



HARYANA STATE

INDIA

Privately supported hospital offers hope for India's impoverished

## ONE MAN'S CRUSADE

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CALGARY HERALD  
BABHOLA VILLAGE,  
HARYANA STATE, INDIA

The little white building, surrounded by weeds and tall, wild grasses, along the side of the busy highway is hardly impressive.

Just outside the building's entrance, an elderly woman lies on her back amongst the tangled weeds, her toothless mouth sucking on a tobacco pipe, her arms continuous whir as she fights the flies buzzing around her face.

Inside, scores of sombre, bare-foot men in dingy, tattered clothing crowd the hallways, some sitting on benches lining the walls, others pacing the corridors.

The first room holds eight worn-out hospital beds, the thin, frail bodies of its female occupants ossing and turning in the 40 C heat, their only solace a lone fan whirring in a corner.

The oldest patient is 66, but looks 10 years older. The others also appear decades older than they actually are.

In the First World, this place — known locally as ABLE Hospital — would be described as a health-care nightmare.



Ted Rhodes, Calgary Herald  
An elderly woman lies on the grass outside the ABLE hospital in India.

But here in India, in this village that marks the halfway point between Delhi and Agra, home of the Taj Mahal, it's considered a miracle. Thanks to donations coming mostly from individuals and organizations overseas, with Canada and Britain leading the way, this inconspicuous place is creating nothing short of a health-care revolution in one small corner of northern India.

In the typically overpopulated Indian state of Haryana, where ABLE Hospital is situated, there are more than 6,000 villages, with 16 million living in its rural areas — and only three government-run hospitals to serve them.

The majority of the population are illiterate and most subsist on the equivalent of one Canadian dollar a day.

And for most of them, chances of seeing the inside of a hospital, let alone a doctor's office in their lifetime, is nearly nil.

Such a story isn't uncommon in India, a country of more than a billion souls, where 700 million of its citizens live in villages and rural areas, and on incomes that make a hospital or doctor's visit a luxury for the very few.

Although some progress has been made during the past half century — the life expectancy in India has risen in that time from 44 to 67 years — the country is still in a state of health-care crisis.

Private health care with its state-of-the-art services and equipment, which caters to affluent Indians and foreign visitors, is a burgeoning industry.

But according to Dr. Amit Sen Gupta of India's Public Health Campaign, rural health care for the poor is "almost non-existent," with less than one per cent of the country's GDP going toward that sector (Canada spends 10 per cent of its GDP on health care).



Ted Rhodes, Calgary Herald

Prem Khullar is president and founder of the ABLE (Association for Blindness and Leprosy Eradication) hospital. It's his chance to give back to the country he loves.

"It's an incredibly small amount for such a large country as ours," Gupta told the BBC in a 2002 interview.

This hard fact of life doesn't sit well with Prem Khullar, the heart, soul and brains behind ABLE Hospital.

Khullar, a longtime resident of Faridabad, 40 kilometres north of this hospital village, is one of

the lucky ones who sit on the other side of India's divide between destitute poverty and comfortable affluence.

"I have travelled to more than 47 countries," says the retired air force officer, "and anything you see anywhere else in the world, you see in India. We have all the best, but all the problems of the same magnitude."

To give back to the country he loves, the 69-year-old Khullar is spending his retirement years devoted to this little hospital in the heart of northern rural India.

In 1993, he opened his first version of the hospital in the nearby village of Mithrol, in a one-room structure.

"We charged about 20 cents Canadian for a doctor's visit," says Khullar, who notes the price has gone up to only about 50 cents Canadian. "We didn't think we'd be able to keep going, but we did."

A couple of years later, thanks to a donation from a wealthy villager in Babhola, he moved the operations into what was a former traveller's hostel.

He named it ABLE, which stands for Association for Blindness and Leprosy Eradication.

Khullar, who admits his state does not have a leprosy problem like other parts of India, nevertheless chose the name "because I wanted to use the word 'able.'"

On a recent summer afternoon, Khullar and his wife Manju give a group of foreign journalists a tour of the 30-bed, 3,000-square-foot, 24-hour hospital, and tell their story.

"I was inspired by the work of young Christian nurses I met in the 1970s who were doing charity work here," he says while ushering his guests into the hospital's main reception area.

