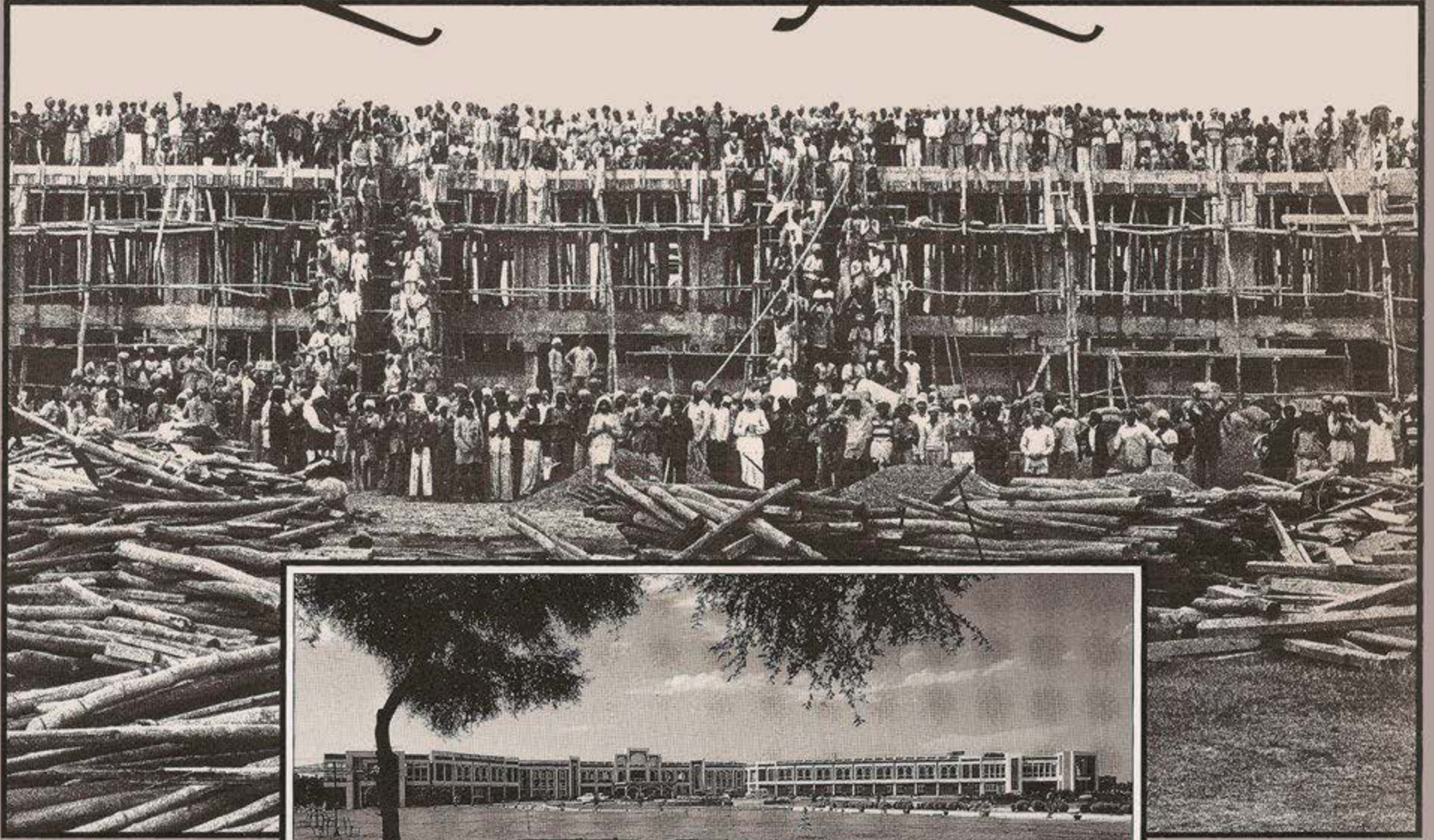


Labour of Love



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The Maharaj Sawan Singh Charitable Hospital

THE MAHARAJ JAGAT SINGH MEDICAL RELIEF SOCIETY

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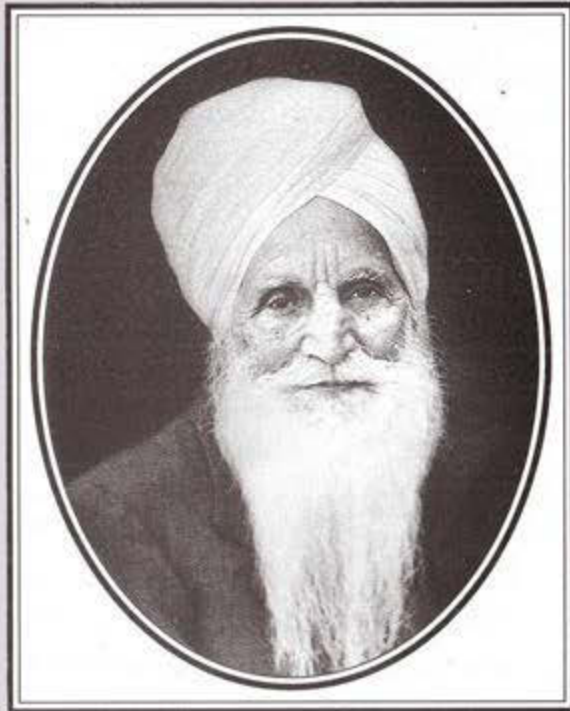
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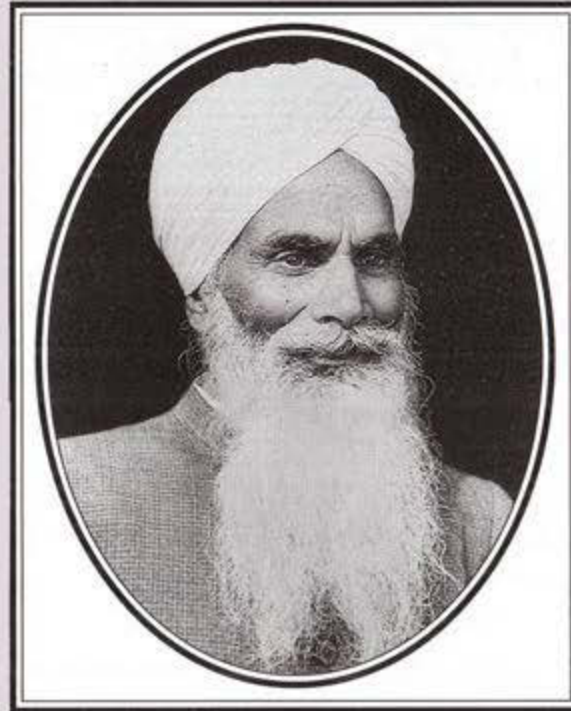
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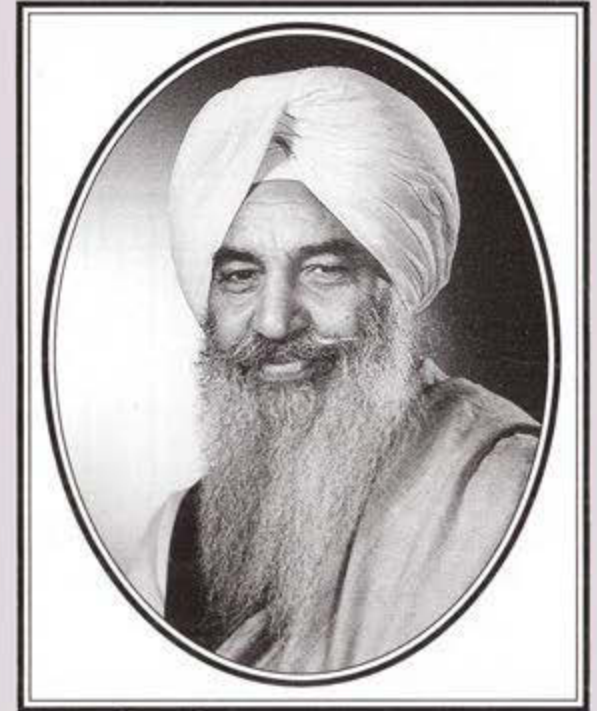
Sevadars casting a roof slab during construction of the Maharaj Sawan Singh Charitable Hospital; (inset) the completed hospital.



Maharaj Sawan Singh Ji
1858 - 1948



Maharaj Jagat Singh Ji
1884 - 1951



Maharaj Charan Singh Ji
1916 - 1990

Preface

*You live that you may learn to love,
You love that you may learn to live,
No other lesson is required of man.*

—Mirdad

THIS is a book about love—about compassion, selfless service, and man’s humanity towards man. It is about a hospital born of love, whose very bricks were formed with love, and whose mortar was mixed with the sweat of loving service. The Maharaj Sawan Singh Charitable Hospital was conceived and built on these virtues, and through its free medical treatment to the suffering rural poor of northern India it continues to be a medium through which this love and compassion find expression.

To understand what is meant by a “labour of love,” we first need to consider what love is, in its noble and pure form. There are as many expressions of love as there are people who possess it. To love someone is to feel a deep and

tender affection towards that person. To love humanity is to possess a feeling of brotherhood, goodwill, and compassion for all. It is often said that God is love, that love is the nurturing and sustaining force of the whole creation.

As a direct expression of this love, the Lord sends saints into this world to teach humanity the path back to God, the path of love. Saints or perfect Masters, through their love for all things and their compassion and service to the Lord’s creation, hold a mirror to that same potential which lies within each one of us. For most of us, however, this potential remains dormant or buried beneath the dross with which we clothe ourselves by living blindly and selfishly in the world.

By their presence and example, saints awaken the most noble human qualities in those people fortunate to come within their influence. Love and humility then flow from the disciple to the Master in gratitude for this incalculable treasure. The disciple's potential for love then begins expanding to embrace all of God's creation because he sees God in everyone and everything. He is naturally moved to do those things which please God and please his Master. Indeed, it is this very process which lies at the heart of this "labour of love."

The Maharaj Sawan Singh Charitable Hospital, the annual Dera Eye Camp, and other charitable activities of the Maharaj Jagat Singh Medical Relief Society all arose from the overflowing love and compassion of Hazur Maharaj Charan Singh, the spiritual head of the Radha Soami Satsang Beas from 1951 to 1990. Hazur Maharaj Ji was always moved by the tragic condition of mankind and, in particular, by those people who have no voice of their own and who suffer all their lives with no hope for improvement. It was this compassion, this overflow of love, embodied in the most beautiful and magnetic person of Hazur Maharaj Ji, that provided the impetus, the pivot, the functional cornerstone for the creation of this hospital—

an edifice for charitable activity in the purest sense of the word.

To comprehend this phenomenon (for it is indeed a phenomenon in this age of profit-motivated action and materialism), we present this book, *Labour of Love*, to show how the saints, and in this particular case, Hazur Maharaj Charan Singh, devote themselves without restraint to the uplift of mankind and kindle an all-embracing fire of love and compassion in the hearts of those around them.

A Brief History

Maharaj Charan Singh was fourth in the line of succession of the spiritual Masters at Dera Baba Jaimal Singh at Beas in Punjab. Baba Jaimal Singh was the first Master to settle at Beas, and it was after him that the colony was named. He settled at this secluded spot on the banks of the Beas River after his retirement in 1889 to live a quiet life of meditation. Though the place was remote and surrounded by ravines and wilderness, a group of seekers soon began collecting around this noble soul. As potable water had to be brought from the neighbouring village at considerable inconvenience, in 1896 Maharaj Sawan Singh, Baba Jaimal Singh's beloved disciple and successor, persuaded him to sink a well.

Later, a small room was built for Baba Ji's accommodation and another for holding *satsang* (spiritual discourses). As the congregation grew, another community room was erected to meet its needs. These few simple structures, built through the service or *seva* of a handful of disciples, were the seeds of the colony at Beas.

In 1903, Baba Jaimal Singh passed away, transferring the mantle of mastership to Maharaj Sawan Singh, who was then serving as an engineer in the Indian Army. In 1911 Maharaj Sawan Singh took early retirement and shifted to the colony, now known as Dera Baba Jaimal Singh. The seedling planted by Baba Jaimal Singh was growing. For almost forty years, Maharaj Sawan Singh, affectionately known as the Great Master, travelled extensively throughout northern India, in much of what is now Pakistan, spreading the light of love and mercy and putting thousands of souls onto the path of self- and God-realization. During his years of selfless service, the attendance at satsang and the number of residents at the Dera kept on increasing.

At that time there were no regular arrangements in the colony for medical care. This changed in 1932 when Dr Julian Johnson, an American surgeon, settled at the Dera to be near his Master, Maharaj Sawan Singh. Dr Johnson

rendered all types of free medical services, including surgery, to the people in and around the Dera. He also acted as personal physician to the Great Master. After his death in 1938, Dr. Johnson's duties were taken over by Dr Chander Bansi, a retired civil surgeon of the Punjab government.

The Dera continued to grow and change. After the passing of Maharaj Sawan Singh in 1948, he was succeeded by Maharaj Jagat Singh, a retired vice principal of Lyallpur Agricultural College. Maharaj Jagat Singh, also known as Sardar Bahadur, was a serene person with an incisive, scientific mind, mellowed by a depth of feeling and compassion. All through his career he had supported numerous students and others through anonymous financial help. Most of those who profited from his generosity never knew who their benefactor was. It was, therefore, in the fitness of things that his spiritual successor—Maharaj Charan Singh—chose to adorn the charitable medical relief society with his name.

Following the passing of Maharaj Jagat Singh in 1951, the mantle of mastership was transferred to Maharaj Charan Singh. A graduate in law, Maharaj Charan Singh came from an agricultural family. More important, however, was his close association with the Great Master, who had raised him at the Dera from a very young age. The influence of the

Great Master's love, compassion, and mercy was immeasurable. Through the direct example of the Great Master, the path of the saints (*Sant Mat*) was imparted to him. About this relationship Maharaj Ji once said, "I know Sant Mat through the Great Master—he was the path for me, there was no other teaching but the Master. I just accepted the Master, and whatever came from him became my teachings." Since all that he considered precious came to him through the Great Master, it is not surprising that Maharaj Charan Singh dedicated the charitable hospital to his Master—a hospital whose very existence is a daily blessing to all who seek help within its walls.

The large modern hospital at Beas was not the first medical endeavour to carry the name of the Great Master. In 1958, because of the steady growth of the population of the colony at Dera and the increasing number of people attending the large *bhandara* (anniversary) satsangs, a small charitable hospital named the Maharaj Sawan Singh Charitable Hospital was established in the colony. This small hospital had grown and improved its services over the years and today continues to provide medical care for the Dera residents and for the *sangat* (community) during *bhandara* times. With the establishment of the new, larger hospital in

Beas, which was also named the Maharaj Sawan Singh Charitable Hospital, the smaller hospital at Dera has been renamed the Dera Hospital. Also located within the colony are the homeopathic and nature cure clinics. These facilities have been running successfully for many years and have enhanced the range of free medical services offered to the Dera residents.

The same spirit of love which motivated these medical services has led to the Dera's involvement in other medical activities. In 1962, at Maharaj Charan Singh's specific request, the Dera established a blood bank through which the *sangat* donated generous amounts of blood to the Punjab Government's emergency blood collection programme. And, starting in 1965, the Dera began holding annual eye camps for the free treatment of cataracts and other eye diseases. Now in the 1990s, more than 10,000 poor villagers come every year from all over rural Punjab and neighbouring states to receive treatment. First they are all given careful medical screening and treatment of any secondary medical conditions. They are also provided free food and lodging during the week of convalescence after their operation. In 1993, over 7,000 eye surgeries (mostly for cataracts) were performed free of charge over the three-week period. More

than 7,000 *sevadars* (voluntary workers) contributed their time, their skills, and their love in caring for the patients. Among them were more than 250 doctors, nurses, and technicians who donated their professional services.

In many ways, it was the dire need of the people who attended the annual Dera Eye Camp, and the dedicated service rendered to them by the *sevadars*, which formed the nucleus from which the permanent hospital facility grew. Through the annual eye camps Maharaj Charan Singh and the Dera management became increasingly aware of the extent and seriousness of the medical conditions of the villagers from the surrounding area. From the very first camp, thousands of people would come in need of medical treatment. To the distress of Maharaj Ji and the doctors, many had to be turned away because their medical problems were too severe and complicated for treatment at this type of temporary facility. The number of people who had to be turned away kept increasing over the years as the number of those seeking treatment continued to grow. The *sevadars* were always disturbed by having to turn away such poor and needy people, knowing that no adequate medical facilities existed nearby to which they could turn.

In 1978, out of concern for the welfare of these poor

villagers, Maharaj Charan Singh called for a committee to begin planning the construction of a 100% charitable hospital that would provide free medical care all year long and would serve all people equally. It was to be a rural-oriented hospital but with top-quality medical facilities, where—though the treatment would be free and the majority of patients poor—every patient would be treated like a VIP.

The Maharaj Jagat Singh Medical Relief Society

The Maharaj Jagat Singh Medical Relief Society Beas was established in 1978 with its registration under the Societies Registration Act. Its aim was to oversee and coordinate all charitable medical activities already taking place at Dera, and to expand upon these activities both in and outside the Dera.

The Society started functioning with Maharaj Charan Singh as the first Patron and he was succeeded as such by the present Master, Maharaj Gurinder Singh. Conceived as secular in nature, the Society's goal is the promotion of free medical care for all. The Memorandum of Association of the Society provides for the following aims and objectives, stipulating that expenditure on these objects shall be incurred without consideration of the caste, creed, colour, status, or religion of the recipient:

- To acquire, establish, run, give assistance (financial or otherwise) in establishing and/or running hospitals, medical institutions, and nature cure clinics in India for providing medical relief.
- To establish, run, or assist in so doing, pathological laboratories, scientifically equipped, to provide assistance to individuals for diagnosis and treatment of their diseases in a specialized hospital or through a specialist agency.
- To establish/run or assist mobile dispensaries and to organise/assist camps in rural areas for providing medical relief to all needy persons without any distinction.
- To promote medical research centres.

The Maharaj Sawan Singh Charitable Hospital

The Maharaj Sawan Singh Charitable Hospital at Beas was the first major new project undertaken by the Relief Society. As soon as the proposal to raise a hospital under the aegis of the Relief Society became known, the response of the Master's disciples in India and abroad was overwhelming. A special trust fund was created by the Society to receive

donations. In accordance with the Master's specific instructions, there was no soliciting for funds or aid, but nevertheless funds flowed in, as well as technical expertise and voluntary labour. Because of the generosity of the sangat, this trust fund was sufficient to purchase all the equipment for the hospital, and the interest alone from the fund is sufficient to cover the hospital's annual recurring expenses.

Construction of the hospital was started on January 21, 1980. The Outdoor Patients Department became functional on January 24, 1986, the date the hospital was commissioned. The entire complex was officially completed on March 31, 1988. The hospital supports a wide range of disciplines, including internal medicine, surgery, ophthalmology, and ancillary services such as radiology, pathology, and biochemistry. Of necessity, certain restrictions on the number of patients have had to be imposed to ensure that the quality of service is not diluted. Administrative systems for running the hospital and supervisory controls have been devised, and the Patron's advice and guidance are available for all important decisions.

Encouraged by the response to the hospital at Beas, the Maharaj Jagat Singh Medical Relief Society decided to construct a fifty-bed hospital at Sikanderpur, Haryana. The

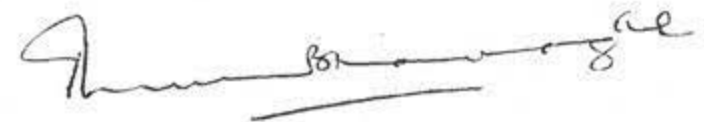
hospital was named the Maharaj Charan Singh Charitable Hospital, Sikanderpur, in memory of Maharaj Charan Singh, as a mark of tribute and gratitude to his vision and generosity. Much of the same pattern of voluntary service was repeated in the hospital's construction, and considerable advantage was taken of the experience at Beas. The hospital started functioning in a limited capacity with the opening of its Out-Patient Department during the latter part of 1993.

Other enterprises being undertaken by the Society at present are the construction of a small hospital at Bhota (Himachal Pradesh) and the establishment and maintenance of clinics at Delhi, Bombay, and Sidhpur (Gujarat). In December 1993, the Society, in cooperation with Ranbaxy Community Health Care Trust, launched the Mobile Health Care Units project. Through this project, well-equipped mobile vans staffed by medical professionals deliver primary health care services to the under-served rural communities of Patiala (Punjab), Sikanderpur, and Bhota. A unit serving the Beas area will be added at a later date.

It is incumbent upon us all to help and support one another. The Bible teaches that of the three virtues—faith, hope, and charity—the greatest of these is charity. A well-known sixteenth-century mystic, Goswami Tulsi Das, said:

*Compassion is the foundation of dharma (good action),
Pride is the root of all sin;
O Tulsi, as long as there is breath in thy body,
Never give up compassion.*

The Maharaj Jagat Singh Medical Relief Society has chosen health care as its field of activity, but it is love—love of the Master, love of the sangat, and love of humanity—which is the real subject of this book, for it is love which is the moving force behind this great labour. May we never lose sight of this fact, and may we dedicate and rededicate ourselves continuously to the ideal of service with love and humility, which is made manifest through the activities of this hospital.



R. M. L. Bhatnagar, Secretary
Maharaj Jagat Singh Medical Relief Society
Dera Baba Jaimal Singh — April, 1994



Maharaj Ji meeting with sevadars before the initial ground breaking.



The Labour of Love Begins

IT was in 1978 that Hazur Maharaj Charan Singh first announced his intention to build a charitable hospital. But even before the architects had put pencil to paper, disciples from all over the world began flooding the Dera with the same question: "How can we help?" It was Maharaj Ji's intention from the start to involve the sangat in the hospital project so that they would have an opportunity to imbibe the spirit of *seva* (service). The sangat was happy and grateful to serve, and their *seva* was key in both the construction and the financing of the entire hospital project.

Great importance is given by the Masters to *seva*, because it is through *seva* that a disciple develops the qualities of humility, compassion, and gratitude. The Masters, who always have their disciples' best interest at heart, often create such opportunities for *seva*. A story is told of the Great Master, Maharaj Sawan Singh, when he announced his intention to build the large *satsanghar* (satsang

hall) at the Dera. A wealthy contractor approached him and offered to build the whole *satsanghar* at his own expense. The Great Master replied, "No, I want every *satsangi* (disciple), even the poorest of the poor, to be given the opportunity to offer something in *seva*, even if it is only half a rupee. I would also like all *satsangis*, rich and poor, young and old, to participate in the construction, even if they carry only a handful of sand or a few bricks. Their smallest efforts are precious to me. Every drop of perspiration shed by them is valuable to me. This is *seva* of love and devotion."

What was true then, is true today. The love and compassion of Maharaj Charan Singh and the humility and dedication of the *sevadars* were the foundation upon which the Maharaj Sawan Singh Charitable Hospital was built. It is a hospital conceived out of love, built out of love, and which functions with love as its guiding force.

The Planning and Construction Begins

In choosing a location for the hospital, many considerations were taken into account. Maharaj Ji felt that it should be a reasonable distance away from the Dera, so that people getting free treatment would not feel under any obligation to join in the spiritual activities of the Dera. Only those really interested would come to the colony, and the rest would avail themselves of the medical facilities and return to their villages. Thirty-five acres of land were found, conveniently located on the Grand Trunk Road about six kilometers from the Dera, adjoining the village of Beas. The land was owned by the Defence Ministry, from whom it was purchased in January 1979. Soon after government sanction was given for transfer of the land, Maharaj Ji appointed an advisory committee consisting of an architect, an engineer, a doctor, and an administrator to draw up a schematic plan for the hospital complex. Assisting the team was an American architect, Dr John Templer, a satsangi specializing in hospital design.

The main hospital building was designed as an energy-efficient, environment-friendly facility with 300 beds and a large out-patient department. The complex was to include a residential colony and shopping centre, as most of the staff, consisting of hundreds of medical and non-medical workers, were to live on site. Though the hospital's speciality was to be the treatment of eye diseases, it would also treat a broad spectrum of other ailments and injuries. Under Maharaj Ji's guidance, the hospital was planned as a modern facility, with the latest medical equipment appropriate to the general needs of the people. Highly specialized services, necessitating large investments in sophisticated equipment and used by only a small percentage of the patients, were to be avoided. His philosophy was to spend money on services and equipment which would be utilized to the



(All pictures) The morning of the initial groundbreaking, January 21, 1980.



maximum and which would benefit the greatest number of people.

After the basic design for the hospital complex was approved, the responsibility of chief architect was given to an architectural firm in New Delhi. By the beginning of 1980, the first drawings were completed and work was ready to begin. On January 21, 1980, Maharaj Ji took a few Dera staff members with him to the hospital site. He also called some devoted sevadars from the villages of Ghoman, Veela Bajju, and Muktsar. Maharaj Ji asked them all to reflect on the Great Master for a few moments, and then he told them to begin digging the trenches for the foundation. Thus the work began, in the name of the Great Master, Maharaj Sawan Singh, without ceremony or fanfare.

A Hospital Built by Love

The opportunity to perform service for the Master is one of the greatest gifts a disciple can receive. It is estimated that 75% of the labour involved in the construction of the hospital was voluntary. When it was announced that construction was ready to start, satsangis began reporting for seva, not only from Punjab, Haryana, and Himachal (the two states adjoining Punjab), but also from remote areas of the country. Many of the thousands who came had no experience in construction but they eagerly learned and helped in whatever capacity they could—and always with abundant love, dedication, and gratitude for the opportunity to serve.

The sevadars were organized in groups, usually by village or satsang centre, and they worked according to rotating schedules. Some groups would come for a day each week or twice a month; some would come for several days or weeks at a time and live dormitory-style in *shamianas* (tents) or in the buildings under construction. Rich and poor



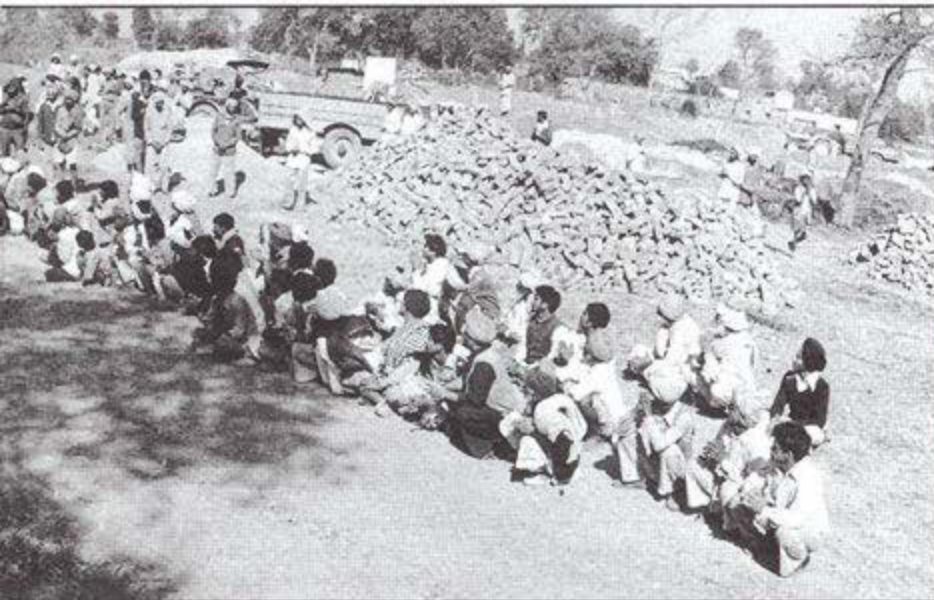
alike, with no distinction of caste or social position, lived and worked together in an atmosphere of love and service, thankful to be part of this labour of love.

As most of the sevadars were farmers, merchants, labourers, and clerks—untrained in the skills needed for such a project—about 150 skilled labourers were employed on a full-time basis. Sevadars were organized in groups of 200 to 250 to work on the site every day. In highly industrialized countries, large machinery is used for digging foundations and hoisting materials, but most of the actual construction of the Maharaj Sawan Singh Charitable Hospital was accomplished using simple tools and sheer muscle power—brick by brick, shovel by shovel, pail by pail—under the often oppressive heat and cold of northern India. Even the casting of the many sections of the reinforced concrete roofs was accomplished in assembly-line fashion—one pail at a time, passed from hand to hand, up the side of the building and onto the roof at a feverish pace, so that each section would be cast as one uniform slab. On such days the number of sevadars would swell to 1,000 or even 1,500.

The Master himself was involved at every step of the hospital construction. He visited the site every day whenever he was at the Dera, sometimes more than once a day. He would give *darshan* to the sevadars, review the plans with the engineers and architects, inspect the work in progress, make suggestions, and help resolve problems. He was always present at pivotal moments, such as the casting of the reinforced concrete floors or roof slabs. At those times he would often stay longer to give his support and encouragement and show his appreciation for the hard work. It was Maharaj Ji's daily visits to the hospital and his interest in each person's welfare that inspired the sevadars to such great enthusiasm and joy in the execution of the work.



(All pictures) Maharaj Ji inspecting the hospital site during the preliminary stages of construction.



