

Dear Prof. Sailer and Dr. Erica,

I am writing this from Kolkata now and I am happy to say that I have excellent news. I fixed a meeting with the Health Minister in Kolkata on the 24th of September and the discussions went as follows.

Initially he reiterated his disappointment with us regarding the method in which the Govt. of West Bengal was 'let down' (as in his words), after the 'tacit' support extended to the CCI partnership with Dr. Kamlesh Kothari. He mentioned that similarly many other NGO's routinely come to the Government, demand support and finally betray the trust that is bestowed on them. I reminded him that though some Indian elements may have made a mistake Prof. Sailer was an honourable man whose only aim is charity without personal gain, and to this end, he has never asked the Govt. or any other body for any monetary help. I also assured him that I am, at present, heading operations in a very successful Craniofacial Hospital in Mangalore and the only reason I am devoting so much of my personal time and effort was to bring up a permanent and viable Craniofacial Centre in Kolkata. I also assured him that this time we would not allow any obstacle to interfere in the set-up of the centre.

I then went on to make a presentation about the type of cases that we hope to tackle and assured him that we hope to rid the state of West Bengal off the problem of Cleft Deformities. I convinced him about our sincerity and forwarded a proposal to him for setting up a cleft centre. I gave our requirements for a cleft institute, which included a piece of land that I was willing to buy, and their help in the form of good will and support in patient identification. For the latter they were very clear that they would do their maximum but regarding land, they were a little cautious. Finally, after many discussions the Minister agreed to give out some space in one of their government hospitals, which showed such availability. They agreed to clear up one portion of such a hospital for our use on terms that they would revamp the interiors and I should bring in equipment to set up a centre for Craniofacial Surgery.

2. Children's Hospital : This is the 2nd hospital that I visited. It is a full-fledged children's hospital, which is nearing completion, and the completed portion is functioning currently. The hospital as such will not have extra space to spare for our Craniofacial Centre, but there is an associated wing for research on Multi Drug Resistant Tuberculosis, which has extra space for use. However, in case the research wing needs to be expanded we may, in the future, have to look for alternative space. This being the case I was not too keen on using the said premises for the project. In addition, the interference from the other branches could be a cause for worry.

3. The Mayo Hospital : The 3rd Hospital I saw was the Mayo hospital. It is a colossal 40-year-old building in the Northern edge of the city which is in the centre of the Wholesale market. It is an unfinished building (and has been so since the last 40 years!!!). Accessibility is difficult as the lanes are narrow and the approach is difficult. It not a great place for a hospital and the general impression is that revamping this building is more time consuming and expensive than building a new structure from scratch.



They identified five such hospitals for my inspection and asked me to give my advice on the matter. My wife and I did a detailed inspection of the five hospitals *twice* (I extended my stay in Kolkata for one more day for this purpose) and during the course of these inspections I was able to take detailed photographs for the use of The CCI and our own. The details of the hospital are as follows.

1. The Bijaygard General Hosptial : The 1st hospital I saw was the Bijaygard General Hospital. It is quite a small structure, which houses 35 patients and is in a dilapidated condition. The photographs below are only of the outside but the insides are in inhabitable condition and it would not be possible to revamp the hospital. The basic construction and design is not conducive to a clean and well-ventilated hospital. The approach is small and the accessibility by public transport is almost absent. There is no available space and any additional requirement will have to be met by adding a superstructure. I would not consider that hospital as suitable for our purposes.





4. The Shibpur Howrah General Hospital : This is the 4th hospital that I saw. It too was a small hospital consisting of only the ground floor. It is on the opposite side of the Ganges and comes under another district, Howrah District, outside of Kolkata. The location of the hospital was about 7 km. from Howrah Railway Station, which is a junction point for most rail links to the East of India. I mentioned to the Technical Advisor of the Strategic Planning Committee for Health, Dr. Shatpathi (who accompanied me during my visits) that the area available in this hospital for the cleft project may be inadequate if we need to integrate our hospital into the existing structure. To this, the doctor assured me that if I were sincere in my intentions for the project the government would be willing to build a floor above the existing structure for our purpose. This hospital seemed like a good option but on further investigations, a few problems came to light. Though the hospital is only 7 km. from the railway station it is poorly connected by bus service and a common man would have to change 3 buses and walk a considerable distance to reach the hospital. Only 3-wheeler public transport would be available for direct connection which is quite expensive. Also most people on the street I struck up a conversation with, completely mistook this Shibpur Howrah Hospital with the Howrah State General Hospital which is a large multi-speciality hospital and one of the busiest hospitals in the vicinity. None of the people I spoke to even knew of the Shibpur Howrah Hospital, which was

disconcerting. Needless to say, there would, in the future, be a lot of patients misdirected to the other hospital. Even though this hospital seemed to offer some advantages I feel it would not be a good long term proposition.





5. Bhagajathin General Hospital : This was the final hospital I assessed and probably the most suitable on the list. This is a state govt. hospital consisting of 100 beds with a low patient occupancy rate. This hospital has large areas within it which are empty and lying unused. There are minimal facilities and the only ward being used actively is the Labour Theatre. There are limited OT facilities and the hospital is geared to only treat patients with pregnancy, medical and simple outpatient surgical problems. The location is in the south western edge of the city and only a 100 meters from the main road. Discussions with people on the street showed that most people knew of its existence and location. It is well connected by a single bus from both the Howrah Railway station (which is a hub for trains from all parts of India to the East) and from the Sealdah Railway Station (which is a hub for trains from different parts of West Bengal). Though the distance from the above railway stations is around 8-10 km. being a single bus journey it is convenient for patients who would rather spend more time in a single bus rather than have to change buses. It is a four-storey structure and the government is willing to give us one wing of the hospital. Like all the government hospitals in Kolkata that I saw, this hospital too is extremely

shabby with poor ventilation and disappointing sanitary conditions. But of all the other hospitals it is more amenable to correction and revamping. If we are given one separate wing it could offer adequate autonomy and space to accommodate an efficient Cleft Project. This hospital according to me is the most ideal of the hospitals I visited in Kolkata.





This was a brief description of our research done during my visit to Kolkata. It was fruitful and intense. The sincerity of the government (so far) was quite different from my trysts with other governments. As a word of caution, there is a general notion that the

incumbent government will change in the elections due in March / April of 2011. Hence, the need for urgency and the necessity to carry forward the project at a rapid pace, cannot be overly stressed. In addition, my contacts in Kolkata have instructed me to maintain cordial relations with the members of the opposite party and to this end, I have fixed an informal meeting with a Member of Parliament of the opposite party during my next visit. I intend to involve my brother-in-law in the process of developing and maintaining relationships with the political parties. He is infinitely more diplomatic and congenial than I am and my wife's family ties extend strongly in the government circles in Kolkata. (Most of my political contacts in Kolkata so far have been through my wife!)

Having reached a conclusion over the choice of hospital I would request The CCI to expedite the process of initiating a partnership with the government with regard to the Cleft Project. As per our discussions Mr. Sreedharan and I could make another visit to Kolkata to discuss the finer details with the Ministry and this would take us one step closer to a suitable MoU with the government. As I have mentioned earlier my brother-in-law will be looking after the smooth running of the project. When I visit Kolkata with Mr. Sreedharan I may invite my brother-in-law too so that he can take over overseeing the progress of the project till its completion. He will be my liaison with the government. I am confident that we are on track and only an unforeseeable calamity will derail us sir.

Warm regards,

Vikram