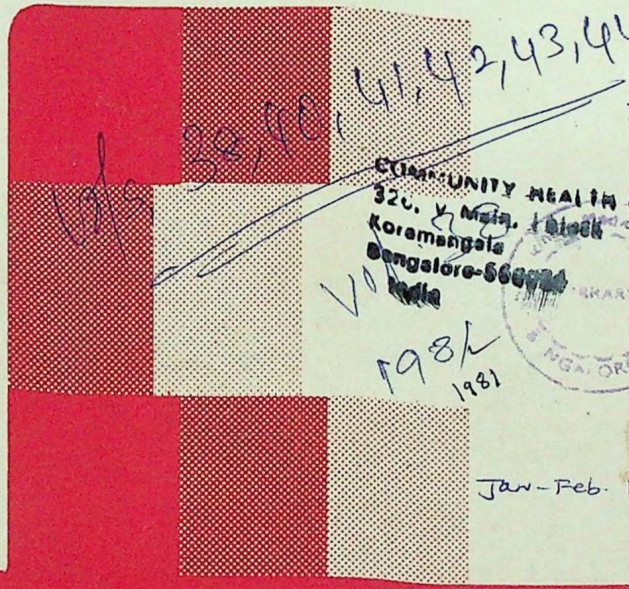
MEDICAL SERVICE



Jan-Feb. 1981

international year of the disabled persons ● the life and witness of the handicapped in the christian community ● concessions for the blind ● medical ethics forum ● coping with illness ● i don't believe in pomp and glory ● community health seminar ● rights of the disabled ● c h a i news notes ● medicartoon

International Year of the Disabled Persons

THE U.N. General Assembly in 1976 proclaimed the year 1981 as the International Year of the Disabled Persons (IYDP). Its theme is *Full Participation and Equality*.

The able and the disabled persons should co-exist, the former helping the latter in all fields and professions discouraging and gradually eliminating all compartmental treatments.

It is estimated that over 450 million people suffer from disability throughout the world. The year 1981 should help focus the attention of the governments and voluntary bodies on the needs of these persons, whatever they may be, and adopt remedial measures.

The observance of the year is aimed to achieve among others;

a. Helping disabled persons in their physical and psychological adjustment to society;

b. Promoting all national and international efforts to provide disabled persons with proper assistance, training, care and guidance, to make available opportunities for suitable work and to ensure their full integration in society;

c. Encouraging study and research projects designed to facilitate the practical participation of disabled persons in daily life, for example, by improving their access to public buildings and transportation systems;

d. Educating and informing the public of the rights of disabled persons to participate in and contribute to various aspects of economic, social and political life;

e. Promoting effective measures for the prevention of disability and for the rehabilitation of disabled persons;

f. Furthering the implementation of the 1971 Declaration on the Rights of the Mentally Retarded Persons and the 1975 Declaration on the Rights of Disabled Persons;

India has already spelt out her specific objectives which include among others;

a. evolving a national policy on the disabled.

b. developing a strong national disability prevention programme.

c. providing a rural bias to services for the handicapped.

d. forming of cooperatives by the handicapped.

e. conducting a sample survey of the handicapped and making legislations.

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contents

EDITORIAL — year of the disabled

A gentleman, wishing to do a fairly comprehensive tour by rail, was pleasantly surprised by the warm and friendly attitude of the local station-master who spent a great deal of time and energy helping him to arrange the programme. A week later, wishing to make some further adjustments in the programme, he returned, and, to his amazement, found the same station-master rude and uncooperative. To his query about the sudden change in attitude, the station-master, in a gruff voice, informed him : "Last week was Railway Courtesy Week !"

This little story might be a good way to begin the celebration of the "Year of the Disabled." We are constantly celebrating such "Years" —there was the "Year of the Woman," the "Year of the Child" and many others—and there is great danger that we might become a little like that station-master. Some token gestures will be made—some brave words uttered—and after that, we will enter upon the next "year." It is easy therefore to become cynical about these celebrations.

And yet, they have their function in calling attention to realities which we ignore only at our peril. Human minds are finite and limited and the vastness of the problem areas of human behaviour and human needs is likely to make us, consciously or unconsciously, turn a blind eye to some of these areas.

When one reads the gospels, one cannot but be struck by the fact that Jesus Christ spent a great deal of His time with the disabled. They thronged on him from all sides, the blind, the deaf, the dumb, the lame, paralytics, people possessed by the devil or troubled by issue of blood, lepers. Today's society will have more sophisticated names for these disabilities. The point is that Jesus healed them all. He welcomed them, befriended them and they left Him happy and glorifying God. Jesus did not stop merely at physical healing or material caring. He went beyond the physical disability to the hearts and souls of men and women. Physical blindness was also symbol of the blindness that cannot or will not recognise God's glory. Lameness was also a sign of man's spiritual infirmity, impeding his progress towards God. There are people who are deaf to the word of God speaking in so many ways; and those whose spiritual dumbness prevents them from uttering the divine praises.

No follower of Christ can do less. The Church, which continues the work of Christ in the world, has always striven to imitate this dimension of the mission of Christ, : "to the poor He preached the good news of salvation, to prisoners freedom and to those in sorrow, joy" (Eucharistic Prayer IV). Already in the "Acts of the Apostles" we note this concern, and the history of the Church is dotted with innumerable saints who have responded to the gospel imperative to care for the disabled in any way. Cottolengo, Elizabeth of Hungary, Vincent de Paul, Damien the Leper, Mother Teresa, are some names that come almost spontaneously to mind. But there are a host of others in quiet corners. hidden in their institutions, unknown and unsung, who are caring as Jesus cared. For them there is no such thing as a "disabled." There is only the child of God, His special friend, distined for eternal glory, "able" to make his or her contribution to the world in a particular way.

The "Year of the disabled" is an opportunity also to focus attention on the transcendent dimension of Christianity, its "otherworldiness." To run ordinary schools, even, I would say, ordinary hospitals, is to do what everybody can do (and, to an extent, is

doing). Care of the disabled points dramatically to the folly of the cross, precisely because it contradicts the wisdom of this world which tends to see all things in terms of their material "efficiency." But a world that rejects the disabled and does not reach out to them is impoverishing itself in the midst of affluence, it is gripped by spiritual poverty and has lost its soul, becoming an empty shell, ultimately to disintegrate and dissolve in its own selfishness.

There is, however, danger that care for the disabled can itself become an empty shell, mere ritual, conforming to a fashion of the word to indulge in "social work" as a bandge of social respectability. These are hard words, no doubt, and they run the risk of rash judgement. But the danger remains. And it can afflict even the Church and her institutions if the love of Christ and fellowmen is not constantly renewed. Care for the disabled, paradoxical as it may appear, is not primarily care of physical disability, but it goes beyond to the full rehabilitation of persons, sensing their dignity as children of God and therefore cooperating with their Creator in making a better world. If the Church does not seek to do this, she fails in her mission and betrays the gospel. Her work becomes mere philanthrophy which, for all the publicity it may receive, is sounding brass and tinkling cymbal. It is not Christian love.

The "Year of the Disabled" challenges all our member-institutions to reach out to the disabled of all kinds but especially to those disabled for whom, so far, little has been done. But it is also a challenge to every Christian, as indeed to all men and women of goodwill, to reach out to the disabled and be privileged to work side by side with them for the rehabilitation—nothing less—of society at large.

Msgr. Eustace D'Lima

PRINCIPAL CAUSES OF DISABILITY

a. Accidents
b. Crippling diseases
c. Leprosy
d. Malnutrition
e. Vitamin deficiencies
f. Mental illness
g. Blindness
h. Deaf and Dumb
i. Cerebral Palsy
j. Epileptics
k. Cardiovascular diseases
l. War.