When the ground for the hospital was acquired, I was told that there were too many trees on the site and that they were very difficult to remove. So I went to the site and I just asked them to remove a few.

Then I went to Sikanderpur. On my return, I found that about a hundred tractors and trailers had been brought in by the sangat (from their farms), and there were about a thousand satsangis digging up the trees by the roots and loading them onto trailers, taking the wood to the langar. Nobody asked them to do all this. They just came. That is seva.

The sangat does not do all this seva with the expectation that they will be rewarded. They do it out of love. Seva is love; they never ask for anything in return. And whatever the inconvenience, they never complain. They are always contented, always happy to do the seva.

— Maharaj Charan Singh reflecting on the devotion of the sevadars

On March 23, 1980, Maharaj Charan Singh gave satsang at the hospital site, during which he explained his reasons for establishing the hospital:

Before the start of the satsang, I should like to say a few words about the site on which the satsang is being held today. On this land the Dera Society has started the construction of a 300-bed hospital in the blessed memory of Hazur Maharaj Ji (Maharaj Sawan Singh). . . . In this hospital, everyone will get free treatment whether one is a satsangi or a non-satsangi. It will be completed in about three years' time.

*It was in the year 1965 when, at the insistence of Bhua Rali, an eye camp was first organized at the Dera. In that camp, 1,250 free eye operations were performed. Since then, every year we have been holding an eye camp in which approximately 2,500 eye operations have been performed.**

But despite this, five to six thousand patients have to leave disappointed every year because of obvious camp limitations. Their plight has been weighing on my mind, and I have been thinking continuously about these poor people who are thus denied service. Consequently, I conceived the idea of having a permanent hospital where, apart from the eye operations, other diseases could be treated for free and with care and sympathy. My request was accepted by the Dera Society, which then approached the military authorities and the Punjab government for the purchase of land at a suitable site. We owe our thanks to them for eventually having enabled us to obtain 35 acres of land at this ideally located site. The construction work has now been going on for the last two months.

*For running the hospital, a separate charitable society—Maharaj Jagat Singh Medical Relief Society—has been registered. It will meet the annual recurring expense which is likely to range between forty to fifty lakhs of rupees [approximately US\$ 425,000] a year.***

With the grace of Hazur Maharaj Ji, the sangat will be given enough opportunities to serve the suffering humanity.

* In 1994, over 7,900 eye operations were performed.

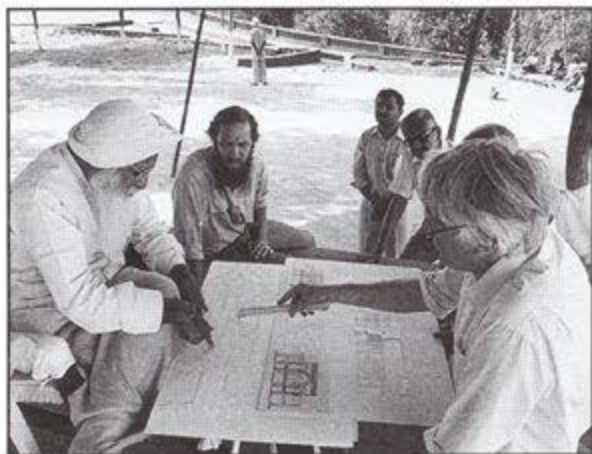
** The operating budget for 1994/95 was 310 lakh rupees (about US\$ 1 million).



Digging foundation trenches at the hospital site during the early days of construction.

Maharaj Ji was enormously involved in every stage of the hospital. He would involve himself in even the minutest details. He would go to the hospital every single day while it was being built. And there would be discussion on anything he wished. He would walk around fast, and it was difficult to keep up with him—he had tremendous energy. He would ask questions and he would resolve contradictions or difficulties, even on things which most of us would think were fairly trivial. Sometimes there were differences of opinion amongst various people participating, and Maharaj Ji would step in and resolve these difficulties. He would resolve things directly.

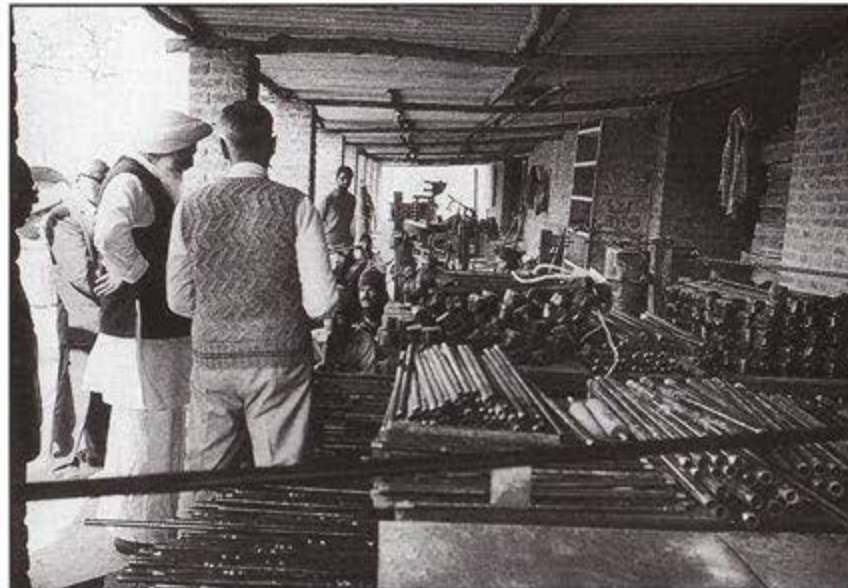
— Dr John Templer, architect



Maharaj Ji with the American architects; Mr John Rhone (centre) and Dr John Templer (right).



Maharaj Ji reviewing plans with the chief engineer, Mr Barkat Ram.



(Above) Inspecting a column and pier reinforcement. (Right) Various supply stores.



(Above) Maharaj Ji giving darshan to a group of sevadars who had just brought river sand to the site.



Maharaj Ji talking with sevadars at the construction site.

A sevadar reminisced about the Master's love for the sevadars and their love for him:

The Master was like a child when he went to the hospital, his face would be glowing like anything. And no time was set for his going there; he would just go, one or two times every day.

The sevadars came to Dera from Hoshiarpur, Faridkot, Phagwara, other parts of Punjab, and from Delhi and U.P. There was great love among the sevadars and they worked with devotion and love. They slept in shamianas on the hospital site, waking up at 5:00 a.m., and they would be ready to start seva by 6:00 a.m. Those coming from outside came at 7:30 or 8:00 in the morning, as would the few paid labourers. At 8:00 a.m. Maharaj Ji would come. Twenty minutes earlier the bell was rung, and the sevadars would line up at the canteen. Master would give darshan for ten minutes and ask questions of the engineers and project officer.

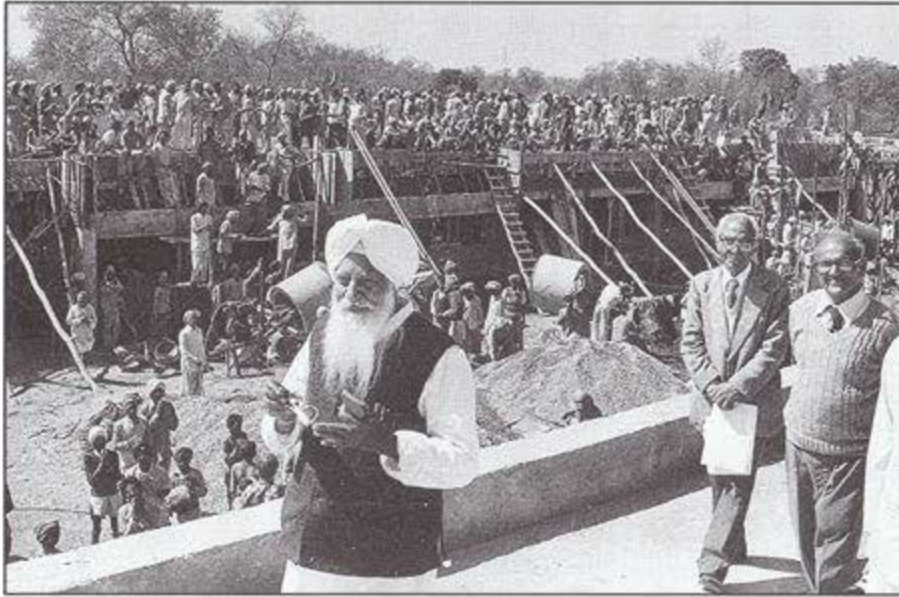
After darshan, seva would continue. Most sevadars were farmers and merchants, but some were bankers and office clerks. Some

sevadars from rich families would unload the crushed stone or dig foundations, though they were not accustomed to such hard physical work. They were of all creeds, all religions. There were only a few skilled labourers—about twenty good masons—they were the overseers. There were fifteen carpenters, fifteen painters and plasterers, a few draftsmen engineers, a group of plumbers, some gardeners, electricians. They taught the sevadars.

During the construction of the hospital, the sevadars would come and go, working in shifts, sleeping in the buildings under construction, and then returning to their villages. These sevadars would be replaced by others for a similar period of time. Sometimes trucks would leave from the hospital and go to Tugalwal Bridge or Dhaliwal to collect river sand. The local villagers—men and women—would load the trucks. Then they would ride the trucks to the hospital, have darshan, eat in the langar, and then go home. They were always ready (in their village). When they heard the truck's horn, which was the signal, they knew. "The Guru's truck has come." They were always ready.



The hospital site during the early days of construction.



Maharaj Ji, followed by Mr Barkat Ram and the project manager, Mr Bhalla (right).



Maharaj Ji reviewing plans with the chief engineer and three of the architects.

The hospital was designed on the concept that hospitals, by nature, grow and change; they tend to get larger from the pressure to have more medical activities there, even more beds, and they change simply because medical technology changes so fast. So it was designed to be a hospital which could be flexible in this sense. To be able to make eventual changes easily, we designed what is called a "horizontal hospital." In other words, it is not built going high up into the air, because it is difficult to make changes on a hospital that is twenty stories high.

There are many other advantages to the horizontal hospital as well. It is easier to move around in; the horizontal distances are obviously greater, but they are no longer dependent upon elevators; and electricity is notably unreliable in this part of the world. In fact, there is only one elevator in the whole building, which serves the special wards. Everything else is built with ramps, which work very well. Nothing is more

than two stories high except the special wards, which are three stories high. Because of this, we could ensure a very good energy-efficient design. We designed the hospital taking into account things like the direction of the sun, which can make it hot in the summer and cold in the winter. We planned it so that all the wards face south. With appropriate overhangs the summer sun would not come into the wards; and when it got cold, the winter sun would come into the wards and warm them up. And also, we used an exterior cavity-wall construction which gives a natural insulation from the heat of the sun.

At first there was some concern that a horizontal hospital, built close to the ground, would have a terrible dust problem. So we designed it with the idea that it would be like a hospital sitting in the middle of a great garden, in a great park. There would be lawns, there would be trees, and this would keep the dust down to an absolute minimum. The land itself had many indigenous trees and Maharaj Ji agreed we should



Touring the hospital site with the governor of Punjab and some Dera staff members.

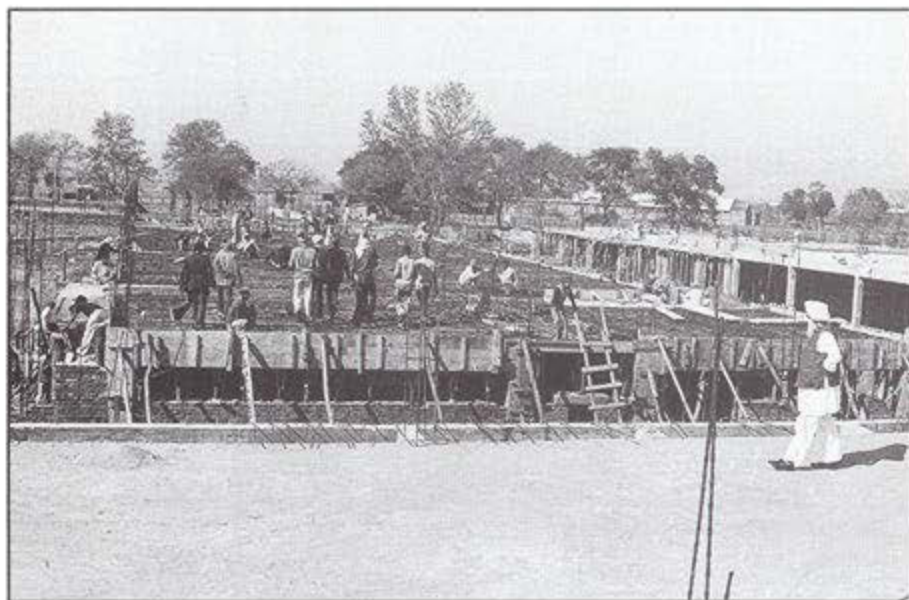
maintain as much of the original plants and trees as practical and incorporate them into the landscaping. This was in keeping with the whole concept of the hospital. Maharaj Ji's support for a fairly controversial set of planning ideas was immediate. And to go with that support was his initiative in making the hospital work well for the patients, for the people who work there, and for the visitors. So it had to function well for all of these people. This was his prime concern—that it had to be really for the people because it was a people's hospital.

For various reasons, the hospital floor was tiled with terrazzo tiles. They are very easy to clean, they give a cool floor which is useful in the summer, and they stand up well to wheeled traffic. Maharaj Ji had a tile factory installed on the site, so all the tiles we used were made there. All of the bricks for the hospital were made right there also.

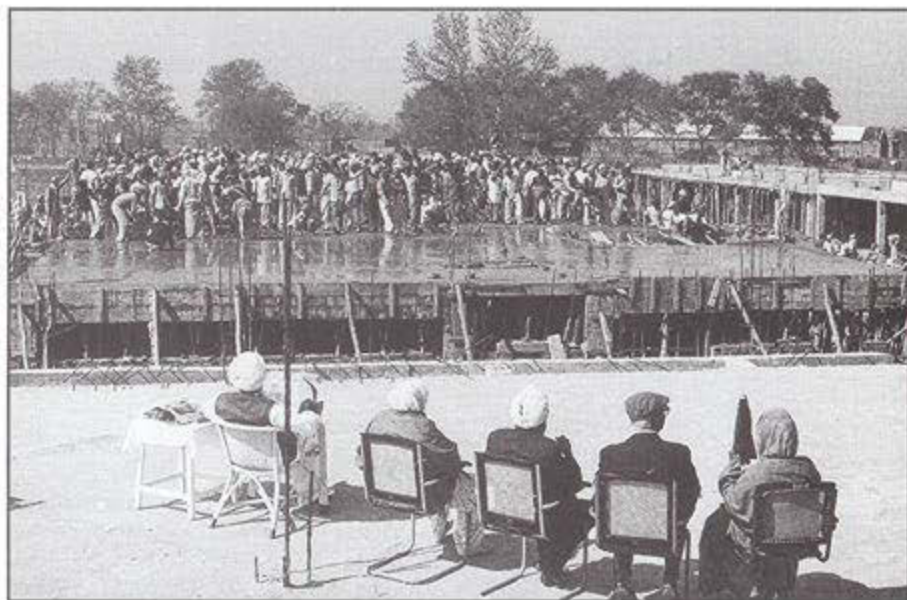
From the medical point of view, a hospital has to be designed around the diseases common to that area. Every department of the

hospital, and particularly the ophthalmology department, was designed with the help and advice of top-class medical practitioners in India. In other words, there was no attempt to try to graft a European hospital onto the Indian subcontinent without considering India's special circumstances. We got from Chandigarh the epidemiological data of the area, so we found out very quickly what the main diseases were—epidemic and endemic—and we got some idea of the types of accidents that occur. Based on this information, we knew what sort of hospital it had to be. There was only one other major consideration: because of the experience of the Dera Eye Camp, Maharaj Ji decided right from the beginning that the hospital would have one major speciality—ophthalmology. For this purpose we worked closely with Dr Pahwa, who is one of the main medical participants in the Eye Camp.

— Dr John Templer



Inspecting the preparations for the casting of the roof slab.



Maharaj Ji and staff members viewing the casting of the roof slab.

Sevadars would generally volunteer for one day of seva twice a month or once a week. There would be 200 to 300 people working at any one time. But on a slab day, when large areas of reinforced concrete roof were cast, there would be 700 to 1,000. Once there were two slabs to be laid on the same day and 1,500 people came. Slab days were always special because of the large number of sevadars who would come to work in unison on this very precise and demanding task—to lay the roof slab in one go.

Sevadars would unload cement wagons and become covered with cement; even their mouth and eyes. They were seated in front of the other sevadars when Maharaj Ji gave darshan. Maharaj Ji was always pleased to see them. He would say, "These poor fellows are working hard. They do seva with such love, they pay no attention to their body." No one could believe how many sevadars came to the hospital, even in the busy April/May harvest season. There's a saying that if the mother of a farmer dies in April or May, they won't cremate her until the wheat

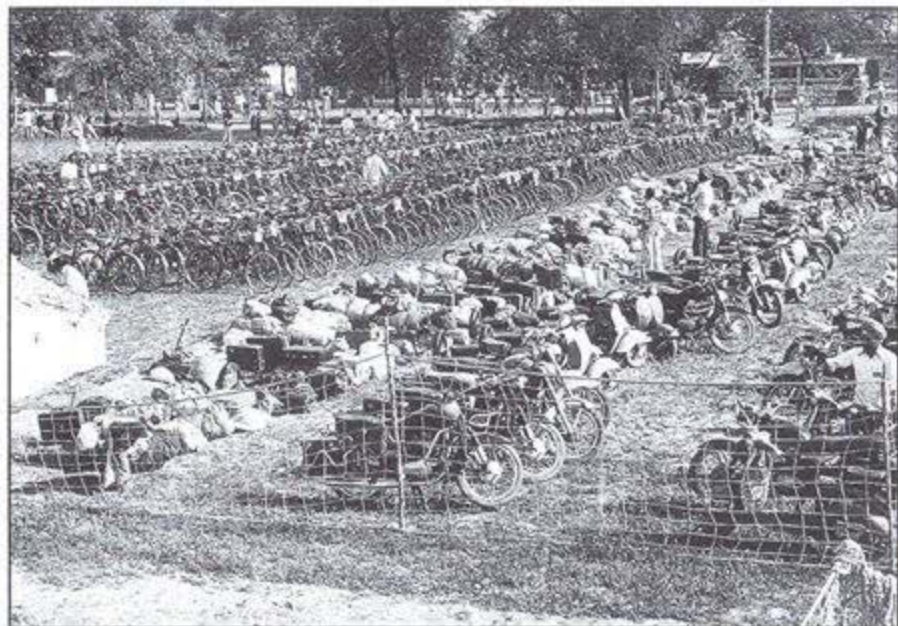
harvest is in. And these were mostly all farmers, yet so many of them came to do seva at the hospital during the harvest season. So great was their love and sacrifice to do seva on the hospital!

One of the sevadars who often acted as foreman on these projects spoke to Maharaj Ji on a slab day. He said: "Maharaj Ji, today is a wedding celebration at the hospital." Maharaj Ji asked: "How?" He replied: "There are twice the number of sevadars." Maharaj Ji answered: "Every day is a marriage celebration in Baba Ji's house." Maharaj Ji would always spend as much time as possible at the hospital on slab days. He would often come immediately after morning satsang, then again at lunch time, then again in the afternoon to give prashad (blessed food). So much was his love and appreciation for the sevadars.

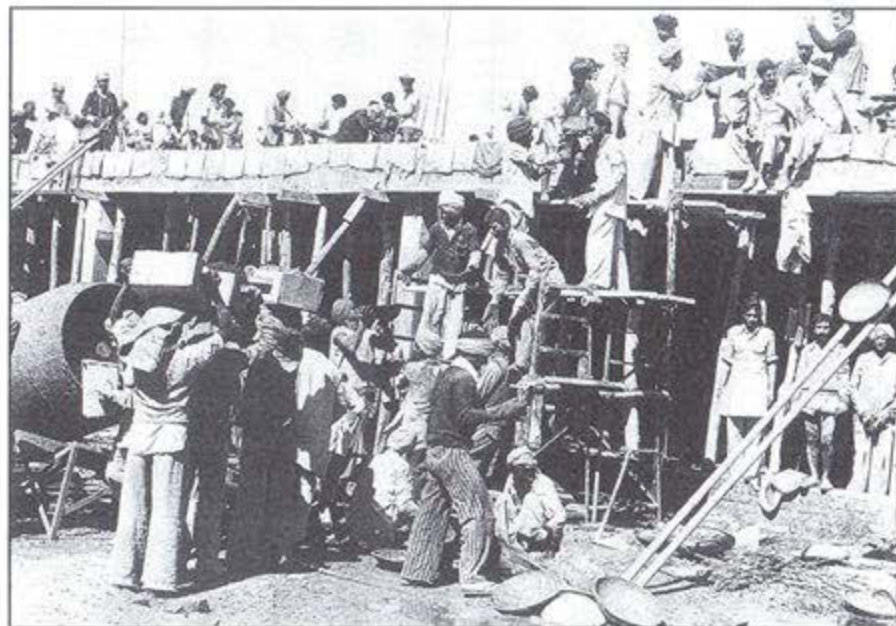
— Reflections of a sevadar on the construction



The casting of a roof slab at the hospital; Maharaj Ji and staff members watch the scene from the roof of the building in the foreground.



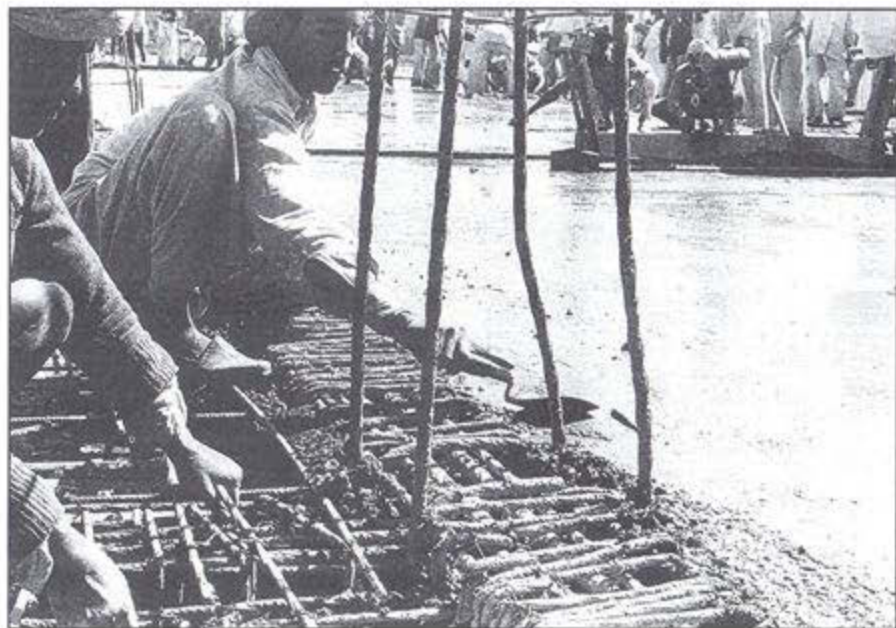
(This page and next) The casting of a roof slab required a large number of sevadars and a unified, harmonious effort on their part. Concrete had to be passed in pails, hand to hand, in assembly-line fashion, up the side of the building onto the roof,



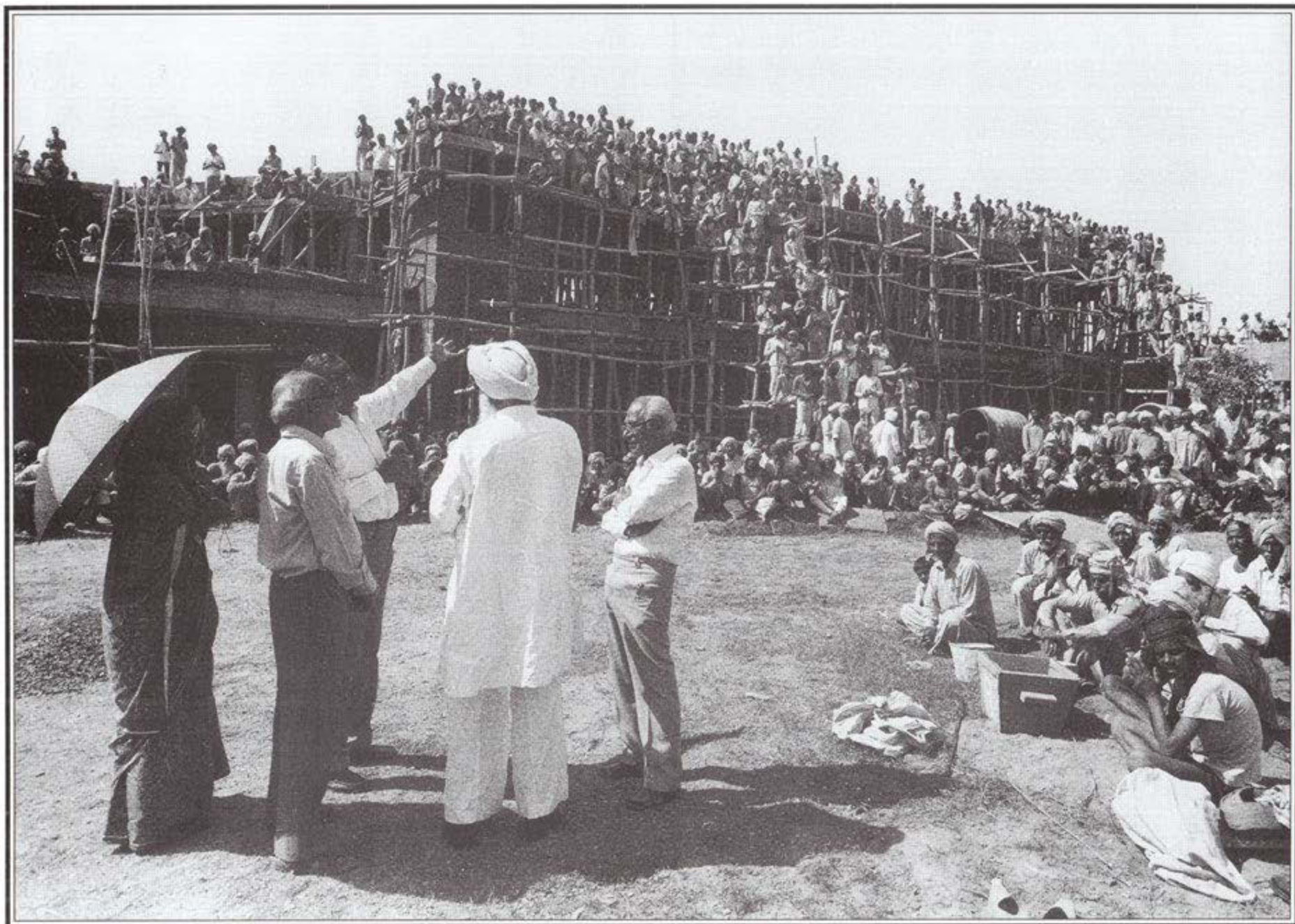
creating one uniform slab, with no cracks or breaks. Maharaj Ji would stay at the site for most of the day on a slab day, giving inspiration and encouragement to the 1,000 or more sevadars during this difficult and critical task.

