

Short Stories from Ahmedabad



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*"Hands that help are holier
than lips that pray."*

Mahatma Gandhi

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Ahmedabad – The Shock City

Multi pertransibunt et augebitur scientia

Shock city is a term that Asa Briggs, the great historian, invented to characterise the new industrial cities of the nineteenth century. Manchester and Birmingham were the shock cities of their day, with turbulent exploding populations, immense new problems of water supply, disease control and class conflict, new methods of mass production that brought a flood of cheap manufactured products to the world, new architecture, new ways of living and working and thinking about the human condition.

Howard Spodek, who knows the city well, having studied it for forty years, calls Ahmedabad the shock city of the twentieth century, the place where modernity is being reinvented. *Forbes* magazine tells us that Ahmedabad, the fifth largest city in India is also the fastest growing city in the country and the third fastest growing city on the planet after Chengdu and Chongqing. It has also been called the capitalism-out-of-control-city although I think of it as the traffic-out-of-control-city; maybe it's the same thing.

In the nineteenth century Ahmedabad was known as the 'Manchester of the East' on account of the city's hugely important textile industries. Gandhi (who was born not far away, at Porbandar, on the coast) thought of textile production as closely associated with Indian identity, which is partly why he chose to live in Ahmedabad from 1917-1930. He formed the Sabarmati Ashram community on the river bank, practised horticulture and animal husbandry, received his fellow leaders and politicians and developed his plans to wrest power away from the British Raj. It was from the Ashram, that he set out on the famous Salt March in 1930. You remember the violent scenes in the 1982 film? The Salt March put 60,000 freedom fighters in British jails and intensified the struggle for independence.

Everything about Ahmedabad is a shock. It is four times the size of Manchester in area (464 km² as against 115km²) but has twelve times the population, six million versus half a

million. Any statistics one uses have to be provisional since the city is growing so damn fast. Like marching concrete giants, on the edges of the city great expanses of raw half-built apartment blocks, mile after mile, are eating up the countryside. It made me think of a conversation in Puddokatai, Tamil Nadu last year when a woman told us, “soon the cities will cover all the land.” It seemed a ridiculous thing to say in the vast green Indian landscape, but maybe she is right.

Textiles are still important but huge new car plants and other manufacturing industries, pharmaceuticals and chemicals, have delivered thousands of new jobs, so that the amount of begging on the streets has declined rapidly in recent years, although still visible. Financial services and the education sector are major employers. The city has dozens of colleges and universities, including some of the most prestigious academies in the country, indeed, in the world. It is a bit of a shock to see beggar families living on the pavements outside the Indian Institute of Management, (IIM is the Harvard Business School of the East) sitting round fires, sleeping on cots, small children defecating in the gutter.

There is a new bridge being thrown across the Sabarmati to complement the three congested city centre bridges (the Gandhi Bridge, the Nehru Bridge and Ellis Bridge) that connect the two halves of the city. Massive new roads and flyovers are cutting through city neighbourhoods to link up with the new bridge. Whether all this bridge and road building will make any difference to traffic congestion is disputable. Only the very young and the very poor still ride bicycles. Everyone it seems can now afford a powerful scooter or motorbike. These machines often carry a few passengers, whole families, babies, grandmothers, shopping bags, kitchen sinks. Independent transport is a must because public transport is so unreliable. One sees everywhere the gleaming, usually yellow, new buses carrying students to and from their (privately-funded) colleges, but public buses are thin on the ground and invariably, shockingly battered, crumpled, scratched, dented, and filthy, survivors of a thousand small collisions. The volume of cars on the streets is growing, and as incomes rise the congestion can only get worse, even though a spanking new Metro is connecting the city with its hinterland.

I have accustomed myself to the shock of Indian motoring habits, but some things you can't prepare for. To see twelve-year-old boys flood out of their school, off the pavement and *into fast-moving traffic*, like water flowing between boulders, makes one's heart stop. To see four middle-aged blind people, two men, two women, dressed in white, and with white sticks and holding hands, threading their way through fast-moving traffic, is a bit of a shock. To see a completely young naked woman calmly strolling across a busy highway through fast-moving traffic at the west end of Ellis Bridge was also something of a shock.

"Mentaaal," said our driver.

The city is also famous for the shocking sectarian violence of 2002, when hundreds of Muslims were murdered in outrages encouraged, it is thought, by controversial Chief Minister Narendra Modi, who is now enjoying his third term in office and is credited with much of the success of the Gujarati economy in the last decade. Britain cut off communication with Modi ten years ago to express its disapproval. Only in the last few weeks has the British government resumed contact, because, dear reader, the state of Gujarat is now a 'major investment destination' for collapsing western economies.