The May-June 1981 issue of **Medical Service** will highlight the various *efforts of Catholic Institutions in caring* for and rehabilitating the disabled persons including the aged.

We request you to furnish us with informations regarding your works, write-ups, anecdots and photographs for favour of publication. Thanks

Editor

The life and witness of the handicapped in the christian community

Introduction

THE Fifth Assembly of the World Council of Churches in Nairobi in 1975 declared in one of its official reports under the heading of **"The Handicapped and the Wholeness of the Family of God,"** that : **"The Church's unity includes both the 'disabled' and the 'able'.** A church which seeks to be truly united within itself and to move towards unity with others must be open to all; yet able-bodied church members, both by their attitudes and by their emphasis on activism, marginalize and often exclude those with mental or physical disabilities. The disabled are treated as tha weak to be served, rather than as fully-committed, integral members of the Body of Christ and the human family; the specific contribution which they have to give is ignored. This is more serious because disability—a world-wide problem—is increasing. Accidents and illness leave adults and children disabled; many more are emotionally handicapped by the pressures of social change and urban living; genetic disorders and famine leave millions of children physically or mentally impaired. The Church cannot exemplify 'the full humanity revealed in Christ', bear witness to the independence of mankind, or achieve unity in diversity if it continues to acquiesce in the social isolation of disabled persons and to deny them full participation in its life. The unity of the family of God is handicapped where these brothers and sisters are treated as objects of condescending charity. It is broken where they are left out. How can the love of Christ create in us the will to discern and to work, forcefully against the causes which distort and cripple the lives of so many of our fellow human beings ? How can the Church be open to the witness which Christ extends through them ?

This declaration provided the background for a consultation held in Bad Saarow, German Democratic Republics, 3-7 April 1978, on the theme, "The Life and Witness of the Handicapped in the Christian Community." This meeting was sponsored jointly by the Inner Mission and Hilfswerk of the Evangelical Churches of the GDR and the World Council of Churches (Commission of Faith and Order; Commission on Inter-Church Aid, Refugee and World Service; and the Christian Medical Commission). Thirty eight participants from fifteen countries met in this consultation. Most of them were people directly engaged in the work with the disabled; some were themselves physically handicapped.

The following abbreviated report of the consultation contains the insights, experience and recommendations of the participants :

I. 1. **We commit ourselves to the conviction that full acceptance of persons with handicaps within the**

life, witness and service of the church is a requirement for the wholeness of the family of God. We view this consultation as a contribution to the task of demonstrating and furthering the unity of Gad's family by what we do together as disabled and able-bodied.

2. **The wholeness of the family of God on which Nairobi laid such emphasis implies the full acceptance of the disabled in the life, witness and service of the Church.** This full and unconditional acceptance of the handicapped must be made a reality at the very heart of the Church's life.

3. **When we confess our belief in the complete oneness of all human beings in the family of God, we are clearly affirming that no one may be excluded or excempted from it, however severely handicapped.** No physical, mental or sensory disability may be made a pretext for denying this solidarity. There is no Christian community without the disabled. When the handicapped are missing, the community itself becomes handicapped.

4. **Our Lord Jesus Christ identifies Himself with the handicapped. In them, He encounters the community, just as He discloses Himself to us in all those who are outcast, all who suffer, all who are despised.** The Christian community is constantly summoned to gather together around its Lord. It is the permanent task of the Christian family to gather and to integrate all the members of His body. *It is right to speak, therefore, of a* constant mutual integration of the disabled and the able-bodied.

5. **The consequences for the life of the Church are evident, in both worship and service, and affect the ordained as well as the lay leadership.** Starting from the assumption that the presence and participation of the disabled is the normal case and not the exception, we ask for forms of worship which are appropriate to the ways in which disabled people can express themselves. We doubt most strongly that there are reasons to prevent baptized disabled persons, regardless of the kind of disability, from the Lord's table. Equally strongly, we must assure the accessibility of disabled people to the ordained ministry.

6. **The unity of all human beings, irrespective of their handicaps, is a sign of the preservation of the world from inhumanity. The presence of the disabled reminds us that every human being is a frail and threatened being and a being created and blessed by God.** When those who are able-bodied remove their disabled fellow human beings to a ghetto-like existence in homes or institutions, or abandon them to isolation and loneliness in their own homes, all are in danger of losing the opportunity of partnership and the full richness of human experience.

7. **Fellowship between the disabled and the able-bodied makes it easier for all to be realistic and honest in admitting that no life is**

exempt from handicaps of some sort. A sharp distinction between the 'handicapped' and the 'healthy' prevents the recognition that every human being, at some time or many time-in the course of life, if only in old age, must contend with disability.

II. 1. **In thus affirming our conviction that the unity and integration of the disabled in the church are based on the Gospel of Christ, we affirm also the continuing need for institutions in which the most severely disabled experience help protection and care**. We acknowledge with gratitude the help and the home which such places provide for thousands of disabled human beings, and that in these institutions new and improved therapeutic methods, technical aids and nursing systems have been developed which have become an indispensable aspect of the work with the disabled today.

2. **Action for prevention of disability is a critical demand not only for secular governments but also for the church**. We urgently request ecumenical organizations, churches and development agencies to include the prevention of disability among their priorities for intensive and wide-ranging effort. In many countries of the world, disability prevention efforts are completely lacking or only at a very rudimentary stage. According to estimates made by the World Health Organization and other organizations, 10 per cent of the world's population is disabled (i.e. 400 million human beings). It is also estimated that more than half of these disabilities could be prevented by overall preventive measures. If the number of disabled people is to be reduced, in Third World countries especially, among the most important steps required are: adequate and balanced diet, health care among mothers and small children, inoculation programmes, sanitary measures, safe and available water, education and hygiene. Therefore, the emphasis must be on preventive measures.

3. **We are convinced that, in cooperation with government bodies and voluntary welfare organizations, the churches must develop comprehensive patterns of preventive rehabilitation as a matter of urgency**. The people in the villages and towns can help here in more ways than is sometimes expected of them. Within these overall patterns, the specialist institutions, clinics and rehabilitation centres can also find an important and even financially viable role. In many cases this will entail a radical shift in the direction of their work and a reallocation of funds and resources.

4. **With regard to the situation in Europe, we wish to draw attention to the need to continue supporting the services of the churches with and for the disabled in institutions and rehabilitation centres. The whole church owes** its members in these institutions the continuing ministry of intercession. Among the responsibilities of the churches is to help to provide sufficient personnel for this vital and difficult work, to offer training and retraining, and to

facilitate an ongoing exchange of information and experience. A constant effort must also be made to ensure improved living conditions in therapy and work. Sections 9 of the United Nations "Declaration of the Rights of the Handicapped" per states : "When a handicapped person is unavoidably placed in a specialized institution, the environment and living conditions should as far as possible be comparable with those of a person of similar age living a normal life." This would suggest, for example, that the creation of hostel-type accommodations and residential homes for mentally and physically handicapped young people is needed, preferably together with able-bodied young people.

III. 1. **But the church must go beyond the institutional response and move to a dramatic affirmation of congregational acceptance of the handicapped within the mainstream of congregational life.** The criterion of life in the Christian community must be whether or not the disabled really share fully in that life. The church loses its credibility when its proclamation of the unity of all Christians is not matched by a shared life in the fellowship of the Christian community. But the task of mutual and continuous integration of the handicapped into the life of the church implies the destruction of many barriers to achieve that goal.

2. **The greatest barrier is found in prejudices and attitudes.** To a large extent, disabled people are emotionally rejected people. Other people do not quite know how to deal with them. They shy away from them,

in a reaction or horror of fear. The ideal figure of the young, athletic, fully productive human being leads them to disparage the handicapped person as a second-class human being. The Christian community must, therefore, be or become the place where these prejudices and attitudes are uncovered and changed by a human ideal which takes its direction from Jesus Christ as the suffering servant of God and the brother of the poor and despised.

