



SATHYA SAI

GLOBAL

HEALTH MISSION





## FIVE GUIDING PRINCIPLES OF SATHYA SAI IDEAL HEALTHCARE

**Universal** State-of-the-art health care accessible to all

**Free** High quality care available free of cost to the needy

**Compassionate** Care delivered with love and compassion

**Comprehensive** Holistic approach with treatment of mind, body and spirit

**Preventive** Prevention is the primary focus of Ideal Healthcare



# DEDICATED

WITH LOVE AND GRATITUDE TO  
SRI SATHYA SAI BABA

THE INSPIRATION AND GUIDE FOR  
SATHYA SAI IDEAL HEALTHCARE AND GLOBAL HEALTH MISSION





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# FOREWORD

**Food, water, education and health are basic necessities for human beings irrespective of race, nationality, religion, creed or economic status. In view of this, Sri Sathya Sai Baba started many programs and institutions in the remote village of Puttaparthi in India, providing free food, water, education and healthcare to needy villagers. Inspired by His example and His teaching, “Love All, Serve All”, His followers and the Sathya Sai organizations in India, and in more than 120 countries, have started many institutions and programs to provide food, water, education and medical services free of cost, with love and compassion, to those who need it most.**

Following His example of providing education from primary to doctoral levels, where the emphasis is not only on free education, but character development and academic excellence, many educational institutions and schools now provide free, integral education in India and in more than 30 countries. He also started many humanitarian relief projects, such as providing free drinking water to millions of people in remote villages in India who had no access to potable water. Inspired by such examples, the Sathya Sai organization has provided free drinking water at many locations in Indonesia, Sri Lanka, El Salvador, Nepal, and countries of Africa. In addition, many service projects are undertaken in more than 120 countries to distribute food, clothes, supplies and other necessities to the needy, including refugees and the victims of major natural disasters.

Disease does not discriminate amongst age, gender, race, nationality or social status. Therefore, it is the fundamental right of every person to be in good health. Sri Sathya Sai Baba gave the guiding principles of ideal healthcare to medical professionals, urging them to provide state-of-the-art, comprehensive healthcare, with love and compassion, completely free of charge, the emphasis being on preventive healthcare. In the present day and age, there is more emphasis on scientific advancements and cutting-edge technologies and treatment, rather than the art of healing. This problem is attracting increasing attention, and in many parts of the world, compassionate and loving healthcare is being given greater emphasis. One such example is the Schwartz Center for Compassionate Healthcare program started in the Massachusetts General Hospital, Harvard University, in Boston. The emphasis of ideal healthcare is compassionate and loving healthcare, and improvements in the interpersonal and relationship skills, rather than the technical and scientific aspects. This is ideally practiced in medical institutions started by Sri Sathya Sai Baba in India, which are referred to as “Temples of Healing.”

Putting the ideal healthcare principles into practice, the Sathya Sai Global Health Mission has been providing primary to tertiary healthcare at many medical institutions in India, and in more than 30 countries worldwide. Millions of patients have received free, loving medical services, including fibroid surgery, cardiac surgery, and neurological surgery in India and across the world.

This book provides an overview of how loving and compassionate healthcare is delivered through medical camps, medical clinics, mobile clinics and during everyday interactions with patients. It is recognized that in remote, rural areas in many parts of the world, people cannot access healthcare because of their social and economic status. To address this need, in many places such as India, Indonesia, Nepal and Sri Lanka, mobile clinics have been established to provide free diagnosis and treatment to the patients in remote, rural areas. In this book, we have also covered aspects of preventive healthcare, as an ounce of prevention is better than a pound of cure. These include hygiene practices, immunizations, nutrition and exercise counselling, providing pure drinking water, and emphasizing measures to reduce exposure to environmental pollution. In addition, various measures to prevent trauma and enhance safety are also taught to the public. Finally, to take advantage of newer technological advances and internet communications, telehealth projects were started wherein patients who cannot come to hospitals are provided consultation and treatment. This is recognized as an important service and a major modality of patient treatment, particularly for low-income patients. Telehealth is also used for the education of healthcare professionals, to manage and improve their skills and medical services in day-to-day activities.

Utilizing these various available avenues, every healthcare professional can take advantage of the opportunity to serve our fellow human beings with love, compassion and enthusiasm, which is the essence of Sathya Sai Global Health Mission.

Thank you.

Narendranath Reddy, MD

Chairman, Prasanthi Council

Sathya Sai International Organisation







# **SATHYA SAI IDEAL HEALTHCARE SYSTEM**

**The epic story of the Sathya Sai Healthcare System begins in the 1950s, when Sri Sathya Sai Baba established a general hospital in Puttaparthi on October 4, 1956, in response to His mother's plea to provide free healthcare to the poor people living in Puttaparthi and surrounding villages.** Since then, the general hospital has been providing preventive and primary healthcare to the local community. The Sathya Sai Healthcare System has blossomed since inception and has provided healthcare to millions of patients entirely free, with love and compassion, irrespective of race, nationality, or religion.

Subsequently, two super specialty hospitals were constructed in Puttaparthi and Bengaluru, in 1991 and 2001 respectively. These Sathya Sai Institutes of Higher Medical Sciences (SSSIHMS) have been providing tertiary care to patients from India and abroad entirely free of cost. In 2005, healthcare delivery was taken to the doorsteps of surrounding villages through the establishment of mobile clinics. These mobile clinics have been providing free preventative, primary and specialist care to patients in over 600 villages. In addition to providing high quality healthcare, emphasis is placed on delivering comprehensive healthcare focusing on the body, mind and soul. The Sathya Sai Healthcare System has expanded over the years and is now a role model for the Sathya Sai Global Health Mission which is serving the needy across the world in over 100 countries.

Recently, SSSIHMS in Puttaparthi has received certification by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) for meeting global benchmarks of healthcare delivery. NABH is a member of the International Society for Quality Healthcare. SSSIHMS is the only super specialty hospital in India delivering free healthcare, which is accredited by the NABH. The Sri Sathya Sai Healthcare System in India is a source of inspiration and guidance for other healthcare systems in India and other countries.

Sri Sathya Sai Institute of Higher Medical Sciences (SSSIHMS) has pioneered innovative methods in healthcare delivery, education and research. Innovative and cost-effective methods implemented at SSSIHMS include electronic medical records, cutting-edge technology including state of the art equipment, telemedicine, tele education, CME programs to empower physicians and paramedical staff, strong paramedical services, standard infection control practices, health counseling and continuity of care after discharge, through home visits. Awareness of advances in technology in providing cost-effective healthcare delivery is important, especially in resource limited areas.

Here is a brief overview of Sri Sathya Sai Hospitals in Puttaparthi and Bengaluru, India. Information on mobile clinic and rehabilitation services are presented separately.





## SRI SATHYA SAI GENERAL HOSPITAL PUTTAPARTHI, INDIA

**The history of Sri Sathya Sai General Hospital starts way back in the 1950s when people living in Puttaparthi lacked the basic amenities of health, education and potable water.** Moved by the suffering of the poor villagers, the compassionate mother Easwamma pleaded with her son, Sri Sathya Sai Baba to provide healthcare, education and water to the villagers. In response to His mother's plea, Baba established the Sri Sathya Sai General Hospital in Prasanthi Nilayam in 1956 – the first hospital established by Baba.

On February 29, 1984, a new hospital building was constructed, which was further renovated on November 22, 1991. A new state-of-the-art building was inaugurated on October 23, 2015. The Hospital has two fully equipped operation theatres and eight general medical wards with 114 beds. General medicine, obstetrics and gynecology, pediatrics, general surgery, ENT, ophthalmology, gastroenterology and podiatry services are provided at the General Hospital.

Dentists from the USA, UK, Australia, Austria, Sri Lanka, Malaysia and India provide coverage throughout the year. Approximately 70 patients are seen and treated on a daily basis. Treatment ranges from root canal treatments, fillings, scaling, extractions, crown & bridges, dentures and orthodontic treatment. Over 140,000 dental procedures were performed during 2010-2016.

Post-graduate training in family medicine and graduate training for nursing students are offered at the general hospital.



The hospital has provided over 10 million outpatient consultations and treated over 250,000 in-patients. Further details of services provided from 2007 to 2016 are given below:

### GENERAL STATISTICS

Outpatient visits	3,271,599
Admissions	106,398
Deliveries	13,610
NICU Admissions	1,611

### DIAGNOSTIC PROCEDURES

Lab	787,179
Ultra Sound	39,980
X-Ray	38,046

### SURGERIES

Dental	143,627
ENT Procedures	18,263
Minor Surgeries	7,759
C-Sections	6,918
ENT Endoscopy	1,469
ENT Surgeries	761
GYN Surgeries	547

General Hospital Puttaparthi  
Patient Rounds





## SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES PUTTAPARTHI, INDIA

**This hospital was established in 1991 with state-of-the-art facilities to deliver high quality free medical care to all.** It has 300 beds. Specialty Services offered are cardiology & CTVS (cardio, thoracic and vascular surgery), urology, ophthalmology, plastic surgery, orthopedics, and gastroenterology. Support Services include blood bank, radiology, physiotherapy, dietary, rehabilitation program, telehealth service, hospital information management. Post-graduate medical training (Diplomate of National Board) in cardiology, ophthalmology, radiology and urology specialties is provided. Further details of services provided from 2007 to 2016 are given below:

<b>GENERAL STATISTICS</b>		<b>SURGERIES</b>	
Outpatient	2,167,575	Total Surgeries	<b>187,871</b>
Admissions	233,127	Urology	69,202
		Ophthalmology	68,659
		Cardiac Surgeries	26,705
		Orthopedic	16,918
		Endoscopy Procedures	11,190
		Plastic Surgery	11,014

<b>DIAGNOSTIC PROCEDURES</b>	
C.T. Scan	29,271
Nuclear Studies	16,266
MRI	5,015



## CARDIAC TESTS AND SURGERIES

Echocardiography	680,833
Catheterization	45,381
Treadmill Tests	38,172
Holter	1,467
Pacemaker Implants	1,686
Diagnostic	28,645
Interventional	14,990
Valves	8,674
Bypass/OPCAB	3,452
Congenital Heart Diseases	3,049
Tumors	258
Aneurysms	115

## ORTHOPEDIC PROCEDURES

Emergency procedures	52,710
Emergency room visits	42,505
Surgeries	16,335







## **SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES WHITEFIELD, BENGALURU, INDIA**

**This hospital was established in 2001** and has 333 beds, 3 cath labs (2 cardiac & 1 neuro) and 6 ICU beds. It has state-of-the-art diagnostic modalities and infrastructure for high quality free tertiary care inpatient and outpatient programs.

Specialty services offered are cardiology & CTVS, neurology & neurosurgery, anesthesiology & intensive care. Supportive services include laboratory, radiology, physiotherapy, dietary, counseling, telemedicine and hospital management information

Specialty medical equipment includes state-of-the-art 1.5 Tesla Siemens Magnetom MRI Scanner, 128 slice HD 750 GE CT Scanner, Siemens Artis Zee Biplane Cath Lab, Philips Monoplane Cath lab, Medtronic S7 Neuro-navigation system, 8 fully equipped operation theaters, high-end diagnostic cardiology equipment and comprehensive hospital information system.

Post-graduate training (Diplomate of National Board) in cardiac surgery, neurosurgery, cardiology, anesthesiology and radiology are offered at the hospital.

The nursing school was established within the campus of the SSSIHMS Whitefield in 2009 as a accredited program for Bachelor of Science in Nursing. Tuition is free and the students fully participate in classes, clinical care, and service projects on the residential campus.

Further details of services provided until March 31, 2017 are given below:

<b>GENERAL STATISTICS</b>	
Total outpatient visits	1,235,965
Total inpatients from 2007 to 2016	873,367
Cardiology	766,512
Neuro-Surgery	277,683
Neurology	191,770



**SSIHMS Whitefield,  
Brain Surgery**

<b>DIAGNOSTIC PROCEDURES</b>	
Labs	209,263
Ultrasound	25,823
X-ray	21,355
ECG	9,608

<b>CARDIAC PROCEDURES</b>	
Catheterization Procedures	82,946
Interventions	31,109
Diagnostics	22,594
Pacemakers	1,103

<b>SURGERIES</b>	
Total Surgeries	44,306
Neuro Surgeries	24,521
Cardiac Surgeries	19,785
Miscellaneous	1,142

<b>CARDIAC SURGERIES</b>	
Closed Heart Surgeries	6,349
CABG	4,868
Open Heart Surgeries	4,641
Valve Replacements	2,785
Miscellaneous	1,142

## SRI SATHYA SAI GENERAL HOSPITAL WHITEFIELD, BENGALURU, INDIA

**This hospital was established in 1976 to deliver primary and secondary healthcare, free, to all.** In 2016, this general hospital was moved into the building of the Sri Sathya Sai Institute of Higher Medical Sciences in Whitefield. Services include General Medicine, Pediatrics, Psychiatry, OB/GYN, General Surgery, Orthopedics, Ophthalmology, ENT, Plastic Surgery, and Urology.

### PATIENTS SERVED 2008-2016

Outpatients	804,879
Admissions	14,494
Surgeries	9,895
Deliveries	2,629

### SURGERIES

ENT	2,079
OB/ GYN	1,765
Gen. Surgery	1,670
Ophthalmology	1,068
C. Section	879
Urology	795
Plastic Surgery	317
Orthopedics	130



## VOLUNTEER OPPORTUNITIES AT SRI SATHYA SAI HOSPITALS

Physicians, dentists, pharmacists and nurses are welcome to volunteer their services in patient care at the Sri Sathya Sai hospitals. Candidates must be licensed in their home country, and obtain provisional approval by the Indian state governments and approval by the Director of the Sri Sathya Sai Hospital. Duration of service is a minimum of two weeks. Application is initiated through the Office of the Director at each hospital.

## SRI SATHYA SAI MEDICAL CAMPS AT PRASANTHI NILAYAM

Camps are held each year on the ashram campus twice a year in July (for 5 days) and November (for 8 days). These camps serve local populations and visitors to the ashram. Hundreds of patients are seen each day, free of charge. Medications are also free, and when necessary, patients are referred to the Sathya Sai General Hospital or SSSIHMS, PG.

Over 100 doctors and other volunteers from various countries including USA, U.K., Australia, Canada, Sri Lanka, Netherlands, Germany, Malaysia, S. Africa, Italy, Trinidad, Singapore, Dubai, Abu-Dhabi, Thailand, Japan, Russia and UAE participate each year.

### SSIO Medical Camps in Prasanthi Nilayam





# MEDICAL CAMPS



**“Disease has no distinction; it may afflict anybody, be it a pauper or a millionaire. The poor are suffering because they cannot afford to buy medicines.”**

**SATHYA SAI BABA, JANUARY 19, 2001**

**As the above quote states, providing free healthcare to economically disadvantaged people is vital.** There is a growing need for free medical care despite government and private efforts. In addition to economic inequalities, social inequalities play a significant role in the health of a nation, regardless of whether a country is underdeveloped, developing or developed. Poor access to healthcare compromises health because patients receive less preventive care, are diagnosed at later stages of disease, and once diagnosed, less likely to receive therapeutic care, resulting in higher mortality and morbidity rates, triggering costs at both the personal and the national level. Therefore, providing free or affordable healthcare to the economically disadvantaged is very important for any nation’s health and economy.

Medical camps are usually organized few times a year; their primary focus is to serve as a safety net, providing services for both acute and chronic conditions, without charge. A few specific objectives include: bringing medical care to the needy, providing preventive healthcare and health education, diagnosing undiagnosed chronic conditions, and partnership with local hospitals for follow-up and long-term care.

The Sathya Sai Organizations have been actively providing free, high quality healthcare by organizing medical camps throughout the world. The following are some of the services provided in these medical camps:

**Disease Prevention:** Health education regarding diet, exercise, weight control, meditation, dental hygiene, smoking cessation, anger management, and cleanliness.

**Preventive Screening and Management:** Measurements of body weight, body mass index, blood pressure, blood glucose, lipid profile, hearing and vision screening, bone densitometry, mammograms, Pap smears and importantly immunizations.

**Public Health Initiatives:** Bone marrow and blood donation drives, and teaching basic life-saving skills such as first aid, basic life support, CPR, and disaster preparedness.

**Medical Treatment:** In several countries, medical treatment for chronic conditions are also provided to patients in addition to preventive care. The type of care provided was based on the local need, healthcare policies, and available resources. In some cases, surgical treatments are also provided.

Medical camps organized in different countries are outlined here.



## AFRICA

### Kenya

Cataract Surgeries: The Sathya Sai Centre in Mombasa has been organizing cataract surgeries for rural community residents over the past decade, since 2013. The events were organized by the SSIO and the surgeries were performed at the Lions Eye & Blood Centre. Some of the areas where the camp is organized were Dzitsoni primary school in Kilifi County, Kakuyuni primary school in Malindi County of Coast Province, a school in Kaloleni, 57 km from Mombasa and at the Coastal General Hospital, 120 km from Mombasa. Hundreds of patients received free cataract surgeries and regained their vision.

Medical camps have been organized in several places, including Nairobi, Mumbasa and at the Wundanyi District Hospital

### Madagascar

On March 27, 2014, the Sathya Sai Centre of Tanà held a medical, dental, and eye camp. About 400 children and 30 adults were seen for general medical problems, minor surgeries, routine dental care, and vision screening. Every patient received free toothpaste, a toothbrush, and vitamins. Eyeglasses and medicines were also distributed.



## Malawi

Sathya Sai volunteers and medical professionals from Malawi and the UK have been organizing medical, dental and eye camps. Patients received free eye glasses.

## Mauritius

The SSIO of Mauritius has been organizing blood donation camps. In 2015, a total of 63 blood donation camps were organized and 5,309 individuals donated blood. In September of 2011, about 40 Sathya Sai volunteers rendered loving service by renovating a 40-bed female ward at the Victoria Hospital in Mauritius, which provides free healthcare services to the public.

## South Africa

The SSIO of South Africa has organized dental and eye camps since 2005, and an ongoing wellness program has been organized since 2008. Patients are screened for high blood pressure, cholesterol, blood glucose, vitamin B12, and body mass index. A Sathya Sai Short Stay ward has been established at a hospital in South Africa.







## ASIA

### Indonesia

The Medical wing of the SSIO of Indonesia, especially in the Jakarta region, has been very active and has organized hundreds of medical camps over the past 10 years. For example, 48 medical camps were held in the past year, serving 4,019 patients with the help of 243 medical volunteers and 614 non-medical volunteers. Thirty-three medical camps were held in Jakarta area, 8 in Bali, 4 in West Jawa, 3 in North Sumatera, one each in East Jawa and Yoga areas.