"It took me a long time to start my own work, but it was they who first sowed the seeds in my mind, that one day I would follow their lead."

In the 1980s, he retired to a life of farming. That's when he decided to focus on helping the poor rural residents. "I realized how miserable the poor women working on my farm were," he says. "They were at the mercy of quacks and midwives."

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The ABLE hospital provides Sukan Devi, recovering from anaemia, with health care that she might not receive otherwise in India's Haryana state, which has only three government hospitals.

Ted Rhodes, Calgary Herald

FROM BI

# CRUSADE: Overseas donors keep hope alive

Just beside the main office window, where a young woman takes down names and addresses in a book the size of an encyclopedia, sits a shrine bearing the images of Buddha, Jesus Christ and the Hindu monkey deity Hanuman, renowned for his devotion to selfless service.

"I want to show that all are welcome here, regardless of religion, and that we respect all religions," says Khullar, who adds that while he was raised Hindu in this predominantly Hindu part of India, he is not a devout follower of any one faith.

In one of the women's wards, he introduces the group to a patient, who despite her obvious fatigue and discomfort, is thrilled to be greeted by the man they all see as their benefactor.

Asha Singh, 55 and a mother of five, a woman who looks at least two decades older, is suffering from tuberculosis.

Singh is paying about \$5 Cdn a day for her bed, a significant sum for a poor villager, but a fraction of the cost she'd pay in private care.

At a government-run hospital, she'd likely have to share that bed with another patient, if there even was a bed available.

"In busy times, we might line up more beds in hallways," says Khullar, "but no one has to share a bed."

Khullar is upbeat, despite the challenges of serving so many — this hospital treats about 30,000 patients a year and carries out 400 operations.

It's an attitude that has served him well over the past decade or so as he's worked to see his dream of aiding the poor become a reality.

In the mid-'90s, Khullar spent six months touring the U.S., Canada and Britain, doing interviews on TV shows and in newspapers that catered to the expatriate Indian community.

Groups such as the Lions Club International, which donated \$100,000 US, helped fund the hospital renovations, along with donations from several private benefactors from those countries.

As well, other Lions Clubs, such as the Vancouver Lions, which donated \$70,000 Cdn, stepped up to help. ABLE Hospital is a registered charity in India, the U.S. and Britain, and Khullar says that within the next month or so, he is expecting Canada to give the go-ahead for official charitable status.

"So much help has come from abroad, from countries like Canada," says Khullar, who credits his overseas donors for not only getting ABLE up and running in the first place, but keeping it afloat today.

"But there is still so much we need to do."

Today, ABLE Hospital has two ambulances, is adding a new wing that will house 20 more beds, and has 14 doctors on its payroll. The hospital



A young boy stands with his father in the waiting area of the ABLE Hospital, their only hope for treatment.

“My goal is to offer hope to the downtrodden, and if I can help even a fraction of them, it is better than doing nothing”

PREM KHULLAR, PRESIDENT AND FOUNDER OF ABLE

offers everything from lab work and dental services to cardiology and certain types of surgeries.

Delivery of a baby costs about \$10; cataract surgery \$40; a gall bladder operation, about \$150.

"But we have never turned someone down for treatment if they can't pay," says Khullar, who notes the hospital is able to perform 50 free cataract surgeries a month, thanks to donations.

The desperate need for funds isn't its only challenge.

Dr. H.K. Pankaj, a general practitioner with ABLE, says, "We need more hands, more medicines, and our machines are backdated five years."

The bulk of his patients come in with respiratory diseases.

"Everyone here smokes, whether they're men, women or children," he says. "And because so many of our patients are malnourished, that makes them more susceptible to infections."

His wife, Dr. Prabhpreet Kaur, also finds she's fighting the ravages of poverty along with disease.

In the past month, the gynecologist hasn't presided over one normal delivery.

"There is always a complication," she says, "and 90 per cent of the women are suffering from severe anemia due to malnutrition."

"There are 250 villages, with 250,000 people, just in this one area alone," she says.

"And a whole population of women who've never had any prenatal care."

On this day, patient Geeta Devi has given birth to a boy only an hour earlier.