3. **The barrier of pity is particularly discriminating to disabled people. When anyone commiserates with a disabled** person as an 'unfortunate' pitiable human being. This immediately creates a gulf between them. A condescending pity springs from a sense of superiority or fear, and reinforces feelings of inferiority in the disabled person. Apart from the fact that pity tends to evaporate fairly rapidly, it also establishes a pattern of paternalistic aid and thus results in a relationship of dependency which the disabled person rightly rebels against. But in the Christian community, all belong together as equally respected persons, irrespective of the degree of disability.

4. **The barriers set up by forms of worship and liturgy must be broken down.**
The services must be so designed that the disabled can participate. In this respect each liturgical tradition will have to ask itself different questions. But in each case the communal character of worship needs to be more strongly focused.

5. ***Congregations should consider taking a stance of advocacy for and with the handicapped.*** Congregations which seriously try to overcome their own barriers can also become credible champions of the handicapped. As partners, church and handicapped may present their common needs to the general public in the local communities and elsewhere.

6. **The architectural barriers must be removed.** We urge church authorities and congregational councils to ensure that the house and the altar of God are made accessible to the disabled as well as the able-bodied. Churches and Church premises should be so designed that handicapped people can feel at home in them.

7. **Overcoming the sense of isolation of the handicapped is a particular responsibility of the church.** One particular important task is the regular visitation of the disabled and their parents, spouses, and relatives, and sharing in their struggle against loneliness and embitterment and with day-to-day difficulties. Members of the family need regular periods of relief from the nursing of their disabled member (for example, by home helps). Parishes should also consider arranging joint holidays, outings and excursions.

8. **Sensitivity to the situation of disabled fellow human beings must be developed in the teaching and catechetical work of congregations.** This training in sensitivity must begin in the kindergarten and continue in the

Sunday School and in other teaching activities.

9. **The majority of Christians and society generally tend to regard the search for partnership and the sexual needs of disabled persons with incomprehension and rejection.** We must, therefore, make it a rule for ourselves, and ask the churches to do the same, to react with a wholistic ethical response, and not with a moralistic or legalistic bias, when handicapped persons seek novel solutions which may perhaps appear shocking to us. We must put ourselves in the place of the disabled person and ask ourselves what expression is open to, and would be a responsible one for him or her of the disposition which God has given to us all.

10. **Like their peers, young disabled persons especially strive for independence and autonomy.** Our question therefore is; can congregations help to ensure that residential homes are built in which physically and mentally disabled young people can share life with able-bodied young people as independently as possible ?

11. **We frequently note that pastors priests and church workers have an inadequate understanding of the disabled person and his or her situation.** There is a striking gap here in theological training. Therefore, we call upon the churches to study, in depth, the theological and ecclesiastical understanding of the church in reference to the handicapped, to emphasize the Pauline insistence of God's expressing His strength the weakness, and of Jesus insistence upon the inclusion of 'the poor, the maimed, the blind in the great feast of the Kingdom."

IV. **What should be the next steps ?** We are grateful for the cooperation between a number of sub-units of the World Council of Churches and the Inner Mission und Hilfswerk of the Evangelical Churches in the German Democratic Republic which made this consultation possible. We regard the consultation as the first of many such ecumenical initiatives. Among the future tasks and requirements are:

1. Action which can be started by all churches:
   Ecumenical exchange of experience and results of research, with the participation of disabled persons, and including the Roman Catholic Church.
   Support of minority churches in their work with the disabled;
   more through study of disability prevention, in close cooperation with other international organization such as the World Health Organization and Rehabilitation International.

2. Specialist conferences should study the following problems :
   Opportunities and models for the integration of disabled persons in the life of the churches; Partnership and sexuality among disabled people, and counselling methods;
   Religious instruction of mentally disabled children and adults;
   provision of ecumenical curricula and materials the development and diffusion of new forms of worship which do justice to disabled persons.

Courtesy: CONTACT—The bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches, Geneva. (Special series No. 2, June 1979)

CONCESSIONS FOR THE BLIND

For the benefits of especially those who are engaged in the rehabilitation of the blind, we give below the various concessions granted to the blind. Details of the concessions given to the handicapped will be published in the March-April issue.

1 Travel by Air

The Indian Airlines Corporation allows the blind a concession of 50% in the fare on domestic air flights. No concession is available on international flights by Air India or any other International Airlines.

Blind passengers will have to make an application for grant of 50% concession and such applications must be accompained by a certificate from a registered medical practitioner testifying to the fact that the person is blind and has lost the vision of both eyes. Such certificate must also carry the registered number of the registered medical practitioner of the State to which he/she belongs.

2 Travel by Sea

Some shipping companies have offered concessional fares to the blind. The details are as follows :—

Scindia Steam Navigation Co. Ltd. :

Only ¼th of the basic nett fare will be charged if travelling alone.

Eastern Shipping Corporation :

Prepared to consider each individual case on its merits in consultation with B.I. with whom they have passenger services jointly.

Bombay Steam Navigation Co. Ltd. :

¼th of the basic nett steamer fare will be charged when a blind person travels alone.

The Mogul Lines Limited :

Prepared to consider each case on its merits.

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	50 mA Generator	:	40—100 KVP
	60 mA Generator	:	45—100 KVS
	100 mA Generator	:	45—100 KVP
	150 mA Generator	:	40—100 KVP
	300 mA Generator	:	30—125 KVP
	700 mA Generator	:	25—125 KVP
TUBE STAND	Stationary : Vertical Fluoroscopy/Multi-position Radiography Floor to Ceiling, Ceiling Suspension		
DIAGNOSTIC TABLES	Horizontal Multi-position Manual Tilt Multi-position Motor Driven		
SIMULATOR	For Treatment planning on any make Cobalt-60 Teletherapy Unit		
THERAPEUTIC	Twin-Head Cobalt-60 Teletherapy Unit Stationary Cobalt-60 Teletherapy Unit with Swivelling Source Head Rotational Cobalt-60 Teletherapy Unit		

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Travel by Railways

The Ministry of Railways allows the blind to travel at concessional fares on the Indian Railways as per details below. We reproduce the relevant forms required to be filled for information and utilisation of these concessions.

Persons, etc., eligible	Circumstance, under which concession is admissible, subject to conditions shown in Clauses (1) to (12) of Rule 101	Authority on which concession will be allowed by the Station Master	Nature of concessions	Remarks
1	2	3	4	5
(1) Blind persons accompanied by an escort.		On production of a certificate from :	Single Journey Tickets	(1) the form O certificate is shown in Appendix 1/16
		(1) A registered medical practitioner (2) Heads of the institutions for the Blind recognised by the Ministry or Education (List of Institutions is shown in Appendix 1/15)	Permission to travel accompanied by an escort on payment of one single journey fare for the blind in the class occupied; Mail fares being charged in the case of Second Class. An escort accompanying a blind child aged 3 years and less shall be charged at half the public tariff rates.	(2) The concessional tickets may be issued by the Station Master on collection of the certificate (Appendix 1/16) after verifying that the certificate is complete in all respects.
			Return Journey Tickets permission to travel accompanied by an escort on payment of double the single Journey fare for the Blind. in the class occupied; Mail fares being charged in the case of Second Class An escort accompanying a blind child aged	If instead of the original certificate a copy of the certificate duly attested by by a Gazetted Officer Magistrate or Member of Parliament or a State Ligislature is produced, the ticket may be issued on collection of the certified copy but at the time of issue

