India is a vast and varied country, with a population of a billion, of which 70 million are disabled – more than the population of the U.K. I was looking forward to returning to my homeland and to work alongside those on the Line Express. While the word Delhi may conjure up images of crowding, poverty and sickness, Delhi domestic terminal was like any other European airport – all Jasper Conran designed hotels, five-star cuisine, designer shops and even a place to catch a coffee and a chocolate muffin. It seems – Delhi has changed incredibly since my last visit three years ago.

After an evening of a good meal (where I choked over the wine list as luxury items costs three times as much as London but everyday living is less than one third), I caught the red-eye flight from Delhi to Jabalpur in Madhya Pradesh.

Touching down in Jabalpur was a complete contrast. A solitary, simple, small plain concrete terminal greeted us surrounded by a barren, dusty landscape. Jabalpur is just like many other small towns in India. Low rise, an army presence and an air of tolerance from all those who go about their daily routine, especially when it comes to the traffic! Most importantly, it has a railway station!

**LifeLine Express**

Neelam Khirisagar, general manager of Special Projects for Impact India, met me and took me immediately to the LifeLine Express. The train was parked in the sidings, where a platform had been specially built, and consisted of six or seven brightly painted wagons. There were families milling around, waiting for their turn for treatment, not worried about the baking platform and 45 per cent oven-like heat. A quick tour revealed two operating theatres, three beds in each, with waiting and recovery areas, three large, gleaming, industrial autoclaves, lecture room, stores, office, changing, staff room and finally the dental room, all wonderfully air conditioned!

I was introduced to Zelma Lazarus, the charismatic CEO of Impact India. She explained that the LifeLine Express was here to provide free treatment for all, but it could only be successful with the support and cooperation of the local community. Local hospitals had been contacted many months prior to arrival and teams of local orthopaedic, eye, cleft lip and ENT surgeons agreed to “donate” their time. The local Bilkarni Dental College was also supporting the project. Led by the director Dr Dhiranwani and his team, they would be assisting me for the duration of my visit.

**Get things moving**

However, as only certain types of operations could be performed on the train, all patients had to be screened prior to commencement. The orthopaedic team alone saw more than 3,000 patients to find 200 suitable cases! Zelma explained that the only way to really “get things moving” was to go straight to the “District Collector”. He is the area head of local government and in India holds a position of considerable power and influence. He agreed to mobilise his network of officials to ensure that all the town and outlying villages would be aware of the visit. The Collector also wanted to meet the “dentist from London” and so at the duly appointed time he arrived for the inaugural ceremony for the dental suite. He assured me that he was committed to spreading the word and promised me many patients for the next day. To prove his point he brought along the local television station to do an interview with me (which was shown that night).

*I’m the nicest possible way he explained that in India, when a doctor says he starts at 9am he never arrives before 10!*
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the pristine ultrasonic scaler, which enabled me to provide some first-time scaling. All those I treated were incredibly grateful and remained stoic despite the considerable pain they had been in (probably for some years).

Some of those I examined had difficulty in opening their mouths and, on further investigation, I noticed clinical changes on the buccal mucosa consistent with chewing tobacco and betel nut. Dr Ghate later confirmed that they see many cases of Submucous Fibrosis at the dental clinic. I remained for the next two days when it was time to hand over to Dr Ghate and his team who would be continuing the service for three weeks.

Staggering
By the end of my two days, we had seen and treated 62 patients for dental problems, a number which rose to an impressive 354 at the end of the three-week clinic. The medical teams on the Lifeline Express also treated 405 patients with eye problems, more than 100 for cleft lips, 85 patients with ear problems, and 211 sufferers of polio; in total a staggering 1,154 patients were treated. Impact India’s ultimate aim is to raise awareness in communities to the benefits available to them by encouraging them to demand treatment at local and regional health centres. Most poor Indians are illiterate and unaware of their right to treatment. For instance, in Madhya Pradesh, those below the poverty line are entitled to £500 of treatment a year, paid for by the state. While funds are available to treat those below the poverty, less than 10 per cent of allocated finance reaches those in need.

On my final day I asked Zelman what ultimate dream for the Lifeline Express would be. “Neil, I hope that one day the train becomes defunct. If we can educate and inform people of their rights, treatment will be fully provided locally and our train will be surplus to requirements.”

Here’s hoping!