

## 15<sup>th</sup> Cleft, Lip and Palate Camp at Padhar Hospital, India October 10<sup>th</sup>-19<sup>th</sup>, 2008

The list of who exactly was needed and would be coming along was planned long ago. But nevertheless, the group ended up being the largest ever to travel as a team with us to Padhar Hospital in central India. Bajirao Gawai, the Administrative director of Padhar Hospital said, in his typically uncomplicated and welcoming style: ›Thomas, don't worry, bring as many people as you like. We will manage.‹ And so, the group swelled to 24 strong. Dr. von La Rosée, who has been a member of the team for years, along with her head assistant doctor Elke Berkenbrink, were part of the team last year and were expert anaesthetists once again for our patients, Dr. Anne Geduhn, an assistant doctor in my department in Hamburg, and Dr. Volker Gassling from the University of Kiel were on board. The Padhar project is connected to both cities here. Kerstin Kühn, a nurse from Kiel was also with us. And of course, my trusted friend and vice president of Friends of Padhar Germany, Dr. Alexander Runge with two of his children, Fabian (9 years) and Jana (11years), were with us. Dr. Uwe Hunecke, a fellow dental colleague from Norderstedt (a suburb of Hamburg) expressed his interest long ago in taking part in the project and this time it worked out that he could join us. Our Neonatologist, Uwe Thiede and his wife, gynaecologist Susanne Thiede, from our hospital, have been a regular part of the team for years now. They were accompanied by one of their two daughters, Luise. Dr. Paul Kremer, Head of Neurosurgery at our Head and Neck Centre here at the hospital, joined us for the first time. I requested him to come after having seen several head disfigurements and deformities in previous years. He was joined by his daughter, Carolyn, a gifted violinist, who offered to bring her instrument with her and perform for the children in Padhar. Our pastor at the English Church asked if she could also join us on this journey. This addition to the group was very welcome as Padhar Hospital has its roots in the Evangelical Lutheran Church and all the work and goodwill it provides has a

Christian background. For the first time we took along a generous donor who has been supporting our work for the past 1-2 years, along with his wife. Both of them wanted to experience this work first-hand at the source, but also were to inaugurate the new Emergency Ward which they sponsored.

But more about that later. Naturally, our family went along as well. Emily and Sarah, whose question, ›Are we flying via Delhi or Bombay this time?‹ showed that they are experienced India travellers. Evelyn is as ever the trust-worthy translator who is often our last hope when language or communication difficulties arise with patients, making the operation planning impossible. She also has the nicest handwriting for the operation plans. This was meant to be done by Verena Viezens this year, a recent graduate in dentistry, who is calculating 15 years worth of patient documentation through this project for her dissertation: ›The Building of a Cleft, Lip and Palate Camp in India.‹ She was to estimate on this trip just how such an operation/mission functions.

And so we all met at Hamburg Airport. Lufthansa once again gave us a 200 kg excess luggage allowance at no charge knowing what the purpose of this journey is. We checked in over 40 pieces of luggage aside from everyone's suitcases, we always have banana boxes full of donated stuffed toys, medication and equipment. The long line-up was a good opportunity to acquaint ourselves with one another.

The plane was on time and we started on the dot for Munich. At Munich Airport, we met up with the rest of the team who had flown in from Dusseldorf. This time we managed to take a night flight, allowing us to have a full and normal working day in Germany but with a shorter stay in Delhi.



### Saturday | Oct. 11<sup>th</sup>, 2008

We landed in Delhi early morning at 7:00 a.m. Our first impression: construction site. On the wide airport



expanse of the airport grounds there are unfinished buildings in sight where workers are just starting their day. The air traffic in India has increased tremendously and I recall having read that the various Indian airlines were trying to recruit 10,000 pilots. All of our luggage arrives complete and safe on the luggage bands. The letter we are carrying for the customs to prevent them from being suspicious of so many pieces of luggage and thus checking each one, is thankfully not required this time. The customs officers, some of them with turbans on their heads, are just getting used to the start of their work day and simply wave us through without question. What a relief! How often in the past have we had to take part in lengthy discussions and open numerous boxes to finally get through. However, I have never had to pay customs duties or bakshish (bribery money or ›happy fees‹), which is a fact I am rather proud of.