1	2	3	4	5
			3 years and less shall be charged single Journey fare of the class occupied	of the ticket the original certificate should be inspected.
			Note-period of availability of return tickets will be as laid down in Rule 215 of I.R.C.A. Coaching Tariff No. 22, Part I (Volume I)	It is not necessary for the blind person concerned to be present at the station for purchasing the ticket. (3) The particuclars regarding the age, sex and identification marks should be copied out from the certificate on the Blank Paper Ticket issued to the Blind.
(2) Blind persons travelling alone		On production of a certificata from : (1) A registered medical practitioner (2) Heads of the institutions for the Blind recognized by the Ministry of Education (List of Institutions is shown in Appendix 1/15)	Single Journey tickets : Single Journey tickets on payment of one fourth of the fare due : Mail fares being charged in the case of Second Class. Return Journey Tickets. Return Journey tickets on payment of double the concessional fare for single journey; Mail fares being charged in the case of Second Class.	(4) A combined Blank Paper Ticket should be issued for the Journey of the blind person and his escort.
			Note-period of availability of return tickets will be as laid down in Rule 215 of I.R.C.A.	(1) The form of certificate is shown in Appendix 1/16. (2) The concessional tickets may

1	2	3	4	5
			Coaching Tariff No. 22 Part I (Volume I)	be issued by the Station Master on collection of the certificate after verifying that the certificate is complete in all respects. If instead of the of the original certificate a copy of the certificate duly attested by a Gazetted officer a Magistrate or a Member of Parliament or a State Ligislature is produced, the ticket may be issued on collection of the certified copy but at the time of issue of the ticket the original certificate should be inspected. it is not necessary for the blind person concerned to be present at the station for purchasing the ticket. (3) The ticket should be endorsed "At concessional rate for blind persons.
(3) Blind persons under the care of recognised institutions accompanied by an escort. (List of Institutions is shown in	When travelling between their homes	On production of a letter of authorization signed by an authorized officer of the Railway vide Rule 101 (6) On production of a letter of authorization signed by	Permission to travel accompanied by an escort- On payment of the season ticket fare (either suburban as the case may be) of the class occupied.	The form of certificate for season ticket is shown in Appendix 1/17

1	2	3	4	5
Appendix 1/15) (4) Blind pupils in parties if not less than four studying in schools, colleges or institutions which are recognized by the Education Department of the State in which the schools are situated.	and (1) the school college or institution in which they receive education, and (2) a place of vacation, on production of a certificate signed by the Head of a school, college or institution recognized by the Education Department of the State or bythe Ministry of Education	an authorized officer of the Railway vide Rule 101 (6)	Class Fare for Adults: First 60% of the normal fare Second Half of Second class Mail fare Fare for Childern below 12 and over 3 years: 30% of the normal fare Quarter of Second class Mail fare Free ticket for one escort for the every two pupils in the same class of carriage whether the pupils hold adult tickets or half tickets	(1) the form of certificate is shown in Appendix 1/18. (2) Each party must travel together in the same train but not necessarily in the same class of carriage, vide Rule 101 (11) (3) The number in the party may be increased or decreased on route provided the minimum of four is maintained throughout the journey or a minimum fare for four is paid for upto the destination.

APPENDIX 1/16

(See Rule 101 Serial Nos. 11(1) and 11(2)

Appendix 1/16
Certificate for Blind
(to be used by a
Registered Medical

Concession Certificate

Practitioner Heads of
the Institutions of the
Blind recognised by
the Ministry of
Education)

FORM FOR THE PURPOSE OF ISSUE OF RAIL CONCESSION TO THE BLIND TO BE USED BY A REGISTERED MEDICAL PRACTITIONER OR HEADS OF THE INSTITUTIONS FOR THE BLIND RECOGNIZED BY THE MINISTRY OF EDUCATION :

This is to certify that Shri/Shrimati..... particulars of whom are furnished below is a completely blind person.

Particulars of the Blind person :—

(a) Age :

(b) Sex :

(c) *Personal identification Marks: (1)
(2)

(d) Left hand thumb impression or signature of the Blind person :

Station.....

Date.....

.....
Signature of the Registered Medical Practitioner/Heads of the Institutions for the Blind recognized by the Ministry of Education.

Regd. No. of the Medical Practitioner.....

OR

Office Stamp of the Institution for the Blind.....

*The personal marks of identification should be such as can be easily verified, if necessary by Ticket Checking Staff.

Note: (1) This certificate will be valid only for a period of three years from the date of issue.

(2) A copy of the certificate, duly attested by a Gazetted Officer, a Magistrate, or a Member af Parliament or State Legislature will also be accepted but this certificate in original should be produced for inspection at the time of purchase of the ticket.

APPENDIX 1/17

(See Rule 101, Serial No. 11 (3))

Appendix 17 Concession Certificate for the Blind

Concession Certificate

FORM FOR THE PURPOSE OF ISSUE OF CONCESSION FOR THE BLIND (OTHER THAN STUDENT) TO BE USED BY THE HEAD OF THE INSTITUTION FOR THE BLIND RECOGNIZED BY THE MINISTRY OF EDUCATION

This is to certify that .... a member of the ..... Institution is a bonafide blind person under the care of the institution and intends travelling from ....(station) to .....(station). He/She is being accompanied by .....as his/her escort.

.....
Head of the Institution.

FORM TO BE USED BY THE BLIND PERSON CLAIMING THE CONCESSION

To :
The .....
..... (Railway)
..... (Station)

Dear Sir,

With reference to the above certificate, I understand that I am entitled under the Rules of Your Railway to a concession order enabling me to obtain a season ticket as follows :—

To travel accompanied by an escort.

On payment of 1½ season ticket fare in the case of season ticket (either suburban or non-suburban as the case may be) of the class required.

Will you please send me (to the address given below) a concession Order available upto..... 19

Yours faithfully,
.....

FORM TO BE USED BY THE OFFICER ISSUING CONCESSION ORDER

.... Railway

Concession for Blind Persons

No..... ..... Dated 19

To
The Station Master,
.....

On presentation of this Concession Order, issue to ..... a member of ..... Institution one season ticket for himself/herself accompanied by an escort from .... (station) to .....(station) on payment of 1½ season ticket fare in the case of season ticket (either suburban or non-suburban as the case may be) of the class required.

This concession order is available upto .....19 ..... District.

....
The Divisional Superintendent/
The Dist. Traffic Superintendent.

.....

Received ..... Class Ticket No. ..... Date.....

.....
Signature/Thumb Impression of the blind person.

APPENDIX 1/18

(See Rule 101. Serial No. 11[4])

Appendix 1/18
Concessions for Blind Students

CONCESSION CERTIFICATE

CERTIFICATE FOR OBTAINING CONCESSION FOR BLIND STUDENTS AND SCHOOL CHILDREN WHEN TRAVELLING IN PARTIES OF 'NOT LESS THAN FOUR'

From :

.....

.....

.....

Office stamp of the School or College

To
The Divisional Superintendent,
The District Traffic Superintendent,
.....(Railway)
....(Station)

School Children
Students

This is to certify that .....
(No. in words)
named below are bonafide blind students of school/college/institution are proceeding from/to their school/college/institution/homes in India to/from.....
homes
their place of vacation
examination centre in India

They are travelling from..... .....(station) to.....(station) and a Concession Order for their journey may please be issued available upto.....19
(probable date of starting)

Note :— Entries not required should be crossed out.

No.	Names of Students	Sex	Age
1.			
2.			
3.			
4.			
5.			
6.			

No. of escorts.....(Maximum one allowed free for every two Children)
(to be inserted in red ink)

Station.....
Date.....

.....
Head Master/Principle

(Form to be used by the Officer Issuing Concession Order)

CONCESSION LETTER FOR BLIND SCHOOL CHILDREN AND STUDENTS IN PARTIES OF NOT LESS THAN FOUR

No..... Dated.....19

To

The Station Master

.....