*The advantage of coming into this body
is that you can give.
Go on giving as long as you have the body.
When the body is reduced to dust,
no one will ask you to give.
O Kabir, give as long as you have this body.
Do good to others, this is the fruit of this life.*

— Kabir

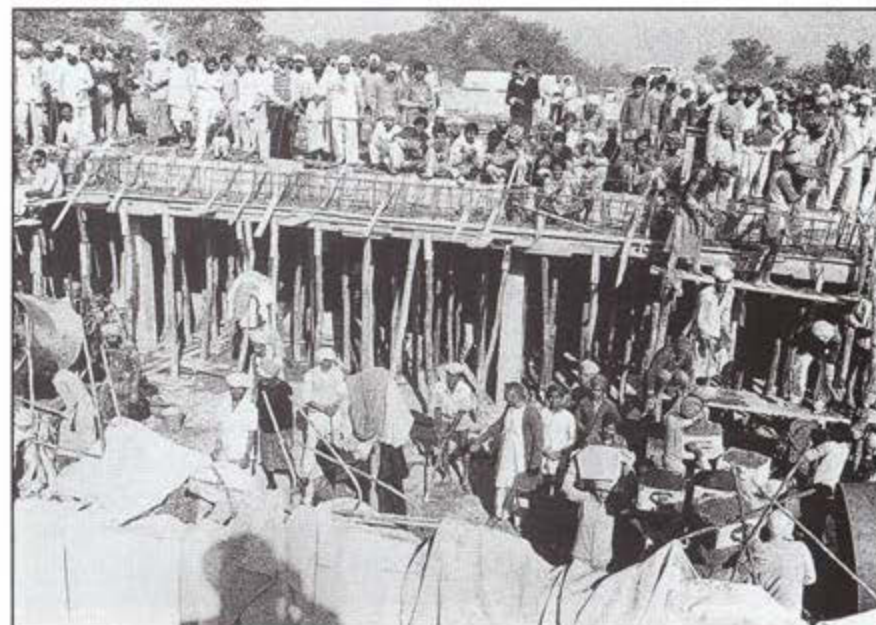




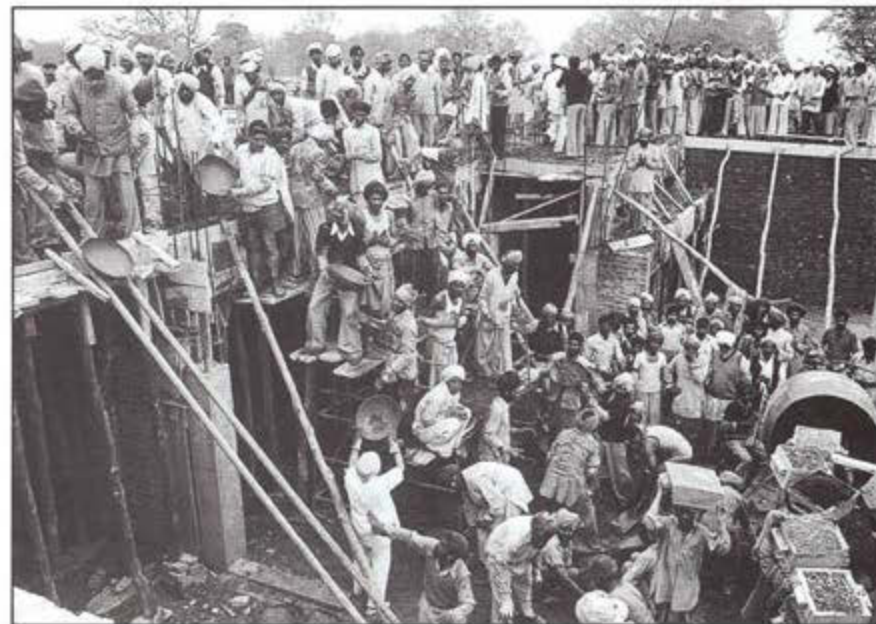


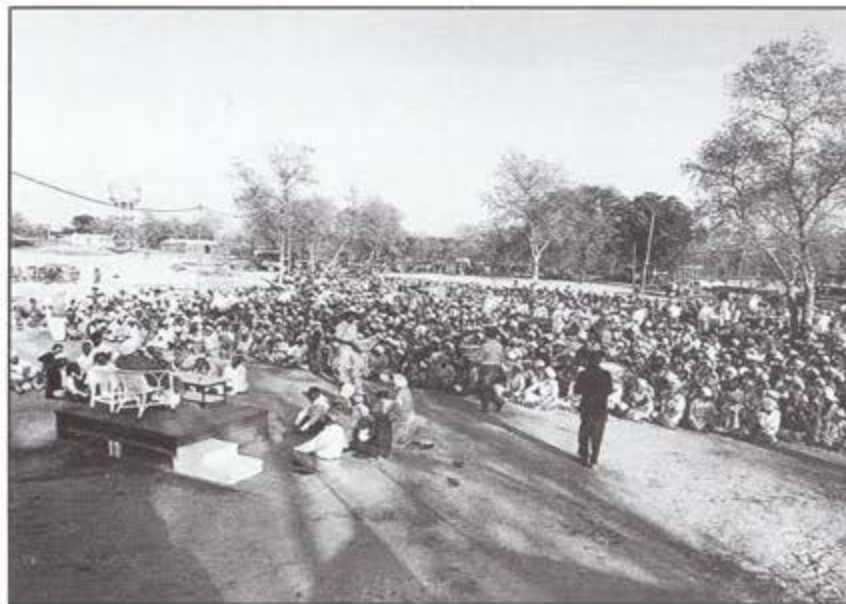
Maharaj Ji and some of the project staff watching the casting of a roof slab.

Photography was Maharaj Ji's favourite hobby. He often had his camera in hand as he toured the hospital construction site. He photographed many different stages of the construction, especially the all-important casting of the roof slabs. However, he was most interested in focusing on the hard work of the sevadars and their spirit of love.



(All pictures) The construction from Maharaj Ji's perspective.





Throughout the construction of the hospital, sevadars would frequently gather for Maharaj Ji's darshan and prashad.



Some sevadars reminisced about Maharaj Ji's great love for the sevadars and how much attention he gave to their simplest desires and needs:

While construction was going on, he used to come twice a day, morning and evening. He would visit every place where the sevadars were doing seva. In the evening, he used to sit on the stage to give silent darshan for half an hour. Several times he came at the time the sevadars were having their meals, which was 12:00 noon. When alighting from his car, the first question Maharaj Ji asked was: "What is the number of sevadars today?" But he always knew the number.

So much love Maharaj Ji had for the hospital! So much love he had for those sevadars! He would tell Sohan Singh Bhandari at the langar, "You make special halvah for these sevadars."

One morning, Maharaj Ji came to the main bhojan bhandar (canteen), where the staff members were eating. Maharaj Ji walked amongst the diners, then took food and sat with them. He paid Rs 2.50. He asked the staff members about the quality of the food. It was good, they said, but they wanted achar (pickle). He arranged for achar. The sevadars were common, humble men. The Master was tender and gave attention to their needs. He is pleased with simple people.

In the canteen for sevadars, tea was given at breakfast, at 1:00 p.m., and at 3:30 p.m. The canteen was running at a loss, so the administration stopped the 1:00 p.m. tea. Maharaj Ji came and saw this. He told the sevadar in-charge to reduce the price of tea from 20 paise to 10 paise and reinstate the 1:00 p.m. tea. "This is all for the sevadars," he said. He told them that if there was a loss, he was happy; if there was a profit, he was unhappy. His only concern was for the sevadars.



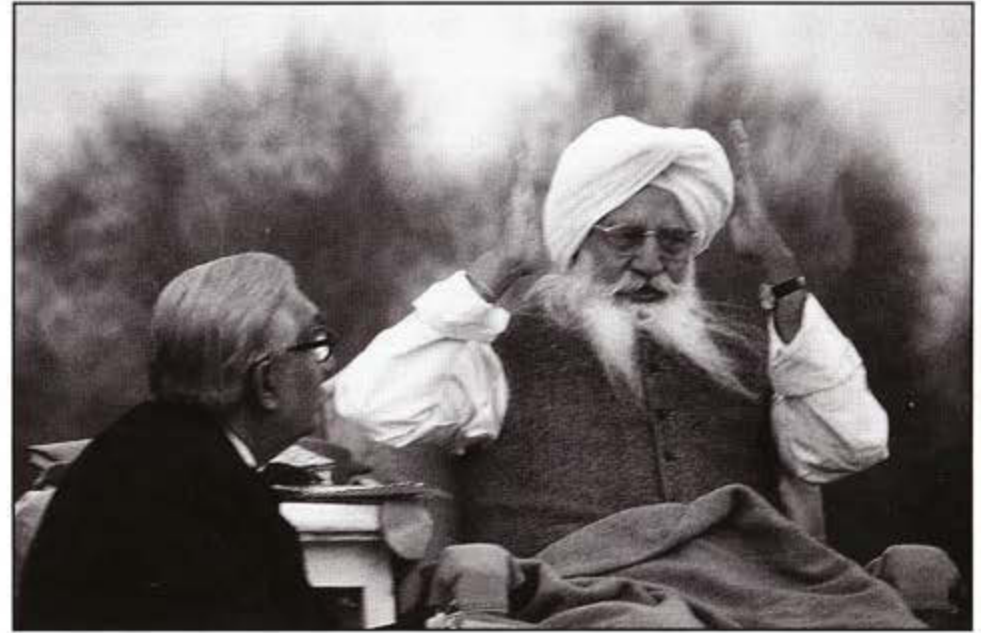
(Above and top) Maharaj Ji giving darshan to the sevadars at the hospital construction site.

The hardest part for the architects in the design of the hospital, strangely enough, was the part facing the main road—the main facade. There were many designs made for it, none of which met with Maharaj Ji's approval.

We struggled for a long, long time—a couple of years—on the design of the facade. And he would say over and over again to us, "You simply have to understand that the facade is not for me, it's not to please me; it has to be for the people who are going to use the hospital. They've got to feel comfortable with it."

You see, most of the rest of the hospital was in the style of a modern hospital. And Maharaj Ji felt that it was not sufficiently welcoming nor visually comfortable for the people who were going to use it. So he was much more demanding with the facade than perhaps he had been for any of the other parts of the design.

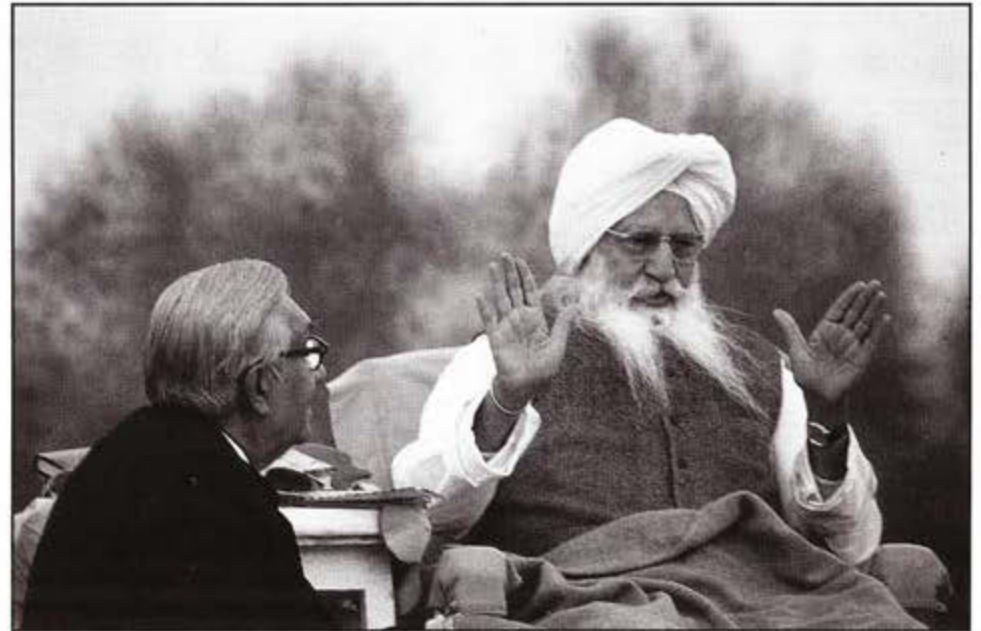
— Dr John Templer



Maharaj Ji expressing his views to Mr Mistry, one of the architects.



Maharaj Ji reviews an early design for the hospital facade.





A quiet moment at sunrise as Maharaj Ji views the early stages of the hospital's facade.



A number of times over the years, in various ways, Maharaj Ji would say to us, "It can be simple and still be beautiful." This was something that was always in his mind. I remember when we were walking back with him from the Guest House garden one night, towards the gate to his house, he was talking about the Great Master and the buildings he had built, and once again he said, "It can be simple and still be beautiful." That was very much his whole idea.

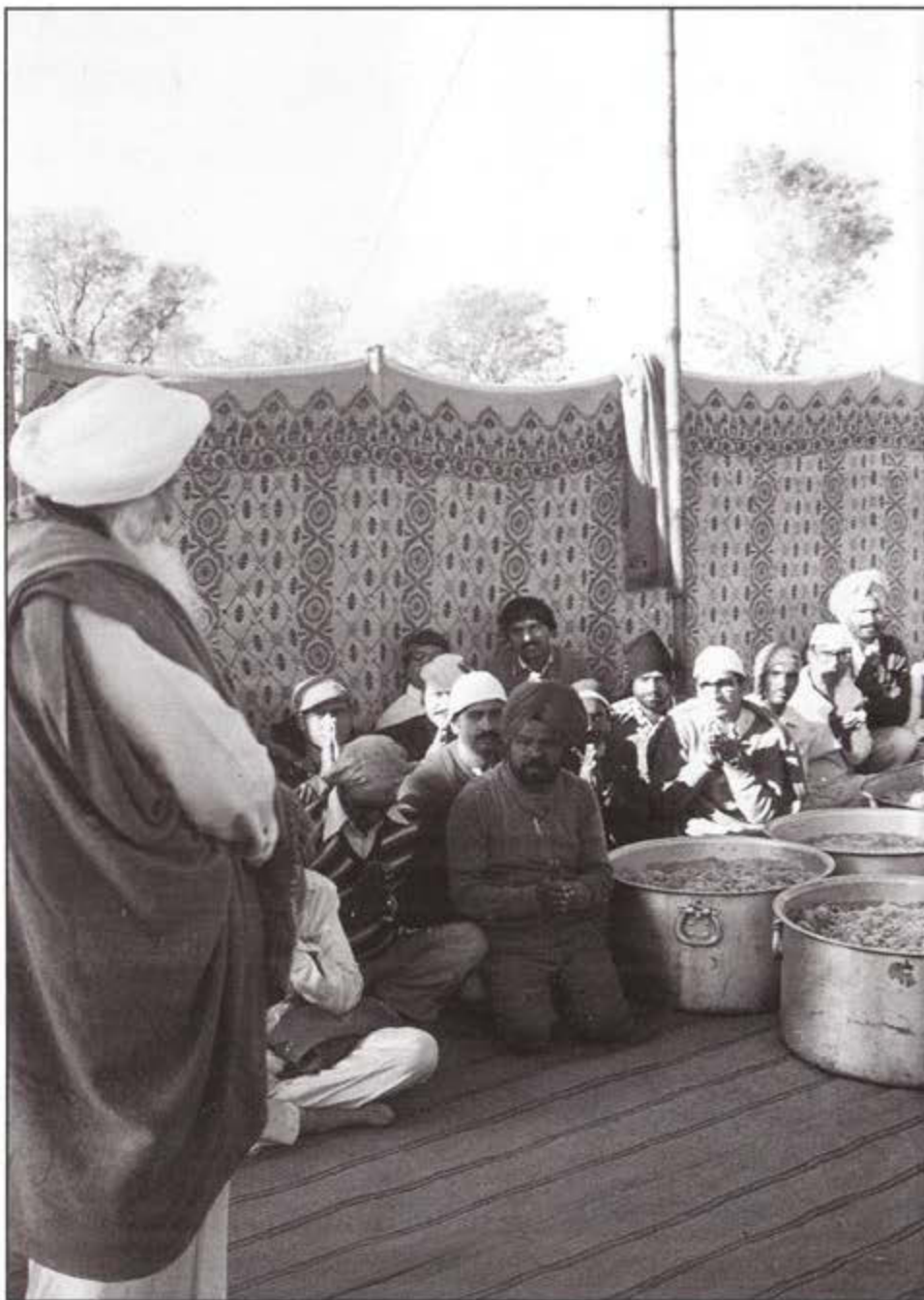
It ends up that the hospital site became a kind of small town, situated in a garden. . . . That's what is so important about it, and that is what makes it so very different. Most people are struck by this when they first see it. It's so unlike the rest of the area that surrounds it, because there are these beautifully maintained gardens with the trees, flowers, and grass. It's a little oasis.

— A sevadar



(Above) Aerial view of the hospital complex. *(Below)* Panoramic view of the main hospital building as seen from the Grand Trunk Road.





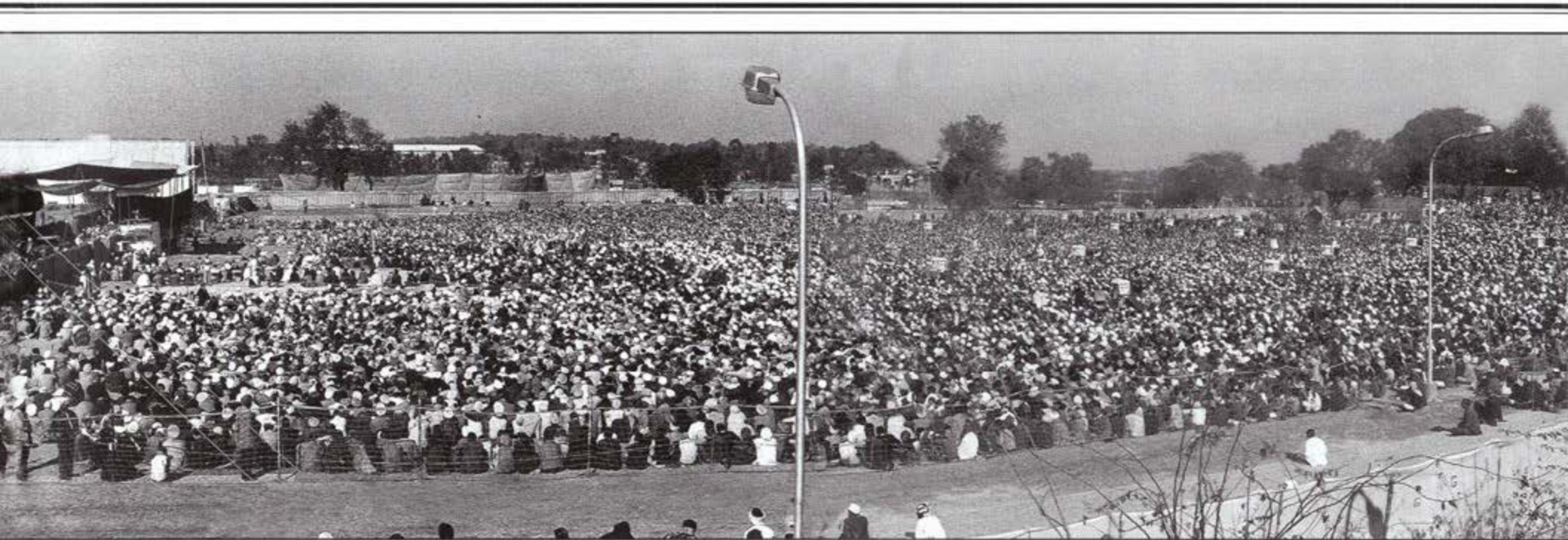
Maharaj Ji blessing prashad.

Inaugural Satsang

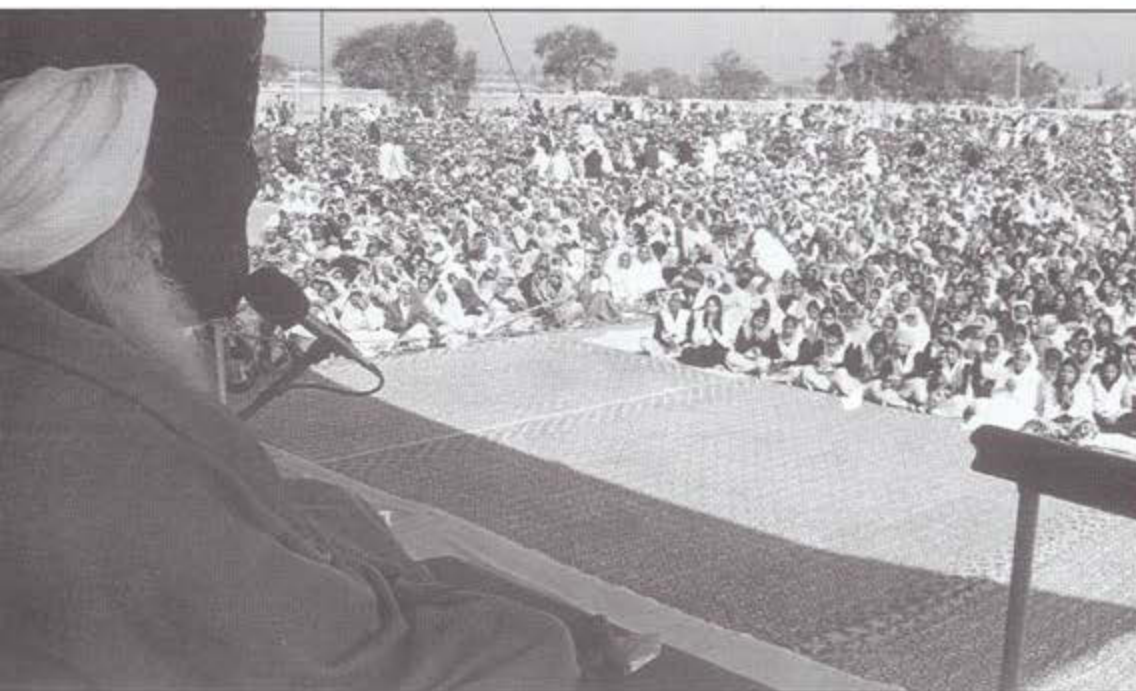
January 24, 1986

Maharaj Sawan Singh Charitable Hospital

A crowd of over 50,000 gathered on the hospital grounds to listen to Maharaj Ji's satsang on the occasion of the dedication of the hospital. In attendance were most of the sevadars who had devoted many long hours in the laborious task of constructing the hospital. Also present were many of the doctors, nurses, technicians, and other hospital staff whose duty it now was to bring this project to fruition. On this special occasion, Maharaj Ji blessed halvah and distributed the prashad to the sangat. Maharaj Ji's message to the sangat is reproduced on the following pages.



Panoramic view of the inaugural satsang.



Maharaj Charan Singh's message to the sangat about the Maharaj Sawan Singh Charitable Hospital.

Before starting the satsang, I should like to mention that with the infinite grace of Hazur Maharaj Ji [Maharaj Sawan Singh], the construction of the hospital building has been completed. At nine o'clock tomorrow morning the OPD of the hospital will be open for patients. Thereafter, the OPD will remain open for the patients daily from 8:00 a.m. to 1:00 p.m., and 2:00 p.m. to 5:00 p.m. All patients, without any distinction between satsangis and non-satsangis, will be treated free of charge. Gradually the hospital will begin to cater for indoor patients, for whom three hundred beds have been provided.

The construction and equipment of the hospital have cost us nine crores of rupees [equivalent to US\$6 million in 1986]. The love and devotion with which the sangat has helped in the construction of the hospital has no parallel

anywhere in the world, nor do I have adequate words to express my appreciation and gratitude for the same. The local sangat as well as the satsangis living abroad have contributed generously to the construction of the hospital. With the infinite grace of Hazur Maharaj Ji, the sangat has been afforded the opportunity to serve the patients with the same love and devotion.

The sangat has also contributed liberally to the building of a fund sufficient for running the hospital, and a Trust has been created for managing and running the hospital with the interest from the Trust fund.

I should also like to assure the hospital staff that the management will attend to all their essential needs. But it is incumbent on them to remember that they should serve the patients with all the care and attention that they need; they would thereby enhance the glory of the Great Master, whose name the hospital bears and in whose memory it has been built with such rare love and devotion by the sangat.





Maharaj Ji touring the hospital with staff members.



Maharaj Ji visiting patients in a male ward.

After the inaugural satsang, Maharaj Ji toured the new hospital. By coincidence, a number of sevadars had become the hospital's first indoor patients when the truck in which they had been riding met with a serious accident near the village of Taran Taran. True to his caring and compassionate nature, Maharaj Ji made a point of stopping by their bedsides during his tour to raise their spirits and see to their comfort.

During the tour, Maharaj Ji visited all the departments, inquiring in detail about the duties performed in each and giving words of encouragement to the staff. Though this was his first "official" visit to the hospital after it opened, he continued to visit frequently and was instrumental in solving many of the problems which arose during the initial stages.



Visiting patients in a female ward.



One of the administrative offices.



The hospital's electrical substation.



A pressing machine at the hospital laundry.



Touring the grounds.



The front entrance of the Maharaj Sawan Singh Charitable Hospital.



The Hospital Today

A hospital that treats the human being, not just the disease.

The Outdoor Patient Departments (OPD)

Beginning at about 3:00 a.m., shadowy forms slowly start materializing out of the quiet darkness and huddle outside the illuminated gates of the Maharaj Sawan Singh Charitable Hospital. By 6:00 a.m., shortly before the sun has begun to shed its first light, a long queue has formed, usually totalling about 800 to 1,000 men, women, and children—the maximum number of patients allowed for treatment per day in the Out-Patient Department (OPD).

Most of these people come from the small towns, villages, and farms surrounding the hospital. They have reached the hospital by tractor trolleys or horse-drawn carts, by local buses, and by foot, often walking long distances in the early morning darkness. Many carry with them their bulky bed-rolls, which is customary in India though not needed at this hospital. Many are accompanied by family members who

offer them help and support. But all come with quiet anxiety on their faces and hope in their hearts. The Maharaj Sawan Singh Charitable Hospital is the only modern medical facility in this rural area where those with little or no money can receive quality medical attention free of charge. For most of these people, the alternative is simply a life of sickness and suffering, without hope of proper medical care.

Although originally the hospital accepted everyone who came, this policy proved impossible to maintain. The present Medical Director explains how the hospital had to adjust its original plans:

The hospital was built with an out-patient capacity of 400 patients in the General OPD. In the beginning, between 600 and 800 people would come each day. The number

kept on increasing until it reached as many as 2,500 per day. The Ophthalmology (Eye) OPD was examining over 200 patients a day. So I went to the Master with a request for further expansion of the OPD and creation of a new set of halls. The Master said, "No, that can be an endless exercise. We cannot solve all the medical problems of the country, and the quality of our services will get diluted by attending to such very large numbers."

At that time, we were accepting all patients who came to the hospital, even those from the large cities nearby. You see, faith and trust in the hospital were developing more and more, so patients were coming from all over. A minimum of 80 patients a day were being seen by many of the doctors in the OPD, which is a substantial number. Also, this created a great load on the investigative services (laboratory, X-ray, etc.) and in the dispensary. Maharaj Ji suggested that we limit the number of patients to 800 per day in the General OPD and 200 per day in the Eye OPD. So in an effort to limit the number of people coming to the hospital, we restricted the area that we would serve to the immediate rural area surrounding the hospital. This area is mostly agricultural with numerous small villages. The people living in the larger cities and towns have access to medical care, so they are not encouraged to seek medical aid here except in emergencies or by special permission.

As the patients arrive at the hospital gates in those early morning hours, they are greeted by a team of dedicated sevadars who organize them, screen them for emergency cases, and generally try to allay their fears and anxieties. By 6:30 a.m., the sevadars are joined by medical professionals, and together they begin dividing the people into three



The hospital at night.



Waiting for the hospital gates to open in the early morning hours.



Patients arriving before dawn.



Patients being led onto the hospital grounds.

groups: new patients who need to be registered; revisits—General OPD patients who have been to the hospital before and have already been registered; and Ophthalmology (Eye) OPD patients. Any patients found suffering from a serious condition are either moved to the front of their queue or immediately brought to the Emergency Department.

Because of the large number of patients passing through the OPD on a daily basis, the hospital administration has found it practical to give the out-patients' medical records directly to them. The patients are instructed to bring these records with them on their return visits. This saves the time and cost of searching for and retrieving hundreds of files each day. This system has proved to be both practical and successful.

By 7:30 a.m. the patients are led by sevadars onto the spacious and inviting hospital grounds. As much as possible of the 35-acre site has been planted with lawns and flower gardens, which, besides adding beauty, reduces the amount of dust in the air. The lawns and gardens also provide a comfortable grassy area where patients and visitors feel free to sit and relax, as is customary in India. The facade of the hospital building itself was carefully designed to have a familiar, local look. This too would help the patients feel at ease, as many of them would be receiving modern medical treatment for the first time—certainly the first time in a hospital. Everything possible has been done to relax the patients and make them feel at home.

As this is a charitable hospital, whose purpose is to serve the patients without financial consideration, compassion and brotherly love are the principal qualities encouraged in all the staff. Reflecting on the atmosphere of love that permeates the hospital, the Hospital Administrator said:

The spirit of satsang is embodied here: that man is God and God is man. Whether rich or poor, we treat the patients as human beings, with dignity. Our Patient Welfare Officer comes to know most of the patients. He often brings patients to me who have come from outside the area we normally serve. He will say, "This one is poor, this one is weak, can't we take them?" The spirit of love and service is the motivating force here.

This spirit can be witnessed in the careful handling of the masses of patients queued up for admittance into the OPD in those early morning hours. Once the patients have been led through the gates and onto the hospital grounds in their respective queues, they are carefully screened by paramedical staff. The paramedics indicate their assessment of the patients' problems on their medical forms. They refer the patients to the specific departments within the OPD where they should be brought for diagnosis and treatment.

Many of the patients are not literate, so once they are approved for admission, their hands are stamped indicating acceptance. If their problem is acute, they are immediately led into the OPD by a sevadar. Patients who are visiting the hospital for the first time are registered and then they are screened by a doctor. Throughout this process, several doctors monitor the crowd for any signs of acute distress. They especially monitor the children and elderly because they often have the greatest difficulty in communicating their problems. Sevadars also bring special cases to the doctors' attention.

A special Patient Welfare Officer, who seems to be everywhere at the same time, takes a personal interest in seeing that everyone receives proper attention, especially the difficult cases. Though many in number, each patient is cared for



The Patient Welfare Officer assisting patients.



A patient being helped to the Eye OPD.



Sevadars helping an elderly patient.



Sevadars trying to understand a patient's problem during the initial screening.



A member of the paramedical staff screening a patient.



The patients' hands are stamped to indicate their acceptance in the OPD.

individually like a beloved family member. No one is left wanting or alone. The faces of many of the patients, especially the elderly, openly reflect their fear and worry. Over and over again, the doctors, nurses, and sevadars can be heard speaking loving words and gentle reassurances as they guide the patients through these preliminary routines.