We are greeted with a sign, 1 metre in width by 5 metres long, which reads: Welcome Friends of Padhar, which Bajirao is holding up. We gather behind it and pose for the first photograph to be taken on this journey.

Bajirao has rented a bus which takes us into New Delhi to the YMCA (Young Men's Christian Association hostel). Here we have day rooms booked so that we can store our luggage and take a shower. Breakfast is the first experience in the world of Indian cuisine for the ›new Indians‹ in our group. Afterwards there is opportunity to take a city bus tour with Bajirao for those who don't feel the need to recover from the flight. Due to reports of Delhi bombings in the weeks before this trip, we decide to avoid visiting the Red Fort and the Jamimasjid (Jami Mosque) in Old Delhi as a safety measure.

The bus tour allows us a first impression of the Indian capital with its old and new city areas. For lunch we meet at the impressive Imperial Hotel with its colonial ambience. The building itself is a grand, imposing structure and inside, hanging in the cavernous hallways, are prints and paintings from the past with elephant hunting parties and other aspects of the luxurious lifestyle of the time. The food is

excellent with an array of Asian, Indian and Western delicacies with equally superb service. The Indian art of friendliness and hospitality make a good impression on the ›new Indians‹ in our group.

The journey to the New Delhi train station that evening provides quite a contrast. It starts with the bus driver who is asked to pay Rupees 300 to the traffic policeman on duty in order to be permitted to park closer to the station where parking is actually prohibited. Suddenly, the price is raised to Rupees 500 (60 Rupees = 1 Euro) due to the involvement of two other traffic policemen who observed the entire transaction and now want a piece of the pie. We have often heard in India that the problem is not that of money, but of the daily corruption, as is the case now.

Our train, the *Grand Trunk Express* rolls into the station at about 7:00 p.m. All the luggage is stored carefully in the various compartments and sections of the train where our seats and beds are spread out and slowly thereafter the train begins its 36 hour journey covering 200kms to its final destination: Madras.

Bajirao provides us, as usual, with a wonderful take-away dinner – this time he thought we needed something new and compacter so we receive and eat delicious Indian spicy wraps with chutney and onions on the side, plus water in plastic bottles which are available everywhere in India. It is the best drink of all for us travellers.



Sunday | October 12<sup>th</sup>, 2008

At approximately 10:00 a.m. we roll into Betul train station. The last hours of the journey, since dawn, were spent admiring the hilly landscape – some looked out from their windows, and others through the open doors of the train itself.

Now after the monsoon season everything is lush and green, with little ponds everywhere in which the water buffalos bathe. In between there are perfect rows of planted fields and every so often at the train barriers, throngs of vehicles in every form with their



occupants staring at the train and sometimes waving as the train passes by. Since the train only has a 2 minute stop at Betul station, Bajirao has requested that I go to the front and ask the engine driver to stop for a few extra minutes to enable us to get all of our luggage off the train.

The fleet of Landrovers from the hospital awaits us at the station. We managed to get all the luggage accounted for and packed into the vehicles. Then we set off via small village roads across 18kms of country roads to Padhar. Those of us who are familiar with this trip notice immediately that everything looks incredibly clean compared to previous years. And the weather is wonderfully warm and dry (as always at this time of year). The temperature on this plateau is 25°-30° C and the sun is shining. We alight from the jeeps a short distance from the hospital. A group of 19 drummers from surrounding villages receive us with their deafening beats. Our sweaty necks are garlanded with flowers as we walk the last 50 metres on foot to the guest bungalow. This is where Dr. Clement Moss, the founder of the hospital, and his family lived from 1939 well into the 70's. He came as a missionary but built up the hospital and translated the Bible into the local dialect Gondi, and now, so many years later, we have the honour of living in this lovely colonial bungalow. It is peaceful, with a garden full of plants and flowers, palm trees and a pond of water lilies. Under the imposing columns which hold up the great 100 year-old roof is the welcoming veranda where glasses of fresh, cool water await us along with Dr. Vincent Solomon, the recently retired medical director and orthopaedic surgeon of the hospital, and his wife, Dr. Meenakshi Solomon, head of Gynaecology.

