – Peter Paul who died suddenly on 24th November. Shubhro and I were working in Scotland at the time, but on speaking with Peter's wife Monju on our return, it seems as if Peter suffered a heart attack.

Peter's mother had died shortly after delivery at St. Luke's in 1952 - his family being too poor to care for him, but knowing the 'mission' would look after him, left him here. So Peter was adopted by St Luke's Hospital family and brought up in the hospital compound - latterly he was given a little land at the front of the hospital

compound and ran a small shop there. But he also helped with the running of the hospital and St Luke's Church - being a lay preacher here. Peter and Monju are pictured above in their garden a year ago.

Things have slowed down dramatically at St. Luke's since demonetisation.

In an effort to remove all the "black money" from the country, India's Prime Minister decided to remove all Rs 1000 and Rs 500 notes from circulation, and in their place produce a new Rs 2000 note. People were given only a few weeks to deposit their notes in the banks or post office. But the majority of rural dwellers do not have bank accounts, for they do not trust them, and with good reason. Our own staff Munshi has an account in his wife's name, but although they have had the account since August 2015 nothing has been recorded in the bank account book (the banks say they want to save the computer printer ink, and they do not have time to record it in writing). This means each person has to keep a close eye on how much money is either going in or being withdrawn from the account. And it is only the Bank Manager's word against theirs if a dispute arises. Such a dispute has already arisen with one of our hospital staff, and of course she, being a tribal is unjustly treated, and lost the money. Little wonder then, that the tribal folk do not trust the banks. But at present they are caught in a catch 22 situation.

Any one person is only allowed to withdraw a maximum of Rs 2000 per day, and the meager staff stipend we used to give our staff, we gave them in cash. Now that is no longer possible, because the banks have put an upper ceiling on the amount to be withdrawn daily, so even cycling down to the ATM each day, as Elisabeth has been doing does not bring us enough cash to pay stipends or other monies given as gifts to the staff.

The rural folk are facing severe problems getting hold of money for everyday things like food and medicines.

We have changed our policy since returning – we are seeing all pregnant or Mum's with newborns, and their babies free of charge. But there is a condition attached – they must bring their government health card with them. The government health clinics are free, and it gives us an idea of how the pregnancy has gone, what blood tests have been done and what medication has been received, and in the case of babies what was their birth weight, what vaccinations have been received, and whether the baby is thriving or failing to reach his/her milestones.

Some of the simple blood tests we had started to do here at St Luke's we are able to keep the price to a bare minimum, but folk do not have the ready cash for these basic tests. And very often, they can only buy a couple of days of the vitamin or analgesic prescribed – yet it was prescribed for a month.

Patient stories...

Over the time we have been here we have begun to notice a pattern in the presentation of the different people groups. Although there are Moslem and Hindu people living here, by far the majority are tribal – Santali.

We see many more Moslem and Hindu folk, and relatively few Santals, but we see much more pathology amongst the Santals. The Santals will put up with debilitating symptoms for far longer than the others. Thus, when we see them there is already significant pathology – the pathological effect of untreated high blood sugars, untreated hypertension, untreated hypothyroidism, untreated tuberculosis.



Elisabeth saw a very gracious elderly Santal lady (who does not know how old she is, but has great grandchildren). She had been continuously incontinent of urine day and night for the past two years, following an episode of urinary retention. Her bladder was easily to feel in her tummy, and almost certainly, during the time she had the urinary retention, the nerves in her bladder were damaged

with the pressure of 2-3 litres of urine in her bladder. So now, there is no sensation telling her brain she needs to pass urine, and the urine just leaks out all the time. Her sari was completely sodden with urine. This dear lady still had a permanent smile on her face, and her answers to all the other questions were "No – I'm fine, and then the broad smile would spread across her face. Her outlook on life is that she only has her incontinence to cope with, and there are many other people far worse off. Nor could she afford any investigations to reach a firm diagnosis. She is blessed by a large family around her, who have not rejected her (as many would with the permanent smell of urine lingering in her home – a mud house with little ventilation. Susanna (seen above with the

patient) spent nearly an hour taking her story, and then explaining back in Santali, what I had told Susanna in Bengali. The only treatment option here would be permanent catheterization, but that would bring with it other problems, like recurrent infection, so we needed to explain this to her carefully before deciding whether it is right to go down that route.