I have never seen women working on construction sites before. Hardly women, more like tiny slender teenage girls. Big burly blokes stand around giving the orders and switching concrete mixers on and off, but the girls do the heavy lifting. On housing projects and road-mending sites across the city, in forty degree heat, and worse, the girls wrap coils of padding around their heads and load each other up with great bowls of sand or bricks or cement. If you try to get closer to them they shy away, pulling their saris over their faces.

Maybe the biggest shock though was a statistic I came across when I was back in the UK. According to the Indian national census of 2011 there are 886 females in Ahmedabad for every thousand males. Let's have a think about how that could possibly be.

If you have tears – I - Cleft

Cleft lip and/or cleft palate are still the most common birth disfigurements, in the United Kingdom and in India, and world-wide, occurring in an astonishing 1 in 700 live births. In the womb, during the early stages of foetal development, the facial tissues fail to fuse together normally, leaving a cleft or fissure that may only affect the mouth slightly (giving the characteristic harelip) or more severely, deep into the mouth and palate.

In the west a newborn baby with cleft lip or palate will receive corrective surgery on the mouth at the age of three months, and at twelve months the palate will be repaired. Further operations may be needed, since the teeth or the hearing or facial appearance may be affected. Speech therapy or corrective surgical procedures may continue until the patient is a teenager. Modern cosmetic surgical techniques can remedy all of these problems and restore a normal appearance and perfect smile. Loads of famous people are born needing cleft surgery. Think Joaquim Phoenix, Think Jurgen Habermas. Well, you'll just have to look him up.

In Britain in the past it was thought that cleft lips or palates were the result of a curse delivered by a malicious spirit.

"This is the foul fiend Flibberdigibbet. He begins at curfew and walks till the first cock. He gives the web and the pin, squenies the eye, gives the harelip, mildews the white wheat and hurts the poor creature of earth," says the mad King Lear. (Act III, Sc IV)

There has to be an explanation for such a savage deformation, for such a cruel trick of nature. In India, people, particularly the uneducated, think of cleft disfigurements as punishments for sins in a previous life. Because there has to be an explanation.

There is a strong genetic factor at work. At one point Manish showed us an extended genealogical tree he had drawn by interviewing patients at length, showing several incidents of cleft in each generation of one family. In India cleft is also heavily associated with malnutrition, with exposure to chemicals, consumption of alcohol, and chewing of tobacco products that may contain foul toxic ingredients.

In the west cleft deformities are regularly detected during routine pre-natal screening. Facio-maxillary tissue (all that stuff on the front of your head, your mouth and palate and nose and jaws and cheek bones and salivary glands and sinuses) is formed in the very early stages. Routine sonography is available in India, but poor people have limited access due to high costs or lack of awareness.

So in India the birth of a baby with cleft deformities often comes as a shock. Such a shock that a husband will sometimes abandon his wife if she gives him a deformed child, and a girl child at that. Cleft deformities are associated with guilt and shame and horror, stigma and disgust. We were told the story (and saw photographs) of a girl baby, with cleft lip, whose mouth was sewn up by a helpful neighbour, and who then lived for twenty years sucking liquids through a straw. We were told the story of a girl born with **cleft lip and palate** cleft palate, who was kept in a single room in the family hut and never even walked around her own village for twenty-five years. Such stories are not uncommon. If the child survives he or she will live a life of isolation, regarded as hideous and unloveable.

Indian people are rapidly moving into huge urban conglomerations but hundreds of millions still live in remote villages where health services are almost unknown and specialist surgery impossible to access. As always, it is the poor who are most defenceless against nature's cruel jokes. Landless peasants in remote areas, who are often in permanent debt and a slave relationship to landowners and other employers, don't have the money, time or information to access health services. Even if one can overcome the shame, it may take days to travel to a big city where surgery is available. For a day-labourer, taking even a little time off work, or away from one's livestock, is impossible. So Dr Shyam Sheth and his team at Medlife in Ahmedabad had to devise a new model of health care delivery.

If you have tears – II – Bayad

It starts with Manish. Manish, Medlife's programme manager, is a much-travelled man. He's 27 years old and he has been at the heart of the programme for six years. He sometimes covers nearly a thousand kilometres over a long weekend. Friday or Saturday he gets on a bus, or a series of buses, out into remote small towns and villages all over Gujarat and across the state borders into Rajasthan, Madhya Pradesh, or Maharashtra. There is a map of the region on the wall of Manish's office, covered in hundreds of dots. Each dot represents a 'camp' that Manish has organised in the last six years. Working with local schools, general practitioners or Lions Club members, Manish organises a wave of publicity in each locality. Through posters and word of mouth Manish gets the message out. If you have a child with cleft lip or palate, bring them along to the 'camp' on a Saturday morning, a specific date and time, in a couple of weeks, for assessment and treatment. All for free. Manish will likely organise a second camp in the same town or village a year later, and as positive messages spread from patients and families, more children and adults with cleft disfigurements come forward for treatment.