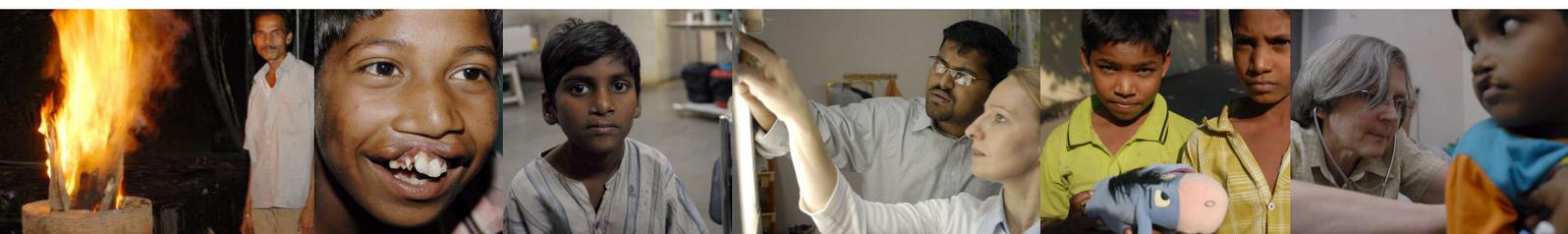
Our luggage makes its way to our allotted rooms and we all take the opportunity to shower and freshen-up before meeting in the familiar dining room of the bungalow. This time the incredibly long table which seats approx. 20 is not sufficient so several smaller tables are set up to accommodate everyone. The food tastes wonderful as ever, accompanied by fresh water which comes from the hospitals deep tube wells. I know of only one place in India where

one can safely drink straight from the tap and that is Padhar.

At 4:00 pm we all meet in the operation theatre of the hospital and unpack the medicines, materials and surgical instruments. The nurses document all the materials and instruments with embarrassing exactness so that we get it all back at the end of the week. We then do the first ward rounds. There are over 85 patients, children and adults, who have been asked to come for this date. They await us, sitting on their beds in rows with 20 beds each per ward. The children and the adults look at us expectantly. There are various forms of clefts, many of which have been operated on before, some by us, some by other doctors in the surrounding regions which now require corrections, and some which need a further surgical step in the process of therapy. We go from child to child, each of whom has been seen by three doctors at this point. There are no medical files for them. Each will be examined to determine if they are capable and healthy enough to undergo surgery. There is one ward only for children and youths with haemangiomas. It would be ideal to have a laser like the one we work with in Hamburg, which makes the tumours disappear. When we are finished with ward rounds it is already dark outside – there is a lot to do.

The Dental Department, which was supplied with new equipment in 2002, is where the operation team examines the patients for the next day's surgeries. We have chosen 15 patients for tomorrow who we add to the operation plan. The surgeons discuss amongst themselves what the best technique to be implemented in the individual surgeries is – is it the lips, the nose, the gums which require corrective surgery? Is there missing bone in the palate? How is the speech?

The patients have given their consent to surgery, and often their consent form is signed only with a simple thumb print. The operation plan is written up after each patient is examined by both the Indian and German paediatricians and anaesthetists and both sides give their final approval that the child or adult patient is healthy enough to undergo surgery.



Then, and only then, is the patient's name added to the operation plan.

Once again we have brought lots of stuffed animal toys, donated by young patients in Germany. The older children in our team give out the toys to each of the little Indian patients once they have been examined. Even the children who are not scheduled for surgery due to health reasons are at least able to leave with a toy. Most of these children have never had or seen a stuffed animal toy and don't always know how to accept them. But they are happy none-the-less to finally own one.

In the evening we are invited to dine at the home of Dr. & Mrs. (Dr.) Solomon. After a cold beer we enjoy a heavenly, delicious meal of Tandoori chicken, vegetables, tomato chutney, rice and pappadoms (crispy lentil thins like crackers or chips but healthier) with Indian bread (chappatis and parathas). Dessert consists of regional, seasonal fruits. The Landrovers arrive at 10 pm to pick us up and take us back to the guest bungalow where everyone falls into a well-deserved, deep sleep.