The Out-Patient Department is divided into two parts, the General OPD and the Ophthalmology OPD. These are by far the most active areas of the hospital. In 1993/94, the two OPD departments saw a total of 262,292 patients. On average, 773 patients are seen daily in the General OPD and 162 in the Eye OPD. As most of the patients are not under the care of private physicians, the OPD—as first point of contact for all medical treatment in the hospital—fills the role of family physician. New OPD patients are assigned to a particular doctor who will remain their consulting doctor on all future visits. For most patients, the examination in the OPD will be the first medical examination of their lifetime, and is where they will receive most future medical treatment as well.

The General OPD waiting room is a large hall surrounded by eleven smaller examination rooms for the various medical disciplines. Throughout the day, the nurse in charge of the OPD keeps an eye on the OPD queues, watching for patients who may need immediate care. The General OPD facilities also include a minor operating theatre (near the surgical consulting room) for minor procedures, a sample-taking room for lab tests, dressing and injection rooms, and a dispensary. The OPD also has specialist clinics for chest and heart diseases, fractures and deformities, ENT (ear, nose, and throat) disorders, maternity, dermatology, and dentistry.

As the Maharaj Sawan Singh Charitable Hospital specializes in the treatment of eye problems, the Ophthalmology OPD is very important. The most common eye diseases



The General OPD Waiting Hall.



Ophthalmology OPD.



Emergency patient.



A young child being treated for burns.

treated here are cataract, glaucoma, and trachoma. It is known that trachoma is caused by a virus, but the causes of cataract and glaucoma are still uncertain. It is thought that the dry, dusty atmosphere, solar radiation, and poor nutrition are contributing factors. Modern examination procedures, including refraction, pulse air tonometry, and fluorescein angiography, are used routinely in screening the patients. In 1993/94, a total of 45,418 patients were examined in the Eye OPD, of which 3,516 were admitted as indoor patients for further treatment. The Ophthalmology Department has its own operation theatre. Surgical procedures performed include: cataract extraction, intraocular lens implants, glaucoma surgery, laser treatment, and fluorescein angiography.

The Emergency OPD and the Emergency/Intensive Care Unit (ICU) are other important functions of the hospital. The demands on these departments have been far greater than originally anticipated. The Emergency Department began with eight beds when it opened in 1986, under the assumption that it would have a nominal load because of the rural location of the hospital and the sparse population in the immediate vicinity. However, even during its first year, more than 2,325 patients were seen and the department's services and facilities became overloaded. So in 1989/90, an eight-bed Critical Care Unit was established and the Emergency/ICU was enlarged to a total of fourteen beds, with three full-time medical officers assigned on a round-the-clock basis.

The Emergency General Duty Medical Officer (GDMO) begins his work at 6:30 a.m. in the OPD waiting halls where he singles out those patients who are very sick and need immediate treatment in the Emergency Department. In 1993/94 a total of 13,325 patients were seen in the Emergency OPD (an average of 37 per day) and 3,198 patients were admitted in the Emergency/ICU.

Medical Problems and Practices

As a hospital serves the needs of its patients, it is the medical problems of the patients and the doctors' approach in solving those problems that mould a hospital's services and affect its character and growth. The Maharaj Sawan Singh Charitable Hospital functions on three main levels: as a first-contact hospital and primary health care provider; as an emergency care provider; and also as a provider of basic surgery and some specialized operations.

The majority of the people who live in the area are farmers. The hospital has found that many of the problems seen in the General OPD are either environmentally induced, because of the local agricultural practices, or are caused by unsanitary living conditions and poor diet. Other diseases treated at the hospital are specific to this area of northern India. For example, the soil lacks iodine, so there is a high incidence of goitre. There is also a very high infant mortality rate, which is typical of rural areas. Some of the diseases are seasonal, like malaria and diarrhoea.

Upper respiratory diseases, particularly bronchial asthma and chronic obstructive airways disease, are quite prevalent, probably due to agricultural activities and the fine airborne particles they produce, most commonly from the smoke caused by the burning of rice husk after shelling.

Allergies affecting the skin and eyes are common, and are caused by pollens and the fine dust produced during the rice and wheat harvests. The increased use of chemical pesticides also contributes to this problem.

Diarrhoea and amoebiasis, seen most often during the summer months, are generally caused by eating unclean fruits and vegetables and by drinking unclean water.

Malaria and typhoid are seasonal and appear in specific months. Often the source of the typhoid bacteria is unclean



(Across top) OPD patients.



Injuries to the lower limbs are very common in this agricultural area.



drinking water. The bacterial strains seen here are particularly hazardous; about 70% of the cases are resistant to conventional drugs.

Communicable diseases like conjunctivitis, influenza, and chest and upper respiratory infection are common.

Peptic ulcers, gastritis, and liver diseases are also common and are sometimes related to excessive alcohol intake.

Cardiovascular diseases have been encountered at unexpectedly high levels. A large number of patients from the surrounding villages suffer from coronary artery disease, rheumatic heart disease, and congenital heart disease.

The Emergency Department treats a wide variety of illnesses and injuries. For instance:

Farm-related injuries are frequently seen. Thresher accidents often cause severe injuries to the hands and feet. Other farm accidents result in amputations, eye injuries, or bone fractures.

Snake bites are also common, particularly from cobras and vipers.

Road traffic accidents make up a large proportion of the patients treated in Emergency, as the hospital is located on the heavily travelled Grand Trunk Road, the main road artery that serves Punjab.

Drug and alcohol abuse is prevalent in the region. Addiction to opium, abuse of prescription drugs, and alcoholism are becoming more and more common.

Gunshot wounds were commonly seen in Emergency due to the political unrest and violence that had plagued this area of Punjab until recently.

The Surgical Department performs a wide range of surgical procedures. Since the opening of the hospital, a large number



A farm-related injury being treated in the Orthopaedics OPD.

of simple operations have been performed to relieve such problems as gallstones, appendicitis, intestinal obstructions, and hernias. The high incidence of kidney stones is due to the fact that Punjab is situated in what is known as "the stone belt," an area running through India, Pakistan, and Afghanistan where the water has a very high mineral content, causing the formation of kidney stones. Since so many people in the area have already been treated for these problems, however, the hospital now is seeing fewer of these cases. Its surgical focus is expanding and shifting to meet other needs. Complex surgery has become routine for such problems as breast cancer, of which there is a high incidence, and for thyroid disease and cancer of the oesophagus.

The hospital's Medical Director spoke briefly about the hospital's priorities in deciding which medical services to offer, and he reflected on some concerns and goals:

This hospital is not here to establish itself as a beacon of technical excellence or to be on the cutting-edge of technology. We improvise to meet the needs of the greatest number of people. For instance, we perform a procedure known as a Closed Mitral Valvotomy. It is a simple type of heart surgery which can be done without cardiopulmonary by-pass. The mitral valve becomes scarred and narrow, often in young children with rheumatic heart disease. We see a lot of this here. Also, young married women with this problem are at a very high risk of dying during their first pregnancy. This simple operation has disappeared in the West because of the universal availability of heart-lung machines and other sophisticated surgical techniques. However, we have had good success using this procedure and it costs nothing to the patient.



Eye surgery in the Ophthalmology Operations Theatre.



Gall bladder operation.



Doctors discussing a forthcoming operation.



Abdominal ultrasound examination.

We have geared the investigative facilities in line with our needs. For example, we do not want a CAT scanner at this stage because we do not see a frequent need for it. It is normally used for diagnosing brain tumours and head injuries and we do not have a neuro-surgical department to justify it. As this hospital is intended to provide a high level of general medical care with limited speciality treatment, patients with certain acute diseases or problems are referred for treatment to hospitals in Amritsar, Chandigarh, Ludhiana, or elsewhere.

Of great concern to us is the ever-increasing cost of medicines and consumables, which adds to the cost of running the hospital each year. The price of medicines has risen drastically over the past few years and threatens to go on increasing. However, because of this, the role of the hospital becomes even more important for patients with limited resources, since we provide medicine and services for free.

AIDS is another concern. In the past year (1993/94), we have detected thirteen cases of AIDS. It is being spread here by workers returning from the Persian Gulf region; by long-haul truck drivers who frequent prostitutes in Delhi, Bombay, and Calcutta; and by blood transfusions from professional donors, which we do not use.

Unfortunately, the AIDS virus is frequently passed on to the spouse, and then the children become orphans. All the hospital's clinics and medical departments are aware of the AIDS problem and are watchful for those patients who show symptoms of AIDS or who fit the profile of a high-risk HIV carrier. Such patients are given the Elisa antibody test for HIV. Additionally, all blood used for transfusions is screened for HIV, with no exceptions.

The hospital administration realized that, due to the hospital's location near a main road and rail artery, we

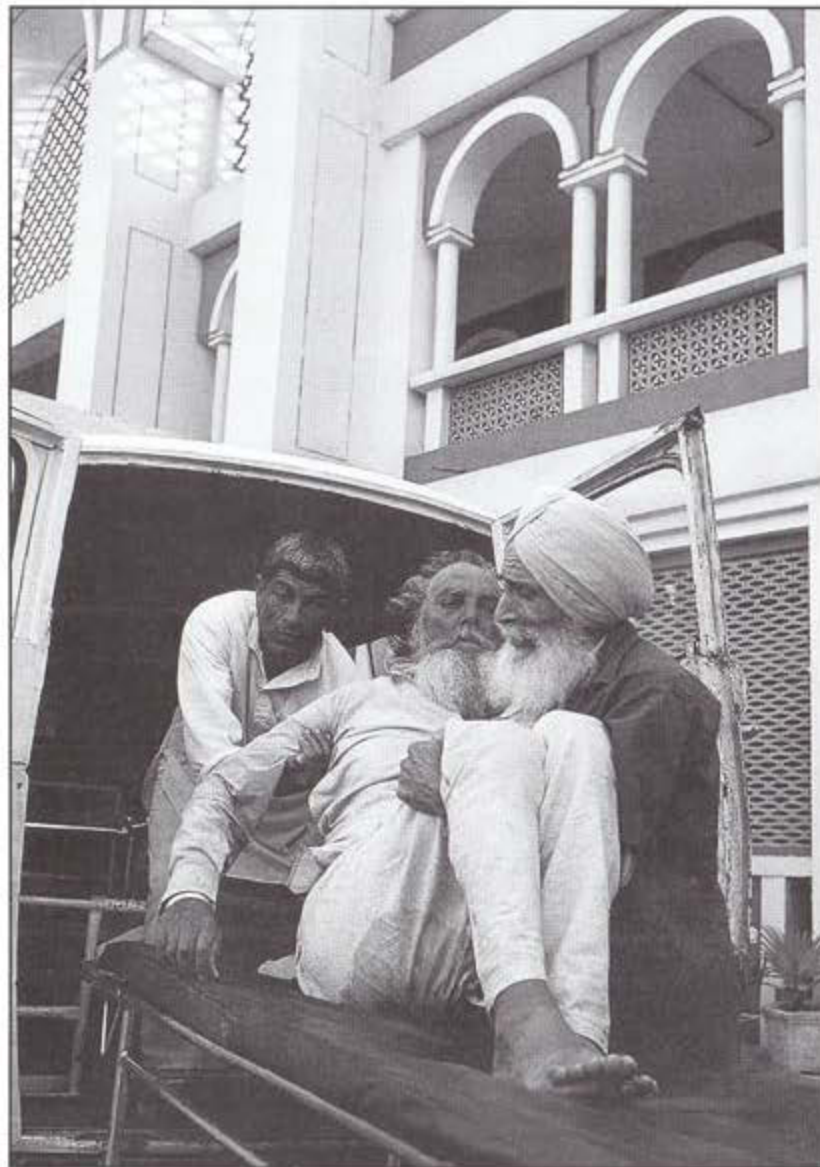
might someday have to cope with a major catastrophe. With this possibility in mind, we developed a detailed emergency plan which specifies the procedures and staffing assignments to be followed in case such a disaster occurs.

Overall, the hospital has continued to grow and improve to meet the needs of the patients. The staff often has a very demanding schedule, and overwork continues to be a problem without an immediate answer. But probably more than anything else, we need to work to improve and build upon the spirit of seva, of selfless service. The medical staff and paramedical staff should become more interested in the patients. We encourage them to learn as much as they can about the patients' backgrounds, whether they are happy or sad, what conditions are like at their home or work, and the like. Whatever information the patients share with us may be of great importance in structuring their therapy. So we are trying to encourage this humane approach in the medical staff. This is one of the goals we hold before us.

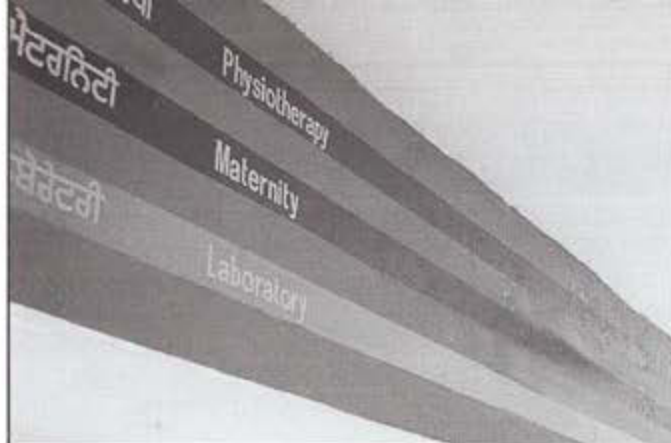
The Wards

Those patients who need more extensive treatment than can be provided in the OPDs are admitted into the hospital as indoor patients. In 1993/94, the Maharaj Sawan Singh Charitable Hospital admitted 3,940 patients as indoor patients. A total of 239 beds are currently available in the hospital's seven wards, divided as follows: Medicine (32), Surgery (64), Gynaecology & Obstetrics (16), ENT (11), Ophthalmology (94), ICU/Emergency (14), and the Critical Care Unit (8). Occupancy in the wards runs at about 90%, with the surgical wards usually at 90 to 100%.

Because many of the patients who are admitted into the wards are uneducated village people, the whole hospital



A patient being helped out of an ambulance at the Emergency Department.



The colour-coding system helps patients find their way to the different medical departments.

environment appears to them as an alien world. It is natural that they are confused in these surroundings, and this confusion can add to the normal anxiety of a hospital stay. With this in mind, and with a knowledge of the local customs and habits, the hospital was designed using a mixture of modern medical sophistication with practical, regionally tailored solutions to typical hospital problems. This is perhaps best illustrated by the colour-coding of the different departments. Painted along the walls, starting from the OPD, are coloured stripes, each colour leading to a different treatment area. When a patient has finished in one area, the doctor simply has to tell him or her to follow the "yellow" or "blue" stripe to the next area. This simple, practical idea prevents unnecessary confusion and anxiety.

One of the chief architects of the hospital commented further on some of the problems encountered in designing and outfitting the hospital, and on the solutions that were found:

Some people from America might be surprised at the type of patient rooms we have here. Most of the indoor patients will be in six-bed rooms—very different from the American system of the private or semi-private rooms. But this does not reflect an attempt to save money; the wards were designed that way for cultural reasons. Here, the people prefer to be where there are other people around; they are not accustomed to being alone. No one wants to be in a private room, though there are private rooms in every one of the wards for people who are extremely ill. And there is a completely separate area for people with more critical medical problems, where many special medical facilities are available.

In terms of the design, we had to think very carefully about what one does about facilities like bathrooms and

toilets—the simple reason being that many of the people who are admitted have never seen a European toilet and, for that matter, have never even used indoor plumbing. So the toilet areas had to be carefully designed so that the patients could easily be shown how to use them and also so that they could be easily cleaned. Mostly we installed the squatting types of toilets, common throughout Asia, but many of the patients would never have seen these either. With all this in mind, we built the bathrooms in their own separate wings, extending out from the main building. This way, they would get cross-ventilation and the odour would not cause problems.

But apart from these relatively minor differences, it's a very modern hospital. People coming into it from the West would certainly see some differences; for instance, the lighting fixtures and patient-call systems are different, because they were locally made for the most part. We did not want to spend a great deal of money importing these sorts of things. And the same goes for all of the departments—the operating rooms are designed for a level of practice of medicine which is just as sophisticated as anything one would have in the West, but they look different—different materials and different equipment. And that goes for the laboratories and so on. But everything that is needed is there, and it all works in ways which are just as effective.

The experience of a hospital stay for these patients is, in many ways, very different from what a Westerner experiences in a hospital. For most of the patients it is like a luxury hotel compared to their simple dwellings at home. Many of the women patients experience being served and pampered



Nurses' station.



A nurse serving lunch to an indoor patient.



Family members visiting an indoor patient.



The patients benefit from the open spaces incorporated into the hospital's design.

for the first time in their lives—a reversal of their normal situation. They often tell the nurses that they don't want to leave. During visiting hours, the wards are often full of family members, who help lift the patients' spirits and give them support.

The wards provide a high level of cleanliness and comfort, and also a few extras which are not found in typical rural hospitals in India. There is a call-bell at each bed as well as a set of headphones for listening to news, traditional devotional music (*shabds*), or recorded *satsangs* (spiritual discourses). The food served to the patients is more wholesome and plentiful than the patients normally get at home. The meals are carefully planned by the hospital's nutritionist and are completely lacto-vegetarian. Once, when Maharaj Charan Singh was touring the hospital, he inspected a food cart which was on its way to one of the wards. Lifting the lids of the various pots, he exclaimed, "Oh, you're serving *paneer* (home-made cheese) to the patients?" Looking at the vegetables, *dal* (lentils), and *chapattis* (flat bread), he further said, "You're giving the patients such delicious food. Very good. We do not get such good food even in our own homes!"

The Staff

At the end of the 1993/94 fiscal year, the hospital had a total of 621 employees, still short of the authorized staff level of 691. The medical staff included 53 doctors, 126 nurses, and 50 technicians. One of the many obstacles facing the hospital has been the difficulty in recruiting qualified medical staff. Earlier, the unstable political conditions in Punjab had hindered recruitment. The rural location of the hospital also does not appeal to many doctors. Some of the junior doctors

would leave the hospital after a short time to take up post-graduate studies or government posts. In the beginning, there was a shortage of nurses as well. Nurses trained in government-sponsored programs have to work in government hospitals for several years as part of their training agreement so are unavailable. Other qualified nurses are attracted to Middle Eastern countries, where the pay is higher.

In order to resolve these problems, the hospital took several decisive steps:

The Nurses Training Centre - The Nurses Training Centre was included in the original concept of the hospital and was opened in February 1988. Not only does it help to keep the hospital fully staffed with nurses, it also guarantees a consistently high standard of nursing. Currently 20 students a year, carefully selected from up to 500 applicants, are enrolled in the three-year program. The Centre also provides advanced training to nurses who have graduated and work at the hospital. All training is free and the students are given a stipend each month.

Housemanship - Starting July 1, 1990, the hospital was recognized for housemanship (first-year residency) by the Medical Council of India. Junior doctors can now stay for their advanced training; thus there is less turnover and the staff is more stable, providing better care.

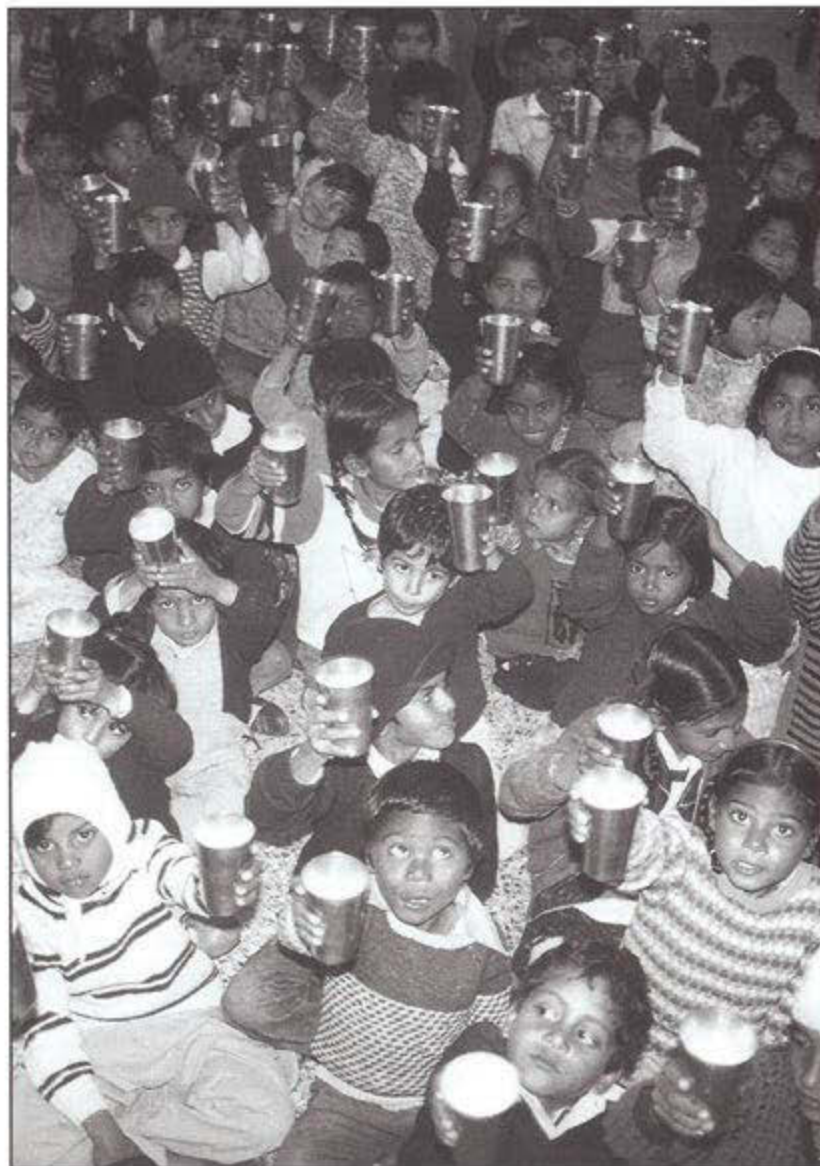
Salaries - Salaries have been increased considerably for all employees over the past few years to accommodate increases in the cost of living. This has made the hospital more competitive in attracting new staff and has also acted as a motivating factor for existing staff members.



Maharaj Charan Singh visiting the indoor patients wards.



A class at the Nurses Training Centre.



Free milk is given to all school-age children of hospital staff.

Staff Welfare Programmes - Three welfare programmes are presently in effect for staff members, namely, a creche (child care) facility, free milk for all school-going children, and reimbursement of school fees.

The unstable political situation which had deterred potential staff originally has become less of a problem, mainly because the hospital has proved to be unaffected by these local conditions. Almost all the staff live at the hospital's residential complex, where conditions are very safe and calm, and most essential needs are met in the shopping complex. The most important factor, however, in the hospital's ability to attract new medical staff has been its growing reputation for providing quality medical care.

Foreign Medical Professionals

Foreign satsangi doctors, nurses, and medical technicians who are properly qualified are welcome to contribute their expertise at the hospital. They usually are invited to serve for a 45-day period. Due to cultural differences and differences in aspects of clinical practice, foreign doctors require a reorientation. The most striking difference is in the number of patients seen by a doctor in a single day. Because of licensing and language limitations, the foreign doctors and nurses can be placed in only a few areas of the hospital, and the hospital administration does not want any aspect of the hospital's services to become dependent on them.

In 1993/94, fourteen foreign satsangi medical professionals volunteered their services at the hospital. This included five doctors, four nurses, and four technicians. Commenting on the contributions which the foreign medical volunteers have made to the hospital, the Medical Director said:

Foreign medical professionals have been very helpful in the training of student nurses, in the maternity ward, in quality control and standardization of procedures in the laboratories, and in training young surgeons in refining their techniques. An American doctor is sharing his expertise with the hospital's surgical staff in the field of urology. A Swiss team of ophthalmologists shared their skills in intra-ocular lens implant surgery. Foreign medical sevadars also offer valuable suggestions for modifying and improving the hospital's services.

Many of the visiting doctors and nurses have commented that they feel they receive much more than they give. As one nurse said, this is "largely because of the attitude of the hospital staff. The doctors, nurses, and technicians have such a spirit of humility; they never take credit for anything. They always say, 'Everything is His Grace.' People who work in a hospital like this are true humanitarians."



Maharaj Ji with a group of visiting foreign satsangi medical sevadars.

OVERVIEW OF ALL HOSPITAL DEPARTMENTS AND SERVICES

OUTDOOR PATIENT DEPARTMENTS

General OPD
Surgical OPD
Medical OPD
Cardiac OPD
Orthopaedics OPD
Paediatrics OPD
Ophthalmology OPD
Maternity OPD
Dental OPD
Dermatology and Venereology OPD
Ear, Nose, & Throat (ENT) OPD

MEDICAL DEPARTMENTS & SERVICES

Anaesthesia Department
X-Ray (Radiology) Department
Electrocardiography Department
 Cardiopulmonary Laboratory
Laboratories
 Haematology
 Microbiology and Serology
 Biochemistry
 Histopathology and Cytopathology
 Urine and Stools Laboratory
 Emergency Services
 Blood Bank
Physiotherapy Department

INDOOR PATIENT WARDS & ALLIED DEPARTMENTS

Ophthalmology Department
Surgical and Orthopaedic Department
Ear, Nose, & Throat (ENT) Department
Gynaecology and Obstetrics Department
Medical Department
 Critical Care Unit (CCU)
Emergency Department
 Emergency
 Intensive Care Unit (ICU)

OTHER DEPARTMENTS

Nursing Training and Staff
Medical Library
Central Supporting Services
 Pharmacy
 Central Surgical Sterilization Department
 Hospital Kitchen
 General Stores
Supporting Services
Engineering Departments
 Electrical Department
 Electronic Department
 Air Conditioning Department
 Mechanical Engineering Department
 Civil Maintenance Department
Administration
Personnel

GENERAL OUTDOOR PATIENT DEPARTMENT

The General OPD is the busiest part of the hospital, treating about 800 patients daily. For most patients, it is their first point of contact in the hospital. For many, it is where they will see a doctor for the first time in their lives and receive their first thorough medical examination.

The General OPD was designed around a large main waiting hall with consulting rooms and clinics located around its perimeter. Five consulting rooms are used for General OPD examinations. General Duty Doctors are assigned the less-complicated cases, and patients with serious or complicated problems are referred to specialists. Once assigned to a particular doctor for initial treatment, a patient receives all follow-up treatment from the same doctor.

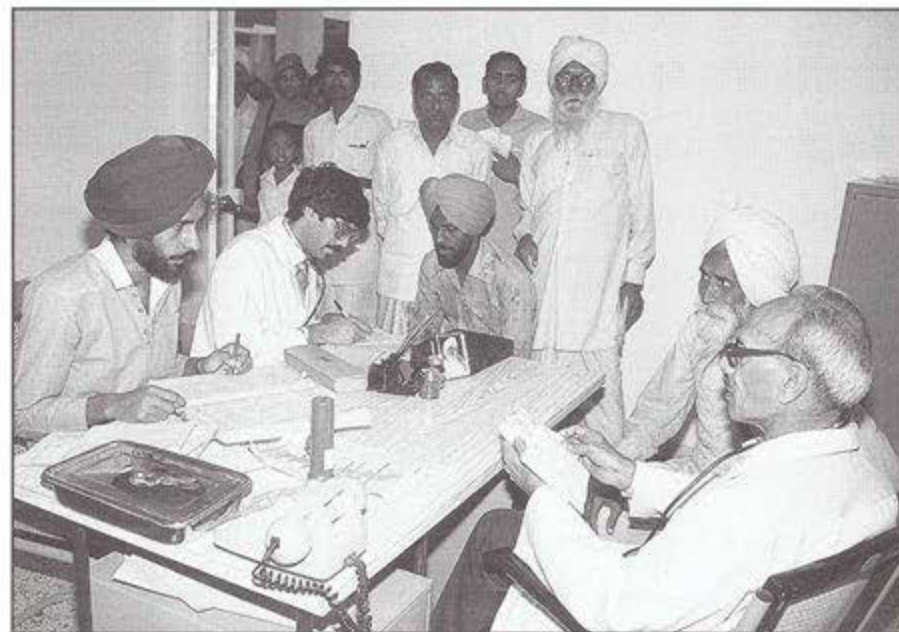
Other facilities in the General OPD include two treatment rooms with separate cubicles for injections and dressings, and a separate area for the collection of laboratory samples. The Surgery Department has two consulting rooms, and the Orthopaedics Department has one. A Minor Operations Theatre is also attached to these departments. Both the Medical Department and the Paediatrics Department have two consulting rooms each, and a children's playroom has been set up for use by the Paediatrics Department. Since most patients with dental problems are outdoor patients, the Dental Clinic is located in the General OPD. There are two dispensaries in the General OPD, one for male and one for female patients, where free medicine is given to all OPD patients.