.....

Please permit the blind school children or adult students named below numbering not less than four in any case, to travel from.....to.....with one escort free for every two blind school children or adult students as endorsed in red ink at the top of this form and signed by the issuing Officer paying fares at the following scale :—

Class	Fare for Adults	Fare for children below 12 and over 3 years
First	60% of the normal fare	30% of the normal fare
Second	Half of Second Class Mail Fares	Quarter of Second Class Mail Fares

The party must travel in the same train, but not necessarily in the same class of carriage.

This concession letter will be available upto 19

.....

Divisional Superintendent

Dist. Traffic Superintendent

.....Division/Dist.

The issuing officer must be careful to endorse the number of escorts in words and also sign the endorsement.

Name of School or College.....

NAME OF CHILDREN

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Travel by State Transport Buses

The following State Transport Corporations have granted concessions to blind commuters.

1. Gujarat State Road Transport Corporation grant a concession of 75% to the Blind persons and to their attendants.
2. Jammu and Kashmir Road Transport Corporation, Srinagar allows 50% concession in fare to the deaf, dumb and blind persons.

3. Karnataka State Road Transport Corporation allows the blind to travel free in city buses and at 50% concession in case of mofussile and suburban services on the authority of an identity card issued by the Unit Head.
4. Madhya Pradesh State Transport Corporation permits blind person to travel free of cost. But the escort/s may pay one forth of the fare.
5. Maharashtra State Transport Corporation provides for 75% concessional travel by the blinds for purposes other than begging. In order to avail the facility, the person concerned must carry a certificate duly issued by :
(i) an institution or association working for welfare of the blind or (ii) Hon. (or otherwise) Medical Officers appointed by the corporation for its dispensaries.
6. The Government of Orissa grants 50% concession to blind students on proper identification issued by the Head of the Institutions.
7. Handicapped persons in the State of Punjab who are in possession of identity cards issued by the Deputy Commissioner of the district concerned are charged 50% of the Normal Charges of the State Transport Services.
8. Rajasthan Road Transport Corporation offers free of cost travel to the blind on the production of a certificate issued by Head of any institution for the blind where the blind person is receiving education, Head sar-panch of Gram Panchayat or a local Gazetted Officer.

Travel by City Buses

Blind persons can travel free in city buses of Ahmedabad and Poona and at concessional in Bombay. As information in this regard are incomplete, the concerned persons may contact their perspective municipal corporations for information.

Income Tax Concessions

The Government of India allows the blind a generous deduction of 10,000 from total income when computing the net income.

Postal Concessions

Literature for the blind is exempted from the payment of postage, both inland and foreign.

Similarly institutions for the blind are exempted from the payment of Wireless Licences Fees.

Customs Concession

Institutions for the blind are permitted to import equipment and apparatus required for the education and training of the blind, free of customs duty if such equipment and apparatus are received as bonafide gifts. For this purpose, the institution is required to obtain a Customs Clearance Permit from the Chief Controller of Imports & Exports, Udyog Bhavan, New Delhi. To obtain a Customs Clearance Permit an application should be made in Form B (for actual users) along with which should be attached a letter in original from the donor. No fee is required to be paid by charitable organizations when applying for a Customs Clearance Permit. This concession is not available to individuals.

medical ethics forum-20

FR. GEORGE V. LOBO S.J.

Informed Consent

Q.N.3 of the Patient's Bill of Rights (cf. Medical Ethics Forum-19) states that "the patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment." What is the scope of this information?

The required information cannot amount to "full disclosure". It would be unrealistic to expect physicians to discuss with their patients every risk of the proposed treatment, no matter how small or remote. Some would measure the required disclosure by "good medical practice". Others by what a reasonable practitioner would have clared under the circumstances. Such a standard based merely on a so called professional standard would go against the patient's prerogative to decide on projected therapy, himself.

The patient's right of self-decision should shape the boundaries of the duty to reveal. That right can be effectively exercised only if the patient possesses enough information to enable an intelligent choice.
The content of the disclosure rests in the first instance with the physician. Ordinarily, it is only he who is in position to identify particular dangers. But on the basis of his experience and the knowledge of his patient's background and current condition, he should be able to sense to what extent revelation to the patient would be helpful for the purpose of giving informed consent. The materiality could be defined in the following way. "A risk is material when a reasonable person, in what the physician knows or should know to be the patient's condition, would be likely to attach significance to the risk or cluster of risks in deciding whether or not to forgo the proposed therapy."

The areas demanding a communication of information are the inherent and likely hazards of the proposed treatment, the alternatives to that treatment, if any, and the results likely if the patient remains untreated. The advantages of the treatment as well as the costs would also be material to the decision.

There are two exceptions to the general rule of disclosure, The first comes into play when the patient if unconscious or otherwise incapable of consenting, and harm from a failure to treat is imminent and outweighs any harm threatened by the porposed treatment. If possible, a relative's consent should be obtained.

The second exception obtains when the disclosure about the risk poses such a thre[illegible] of detriment to the patient as to become contra-indicated from a medical point of view. Occasionally, patients become so ill or emotionally distraught on disclosure that they would be incapable of rational decision, or complicate the treatment. The disclosure may even pose psychological damage to the patient.

Such exceptions, however, do not justify a paternalistic attitude in normal cases on the part of the physician. The right of the patient to make an informed decision should be safeguarded.

A Verbal explanation may be sufficient, But to avoid legal complications, a written

COPING WITH ILLNESS

A Time for Healing

FROM time to time each one of us is in the presence of illness. Whatever our role, we can participate in healing—both healing of the body and healing of the spirit.

"To heal", says Robert S. Brown, a physician involved in *hospice care* for the terminally ill, *"is to enable the patient to...realize himself, whatever his physical condition, as a whole person."*

Caring people, lay and professional, sense the needs of the spirit. When they see each other as partners in healing, that healing broadens and deepens and can even go beyond the patient. Such people then become a healing community.

"A nurse", writes Mary Kaye Dunn, R.N., *"at any one time is both...'healer' and "one who is healed"*. In the experience of illness, whoever and wherever we are, we need each other.

The Experience of Illness

In the presence of illness we are all human beings, each-even medical professionals bringing to the sickroom our own bundle of attitudes, fears, needs and past associations. Most of us feel some discomfort, may be anxiety.

A relationship may shift, a family pattern change, defenses slip or stiffen, the new situation trigger an unexpected emotional response.

We may feel : *Loss of Competence*. A patient, "They're all telling me what to do. I've lost control of my own life. I feel like a child." *ill at ease*. A man with a friend who is seriously ill : "I don't know what to say or do when I go to see him, I feel helpless." *Depersonalized*. A hospital patient : "I feel the need for reverence for me as a person instead of a piece of stuff, stripped and numbered."

Vulnerable. A nurse : "People have said I'm cold. I just can't afford to get emotionally involved. I can't handle it."

Afraid. A child in the hospital : "I'm afraid to be alone. Why did they leave me? I want my 'mommy'."

Angry. A patient after an open-heart surgery: "I was fighting with everybody...I was angry at my frailty."

There may be :

Change in Relationship. The husband of a cancer patient : "I feel lost...as if a wall has come up between us..."

Misunderstanding. A patient's wife didn't understand a change in her husband's behaviour : "The doctor said, 'He's getting along nicely." I guess he couldn't tell me

---

statement could be provided. The patient could also be given the choice of knowing or not knowing the risk by including in the form (for consent) a item somewhat as follows;

"The procedure which you are scheduled has some significant hazards attached with it. Your doctor is aware of these risks and feels that the diagnostic information obtained outweighs the possible risks of the procedure. If you want information concerning risks and complications, please note below."

my husband was getting ready to die. It would have helped so much."

How can we help each other cope with illness? We can begin by trying to become healing persons.

