

**Joint Meeting of the Assumption Parish Finance Committee and the
Assumption Parish Pastor Council Regarding the proposed
Irudayampattu Clinic Project
Thursday, April 20, 2017
7:00 PM, St. Joseph's Hall, Assumption Parish Centre**

Parish Finance Committee and Parish Pastoral Council members present: Fr. Patrick Tepoorten, Jim Agius, Peter Mitchell, Gerry Anderson, Lu Wuthrich, Carmel Behan, Loretta Netter, Agie Martin-Cooper, Anne Wate, Fraser Field.

Presenters of the Irudayampattu Clinic Project: Sean Murphy and Warren Behan.

At 7:03 Father PT called the meeting to order and opened with a prayer to the Holy Spirit.

Introductions were made, and Father PT explained briefly the reason for the meeting:

- 1) There is a desire in PR to raise funds for a medical clinic and ambulance for Fr. Dass' home village in India but there are difficulties faced in sending money overseas.
- 2) To protect Canadian citizens who wish to support this overseas project about to be proposed, a Tax Agency Agreement with the Canada Revenue Agency would have to be entered into. This agreement would protect all donors and allow tax receipts to be issued for donations to this project.
- 3) This project must have the full support of the Parish Finance Committee which will be required to vote on the project with input/support from the Parish Pastoral Council.
- 4) This proposal must become a parish project.
- 5) If we go ahead with this project, a parish committee for raising the funds will have to be formed – cash flow would be carefully monitored.
- 6) Father cautioned all present that, as we listen to the particulars of the proposal from Sean Murphy and Warren Behan, we keep the financial concerns and needs of our parish in mind: i.e. maintenance of aging parish structures, the seismic upgrades facing our parish, and budget shortfalls in our school caused by low enrollment.
- 7) June 30th 2017 ends our commitment to the Syrian refugee family.

Father PT then welcomed Sean and Warren to present the project and field any questions from the PFC and PPC members.

Project Proposal – presented by Sean Murphy & Warren Behan

BACKGROUND –

Population of Irudayampattu: About 30,000 in the village: 60,000 in the area, which includes other villages.

Age distribution: Most are below 50 years old.

Principal industries/occupations:

- 90% are farmers or earn wages by labouring in the fields
- Some tradesmen and heavy equipment operators

Socio-economic conditions: A “backward region”.

- People in Irudayampattu belong mainly to “Scheduled Castes.”
 - Legally designated, historically disadvantaged social groups and aboriginal people.
- Most are socially marginalized and poor.
- Rely on daily wages paid for hard labour, such as working in the fields.
- Most earn less than two dollars a day.

Transportation (Persons) (describe availability and primary methods of transportation of persons):

- Bus service to Moongilthuraipattu only three times a day.
 - Often over-crowded and the elderly find it very arduous to get into the bus.
- Most families have a motorcycle on which up to five people may travel at one time.
- The village has only one car.

Other relevant information (important social/cultural/religious groups and institutions, customs, practical considerations, etc.):

- Over 90% of the population of the District of Vilupurram is Hindu.
- Christians and Muslims each comprise about 3%.
- Villages tend to be primarily of one religion, so the village of Irudayampattu is largely a Catholic Christian community.\
- There are Hindu and Muslim villages in the area.
- Catholic Church provides education, health care and other social services to all faiths.

MEDICAL ISSUES

Main health concerns: Dr. Stephen Burns and his sons made the following observations in 2016:

- Most of the people work in the fields in bare feet and legs and are constantly exposed to scorpions and venomous snakes.
 - Snakebites are likely to be fatal or to cause crippling necrotic tissue damage if immediate medical treatment is not provided.
 - Superstition surrounding snakebite can make people unwilling or reluctant to seek necessary treatment in hospitals.
 - About ten people die annually from snakebite.
- Pregnant women, newborns, children and the elderly do not have access to basic health care, such as immunization, treatment for diarrhoea and emergency first aid. One woman was found to have given birth on the roadside because she had no way to get to the hospital.
- Malaria and leprosy
- Diet, malnutrition and other conditions have severe adverse effects on the development and growth of children. For example: one 16 year old boy was 4.5 feet tall and weighed 90 pounds.
- Severe diabetes is prevalent but often undiagnosed, and even patients who have been diagnosed do not know how to monitor and manage the condition.
- Goiter is prevalent and untreated
- Minor skin lacerations frequently become seriously infected.
- Joint and muscle pain.

Number of resident health care professionals:

- NONE

Factors complicating provision of medical treatment/health care:

- No regular transportation to nearby towns for medical treatment.
- Families are required to provide non-medical care, food, etc. for hospitalized family members, which can have a serious impact on family income because family members who would normally be working are required to be at the hospital.
- The poor are reluctant to go to hospital because of the cost of transportation and health care and the impact on their livelihoods.

Nearest medical clinic or nursing station:

- 5.5 km away.
- Staffed only from 6 to 8 pm.
- At least 30 minutes to travel there from Irudayampattu by motorcycle.

Nearest hospital:

- 40 km away in Tiruvannamali. (temple city)
- If the traffic is bad it can take two hours to make the journey.
- Though there are nine hospitals in Tiruvannamali, most are private hospitals catering to more privileged classes.

How is medical treatment paid for?