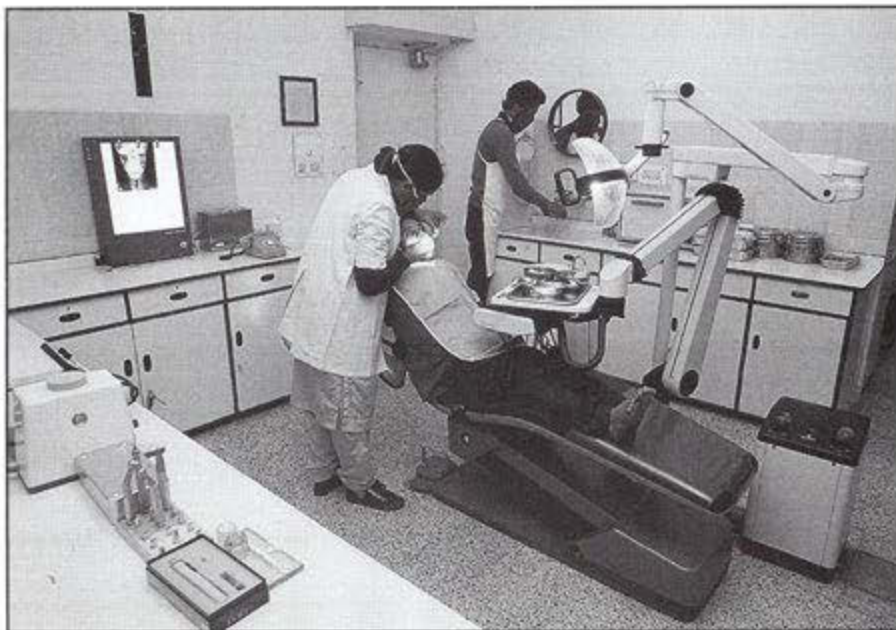
OPD patients.



General OPD Waiting Hall.



Consulting room in the General OPD.



Dentistry Department.



Out-Patient Dispensary.

DENTISTRY DEPARTMENT AND OPD

More than 75 patients are treated daily in the Dental Department. Various types of materials are used for fillings, including silver amalgam, gold onlay and inlay, and white light-cured composites. Crowns and bridges in gold and white heat-cured acrylics are provided free of cost. The hospital's dentists also perform implants and root canal treatment as well as minor surgical procedures like apicoectomies, impactions, flap operations, and cyst removals. And, perhaps most important, they routinely teach the rural patients the fundamentals of oral hygiene and proper eating habits.

PHARMACY DEPARTMENT AND DISPENSARIES

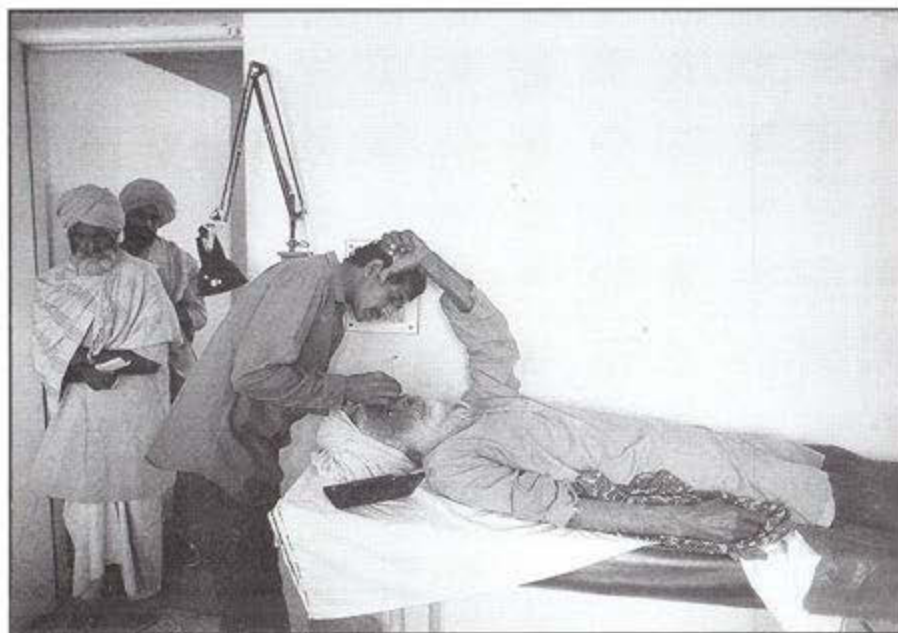
The Pharmacy Department keeps a large supply of medicines, which it distributes through Out-Patient Dispensaries, the Emergency Department, operation theatres, and the various wards. All medicines are given free of charge. OPD patients in need of medicine and ward patients who require medicine after discharge are given up to a three-day supply. However, patients in need and those suffering from a chronic problem can continue coming to the hospital to receive free medicine for up to three months after treatment.

OPHTHALMOLOGY OPD

The Ophthalmology OPD is the second busiest area of the hospital. It was designed to serve 200 patients a day. The Ophthalmology OPD is located in a separate wing of the hospital, where all ophthalmology-related services are concentrated. The OPD has separate examining rooms and clinics for glaucoma, squint, laser treatment, and other speciality medical services. There is also a separate refraction room where three patients at a time can be examined. A minor operations theatre is attached to the OPD where minor operations are performed on the OPD patients. In addition to the many new patients treated in the OPD, it also serves as an important follow-up facility for those patients treated at the annual Dera Eye Camp. In 1993/94, over 45,418 patients were seen in the Ophthalmology OPD.



Refraction room.



Testing for glaucoma.



Squint Clinic.



Eye patients.

An old man came hobbling into the hospital using two sticks for support.

I asked him, "Babaji, what is the problem?"

He said, "Eye problems."

I said, "Why didn't you bring your son to help you?"

He said, "I have heard that in Maharaj Ji's house there is no need of a son or helper. The sevadars in Maharaj Ji's house will help me."

He was admitted and the eye specialists operated on him. When he recovered, he bowed to the Guru with whose grace he recovered the use of his eyes, without the help of his sons.

— Patient Welfare Officer

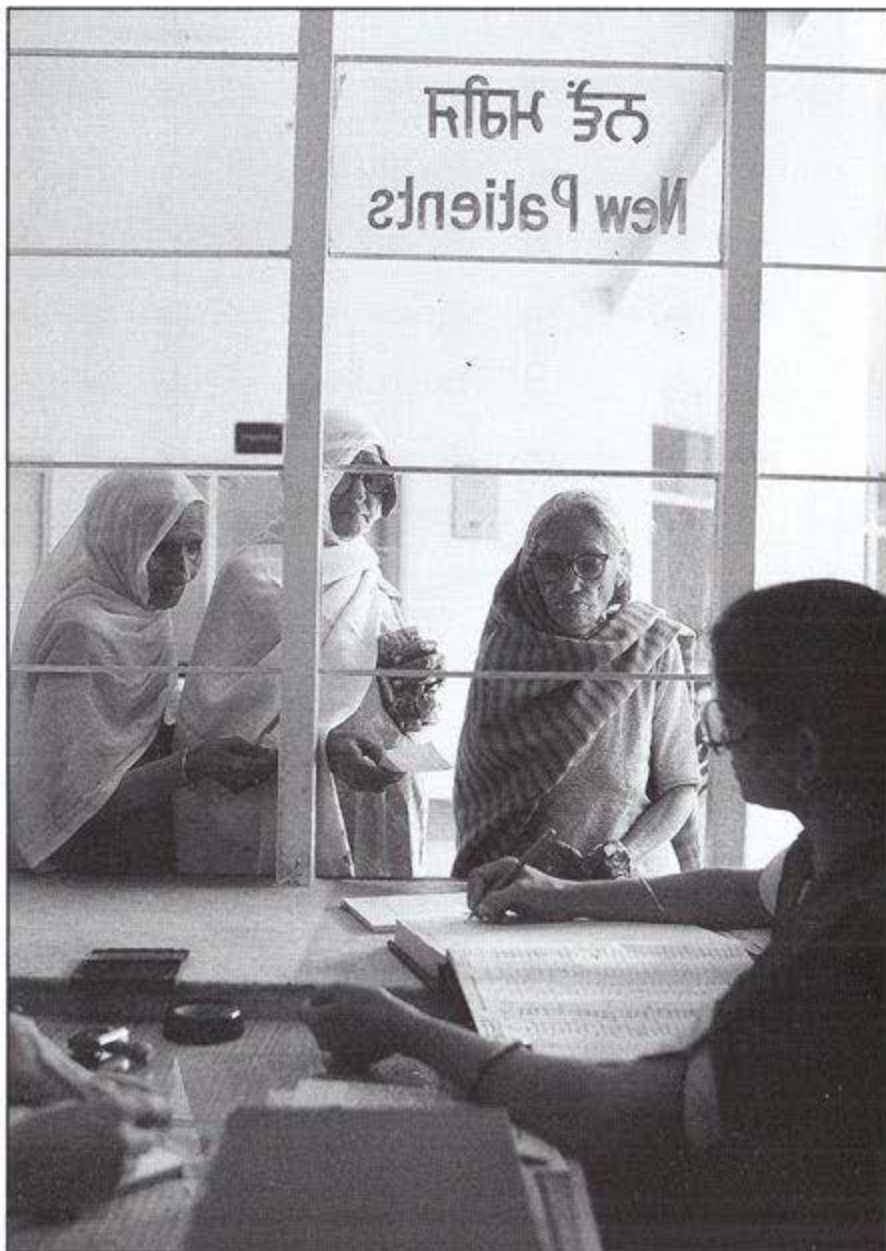


INDOOR PATIENT WARDS AND DEPARTMENTS



The number of beds in the Indoor Patient Wards now stands at 239, out of a total 300 planned. The breakdown of beds by ward is as follows:

Ophthalmology	- 94	Gynaecology & Obstetrics	- 16
Surgery	- 64	Critical Care Unit (CCU)	- 8
Department of Medicine	- 32	ICU/Emergency Ward	- 14
ENT	- 11		



New patient registration.

INDOOR PATIENT REGISTRATION

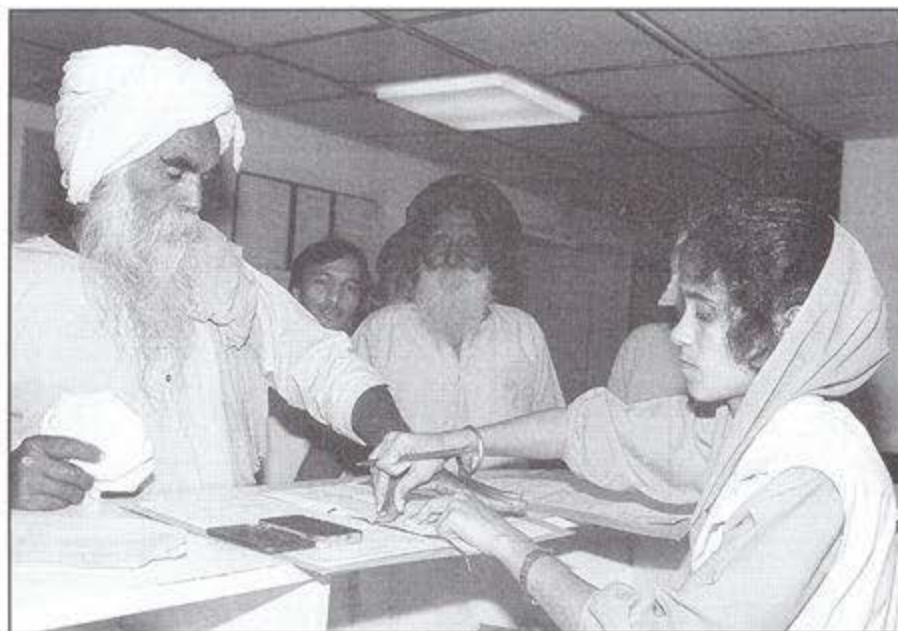
Each patient entering the hospital as an indoor patient registers with the Central Registration Department. All new patients are given a permanent registration number which will be used as identification for future hospital visits and treatments.



Indoor patient registration.

INDOOR PATIENT WARDS

In 1993/94, a total of 3,940 patients were admitted to the hospital's indoor patient areas. The wards are well lit and spacious, with each bed occupying about 80 square feet. All the wards are centrally cooled and humidified during the hot, dry summer months. Beds are equipped with headphones, providing three channels for listening to news, popular devotional music, or religious discourses. Each bed is also hooked into a nurse-call system, which signals at the nurses' station. Every ward has an intermediary care area for patients who become more seriously ill, or for those transferred from the ICU, CCU, or the Operation Theatre. These rooms have central oxygen, suction, compressed air, and cardiac monitors, all of which permit quick resuscitative measures to be taken if a patient's condition becomes critical.



A patient being admitted to an indoor patient ward.



Lunchtime in one of the male indoor patient wards.



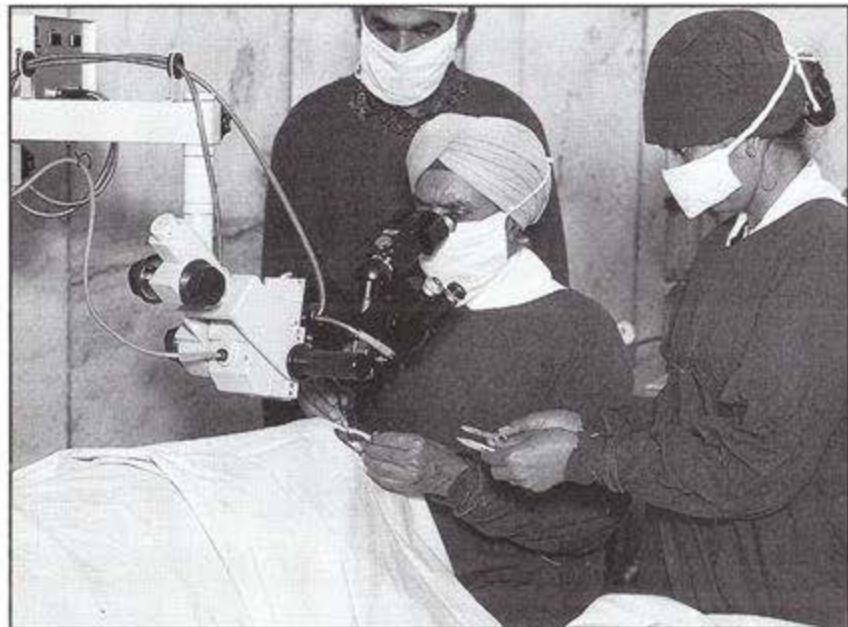
A patient being treated in one of the intermediary care areas.



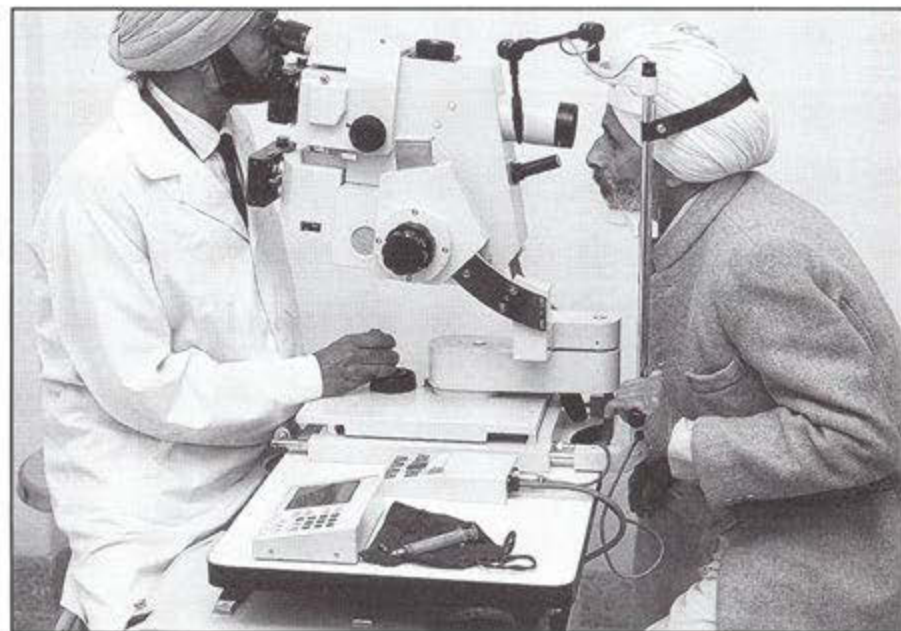
Accident victims being treated in the Surgical Ward.

OPHTHALMOLOGY DEPARTMENT

Ophthalmology is the medical service upon which the hospital is based, and is a direct outgrowth of the annual Dera Eye Camps. The Ophthalmology OPD and its indoor medical services are located in their own separate wing of the hospital building. Among the most common eye diseases treated at the hospital are glaucoma, cataract, and trachoma. The Ophthalmology Indoor Patient Ward at present has a total of 94 beds, making it the largest ward in the hospital. During 1993/94, over 45,418 patients were seen in the OPD and 3,516 patients were admitted as indoor patients. The Ophthalmology Department has its own minor and major operating theatres. In 1993/94, over 843 minor and 2,736 major operations were performed. Surgical and other treatments included therapy of retinal vascular disease, cataract extraction, intraocular lens implants, glaucoma surgery, combined surgery, laser treatment, and fluorescein angiography. In addition, prescriptions were written for 6,700 pairs of eyeglasses.



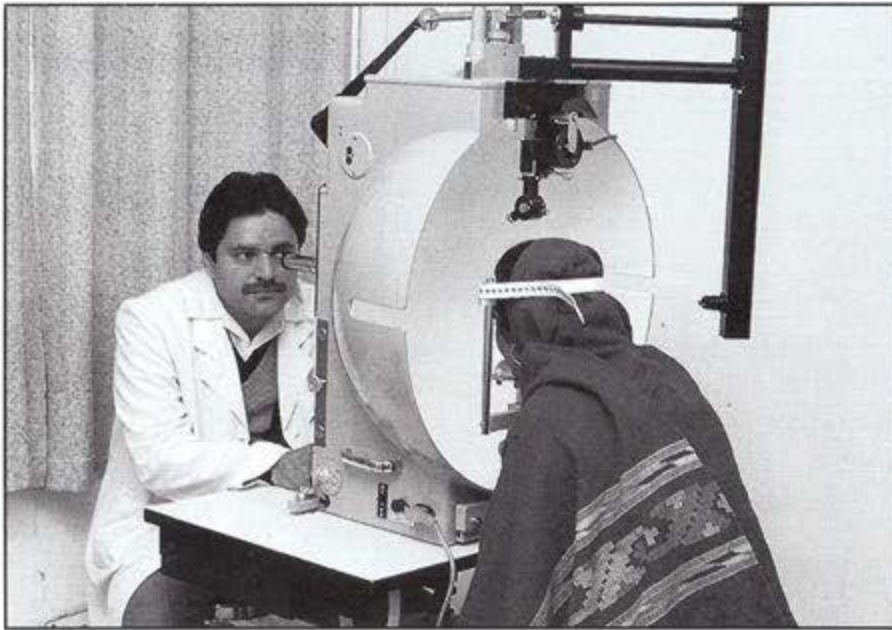
Surgeons in Ophthalmology Operation Theatre using an operating microscope.



The Fundus Camera, used to examine and photograph the retina and to perform fluorescein angiography.



The Slit Lamp, used for detailed examination of the eye under magnification.



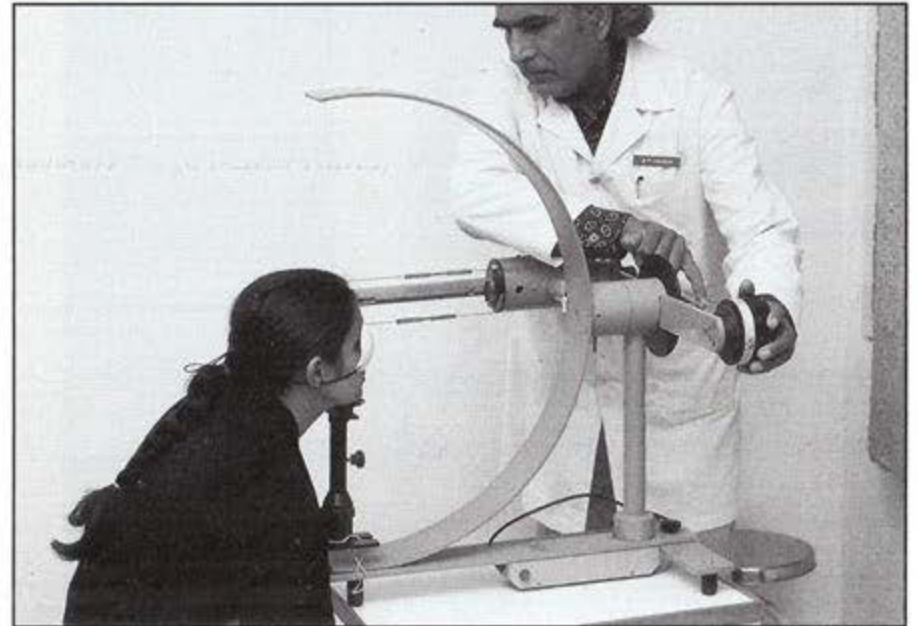
The Goldmann Perimeter, used to detect visual field disturbances.



The Argon Laser, used to treat retinal vascular diseases.



The Keratometer, for assessing corneal curvature.



Lister's Perimeter, used to detect visual field disturbances.

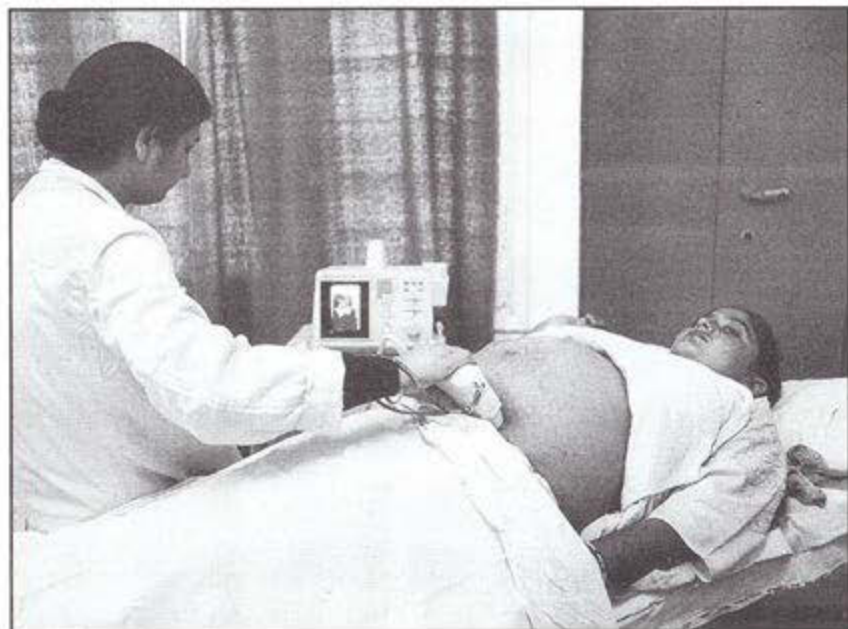
GYNAECOLOGY AND OBSTETRICS DEPARTMENT

In 1993/94 a total of 22,277 consultations were conducted in the Gynaecology and Obstetrics OPD, and 819 patients were admitted. The hospital has decided to limit deliveries in the Maternity Ward to a woman's first-born child, unless complications in childbirth are expected. This decision was taken because the primary focus of the hospital is on the curative aspects of medical care. Supporting an unlimited number of deliveries would put a tremendous strain on resources needed for other medical services.

During the 1993/94 period, the hospital's computerised monitoring system was used to assist in the deliveries of the babies of 437 patients. Ultrasound examinations were given to 1,874 patients to monitor the health of the mother and child during various stages of pregnancy, as well as for diagnosis of various gynaecological disorders. A total of 1,059 deliveries were performed. During this period 455 major operations and 214 minor operations were also performed.



A computerised system monitors the health of mother and child during labour.



An ultrasound examination.



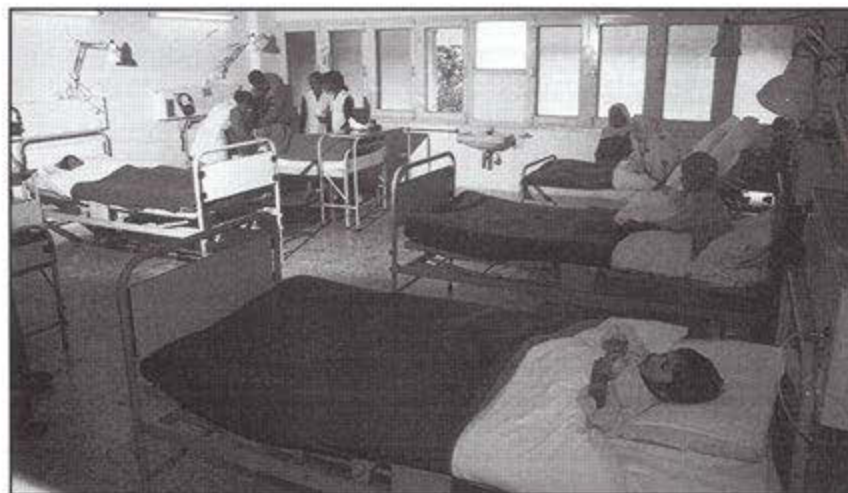
Young mothers are taught the importance of hygiene in preventing tetanus neonatorum, and the need for a good diet in the prevention of malnutrition.



Infant incubator in the Obstetrics Department.

PAEDIATRICS DEPARTMENT

The Paediatrics Department treated 19,107 children in the past year in the Paediatric OPD. Major clinical problems include upper respiratory infection, diarrhoea, malnutrition, and post-polio complications. Beside providing regular medical treatment, the Paediatrics Department also conducts an immunization programme.



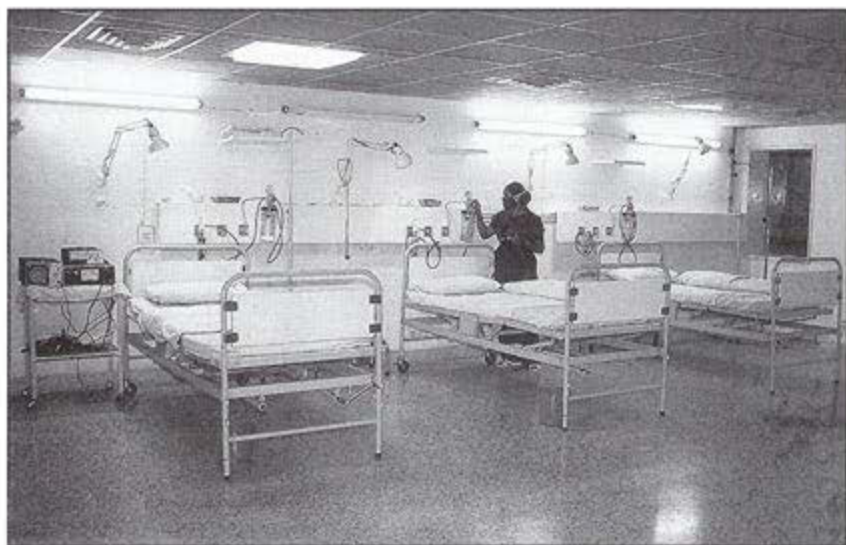
Maharaj Ji visiting paediatrics patients.

SURGERY DEPARTMENT

The hospital has five main operating theatres which are centrally air conditioned and use a HEPA bacterial filter system. Diverse types of surgery are performed, including general surgery, endoscopy, orthopaedic, gynaecological, and ENT. In 1993/94, there were 2,978 patients admitted into the Surgical Wards. The Chief Surgeon, apart from performing many highly complex operations himself, gives training to the other surgeons to help them refine their surgical skills. The Surgery Department also staffs a minor operations theatre attached to the General OPD. In 1993/94, a total of 4,617 minor and 6,004 major operations were performed.

ANAESTHESIA DEPARTMENT

Operations requiring anaesthesia continue to increase. Although no senior consultant anaesthetist has yet been found to head this department, the junior doctors are now well experienced in these duties and ably undertake the anaesthesia for major operations, such as major thoracic surgery and extra-cardiac surgery.



Recovery room.



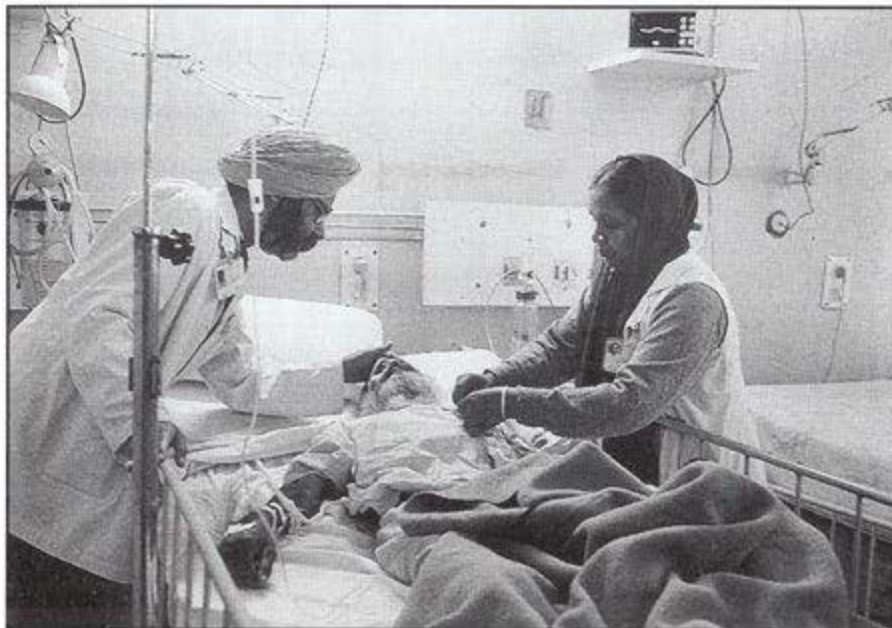
Main Operation Theatre.