Becoming a Healing Person

The root for the words hospice, hotel, hospital, hospitality is the Latin word hospes. It means both host and guest. Henri Nouwen, author of "Reaching Out," calls healing a form of hospitality. It is creating space for the other person. "We are all healers who can reach out and offer health," he writes, "and we are all patients in constant need of help."

In the sickroom, a paticular doctor or nurse, though professionally competent, may not be a healing person, while a caring relative could provide a strong healing presence Anyone can become a healing person.

We can work at :

Being fully present to each other. "The more carefully I listen to patients, "says Connecticut physician Morris J. Wessel, "I sense an undercurrent of pleading..."I sense tired, I am in pain. I'm lonely. There is so much I must talk about"

Accepting patients on their own terms. "Treat me as a well person," pleaded a leukemia patient. "Include me in your activities. Ask me out, hire me..."

Communicating fully, seeking and giving information, sharing feelings. A nurse relieved the anguish of a seriously ill patient whose wife pretended everything was all right, each spouse thinking the other "couldn't handle it," She helped them to be able to cry together, talk about it and find release.

Being sensitive. With much agitation, a senile nursing home patient whispered to a young volunteer that there was a may under her wheelchair. The girl began to yell "man" to leave her alone. In a few minutes the woman said, "There he goes. Thank you so much. He's been bothering me a lot lately."

Admitting vulnerability. A dying man asked the newly graduated nurse to talk with him. "I' can't," she said. "I'm too afraid." Her candor elicited his reassurance that what she said didn't matter. She learned that it was enough just to sit with him.

Facing, perhaps adjusting, our attitude towards death. "Hospice," the name for medieval havens for the dying, signified that the doors were open to the traveler on his journey from one life to the next.

Many do look upon death as an opening door. Others think of it as the end of everything. Some doctors and nurses see death as a failure. Many of us have fears about it.

Our feelings and our beliefs about death affect how we live and how we feel and act in the presence of illness. We need to face them.

Mary Beth Moster, author of "Living with Cancer" distinguishes between temporary hope which has its place—but its limits—in illness and ultimate hope which is hope in God. "It is ultimate hope," she says, "that will give peace.

To Family, Friends, Others

Here are some small ways to help an ill person:

Call before you visit; say how long you will stay. Sense when not to visit. As a rule, make visits short. Be alert to signs of fatigue or pain.

Sit down. Get at eye level, touch, establish real contact. Listen. Even a short visit will have more meaning.

Anticipation is important. Send something regularly; a note, a card, a prayer, bits of

humor or odd information clipped from a newspaper. But remember, your presence, when appropriate, is your best gift to a patient.

Be authentic in what you say. Avoid false cheeriness or empty words. Saying "You look great" to a person suffering in body or spirit is brushing aside his pain: A hug or a pat on the arm may say all that needs to be said.

Offer specific help to the patient or family: baby-sitting, an errand, a ride.

Avoid criticism of the care the patient is receiving. It can be upsetting.

Let the patient guide you in his or her needs and wants, instead of imposing your own ideas. Ask, "What would you like me to do for you?" Be available.

Let the patient give you something, however small or intangible.

Treat the patient as a person, not an illness. Be aware, as a doctor or nurse, that use of a patient's first name can be diminishing. Let a dying patient find the release of entering into all his or her feelings and unfinished business. Those close can help the patient to let his or her life go. "Pray for one another that you may be healed." (James 5:16)

As you become a healing person, you have less need to ask what to say, what to do, how to cope.

You learn to pray for God's healing power to work through you.

You move from the position of observer and enter into the other's experience, sharing it in some way. You become compassionate. "He sent them out to preach the kingdom of God and to heal." (Luke 9:2).

Towards a Healing Community

Where compassionate people are together as patient, family member, friend, doctor,

nurse, clergyman, aide or volunteer, there is concern for each other as persons.

"The whole idea of compassion," said Thomas Merton, "is based on a keen awareness of the interdependence of all these living beings, which are all part of one another and all involved in one another."

A daughter visits her dying father in a hospital and finds evidence of neglect. With respect for them as persons, she invites the nursing staff into her confidence, sharing with them her concern for her father, and the situation is rectified.

A doctor says trust is the physician's greatest aid. He helps build the patient's faith in him—and each patient's faith in himself.

A visitor tell an ill friend he will sit just a few minutes. He takes his hand.

"Touch is everything. I realized," said the patient later, "When you're very weak or in pain."

A volunteer member of a pastoral care group had trouble at first knowing what to do when she visited sick people. She prayed for the key. Eventually she discovered : "To be there, listen and touch."

A psychiatric nurse prays with her patients. "You don't rely on psychiatry alone," she says, "You don't rely on prayer alone..... Prayer can teach people to open themselves up to God, and then the healing can begin."

God is present in the healing community. The Christian believes that Jesus the Divine Saviour took on the suffering experience of humanity. Healer that he was on earth. He called every human being to be the same to heal one another, to open our hearts to pain of body and spirit.

"Welcome one another as Christ has welcomed you for the glory of God. (Rom. 15:7).

To Patients

Your rights: "A Patient's Bill of Rights" issued by the American Hospital Association states, in essence, that a patient has the right:

To considerate and respectful care with privacy, confidentiality and reasonable continuity.

To information about his diagnosis, treatment and prognosis in understandable terms; to an explanation of his bill.

To refuse treatment, within legal limits, and to know the medical consequences of this. To know hospital rules for patients, to refuse transfer to another hospital without knowing the reason for the change.

Your responsibilities: The rights of adult patients infer responsibilities on their part: to know and act on these rights, to help bridge any communication gap, to assert themselves as mature partners in their own health care.

New York physician Marvin S. Belsky calls it getting past the "doctor mystique." To this end, he holds feedback sessions with groups of his patients.

Patients should know, too, about home care services available in their community through social service agencies, hospitals, volunteer groups.

Courtesy : "Fr. Agnel's Call"
Dec. 1980, Vol. XXIII No. 12

I don't believe in pomp and glory

Bishop Bonaventure

Bishop Bonaventure Paul of Hyderabad Diocese in Pakistan is a giant of a man, 6 feet and 3 inches tall and weighing well over 200 pounds. He is in the Franciscan tradition—humble, gay and democratic.

Church of the poor

I won't see the Church of the poor in my lifetime. We have so many institutions, things to take care of and we don't know how to get out of this situation. I struggle with the problem. If I were alone, I might be able to do something, but I'm with a group and in in a group it's hard to do drastic things because other people are affected.

May be the only the thing to do now is to have more identification with the poor and more concern, but I don't see what we can do now about our structures. And as long as we have our big buildings, there will always be a gap between us and the poor, even if we go to them and show concern.

Emotionally, I know we must do more, but in reality, structured as we are, we can't seem to do more.

We must depend on our young priests and sisters and our youth to create a poor Church in the future. Our role is to help them see the problem and work out with them a vision of what the Church should be. They have the commitment.

The ways of a bishop

I don't believe in the pomp and glory that often surrounds a bishop. When I go to a village I tell the people, "There's no need to construct an alter : it's too much trouble. I'll say mass sitting on the floor with you, simply, as one of you."

I don't go with fancy vestments. These are external trappings. I eat sitting on their beds as the people eat. These are just examples. I find that this breaks down the barriers that exist between us and the people and they respect you more, eventually. You're not hiding behind the pomp of the office. The people don't lose respect. They see you want to be one of them and that you accept them. Confidence in you grows. They see you as a person not an official. They may see your shortcomings, too, but we can't worry about that.

I feel that after 13 years running this diocese the people are free to talk with me about things they wouldn't have talked of before.

A leader should be with the people encouraging and supporting them, not imposing. When I feel the people no longer accept me as a leader, I'll resign. I won't wait till I'm 75.