"There will be much cele-

brating here late today," says Kaur, referring to Indian culture's preference for boys in one of the lowest female-to-male sex ratios in the world. But "if she had had a girl, even her mother-in-law wouldn't come to see her."

"There's so much educating that needs to be done in our country," Kaur adds with a sigh. "But we first must deal with just getting them the medical attention they need."

Such a Herculean task in a country like India might seem akin to chipping away at a mountain, but Khullar is undaunted.

In addition to ABLE Hospital, he also runs two educational centres for children of migrant labourers and slum dwellers, and funds the education of eight local children whose fathers have died.

He recently entered into an agreement with the Max Hospital in Saket (a district of New Delhi) to offer pediatric cardiac surgeries, many of which are paid for by ABLE.

He also just started a scheme of insuring widows in the area; by paying \$5 Cdn a year, ABLE Hospital will provide comprehensive medical insurance to cover the women for medical services up to \$700 Cdn.

"The stories I have heard over the years are horrifying," says Khullar. "My goal is to offer hope to the downtrodden, and if I can help even a fraction of them, it is better than doing nothing."

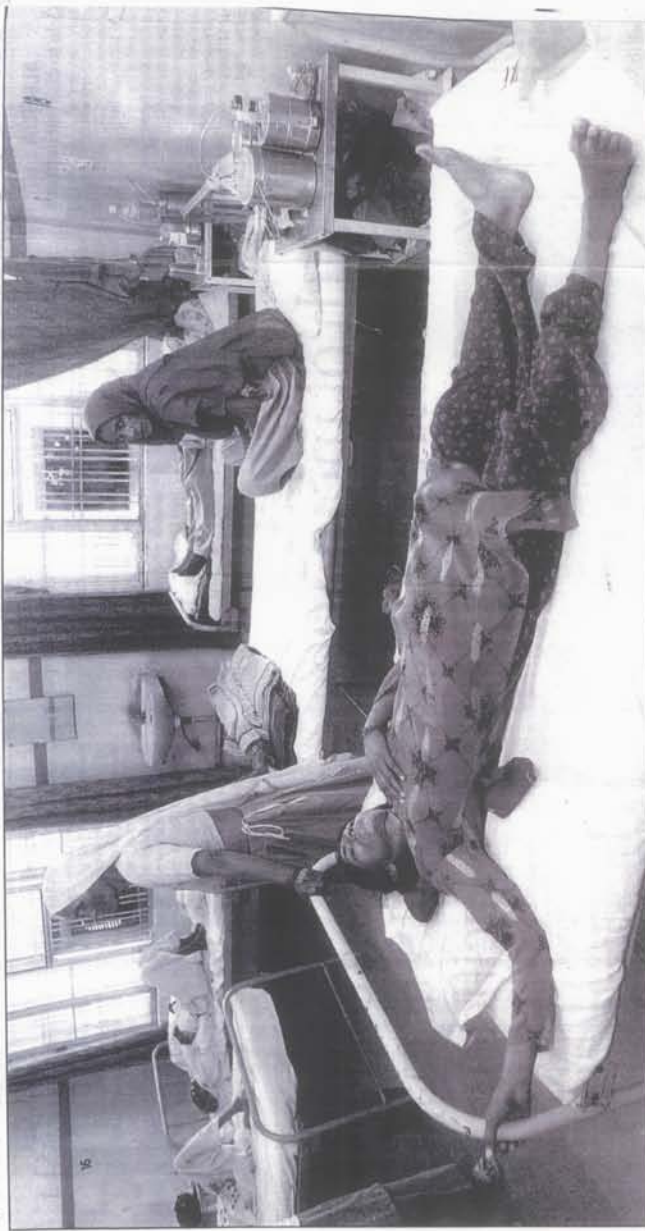
As the tour ends, Khullar takes his visitors to the new, still unfinished wing that has been delayed more than once due to lack of funds.

"Just take a look around," says Khullar, the man who has helped thousands of poor who would never otherwise have received medical treatment in their entire lives.

He looks up at the ceiling and unpainted walls. "You can just imagine how wonderful this will be when it's ready for patients."

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Sumetra Singh, foreground, on a bed in the women's ward at the ABLE (Association of Blindness and Leprosy Eradication) hospital near Delhi where she is recovering from a hysterectomy. Photos: Ted Rhodes, Calgary