Main Operation Theatre.



Emergency Room entrance hall.



Intensive Care Unit (ICU).

ICU/EMERGENCY DEPARTMENT

The Emergency Department saw 13,325 patients in the Emergency OPD during 1993/94, and 3,198 were admitted in the ICU/Emergency Ward. There are fourteen beds in the ICU/Emergency Department and one medical officer is available 24 hours a day and specialists are always on call. The department has its own independent X-ray facility. The rooms are centrally air conditioned and centrally supplied with medical gases and suction. Each bed is equipped with a cardiac-monitor. Outside of normal medical emergencies, the main reasons for admission to the Emergency Department are traffic accidents and agricultural injuries.

CRITICAL CARE UNIT (CCU)

The eight-bed CCU was recently commissioned to provide high-intensity care to critically sick patients, especially those suffering from acute heart attack, septicemia, post-surgical shock, and cardio-respiratory arrest. During 1993/94, a total of 254 patients were treated in the Critical Care Unit.



Critical Care Unit (CCU).

DEPARTMENT OF MEDICINE

The Department of Medicine has its own ward of 32 beds and admitted 1,511 patients in 1993/94. Some of the problems treated, over and above the general routine of internal medicine, include typhoid fever (strains resistant to the usual antibiotics), malaria, hookworm infestation, lung disease, insecticide poisoning, and agriculture-related injuries.

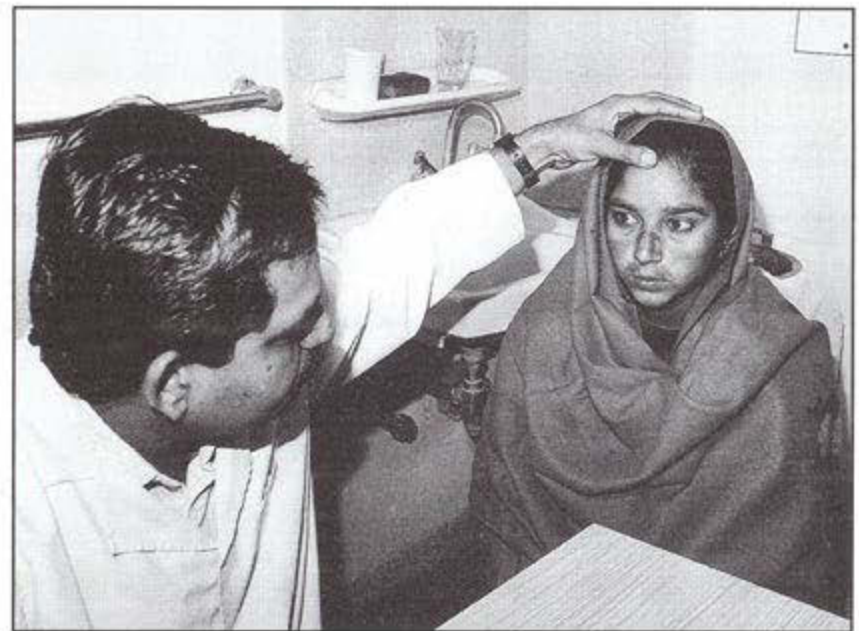
The hospital's tread mill stress test facility is one of the best in the area and is very useful in evaluating patients needing coronary artery by-pass graft surgery. Many patients suffering from myocardial infarction (heart attack) have benefited from the timely use of thrombolytic therapy and transvenous pacing. Over 10,950 electro-cardiograms were performed during 1993/94.



Tread mill stress test.

DERMATOLOGY AND VENEREOLOGY DEPARTMENT

During 1993/94, the Dermatology OPD treated 20,731 patients, and 78 patients were admitted as indoor patients. Procedures undertaken include: intralesional steroid therapy; skin biopsies; podophyllin cautery; and laboratory tests such as fungal scraping, AFB lepra bacilli, and VDRL. All indoor patients are screened for antibodies to the HIV virus, with particularly close scrutiny of those patients suffering from sexually transmitted diseases. Some common causes of skin disorders include scabies infestation from crowded living conditions and allergic reactions to insecticides and other agricultural chemicals. Though leprosy is not a major problem, the hospital assists the government in running its leprosy detection and eradication program.



A patient suffering from a skin disorder.

ORTHOPAEDIC DEPARTMENT

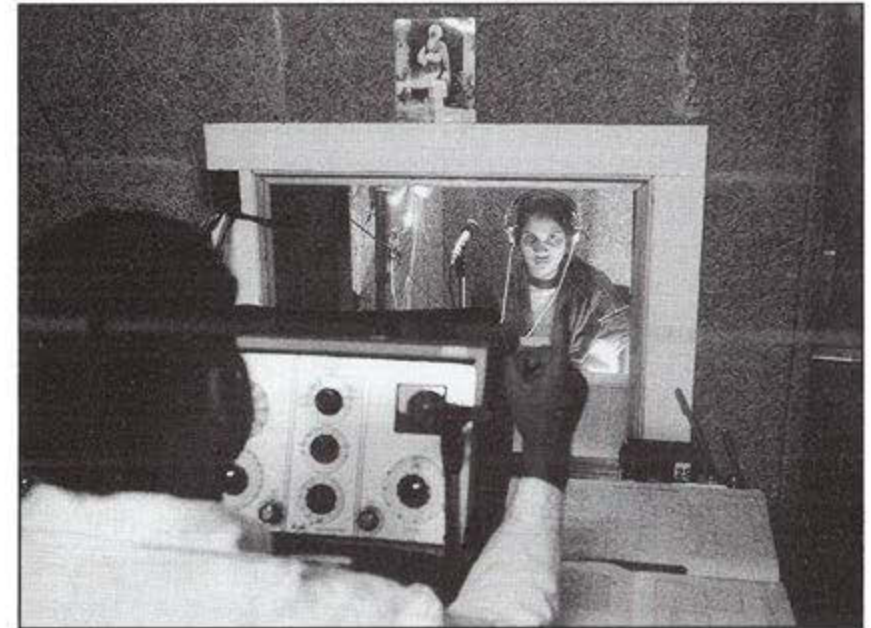
During the period of 1993/94, more than 15,045 patients were examined in the Orthopaedic OPD, and 565 major operations and 2,211 minor operations were performed. The majority of the injuries treated are caused by highway road accidents and agricultural accidents. Post-polio deformities are still a problem despite a national immunization programme.



Doctors applying a plaster cast to a patient who had recently undergone corrective surgery for a deformity caused by childhood polio.

EAR, NOSE, AND THROAT (ENT) DEPARTMENT

Over 15,459 patients were examined in the ENT OPD in 1993/94, and 155 patients were admitted into the ENT Ward. During this period 148 major and 165 minor operations were performed. Many of the common problems are related to the agricultural activities of the area, particularly nasal allergies caused by pollens, dust, smoke, and insecticides. Examination procedures and treatment include: electric cautery, cryocautery, pure tone audiometry, and impedance audiometry. Patients are also given advice on hearing aids.



Pure tone audiometry test.

LABORATORIES

The Laboratories support both the indoor medical wards and the OPD departments. In 1993/94 the Laboratories performed a total of 178,317 tests.

Haematology continues to be the busiest section of the department, conducting 84,274 tests.

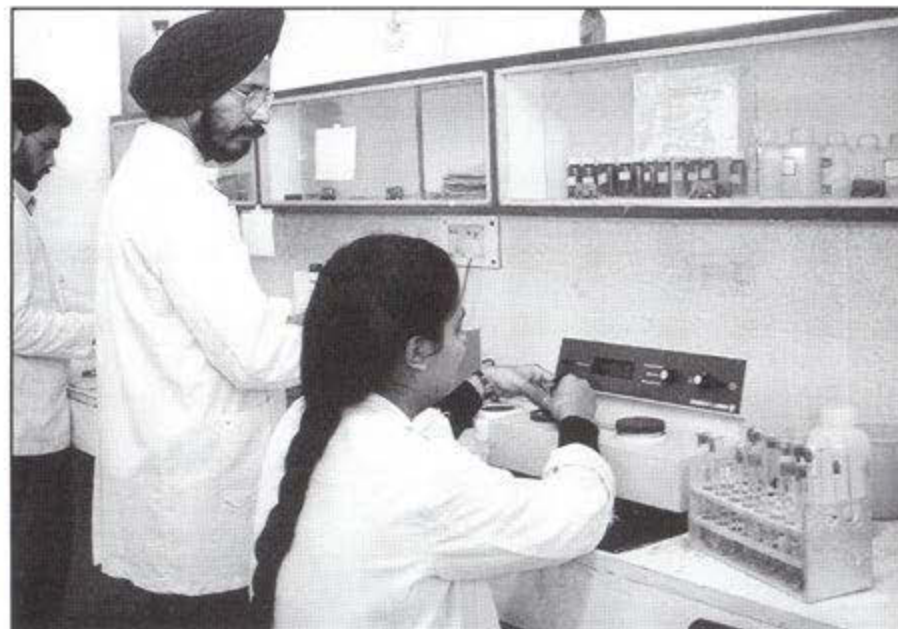
Urine and Stools Laboratory conducted 22,671 urine tests and 2,064 stool investigations during 1993/94.

The Blood Bank performed 20,388 tests. All blood used for transfusions is screened for HIV and Hepatitis B. In 1993/94, 2,054 HIV tests were performed and 13 HIV positive cases were detected.

Microbiology and Serology is experiencing the greatest rise in workload. In the past year 9,974 tests were conducted. Urine culture is the most common investigation performed. Other investigations include: sputum for AFB, sputum culture, blood culture, swab cultures, pus cultures, and bone marrow culture.

Biochemistry Section uses a fully automated Random Access Analyser (BT-2245) and a semi-automated bio-chemistry analyser (ERBA CHEM-5) for conducting its investigations, ensuring tight quality control. The BT-2245 analyser can be programmed to perform sixteen automated tests on a sample. A total of 36,292 analyses were performed in 1993/94.

Histopathology conducted 2,654 biopsies in 1993/94. Breast carcinoma was the most common malignancy detected, followed by cancer of the large intestine. In other tests for malignancy, the *Exfoliative Cytology Section* conducted 170 investigations in 1993/94. *Fine Needle Aspiration Cytology* also has proven to give highly accurate results with minimal trauma in the diagnosis of tumours. A total of 1,248 needle aspirations were conducted in 1993/94.



Biochemistry laboratory.



Fine needle aspiration cytology.

X-RAY DEPARTMENT

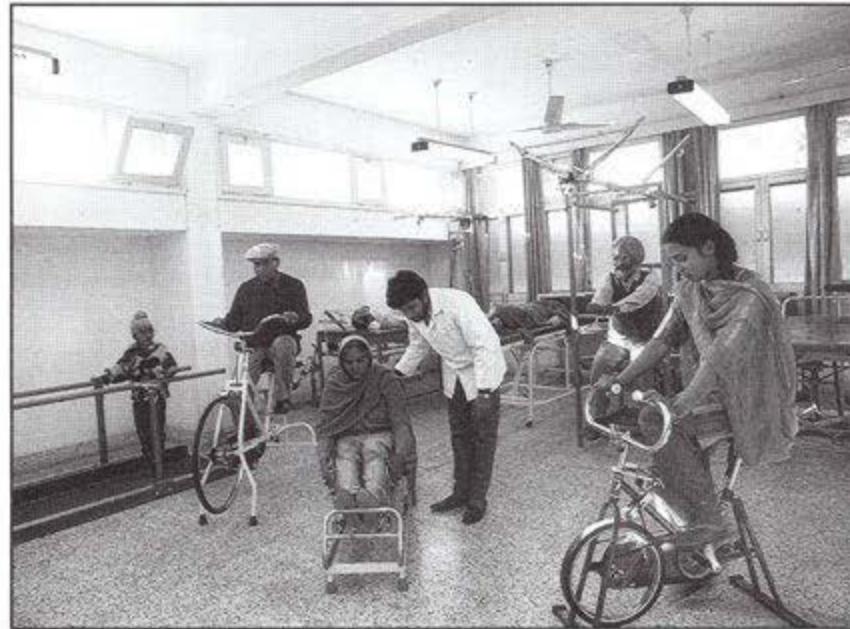
During 1993/94, the X-Ray Department exposed a total of 14,503 X-ray films. Supporting both the indoor wards and the OPD departments, the X-Ray Department conducts routine and special investigations including intravenous urography, retrograde-pyelography, T Tube cholangiogram, operative cholangiogram, barium meal study, barium enema study, hystero salpingogram, venogram, and cystogram. Abdominal ultrasound examinations were performed on 3,981 patients using a Diasonics SPA-1000 machine.



Barium enema study.

PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Department provides follow-up care for the Orthopaedic Department, including treatment of post-polio muscle weakness and limb dysfunction, and also provides rehabilitation for stroke patients. Some of the treatments given in the Physiotherapy Department are: short wave diathermy, medical electrotherapy, infrared radiation, radiant heat, ultrasonic therapy, hot wax bath, cervical traction, and various kinds of exercises. In the Physiotherapy OPD, over 18,492 patients received treatment in 1993/94.



Exercise equipment in the Physiotherapy Department.



Pharmacy Department.



Maharaj Ji touring the Central Stores.

CENTRAL SUPPORTING SERVICES

The Central Supporting Services permit the functioning of the other departments, providing full support for patient care.

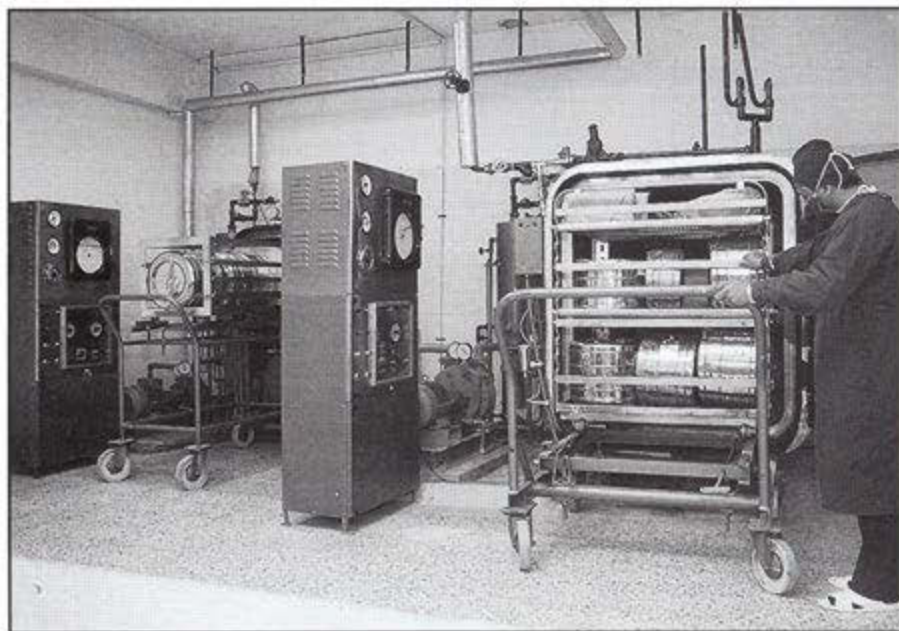
The Pharmacy Department provides medicines to Out-Patient Dispensaries, Emergency Department, Operation Theatres, and to the various wards. During 1993/94, medicines worth Rs. 40.71 lakhs (about US\$ 133,000) were provided to patients free of charge.

Central Stores is responsible for stocking the hospital with medical supplies such as: disposable and consumable medical supplies like syringes and needles, medical instruments, operating knives and blades, dressings, medical adhesives, chemicals, etc. In addition, the stores also supply such items as hospital linen, uniforms, furniture, and other hospital equipment.

The Central Sterilization Services Department, which is situated adjacent to the Operation Theatres, provides sterile instrument sets, surgeons' gloves, surgical dressings, syringes and needles, and linens to the Operation Theatres and to the wards. The sterilizers, which open at two ends, are loaded in a non-sterile room but are unloaded into sterilized store rooms, where sterilized items are kept until needed. An ethylene-oxide gas chamber is also used to sterilize endoscopes and other instruments.

The Hospital Kitchen prepares and serves nutritionally balanced lacto-vegetarian meals three times a day, plus an extra snack, to an average of 170 patients a day throughout the year. In addition the hospital has a full-time dietician who organizes and prepares menus for regular and therapeutic diets, as prescribed by the doctors. The kitchen has bulk cookers which can be run on either electricity, gas, or steam, in case the supply of one or the other is interrupted.

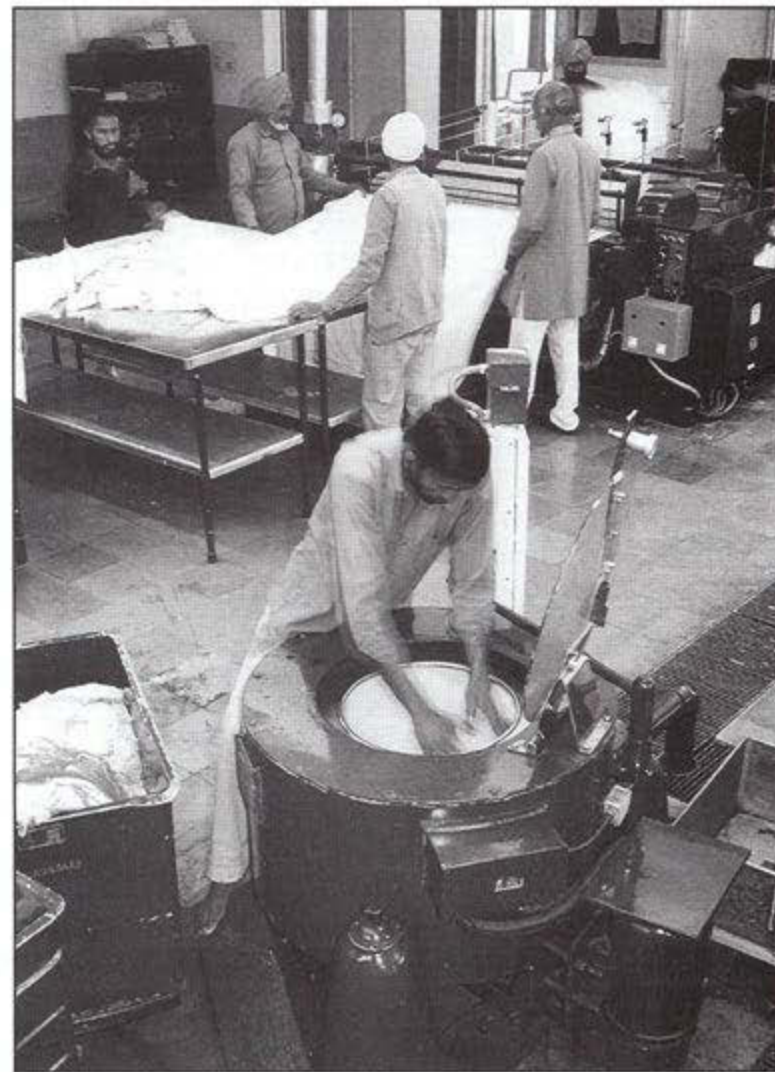
The Hospital Laundry is highly mechanized and capable of washing 500 kg. of linen a day. The equipment includes washing machines, a dry-cleaning machine, hydro-extractors, drying machines, a calendering (pressing) machine for linens, and steam presses for uniforms.



Central Sterilization Services Department.



Hospital Kitchen.



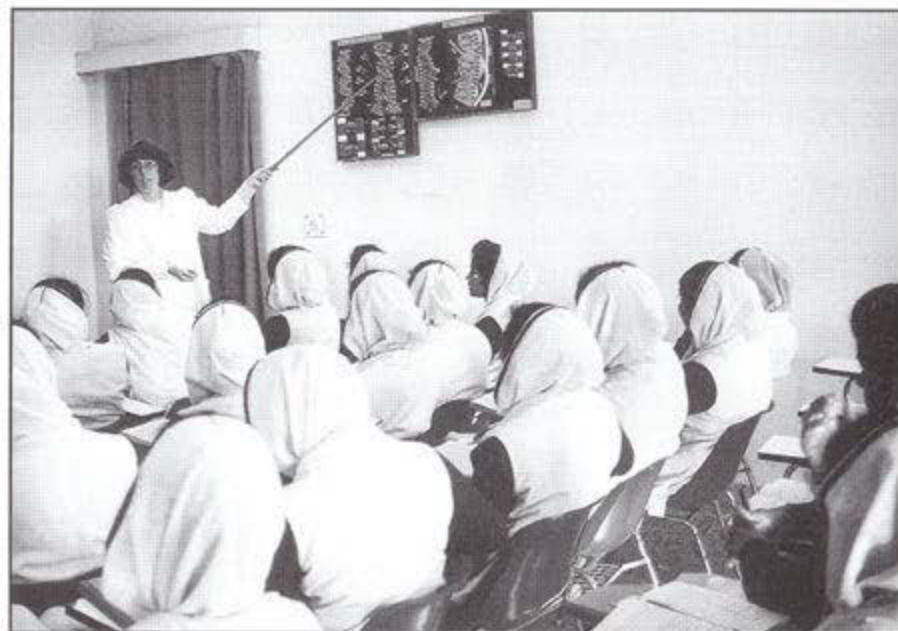
Hospital Laundry.

THE NURSES TRAINING CENTRE

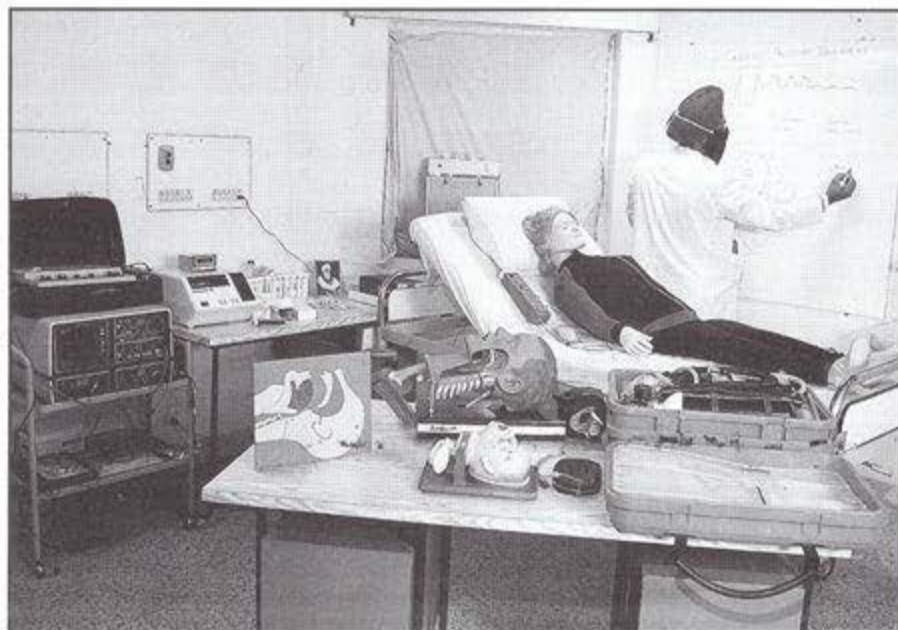
The students attending the Nurses Training Centre receive a very high standard of professional training in this three-year programme, which is based on a curriculum recommended by the Nursing Council of India. They receive intensive additional training from the hospital's doctors and visiting foreign satsangi medical professionals. The training programme is free of charge and the students are given a stipend to meet their "pocket" expenses. The first group of 17 student nurses, who started studying in January 1988, became staff nurses in March 1991, and the second class of nursing students graduated in September 1992. Each new group consists of approximately 20 student nurses, so the hospital will be guaranteed an adequate number of nurses to meet its growing needs.

For the past several years, an American registered nurse has been taking time off from her regular duties in the USA to serve at the hospital for a month each year. She teaches clinical nursing procedures to second-year students at the Nurses Training Centre. She described her initial experience at the hospital this way:

When I first came, I said I'd be willing to do anything, but I had not expected to teach. The next day, as it turned out, I was in a classroom teaching. The girls were so receptive and it went so well, that I've been doing it ever since. A major emphasis in the nursing programme is to instil in the students the understanding that each patient is a whole person and must be treated with love. The faces of the patients here just glow with their receptivity and gratitude for the care they receive. They often have to walk for miles just to reach the hospital. It's wonderful to see people who have so little, receiving good health care.



A foreign satsangi nurse teaching at the Nurses Training Centre.



A doctor teaching a class at the Nurses Training Centre.

THE MEDICAL LIBRARY

The library is an important resource for the doctors and nurses. It has a large number of medical reference books and subscribes to numerous medical journals and magazines. It provides up-to-date information concerning unusual diseases and current medical practices around the world. The library also serves as a back-up resource for the hospital's Continuing Education Programme, which conducts clinical case presentations, therapeutics reviews, and current medical advances reviews, and holds guest lectures by visiting specialists from India and abroad.



Medical Library.

THE AUDITORIUMS

The hospital has two auditoriums, designed to encourage academic activities among the staff. The auditorium shown below seats 100 people and has several types of projection equipment. It is used for lectures, seminars, and clinical/administrative meetings. The other auditorium is used for lectures and Nurses Training Centre programmes.



One of the hospital's two auditoriums.



(Above) Electrical Substation; (below) Electronics Department.



ENGINEERING DEPARTMENTS

Functioning in total harmony with the wards and medical departments, the Engineering Departments maintain a high standard of efficiency in meeting the growing needs of the hospital.

Electrical – The hospital operates its own sub-station. This department is responsible for ensuring an unfailing supply of electricity for the hospital, as well as maintaining all electrical equipment used in the hospital complex. To reduce power consumption, incandescent bulbs have been replaced with fluorescent lights wherever possible.

Electronics – This department maintains and repairs the hospital's bio-medical equipment and other electronic equipment.

Air Conditioning – This department is responsible for maintaining and operating the air conditioning system. Three 60-ton compressors supply chilled water throughout the central air conditioning system. In addition, this department maintains and repairs other equipment, such as window air conditioners, refrigerators, and freezers.

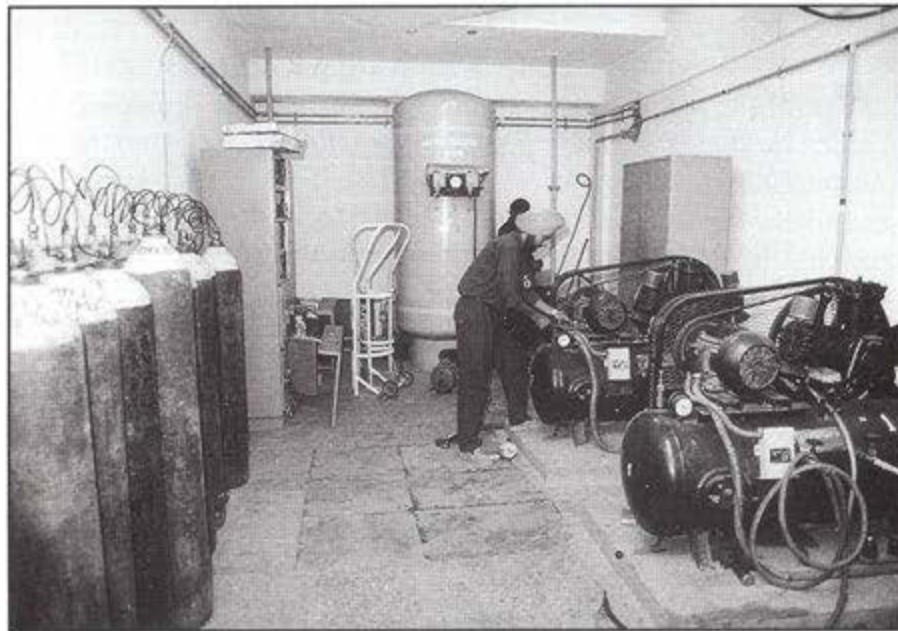
Mechanical Engineering – This department maintains the water turbine pumps to provide a reliable supply of water to the entire hospital complex. It also ensures regular and timely supply of medical gases; compressed air; suction; steam from the two large, automatic boilers; and the soft water supply. One solar water-heating system supplies hot water to the laundry. Another one is being installed which will feed pre-heated hot water to the boilers, thus reducing fuel consumption.

Civil Maintenance – This department is responsible for the maintenance of the entire complex, including painting, cleaning, erecting fences, repair of buildings, fixtures, etc.

Horticulture – This department is responsible for maintaining the grounds of the entire complex.