### Lao PDR

The SSIO of Lao PDR has been organizing medical camps for more than a decade. During July 7-8, 2007, the SSIO of Lao PDR, together with Dr. Naren Chellapah from Australia, organized a dental camp for blind and needy children. On March 19, 2015, three medical camps were organized in the villages of Ban Dakvor, Ban Dakvang, and Ban Nongdone by six doctors, three nurses, two pharmacists, and other Sathya Sai volunteers, including two Sathya Sai doctors from Singapore and Malaysia. A total of 841 people was examined, and the doctors visited bedridden patients at home. During April 8th to 10th 2016, Sathya Sai team of six doctors, three dentists, two pharmacists, and five volunteers from Lao PDR, Malaysia, Singapore, and India worked tirelessly to conduct 800 medical examinations, 300 dental procedures, and distribution of medicines. Over the past year, two medical camps were organized in Dakchung, Sikkon Province and in Vientiane Blind School; in addition, general medical and dental care was provided to 1,105 patients with the help of 22 medical and 17 non-medical volunteers.



## Malaysia

Over the past decade, the SSIO of Malaysia has been organizing medical camps to provide free healthcare, working with District Health Department and other NGOs. The goal is to provide both preventive and curative treatment for common conditions and refer the patients to local hospitals should any specialized treatment be required. Camps create awareness and/or provide counseling on personal hygiene, HIV/AIDS, diabetes, breast cancer and other ailments; create awareness on the need for prevention of serious disabling diseases which are prevalent in the area due to dust and lack of adequate water. The free medical camp also encourages use of available nutritious food products in the area and discourages drug/substance abuse among the community members. In 2016, the SSIO of Malaysia conducted 52 general health screenings, and medical and dental camps in Malaysia for the needy. The estimated patients served at each camp range from 200 – 450. During 2016, 15,900 patients were examined. Eye camps were held in 25 locations and 112 cataract operations were performed.

## Myanmar

A comprehensive medical and dental camp was conducted in an orphanage home located in the rural community of Swar in Bogo Division of Myanmar on October 21, 2016. The home shelters 24 orphans, 197 students (children of very needy families), 26 teachers (24 are volunteers from the surrounding villages) and 12 monks. The project encompassed medical and dental health camp, food offering, teachers training on Sathya Sai Education in Human Values, and construction of finished toilet blocks. Twelve SSIO volunteers from Singapore, Myanmar, Malaysia and Lao PDR including two doctors, one dentist, and ten general volunteers arranged 248 medical consultations and 197 dental consultations. Dental services included 21 tooth extractions and 130 fillings. Deworming program for children was implemented.

## Nepal

The SSIO of Nepal has been very active in providing medical care to the needy. Over the past year, 21 medical camps were organized and provided care to 14,757 patients. Total of 650 medical and 724 non-medical volunteers participated in the medical camps. Specialty care was provided in internal medicine, pediatrics, general surgery, dentistry, dermatology, gynecology, ophthalmology, orthopedics, E.N.T, psychiatry and physiotherapy.





## Philippines

The SSIO of Philippines has held dental, medical and vision camps on the last Sunday of every month for the past 15 years. Volunteers typically partner with schools or village health centers for local outreach and support. On average, about 225 children and about 50 adults are treated every month. Thus, in 2016, the organization served over 2,700 children and over 600 adults. Medicines were given without charge. Every child was given deworming treatment, and most patients were given multi-vitamins and mineral supplements. Free reading glasses have been distributed to patients with eye problems. A group of young dentists demonstrated dental hygiene. Youth volunteers conducted hygiene awareness programs in selected camps. In addition, in November 2015, the Ladies Wing of the SSIO of Philippines has initiated a Nutritional Upgrading Seva in the metro Manila area. The idea arose from observations in medical camps on the poor nutrition value of food consumed by young children. On the 19th of every month, volunteers cook vegetarian meals and serve around 200 children and up to 100 adults in different venues that lack basic amenities and are likely to have nutritional deficits.

## Sri Lanka

The Sathya Sai Organization of Sri Lanka has been actively organizing medical services. Civil war in Sri Lanka resulted in people being displaced in the North and East of the islands in Sri Lanka and the SSIO has been helping people in the war-torn areas. During the period April 2016 to March 2017, medical camps were arranged in 20 different locations in Northern, Southern, North Central, Central and Eastern regions of Sri Lanka. Various diseases relating to the heart, skin, digestive and re-

Philippines, Dulag Medical Camp



spiratory systems were successfully treated and 5,335 people benefitted from the services provided by the medical team. Medication was provided free of cost. Patients who required follow-ups were referred to the nearest Government Hospital.

**Cataract Surgeries:** Medical volunteers also performed vision screening and distributed reading glasses, as needed. For those who required cataract surgery, appropriate arrangements were made at the nearest government hospital. Eye glasses and required medication were provided by the SSIO. Because of cataract surgeries performed from April 2016 to March 2017, 237 patients from Sri Lanka received the gift of sight. This project was initiated in 2005 in honor of Swami's 80th Birthday, and as of March 2017, 907 cataract surgeries have been carried out.

## Taiwan

On February 3rd, 2008, volunteers from Taiwan donated 94 units of blood to the Blood Bank of Taiwan. Blood drives were held four to six times a year, to collect more than 5,000 units of blood. This project was started in 1994 and is organized regularly. The blood bank sends nurses and a mobile van to a popular department store to collect blood. Sathya Sai volunteers provide assistance in filling forms and other logistics.

## Thailand

A medical camp was held on October 16, 2005 in the Tung Khao Puang district in Ching Dao. Thirty Sathya Sai volunteers participated in the camp, where 186 patients were seen for health screening and preventive healthcare. In 2016, two blood donation drives were organized.

## Vietnam

A comprehensive medical and dental camp was successfully conducted in the Hue province of central Vietnam during September 17–19, 2016. Clinic equipment was donated to local health clinics in the community. Fifteen volunteers from Malaysia, Indonesia and Thailand including 4 doctors, 3 dentists, 2 pharmacists and 6 general volunteers rendered 705 medical consultations in the areas of general medicine, ENT, dermatology and antenatal checkups. In addition, 327 dental procedures were performed. Children's deworming program was implemented and six public health talks were given by medical specialists, dentists and pharmacists on topics ranging from danger signs in children under 5 years age, general hygiene, healthy living, recognizing medicines, dental hygiene and brushing teeth.



**Most illnesses can be cured by simple living, simple exercises, and by intelligent control of the tongue.**

**SATHYA SAI BABA, SEPTEMBER 30, 1981**





## CENTRAL AMERICA

### Dominican Republic

Sathya Sai devotees have rendered service in Villa Progreso, in Cotuì, Dominican Republic, for many years, especially at a local school and to needy families. In 2016, to celebrate Sathya Sai Baba's Birthday, the SSIO decided to expand services by holding a medical camp. On November 19, 2016, volunteers provided medical care as well as clothing and food for families whose children attend the School in Villa Progreso. Four medical doctors and four nurses rendered services to 125 adults and 87 children.

### Panama

In observance of Avatar Declaration Day, the SSIO of Panama held a medical camp in Lomas de Campana, Capira, Panamá, on November 16, 2013. More than 30 Sathya Sai volunteers, nine doctors, one surgeon, fourteen nurses and six dentists provided medical services to 273 needy patients suffering from dental disease, common cold, myalgia, skin infections, hypertension, intestinal parasites and other common ailments. Mammograms and gynecological services were rendered to 57 women, eye glasses were delivered to 114 people, and 153 people received dental care, including prophylaxis, amalgam and fluoride application. Sathya Sai volunteers also distributed medicines, clothes, shoes, and food.

A medical camp was held in Chiriquí, Panamá, on April 12, 2014, near the site of an abandoned banana plantation, which had closed five years ago following a plague. A general physician and a pediatrician examined 28 adults and 38 children. Sathya Sai volunteers served vegetable rice with soybean to all attendees.

### Panama, Medical Camp

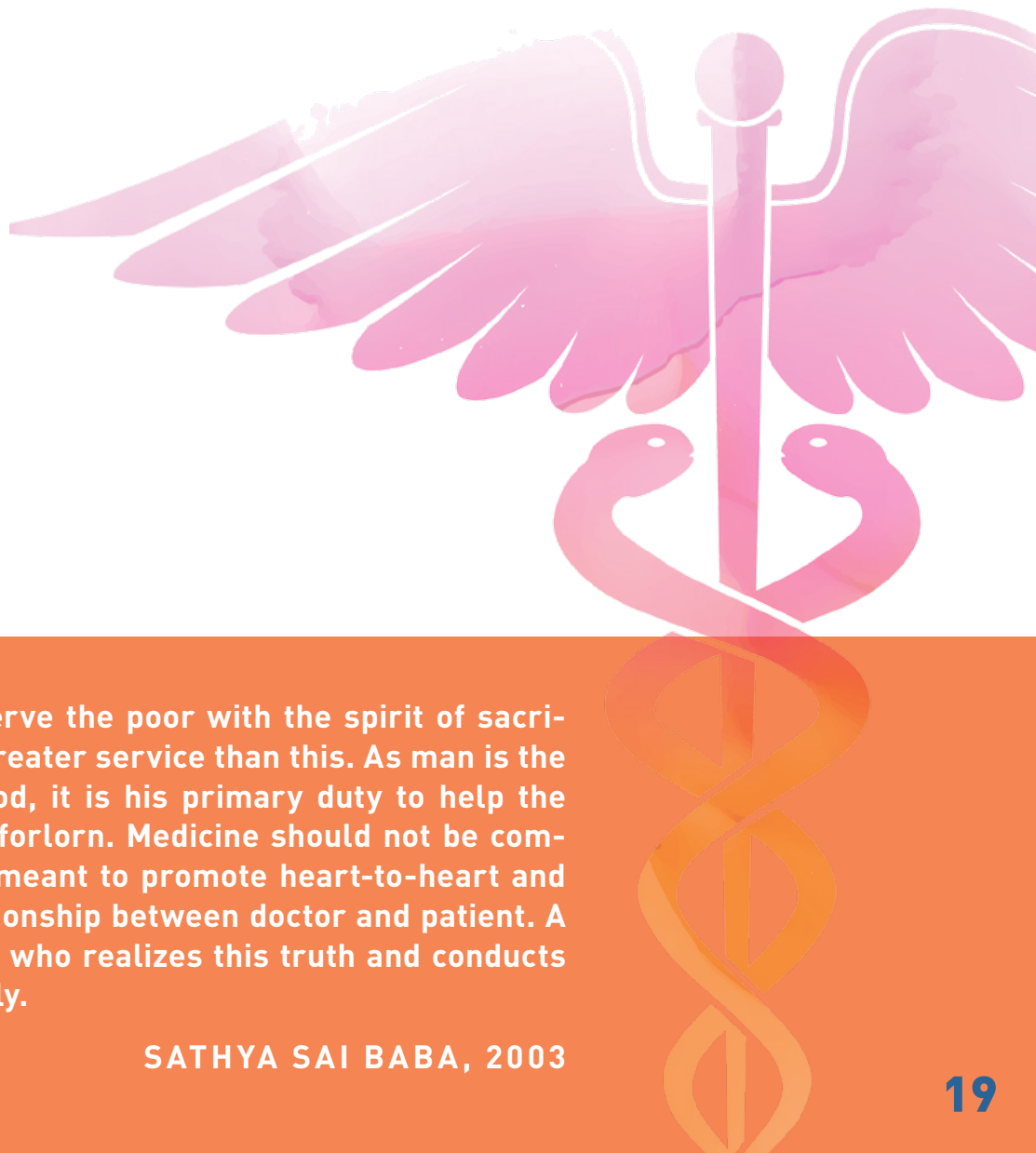




## UK

The SSIO of UK organises many healthcare events for the benefit of the needy. On November 30, 2013, Sathya Sai volunteers, in partnership with others, organised a health screening camp in an impoverished area of Hayes at the Botwell Leisure Centre. Four doctors, two dentists, three optometrists, and nine nurses, along with 18 Sathya Sai volunteers served 202 patients. Medical services included blood pressure monitoring, blood glucose testing, body mass index measurement, bone densitometry, diabetes risk assessment, and dental and eye examinations.

About 150 medical professionals attended the U.K.'s First Sai Ideal Healthcare Conference, held on September 17, 2011 at the Henley Business School, University of Reading. In his welcome address, Dr. Puvanachandra, Consultant Ophthalmologist, highlighted Baba's emphasis on the importance of practicing the principles of Sathya Sai Ideal Healthcare in one's personal and professional life.



Doctors should serve the poor with the spirit of sacrifice. There is no greater service than this. As man is the embodiment of God, it is his primary duty to help the destitute and the forlorn. Medicine should not be commercialized. It is meant to promote heart-to-heart and love-to-love relationship between doctor and patient. A true doctor is one who realizes this truth and conducts himself accordingly.

SATHYA SAI BABA, 2003



## MIDDLE EAST

Sathya Sai volunteers conducted regular medical camps along with blood donation campaigns, vision camps, and preventive healthcare sessions. An overview of camps organized over the past two years is presented below:

### SUMMARY OF MEDICAL CAMPS BETWEEN 2014 AND 2016

Number of medical camps	79
Number of patients seen	13,507
Total units of blood collected	2,958

2015-2016: More than 5,100 patients were treated at 33 medical camps in Abu Dhabi, Bahrain, Dubai, Oman, and Kuwait.

COUNTRY	CAMPS	TOTAL PATIENTS	BLOOD DONATIONS
Abu Dhabi (UAE)	14	1,575	142
Bahrain	1	1,500	100
Dubai (UAE)	5	900	300
Oman	11	942	51
Kuwait	2	190	146
<b>TOTAL</b>	<b>33</b>	<b>5,107</b>	<b>739</b>

### Abu Dhabi

The United Arab Emirates is a federation of seven states in the Persian Gulf, and Abu Dhabi is the capital city, with a population of over a million. In addition to the monthly medical camps, the Sathya Sai Organization also conducted blood donation drives throughout the year and 1,575 patients were seen in 14 medical camps in Abu Dhabi in 2016. Additionally, 142 units of blood were donated by Sathya Sai volunteers.



## Bahrain

The SSIO of Bahrain has been organizing medical camps to serve a labor camp in Bahrain. Last year, 1,500 patients received medical care. Sathya Sai volunteers have organized blood donation camps at the local government hospital for three decades on Bhagawan's Birthday.

## Dubai

Medical camps are conducted periodically in different labor camps, where free medicines are distributed and food is provided to the laborers. On the average, four medical camps are conducted per year, and approximately 150 patients are seen at each camp. Nine hundred patients were seen in five medical camps in Dubai in 2016, and 300 units of blood were donated by Sathya Sai volunteers.

## Kuwait

Sathya Sai volunteers organize massive blood donation campaigns and hold medical camps regularly for people who cannot afford private healthcare. Two medical camps were organized in 2016 and served 190 patients. The Kuwait Sathya Sai Centre also organizes special cultural program for children with special needs.

## Oman

The Serve And Inspire (SAI) group in Oman has been organizing medical camps, health awareness events, blood donation drives and workshops on autism. Medical camps are organized to serve industrial workers. Health camp has been conducted on the second Friday of every month. The camp is lovingly referred as "Sai Baba Camp" by the patients. For several years, the SAI group has been organizing workshop for children with autism and families. During these sessions, the parents of the children are given an orientation by a doctor and are offered professional advice, including practical guidance on how to deal with affected children under various situations.

### Oman, Medical Services





## NORTH AMERICA

### Jamaica

SSIO members organized an International Medical Camp in Jamaica from April 21–25, 2015. Eighteen Sathya Sai volunteers from the USA, Canada, and Jamaica provided medical services to 1,542 needy Jamaicans at nine urban and rural locations. The Jamaica Ministry of Health (MOH) provided medications and transportation and facilitated the visits of the healthcare professionals.

### Trinidad

Medical camps, organized by the SSIO since 2006, have provided free medical care and medicines. The most recent medical camp focused on pediatric cardiology. Many children in Trinidad suffer from heart conditions due to a lack of pediatric cardiologists. From April 2-9, 2014, SSIO conducted a pediatric interventional cardiology mission for children with congenital heart disorders. Four doctors and four paramedical staff from USA, assisted by three doctors and one nurse from Venezuela, screened 114 children and performed 24 complex cardiac procedures at the Mount Hope Medical Sciences Complex. The event received press coverage in the local newspaper, Guardian, which carried a full-page announcement by the local authorities on April 26, thanking the volunteers and the Sathya Sai International Medical Committee.



YEAR	LOCATION	NO. OF CAMPS	NO. OF PATIENTS
2009	California, Colorado, Florida, Maryland, New York, Ohio, Oregon	8	2,113
2010	California, Florida, Indiana, Minnesota, Missouri, North Carolina, Ohio, South Carolina, Texas	13	5,610
2011	California, Colorado, Maryland, Missouri, Ohio	6	2,123
2012	California, Colorado, Iowa, Maryland, Michigan, Missouri, New York, Ohio, Texas	17	3,654
2013	California, Colorado, Iowa, Missouri, Texas, Virginia	9	2,529
2014	California, Florida, Iowa, Missouri, New York, North Carolina	10	2,256
2015	California, Colorado, Florida, Illinois, Iowa, Missouri, New York, North Carolina	18	3,770
2016	California, Colorado, Florida, Iowa, Illinois, Missouri, New York, Virginia	17	3,212

**Table 1, Medical camps in the USA, 2009-2016**

## USA

The USA is home to many of the leading healthcare systems of the world. However, many segments of society have challenges being able to afford and receive both preventive and ongoing medical care. Over the past 15 years, the Sathya Sai Centers throughout the country have taken a leading role in their communities, providing many services in collaboration with both private and government groups. The primary tenet in these efforts is that loving, free, high-quality healthcare should be provided without regards to financial, racial, religious or class distinctions.

As shown in Table 1, from 2009 – 2016, thousands of patients in numerous states throughout the country have received a variety of services. The emphasis of these medical camps is to provide education, prevention, and early identification of disease while guiding patients into established programs in their communities for long term follow-up.





Medical services included screening for Diabetes Mellitus, dyslipidemia, hypertension, vision, anemia, and cancer. Social services, psychological services, women's healthcare, smoking cessation, diabetes control, nutritional education and counseling were often provided.

Consultations with love and compassion were provided in numerous specialties including family medicine, internal medicine, pediatrics, dentistry, podiatry, cardiology, pulmonary, gastrointestinal, ear/nose/throat, ophthalmology, oncology, gynecology, psychiatry, orthopedics, and dermatology. Most of the camps provide services in numerous specialties. Some of the camps had specialty-specific sessions such as dental hygiene, dentistry, podiatry, and ophthalmology, depending upon the needs of the communities.