Monday | October 13<sup>th</sup>, 2008

Immediately following breakfast, just after 8:00 a.m., we set off for the hospital which is 5 minutes walking distance. The only difficult part of this walk sometimes is trying to cross the road; once a quiet village street where only bicycles and the occasional bullock cart passed, has now become National Highway number 69, a one-lane, two-way traffic route which cuts across India from Delhi to Madras.

Heavy lorries (trucks) which often sway to one side with their over-loaded weight, busses, Landrovers and scattered private cars and motorcycles, mopeds and bicycles, and the rare old bullock cart, as mentioned, all accumulate to create an endless stream of traffic – day and night. One can not say it isn't dangerous to cross the road here, especially as one is not accustomed to the right-hand drive system and therefore must check to the right first and then the left for traffic before crossing. Not to mention

that the trucks, instead of slowing down and respecting the hospital zone, completely ignore the signs and thunder along the road. The siren-like honking of horns from these trucks is apparently not only a warning signal but also a sign of pride for many drivers as they happily honk away to make their presence known, often in a row. A detour is not an alternative as this road plays an important role in the economy and advertising of the hospital. Countless numbers of Landrovers over-loaded with 10-15 passengers unload their human contents in the form of visitors, patients, travellers and salesmen.

This is the day of the inauguration of the CLP camp for this year. As in past years, a lot of work and effort has been put into organising this big event. The area just before the new Emergency and Accident Unit is decorated with swags of cloth and colourful, tent-like covers as protection from the sun. We take our seats in the front rows. The Cleft Lip and Palate patients along with their parents are seated in the area allotted for the audience, along with hospital staff and friends of the hospital. Many important guests are also present including political representatives, a Member of Parliament, the Police Commissioner, and the Bishop.

After the lengthy speeches by the V.I.P's are over and all of us have been garlanded by our Indian counterparts, Rüdiger Braun cuts the green inaugural ribbon as the official opening of the new Accident & Emergency building. We then enter it though, the day before, it was still being worked on until late into the night. It really does look impressive; neat, impeccably clean and organised. The Emergency operating theatre for accident victims, laid out with marble floors, has a large ward with a 16 bed capacity.

The new *Accident & Emergency Unit* is yet another important stepping stone on the path to developing the hospital and a big step for effective emergency care. We are greeted with garlands of flowers, friendliness and respect. Finally, we are able to disperse to the operation theatres – we can hardly wait. We will complete the operations on three tables: ›ours‹, which is in the *Hamburg Theatre* which we



built and inaugurated the previous year, is our pride & joy. In the main, large theatre, operations will be performed on two tables simultaneously. In this way, I am able to alternate between the tables and advise or help where required. Dr. LaRosée and Dr. Berkenbrink, as usual, provide perfect anaesthesia along with Mr. Ranjan, the 70 years old male nurse with many years of experience, who takes care of the third table. Mr. Ranjan is officially retired but is regularly reinstated for our CLP camps. He is a reliable and experienced ›anaesthesia assistant‹ and has been working with us for decades.

Lip after lip is closed, clefts are repaired and everything functions with safety, reliability and a sense of comfortable security. When we have completed a surgery, the surgical instruments are taken to the instrument room which is equipped with an autoclave. The instruments are sterilized while we use a second set for the following operation.

Thus the sets are alternately sterilized whilst the other is in use allowing us to operate without interruption.

The entire operation theatre team is highly motivated and look forward to the interesting and busy week ahead in which we can work together to do good for the patients. There is never any grumbling or irritation when yet another patient is wheeled in to the theatre; no impatience when an instrument is missing. In the brief breaks between surgeries the team gather, when they have a chance, in the little foyer where the changing rooms are. Coffee, tea, cookies and freshly made Indian delicacies await us - a paradise for surgeons who are always hungry and are never so royally treated at home! In the evenings after a busy operation day, and before we return to the guest bungalow, we check in on the operated patients and examine the patients for the following day – an important daily routine.



**Tuesday | October 14<sup>th</sup>, 2008**

On Tuesday we are back in action at 8:00 a.m. with a morning prayer service in the foyer of the hospital.