Newborn babies receive gifts of warm clothing from overseas well-wishers.



We were so saddened by the death of a few day old baby here. His mother delivered on Christmas day – a son, and was overjoyed by this Christmas gift.

She and Dad and Grandma brought him here on 27th morning, and although he was underweight, only 2 kg, he was a vigorous wee soul, and had a totally normal head to toe examination. We have been giving away warm baby clothes to the newborn babies here, generously knitted by Barbara and others in Scotland and all over the world. Because this particular baby (not photographed) was underweight, he got a warm

jacket and booties and mitts, a hat and a lovely soft cosy blanket. Early this morning his parents brought him to our home, and he was already stiff and cold and must have died in the early hours of this morning. It was bitterly cold here last night (probably only 2-3 C) and for an unheated home, in spite of warm clothes babies do die of hypothermia. Disposable nappies are costly – and almost certainly the wee one would have been lying in wet clothes during the night and become cold quickly between feeds. Both of us are feeling so disheartened by this – Shubhro always used to advise admission for newborns of 2 kg and under - if we were able to admit such babies into the hospital, we can ensure they are kept warm and fed.

Shyamal Herenz, our new project manager, who started with us in October has written a report of what he has achieved in his first two-three months, and it is attached at the end of the newsletter for those interested to read.



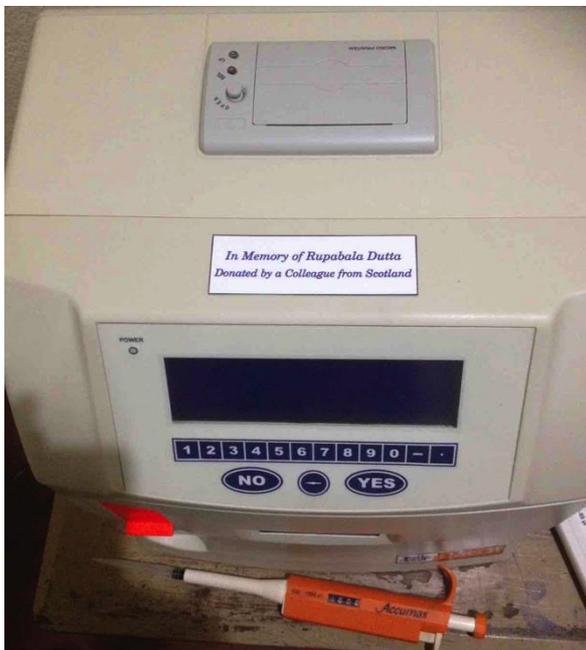
Sadly the medical camp which Shyamal organised during our absence was not a success – since there is a Rs 21,000 deficit still to pay for the doctors fees, the food they consumed, their travel expenses and the advertising for the camp which Shyamal so diligently

carried out from 18th October onwards.

Of the 35 patients who attended the camp, 9 were staff or staff relatives, so only 26 patients from outside were seen over the two days. When we ran Medical Camps in Sarenga we often saw over 200 patients in a day – we took the laboratory technician and all his machines with us in the ambulance, and the pharmacist with a good supply of medicines, and our X-Ray technician with his portable x-ray equipment – and we went to the patients, setting up the “camp” in a room in their village. The doctor’s consultation, the investigations and the treatment was all free to the patient. The Government returned money to the Sarenga Hospital for the services rendered, and none of the staff received any remuneration. By contrast patients at St Luke’s Mission camp had to pay Rs 200, just for their consultation. No investigations were done, and any medicine prescribed had to be paid for by the patient themselves.

We are so grateful to you all...

Many of you pray regularly for us, and we can tell you God is hearing and answering – it is very humbling to find folk who have never met us personally joining in prayer for situations thousands of miles away from them.