The success of these medical camps can be attributed to the large numbers of non-medical volunteers from various backgrounds who help to translate, escort, and provide comfort to patients and provide logistical and infrastructure support. Attendees and volunteers often commented on the fulfilling and transformative experiences encountered when putting into practice the Sathya Sai principles of loving, free, selfless, high-quality service.

**California:** Medical camps have been organized in Corona since 2008, Oxnard since 2006, Vista since 2013 and in Huntington Park since 2012 by the SSIO in California.

**Florida:** Annual medical camps have been organized in St. Petersburg, providing general medical, dental and podiatry care to patients. The honorable Bill Foster, Mayor St. Petersburg, Florida was present to personally thank the Sai Organization for their dedication and service in 2014.

**Illinois:** Annual health education camp has been held at Camp Henry Horner, Ingle-side, Illinois, staffed by a dedicated team of doctors, nurses, pharmacist and other volunteers from various Sathya Sai centers. Other cities in this region where medical camps are organized include Columbus in Ohio, Fort Wayne in Indiana, Des Moines in Iowa, Detroit and Monroe in Michigan.

**St. Louis, Missouri:** Annual medical camp has been organized since 2003. Several local organizations have joined the SSIO to provide comprehensive health checkups to the local people. Mr. Charlie Dooley, the Chief Executive of St. Louis County having been impressed by the outstanding and valuable contribution of the SSIO to the Latino community, proclaimed August 21, 2010 as Sathya Sai Free Medical Camp Day in St. Louis County.

**New York:** Annual medical camp has been organized during Sathya Sai retreat in Troy, New York. Services offered were screening services for common chronic conditions such as diabetes and hypertension and counseling on healthy food choices, exercise and medication compliance. In addition, medical camps have been organized in Poughkeepsie and Queens, New York.





## Fiji

Annual medical and neurosurgical camps have been organized by SSIO of Australia and Fiji since 2004. A team of neurosurgeons, physicians, nurses, and paramedical personnel from Australia led by Dr. K. Nadanachandran participate in the camps. They see patients in the clinic and perform surgeries to treat a variety of neurosurgical disorders.

Medical camps have been organized in the rural areas. General medicine, eye, dental, children and women's health services are provided in the camps. Medical services included full patient consultation and diagnostic facilities, including blood tests, blood pressure, and ECG. Dental procedures, pap smears, a comprehensive eye checkup, and free prescription eyeglasses were provided. The first day was dedicated to continuing medical education programs. CME programs have been organized at the University of Fiji, at the medical school in Saweni, Lautoka.

Annual medical camps are organized in collaboration with medical team from New Zealand. The SSIO of New Zealand and Fiji has been jointly organizing medical camps in Fiji during March to April every year. Camps are focused on remote areas of Fiji and ministry of health has been providing input on selecting the sites, including Rakiraki, Keiyasi, Vatukoula, Tailevu, Sigatoka, Mulomulo and isolated areas of Vanua Levu. Services provided include comprehensive medical evaluations, minor operative procedures, blood tests, spirometry, and ECG. A full pharmacy service was available. The Ministry of Health, Government of Fiji, assisted with the arrangements of camps.







Russia

## Russia

International healthcare and service camps have been held once or twice a year since 1998 in the Leningrad region of northwest Russia by volunteers from Azerbaijan, Belarus, Germany, Great Britain, Kazakhstan, Russia, and Ukraine. Mobile medical teams have visited seven nearby villages to offer medical assistance. In addition, medical camps were organized in Lodeynoye Pole in the Leningrad Region and Nyazepetrovsk, a city in Chelyabinsk region; in the village of Novoselye near St. Petersburg, and a village in Siberia.

## Kazakhstan

The SSIO of Kazakhstan has been organizing annual medical camps over the past two decades in the villages of Bersuat, Akylbai, Ulenty, Anar, Novodolinka, Dolinka, and Saran. Volunteers from Russia, Uzbekistan, Kyrgyzstan, Ukraine, UK, and USA joined local volunteers to provide services in general medicine, gynecology, pediatrics, ophthalmology, and dental areas. Medicines were given at no charge.

## Ukraine

The SSIO organized annual medical camps in Bogodukhov, Korolyovka, and in Vinitsa. Volunteers from Russia, UK, and USA join the local team to provide services in general medicine, pediatrics, ophthalmology, and dental areas. In some camps, psychiatry, dermatology, neurology, endocrinology services were also provided. Medicines and spectacles were also distributed.







## Argentina

The SSIO of Argentina has been very active in providing medical care to the needy. They began by organizing a medical camp in 2002. Since then, camps have been held regularly in various towns in Buenos Aires, Cordoba, Rio Negro, and Santa Fe provinces of Argentina.

Medical camps have conducted in Barrio Toba, Catán, Grand Bourg, González, Misiones, Misiones, Mendoza, Posadas, Palmyra, Rosario, Toba Community in Derqui in the province of Buenos Aires; Candiotti in the province of Santa Fe; Villa La Tela in the province of Cordoba

Services in the fields of pediatrics, internal medicine, ear, nose and throat (ENT), radiology, ophthalmology and dentistry were offered to several thousands of patients. In some medical camps, dentistry, dermatology, gynecology, psychiatry and nutrition services were also offered.



## Brazil

The SSIO of Brazil has organized medical camps since February 4, 2005 in São Paulo. General medicine, pediatric, dental, ophthalmology and cardiology services, and health education were provided with love and dedication in these medical camps.

On June 4-5, 2015, a medical camp was held at Capão Valley in Chapada Diamantina, Bahia, one of the most underprivileged regions in the country. There were 427 medical consultations in otolaryngology, pediatrics, orthopedics, gynecology, neurology, surgery, endocrinology, general practice, and psychology. At the same time, a team of 11 Sathya Sai devotees and four others distributed nonperishable food to 54 needy families. The villagers appreciated the loving and compassionate care, which left a lasting impression.

## Guyana

Medical camps were conducted in several cities and villages in Guyana. The first camp was from September 1-4, 2004, in which over 3,000 patients were seen. Since then, several medical camps have been organized. Medical teams from the USA, Canada, and the UK have participated in these camps. Services provided are consultation with a physician, dental procedures, and eye care which includes cataract surgeries. A comprehensive range of treatments was offered which included maxillofacial surgery, dental extractions, and fillings. Patients were also offered free medications.

In addition to medical care, health education on hypertension, diabetes, heart disease, and women's health, HIV and alcohol was given for the Guyanese people in one of these camps. First aid was taught to young adults.

Recent focus of camps is specialized care such as fibroid surgeries and cardiac care. At the urging of the President of Guyana, Mr. Donald Ramotar, an international medical team of the SSIO from the U.S.A, in close cooperation with government of Guyana, planned medical camps for uterine fibroids surgeries. Two Sathya Sai



medical teams from the USA, with four to five volunteers in each team, performed 52 uterine fibroid surgeries in Georgetown Hospital and West Demerara Hospital in Guyana from November 8-23, 2013. Again, during October 4-11, 2014, SSIO medical teams performed 23 uterine fibroid surgeries and more than 10 hysterectomies at the New Amsterdam Hospital in Berbice, Guyana.

## Paraguay

During November and December 2003, the SSIO conducted 78 cataract surgeries for indigent people in the rural areas. Many of these people had impaired vision prior to the surgeries and thus were not able to find work. People who had no expectation of regaining their eye sight because of their cataracts and precarious financial conditions regained their eye sight.

## Peru

Two medical camps were organized in January and May of 2011 in Shanty Towns, San Francisco de la Cruz, Villa Sol, Prolongación Japón and Bolívar, Lima's periphery, Perú. General medicine, and dental services were offered to more than 150 patients. Four medical camps were organized in June, August, October and December of 2011 again in the above-mentioned places. Two medical camps were organized in the outskirts of Lima, on October 10th and 15th and December 2013 and served 300 patients. In the October camps, 105 needy individuals received medical care. In the December camp, 63 patients received care in specialty areas, as well as prescribed medicines. General medicine, obstetrics, and dental services were offered to the patients.

In March, August, October and December of 2016, four medical camps were held in the Cerro San Francisco area, south of Lima (Peru), covering 4 settlements. In total, healthcare was given in General Medicine (63 consultations), Dentistry (94 consultations), Psychology and Counseling (34 consultations), and 161 medicines were dispensed.





## Uruguay

Sathya Sai volunteers created the Sathya Sai Baba Blood Donors Club in February 2004. The Sathya Sai Centre in collaboration with the National Blood Service in Montevideo has played a great role in saving many lives by providing volunteers to donate blood for the blood bank.

## Venezuela

Since 2001, the SSIO has been conducting eye camps in Caracas, Venezuela. These camps offer cataract surgeries and implantation of multifocal lens for patients with little or no financial resources. Two hospitals offered their operating theatres with the latest equipment free of charge, and several pharmacies donated medicines. Sathya Sai doctors performed the operations, while volunteers served delicious vegetarian meals to the patients and drove them back to their homes. In addition to eye surgeries, members of the Sathya Sai Organisation of Venezuela provided laboratory services and postoperative care free of cost, with love. The patients, who were selected from economically disadvantaged neighborhoods, were happy to receive the treatment. Many families were moved to tears because of the loving treatment they received completely free of charge.

Venezuela, Eye Surgery







Indonesia



Brazil

As the food, so the mind; as the mind, so the thoughts; as the thoughts, so the act. Food is an important factor which determines the alertness and sloth, the worry and calm, the brightness and dullness. Moderate food is the best medicine to avoid bodily illness.

SATHYA SAI BABA, SEPTEMBER 21, 1979



USA



Trinidad



# MEDICAL CLINICS



**“The patients’ welfare must be your topmost priority. Serve them with dedication. Service to patients is service to God. There is no service higher than this.”**

**SATHYA SAI BABA, JULY 5, 2003**

**Access to affordable healthcare is elusive to many people all over the world, in both developed and underdeveloped nations.** The number of people lacking access to medical care is enormous and ever growing, not only due to financial reasons but also due to psycho-social causes. Irrespective of the perceived financial status of a given country, free medical care for the uninsured and underinsured is a much-needed service sought throughout the world. When care is not available, free medical clinics are sometimes the only solution to fill that gap, especially in the management of chronic, diseases.

The SSIO has been actively involved in running several medical and dental clinics throughout the world to reflect the message, “Love All and Serve All.” These free clinics deliver efficient healthcare to the needy by providing education on lifestyle modification, providing preventive healthcare, offering immunizations, diagnosing and treating chronic medical conditions, and partnering with local hospitals to provide more holistic healthcare, including follow ups and long-term treatment for chronic diseases. In addition to providing preventive health care, medical clinics help to reduce the burden of mortality and morbidity, secondary to chronic diseases.







## NORTH AMERICA

### USA

**Colorado Springs, Colorado:** Initially conceived and piloted in 2007, a group of physicians came together in 2009 to provide continuing care for patients who are seen at the yearly Sathya Sai Health Camps. Physicians agreed to provide free of charge an unlimited number of outpatient follow-up visits in their offices, while the local hospitals agreed to absorb the cost of laboratory tests and diagnostics. Pharmacy benefits like patient drug assistance programs would be provided by the hospital or the physician's office. This model, which can be replicated in other areas, has 230 patients being served in the areas of primary care, endocrinology, cardiology, rheumatology, pulmonary medicine, and surgical specialties. This is a cost-saving model by reducing ER visits and effective management of chronic diseases.

**San Lorenzo, California:** Since January 8, 2005, in San Lorenzo, California, the Ashland Free Medical Clinic (AFMC) has been providing free medical care. Over 650 volunteer physicians, nurse practitioners, receptionists, clinic coordinators and Spanish interpreters have been providing care. The AFMC provides adult primary care services, dermatology specialty care, health education, free laboratory testing, and free diabetes supplies every Saturday. Behavioral medicine counseling to help with stress reduction, diabetes home health education for diabetic and pre-diabetic patients, and vision screening with the provision of free glasses have also been provided. Patients who need minor surgical treatment such as hernia repair, cataract surgery, or cyst removals are referred to Operation Access, an organization that provides free outpatient surgical care. Since 2005, the clinic has recorded over 17,000 patient visits. The AFMC received several awards for its commendable services to patients without insurance.

**Culver City, California:** Since May 1, 2010, the Sathya Sai Baba Free Medical and Dental Clinic has been providing free medical and dental care to patients. This clinic utilizes a Venice Family Clinic site and is run by volunteers from the SSIO. This clinic is open every Saturday.

In 2011, a total of 1,275 patients were seen for both primary and subspecialty care. In the following years, approximately 450-900 patients are seen each year. Adult and pediatric primary care, dental and several specialty services are offered. It also offers free laboratory testing and free medicines. Follow-up is ensured by the clinic with appropriate referrals as needed for higher level of care.

**A sound mind ensures a sound body; a sound body ensures a sound mind; the two are interdependent.**

**SATHYA SAI BABA, OCTOBER 16, 1974**



## El Salvador

A free medical clinic was started in 2004. The SSIO of El Salvador has a home for the handicapped that became the site for the first clinic. The clinic is open every Saturday. A total of nine Sathya Sai doctors rotate at the clinic with three physicians on duty every Saturday. A Sathya Sai volunteer was hired as a secretary to make appointments. Other physicians also volunteer their time for the clinic. On Saturday, general consultations are provided. A local hospital has been providing emergency care to clinic patients who need further care.

The main clinic spawned two satellite clinics outside San Salvador, which operate once a month, but receive medicines and support from the main clinic's inventory. The main clinic is providing care to about 1,000 to 1,200 patients a year. The smaller satellite clinics provide care to 120 to 150 patients per year.







## SOUTH AMERICA

### Argentina

Six free medical clinics offer services to patients in Argentina, as reported below:

**González Catán clinic (Buenos Aires province):** Medical care is provided fortnightly. The clinic began in 2013 and is staffed by a full-time pediatrician and a part-time dentist.

**Florencio Varela clinic (Buenos Aires province):** Medical care is provided monthly since July 2002. A physician, a pediatrician, a dermatologist and two dentists see patients. On average, about 60 patients are treated per session.

**Las Talitas clinic (Tucumán province):** Medical care is provided bimonthly since 2013, by a pediatrician.

**Los Oleros clinic (Misiones province):** Medical care is provided bimonthly since 2013 by a pediatrician.

**Grand-Bourg clinic (Buenos Aires province):** Medical care is provided twice a month. Children with learning disorders due to vision impairments receive specialized care. An optometrist who is also a psychopedagogue provides medical care.

**San Marcos Sierras and Chuña clinic (two locations in the province of Córdoba):** Medical care is provided monthly (except for the months of January and February). In 2016, a total of 1,850 patients were treated in San Marcos.

Argentina Medical Clinic







## South Africa

**Phoenix (Kwa-Zulu Natal):** This clinic is run on a weekly basis, and offers basic medical and dental services to a large community. It also has a dispensary onsite. In 2016, 2,400 patients received care.

**Escourt (Kwa-Zulu Natal):** The camp is run on a weekly basis and offers free basic medical services and medicines. In 2016, 1,200 patients were seen.

**Malagazi/Ambo (Kwa-Zulu Natal):** The camp is rotated between these sites monthly and offers basic adult, pediatric and dental services. The camp serves approximately 200-250 patients per camp per month.

## Botswana

**Sathya Sai Free Medical Clinic of Gaborone:** This clinic offered medical services every Sunday for the past ten years. In 2014, 3,126 patients received care and medicines. General medical and specialty services are provided by 21 medical professionals, 3 translators, and 30 general volunteers. An Electronic Medical Record system has been used to store medical data on 14,000 patients. All patients are provided breakfast. An eye clinic offered services twice a month. In 2014, opticians distributed 280 custom-made spectacles. Dental clinic is held monthly, on Sundays. In 2014, 120 patients received dental care, including tooth extractions, fillings, and general cleaning.

## Kenya

**Nairobi:** Free medical clinic was started in 2002 at the Sathya Sai Center. It is open Monday to Saturday from 9 am to 5 pm. Services provided include general medical consultations, dental checkups and procedures, laboratory tests (including blood, urine, stool and other tests). Medicines are provided through a pharmacy.

From January to May 2017, services were offered to 3,569 patients in the medical clinic; 497 in the dental clinic; and 1,947 laboratory tests were performed.

Regular prayers twice a day will give strength and courage which can withstand illness. The grace of God will confer mental peace and so good rest and sleep for the mind.

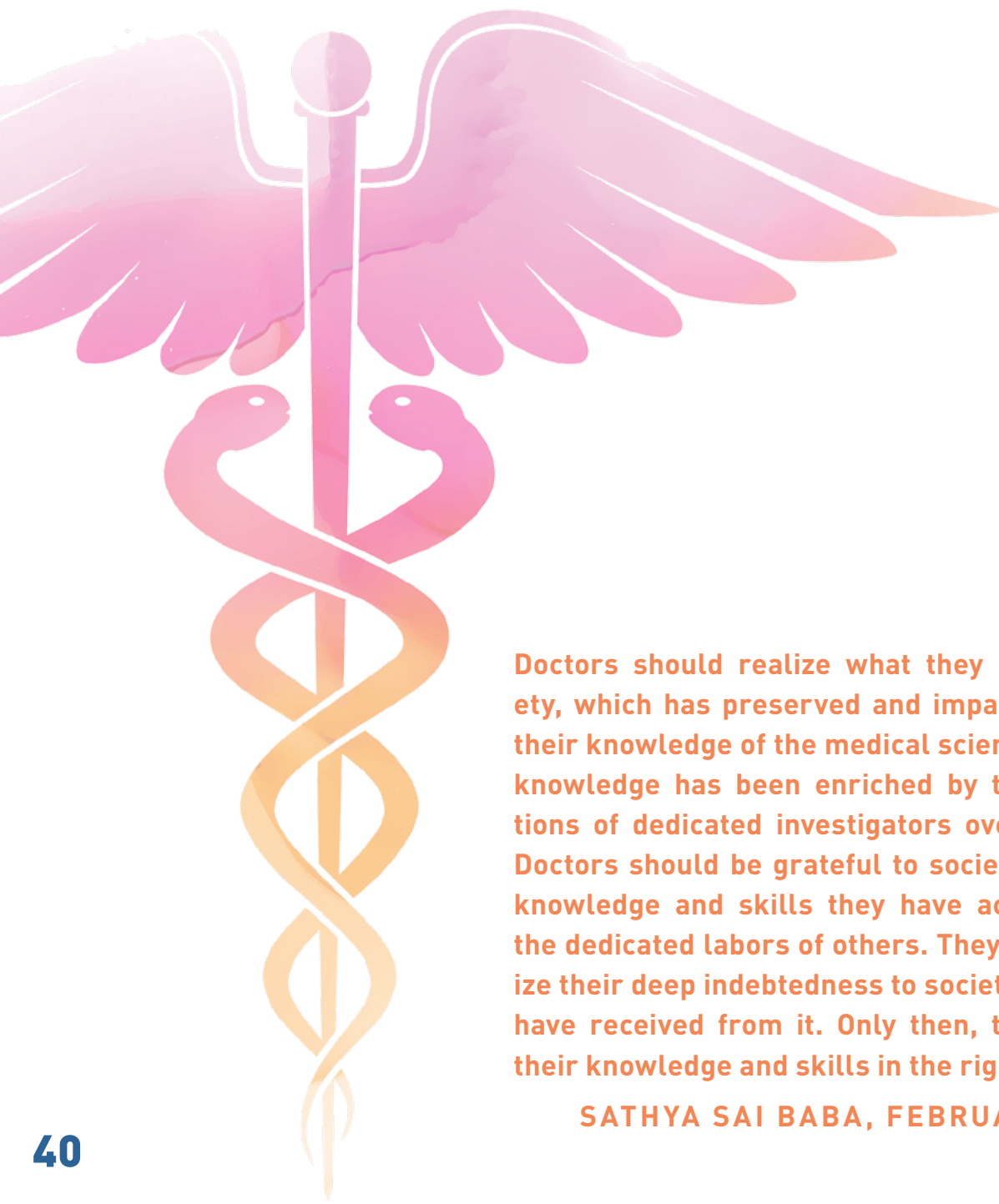
SATHYA SAI BABA, OCTOBER 12, 1969



## MIDDLE EAST

### Abu Dhabi

A free Sathya Sai Medical Clinic is operated every Sunday and alternate Fridays. It offered annual physical checkups, laboratory tests and free medicines to approximately 120 patients each time.