On 29th September 2012, it can now be told, we were with the team, heading north and east out of Ahmedabad in an air-conditioned SUV, an hour after dawn, to a camp that Manish had arranged for that day in the little town of Bayad. We were an international bunch: four Indians, two Englishman, and a German medico, Frau Doktor Ulrike Lamle, another specialist in cleft palate surgery, who had flown in the night before, to exchange professional know-how with the Medlife team for a few days. Her NGO in Berlin sends her all over the world to carry out cleft surgery in poor communities. It was a pleasure to converse with her in my effortless fluent German.

Bayad is a hot dusty little place, really no more than a big intersection. The high street is lined with grimy single storey shops and street vendors and eating places. At the far end of an alley is the tiny cinder-block office of the town's GP, who has allowed us to use his premises that day. Outside his door, his waiting room has a roof but no walls, and twenty people are already filling the benches.

This is the procedure. Bhupendra and I lurk in the corners and try and keep out of everybody's way. Manish organises the succession of patients and their carers that come through the door over the next four hours. He also takes photographs of each patient. (On his office computer he holds an immense database of portraits, before surgery, immediately after surgery, months after surgery, recording the transformation of each patient.) Dr Priyankar Singh (a trainee surgeon who is now back in Bihar) and Dr Lamle examine the patients. Dr Sheth sits with his bottle of water straight-backed against the wall, interacting when needed, and sometimes questioning and examining the patient himself.

I have pages of notes.

Patient number one is a 7-year old girl with a 'blood tumour' on her lower lip, a huge disfiguring protuberance that can easily be removed by the team.

Patient number two is a 16-year old boy, accompanied by his dad. The boy has a crouching walk and mental retardation, perhaps cerebral palsy. The doctors take all the details in order to refer him to relevant services.

Patient number three is a 6-year old girl. She is timid and tense, but she looks perfectly healthy. She is wearing her best dress, a pink frilly, frothy, flouncy, gauzy, silky affair with red trimmings. Inside her mouth she has a very pronounced cleft palate.

Patient number four is a very pretty 5-year old girl, whose cleft lip surgery 2 years ago has left her mouth just a little uneven. The doctors will be able to carry out further surgery to straighten her mouth and give her a natural smile.

Patient number five is a similar case. She was treated for cleft palate a year ago and now needs some cosmetic work done on her mouth. But she has a stomach or liver complaint. Tests, x-rays are needed before further surgery can be carried out.

Number six is a middle-aged man, who is diagnosed with an oral submucosal fibrosis. I'm glad you asked. It's a growth in his throat, almost certainly caused by a lifetime of chewing toxic tobacco, which now prevents him from opening his mouth more than a millimetre wide. An operation can solve the problem.

Number seven is another boy with mental retardation, nine years old.

Patients eight to eleven are small children needing surgery for cleft lips and palates

Number twelve is an old chap in a yellow shirt, with a big grey moustache and a tired, lined face. And an enormous abscess in his mouth, that can be easily treated.

And so it goes.

Some patients have to be referred to other specialists, but all cases of cleft lip and cleft palate and other facio-maxillary conditions are booked into Manish's diary for surgery in a few weeks' time. All treatment is free, paid for by charitable donations or by using the practice income from wealthy private patients to pay for free treatment for the poor. Free transport to Ahmedabad is included. Bayad is only 100km from Ahmedabad, but some villages are three hundred kilometres away. Accommodation for patients and carers is provided, as are drugs, and where needed, speech therapy or other auxiliary services.

When the work was done, and the local volunteers had been thanked, and the Medlife team had been thanked, and the last patients and their families had disappeared, the crew were taken to a local eating house. I wanted to walk more than eat, but in every direction there was nothing interesting to be seen. Big trucks rumbled down the dusty carriageway between the cabins and street traders, because, amazingly, this is the main road between Ahmedabad and Delhi. One truck stops beside me and a dozen standing passengers in the back climb down. A couple of men get out of the driver's cab, and then four women, lowered decorously to the ground, and then three, four, five, six, seven children. Major shopping expedition, I guess.