Thereafter we proceed to the operation theatre where we operate on three tables simultaneously. Today I will be assisting Dr. Anne Geduhn with three operations. For her it is a unique opportunity to grow into CLP surgery and learn a few tricks which I plan to show her. Surgery thrives when an ›older‹, experienced surgeon assists a younger one and thus the learning curve can be developed in the right direction. Dr. Gassling is operating with Dr. Samir, Dr. Hunecke is operating with Dr. Choudhrie and Dr. Runge is busy taking care of the patients outside of the theatre but drops by every now and again to visit us. This is how we always have a German-Indian team working together who mutually inspire, work together to help the patient before them and learn from one another. This is an important aspect of our project. The theatre nurses and assistants are highly motivated and answer every request with an ›Of course, Sir‹ – nothing is impossible.

We have successfully completed surgery on 22 patients – a good day. This evening we are invited to Abhishek and Daisy's wedding reception. Abhishek, the youngest son of the former medical director, Dr. Victor Choudhrie, got married last week in the hometown of his new bride. Today's reception is for those in Padhar and takes place at the Padhar village church. Over 500 people peacefully rush, or try to, towards the newlyweds to congratulate them on a ›stage‹ where they stand with their family in a receiving line.

Everyone is beautifully clad, the women in silk saris and gold jewellery, the men in knee-length kurtas. Amongst them we stand absorbing the excitement and merriment in the air, waiting our turn to greet the couple. A photographer captures every one of these greetings digitally, whilst the halogen lamp of the video cameraman almost sets my hair on fire. After having survived this, dinner is spread out in the open space in front of our bungalows in the ›VIP area‹. The buffet, a huge and scrumptious variety, is set out on a long table where lovely Indian ladies in saris, who all work in some capacity in Padhar (either at the hospital or at the school), serve us with smiles and heaping spoons of food. Everyone



looks for a free place among the various tables with their table partners or finds others to sit with. There is no alcohol, only water which is the usual drink at such festivities at Padhar.



**Wednesday | October 15<sup>th</sup>, 2008**

Today is the third operating day. Everything is running smoothly. Patient after patient is rolled into the theatre, after surgery they are all taken to the recovery room for as long as required. Oxygen masks provide little breathing assistance in the initial post-operative hours; when a patient doesn't feel well we are easily reachable in the theatre next door. This recovery room was financed 4 years ago by our neighbour, a gentle, elderly lady named Mrs. Haase. It provides a much needed facility which is in use every day.

A few members of the group will be visiting Betul this afternoon to see the local bazaar and do some shopping. Betul is the next town, located 18kms away, which is reachable by Landrover. The journey takes us through the hilly, green terrain spotted with tiny villages and huts along the way. One can see villagers working in the fields, trucks parked at dhabas (roadside tea and food stalls) where the truck drivers have a rest, drink chai (Indian boiled tea) or have a nap on charpoys (wooden cots). The roads are peppered with the usual mix of vehicles of every variety. And every so often one of the last oxen driven carriages comes along which tries desperately to cling to the side of the road. The weather is, as always at this time of year, a warm 25°-30°C. At night it drops to approx. 20°C, ideal for a comfortable sleep.

At 8:00 p.m. that evening we hold the usual seminar which we conduct every year. Susanne Thiede does a presentation about the dramatic problem of HIV/Aids infection and birth; Uwe Hunecke presents aesthetically good prosthetic care and implants; Paul Kremer's presentation is about the development of skull operations and Alexander Runge brought a promotional film of the city of Kiel. It all makes me

recall my student days, as the pictures of a sunny town on the water flash across the screen. Whilst we are eating dinner together afterwards, someone brings CT pictures to Paul Kremer of a man who was just brought to the hospital with severe injuries to the head and skull. At 10:30 p.m. Padhar Hospital's first emergency neurosurgery is to take place in which an attempt to save a man will be made who has an effusion of blood under the sub-dural haematoma which threatens to take his life.

Paul Kremer has no choice but to make do with the available surgical instruments which look identical to those in his presentation of a few hours ago in which he identified them as instruments from the middle ages. The hand drill and the Gigli Saw are the instruments presented to him, obtained from a cupboard and are to be used now for the first time. Finally, when the dull drill bit fails and three Gigli saws snap, the skull is opened with a hammer and chisel to relieve the pressure on the brain. All of us are standing around Paul and trying to provide some form of moral support during this process until, finally, at 2:30 a.m. he is able to complete his work and close the skull. The patient is then taken to the ward where a life support system has just become available after another patient, who was suffering from poisoning, has just been taken home by his family.