Doctors should realize what they owe to society, which has preserved and imparted to them their knowledge of the medical sciences. Medical knowledge has been enriched by the contributions of dedicated investigators over centuries. Doctors should be grateful to society for all the knowledge and skills they have acquired from the dedicated labors of others. They should realize their deep indebtedness to society for all they have received from it. Only then, they will use their knowledge and skills in the right way.

SATHYA SAI BABA, FEBRUARY 7, 1993



## Nepal

There are four Sri Sathya Sai Health Clinics that provide free primary and specialty care. Patients are referred to hospitals for emergencies and surgeries where care is provided at a reduced fee. If required, financial support is provided by the SSIO of Nepal for indigent patients.

**Narayanchaur, Kathmandu:** This is the oldest Sathya Sai clinic in Nepal and was established on the 75th Birthday of Baba, on November 23, 2000. The clinic offers care six days a week, from 9 am to 4 pm with the help of 27 volunteers. Laboratory tests, X-Ray, ECG and Ultrasound investigations are provided. The clinic has its own ambulance. The health clinic provided services to about 12,000 patients every year.

**Simalchaur:** The second Health Clinic is at Pokhara. It was established on the holy occasion of Christmas 2015 to provide primary and specialty care. The health clinic has provided medical assistance to 2,000 patients every year.

**Butwal and Narayanghat:** Two health clinics located at Butwal and Narayanghat are free clinics and provide medicines free of charge. The health clinic at Narayanghat provides service six days in a week and the other is open once a week, on Thursdays. These two clinics served 4,192 patients in 2016.



Nepal, Sri Sathya Sai Health Center, Kathmandu



## Sri Lanka

Six clinics have been providing free medical care and medicines to needy patients in Sri Lanka.

**Mattakuliya:** A medical clinic is conducted on the last Sunday of every month. On average, about 165 patients are seen by 4-6 doctors, 1 paramedic and 2 volunteers and are given free medicines.

**Ratmalana (Colombo District):** A medical clinic is conducted every second Sunday of the month at Shakthi Illam (Children Home), Ratmalana (Colombo District). On average, about 150 children are provided medical care by 4-6 doctors, 1 paramedic and 2 volunteers.

**Esswary Puram village:** A medical clinic is conducted twice a month at Esswary Puram village in the Vavuniya District. About 100 people are provided medical care. The clinic is supported by one doctor, one paramedic and three volunteers.

**Poompugar village:** A medical clinic is conducted twice a month at Poompugar village in the Vavuniya District. On average about 70 people are provided medical advice and given medicine.

**Kokkuthoduvai and Karipaddamurippu villages:** A medical clinic is conducted once a month at Kokkuthoduvai and Karipaddamurippu villages in the Mullaitivu District. One doctor, one paramedic and three volunteers provide care to about 30 people.



Sri Lanka, Medical Clinics



**Doctors should infuse courage in the patients and speak soothingly, radiating compassion and love. While you are examining the patient, you should have smiling faces and talk to the patients sweetly.**

**SATHYA SAI BABA, FEBRUARY 6, 1993**







# MOBILE HOSPITALS AND CLINICS



“People should not suffer from ailments of any kind. Regard this hospital as yours. They are not mine, they exist for your sake. Anyone is free to come to this hospital and seek relief and lead an ideal life thereafter. This is my benediction on all of you.”

SATHYA SAI BABA, JULY 19, 1992

**Access to free medical care is as important as availability of free medical care.** In all parts of the world, significant portions of the population lack access to basic medical care. Mobile clinics are crucial to solving this problem by allowing effective, free, healthcare to be delivered to all at their door step.

Three important goals for effective mobile medical clinics/ hospitals are to improve: 1) access to healthcare for people living in remote places, 2) the quality of healthcare by collaborating with local community to meet the local needs, and 3) reduction of healthcare expenditure by focusing on chronic medical conditions which would result in improved mortality and morbidity rates within the community.

In 2005, under the guidance of Sathya Sai Baba, the Sathya Sai Organization had established the Sathya Sai Mobile Hospital to deliver healthcare at the doorsteps of the people living in 600 villages surrounding Puttaparthi, India.

The Sathya Sai mobile hospital is a role model for mobile healthcare delivery in Sathya Sai Global Health Mission. Currently there are more than 30 mobile clinics serving patients in several countries. Below is a brief overview of mobile hospitals/ clinics.



## Sri Sathya Sai Mobile Hospital, Puttaparthi

Sri Sathya Sai Mobile Hospital was started by Sathya Sai Baba on March 30, 2006. The mobile hospital operates from the 1st to 12th of every month at 12 nodal points (base villages), and each nodal point (base village) is a central point for 40-50 villages. A population of about 600,000, spread over 600 villages, receive the benefit of this service.

General Medicine, ENT, Ophthalmology, Dental, Obstetrics & Gynecology, Orthopedics, Pediatrics, Geriatrics and Dermatology services are offered. On any given day, care is provided by 15-18 doctors from a pool of 400 doctors belonging to various specialties, with the help of 30 support staff. The mobile hospital is equipped with an ultrasound machine, ECG, EEG, X-ray plant with automatic processor and a pathology & biochemistry laboratory.

Procedures offered include dental (fillings, root canal treatment, extraction, and full set dentures), cancer cervix screening procedures, Fine Needle Aspiration Cytology (FNAC) and Core Needle Biopsy. The pharmacy team would ensure that patients with chronic diseases (Diabetes etc.) receive continuous and uninterrupted supply of medicines

Health education is offered in hygiene, nutrition, clean air and water; smoking and alcoholism, physical exercise and mind relaxation. The School Health Service is also provided with a focus on the three Hs' - Health, Habits and Home environment of every child.

### SRI SATHYA SAI MOBILE HOSPITAL STATISTICS

Patients Treated	873,367
Diagnostic Procedures Performed	56,786
X-Ray	21,355
Ultrasound	25,823
ECG	9,608
Bio-chemistry Investigations	209,263

## Mobile Hospitals, Andhra Pradesh

Twelve mobile hospitals in the state of Andhra Pradesh have been providing primary and preventive healthcare to the people living in villages in 12 districts. Since their inception, 4,360 doctors have provided their services in 1,141 camps organized by the mobile health services.



## Mobile Hospital, Chennai

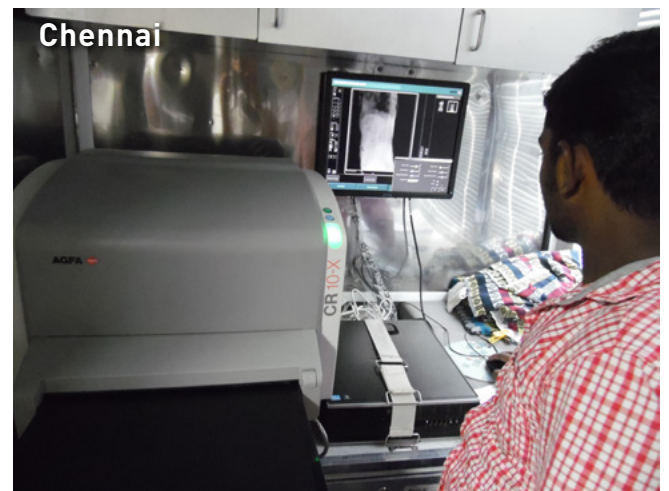
The Sathya Sai Mobile Hospital in Chennai was inaugurated on August 21, 2014. It provides free holistic healthcare to more than 150,000 people living in 12 villages/ sub-urban areas within a 50-km radius from the Chennai city on Fridays, Saturdays and Sundays.

Since its inception, 395 camps were organized, and 80,860 patients received treatment. Medicines were given at no charge.

On October 15, 2016, Dr. V. Mohan, trustee of the Sri Sathya Sai Central Trust received the Poornaratna Award for Excellence in Healthcare in recognition of services offered by the Mobile Hospital.

## Mobile Clinic, Delhi

On September 9, 2012, the Sathya Sai Organization of Delhi NCR launched the Mobile Medical Clinic. Since 2012, three medical vans have been operating and 24,000 patients have received care. On October 13, 2015, a special service 'Mother & Child Care Van' was initiated for providing supportive healthcare to women during pregnancy and after delivery.





## Mobile Clinic, Indonesia

The Sathya Sai Study Group in Jakarta, Indonesia had a vision to provide a fully operational medical mobile unit that would serve urgent medical needs of the community. In August 2011, the Group began the bus selection and design, and acquired the bus after eight months. On March 28, 2012, the “Sathya Sai Mobile Clinic” (SSMC) was launched, dedicated to providing quality medical services in a timely manner to patients who cannot travel from remote villages. The fully operational medical mobile unit is equipped with modern diagnostics and other facilities, and can be dispatched on a moment’s notice. Its first service was rendered on April 1, 2012. Every year, the mobile clinic makes approximately 139 visits to remote places and serves more than 23000 patients, assisted by 45 medical and 500 non-medical volunteers.

## Mobile Clinic, Nepal

The Sri Sathya Sai Free Mobile Clinic started functioning on September 13, 2016. A total of 10 doctors, 2 laboratory assistants and a paramedic with the help of 10 Sai volunteers provided general medical services to 101 adults and children in Tokha. Subsequently, some of the areas where the mobile clinic offered services were Kalikasthan, Syangja and Tuhure Pasal. Medicines were distributed free of charge to the patients. The medical team consists of a cardiologist, a dermatologist, a gynecologist, an orthopedist, a neurologist, and general practitioners. A total of 2,413 patients received care by the mobile clinic team.

## Mobile Clinic, Sri Lanka

Mobile clinics served 20 different locations in Northern, Southern, North Central, Central and Eastern regions of Sri Lanka, in rural locations where there are no proper hospital facilities. During April 2016 to March 2017, Sathya Sai healthcare professionals examined more than 5,300 patients for treatment of various diseases related to heart, skin, digestive and respiratory systems. Medicine was provided free of cost. Patients who required follow up visits were referred to the nearest Government Hospital. Mobile clinics have been conducted in Sri Lanka since 2002, for the benefit of 5,000–6,000 needy villagers every year. Mobile dental clinics are also organized by dental surgeon and their assistants, along with mobile clinics. The Government Mobile Dental Ambulance is utilized for tooth extractions.







Indonesia, Mobile Clinic



Sri Lanka, Cataract Surgery





# HUMANITARIAN RELIEF





Haiti, Earthquake 2016,  
Food Distribution



Nepal, Earthquake 2015,  
Water Project



Japan, Earthquake 2016, Housing Tents

**Natural calamities often wreak havoc, affecting the lives of many people worldwide.** Disaster relief services were provided expeditiously and lovingly in many areas of the world, including India, Ecuador, Fiji, Haiti, Indonesia, Italy, Nepal, Philippines, Serbia, Sri Lanka, UK, USA, and other parts of the world. In many countries, these noble and exemplary community service activities have won accolades and awards from local and national governments.



## Flood Relief in Chennai

In November and December 2015, Chennai was inundated by 1500 mm (60 inches) of rainfall causing 40% of the city of 6 million people to be under water. More than 600 perished, 1.8 million people were displaced, and 57,000 homes destroyed or damaged. Sathya Sai Youth sprang into action by serving 2000 food packets per session. A team of doctors and medics made their way through the floods to treat stranded people. Within days the Sathya Sai organization in Tamil Naidu delivered 21,000 gift packets with 32 essential items in each.

## Cyclone Relief in Andhra Pradesh

On October 9, 2014, cyclone Hudhud hit the area of Vishakhapatnam, with 210 kmph winds; 135,000 people were evacuated, 41,000 houses were destroyed, as were 200 acres of coconut plantations. The next day, the Sri Sathya Sai Service Organization sprang into action. Over the next weeks they served more than 15,000 tamarind rice packets and 27,000 biscuit packets. Sai organizations in neighboring states sent huge amounts of relief supplies.

## Flood Relief in Uttarakhand

An unusual flash flood hit this area of Himalayan mountains in July 2013. Thousands of pilgrims were trapped and many villagers lost their homes and possessions. Roads were washed out and the Indian army brought the stranded people to safe areas. The Sathya Sai organization set up relief camps in Rishikesh, Haridwar, and Jolly Great airport, where they provided the public with food, water, clothing, blankets, and cell phones to call their families. The second phase of relief was for the destitute villagers who received tents, food, spices, oil, candles, and matches.





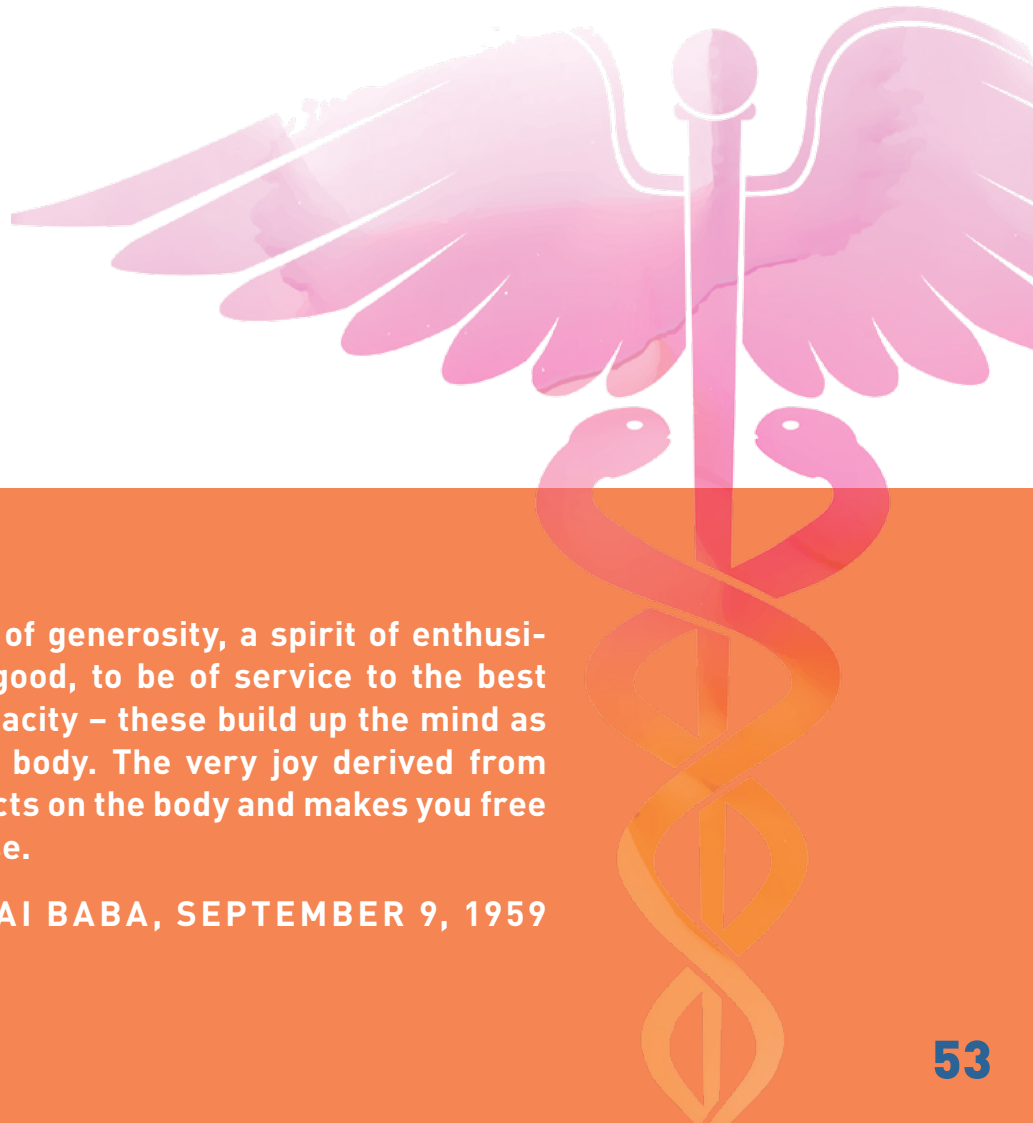


## Earthquake Relief

On April 16, 2016, a devastating earthquake of magnitude of 7.8 struck near the coast of Ecuador. More than 650 people lost their lives and many more were displaced from their homes. Over 16,000 people were injured. One of the two Sathya Sai Schools in Ecuador suffered damage but no injuries were reported.

The SSIO supported the local relief activities, and volunteers distributed food, drinking water, clothes, mattresses and first-aid supplies. Sathya Sai medical professionals provided emergency medical services and SSIO volunteers provided temporary shelter and food to the needy. The SSIO sponsored the reconstruction of six homes, supplying all necessary construction materials, while partnering with the homeowners and local community.

The SSIO hosted medical camps in June and October of 2016, bringing together doctors and volunteers from the USA and Latin America. Camps were held across different communities, with visits from 50-100 patients daily. The SSIO also contributed to the rebuilding of multiple areas of the local Sathya Sai School of Bahia, and the restoration of a free community clinic.