I don't believe in laws. I do of course, but laws are meant to help and are not absolute. For example, in the tribal villages I often have confirmation as late as 11 : 00 p.m. Night is when the people celebrate. I go to the villages and follow the people's rituals. They wash my feet, they serve me food and later they eat. There are more ceremonies and at about 11 : 00 we have confirmation. The people sing through the night and in the morning I go home.

If I insisted on confirmation in the morning, I would disrupt their customs and lives. A leader should adjust to the people.

I think it's within a bishop's powers to annul certain types of marriages in his diocese when the community and priests ask him to do so. I'm talking about tribals who married as children in a Hindu rite and now live with another women. I think a bishop could annul these on the basis of the ecclesial consent of the entire community. If the community want it, I believe a bishop is within his rights to do so.

Muslim-Christians

We had a privileged set up in the past when the English were here. Now Islam is finding its way and so must we. Our people are insecure but we have no option but to find a way, because we have to stay here. It's difficult to see how we will work out our problems. At best we can have a peaceful co-existence. We must accept the situation, yet not give in to injustice. We have to remember Muslims are 97% of the population. They feel we have acted as lord and master for too long. It's not easy to know what direction to take.

We must break down the gaps that have opened between bishop and priests on the one hand and the people. Our older Christians are very cleric-oriented. If I encourage lay leadership, they don't react positively. They see the bishop as boss, the priest second in-charge and then the lay people. With the newer tribal Christians the bishop, priests and people are one.

We've neglected to study the culture of the people. We've forbidden them for example, to sing the old Hindu religious chants. Yet some are beautiful. One night I left a group around a fire and went for a walk. The singer was chanting a Christian version of the old songs. Later I come back without the people seeing me. The singer was chanting a touching song from the Vedas. Finally he saw me. I smiled and he kept singing. If I had said a word of criticism, I would have spoiled the evening. What does it matter ?

[What Bishop Bonaventure says about the pastroal approach is true also of our healing ministry. It is heartening to see that today many of our bishops, priests and religious also believe in what Bishop Bonaventure says.—Editor]

"The Laity are worthy of trust"

"The greatest good we can give is the word of God. This does not mean we do not assist (people) in their physical needs, but it does mean that they need something more and that we have something more to give : the Gospel of Jesus Christ (partisan politics and concerted social action should be left to lay Christians). They have a special task to fulfil, a lofty task, and they need their bishops and priests to support them through spiritual leadership. This laity are worthy of trust. They can accomplish what the Lord has assigned to them."

Pope John Paul II to the hierarchy assembled at the papal nunciature in Manilla.

Editor's Note

AS indicated in the convention special issue of the Medical Service, this issue of our journal is in your hand with a different outfit. Some of you may recognise it by the title. For some it may be just another periodical that keeps coming. *"Our journal Medical Service should be improved"* is an oft repeated statement during conventions and discussions. Keeping this in mind we have tried to bring out this first issue of 1981 in this new form. While presenting to you this in the new get up, we are fully aware of the limitations and the room for improvements. So we expect of our member institutions to write to us your impressions on this number, especially by way of criticism and suggestions for improvement. With regard to the content part of it, while focussing to a particular aspect, in this case, the Year of the Disabled, we would also like to give as many useful informations as possible, particularly the involvement by our member institutions in the field of Community Health. In this regard let me once again appeal to those of our member institutions who are involved in community health and health education programme to send a brief report of their activities together with some photographs, if available, which could be published in our journal for the benefit of others. This way, this house journal of the CHAI becomes also a forum for our member institutions to let others share what they do in this important field.

In this issue we have given some special attention to the blind. In the guest editorial, Msgr. Eustace D'Lima, the Deputy Secretary General of the C B C I has set the good which our health care institutions and personnel will have to aim at. This is a challenge before us and we will have to meet this challenge. One has to guard against that we are not carried away merely by the 'celebration' of the year of this and that. We need to go a step further and meet such challenges not for this one year, but in a lasting way.

One point I would like to mention here is that, while the disabled often get lots of sympathy and attention, as there are hundreds of dedicated health care personnel to take of them, we may have to ask ourselves a question as to how much we are doing in preventing this disabilities ? We know that many of the cases such as blindness, physical and mental disability etc. can be prevented if only proper attention and education is given in time. And we need to go all out to do it. So our health care institution and personnel may have to pay more attention to health education programme: This is a greater challenge before us which we will have to meet □

Aid for eye camps

For free eye camps organised in rural areas, the Royal Commonwealth Society for the Blind gives financial assistance as below :

1. For the cataract/glaucoma operation Rs. 40.00
2. for an optical Iridectomy/ Pterygium/Dachryo cystitis (or removal of Lacrimal Sac)/ Entroplon Rs. 15.00
3. for a patient treated and other minor operations Rs. 1.50

For details please contact :

Royal Commonwealth Society for the Blind
South Asia Regional Office
B-1/B-3, 2nd Floor, Matru Ashish
Nepean Sea Road, Bombay 400036

COMMUNITY HEALTH SEMINAR, Bangalore

Report and Recommendations

The seminar on Community Health, sponsored by the Ecumenical Christian Centre in January-February was attended by 40 men and women—doctors, nurses, para-medical workers, representatives from medical colleges, hospitals and community health workers involved in tribal, slum and rural areas from all over India. From CHAI, Fr. John Vattamattom SVD, the Executive Director and Sr. Winnifred Ann, one of the Board Members, participated in the Seminar. The seminar affirmed that community health work should be' self—destructive' and that it should not be institutionalised. The community health workers should be prepared to move to fresh areas at a stage when their services are not required for the people.

Perspectives

The ultimate aim of the community health work should be structural change wherein each person's dignity is honoured and his/her physical, mental, social and spiritual well being is taken care of. It should function as a catalyst creating awareness for structural change at the grass root level as well as conscientising or even pressurising the power structures. The poor people should be made aware of the extent of the exploitation and oppression and should be motivated to fight for their rights.

Approach

Health work should not be done in isolation from other development activities. Otherwise it will turn out to be a half hazard patch work which postpones the radical change required. Genuine participation of the people at all levels, in planning and implementation. Community health programme should be perventive rather than curative. Periodical evaluation of the work will ensure effectiveness.

Cost

It is high time that community health workers should resort to cheaper medicines which the community can afford. Indegenous medicines should be encouraged as far as possible. Awareness should be created among the medical personnel not to be biased by the propoganda of pharmaceutical companies. Young doctors should be more cost benefit oriented in their therapy. Raising resistance by correcting the nutritional deficiency by making use of the locally available food stuffs will go a long way in preventing diseases. Foreign free drugs should be discouraged.

Personnel and training

The content of the training of the community health worker should be the simple medical knowledge. Apart from the medical education they should be trained how to educate the community about their rights and about the exploitative nature of the society at the micro level. The trainee should be a person who accept the basic perspectives of the programmes. He/she should have leadership qualities. The community health worker who undergone training should be acceptable to the community. They should be paid a fair wage.

Government and other agencies

The community health workers should help people to obtain the maximum benefit from the government. In the actual health services their work should complement rather than compete with the government or other agencies. It is highly essential that duplication should be avoided at all levels. Co-operation and common programmes should be encouraged with groups having the same perspectives.

Recommendations

(I) Bring down the cost of health care and drugs.

(II) Indegenous medicine especially the use of herbal medicine should be encouraged.

(III) The Christian Medical Association of India (CMAI) the Catholic Hospital Association of India (CHAI) and the Voluntary Hospital Association of India (VHAI) should work together in dealing with the problem of community health especially in—

1. manufacturing low cost medicines in bulk for the use of non-profit making service organisations.
2. central purchasing and distribution of drugs.
3. research and publications.