But the question remains: who will pay for the operation of our patient? Every hour of oxygen costs money and when none of the relatives is able to pay, the bills remain outstanding. Without the luxury of health insurance where every treatment is paid for, it becomes increasingly difficult for a Mission hospital to afford such cases as its income is based on patient admissions.



**Thursday | October 16<sup>th</sup>, 2008**

While walking back to the bungalow from the hospital for lunch break, an elephant steps into my view, accompanied by two holy men on the Padhar road. The holy men inform us that they are on their way



to a temple which they intend to reach within 22 days – on foot. I request the men to please wait while I rush to the bungalow and effortlessly convince the children to abandon their lunch to see this sight. The prospect, not only of seeing a real, live elephant, but of patting his trunk, is more than tempting. However, none of the children accept the offer of actually riding on its back. The elephant is painted colourfully as are the two men. The photographs capture the moment and the two companions of the elephant are unaware that they, too, have been digitally captured. At the end of the day, upon reviewing it in our heads, we count 21 operated patients.



Friday | October 21<sup>th</sup>, 2008

Our usual routine is to disappear into the operation theatre immediately after the morning service. This morning, however, there was an early seminar for the hospital staff and we find the anaesthetic tubes are ready and waiting but the patients are missing. No sooner are the little patients carried in, than all the positions in the theatre are manned and every one is ready to start. All the patients are put to sleep in a calm and experienced manner, their little faces washed with iodine and then we begin to draw our markings for the surgical incisions of the lip and palate.

These are done simply with a sterilized toothpick and black ink. Anne Geduhn and Volker Gassling take care of a complicated lower jaw fracture together. Initially, there were a few days of negotiations as to who was to pay the operation costs. The two surgeons make great efforts to manage with the outdated instruments at hand and try to re-position the fractured jaw and screw it in place with metal plates. It is in such situations that one best gets to know his/her colleagues. And this aspect is a positive side-effect of our CLP camps.

This evening we are invited to dine at the home of the Administrative Director of the hospital, Mr. Bajirao Gawai. In his little home consisting of 2 rooms we

experience hospitality in its nicest and most honest form. We sit on the sofa, on stools, in 2 rows on the bed and on the steps. Sheela, Bajirao's wife, has again prepared an Indian feast and only once all the guests have eaten, do they even consider filling their plates. The guest is the most important here and only when he or she is taken care of and satisfied, do the host and hostess look after themselves. Bajirao plays the video tape of Bodo & Katja's wedding which took place at Padhar in March of this year when 18 members of the Friends of Padhar organisation accompanied us for the 50th Jubilee celebration of the founding of Padhar Hospital. The entire wedding, right down to the last detail, was completely organised by Bajirao from the bride's saris (yes, more than one outfit is required for an Indian wedding), to the Pastors and Bishop, the dancers from the surrounding villages and a reception for 1000 (!) people. A dinner was organised in the evening for 300 guests. Bajirao is not only the *Hospital Administrator* and *Special Projects Officer*, but also a wedding organiser.

The film explodes with colour and focuses frequently on the ever-smiling bride and groom, all the while with Bollywood-style music playing as background music. Two of the couples in our current group are not married. Perhaps the film, which everyone is enjoying, will encourage them to make plans. I look at Bajirao, and he looks ready to take on another wedding.



Saturday | October 18<sup>th</sup>, 2008

Today is our last full day at Padhar. We did a brief ward round and visited, in particular, patients who are special cases. Then, as is tradition, we all gather for the final photograph with all the patients in front of the new *Emergency Ward* building. This is the perfect place for a group photo as the entrance provides shelter from the sun. While we wait for everyone to assemble, we distribute the last of the toys brought from Germany for the patients: little home-made crocheted bags with chocolate inside,



and little pins and hand-made colorful butterflies etc. I feel lucky and am immensely pleased at the results of this full week: we were able to operate on 75 children and young adults. No real problems occurred; everyone is doing better than before with a few who still have swelling, but others are laughing again. On the 7th day after surgery, our Indian counterparts will remove the stitches. And after 14 days, well after our return to Hamburg, we were informed about the one and only complication which occurred in a child after a lip operation: he/she fell out of bed and landed on his/her face. The opened stitches were able to be repaired by the Indian doctors and all went well.