An attitude of generosity, a spirit of enthusiasm to do good, to be of service to the best of one's capacity – these build up the mind as well as the body. The very joy derived from service reacts on the body and makes you free from disease.

SATHYA SAI BABA, SEPTEMBER 9, 1959



Fiji, Cyclone 2016

## Cyclone Winston Humanitarian Relief

Tropical Cyclone Winston wreaked havoc in the Fiji Islands on February 20, 2016, leaving many residents without basic supplies and shelter. Remote communities along with about 100 smaller outlying islands were amongst the worst affected areas.

Sathya Sai volunteers from Fiji began offering hot meals, food packets, drinking water, clothes and medical care to the victims immediately after a nation-wide curfew was lifted. Major obstacles, including landslides, had to be overcome by volunteers in many instances. SSIIO members delivered over 6 tons of food and 1,500 liters of clean drinking water, in many cases by foot and even on horseback.





## Earthquake Relief, 2010

Following the massive earthquake in Haiti in January 2010, the SSIO provided relief daily. In addition to medical services, the SSIO focused on potable water and shelters. Potable water was delivered to the local neighborhood around the SSIO operations base, using a 6,000-gallon water tanker and a well-designed network of pipelines. This water delivery system could serve about 500 families. Arrangements were made to have 6,000 gallons of water delivered every day. Over 2,000 vegetarian meals were served daily.

Medical services were provided in the premises of two churches. About 60,000 patients were seen over a few years. Since the earthquake destroyed medical facilities, many people had no medical care or medications for chronic illnesses. Sathya Sai volunteers hand-transported several cartons of medications, and several containers were shipped to Port-au-Prince for patients at the medical clinics. A psychiatrist and a psychologist were available to treat post-traumatic stress disorder.

The SSIO also operated a school and an orphanage to serve children who were rendered orphan and destitute after the earthquake.

## Hurricane Matthew, 2016

On October 4, 2016, Hurricane Matthew hit the western coast of Haiti – one of the most powerful Caribbean storms in a decade, with a death toll of over 1,000. Among the many areas affected by the hurricane in Haiti's southeastern peninsula of Tiburon, the city of Jeremie was one of the hardest hit. The category 5 hurricane left about 1.4 million people devastated.

Based on helicopter surveillance, it was decided that the best use of resources would be to distribute uncooked food supplies and filters for water purification, and to provide seeds to the farmers. SSIO volunteers from Trinidad & Tobago prepared and shipped 3,000 boxes of food and supplies. Embracing the noble activities of the SSIO, the Haitian government waived custom dues. Food was also given to students in two schools adopted by the SSIO since 2011: about 50 children in the ABC for Life School, and 200 children in the Ecole Mixte de la Nouvelle Jerusalem School. These children also attended classes on Sathya Sai Education in Human Values.

**Health is man's supreme wealth. It is much superior to the other types of wealth possessed by man.**

**SATHYA SAI BABA, JUNE 10, 2001**



### **Earthquake Relief, 2009**

Two earthquakes of magnitudes 7.6 and 6.2 on the Richter scale struck the coast of West Sumatra on September 30, 2009. Many lives were lost, more than 135,000 houses were severely damaged and approximately 1.25 million people were affected.

On October 3, 2009, Sathya Sai volunteers from Bali left for Padang with medications and medical supplies. On the same day, Sathya Sai volunteers from Medan went to Padang with five tons of rice, mineral water, instant noodles and cooking vessels. On October 5, volunteers drove two hours on motorcycles to landslide areas in Tentika village and delivered 190 tents for temporary shelter and 35 plastic tanks for water storage. From October 6 to 9, Sathya Sai rescue teams delivered daily provisions and tents to villages and remote areas, boxes of medications including vaccines for 2,000 patients to three hospitals in the affected area, distributed 3,000 blankets and provided an artificial limb to assist a victim in returning to his hometown in Java.

### **Earthquake Relief, 2010**

On October 25, 2010, approximately 150 kilometers off the western coast of Sumatra, Indonesia, an earthquake triggered a tsunami three meters high, reaching 400 meters inland. The tsunami left 550 people dead or missing.

With assistance from the Indonesian Navy, the SSIO of Indonesia dispatched volunteers by helicopter and land transport to the damaged area. On November 4, a team of Sathya Sai volunteers along with a doctor and nurse proceeded to the Mentawai Islands with food items, life jackets, one ton of medicines and other necessities. Medical services were provided in temporary shelters to the evacuees.

### **Mount Merapi Eruptions - Relief**

Sathya Sai volunteers have been providing relief to the victims of the volcanic eruption of Mount Merapi since November 2010. Baby food, baby sanitary items, utensils for babies, blankets, mattresses, mats, hygiene kits, clothing including over 13,000 T-shirts, 1000 pieces of infant clothing, 10,000 pieces of undergarments, eucalyptus oil and other essential items were distributed to the evacuees. Porridge was served round the clock for the evacuees.

The SSIO of Indonesia has undertaken the reconstruction of houses and the water supply services for the victims, and 31 houses have been completed for older people without income or family support. The SSIO provided bricks, cement, wood, and other basic materials and the local villagers provided the labor to build the homes.



## Mount Kelud - Relief

On the evening of February 13, 2014, Mount Kelud – an active volcano in East Java, Indonesia – erupted violently, spewing stones, gravel and sand. Volcanic ash reached distances of over 200 km, forcing the evacuation of tens of thousands of people to safer areas.

Sathya Sai devotees of Surabaya, Java, began offering aid to displaced. On February 21, 2014, a team of nine Sathya Sai volunteers distributed rice, sugar, oil, milk, tea, coffee, biscuits, instant noodles and water to nearly 1,500 people. In addition, they distributed blankets, clothes, undergarments, disposable diapers and medicines.

## Earthquake Relief, 2016

An earthquake of 6.5 magnitude struck the northern part of Aceh on the island of Sumatra, Indonesia on December 7, 2016, killing 104 people and causing destruction. Reports indicate that there were about 84,000 displaced people across 28 locations and 11,668 damaged houses. Immediately following the disaster, the SSIO Indonesia Sai Rescue team distributed food items, water, blankets, cooking oil, milk, tooth paste and clothing.







## ITALY

### Earthquake Relief, 2009

Abruzzo is a region in Italy, less than 80 km east of Rome. On the night of April 5, 2009, several violent earthquakes, the strongest of which was of magnitude 6.3 on the Richter scale, affected the Abruzzo region. The earthquake epicenter was in L'Aquila, the regional capital, and its surrounding towns and villages, where nearly all houses and buildings were destroyed, resulting in the death of more than 300 people and injuries to about 1,600. About 65,000 people were rendered homeless.

Members of the Sathya Sai Centre in Pescara, located about 100 km from L'Aquila, immediately arranged for distribution of relief materials, starting with necessities. SSIO volunteers travelled to remote areas that were not covered by other major rescue efforts or the mass media. Sathya Sai Youth also took an active part in this service project.

### Earthquake Relief, 2016

Central Italy was struck by a major earthquake on Wednesday, August 24, 2016. The 6.2 magnitude quake struck a cluster of mountain communities 140 km (85 miles) east of Rome as people slept, causing hundreds of deaths, widespread destruction and general havoc. The SSIO assisted with temporary housing, providing heating systems for the winter, household items and kitchen facilities. In addition, SSIO volunteers provided a complete housing unit for a family of 10, which included orphan children who lost their parents in the earthquake.

Italy, Earthquake 2016  
Prefabricated Houses







## Earthquake Relief, 2011

On March 11, 2011, the northeast coast of Honshu, Japan's largest island, was subjected to the Tohoku Kanto Earthquake, which registered 9.0 on the Richter scale. Approximately 30 minutes later, a tsunami swept the island, flooding 500 square kilometers of land. The official death toll was estimated at 15,894 with more than 2,500 people missing and over 340,000 others displaced.

The SSIO of Japan immediately distributed medicines, clothing, towels, sheets and food. Sathya Sai volunteers delivered seven truckloads carrying 40 tons of life-line goods and food supplies directly to the survivors. The Japan Coast Guard offered its entire ship Miura and a special helicopter to the Sathya Sai Organization to transport supplies to the most severely affected areas in the Miyagi and Iwate Prefectures.

Natori's eastern border is the Pacific Ocean, and the city sustained catastrophic damage. On March 20, 13 Sathya Sai volunteers offered relief supplies to 1,300 evacuees housed at the Natori municipal gymnasium and at the Natori city office. Around 12,000 meals were served.

## Earthquake Relief, 2016

On April 14, 2016, a strong earthquake (magnitude 6.5) occurred in the Kumamoto area of Kyushu, followed by a second quake (magnitude 7.3) on April 16, 2016. Severe damage occurred in Kumamoto and Ōita Prefectures, with numerous structures collapsing and catching fire. More than 44,000 people were evacuated from their homes.

On May 2, 2016, the Sathya Sai team of Japan visited five evacuation shelters in Kumamoto; distributed free-standing tents, tent flooring coated with aluminum film, sweets, juice, fruits, blue sheets, towels, packing tapes, etc. Free-standing tents were distributed to 10 people taking shelter at the Ezu 7th Community Centre in Shimomuta, Ezumachi, Kumamoto-city. These people were living in a public car park as many houses in the area had collapsed.





## KENYA

### Humanitarian Relief

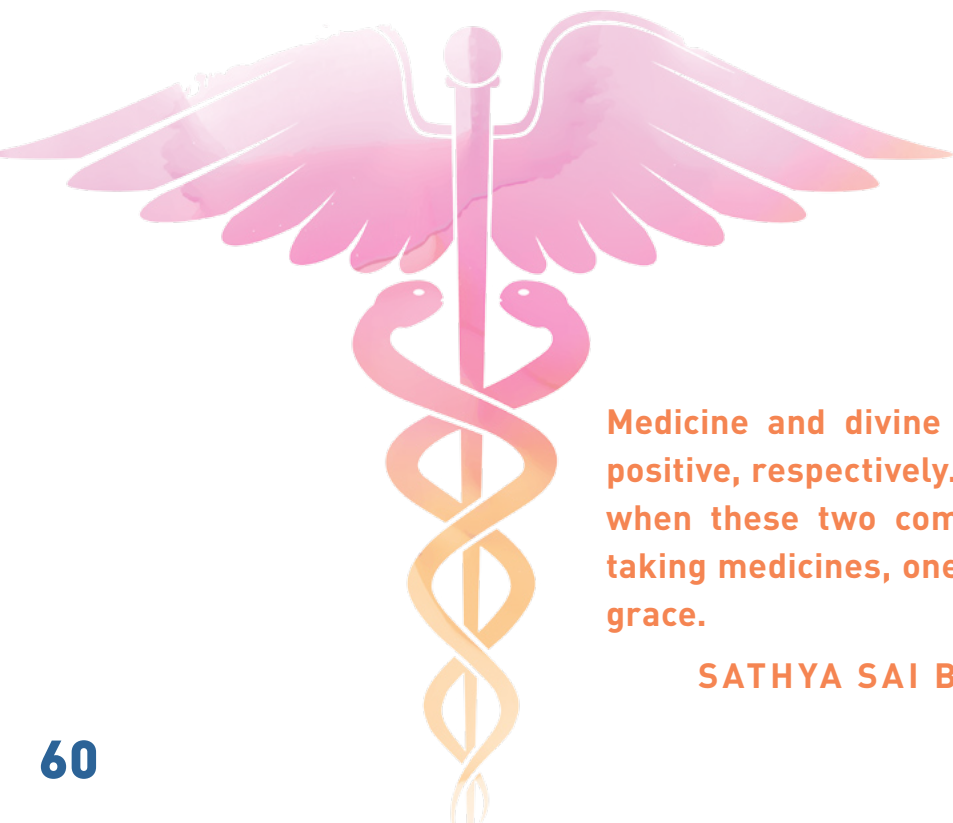
As soon as an alert came from the Kenyan Government that approximately 10 million people might face starvation, Sri Sathya Centers in Kenya started a Famine Relief Project. On June 14, 2009, 21 SSIO volunteers from Nairobi Sathya Sai Centre drove about 300 km to affected villages with over 5 tons of food supplies. The villagers expressed their gratitude to Sathya Sai Baba through a local song and dance.



## MAURITIUS

### Flood Relief

During the weekend of March 7–8, 2015, severe flooding affected the southern parts of the island of Mauritius. It was communicated on March 9 that 30 families needed immediate help. SSIO volunteers swiftly rendered assistance to the victims and supplied food and articles of daily need.



**Medicine and divine grace is like negative and positive, respectively. Diseases can be cured only when these two come together. So, along with taking medicines, one should also pray for divine grace.**

**SATHYA SAI BABA, JANUARY 19, 2001**





## Earthquake Relief, 2015

During April 25-26, 2015, a devastating earthquake measuring 7.9 on the Richter scale struck Nepal near its capital, Kathmandu. It was followed by a second quake on May 12, 2015. Nearly 9,000 people were killed and 22,000 were injured. The earthquake left 3.5 million people homeless.

Five hundred SSIO volunteers began distributing packed hot meals at hospitals, tent camps, and rescue sites. During the first 10 days, 29,000 hot meals were distributed to hospital patients, their chaperones, medics, and foreign rescue operators.

Simultaneously with food distribution, SSIO of Nepal volunteers reached out to remote areas with uncooked food packets. They also distributed blankets, floor tarpaulins, and mattresses. In total 31,500 families were served at 294 localities including all the 18 affected hill districts.

Medical services were provided beginning the very next day after the first earthquake. Medical camps were organized at four places in addition to keeping the Sri Sathya Sai (SSS) Health Centre open for the victims. A unique feature was the door-to-door visits by doctors in 11 hilly villages. Pregnant and new mothers living in the tents put up by the government were brought to the Sri Sathya Sai Health Centre and provided with comprehensive medical services. Later, they were returned to their camps with additional food packages. In all, 11 medical doctors and 30 paramedics provided medical services for two weeks to 5,000 patients.

Nepal, Earthquake 2015





## Nepal, Earthquake 2015 Trucks negotiating narrow roads



At Lele, a hinterland village in the Kathmandu valley, one Sathya Sai Centre took up the herculean task of constructing 32 houses. In Khalte Village with financial support from the Sri Sathya Sai World Foundation, construction of 22 houses were completed. This village has been renamed Sai Village. At Satrasaye village, where the SSIO had constructed a community drinking water supply system ten years ago, the SSIO took up construction of 12 houses and one community hall.

The SSIO conducted a two-day medical camp at the Attarpur village in Sindhupalchowk district, where 18 medical doctors and dentists, assisted by 27 paramedics, examined 1,029 patients. Thirty SSIO volunteers and 25 local volunteers provided support to the camp. Food was served to about 500 people in conjunction with the medical camp. The SSIO has also provided one mobile medical van which is currently being used in remote areas.

**A doctor should reflect the triple qualities of sacrifice, love and compassion in treating his patients.**

**SATHYA SAI BABA, JANUARY 21, 1994**





## Typhoon Relief, 2013

On November 8, 2013, a Category 5 typhoon, named Haiyan, made landfall in the Eastern Samar province of the Philippines. The storm affected an estimated 15 million people, with over 6,000 reported dead.

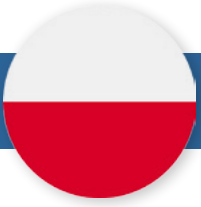
The SSIO started relief activities immediately. On November 16, SSIO volunteers loaded a 20-foot container with goods and supplies, and transported it by barge to the island of Biliran.

In early February 2014, SSIO medical volunteers from the Philippines and other countries conducted medical camps in the affected area. More than 400 kg of medicines were distributed. Food supplements and milk powders were also offered to the needy. SSIO volunteers served daily meals of rice, vegetables and beans in the local area of Tacloban. Since 2014, a variety of ongoing activities have aided the residents of the affected areas, including - reconstruction of San Isidro Elementary School in Palo; training and distribution of fabric to 35 poor women to make garments and earn a livelihood; provision of free lunch daily to students in three elementary schools; and a workshop in Sathya Sai Education in Human Values.

Over a period of two years, the SSIO provided: Over 100 international medical and non-medical volunteers; medical and dental camps for over 23,000 patients; daily meals to schools, children and the community at large and restoration of classrooms and other infrastructure at local schools. Further, in January 2015, the SSIO completed construction of the Sri Sathya Sai Maternity Centre and Medical Clinic in San Jose, Dulag. Mothers, who had been forced to give birth on the streets, could now receive medical attention in sterile facilities, along with infant care.



Philippines, Typhoon Relief  
Medical Camp



## POLAND

### Cyclone Relief

Starting from May 2010 through summer 2011, a group of Sathya Sai volunteers have been visiting families affected by floods when severe cyclones and rains hit the central regions of Poland. SSIO volunteers talk to the victims, listen to their woes and identify their essential needs, which has a significant healing effect on those affected by the floods. Furniture and other necessities were provided to the needy families.



## UK

### Flood Relief

In February 2014, heavy rains and storms caused unprecedented flooding in many areas in southern U.K., displacing many people. Sathya Sai volunteers across the country rallied together to donate blankets, duvets, sleeping bags, bottled water, biscuits, nuts, crisps, body wipes, disinfectants, brushes and other essential goods, which were collected at the Sathya Sai Relief Hubs in London and Leicester.



**Diseases which torment man are many in number: of these, hatred, envy, and egoism are the worst. Even doctors cannot cure them, for most of them suffer from these.**

**SATHYA SAI BABA, SEPTEMBER 30, 1981**





## Mississippi River Floods

In Tennessee, with the Mississippi River flooding low-lying areas, over 500 people were displaced and accommodated in four to five shelters set up by a church. Volunteers of the Sathya Sai Centre of Memphis collected urgently needed items from a list published by the church, and two full vanloads of supplies were delivered. Several ladies from the Sathya Sai Centre of Nashville, Tennessee prepared and served five-course meals to 250 women and children.

## Hurricane Sandy

On October 29, 2012, Hurricane Sandy, the largest Atlantic hurricane on record, landed on the East Coast of the USA. There was extensive damage to property and over 200 people died. Families in New Jersey, New York City and Long Island were among the hardest hit due to extensive power outages and fuel shortages. With blessings and guidance of Sathya Sai Baba, the Sathya Sai International Organization in the USA immediately sprang into action and supplied food, clothing and transportation to the victims of the natural disaster. Sathya Sai Centers from all parts of the USA joined in the relief work by contributing groceries, blankets, hygiene kits, toiletries, school supplies including school bags and gift cards for the purchase of construction materials to repair damaged homes.



## Oklahoma Tornado

On May 20, 2013, a devastating tornado hit the town of Moore, Oklahoma, killing 24 people and destroying almost 13,000 homes. Shortly thereafter, several other tornadoes hit Oklahoma City, killing another nine people, injuring hundreds more and creating additional damage.