A shabby alley drew me off the main road into a hot courtyard the size of a football pitch. Lined with bays holding heaps of grains of different sizes and colours. Chickens and other birds play in the grain. The furthest bay contains a mountain of white stuff I have never seen or touched before. While I am standing there two men draw a long cart into the courtyard and unload huge baled packs of the stuff, a cubic metre in each bale, raw cotton, a little greasy, studded with black seeds.

This market has probably served the farmers in the locality for generations and will for many years to come. And now this town and the local region have a new service, a

specialist surgical team, who will return, again and again, to collect and serve the young children and old men and women who need their skills.

If you have tears - III - In theatre

“So would you care to watch an operation in progress?” asked Dr Sheth, out of the blue. Salman Rushdie describes in one of his books how he visited the Nicaraguan revolution in the 1970s. Riding in the back of a pick-up to a meeting in a remote province one day, his Sandinista guide informs him that ‘this road is often mined by the government’ and Rushdie replied, “in as firm a voice as I could manage, oh, really?”

I know how he felt. In as firm a voice as he could manage, the biggest coward in England replied, yes, of course, we would love to watch a cleft palate operation.

We were completing our first visit to the hospital, just five minutes from Dr Sheth’s clinic, where the Medlife team often carry out half a dozen or more procedures in a day. On the second floor, at the far end of the main corridor, is the cluster of rooms that is Dr Sheth’s domain. To the left there are a couple of small wards to accommodate patients before and after surgery. That day, Tuesday, 25th September we’d seen four patients.

There was a small girl awaiting surgery for cleft lip and palate, accompanied by her Mum and Dad, both of whom are a picture of knotted tension and anxiety. Dad is tiny, scrawny, maybe five feet high, with strong, startled features. They may never have been in a hospital before, never been in a big city before, hardly been out of their village in all their lives.

There was a teenage boy who was a veteran of cleft surgery. On previous visits he’d had treatment for cleft lip and palate and had some muscle taken from the side of his head and transferred to his cheek, to give him a still slightly uncertain smile. On this visit some work will be done to straighten his nose. In the next ward there is a child, sleeping or unconscious after her recent surgery. Her face is bandaged and a little bloody. Her Mum is gently stroking exposed skin with a damp cloth.

The fourth customer is a little girl about three years old, sitting with her Mum’s arm around her. She will be operated on for cleft palate the following day. Dr Sheth shines a

torch into her open mouth to show us a hole about the size of an English penny. He operated on her cleft lip when she was a baby and one can see, in an instant, in her face, and in the face of her mother the impact that the operation has already had on their lives. The girl's face and smile are completely normal and very sweet. It is her mother though who absolutely radiates warmth, pride, contentment, supreme happiness for her child. The desperate Dad from the ward next door is brought to join our little group, to see the difference that the doctors have made to the child's face and future.

"You see Bhai, what the doctors can do? Don't worry, soon your little girl will be looking just as pretty." He doesn't appear to be convinced.

It is at the end of this little tour that Doctor Sheth asks, out of the blue, "So would you care to watch an operation in progress?" Gulp.

A long morning of surgery means an early start. In the doctors' room adjoining the theatre we change into blue smocks and baggy trousers and tie masks over our faces, just like in the movies. There is quite a crew in the theatre. I have a sketch in front of me as I write. At the head of the operating table is Dr Sheth and young Dr Singh. On this side of the table two student surgeons supervise the instruments on the trolley. On the other side the two anaesthetists play with their gas cylinders and monitors and other kit. Bhupendra and I bob around the edge of the team as they work. Strange how anxieties evaporate. Soon we are crowding the doctors' elbows for a closer look. Sometimes a face appears in the circular window in the door. Not an anxious parent, or another surgeon, I learn later, but the *chai-wallah*, who takes a keen interest, making a delivery to the doctors' robing room.

The first patient on the table, for surgery on her cleft lip, is Mehreen, a three and a half month old baby girl, weight 5.7kg, who is cosseted and calmed by her Grandad. (We met Mum and Grandma later in the post-op ward. Their story was that Dad couldn't come with the family from his village 200km away because of work commitments. But actually Dad had taken off. He didn't want a deformed girl-child and had left his wife.)

I took careful notes of the whole procedure, just in case I was asked to step in and take over at some stage. As soon as Mehreen was anaesthetized upon the table, and plugged into the monitors, her face was swabbed with a red dye, and her eyes covered in folded gauze and taped. Green cloths covered her entirely, just leaving the mouth area clear. Dr Sheth, who up to that point had been checking his messages, sipping his tea, explaining the process to us, used a black marker pen to draw delicate narrow lines on the ugly twisted vertical gash in the baby's face. Dr Singh then went to work with the scalpel.