To date we have repaired and corrected difficult facial deformities of 1200 children and young adults over the past 15 years. Thanks to the excellent care provided by our anaesthetists and paediatricians there has not been a single case of harm or injury for any of the patients. We are, of course, very proud and happy about this and it confirms for us the importance of the concept of preoperative examinations. We have had to turn away children from operations who were either too small, too weak, had infections, heart problems, or were anaemic and would have posed obstacles for successful and safe surgery. But it is a good feeling to know that we can say to the parents of children who have been turned away that we'll be returning again next year, or that our Indian colleagues will correct a lip once the child's health problem is overcome.

After saying our farewells at the hospital, we go to the Mission High School where the Pastor of our English-language church in Hamburg, Pastor Krista Givens, along with our children (6 from our group) transformed a dingy looking grey wall into a colourful work of art. We were permitted to take part in the official presenting of this new work to the school and its children, and organised a small party for the students with snacks and drinks. Colourful butterflies are strewn across the wall which reads ›God is within you‹, underneath the same sentence has been ›written‹ in Braille in relief form so that the blind students can also read it.

It was a happy event for everyone and whilst standing in line to receive their little snack packages, the 400 students stood patiently in the heat of the afternoon sun without pushing, shoving or getting irritated. The sighted children lead the blind children in the line-ups and many presented us with garlands and little gifts.

Thereafter we rush to the *Blind School* where not only blind children, but also physically and mentally handicapped children, as well as children whose poor parents are unable to care for them, live and are cared for. This school was also once built by the church and funded for some years by an international organization for the blind but is currently in a difficult situation.

In the week prior to our visit, the electric company had threatened the principal, Mr. Andrews, with cutting the power supply (which isn't very much to begin with) as the bill still hadn't been paid after three reminders. This is because there was no money with which to pay it. And then, my sister, who lives in Spain and had accompanied us, completely unaware of this recent problem, handed over Euros 2,500 which she had collected through various bazaars and other events with friends to raise money for the school. This was a most welcome and emotional gift for Mr. Andrews and the school. The money was put into the school account and will be organised as per the decisions of the school committee (including paying the electric bill).

We have been able to assist the school somewhat with the help of friends over the past few years in the form of new beds and bedding, mosquito nets, and screen on the windows. However, the toilets remain a troublesome problem. One of the dormitories lost its roof in a storm and has since not been in use, there are no funds for repairs. Our on-going help and support is still required.

Carolyn Kremer offered to play her violin for the students/children as a farewell present. First she explained to the children, sitting in long rows absolutely quiet and attentive, about the violin. Then the children were allowed to touch and hold the instrument and carefully pluck the strings G, D, A and E.



She then performed a wonderful Bach Sonata. All the children, sighted and blind, hearing and hard of hearing (deaf children could feel the vibrations) were absolutely quiet, many having heard the violin for the first time. Some were so moved they had wet eyes, but immediately following Carolyn's performance, the children broke out in jubilant applause. They reciprocated by playing drums, the harmonium and singing songs of praise. The principal bade us farewell, the children waved goodbye with big smiles on their faces and we departed having promised to return the following year. We won't forget them. In the afternoon we have a meeting with the Schools and Hospital committees to discuss future plans. Even in Padhar there is a shortage of nurses plus a lack of doctors in the departments of Pathology, Ophthalmology, Gynaecology, and Orthopaedics. The hospital is planning to develop a nursing school with the end result of gaining nurses who have trained there.

The *Happy Valley School* has been another wing of our project for the last 5 years and its importance is ever-growing. Doctors who come to the village of Padhar to work at the hospital, enrol their children in this school (Happy Valley) which belongs to Padhar Hospital. This school is, however, limited to education up to the 8th grade only. When the children reach this level, their parents start looking for a new position at a hospital in big cities to enable their children to attend good schools as there is no option at Padhar, and to remain at Padhar would mean sending the children to some far away, expensive, boarding school which can take days of travel via train. Therefore, the plan to improve and upgrade the school matriculation (high school graduation) was born. This would mean renovation of the 100 year old school buildings, new and higher qualified teachers, equipment and space for a sports class, music class and science class. The hospital would have to stand behind this idea as the school guarantees the ongoing work of medical staff who can continue to work there knowing their children have a good education until they finish high school and the family can stay together. We had a meeting with Rajiv and

members of the ›school committee‹, mostly doctors at the hospital but also the current principal of Happy Valley School who is retiring and the Administration Director, Mr. Bajirao Gawai. We suggested a 5 year business plan with an overview of what is needed now and what can be developed in this time. It is important for us that the hospital eventually supports this project itself and that the school and a future nursing school become independent.