All Sathya Sai Centers in the South-Central Region of the USA started providing food and basic supplies to the needy and travelled to the affected areas to render help to the tornado victims. The SSIO assisted a needy community of about 80 homes and 320 people to rebuild their homes.



## WEST INDIES

During the past several years, over 100 Sathya Sai volunteers on the island of Trinidad have constructed and donated prefabricated houses to the needy, generally on the weekly basis. The two-bedroom houses are made of steel frames and roofs and have French windows, steel doors at all external entrances and flush wooden interior doors. They are built to withstand tropical storms, which are common on the island. In every project, the recipient families shed tears of joys upon receiving the homes, with firm commitments to lead a loving, righteous life. In addition, the Pasea Sai Centre built two concrete houses in Grenada following a hurricane and four houses in Haiti following the devastating earthquake.







Indonesia



Haiti, Earthquake 2010

A single flower cannot make a garland. All the people – the patients, doctors, workers – work in a spirit of harmony and unity. It is this sense of unity which contributes to purity and this purity of heart secures divinity. This hospital is a direct proof of the presence of purity, unity and divinity. It is our fond hope that such purity, unity and divinity should prevail in other hospitals as well.

SATHYA SAI BABA, JANUARY 21, 1994



Haiti, Hurricane Matthew





# **PREVENTIVE HEALTHCARE**



**“To improve and maintain the health of the people, continuous education on the principles and practice of hygiene and environmental cleanliness is essential. Education is the most effective safeguard against physical and mental ill-health.”**

**SATHYA SAI BABA, AUGUST 28, 1976**

**Major risk factors for communicable and non-communicable diseases include alcohol abuse, tobacco smoking, indoor smoke inhalation from solid fuels, air pollution, unsafe sex, poor sanitation, high cholesterol, iron deficiency, malnutrition, low fruit and vegetable intake, high body mass index, and high blood pressure.** These risk factors may result in infectious diseases (ex. AIDS, TB, and diarrhea and dehydration) and non-infectious diseases (ex. cardiovascular diseases, diabetes, and hypertension). Risk factors for health problems as well as diseases vary from place to place. It is important to focus on primary and secondary preventive strategies to reduce the burden of disease by addressing risk factors and early diagnosis.

Although, we may have succeeded in decreasing mortality by creating better diagnostics and treatment options, morbidity continues to impact our society by reducing the work force and quality of life. Convalescence is a difficult phase in the patient's life as they require specialized care that addresses not just their physical health, but also psychological, and social well-being.

The SSIO has undertaken several public health initiatives targeting primary, secondary and tertiary prevention of diseases such as drinking water projects, health education activities to promote a healthy lifestyle, community rehabilitation programs, immunization programmes, hospice care, bone marrow and blood donation drives.

The availability of drinking water is an important issue in both developing and developed countries worldwide. Drinking water projects are one of several projects undertaken by the Sathya Sai Organizations to serve society. The water projects started by Sathya Sai Baba are outstanding examples of the mega-service projects undertaken by the Sathya Sai Organizations, following His lead. The water project first started on a smaller scale in the village of Anantapur, Andhra Pradesh, India have grown and have provided drinking water to about 9 million people. The SSIO has completed many water projects to supply clean, drinking water to deprived segments of society in Botswana, El Salvador, Ghana, Indonesia, Nepal, Sri Lanka and other countries around the world.



## **SRI SATHYA SAI DRINKING WATER PROJECTS INDIA**

### **Andhra Pradesh**

#### **Anantapur Water Project**

In March 1995, Sathya Sai Baba declared that fresh water should be made available in the village to relieve the suffering of more than one million people who were walking miles every day just for fresh water. In just nine months, at a cost of US \$70 million, the project was completed and people in 731 villages in the area rejoiced. The project utilized more than 2,000 km of pipelines to direct water from 314 reservoirs and numerous storage tanks. Then, upon the request of another 300 villages in the Medak and Mahabubnagar districts, Sathya Sai Baba extended the water project to cover these areas as well.

#### **East and West Godavari Water Project**

Sathya Sai Baba has initiated two more water projects. In 2006, He undertook a project to supply water from the Godavari River to half-a-million people living in 500 villages in the East and West Godavari Districts, Andhra Pradesh.



## Tamil Nadu

### Sathya Sai Ganga Water Project

At a cost of US \$60 million, the Sri Sathya Sai Organisation had the Kondaleru-Poondi canal (now renamed the Sathya Sai Ganga Canal) reconstructed, which brought water to Chennai again after 50 years.

As per Sathya Sai Baba's directive to bring drinking water to the doors of the needy, a water tanker was sponsored by Sri Sathya Sai Organization of Tamil Nadu to supply drinking water in city slums.

### Water Purification Project

Initially water purification project covered eight villages of the Kancheepuram district in Tamil Nadu. Since then the effort has grown to encompass 22 villages and is still growing.

## Rajasthan

A water purification plant was installed in the village of Kaliyabheda by Bhilwara Centre on January 20, 2008. This plant will cater to the needs of 800 villagers who have been prone to fluoride-generated diseases.

## Sikkim

Under the Sri Sathya Sai Village Integrated Program, Sathya Sai Youth and volunteers of Lingchom Centre under the West District of Sri Sathya Sai Seva Organisation, Sikkim, completed the construction of a drinking water project at Resham Gaon in March 2008, benefitting the inhabitants of Khujum Gaon, Toyang Gaon, and Gairi Gaon.





## SATHYA SAI INTERNATIONAL ORGANISATION WATER PROJECTS

### Australia

The Toomelah Aboriginal Community is located approximately 40 km from Goondiwindi in Australia. Seventy families, including approximately 100 children, live in primitive conditions. Their water supply is from a borehole piped to ground storage tanks. Water is pumped to an overhead tank and distributed to the community. The borehole water was contaminated with chemicals (e.g., insecticides and many other chemicals). After liaising with the community, the Sathya Sai Organization installed a water purification system and 1,000-litre storage tank on November 4, 2005. The Sathya Sai Organisation's work also came to the attention of the local press, which carried this story on Sri Sathya Sai Baba's Birthday.

### Bolivia

Inspired by Sathya Sai Baba's mammoth drinking water projects in India, the SSIO provided drinking water to many neglected communities. New wells were dug and storage tanks were constructed for providing drinking water by pumps, pipes and taps. Each water project provides drinking water to approximately 90 to 400 families in a community. There are 12 such projects in the region which provide drinking water to approximately 2,000 families and 3 schools.

### Brazil

To address the lack of clean water supply in Montenegro, Sathya Sai volunteers initially provided two containers of water to every household. Later, the SSIO along with local community members, installed an extensive water supply network.



## Indonesia

The SSIO of Indonesia supplied water to the village Mbuliloo, located in the Wolowaru district of the Nusa Tenggara Timur province of Indonesia. For years, the people of this impoverished region had struggled to cope with the lack of fresh drinking water. The Sathya Sai Study Group acquired a privately owned well and built a tank to collect water from the well. From the tank, 900 pipes were laid over approximately 7 km to channel the water to individual houses, thus providing clean water to more than 234 families.

The local authorities, on behalf of the villagers, submitted a formal letter of appreciation which reads, in part: "We could never have imagined that in this world full of politics, turmoil and social crisis, there are still people out there who care to help small, helpless people like us. We take this opportunity to express how delighted and thankful we are to the Sathya Sai Organisation that has given the greatest gift of kindness that we will never be able to repay. Many thanks from all of us, the people of village Mbuliloo."

The SSIO of Indonesia constructed a water collection and distribution system to assist villagers living near Mount Merapi in Yogyakarta in 2010. In this project, 328 water tanks were utilized to collect natural spring water from the slopes of Mount Merapi and distributed to 325 families in the villages of Desa Jambean, Bendo Sari and Jonggol. The SSIO of Indonesia provided the water storage tanks, more than 7 km of piping, and supplies, while the local villagers provided the labour to build the system, under the supervision of Sathya Sai volunteers.

## Kenya

The Rescue and Recovery Centre for destitute children depends on borehole water from the ground for its daily needs, as there is no other reliable supply of fresh water. The previous borehole had dried up, causing hardship to 30 children and other residents. In January 2014, the Sathya Sai Centre of Mombasa constructed a new borehole to supply water to the center as well as to surrounding communities. The Catholic Archdiocese of Mombasa expressed gratitude in a letter to the SSIO of Kenya for providing fresh water on a sustainable basis, and the grand opening of this facility on January 19, 2014 received press coverage.

## Myanmar

In 2014, SSIO members contributed towards the construction of tube wells at two remote villages – one east of Phyu township, in upper Myanmar, and one in KanGyi Village, in Yamethin township, 293 miles north of Yangon. The tube wells enabled water supply to 8,000 families.

## Nepal

In some remote parts of Nepal, people travel long distances for drinking water. The SSIO of Nepal completed several community drinking water projects to alleviate this hardship. The foundation stone for such a project was laid on October 20, 2013, and the facility was formally opened on June 7, 2014. Sathya Sai volunteers provided 1,214 days of labor for laying 12,000 meters of pipe to bring water to 335 needy families in a sparsely populated hilly area.

Following major earthquakes in April and May 2015, the SSIO of Nepal assisted the local people. In Arghakhachi, SSIO volunteers initiated a water project on November 5, 2015. The system transported mountain spring water through more than 9 km of steel and polyethylene pipes to the villages. The local community helped to install the pipes and construct a water tank.

During 2016-2017, four water projects were completed. In Baraha, a village in the mountains of the Gorkha district, a new water system provides drinking water to 350 people. In Balkot, a village where people must walk for about an hour each way to gather water, a new water pipeline system will serve drinking water across four schools with 502 students, and 534 households. In Chatiwan hill, the water project serves drinking water to 70 households and a school with about 200 students. The fourth water project is described in detail below.

A tube-well was successfully drilled in Baluwa Village, which had no access to water previously. No trace of water was detected in the first attempt to drill, even to a depth of 140 meters. Later, a hydro-geologist stated that the geological charac-



Nepal, tube-well in Baluwa Village



teristics of the area did not support tube-wells. A final, desperate attempt to drill was made at another spot, along with prayers offered to Sathya Sai Baba. This time, water was found, and on the same day, streaks of vibhuti and yellow Kumkum appeared on a photograph of Sathya Sai Baba.

The ISSE of Nepal also gained recognition in its collaboration with the Government and UNESCO in a pilot program to build eco-efficient water infrastructure, for rain-water harvesting and wastewater treatment.

## Sri Lanka

A drinking water project was inaugurated in July 2010 to provide safe drinking water to 500 families in Santhai village, with the donation of two water pumps, water pipes, and eight plastic water tanks. In September 2012, SSIO members from the Kondavil Sathya Sai Center extended this project to the village school, Sittampalam Vidyalam, for the benefit of 165 students.

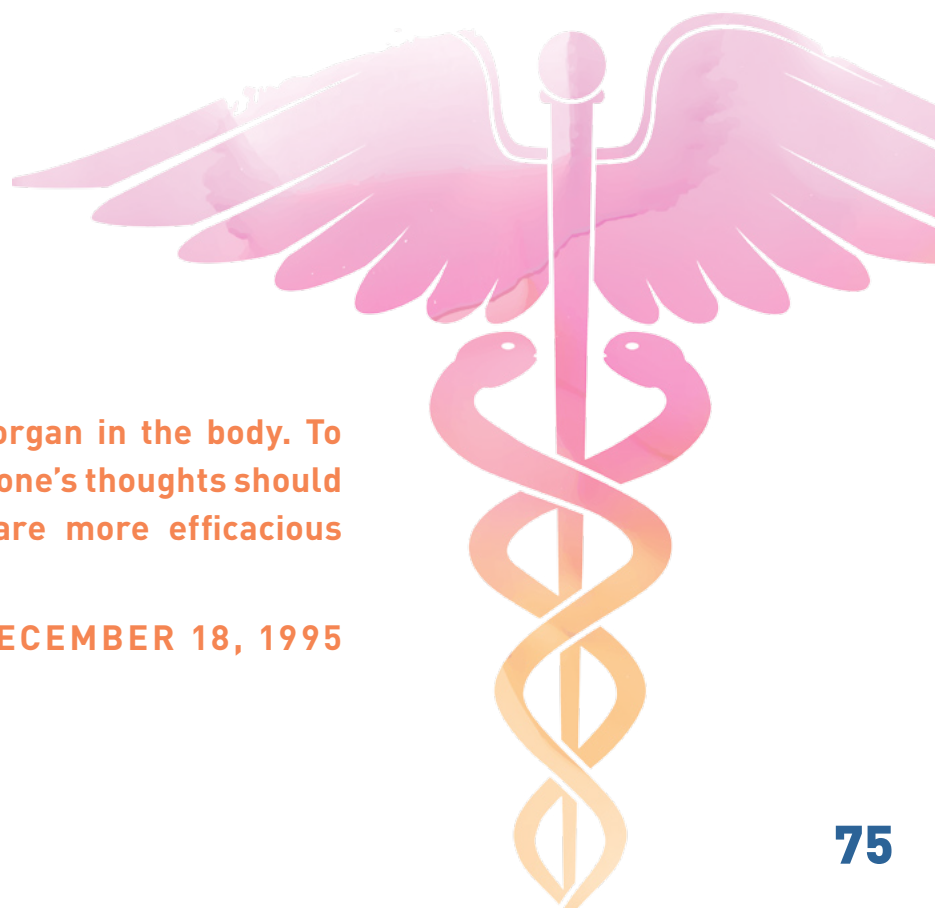
A Sri Sathya Sai Water Project was inaugurated at Poombukar village in the Jaffna District by the SSIO of Sri Lanka on March 29, 2014. A well and an overhead tank were constructed, and pipelines were laid to supply water to about 180 families.

In 2013, the “Chitravathi Water Project” was initiated for the construction of a water purification plant with the capacity to deliver 10,000 liters of purified drinking water daily to the Sathya Sai Children Home in Vavuniya, to address a rise in kidney-related diseases due to water contamination.

Under an ongoing village improvement program, two additional villages, Uththuchennai and Vadamunai, were adopted in the eastern part of Sri Lanka. SSIO members constructed water wells, and assisted residents in many other areas.

**The heart is the most vital organ in the body. To keep it in a healthy condition, one's thoughts should be healthy. Good thoughts are more efficacious than drugs.**

**SATHYA SAI BABA, DECEMBER 18, 1995**





## COMMUNITY REHABILITATION PROGRAMS

### Argentina

The Noccan Kani House, which belongs to the SSIO of Argentina, is in a poverty-stricken area which is approximately 20 kilometers from the city of Santa Fe, near a settlement of about 2,000 aboriginal people. Sathya Sai volunteers have rendered loving services at the Noccan Kani house, a two-story building with adjoining structures for medical and dental services, for more than 20 years. Twice weekly, volunteers from Santa Fe provide meals, conduct Sathya Sai Education in Human Values workshops, organize recreational activities and distribute toys, sweets, clothing, footwear, food and infant supplies to needy people. Medical care is provided bimonthly to the low-income community by eight medical and general volunteers. Mothers from the local community receive instruction in dressmaking and in human values. Sathya Sai medical, vision, and veterinary camps are also organized here periodically by the SSIO of Argentina. On August 10, 2014, Children's Day was celebrated joyfully at the Noccan Kani House and at another location a few miles away.

### El Salvador

The Sathya Sai Organization in El Salvador operates a home for the handicapped, where 22 wheelchair-bound boys are sheltered. Most of them were victims of bullet wounds due to the armed conflict in El Salvador. As one can imagine, these boys have difficult past. But they have been inspired by Baba's teachings and the love they receive from the devotees.



## Kenya

Mahali Pa Usalama in Tudor, Mombasa County, Kenya, is a Rescue and Recovery Centre operated by the Catholic Archdiocese of Mombasa for destitute children. Since 2008, the Centre has helped more than 1,000 children to be reunited with their families or integrated into schools.

## Lao PDR

The SSIO of Lao PDR implemented a village improvement program in 2014, focusing on three villages in the Dakchung province. These villages are in a very remote area and inhabited by the poorest people in the country. In partnership with the Lao PDR Government, community leaders, and others, the SSIO endeavored to improve the living conditions of the villagers. Sathya Sai volunteers organized health screening camps and provided training from March 19–21, 2015 to trainers to improve sanitary conditions in the villages. The SSIO of Lao PDR plans to provide sanitary toilets for all three villages, serving 1,200 people.

Three medical camps were organized in the villages of Ban Dakvor, Ban Dakvang, and Ban Nongdone. Human values-based educational materials on water quality, sanitation, and hygiene were distributed at the health camps, and lunch was provided to 1,200 people.







During April 8–10, 2016, Sathya Sai volunteers organized medical camps and village improvement projects in three villages in the remote district of Dakchung. A team of six doctors, three dentists, two pharmacists, and five volunteers from Lao PDR, Malaysia, Singapore, and India worked tirelessly to conduct 800 medical examinations and 300 dental procedures, and distributed medicines. As part of a poverty eradication program, 150 toilets were built for the villagers. In recognition of services rendered, the Governor of Dakchung awarded a citation to the SSIO for outstanding social work.

## Malaysia

On May 27, 2012, 30 Sathya Sai volunteers visited the Sungai Buloh Leprosarium, located about 45 km north of Kuala Lumpur. The leprosarium is home to about 115 people who have been cured of the disease but rejected by their families, due to their physical deformities. Sathya Sai volunteers visit this leprosarium on a quarterly basis. They lovingly serve home-cooked food, fruits and cakes, preparing some of the items on individual requests from the residents.

## Nepal

The SSIO of Nepal has constructed “Sri Sathya Sai Public Toilets” in Devghat, Prayag, which is a place of pilgrimage where thousands come to take a holy bath. There had been no public toilets at this location. The SSIO of Nepal constructed eight toilets and a residence for the caretaker who ensures the cleanliness of the premises.



Training for vocational skill development in the areas of cooking, netting, sewing, pickle-making, and flower-garland weaving was conducted in different parts of the country. About 500 ladies were trained in 20 different skills. Two sewing machines were distributed to economically disadvantaged women, for their self-employment and livelihood.

## **New Zealand**

Sathya Sai volunteers in New Zealand manage a community program to assist needy children on an ongoing basis. The children are helped with schoolwork, provided breakfast and entertained with music, games and sports.

## **South Africa**

Since March 2012, Sathya Sai volunteers have been rendering heartwarming service to assist needy children at the Sathya Sai School in Lenasia by providing them with necessities. Most of the 195 children attending the school come from extremely needy settlements where some of the homes have very few basic facilities. Sathya Sai volunteers repaired six such homes by mending leaking roofs and improving the insulation.