The blade is about the size and shape of a nail-clipping from my little finger. Following the black lines he made incisions and then cut out fragments of tissue, a succession of tiny morsels of Mehreen's flesh. There isn't a lot of blood. Blood and flesh are sucked away. When they were both satisfied Dr Sheth did the suturing,* twenty or thirty threads inserted with a curved needle. Then a delicate circular movement of the wrist to offer the scissors to the black thread. Again and again. In half an hour it's all over. The last task is the injection of analgesics, three or four big needles, into the baby's face, which looks brutal.

The second patient was Jaimin, also for cleft lip. He is eight months old and weighs 6.4kg. The third patient's name was wiped from the white board on the wall. The doctor's were a little concerned that he wasn't weighing as much as he should for his size and needed some building up and observation before surgery.

The fourth patient was Rahul, a two-year old boy, weighing 9.2 kg. His operation was to close his cleft palate, which, as I peer into his mouth, I can see is quite a size, maybe half an inch wide and an inch long. After the usual prepping a small metal frame is placed over his lower face, holding his tongue down and mouth wide open. There is quite a lot of work to do inside his mouth. Dr Sheth uses two tiny blades in conjunction, his big hands hovering over the tiny mouth. There is very little conversation; small murmurings and comments from behind the masks. The whole team is very focused, but very relaxed, very calm. It is a very good-natured operating theatre. At one point one of the anaesthetists takes a call on his cellphone. (When I mention to Dr Sheth later that I couldn't imagine that happening in an English hospital, he shrugs, "it's a democratic country."**))

After twenty minutes Dr Sheth invites me to peer inside Rahul's mouth. It looks like chopped chicken meat. The doctor points out to me the main blood vessel, which must not be damaged, and the loose tongue muscle, vital for speech, which is to be incorporated into the restructuring. It all has to be stitched back together in three layers, the nasal, the muscular and the oral, he tells me.

"So how many sutures will you use?"

"About a hundred," he says. "Sixty," says the masked anaesthetist.

"When we started we didn't have this team," says Dr Sheth as he is completing the work.

"There was just him and him (two nods) and me. And we had two desk lights. They burned my ears."

There is a door in the operating room, giving on to a slender balcony. A window gives a view of the scruffy garden, the perimeter wall and the street-life flowing beyond. Out there, the heat and dust and the everyday life of the city. But in here miracles are performed.

Afterwards we sit in the robing room in our blue outfits. "Did you enjoy that?" asks Dr Sheth, sipping from a tiny cup of brown tea. He is, have I mentioned this, the handsomest young doctor in India. And we nod, and I try to think of the right words.

Since the Medlife team started work six years ago they have performed thousands of these operations, transformed thousands of lives. Not miracles. It's all rather more impressive than that.

*The sutures are manufactured by Johnson's the baby powder people. They are very expensive.

** What do I know? Maybe British surgeons keep in touch with their girlfriends and test scores all through major operations.

That Jihadi look

Our fashion correspondent writes

The *Rough Guide to India* (2005) warns of the 'appalling congestion and pollution' in Ahmedabad and suggests that a stroll around the Old City could be a hazardous experience for anyone who already has breathing difficulties. Certainly in the evenings, under the street lights, particularly at junctions and crossings when the traffic is stationary and the engines are throbbing, one can see clouds of oily, noxious exhaust fumes rolling skyward. So everywhere people take precautions to protect themselves from the worst of the air pollution. A few brave souls, oblivious to their appearance, sport clinical white masks, as favoured by sandblasters and Japanese cyclists. Bold young men on scooters and motor bikes often wear a triangular bandana, bright yellow or orange, over the lower part of the face, like a *bandido yanqui*.

The young slender elegant women of the city, all of whom have the posture of ballerinas, have brought a whole new aesthetic to the problem in just the last year or so. They wear a sensationally beautiful, vivid, brightly patterned scarf, wound tight, moulded to their features and knotted on the back of the head. The scarf covers the face and shoulders, and leaves just a narrow slit for the eyes. Designer sunglasses complete this captivating, sinister, anonymous jihadi look. We were told that this total envelopment protects one from the sun (it was forty degrees and rising) as well as the carbon and benzene particles in the air. You see them everywhere, individuals and clusters, on bicycles, scooters and 500cc motorbikes, swooping, weaving, gliding, roaring through the traffic, thrilling expressions of emerging female autonomy and power.

Few riders wear crash helmets. Maybe one male motorcyclist in a hundred is now wearing something that closely resembles a polo-player's hard hat. Stylish, but it won't save you from a broken neck. The young women, typically, wear knee-length tunics and tight jeans, with a back-pack of college books. Middle-aged women with shopping bags on two wheelers wear baggy chiffon pants, loose layers of flowing robes and all too often, long billowing scarves, like silk banners, that flutter round the rear wheel. This strikes me as a little dangerous.