In the evening we were invited to our oldest and best friend, Mohan Babru. He is the now retired dentist of Padhar Hospital with whom I have had a great friendship since my first clinical internship in his department in 1976. He has the nicest rooftop terrace in India!

Surrounded by palm trees under a starry sky he has now added an up-to-date music system and plays Bollywood music for us. Even though the electrical connection from this system is a thread of copper wire which is not grounded and sticks precariously in the socket, it is sufficient to produce the required setting. Almut and Javier dance while the rest of us line up, hungry, for the buffet. Mohan knows that surgeons won't turn down a cold beer after a long day of surgery. Pramila, his wife, obviously spent a good part of the day in the kitchen to produce the generous and delicious variety of food. As the moon rises higher in the sky, the music becomes softer, the warm evening air caresses us and Paul Kremer misses his wife, ›Susi would melt.‹, he quietly says to me. Next time she has to come with us.



**Sunday | October 19<sup>th</sup>, 2009**

The church bells ring and call us all to Sunday service. Today is Krista's big day. Along with the current Pastor, the former, now retired Pastor, and Krista, the three stand before the congregation in their robes ready to give the sermon together. Today is Sunday School Day and special emphasis is given to the children who are present in large numbers and who all do some form of presentation. Krista gives the sermon in English which is simulta-



neously translated. The current Pastor thanks us, the team, for staying long enough to include Sunday and for attending church. The church is full to capacity with many sitting outside on the steps or listening to the sermon through the open windows, with the curtains fluttering in the breeze.

At 1:00 pm we embark on our return journey – more than 4 hours by road to Nagpur. At Nagpur we fly Go India! Airlines and board the Airbus plane to Bombay where we plan to spend 3 days before returning to Germany. There is a lot to tell about Bombay and our experience with the 85 year old tour guide Mrs. Rana Khandwalla, who met Mahatma Gandhi personally; and of our visit to the last remaining Ladies Club where we were invited to tea by our dear friend, Mrs. Khotawalla, who is a Parsi. (The Parsis fled Iran - Persia, thus the name Parsi -hundreds of years ago and landed on the shores of Bombay. They promised to integrate into Indian society and culture and gave the example of mixing in and making the existing culture sweeter by their presence just as milk absorbs sugar and it, too, becomes sweeter. This they certainly did and are responsible for some of Bombay's, and India's, greatest achievements such as collages and hospitals and, of course, the mighty family-run corporation, Tata, who make everything from tea to steel and cars); experiencing shopping in some new stores which would be competition for Hamburg's Alster Shopping Centre; the view over the walls of the Dhobi Ghats, Bombay's open-air laundry, and so much more. But that would all make this a much longer report.

I want to thank all those who travelled with us and in so many ways enriched our project. Everyone will have had different experiences and views of this trip. For those who travelled with us for the first time, it was an opportunity to experience a way of living which is different from home. I was personally touched by the non-medical areas which was a new experience for me. The openness and unconditional hospitality which was offered to us all every where, will most likely be the biggest impression we all take home with us.

Our children see what we do here, and with music and wall murals they, too, have contributed and made their mark. ›Thank you!‹ to all.

*Thomas Kreuzsch*

Friends of Padhar Germany e.V.  
 Prof. Dr. Dr. Thomas Kreuzsch, Vorsitzender  
 Asklepios Klinik Nord, Heidberg | Abt. MKG Chirurgie im Kopfzentrum  
 Tangstedter Landstraße 400 | 22417 Hamburg | Germany  
 visit the Internet: [www.friends-of-padhar.de](http://www.friends-of-padhar.de)  
 photos & design: Henning Alberti | [www.henningalberti.de](http://www.henningalberti.de)  
 translation: Evelyn Kreuzsch