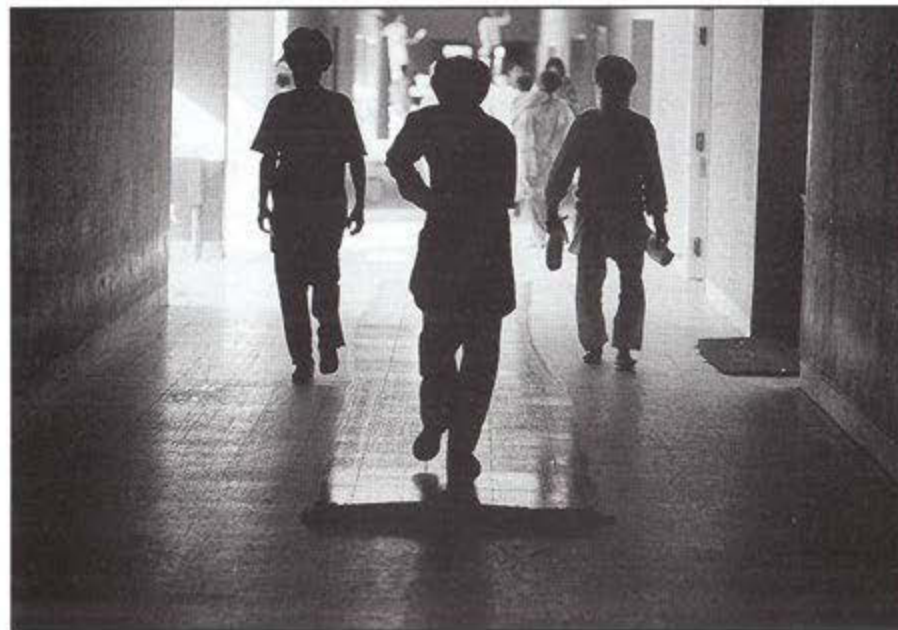
Diesel emergency power-supply generators.



Medical gases supply.



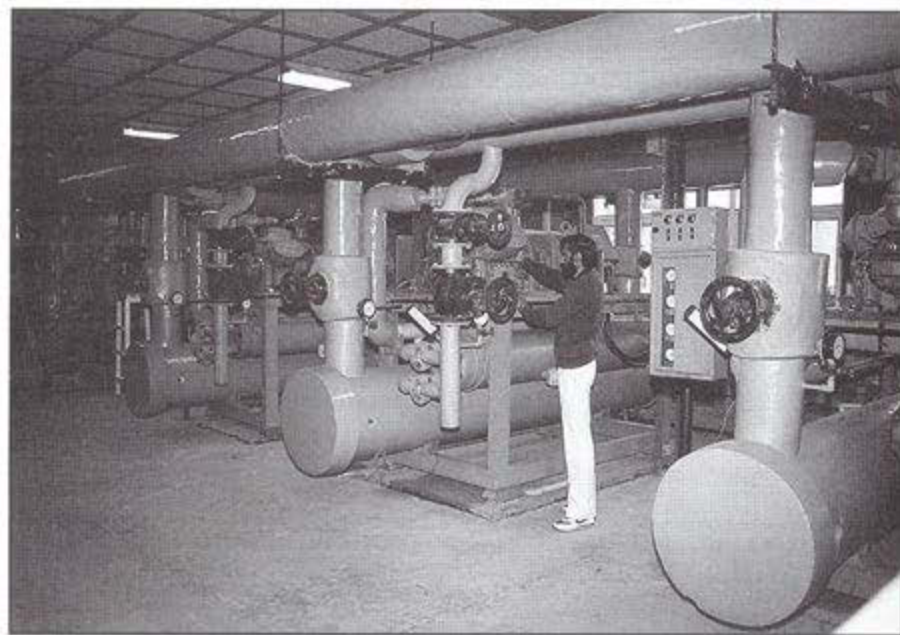
Sevadars with the Civil Maintenance Department painting the corridors.



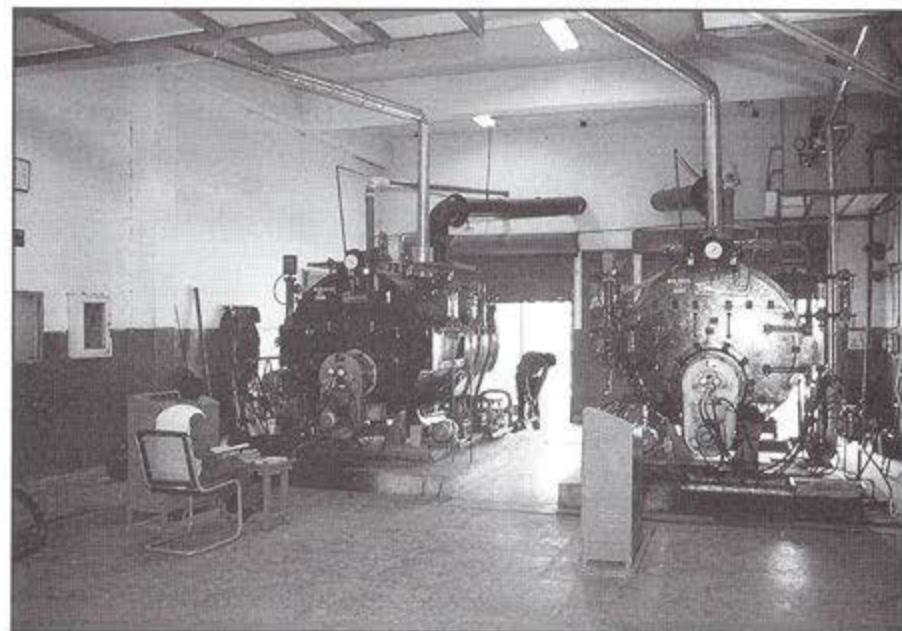
Sevadars assist in the cleaning and maintenance of the hospital.

One of the problems an architect faces in northern India, when designing a building like the hospital, is the extreme temperatures and the varied seasons. This is especially true of the hot summer months. We first considered the May-June period before the rains come, when the weather is extremely hot and dry. What we did for this dry season was an interesting extension of the commonly used desert cooler—which is basically a window-mounted fan in a metal cabinet, which draws the hot, dry outside air through a wet, fibrous mat, adding moisture to the inside air. As the water evaporates, the temperature of the air is lowered. We centrally treat the air in most of the hospital using this same technique. Huge fans were installed up on the roof, which draw the air through a wet “blanket,” providing cool, moist air throughout the building via a system of air ducts. However, when the rainy season comes, this won’t work, because the air is already saturated with humidity. So the same ducted air system from the roof is used to add extra air movement, but without the wet blankets. In both the dry and humid seasons, it is simply the movement of moist air over one’s body that helps to keep one cool. There is also plenty of natural air movement in the hospital, by virtue of the cross-ventilation which is inherent in its design. So this is a very efficient and cheap form of air conditioning; and it certainly helps when the cost of energy is very, very high. There is true central air conditioning in certain parts of the hospital where it is needed, like the operating rooms, the emergency rooms, and other areas. And there are huge stand-by generators in case the power goes out, which will keep the air conditioning system operating in those areas.

— Dr John Templer



Central air conditioning plant.



Boiler room.

THE HOSPITAL COMPLEX

Most of the hospital's employees live on the 35-acre site. Presently, the complex consists of the following principal facilities:

- The main hospital building of 320,500 square feet
- 6 residential hostels consisting of 308 units, providing single accommodations
- 28 residential blocks consisting of 261 units, providing family accommodations
- A community centre with a creche facility
- A shopping complex and a restaurant (bhojan bhandar)
- A recreational lounge.

The main hospital building was designed to be easily expanded. From the very beginning it was recognized that, although it was being built for 300 beds, it might need to be expanded for up to 500 beds, which would be its maximum size. So the main building was designed allowing for easy expansion of any department with minimal disruption and at minimal cost.



The hospital is built around large courtyards. The courtyards are an important part of the hospital and not just an aesthetic device. Besides offering a pleasant place for the patients to sit, the plants in the courtyards help cool the air and minimize the dust. The walls surrounding the courtyards are made from open latticework (*jallies*), so that the wind can easily move through. This also helps keep the hospital cool.

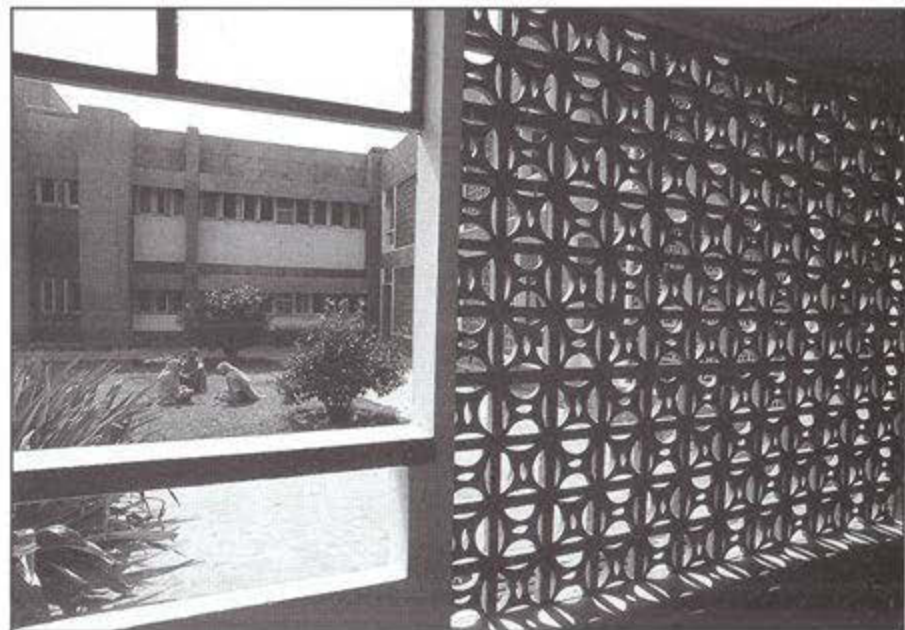
One day, Maharaj Ji was walking through the Eye Ward while it was still under construction. Looking out at the future lawn site, he stopped and asked the landscape architect, "How much lawn can you put here?" The architect replied, "As much as you want." Maharaj Ji said, "Generally people like to sit outside to recuperate, so we want as much lawn as possible. As you know, the sun is a great healer."

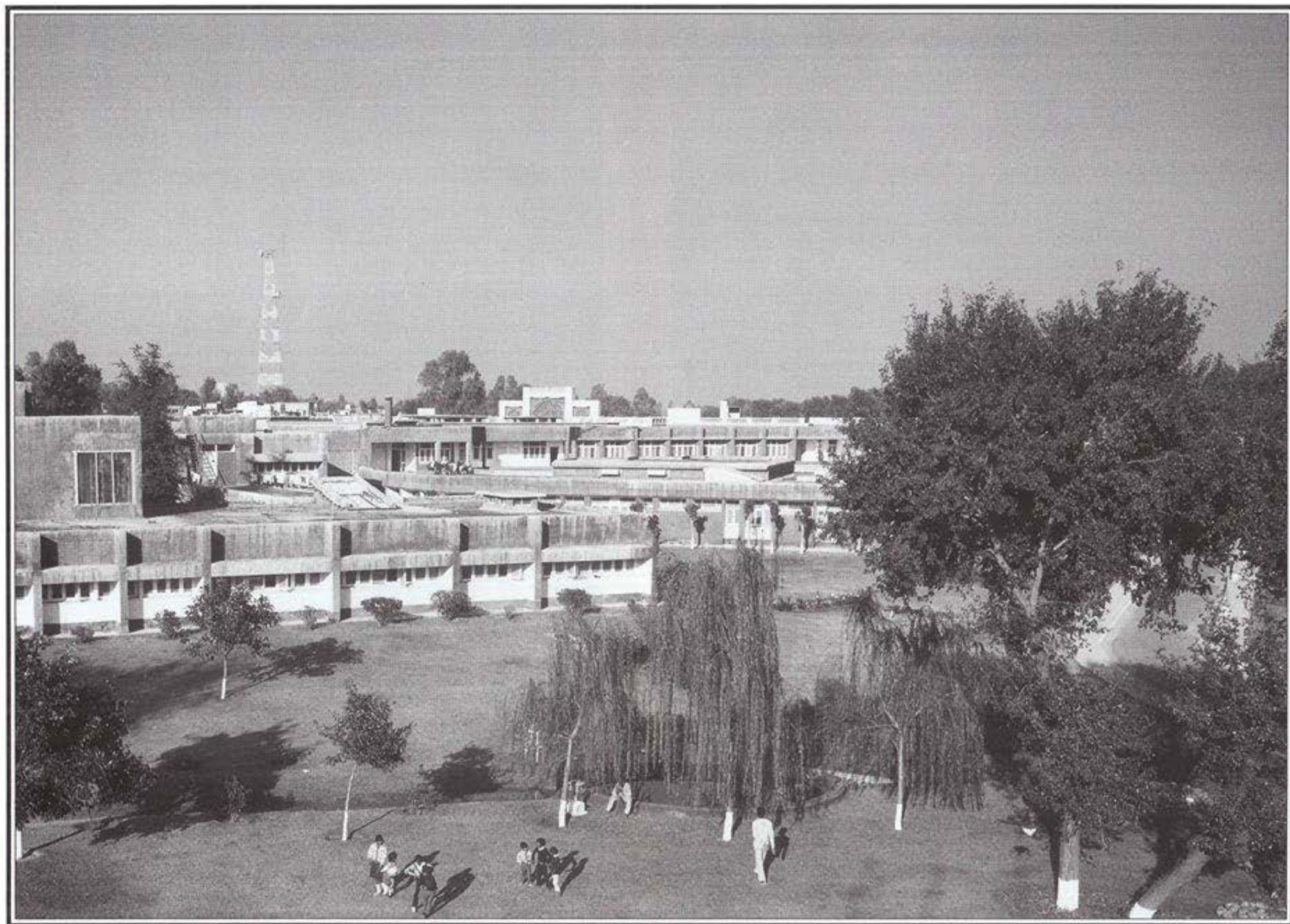


(Above and below) A landscaped inner courtyard surrounded by latticework (*jallies*).



A patient receiving physical therapy (massage) while enjoying a sunny day.

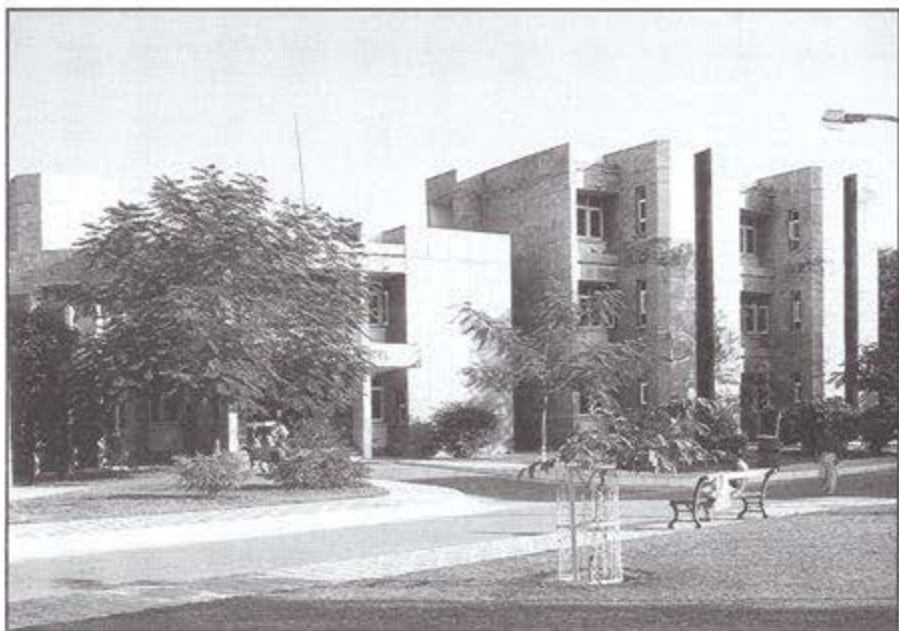




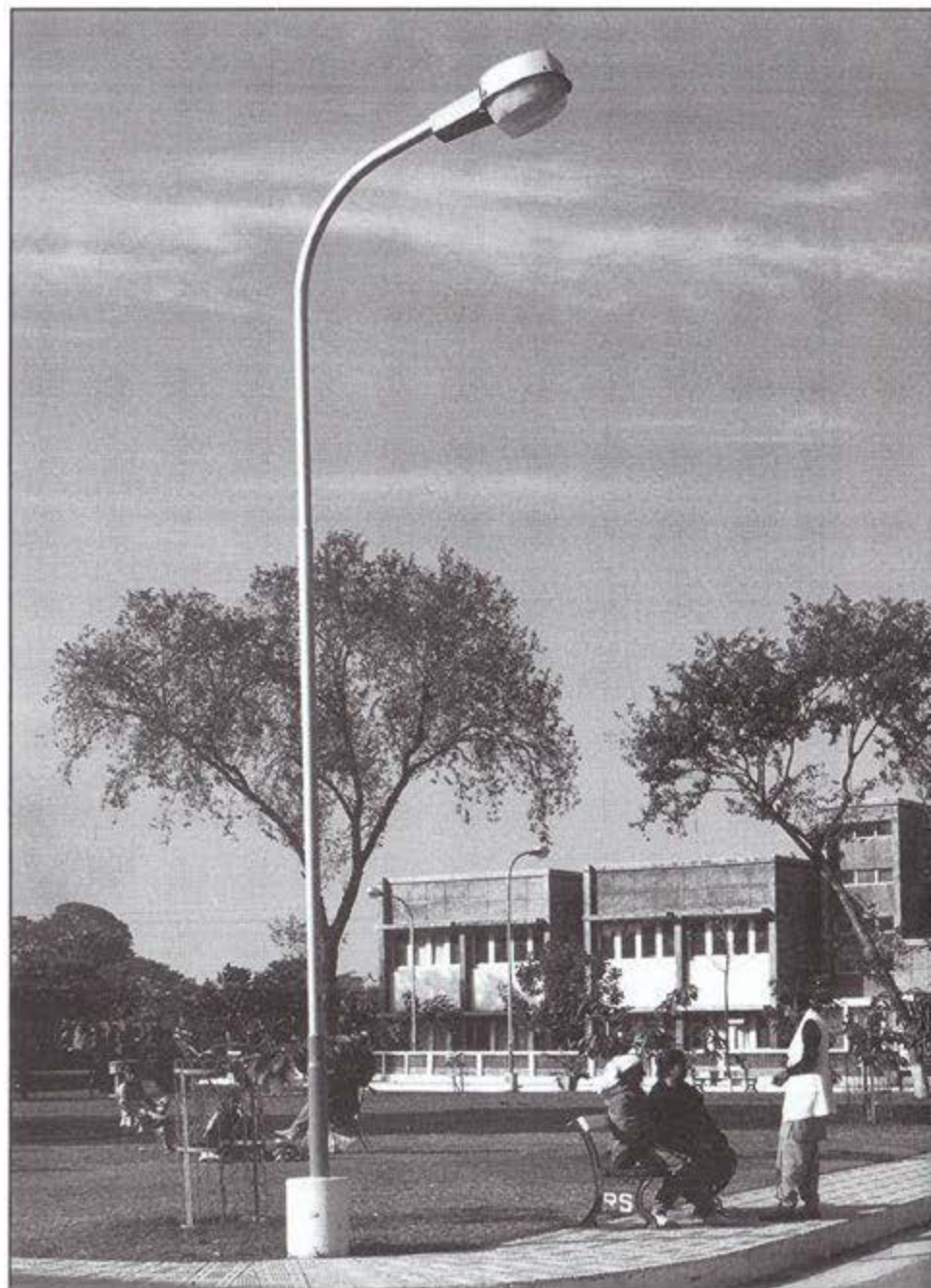
Surrounding the hospital is a large expanse of lawns and gardens which are enjoyed by the patients and the staff alike.



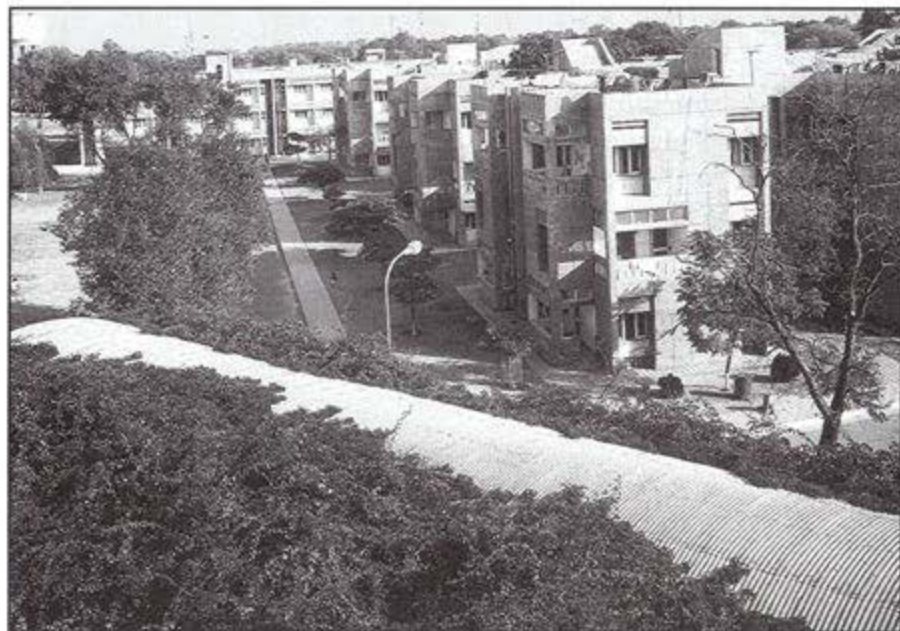
Women's hostel.



Nurses' hostel.



Visitors' hostel.



View of the residential quarters for the general staff.



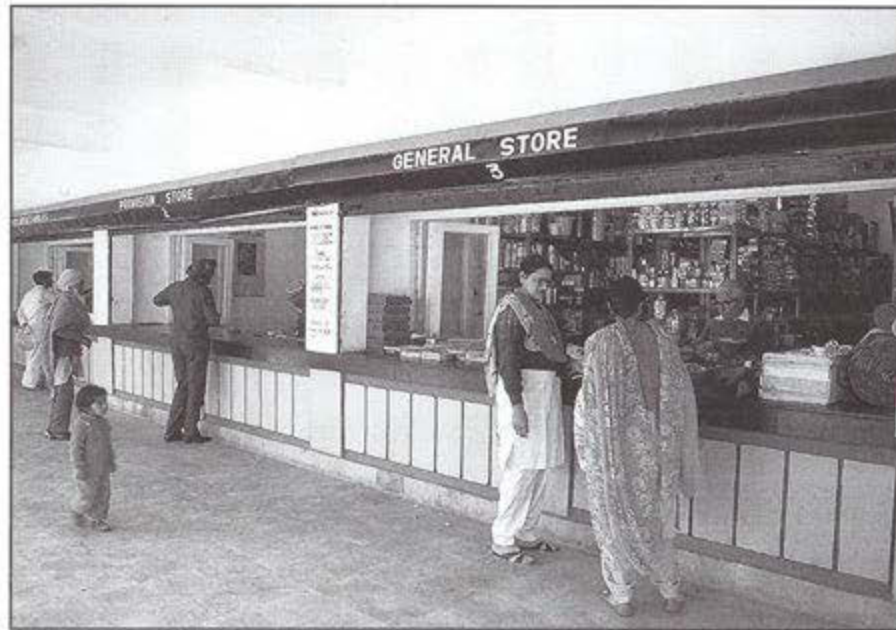
Residential quarters for senior staff with family.

SHOPPING COMPLEX

The shopping complex was established to meet the day-to-day needs of the residents. Some of the shops are run by the hospital administration or managed under the aegis of the administration on a no-profit, no-loss basis. These include the fruit and vegetable shop, provision store, general store, milk booth, and the bhojan bhandar (restaurant). There are other shops which are privately run, though under the close supervision of the hospital administration. These shops include a sweets and soft drink shop, a tailor shop, a chemist shop, and a barber shop.



The shopping complex.



The provision store and the general store supply most of the residents' basic needs.



The sweet shop serves tea, sweets, and snacks.



The Community Centre.

THE COMMUNITY CENTRE

The two-story Community Centre was built to provide a place for the hospital staff to relax together, enjoy indoor games, and hold various community functions. In addition, the Centre houses the staff creche and has a large hall where evening satsangs are held.



The creche provides child care for the children of staff members.



Satsang at the Community Centre.



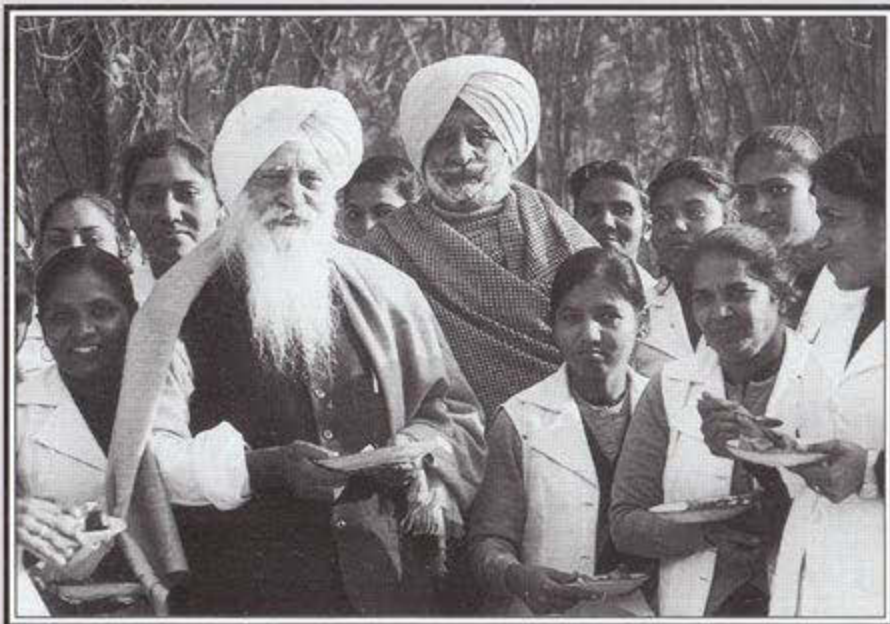
Maharaj Ji visiting a ward.

The hospital is working very efficiently, and it is very helpful, very useful to the masses, especially to the rural people around the Dera.... And we have a good staff, good nursing staff, good surgeons. We are grateful to the Lord; they are doing wonderful work. There is no problem from any point of view—no shortage of funds, no shortage of dedication. There is very beautiful teamwork, and they [the staff] are rendering good service to the masses. All the people appreciate the dedication with which the whole hospital is working for the benefit of the sick and the poor, especially for the destitute, whom nobody would have bothered about.

— Maharaj Charan Singh



Maharaj Ji on his first official tour of the hospital after the hospital's inauguration.



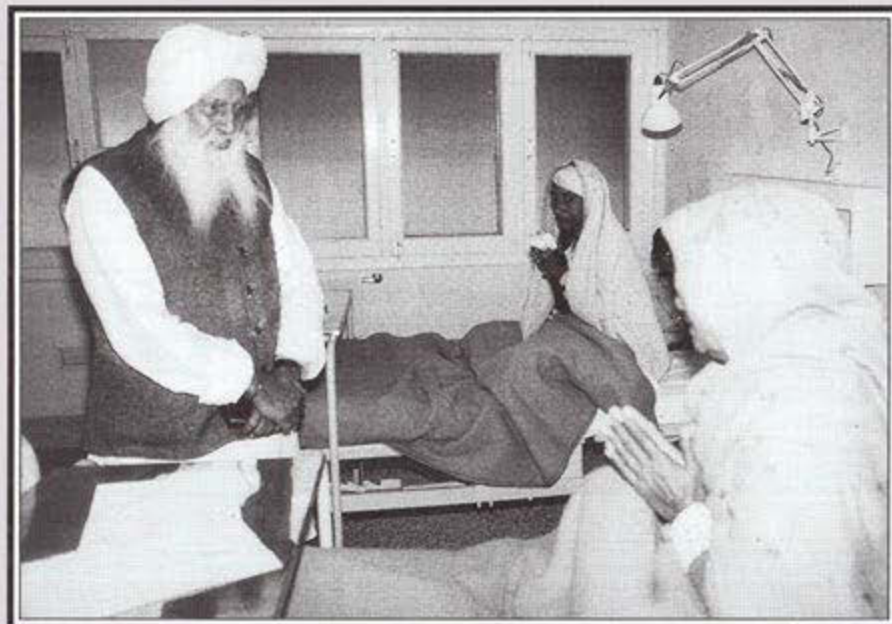
A tea party given by Maharaj Ji for the hospital staff.



A doctor explaining medical procedures to Maharaj Ji.



A doctor demonstrates the use of the special training dummy (resuscitator).



Maharaj Ji visiting one of the wards.



The Maharaj Sawan Singh Charitable Hospital, Beas, Punjab



The Maharaj Charan Singh Charitable Hospital, Sikanderpur, Haryana



The Labour of Love Continues

The Maharaj Charan Singh Charitable Hospital

In 1988, encouraged by the success of the Maharaj Sawan Singh Charitable Hospital in meeting the needs of the poor rural population near Beas, Maharaj Charan Singh launched a new charitable hospital project in the small village of Sikanderpur, near the town of Sirsa in Haryana State. The 50-bed hospital opened its large Outdoor Patient Department (OPD) in August 1993, with the Indoor Patient departments scheduled to open in mid-1994.