Hands that help are holier than lips that pray.

Mahatma Gandhi

The Gandhi Ashram sits on a flat shoulder of land on the west bank of the Sabarmati River, on the north side of Ahmedabad. At the time on a hot morning, that our tuk-tuk dropped us at the gates on the famous Ashram Road a couple of crocodiles of school children were also visiting. One class wore vivid red school uniforms and the other canary yellow. The kids were tiny, reception classes I imagine. Love and respect for Gandiji starts at an early age in India.

Over there to the left is the beautiful Gandhi Memorial Museum, designed by Charles Correa and built in 1963. Finished in red brick and tiles and heavy timbers of teak, it is stunningly simple, a cluster of connected walled and glazed rooms and open spaces. Beyond the Museum is the place at the edge of the river where Gandhi led the community's prayers each day. The broad river is heavily embanked today, for thousands of yards, in unattractive concrete.

A couple of hundred yards to the right is the complex of buildings, (community hall, school, guest houses and Gandhi's own house) that he helped to build with his own hands. That is where we are headed. The yellow clay surface is shaded by dozens of very fine mature trees, bright green foliage beneath a blue sky. (The story is that a repentant sinner planted the trees at Gandhi's behest, as his contribution to the small community, back in the 1920s.) Tiny squirrels, their bodies hardly thicker than my thumb, with six inch tails, scamper up and around the tree trunks.

The custodians don't open up Gandhi's meeting room for just anyone (most of the 700,000 visitors a year have to peer through a barred door) but we were permitted to enter the *sanctum sanctorum* and examine his possessions at closer quarters. A thin matt, a cushion against the wall, a small low writing table and the globally famous spinning wheel, that is now the symbol of India.

Gandhi lived here from 1915-1930 after his return from South Africa. Here he developed his thinking, strategised with Nehru and Jinnah and the other leaders of the

independence movement, and planned *Hind Swaraj*, the liberation of India from British rule. It was from this spot that Gandhi set out on the 250 mile Salt March, to Dandi, on the coast, in 1930. You'll remember the scene in Attenborough's 1982 movie, in which the English soldiery obstruct the march and club down the passive revolutionaries. "If there is any blood to be spilt, let it be our own," said Gandhi.*

The Ashram is no longer a centre of revolutionary thinking, unless you believe that the title to this little piece is indeed a revolutionary idea. But it is a great hive of charitable community activity. A couple of hundred kids from the local slum towns find sanctuary on the site, fleeing from hunger, violence and neglect. They learn and sleep in the school courtyard. Morning is for lessons. In the afternoons they kick a ball around, or collect in groups in the shade of the verandahs, with scissors and paste and coloured papers, carefully making greetings cards and other gift items, which are sold in the bookshop. (There is more about the 'learn and earn' scheme elsewhere on this website.) Food cooked in Manav Sadhna's kitchens feeds thousands of slum children every day.

"Would you like to see the feeding programme in operation?" asks Shirish. We sure would. So the next day, we reappear at the appointed time. "Your transport will be here in two minutes," says Shirish. The squirrels are still frisking about among the stately trees. While we are waiting I ask Shirish what these little creatures are called in India. "Those animals are called squirrels," he answers. If he was surprised by my ignorance he concealed it well. Then down the path comes, not a Lincoln Continental or a Rolls Royce Silver Wraith, or even a tuk-tuk, but, surprise surprise, a pair of handsome shiny growling motorcycles.

I have never ridden on a motorcycle in any capacity in my life, but it's the duty of the most chicken-hearted visitor to conceal his anxieties and cling on to the pillion grip as we accelerate out into the famously terrifying Indian traffic. The Bajaj KTM 990 Superduke has a top speed of 236km per hour, though I don't pretend we reached anything like that. It also has a sharp turning angle of 66.1°. It's useful to know these things when you are making a U-turn across a dual carriageway, and watching a cavalry charge of cars, lorries, tuk-tuks and motorbikes hurtling down to catch you broadside.

On the other side of the dual carriageway there was a gap between some scruffy shacks and then a bumpy slope down towards a foul-smelling slimy green pond. This is the gateway to Ramapur, home to 150,000 people and just one of a dozen major slum towns in Ahmedabad. A great deal has been written recently about India's slum towns** but nothing can prepare you for the reality. I was familiar with the Roma ghettos of Eastern Europe, where shabby Stalinist apartment blocks, *faux* marble wedding cake gangster mansions, and improvised huts sit side by side in the winter mud, but they are almost luxurious by comparison.