Thank you to a colleague in Scotland, who wishes to remain anonymous, but supports us generously – we mentioned to him our desire to buy an electrolyte machine, and he very generously donated this. You may remember a very special elderly lady we told you about in our Summer newsletter “Two nights before she was due to travel to Kolkata for further treatment and investigation including electrolyte measurement,

Jhula (name changed to protect identity) died at home surrounded by her family. One minute she was chatting with them, and then suddenly became unresponsive, and had slipped away before anything could be done. In some ways it was a blessing Jhula died at home, for had she died on the train, her family would have faced a lot of harassment from the police. At the same time, it was sad to lose her, and if we can raise funds to buy the machine that checks electrolytes, we shall keep it in her memory. " And our electrolyte machine arrived on 21st December, and has been in use every other day since.



A lady in Aberdeen heard about the work we are doing here at St Luke's Hospital. Her husband had chronic lung disease and required a portable oxygen concentrator – in fact they had just purchased a new one when he died. Archie's wife Helen felt a brand new oxygen concentrator should not go to waste, but despite all her efforts the NHS in Scotland were not interested in this life saving piece of equipment. When we heard she wanted a good home for it, we were quick to respond – we are absolutely delighted not only to have this oxygen

concentrator, but also a second one that Archie used when the other was not working. Thank you so very much Helen for your thoughtfulness and perseverance, and also to an old colleague Graham, who put us in touch with Helen. Whenever we use this machine we shall think of Canon Archie Allan.



Solar power fridge.

From funds raised by Fullarton Parish Church in Scotland we have bought a solar powered fridge for the laboratory. Thank you – all our friends at Fullarton.

This is a roomy fridge with enough space to keep all the laboratory reagents, together with blood and serum samples, which are only picked up thrice weekly to go to outside laboratories.

And we are also able to keep life saving drugs which need kept at a constant low temperature here in the summer months

Puppet Show in Selkirk, which raised over £1000



It was a joy for us to renew friendship with friends at Selkirk Baptist Church after 10 years. Shubhro had worked in the Borders District General Hospital for 6 months, as part of the Edinburgh Paediatric Training. It was there we met Claudia back in 2006, and “Claudia’s Family Puppet Show” was a huge success. Both children and adults (big children!) thoroughly enjoyed the afternoon entertainment put on by Claudia and her husband Kevin, and two little girls Lotte and Ella. Poppy Brown, a professional

puppeteer from Biggar was also a huge success with the children – thank you all, and thank you also to all who came to support this event.

We are depending on your prayers for...

Please pray for another doctor and nurse with a desire to serve in a mission hospital.

One of my young patients (pregnant with her first child) died unexpectedly while we were away -maybe as a complication of the pregnancy itself - difficult to tell. This could just as easily have happened had we been here, but we are feeling very bad. We so much need even one doctor to be keeping the clinic going while we are away. And if we could get one doctor and a couple of nurses, we feel we could open to inpatients.

No movement with eye patients, either outpatients or inpatients, and no reason given by the team, who nearly a year ago were so keen to re-start eye services here.

The structural work on the laboratory and roof of the main hospital has been completed, but there is much more work pending for the builders. People have so generously supported this work, but it has come to a standstill, since none of the workers have bank accounts, so we are unable to pay them for any further work. The monetary problem in India is expected to go on until August 2017 at the earliest – the ordinary folk, especially the poorest are so patient in their suffering, but they need our prayers.

Dr. Barnabas Murmu, Medical Superintendent St. Luke’s Hospital suffered a stroke on Christmas morning, having a right sided paralysis, and slurring of

speech. He is now in Bokaro Hospital, and making some improvement, but he and all the family are depending on people praying for his recovery.



We celebrated Christmas here, though both Christmas Eve and Boxing Day were working days, and brought quite a number of patients. Thank you to all of you who sent Christmas greetings by email, post and on Facebook. We are so sorry, we did not get the Winter newsletter out to you by Christmas, but we wish everyone a truly Happy New Year, and every blessing for 2017.

With our love,

Shubhro and Elisabeth