The small villages in the ten square kilometre area surrounding the site are typical of the rural landscape of southern Haryana. They have no electricity or plumbing, and most of the houses are made of mud. The inhabitants of these villages are poor agricultural labourers who suffer from many health problems.

As he had lived and worked in the Sikanderpur area, Maharaj Charan Singh was well aware of the conditions of the local villagers, especially their lack of adequate and affordable health care. It is no wonder that with his compassionate nature he was

moved to build a hospital for them, to help alleviate at least some of their suffering. As a first step, fifteen acres of farmland was purchased by the Maharaj Jagat Singh Medical Relief Society for the hospital site. Four more acres were added later.

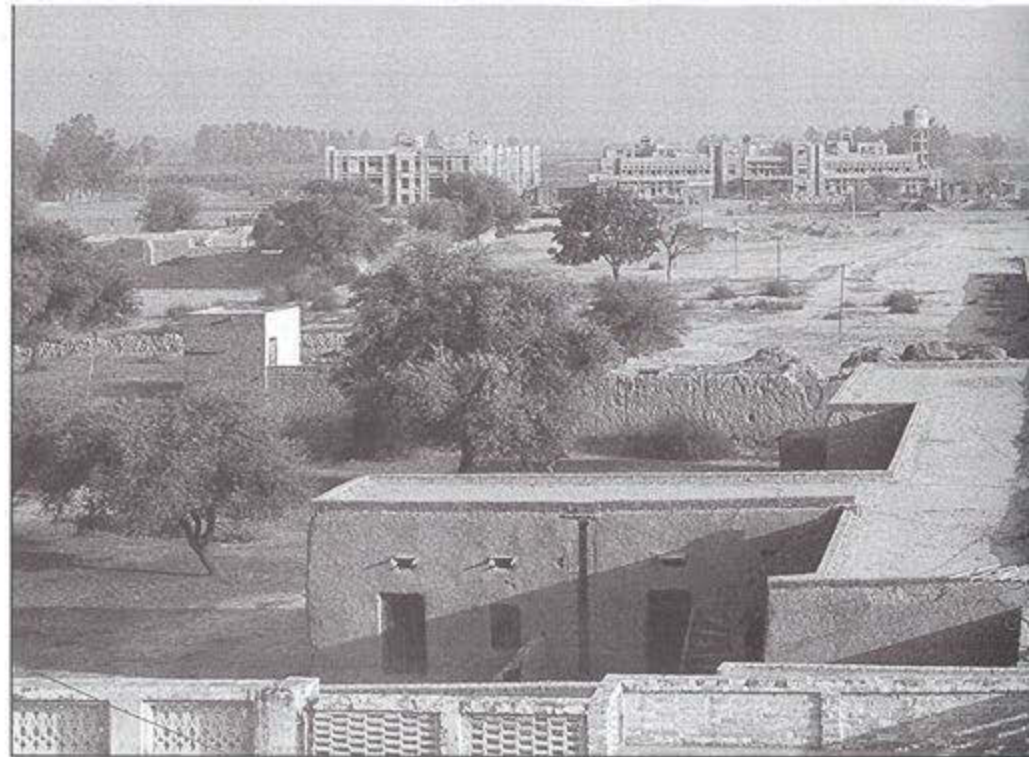
As at the Beas hospital, Maharaj Ji's example of selfless service, as well as his practical ideas and suggestions, guided the design and construction phases. And just as at the Beas hospital, the sangat responded in kind. It was the loving labour of satsangi volunteers that was responsible for most of the construction of the Maharaj Charan Singh Charitable Hospital. In addition to many sevadars from the Sikanderpur area, hundreds of the same sevadars who had worked on the Maharaj Sawan Singh Charitable Hospital at Beas gave their time and energy to this project, happy to have an opportunity to continue in loving service to their Master. The sevadars generally came on weekends and other free days. Those coming from far would sleep at the hospital site in the unfinished buildings or at the local satsang hall.

The hospital at Sikanderpur was designed by the same

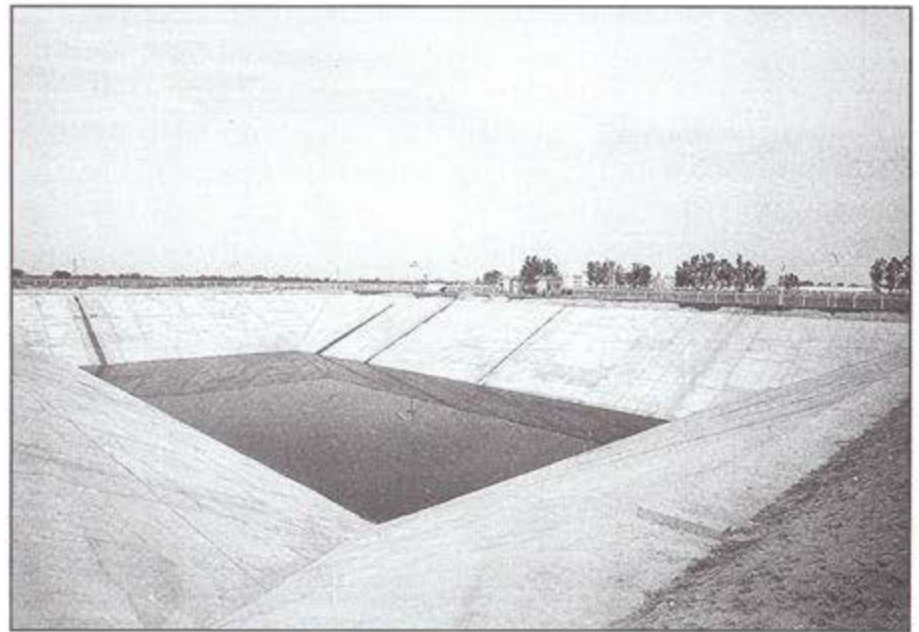
team of architects who designed the hospital at Beas, and it is similar in many ways, though on a smaller scale. It too is a horizontal, garden-style facility, open and airy, allowing in natural light and pleasant breezes. The facade also incorporates elements of the traditional architecture of the region, while the main structure is modern, efficient, and appropriate to the medical services it provides. Also like the hospital at Beas, this hospital is surrounded by lush lawns, trees, bushes, and other vegetation, giving relief from the hot, dusty climate and creating an oasis in the midst of the stark agricultural landscape.

However, such a sizable facility in the midst of this undeveloped, agricultural area did present a unique problem—how to dispose of waste water. Even the natural runoff from rainfall would flood the surrounding fields. To begin with, a water treatment plant was constructed on the site to treat the waste water produced by the hospital itself. A system of underground drains was constructed throughout the campus to catch and channel the rain water. But the problem of how to dispose of the water still remained. This was solved by the construction of two large effluent catchment reservoirs. Hundreds of sevadars came from all over the area, many with their farm tractors, to dig the two large ditches, remove the dirt, and line the reservoirs with cement. One reservoir, with a capacity of 3,670 cubic metres, is used to hold the treated waste water. Algae is grown on this water to further break down any contaminants. Natural evaporation keeps the amount of water under control. The second and larger reservoir, with a capacity of 24,900 cubic metres, is used to hold the rain water runoff and any excess water from the other reservoir. Again, evaporation removes excess water and the water can also be pumped to the nearby fields.

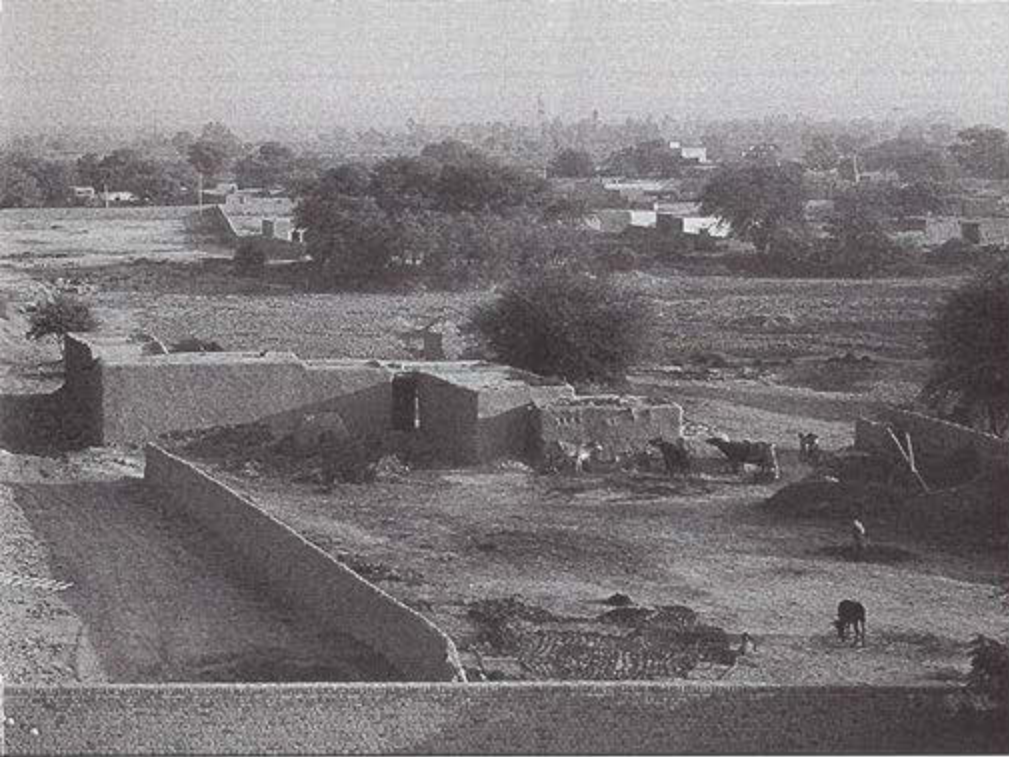
Because of its isolated location, the hospital complex is



View of the hospital site from the roof of Maharaj Ji's family farm house.



The larger of the two catchment reservoirs measures 96 x 62 metres at ground level, is 10.5 metres deep, and has a holding capacity of 24,900 cubic metres.

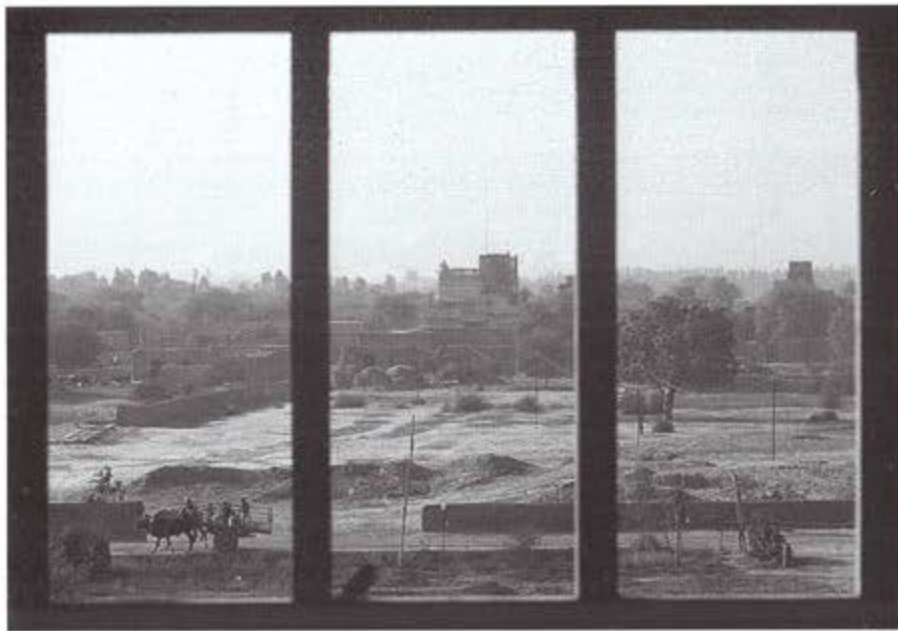


designed as a self-contained community. Residential quarters are provided for all levels of the staff. There are shops, provision stores, a canteen, and other amenities including sports facilities. Like the hospital at Beas, this hospital adheres to the Sant Mat principles; all food served by its kitchen and sold on its premises is strictly lacto-vegetarian, and no alcoholic drinks are served or sold.

The total cost of construction of the hospital will be approximately Rs. 50 million (about US\$ 1.6 million in 1994), paid from funds donated in seva to the Maharaj Jagat Singh Medical Relief Society, which is responsible for the hospital's financial administration and operations.

As this hospital is also a charitable hospital, all medical services, tests, medicines, room and board are provided free of cost. The main function of the hospital is its Outdoor Patient Department, designed to serve about 350 people daily. The hospital has a laboratory, X-ray department, operation theatre, post-operative units, and dental department. The focus of the hospital's indoor patient facilities is obstetrics and gynaecology, and a special ladies' OPD has been set up to provide these services. It was Maharaj Charan Singh's idea to have the hospital maintain health records on every woman in the surrounding villages, and the hospital has plans to send mobile vans into the villages to register the women.

Total staffing for the hospital is projected at 14 doctors, 26 nurses, 18 technicians, and other support staff. Many of them will be sent to the hospital in Beas for a three-month training period, during which it is hoped they will imbibe the spirit of loving service. It is an important goal of the management that everyone associated with the hospital reflect and emulate the virtues of love, compassion, and humility which were taught and embodied by Maharaj Charan Singh, in whose memory the hospital is named.



View of the rural setting as seen from a second-floor window at the front of the hospital, while still under construction.



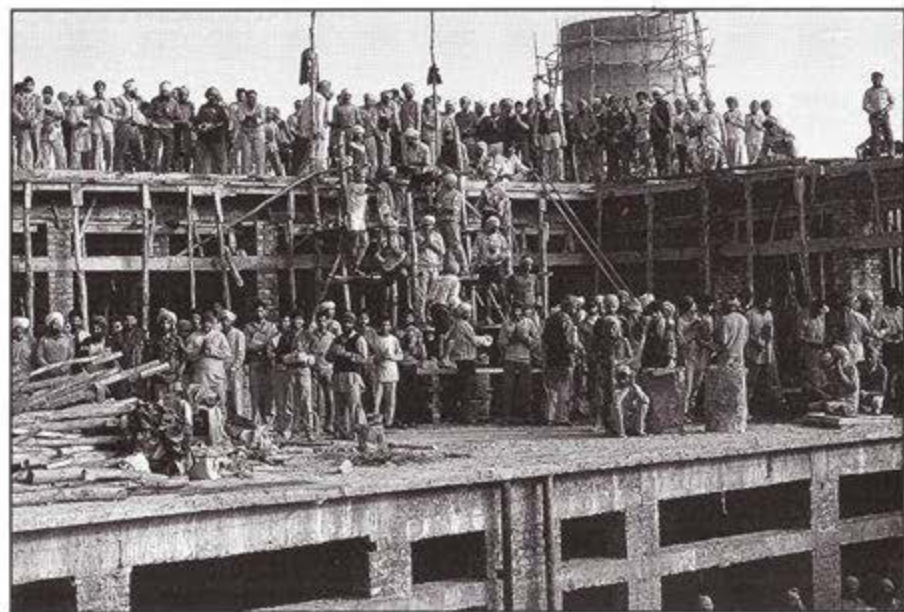
Maharaj Ji meeting with the project staff during construction.



Maharaj Ji giving instructions to Pehalwan, the sevadar in-charge from Ghoman village. Maharaj Ji is accompanied by the present Master, Maharaj Gurinder Singh.



Maharaj Ji blessing prashad for the sevadars during his last visit to the hospital site in March 1990.



A large group of sevadars casting a roof slab.





Patients arriving in the early morning, waiting for the OPD to open.



Patients are led in an orderly queue to the OPD registration area.

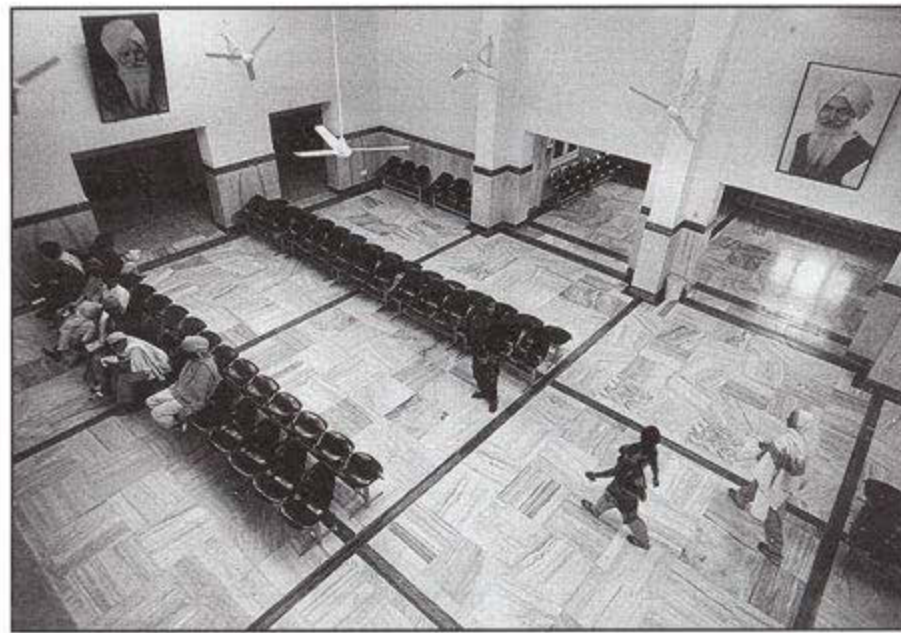




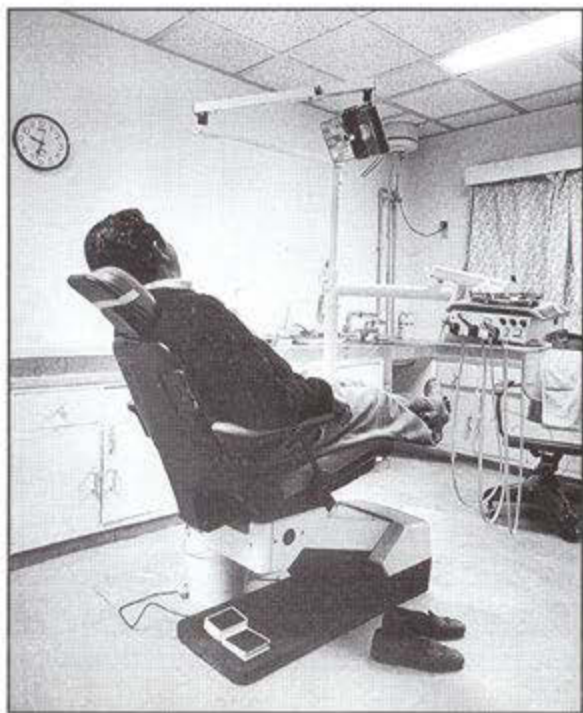
The OPD registration counter.



Patients waiting for their turn to register in the OPD registration hall.



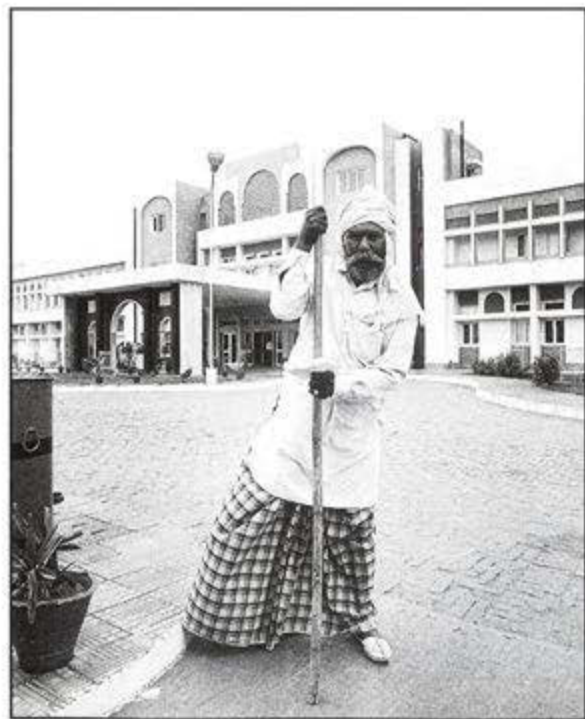
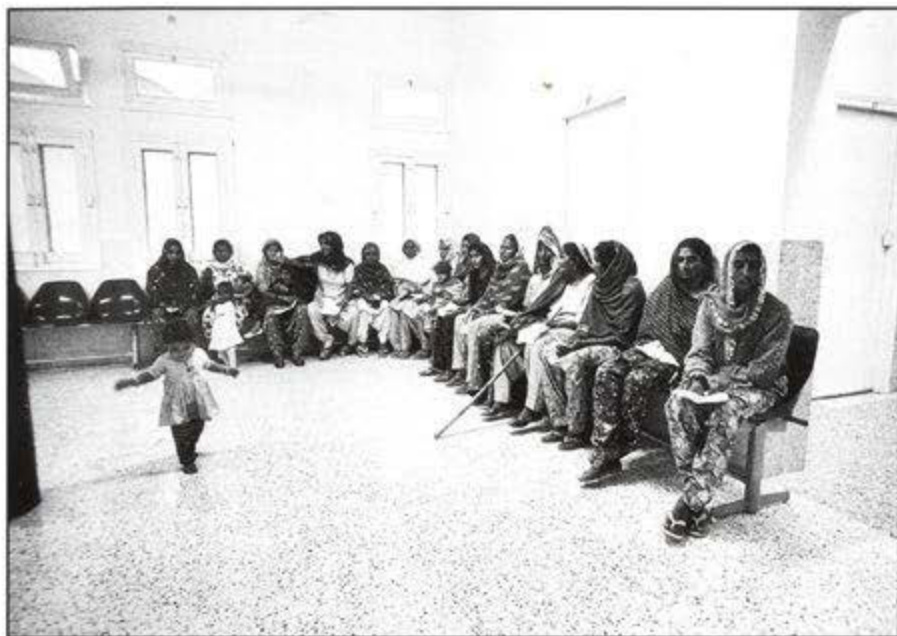
The large OPD waiting hall in the main hospital building.



The OPD has several examination rooms off the main waiting hall. At the time of registration, the patients are assigned to a particular doctor for treatment. The same doctor will also provide all follow-up care.

The doctor (*above, left*) is examining a patient with a goitre. The two doctors (*above right*) are a husband and wife team. She will examine the female patients whenever possible. The OPD also has a dentistry department (*left*) and an X-ray department (*right*).





The Obstetrics and Gynaecology Department has its own OPD waiting room (*above left*). Patients are attended to by female doctors (*above right*) in the ladies OPD. This department is the main focus of the hospital's medical services.

Patients leave the main hospital building (*left*) after they have been examined. They pick up prescribed medications at the OPD Dispensary (*right*) located in the OPD registration hall, where they began their visit.





Sevadars sweeping the streets of the hospital complex in the early morning.

Seva creates devotion in us, humility in us. It eliminates ego and brings us to the level of each other, that is the advantage of seva. Without love one can never serve anybody.

We can do seva with our body, with our mind, and with our money, but the base of seva is love.... [we should] serve one another, help one another, help the needy, serve the needy—that's the real seva.

— Maharaj Charan Singh



Sevadars washing the marble floors of the hospital's reception area.



Sevadars preparing the lawn area in the front of the hospital.



The main medical complex of the Maharaj Charan Singh Charitable Hospital.

THE CHARITABLE HOSPITAL AT BHOTA

Over the years the Dera management observed that a large number of people from the mountainous areas of Himachal Pradesh were coming for treatment to the annual Dera Eye Camp and to the Maharaj Sawan Singh Charitable Hospital at Beas. As these are people of very limited financial resources, travelling down to the plains caused them considerable hardship. While at Beas, the patients had to adjust to the local diet, different weather conditions; and, being far from their homes, they were also deprived of the emotional and physical support of their family members. Thus Hazur Maharaj Ji decided to build a hospital in the mountains, easily accessible to these people. The hospital would be similar to the Maharaj Sawan Singh Charitable Hospital, but on a smaller scale. The village of Bhota in Himachal Pradesh was selected as the location. Many road arteries converge there, making it convenient to a large number of people.

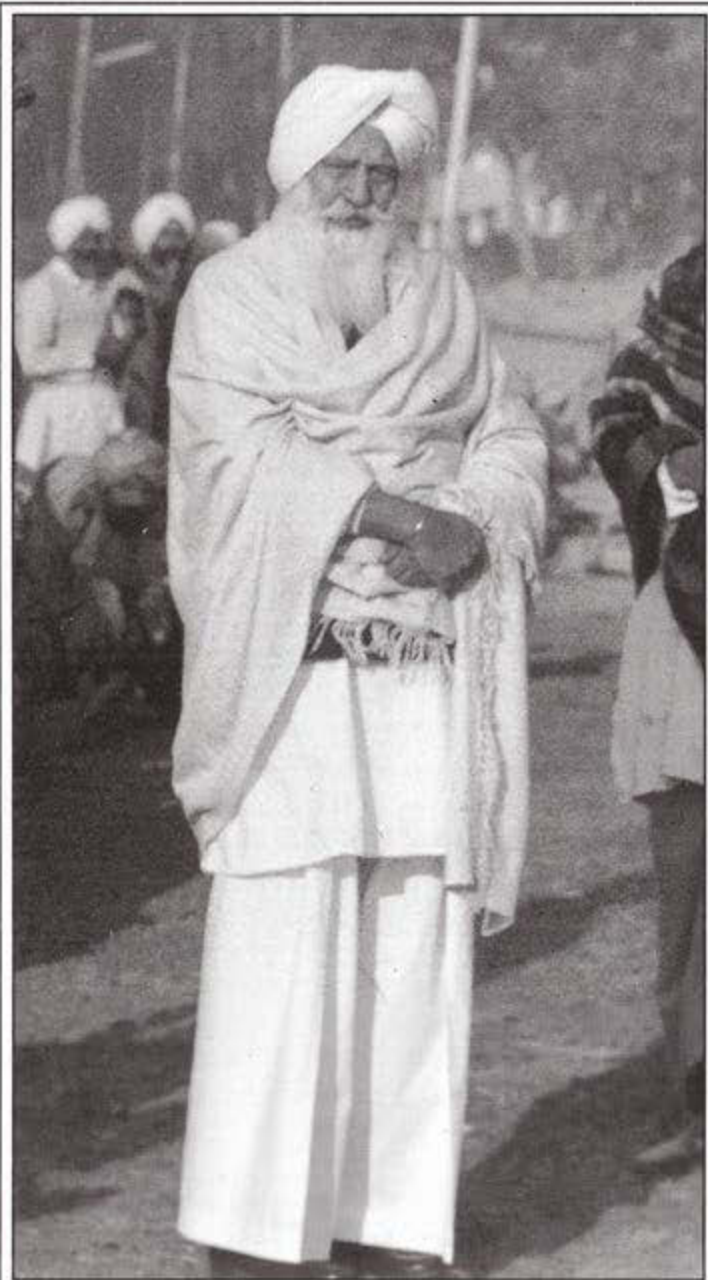
The architects and engineers were committed to creating a structure that would be functionally efficient yet conform to the natural contour of the hospital site, without the need for excessive levelling or breaking of the land. However, certain challenges arising from the uneven terrain of the steep mountainous site posed a number of problems. Although they are incorporating relevant experience learned from their work on the Society's other hospitals, the design team has also explored alternative and innovative approaches to the structure's design and construction which would enhance its functioning and simplify maintenance. They have addressed a number of mundane but important issues, including: optimum location of the toilets in public areas; appropriate types of toilet fixtures (Indian versus Western seats); design of the water tank for the cisterns; and the surfacing of the corridor walls with ceramic and cement tiles. The climate at Bhota is cool during the summer months, so air conditioning is not a major concern. However, due to the hospital's vertical design, with entrances and exits at multiple levels, the efficient flow of patients and services has demanded the architects' close attention. Also, due to the scarcity of water in this mountainous area, it has been necessary to develop a means of providing an abundant supply of hospital grade water round the clock and throughout the year.



A composite photograph of the hospital site at Bhota. The white building is the Bhota Satsang Ghar.

The Bhota hospital plans to offer the general spectrum of services usually provided by a general district hospital. In addition, it will provide eye surgery; general and obstetric gynaecological surgery; comprehensive laboratory services; and diagnostic facilities such as X-ray and ECG. A blood bank is also under consideration.

By the creation of this hospital at Bhota, it is the intention of the Maharaj Jagat Singh Medical Relief Society to bring free medical care to the doorsteps of these needy people, in a spirit of humility and loving service.



Seva is always done with love and humility. Humility is a part of love. If there is love, automatically there will be humility. There can be no love without humility. Love makes you humble, love makes you meek. Love means that you want to do what pleases the other person rather than what pleases yourself. That is love, and that is humility before another person.

Seva is done to please another person. Seva is not done so much to please yourself. When you please another person, you'll be happy to do seva. There's more happiness in giving than in taking. More happiness in donating than in accepting. More happiness in helping somebody than in getting help from anybody. The pleasure that you get by helping somebody, making somebody happy in life—nothing can compare with that pleasure.

So, seva is always done with love, otherwise it is not seva. Seva is not mechanically working with our hands. Seva is our intention to please another person. Automatically there will be humility in it. Humility is part of love. Love is part of seva.

HAZUR MAHARAJ CHARAN SINGH JI