In April 2012, a special service project was organized. Each child at the school received a grocery hamper filled with rice, sugar, maize meal and other items. A study desk, a chair, solar lamp and scarf/gloves were also lovingly distributed. Hot meals for the children and their families were served. In a skills training program, parents of the children were given sewing lessons. About 600 people of various faiths participated in the service project with love and unity.

## **Sri Lanka**

Villages in the Jaffna region of Sri Lanka have endured decades of conflict that resulted in destruction of villages and displacement of people. In October 2012, 13 Sathya Sai volunteers from Singapore, along with volunteers from the Jaffna Centers, served several of the villages. In Kadduwan West, about 125 families have been rehabilitated with basic facilities. "Sai Packs of Love", containing mosquito nets, cooking pots, rice, dhal, sugar and clothes were packed by Singapore Sathya Sai volunteers with the help of Jaffna Sathya Sai youth and distributed on October 11, 2012. A common water well, which had been destroyed and filled with garbage, was restored, and about 10 to 15 families are now able to use the water for drinking and domestic purposes. In the village of Pommaiveli, which was destroyed during the conflict, a multipurpose community hall was built. The community hall was handed over to the village leaders in October 2012. Twenty-two open wells were repaired and handed over to the villagers by Singapore volunteers. As a result, about 40 percent of the families have gained access to safe drinking water.

## Sri Sathya Sai Suva Sevana Hospice Center, Sri Lanka

The Sri Sathya Sai Suva Sevana Cancer Hospice Center was opened on July 6, 2002. The objective of the hospice was to treat patients with terminal cancer with respect, love and compassion irrespective of their belief cast and creed. The atmosphere at the hospice is permeated with divine love. It has 30 beds and two separate wards for male and female patients. There is one doctor who provides medical care, supported by 8 well trained nursing staff and 6 female attendants and 3 male attendants. Three other doctors provide assistance at the center. From the time of its inception, more than 450 patients with terminal cancer have been cared for at the hospice center.

Sathya Sai volunteers visit the hospice center on regular basis for 1) Spending time with patients. 2) Serving home cooked meals of their choice. 3) Supplying them toiletry and other daily requirements. 4) Conducting Bhajans. 5) Celebrating festivals such as Thai Pongal, New Year, Buddha Poornima and Christmas. 6) Entertainment programs organized by SSE students and teachers. 7) Serving deserts and special meals.







## BLOOD DONATION CAMPS

### Abu Dhabi

The United Arab Emirates is a federation of seven states in the Persian Gulf. The SSIO conducts blood donation drives throughout the year. From 2015 to 2016, Sathya Sai volunteers donated 142 units of blood.

### Australia

Regular blood donation drives were carried out, coinciding with special events throughout the year. A national blood drive titled “Liquid Love 2012” was organised across Australia from October 23 to December 9, 2012. Over 500 devotees participated in the blood-donation drive, which resulted in 300 whole blood donations and many plasma donations.

### Bahrain

The SSIO of Bahrain has been organizing blood donation camps at the local government hospital for the last three decades on Baba’s Birthday, and 100 units of blood were collected over the past year.

### Dubai

The SSIO of Dubai has been organizing medical camps and blood donation drives, and 300 units of blood were donated by Sathya Sai volunteers from 2015 to 2016.

## **Indonesia**

The SSIO of Indonesia has been very active in organizing blood donation camps for a long time. From April 2016 to March 2017, 1,808 donors had participated in 15 blood donation camps and donated 609 units of blood.

## **Kuwait**

The SSIO of Kuwait has been actively organizing mass blood donation campaigns for long time. From 2015 to 2016, volunteers donated 146 units of blood.

## **Lao PDR**

The SSIO of Lao PDR had organized two blood donation camps over the past year, where 93 donors had donated 93 units of blood

## **Malawi**

The Sathya Sai Group organized regular blood donation camps, which were held every three months with the help of Malawi Blood Transfusion Service (MBTS). Various hospitals rely on them for a consistent and dependable supply of blood.

## **Malaysia**

The SSIO of Malaysia has been organizing blood donation drives for long time. From April 2016 to March 2017, 7,992 volunteers participated in blood donation drives and gave 7,682 units of blood.

Penang State “Blood and Organ Donation” campaign was held on August 8-9, 2009 at the Penang International Sports Arena. There was also a free blood pressure checkup for members of the public by several doctors and nurses of the Penang General Hospital. A total of 198 pints of blood were collected and 30 organ donations pledged.

## **Mauritius**

The SSIO of Mauritius has been organizing blood donation camps for a long time. In 2015, a total of 63 blood donation camps were organized and 5,309 individuals donated blood.

## **Nepal**

The SSIO of Nepal received a Running Shield (an award) and certificate from the Blood Donors Association Nepal for collecting 360 units of blood. Every year, the SSIO receives the award for highest blood donation in Nepal. On July 23, 2016, on the 50th anniversary of the Association, the latest award certificate was handed to the SSIO for helping the association by organizing 116 blood donation camps.





Nepal

## New Zealand

Blood donations are organized every year. The SSIO in the Auckland region has organized blood donations as part of the service week to celebrate special events throughout the year. In 2013, in honor of Baba's Birthday, Sathya Sai devotees donated more than 100 units of blood.

## Oman

The SAI group in Oman has been organizing medical camps, health awareness events, blood donation drives and workshops to autism, and 51 units of blood were donated from 2015 to 2016.

## Singapore

The SSIO of Singapore organized a blood donation in 2016 where 45 donors donated 45 units of blood.

## South Africa

The blood donation program was initiated in South Africa after the first International Seva Conference in Prasanthi Nilayam in 1984.

- There are approximately 60 Sathya Sai Blood Donor Centers throughout South Africa.
- An average of approximately 10,000 pints of blood, are now donated annually. The SSIO takes responsibility for promoting the clinics by means of posters, banners, handbills and word-of-mouth.
- The significant contribution of the SSIO in alleviating the blood shortage/needs in South Africa has led to dedicating the month of September every year to World Blood Donation Month (Sathya Sai World Donor Month).
- The SSIO recently accelerated its efforts with the support of all members. On an average over 1,600 pints of blood are collected in September every year.

Distinguishing features of the Sathya Sai Blood Donation Clinics in South Africa are:

- The SSIO is one of the single largest blood donors in South Africa.
- Blood donations are voluntary, selfless and free of any compensation.
- There are regular meetings and communications with the Blood Transfusion Centre which assist in regularly assessing all blood clinics.
- Donors with iron deficiency are provided with remedial health awareness program.

From January 1, 1992 to July 31, 2009, the Sathya Sai Organization donated 78,643 pints of blood, which was a remarkable achievement.

## **Sri Lanka**

From April 2016 to March 2017, 309 donors had participated in 9 blood donation camps and donated 309 units of blood. In addition, 50 Sathya Sai volunteers registered to donate their corneas and other body parts after death.

## **Thailand**

The SSIO of Thailand organized two blood donation camps during last year and 9 units of blood were collected.

## **Trinidad**

Blood donation camps have been conducted for the past 10 years. Four to six camps are held annually. Approximately 80 to 100 pints of blood are donated annually.

## **Uruguay**

Sathya Sai volunteers created the Sathya Sai Baba Blood Donors Club in February 2004. The Sathya Sai Centre in collaboration with the National Blood Service in Montevideo, has played a great role in saving many lives by providing volunteers to donate blood.

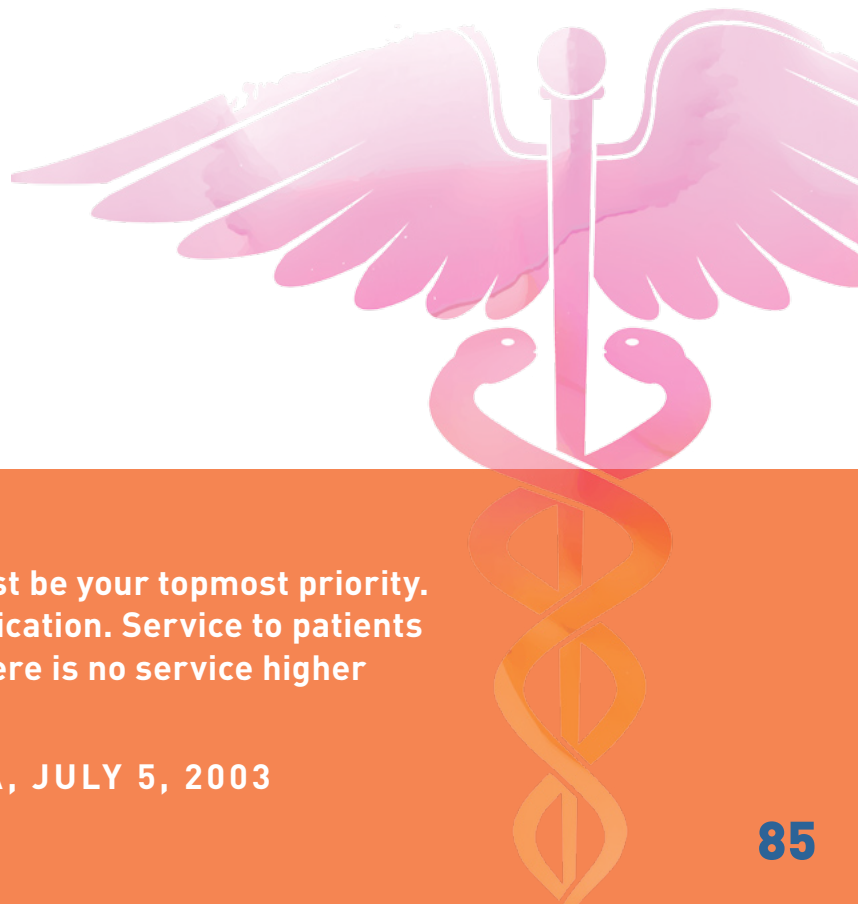




## BONE MARROW DRIVES

USA

The SSIO of USA in St. Louis, Missouri has been organizing bone marrow drive for more than 10 years. Under the banner of Sathya Sai Organization of America, representatives and staff from “SAMAR” (South Asian Marrow Association of Recruiters) and Network Partner of the NMDP (National Registry) have been part of this initiative.



Patients welfare must be your topmost priority. Serve them with dedication. Service to patients is service to God. There is no service higher than this.

SATHYA SAI BABA, JULY 5, 2003



# TELEHEALTH



**There are many permanent medical clinics, medical camps and a growing number of mobile clinics run by SSIIO which provide free, compassionate and loving care to the patients.** However, only a small fraction of the patient population can access quality healthcare for various reasons, including distance and expense. Conversely, there are many physicians and other healthcare professionals that would like to serve, but are unable to do so due to time, expense, and travel constraints.

Improvement in internet connectivity and technology and the willingness to use various telehealth initiatives has resulted in improved patient care, patient follow up, and physician education and training. At the center of this tele-consulting and teleeducation network is the Sri Sathya Sai Institute of Higher Medical Sciences (SSSIHMS). The Indian Space Research Organisation (ISRO) has been supporting satellite-based telemedicine and teleeducation programs in India, including those at SSSIHMS at both Prasanthigram, Puttaparthi and Whitefield, Bengaluru. Cable broadband internet and satellite links are currently used for connecting various sites.

The Sri Sathya Sai telehealth project was initiated to extend the reach of the free, high quality healthcare provided by the SSSIHMS. The clinical component currently includes satellite based consulting (teleconsulting) for preliminary diagnosis, pre-surgical and postsurgical follow-up, scheduling appointments for hospital visits, expert opinion, and patient counselling. The educational component involves participation in continuing medical education (CME), training of Diplomate National Board (DNB) physicians (physicians in residency training), and exchange of state-of-the-art practices and expertise between participating institutions and physicians.

A fundamental idea of telemedicine is: "Move the information, not the patient". This has been proven to be an effective working model. Many of the patients seen at SSSIHMS are impoverished and come from remote areas of India, including West Bengal and Odisha. After these patients have been treated, their aftercare would be very difficult upon return to their homes. Therefore, tele-consultation is provided for post-operative care of cardiac patients from the states of Odisha and West Bengal. The consultant reviews the patient's medical records and while speaking to the patient and the attending physician directly over video-conferencing suggests suitable treatment options and further investigations if necessary. An integral part of this program is that the patient and specialist see and talk to each other directly. Another advantage is that the local doctor conveys the specialist's advice clearly in the patient's local language. The patient also avoids the trouble and expenditure of travelling a long distance from Odisha or West Bengal to Puttaparthi or Bengaluru, unless medically necessary.

The two Telehealth centers, located in Barrackpore, West Bengal and Bhubaneswar, Odisha, are connected with SSSIHMS at Prasanthigram, Puttaparthi, Andhra Pradesh and Whitefield, Bengaluru, Karnataka. While SSSIHMS at Whitefield, Ben-

galuru provides teleconsultation services to the post-operative neuro and cardiac surgery patients, SSSIHMS at Prasanthigram, Puttaparthi provides teleconsultations to post-operative cardiac surgery patients. This program has provided over 16,000 teleconsultations in 2,205 working days since inception on September 11, 2007 till July 31, 2017.

## SSSIHMS, Whitefield, Bengaluru, India

TELEMEDICINE CENTRE	CARDIOLOGY	NEUROSURGERY	WORKING DAYS*
Barrackpore	2,716	6,859	991
Bhubaneswar	3,327	1,458	819
<b>Total</b>	<b>6,043</b>	<b>8,317</b>	<b>1,810</b>

\*Tele-consultation service is provided on Tuesday, Thursday, Friday and Saturday every week except during national and local holidays.

## SSIHMS, Prasanthigram, Puttaparthi, Andhra Pradesh

TELEMEDICINE CENTRE	CARDIAC SURGERY	WORKING DAYS
Barrackpore	461	118
Bhubaneswar	1,216	277
<b>Total</b>	<b>1,677</b>	<b>395</b>

The implication of Telemedicine in Neurosurgical post-operative care was studied over 3,000 neurosurgical consultations in 2012. A clinical, psychosocial and economic perspective was presented and published in World Neurosurgery, Sep-Oct 2014, Vol -82, Issue 3-4, pages 270-283. The highlights of the study are given below.

1. Approximately 82 % of the patients who had Teleconsultation did not require a visit to Bengaluru.
2. Psychosocial Benefits of Telehealth program
  - a. Reduced anxiety for those who would not benefit from a transfer and received treatment locally.
  - b. Decreased apprehension related to long-distance travel and cultural/linguistic differences.
  - c. Decreased average waiting time for consultation.
  - d. Allowed the neurosurgeon to make a more informed decision regarding the transfer of the patient as well as acute patient management.
  - e. Allowed for more rational use of limited resources at the tertiary care center and reduced costs by reducing the number of transfers.



### 3. Financial Implications

- a. Estimated expenses for a single patient outpatient visit to Nodal Centre - Rs 1,000.
- b. Estimated expenses for a single visit to SSSIHMS OPD, Bengaluru – Rs 6,150.
- c. Total Effective Savings – Rs 14,597,750 (US\$ 265,413).
- d. Approximately 80% of hospital patients have annual income less than Rs 40,000 (Approx. US\$ 615).

### **Weekly Education and Patient Care Conferences**

Cardiology and Cardiothoracic teams have academic case discussions every Tuesday and Saturday morning between SSSIHMS Prasanthigram and Whitefield.

Cardiothoracic teams have seminar presentations every Saturday afternoon between SSSIHMS Prasanthigram and Whitefield.

Consultation of external specialists like Pediatric/Neonate Cardiothoracic Surgeons, Intensivists, Pediatric Pulmonologists are sought by sending patient investigations like X-ray, CT/MRI image, laboratory reports electronically to supplement post-operative patient management.

### **Teleconferencing in Urology**

Every Thursday, teaching sessions, case presentations and case discussions take place with NU Hospitals, Bengaluru and Vedanayagam Hospital, Coimbatore, using Skype.

Every Saturday, teaching sessions, case presentations and case discussions take place, using Skype.

### **Teleconferencing in Ophthalmology**

Two to three Teleeducation Continuing Medical Education (CME) sessions per week with Sankara Nethralaya hospital (Chennai) and Dr. Mohan's Diabetes Specialties Centre (Chennai) take place using the Telemedicine setup of the hospital. DNB Residents make presentations on topics given earlier. A questions and answer session follows every presentation.

## Teleconferencing in Radiology

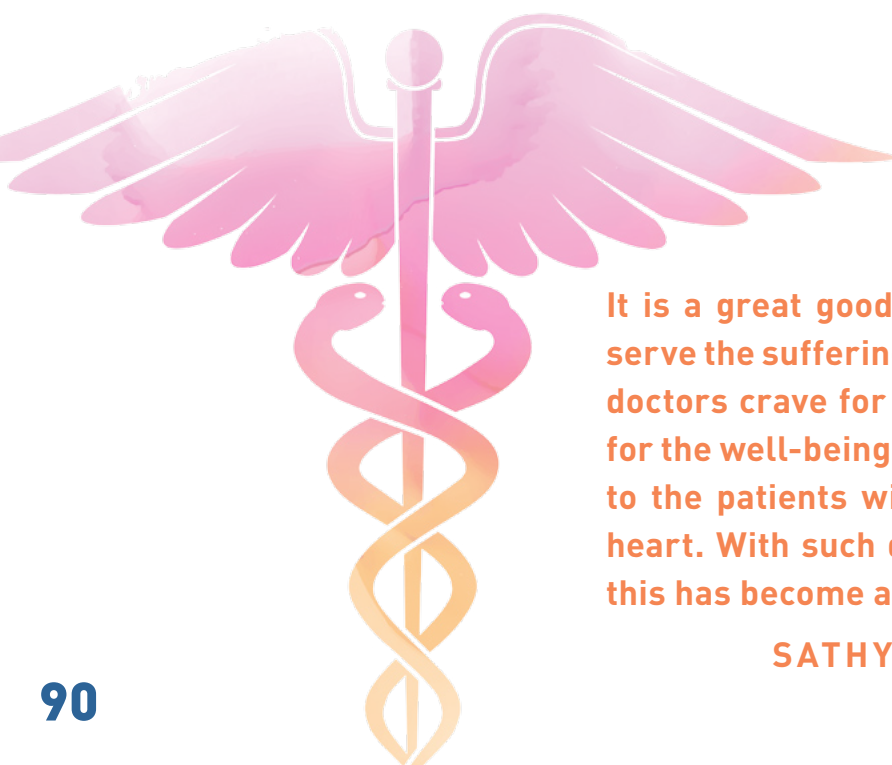
An Internet-based teaching and patient care conferences using the state-of-the-art PACS system has been in use for over ten years. DNB residents interact with international radiology faculty. These conferences, held virtually every day of the work week, are comprised of didactic lectures, case presentations and board reviews. In addition, these conferences are also working conferences to discuss active cases and help make patient care decisions which supplement the local radiology teaching faculty. From September 2007 till March 2017, roughly 4,700 participants attended these conferences in over 900 sessions. The result is a highly successful radiology physician training program with an extremely high pass rate on national board examinations. This judicious use of available technology and teleconferencing has enhanced patient care and resident education.