One of many shocks came from learning that Ramapur isn't an improvisation: it's *seventy* years old, an enduring feature of the city, older than Milton Keynes. So many of the homes of slum dwellers, as we bounce along the stony dirt track on our motorbikes, avoiding, but only just, women and children and dogs and chickens, have a semi-permanent look. The roofs may be blue plastic sheeting or corrugated asbestos, but the walls may be stone or rough brick. Although these homes are built illegally on public land they have a market value, and change hands for thousands of rupees. The people are dirt poor, by definition, but there is a functioning economy. The collection, sorting, organising and recycling of waste materials is big business in India. A long working day may earn a woman enough, just, to provide a meal for her kids.

"Everyone has a TV, but no-one has a toilet," says Shirish as we walkabout. Although the first little school we discover, just one room, built by Swedish volunteers, has its own little latrine block. There is a bigger school a few hundred yards further on. There are three classrooms of diligent kids, maybe a hundred in each class, sitting on the floor, in a beautiful sombre circular complex of buildings, constructed like a protective arm around a public courtyard. It's all funded by a Christian church in the Midwest, as we are reminded by a plaque on the wall. The lunch for the kids has already arrived, on a flat cart, pulled by a bicycle. Three stainless-steel drums of steaming spiced lentils, a certain lunch in a precarious world.*** In the big open community hall a dozen women are stitching, sewing and embroidering fabrics, something like a New England quilting bee; but this work will bring in a little desperately-needed income.

So, in the hot sunshine, in the middle of the day, even with a very disagreeable odour in one's nostrils, a combination of burning paper and something worse it is easy to paint a picture of a resilient community at peace with itself, struggling but surviving. But, we were told, this is not a good place to be at night, especially for women and girls. And it's not a good place to be in the rainy season. All around the land rises, so the slum town sits in a flood plain. "It's horrible," says Shirish, his features twisting with disgust.

What is the future for these communities? Nobody is talking about the eradication of these slum towns. Will the stupendous growth in the Indian economy eventually lift up the half a billion Indians who still live in desperate poverty? Can a new political class emerge committed to government by and for the people? We are going back in seventy years to find out.

*Not a maxim I subscribe to myself.

** See for instance Katherine Boo's recent book, *Behind The Beautiful Forevers: Life, Death and Hope in a Mumbai Slum*, 2012.

*** reference to Kamla's contribution to the feeding programme.

Our wine correspondent writes

Buying a couple of bottles of beer in Karaikudi, Tamil Nadu, last year, was a sordid business. Alongside the central bus station a muddy lane was lined with smoky booths offering a variety of goods and services. That's where we stopped each morning for a thimbleful of milky coffee before venturing out into the countryside for the day. There was a cinderblock wall close by, into which a hole had been punched. From behind this hole the local wine merchant would sell you a couple of bottles of Kingfisher beer for a hundred rupees.

One has to tuck one's purchases away into a bag immediately. Consumption of alcohol isn't illegal but it is something to be ashamed of in Tamil Nadu. Stories about wine shops figure prominently in the Indian press; the authorities are forever closing them down. Customers are invariably referred to as 'drunkards' or 'miscreants'. Well, that puts me in my place.

Residents of Gujarat, we discovered in October, are permitted to buy alcohol, legitimately, *only* if they can supply a doctor's certificate confirming that they are alcoholics, dependent on alcohol to function and to sleep. Strange but true. So most local people have their own unorthodox lines of supply. But there is also a chain of 30 authorised wine shops (in a state of 60 million people and 200,000 square kilometres) where foreign visitors are permitted to buy alcohol once they have a licence.*

Fortunately I didn't have to travel 100 miles to find a wine shop. The hotel staff informed us that the nearest wine shop was in fact located *in the basement of the hotel next door*. Small world, Mr Bond.

Acquiring a licence is simplicity itself. It's just a matter of taking along a photocopy of a page from one's passport, and a photocopy of one's visa, and a photocopy of one's flight details and a letter from one's hotel manager confirming that Mr Van Winkle is indeed a resident of this hotel and that he arrived on such and such a date and is a charming fellow, no trouble at all, and will be leaving in ten days' time. What could be easier?

The wine shop was literally a minute from the front gate of our own hotel. Round the corner. Down a ramp, guarded by a couple of sleepy uniformed guards, deep into the hotel's underground car park, and here we are, a discreet cabin where we do the business. It's about twelve by ten, lined with shelves and bottles and cartons and containing about eight big guys, who leave little room for the customers. The wine shop in Karaikudi sold mostly beer, but this wine shop seems to sell only whisky. There are some familiar labels and brands, but many others, less familiar. Mountain Dew, Four Feathers, McAlpine's, Hogmanay's Original, Dr Cameron's Special Blend.

