

## Claire reflects on Polambakkam (in 2011)

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This was not the first leprosy control programme in India. Leprosy work had already commenced in different locations in India but it was still in a rudimentary stage. In fact, unlike in Africa where he had previously worked, for 29 years, Dr. Hemerijckx discovered in the national conference on leprosy at Jamshedpur in 1955 that he had several Indian colleagues with whom discussion was very lively. Previously, in Congo, he worked alone : there were no Congolese doctors at that time.

On July 9, 1955, we treated our first leprosy patients at Polambakkam, a village in Tamilnadu. Dr. Hemerijckx had asked his Indian colleagues to teach us the basics of leprosy. The Governor of the then Madras State inaugurated the centre in September 1955. By that time, three thousand patients were already treated in the ambulatory clinics under the trees.

We had to settle down in our new surrounding to learn Tamil, the local language, and the care of the leprosy patients. We would manage with English which was the national language but soon we learnt a minimum of Tamil necessary to listen and talk to our patients. The village communities accepted us with great warmth and we felt welcome by them and the leprosy patients. Dr. Hemerijckx asked me to give priority to leprosy as he was supposed to go to Congo after 2 years. (But in fact he fell so much in love with the country that he stayed for 5 years at Polambakkam and another five years as WHO Consultant to the Government of India – much to the distress of his family).

Our approach at work was not "institutional". We went to the patients in the villages and there was no need for them to come to the centre, so that their daily wages would not be lost. In general, there was not much of rejection or prejudice against the leprosy patients in this part of the country, as the disease was present in all classes of society – including the landlord's family that donated the land for the development of the leprosy centre.

We trained many rural leprosy workers, boys and two girls from the surrounding villages who would settle in different places of our area to follow up the patients on the spot : identifying new cases of leprosy, monitoring their treatment and referring them to the centre in case of complications. The medical team visited the treatment spot every month. Three local medical officers joined us. As there was no primary health centre near Polambakkam at that time, we took care also of general patients.

The five years of Belgium "rule" ended. The centre was handed over lock stock and barrel to the Indian government. Although this was slightly controversial to the Madras government that was not prepared for the takeover, the staff was absorbed into the state government service. The government asked the two nurses and me to continue the work for five years. Later, the Government asked me to be in-charge. It was a rare thing and probably the only place, where a foreign national was in charge of a government centre. This situation lasted for 20 years. We had taken care of 50,000 patients in 800 villages. I got my Indian citizenship in 1979. This was a great achievement and a great joy. Polambakkam was a very rich and fulfilling experience during which time the AFI team remained but the members kept changing.

From 1963-1966 one of my nephews, Jacques Vellut, who had started the Fr. Damien friends in Belgium and had recently married, came with his young wife Francine for his national social service. They lived in the staff quarters and had close contact with many of the families. They were more "normal" than the "AFI spinsters". Their first son Olivier was born at Madras .He was a great attraction as people at Polambakkam had never seen a white baby.

The Bishop of Pondicherry (90 km away) and the parish priest accepted whole heartedly our presence at Pollambakkam although we were far away from the ecclesial structure. We were known and respected as Christians, in keeping with the great Hindu tradition of acceptance of different religions. We were naturally integrated by our colleagues, staff, the village people and their families into community life as we participated in the family celebrations and in the popular Hindu festivals that were mainly celebrated in their homes. Christmas was always a great feast in India, due to the past British presence; we invited cordially all our friends and patients to celebrate with us. Our integration took place through the popular Hinduism of the villager folk. We had no opportunity to keep in touch with the philosophic side of Hinduism or yoga or other arts because of the distances and the exigencies of our work. We followed attentively the events of the political, social and agricultural life through our regular reading of good news papers and frequent discussions with our staff and friends.

The professional involvement was very interesting for me, the medical doctors are held in high esteem in India. The progress in the field of leprosy advanced at a fast speed : inoculation of the leprosy bacilli to animals allowing the experiment with new drugs, success of the three drug therapy, physiotherapy, prevention of new deformities. When prevention was not possible surgery could correct them. All this was very exciting and I was increasingly participating to national seminars, conferences, etc.

For the nurses of the team, the work in the hospital was monotonous. The lack of acknowledgement of their services and the poor perception of the medical profession towards nursing was making them miserable. The participation in the training of the rural leprosy workers was more satisfactory for them. They could easily replace each other in the work, they had the opportunity to go for intensive study of Tamil. As I was taken up in the administration and the government I could not do so.

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The conditions of living were very simple, rooms under thatched roofs, no car, no electricity for three years, no fans for 15 years, etc. We cannot say that we were "poor" in India, compared to the conditions in which poor people lived. But we tried to live in "simplicity" below the standard of living of our colleagues.

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An important aspect of life at Polambakkam was the welcome of many visitors : royal family of Belgium, foreign medical personnel to be trained in leprosy, and interns sent by the WHO, NGO and the government. Among them we had the honour of having Mother Teresa as a trainee. She was not yet "the mother Teresa". The centre became known by foreign young people who flocked to India in the 1970s. They were desirous to be helpful during their stay in India and liked to meet the "people of India" and not only its monuments. The staff of the centre welcomed them and took them to the villages where they worked. It was a wonderful discovery for many of them. For us also it was good, they gave us new ideas and discussed many things that helped us look critically at our involvement.

*(Notes from Claire, written at Trivandrum in 2011, for a booklet coordinated by Nalini Nayak, "The story of AFI-MISH in India")*