## Nursing Education

Education program in Nursing has been established and propagated using internet based conferences. This program is taught by nursing and neurosurgical instructors from the USA and has included education in nursing and neurology courses have included Foundations of Nursing and the Critical Care. Most recently in 2016, a Neuroscience Critical Care Nursing course was mostly taught via skype from the USA.

## SUMMARY

Telehealth initiatives continue to support the established Sathya Sai medical service institutions in India with support in patient care and medical education. These telehealth initiatives including internet based conferences have enhanced the Sathya Sai Ideal Healthcare mission in India. More patients are helped and more physicians can participate in this model. In the future, telehealth initiatives will continue to expand and contribute on a much larger scale to the SSIO global health mission.



**It is a great good fortune to be able to love and serve the suffering humanity. In the outside world, doctors crave for money, but here doctors aspire for the well-being of patients. They render service to the patients with noble feelings and purity of heart. With such dedicated doctors serving here, this has become an ideal hospital.**

**SATHYA SAI BABA, JUNE 10, 2001**





Telehealth Prasanthigram



Telehealth Whitefield



Teleeducation Nursing



Ophthalmology Dept. Prasanthigram





# IDEAL HEALTHCARE - PHYSICIAN'S PERSPECTIVE





## INSTRUMENTS OF PEACE, AGENTS FOR CHANGE

**Soumya Panchanathan, MD**

Associate Program Director, Phoenix Children's Hospital Pediatrics Residency Program,  
Biomedical Informatics Theme Director, The University of Arizona College of Medicine

Healthcare workers are called to their profession by their desire to serve patients and make an impact in their communities. However, the current healthcare system appears to have become a barrier between the healthcare providers and their patients. We generally think of medical service as volunteer work in our communities, country, and globally. However, we must also realize that we can transform the culture of our workplaces by being true exemplars of our values.

It is important to bring our attitude of service to our workplaces and enrich them. The fact that we are compensated for what we do every day does not preclude us from transforming our work into service. In fact, I would argue that it is in our daily work that this attitude can do the most good. Since we are at work for most of our waking hours, we have the opportunity to make the culture of our workplaces more collegial, joyful, and service minded. We can do this by having a mindset of service also towards our colleagues, leaders, and learners. When this is done silently, simply by bringing this attitude to our own professional lives, it can have great impact.

Health professionals as a group are facing conflicting requirements at this time. We want to spend more time with our patients; at the same time we are given productivity goals that we need to meet within the current system. While we attempt to meet our quality metrics through the use of the electronic health record, measures of patient satisfaction sometimes decrease. And, finally, we need to keep ourselves emotionally and physically healthy so that we can serve our patients better. Many healthcare professionals struggle with these conflicting goals and think that it is not possible to achieve them simultaneously.

I believe that the answer to this conundrum lies in a concept known as mindfulness—the ability to focus on the external events and our own internal reactions, purposefully, in the present moment, without judgment. While this was originally a Buddhist concept, it is being taught and promoted within healthcare environments. Several family practice residencies are also adopting this training. This is an extension of reflective practice that moves the reflection from after-the-fact into the present time. In addition, it is not a silent preoccupation with oneself, but rather is meant to be an attitude that supports the actions that are necessary for our patients.

Mindfulness consists of three steps: pause, presence, and proceed. In our clinical lives, the pause is our opportunity to stop all other mental activities and focus on the patient we are about to see. In practice, this means leaving every other patient, every administrator, our families, and our to-do list outside the door of each patient room. In other words, the patient is the only one in the room with us and we are fully present with them. Listening to their concerns with our undivided attention, and noticing our own reactions, we can then proceed to develop a shared plan with the patient and the rest of the healthcare team.

The current thought is that most errors in healthcare are not from lack of knowledge, but rather from the lack of complete attention. Therefore, mindfulness has a significant role to play in decreasing errors and improving quality. Because a short time of full attention is worth much more than a longer time of scattered and incomplete focus, it has the added potential to improve our connection to our patients, while enabling us to work efficiently.

Wellness has been described as being directly related to our love for what we do every day, the quality of our relationships, and the pride we take in what we have contributed to our communities. When we examine these components of wellness more closely, we realize that the parts are interconnected. When we feel connected to our patients, our work becomes meaningful and we feel energized and fulfilled.

We often keep three parts of our lives separate: our work life, our service activities, and what we do to relax and enjoy. I believe that the more we can converge these three distinct areas into one, the more we will remain compassionate and enthusiastic in our work and we will be able to inspire others around us to do the same.

A lantern is only needed where it is dark. Let us all become lanterns in our workplaces and transform them into places of true service.



**Physical afflictions are temporary, like passing clouds. Life is a challenge, meet it; life is love, enjoy it; life is a game, play it. And you have to play the game of life in the right spirit.**

**SATHYA SAI BABA, JULY 5, 2003**





## PRESCRIPTION FOR A PEACEFUL MIND – PARTICIPATION IN SATHYA SAI GLOBAL HEALTH MISSION

**Kalpalatha K. Guntupalli, MD, MACP, Master FCCP**

**Frances K. Friedman and Oscar Friedman, MD '36**

**Endowed Professor for Pulmonary Disorders**

**Program Director, Critical Care Fellowship**

**Department of Medicine, Baylor College of Medicine, Houston, Texas**

My first visit to Puttaparthi and experience of Sathya Sai Baba's Darshan was in April of 2011. It gave me an opportunity to experience the philosophy and culture of the Sai world. My initial impression of the place and culture was, however, one of wonderment, awe and disbelief at the impressive facilities of the Super Specialty Hospital that appeared suddenly from seemingly nowhere on an otherwise barren country road. More impressive than the massive building, neatly manicured grounds and the aesthetically appointed interiors, is the way the hospital worked; it was a seamless machine that functioned round the clock with respect and compassion for the patients, who came from all over the country.

It is not just about the financial sacrifices of the dedicated and highly qualified doctors who work for less than what they could make in the outside world. It is much more about the silent force of myriads of Sevadal volunteers that kept the hospital spotlessly clean and helped navigate the patients through the bowels of the hospital.

On subsequent visits, I started my medical pilgrimage and completed the tour of the medical facilities in Puttaparthi, Bengaluru and the mobile hospital. A small group in the USA started to develop plans to start both educational and service relationships with the medical facilities of the Sri Sathya Sai Institute of Higher Medical Services. In a seemingly providential turn, Dr. Kolli Chalam, Head of the critical care department in the Whitefield hospital took the lead in this collaborative effort.

**Sharing knowledge for mutual good!** In 2015, we started planning annual critical care updates for physicians and the healthcare team in January, every year. "The first Annual Critical Care Update" in Jan 2016 was a two-day course with participation from the leading Indian/US faculty. It consisted of day-long didactics on the first day and a "hands-on" small group session on the second day. There were two separate parallel courses for the regional Critical Care physicians and nurses.

In 2017, besides the “Second Annual Critical Care Update and Workshop” in Whitefield hospital, we added another daylong CME conference at the Puttaparthi General hospital under the enthusiastic leadership of Dr. Varma.

For Jan 2018, the plans are underway for the “Third Annual Critical Care Update and Workshop” in Whitefield hospital. In addition, there will be a “Second Annual Primary Care Update” at the Puttaparthi General Hospital. This time, we will also add “small group hands-on experience sessions” to the Puttaparthi General Hospital Primary Care Update.


There is no question that we learnt as much from the faculty and attendees as they did from us.

**The marvel on wheels; the mobile hospital:** In 2012, I had the privilege of visiting the mobile hospital. This marvel of miracle on wheels is so unique that I doubt if such a program exists elsewhere with the same fervor, for decades. We helped get medical students from US medical Schools rotate through the mobile hospital. The students considered the mobile hospital rotation a most valuable experience.

**Exploring Research Collaboration:** The continuity of primary care delivered at “the door step” of the villagers for over a decade presents a great potential for scholarly research and collaboration.

In January 2017, under the leadership of Dr. Shivshankar Sai, Dean, Faculty of Sciences, SSSIHL and Dr. Narasimhan, Director of the mobile hospital, we had an exploratory meeting regarding research opportunities. Research leaders from India and the USA were also part of this initiative, which resulted in good research ideas. In July 2017, Dr. Arun Sreekumar, Professor at Baylor College of Medicine followed up on the initiative and conducted a “Research Methodology” workshop. Currently, several projects are underway after review and approval by the Ethics Committee. Monthly conference calls will ensure progress along the proposed timelines.

I have been visiting India, my motherland and contributing in a small way regularly for over three decades. I must confess that of all the activities I have undertaken, the involvement in the Sathya Sai institutions has been the most fulfilling and spiritually uplifting experience. The opportunities for service are virtually unlimited, for those who see the divine in the underprivileged.



All are children of God. This hospital stands for the ideal “brotherhood of man and fatherhood of God”. In all Sai organizations, there is no difference of caste, religion, etc.

SATHYA SAI BABA, JUNE 10, 2001





## PREVENTIVE MEDICINE, ENVIRONMENTAL FACTORS AND EDUCATION - A DIABETOLOGIST'S PERSPECTIVE

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Many epidemiological studies done in the 1970's & 1980's, have reported that migrant Asian Indians living in countries like UK, USA, Fiji, Singapore, Malaysia and Middle East countries have much higher prevalence rates of diabetes compared to native Indians within the Indian subcontinent. However, this has changed rapidly in the last 3 to 4 decades. According to the International Diabetes Federation (IDF), Diabetes Atlas, Seventh Edition (2015), India had 69.2 million people with diabetes in the year 2015 and this is expected to increase to 123.5 million by the year 2040. The **I**ndian **C**ouncil of **M**edical **R**esearch, **I**ndia **D**iabetes (ICMR-INDIAB) study, the largest epidemiological study on the prevalence of diabetes showed an overall prevalence of 7.3%, with wide variation among different states. Additionally, the rate of pre-diabetes exceeded the rate of diabetes in most states, a forewarning that the epidemic is far from over. **The first question is, why the pandemic of diabetes?** - Is it due to genetic or environmental factors? Although genetic factors undoubtedly play a major role in the predisposition of diabetes in Indians, environmental factors contribute to over 50% of the risk. Indeed, the epidemic is largely driven by environmental factors. We looked at rice consumption and its association with type 2 diabetes and showed that consumption of white rice was strongly linked with risk of type 2 diabetes in south India. Rapid economic growth in India has resulted in rapid nutritional transition, contributing to excess calories mainly from refined carbohydrates (high dietary glycemic load) along with decreased physical activity, which have been the main drivers of the diabetes epidemic.

Since the prevalence of prediabetes is even higher than that of diabetes, there is a golden window of opportunity to prevent diabetes. **The big question is how do we take diabetes prevention to the masses?** In this regard, I want to share the success of the Asiad Colony experience. We had carried out the Chennai Urban Population study (CUPS), in two urban residential colonies; one representing a middle-income group (Asiad colony in Tirumangalam) and the other representing a low-income group (Bharathi Nagar in T. Nagar) in the city of Chennai, in

southern India. The study showed a significantly higher prevalence of diabetes in the middle-income group (12.4%) compared to the lower income group (6.5%). After conducting awareness campaigns, the middle-income residents realized the value of physical activity and built a beautiful park adjacent to their colony, utilizing their own funds, thus increasing their physical activity. A follow up study done after 10 years showed that in that colony, the prevalence of diabetes increased from 12.4 to 15.4% (only 24% increase), while in the lower income group, it increased from 6.5 to 15.3% (a significant 135% increase). This study is the first of its kind in India to introduce a “real-world” lifestyle intervention in prevention of diabetes through community empowerment.

The next huge challenge is how to provide specialized diabetes care in settings such as rural India. Unfortunately, 72% of Indians live in rural areas whereas 80% of doctors practice in urban areas. Moreover, most people in rural areas are extremely poor and cannot afford any treatment. We developed a rural diabetes model for the poor called the “Chunampet Rural Diabetes Prevention Project [CRDPP]” with the aim of not only providing healthcare for diabetes, but also to take up **diabetes prevention through the use of telemedicine**. With the help of a telemedicine van, 27,014 individuals (86.5% of the adult population) were screened in 42 villages of Kancheepuram District in Tamil Nadu in South India. As a result of the follow up treatment given, good control of diabetes was achieved within a year. Thus, the CRDPP can be used as a model for diabetes prevention and healthcare delivery in underserved rural areas of developing countries like India.

Therefore, increasing access to care and patient education make a difference in this battle to control the diabetes epidemic.



Eat at regular intervals according to an established timetable. Move about and fill the day with activity so that it is well digested. Develop biting hunger before sitting down for a meal.

SATHYA SAI BABA, OCTOBER 12, 1969

# MAKING THE UNBEARABLE, BEARABLE

**Harini Reddy, MD, FACOG**

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## **What are Schwartz Rounds and what makes them unique?**

The Schwartz Center for Compassionate Healthcare was founded by Ken Schwartz, a healthcare lawyer in Boston, who died at the age of 41 from advanced lung cancer. During his battle with cancer he found that the relationships with his caregivers was a source of strength for him and his family. He stated that the compassion shown by his doctors, nurses and other healthcare professionals through small acts of kindness was what made the “unbearable bearable”.

He also observed that providing compassionate care was not always easy and deserved support. Before his death, he started the Schwartz Center for Compassionate Healthcare to help ensure that all patients and families are treated with compassion and that all healthcare professionals are supported in providing it.

The purpose of Schwartz Rounds, which are held in over 400 healthcare facilities across the country, is to support caregivers. It gives them a regularly scheduled time to get away from the busy floors and offices to talk about the meaning and impact that caring for our patients, their families and working with staff and our colleagues has on us. How does the work we do affect us, challenge us and impact us long-term? How does it affect our compassion for other patients and families?

It is also a time to talk about factors that interfere with compassion to others and ourselves. By discussing the complexities of our relationships with our patients and staff, we are able to gain better insight into our feelings so that we can overcome these barriers and bring more compassion into these interactions. We do not get many such opportunities to talk about our experiences as caregivers.

It is important to note that these rounds are different than other rounds. They are not for problem solving or for coming up with clinical solutions. They are not teaching rounds and there is no right or wrong. They are rather a time to share ideas, thoughts and feelings – to reflect on our experience and talk about the social and emotional aspect of healthcare in a safe environment.

In order to create a safe space, because we do ask people to speak openly and freely, confidentiality is important. What is said in the room should stay in the room, not only to protect patient confidentiality but also to protect the participants.



Although what is said should remain in the room, we do encourage participants to talk about the general themes and ideas that were discussed during the Rounds in their respective work environments and share them with their colleagues. In essence, to carry the spirit of Schwartz Rounds back.

The Rounds usually starts with a group of 3-4 panelists who speak about their experiences related to a specific topic or a patient case. The Rounds are then opened to the audience to reflect and share their own experiences of how a situation or patient interaction has affected them, based on the theme or case of the day. The more participation, the better.

Another distinctive characteristic of Schwartz Rounds is that it is multi-disciplinary – all members of the healthcare team are invited – physicians, nurses, social workers, CNAs, chaplains, security, reception, call center, housekeeping, to name a few. Anyone who interacts with patients or their families can participate. By doing so, members of the healthcare team gain a better appreciation of our shared experiences and challenges and of the unique and valuable contributions each has in providing compassionate care.

A sampling of topics discussed at our Medical Center:

- “I will never forget Ms. Jones, stories of the patients who changed our lives.” Panelists included an ER nurse, receptionist and a physician who shared moving stories of the patients who inspire them even today
- “Focus in the Midst of Chaos”. Panelists included a CRNA Anesthetist, an ICU physician and nurses sharing how they manage and cope during and after the stressful and chaotic events that can happen daily in caring for patients and interacting with family members.
- “How we cope at work when things are difficult at home”. A physician with breast cancer and a nurse who unexpectedly lost her husband shared how they emerged from these experiences with greater empathy for their patients.
- “Joy in Medicine”. We know that providers who have joy in their work are less likely to have burnout. So, how do we get more meaning and joy out of our everyday interactions with patients? Members of the housekeeping staff and nutrition services shared how through simple acts of kindness they bring joy to their patients, thereby bringing them greater meaning and fulfillment to their work.

### **Impact of Schwartz Rounds**


The Rounds have been shown to reduce stress in those who attend them, and to improve teamwork and the capacity to manage the psychosocial aspects of patient care (Lown, BA, Manning, CF. Academic Medicine, 2010).

- 84% report **more compassion** for patients and families
- Caregivers reported feeling less stressed and **better able to cope** with the emotional demands of clinical work

- Approximately 50% reported **changes in practices or policies** within the department or hospital at large
- Increased **patient and family satisfaction**
- **Improved adherence to treatment recommendations**
- Reduced **isolation**
  - 88% reported increased **sense of belonging** to a caregiving team
  - 76% reported **feeling less alone** in work with patients
- Better able to **cope** with the emotional demands of clinical work
- **New ideas and strategies** for challenging patient situations
- Increased social, emotional and spiritual insight
- Improved **teamwork** and **communication**
- 93% reported increased **appreciation** for the roles/contributions of colleagues from other disciplines

Undoubtedly, the compassion shown by staff can make all the difference to a patient's experience. In order to provide that compassion, staff must feel supported in their work. Schwartz Rounds are designed to provide this support. They aim to improve relationships and communication between staff and patients as well as amongst staff themselves. We are better able to make personal connections with patients and colleagues when we have greater insight into our own responses and feelings. By building and enhancing these connections we can achieve more compassionate healthcare.

For more information on starting Schwartz Rounds at your institution, please see: <http://www.theschwartzcenter.org>.




**Sacrifice is the hallmark of a true doctor. So, doctors should have the spirit of sacrifice. They should be compassionate and considerate towards the poor. There are many poor people who are losing their lives, as they cannot afford costly treatments. Your love alone can sustain such lives.**

**SATHYA SAI BABA, JANUARY 19, 2001**







Doctors should serve the poor with the spirit of sacrifice. There is no greater service than this. As man is the embodiment of God, it is his primary duty to help the destitute and the forlorn. Medicine should not be commercialized. It is meant to promote heart-to-heart and love-to-love relationship between doctor and patient. A true doctor is one who realizes this truth and conducts himself accordingly.

—Sathya Sai Baba



[sathyasai.org](http://sathyasai.org)