- Clearing the hurdles to access publicly funded coverage is likely to require bribery at one or more stages in the process.
- Most health treatment for people in and around Irudayampattu is paid for by patients and their families.

PROJECT GOALS

Make basic primary health care more available to about 60,000 people who are now without it, particularly the poor, women, children and the elderly, including:

- Basic care and first aid in emergencies;
- Infant immunization;
- Pregnancy and neo-natal care;
- Diagnosis, treatment and management of chronic diseases like diabetes and goiter;
- Treatment of fever, vomiting, diarrhoea, headache, etc.;

and to do so in manner that encourages co-operative self-sufficiency and collaborative local initiatives to sustain and further develop these basic services in the long term.

Stage 1: Ambulance/hospital-clinic shuttle

- A vehicle suitable for use as an ambulance/hospital shuttle.
- To take patients and supporting family members from Irudayampattu and nearby villages to and from the nearest clinic and hospital.
- Some immediate relief, especially in urgent situations.
- Could also be used for other medically related transportation needs.

It is hoped that local people served by the ambulance/hospital-clinic shuttle will maximize its benefits and be motivated to actively support and participate in Stage 2 of the project.

- Estimated cost: 997,700.00 INR
 \$20,000.00 CAD

Stage 2: Clinic building

- Simple, one storey building will be constructed to serve as a clinic.
- For basic health services provided by visiting physicians/nurses.
- Engineered to allow residence on second floor in future.
- Complemented by the ambulance/hospital-clinic shuttle.
- Estimated cost: 3,315,871.00
 \$68,294.97 CAD

Design considerations:

Proposal reflects design recommended by authorities in the district.

Future adaptability:

- Multi-purpose room allows for:
 - Small group instruction
 - Accommodating unexpected short-term in-patient pending transfer
 - Room for visiting dental and eye clinics
 - Future expansion
 - Addition of staff quarters on second floor
 - Absence of residence staff one of the problems in the area.
 - Nursing orders may be attracted by quarters.

Location of clinic:

- Catholic Church grounds at the central hub of the village.
- Accessible to families of all faiths, whose children already attend schools on the grounds.

Legal title to clinic:

- Property and clinic structure to be owned by Assumption Parish in Irudayampattu.

Property management:

- Must be managed according to Revenue Canada guidelines.
- Parishioners have expertise needed to manage the project and ensure that guidelines are complied with.

Father Patrick thanked Sean and Warren for the presentation, recognizing their obvious passion for this project. Father Patrick opened the floor for questions, again emphasizing our parish's critical financial situation, and how serious consideration and sensitivity must be given to the parish's financial needs. He invited the members present to ask questions of Sean and Warren.

Questions

Q. Would it be understood these monies (bulk of) will come from outside of the parish?

A. *There is considerable indication these monies will come from a mix of donors i.e. both parishioners who have expressed support of the project, and the Powell River medical community who are also in support. There is confidence the amount needed will be raised in a year.*

Discussion:

This could likely be a "robbing Peter to pay Paul" scenario. Supporting this project will surely split the donations from parishioners. If we move forward separate fundraising committees would need to be formed.

Assurance was given a separate committee will be formed to organize the fundraising for this project.

The most comparable event we can consider is the recent Syrian Refugee project which attracted a great deal of support from both inside outside our parish.

Father Bonaventure started a children's hospital in Uganda with financial assistance from people in Northern Ireland and California (and Powell River). Fr. Bonaventure observed that, when people realized the good they were doing, their local fervor increased.

We will always have financial needs here.

Energy comes into a parish when a goal such as this is put before us. Unites community.

Q. Have our parish financial goals been set for seismic upgrades?

A. *Fr. PT - Shaun Clark, member of the PFC, will be presenting the parish's current financial situation and update on seismic upgrades at the upcoming Muffins and Coffee, April 30th, after 10:00a.m. Mass at Assumption.*

Q. Can a presentation be given to parishioners on the Irudayampattu Clinic Project?

A. *Warren/Sean - Absolutely.*

Q. What about maintenance of vehicle and building?

A. *Warren/Sean - Dr. Burns' and affiliates are willing to raise funds yearly to maintain both the vehicle and clinic. Fr. Dass is currently in India planting seeds to have someone take responsibility/training to look after the facility and vehicle. As stated in the project summary, it is hoped that, once the project is completed and the benefits realized, the local residents will be more than willing to maintain and preserve both the facility and vehicle.*

Q. What qualified medical professionals will be available to staff the facility?

A. *Warren/Sean - Dr. Burns feels that, once the building with a residence is provided the nursing sisters would come.*

Q. Should the proposal be approved this evening, where do we go from here? What is the next step?

A. *Warren/Sean - A committee would be formed and an agreement written up. With an approval tonight in principal, Warren & Sean will work out the details and keep Fr. Patrick and parish informed.*

A motion was put forward by Fr. Patrick Tepoorten:

The Church of The Assumption Parish Finance Committee is in favor of proceeding with a Tax Agency Agreement with the Government of Canada to fund an ambulance and a medical clinic in Irudayampattu, India, as per the costs laid out in the project summary dated 2017-03-10.

Motion seconded by Jim Agius. Motion approved by the Assumption PFC, with the full support of the Parish Pastoral Council.

Father Patrick thanked everyone for attending this special meeting and adjourned said meeting with a prayer. Time 8:04pm