(IV) A forum should be formed to educate people about the false propaganda, promotion and use of unnecessary drugs and tonics.

Christmas Celebration for Disabled Children

The children's ward of the Sayajirao General Hospital, Baroda was the venue of the Christmas celebration for the disabled children who are under the medical care. Bishop Ignatius D'Souza of Baroda was the host of the celebration. When arrived, he was cordially received by the doctors, nurses and others. Later, all the staff of the children's ward were introduced to him.

The Bishop invoked God's blessings on all those who work in the hospital that through their good work the sufferings of these children are alleviated.

He moved around the well-decorated ward and distributed gifts and sweets to all the children. The gifts, he said, where an expression of his good will towards them.

Union Government Offers Aid for Welfare of Disabled

The Union government has offered financial help to provide aids and appliances on an extensive scale to the handicapped and has asked the states to reach the benefits of this Central programme to the disabled, particularly in rural and backward areas. Besides, the ministry of social welfare and the concerned departments in the states will each designate a senior official as commissioner for disabled persons. These officials will coordinate, promote and monitor services for the handicapped and keep watch on utilization of funds.

These announcements were made at the close of the daylong deliberations of Central and state ministers who reviewed welfare programmes for the disabled, women and deprived children.

They recommended, among other things, that 100 more Integrated Child Development Service projects should be launched this year to bring the total to 300.

The projection is to have 600 ICDS projects at the end of the sixth plan.

The Ministers further agreed that a national policy should be formulated to provide optimum nutrition for every citizen within a reasonable period with vulnerable groups of children and mothers receiving priority.

They acknowledged the urgency for restructing the existing supplementary nutrition programme by adding essential inputs like health, immunisation, supply of safe drinking water, training and monitoring with adequate financial provisions.

In the context of the observance of the Year of the Disabled much attention was paid to their rehabilitation.

Addressing the ministers, Mr. S.B. Chavan union Minister of Education and Social Welfare lamented that social Welfare received a low priority in allocations. State ministers who spoke after him asked for increased Central assistance.

Mr Chavan told the ministers that the Government had drawn up a comprehensive national plan of action to rehabilitate the handicapped who "for centuries have been segregated and often stigmatised." The government strategy according to him, would be to integrate the disabled with the mainstream of society by providing them with education, equipment, training and jobs.

Continuous Evaluation

Further, he called for a continuous evaluation programme of projects meant for women and suggested a target-oriented approach.

Ministers from Andhra Pradesh, Gujarat, Karnataka and Maharashtra spoke of the special efforts in this direction, particularly for their economic improvement through assistance by special corporations.

On the proposed national nutrition policy, Mr Chavan explained that the objective was to "reduce the rate of infant and child mortality and morbidity and develop better human resources."

The minister maintained that social development should not be considered as a residuary sector as it cut across various sectors of development. Inter-sectoral linkages and inter-department endeavour would provide fruitful dividends.

He also pointed out that in the assessment of the national effort for social welfare programmes not only of his ministry but also of ministries like health, education and housing as also the contributions made by voluntary agencies should be reckoned.

Anti-Leprosy Vaccine

An anti-leprosy vaccine is possible in the near future, according to Prof M.G. Deo, director of the Cancer Research Institute, Bombay. Experiments are being carried out on albino mice and tissue cultures were developed at the Tata Cancer Research Centre in coordination with noted leprosoriums. The results seem encouraging and there is the possibility of developing such vaccine.

Major Recommendations of the Chief Ministers Conference (Jan. 1981)

Major recommendations of the Chief Ministers Conference to be implemented at the Central and State levels included, high priority for reservation of three per cent of the jobs in public employment for the handicapped : opening of more employment exchanges for them : implementation of a plan of action for their resettlement by every state; establishment of committees in every state for utilization of the national children's fund; provision of better children's homes; continued follow-up action on the programme laid down during the International Year of the Child; the liberal assistance to voluntary organisations for constructing working women's hostels.

Dr. U. Ko Ko New Regional Director of WHO

Dr. U. Ko Ko, former WHO regional Director, health services, took over from Dr. V.T.H. Gunaratne, as regional Director, WHO South-East Asia Region with effect from March 1, 1981.

Dr. Ko Ko, had earlier worked with the Burmese government in various capacities in health service schemes, teaching and research. He represented that country at several international meetings and conferences organised by the WHO and was elected vice-president of the World Health Assembly in 1968.

Dr. Ko Ko, joined the WHO South-East Asia regional office in 1969 as adviser in community health services and in 1978 took over as director, health services, in which capacity he served till his appointment as regional director.

LIST OF NEW MEMBERS

St. Theresa's Dispensary
Pamarru P.O.
Krishna Dist.
Andhra Pradesh 521 157.

C.H.F. Health Centre
Holy Family Generalate
Mannuthy P.O.
Trichur Dist.
Kerala 680 651.

St. Ann's Health Centre
Appanapet-Peddapally
Karimnagar Dist.
Andhra Pradesh 505 177.

St. Paul's Dispensary
Utnoor P.O.
Adilabad Dist.
Andhra Pradesh 504 311.

Enrichetta Health Centre
Teganare' Talavadi P.O.
Periyar Dist.
Tamil Nadu 638 461.

Seva Sadan
Y-19 Rourkela
Sundargarh Dist.
Orissa 769 004.

Pushpa Swasthy Kendra
Sikandra Post
Monghyr Dist.
Bihar 811 315.

Jeevan Jyothi Health Centre
Semiliguda P.O.
Koraput Dist.
Orissa 764 036.

Fabio Dispensary
C/o Holy Family Convent
Rongjeng P.O.
East Garo Hills Dist.
Meghalaya 793 007.

Lourde's Aroghya Kendra
Nagavally, Kogar P.O.
Kargal Via
Shimoga Dist.
Karnataka 577 421.

St. Theresa's Dispensary
Dewra, Bhamara P.O.
Rewa Dist.
Madhya Pradesh 486 445.

Shanti Niketan Health Centre
Khandwa P.O. & Dist.
Madhya Pradesh 450 001.

St. Joseph's Clinic.
C/o St. Joseph's Church
Pernem
Goa 403 512.

Bro. Paul's Dispensary
Kailathipura P.O.
Chickmangalur Dist.
Karnataka 577 129.

Sagarose Dispensary
St. Thomas Church
Vembar
Tirunelveli Dist.
Tamil Nadu.

Dr. Gunaratne Receives International Award

The prestigious Award of the International Agency for the Prevention of Blindness was presented to Dr. V.T.H. Gunarantne, Ex-Regional Director, WHO South-East Asia Region on February 13, 1981 in New Delhi by Sir John Wilson, President of the Agency.

The International Award, a brilliant crystal orb mounted on a silver stand, is the highest honour conferred by the Agency and has so far been presented only four times—on each occasion to one of the world's leading eye specialists. Dr. Gunaratne is the first member of any United Nations agency to receive such honour.

Presenting the award at the conclusion of a meeting of international experts attending the WHO Programme Advisory Group, Sir John Wilson said that this was in recognition of the outstanding contributions made by Dr. Gunaratne during his years as Regional Director to the prevention of blindness throughout Asia, and the support he gave to this cause. Sir John assured Dr. Gunaratne that the award "comes with the appreciation and gratitude of all who are concerned with the prevention of blindness and with the blessing of millions throughout Asia who, through the work you have supported, may be saved from the tragedy of needless blindness."

The International Agency for the Prevention of Blindness has national committees in 57 countries and regional organizations in every continent. In partnership with agencies like WHO, it is engaged in a global effort to control the main causes of blindness which now afflict 42 million people in the world.

rights of disabled persons

Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.

Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.

Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefrom. If the stay of a disabled person in a specialized establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.

Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.

Excerpts of 2433rd plenary meeting of the U N General Assembly 9 December 1975.