I was bidden to be seated opposite the licensing officer whose paperwork occupied a very small table in the corner of the room. He was a very busy, very important man with a Captain Mainwaring moustache. I gave him my irresistible Pierce Brosnan smile but he didn't have time to acknowledge me, being fully engaged in some gigantic mental computation as he worked his way through the columns of a fat ledger, straight out of Edwin Drood, with the tip of his pencil. Well, two can play at that game. I didn't want to ruffle any feathers, so I adopted my thin-lipped Gestapo smile, folded my arms and focussed on a point in mid-space, as though I had travelled to India expressly to savour this transcendental moment. It was forty degrees on the street and maybe just five degrees hotter in this little trading post. The shop-workers chatted around me and moved a carton from here to there and back again. I seemed to be the only customer.

After ten minutes my nerve broke and I pushed my photocopies under his nose.

"Inspector." I tried to find a menacing tone. "Are you able to process these papers?"

Well of course he could. He set the ledger aside and examined my photocopies very slowly and carefully, very, very slowly and very carefully, as though he had never encountered paper before, and then produced a form for me to fill in from his bottom drawer. Name, address, place of birth, occupation, passport number, visa number, entry port, date of arrival, date of departure, hotel address, hotel phone number... etc etc. Pretty soon I was making it up. The inspector followed my progress with interest.

“Oh,” he said, “you wish to purchase two units?”

“I have many important clients to entertain,” I said, perhaps a little defensively.

He tore the paper away from me and crumpled it up and gave me a fresh copy of the form and instructed me to declare, with an understanding smile, that I was leaving on the 8th, not the 3rd. One unit per tourist per week is apparently the limit. I realised at that moment that the Inspector and his lined face and understanding smile reminded me fondly of my Uncle Ted.

He took my completed form and read it through meticulously for about ten minutes, and then transcribed all my details, very slowly and carefully into the columns of his ledger. I was getting hungry. Then he produced a blank licence from his bottom drawer, a flimsy blue paper, postcard-sized with two folds. Very slowly and carefully he added my particulars to the form and inked his official circular stamp and stamped the licence in several places, and took two hundred rupees off me.

Our official business completed I was able to move about two feet to my right and proudly present my licence to the proprietor. He inspected my licence with great care. You can't be too careful in his business. He was about my age and about twice my weight. Looking up he surveyed my noble dome and with a sort of truculent charm and quite unnecessary familiarity said, “You seem to have lost all your hair.”

“You can speak for yourself bhai,” I said, “I think you've got just the same problem.” Indeed his moist pate was gleaming through the last wisps of hair on the top of his head. The proprietor translated for his henchmen and they giggled dutifully.

“So you think we two are alike?” he asked, reading my licence closely, with his specs pushed up onto his forehead.

“Like brothers,” I said firmly and again he translated and the henchmen, weakened by laughter, had to hang onto the walls to avoid falling down. He pulled a great hardback notepad, not unlike the Inspector’s ledger, across his desk, and started copying my details onto a half-used page. He was a slow writer.

“Of course in every family,” I said, “there is always one very handsome brother and one who is, pause, not so handsome.”

I don’t remember him translating that bit. He asked me what I wanted to buy and I selected a bottle of Auld MacTavish’s Special Blend and another of Coldstream Guard’s Double Malt from the shelf behind his head. I passed over the money and he wrote out a receipt for me very elaborately and stamped the receipt with his official stamp while I slowly lost the will to live.

“Now my friend,” he says, when I had the stuff in my backpack, “sit down, sit down and I will tell you a very amusing jock.”

“If only I had the time,” I said. “Goodbye bhai,” and followed the curving ramp up out onto the street. Dusk had arrived and bats the size of turkeys were flying in formation twenty feet above the hotel roofs. I looked at my watch. The whole process had taken one hour and ten minutes.

A few days later, taking coffee on the sixth floor of a shopping mall I asked Dr Sheth, “Do you know the definition of an alcoholic in England?” He raised an enquiring eyebrow, and when I told him the answer, - An Alcoholic Is Someone Who Drinks More Than His Doctor! - he acknowledged the jock with a small aristocratic smile.

Now I just wish to go on record here. I am definitely NOT an alcoholic. I am simply an enthusiastic supporter of the French wine industry. And the Indian whisky trade. Having now sampled a number of Indian blended whiskies and single malts I can affirm. They are *very smooth*.

*There are 26 outlets selling alcohol along one mile of my local high street

Short Stories from Ahmedabad



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