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# *The Miracle of Pure Love*

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THE STORY OF SATHYA SAI BABA

Volume 2

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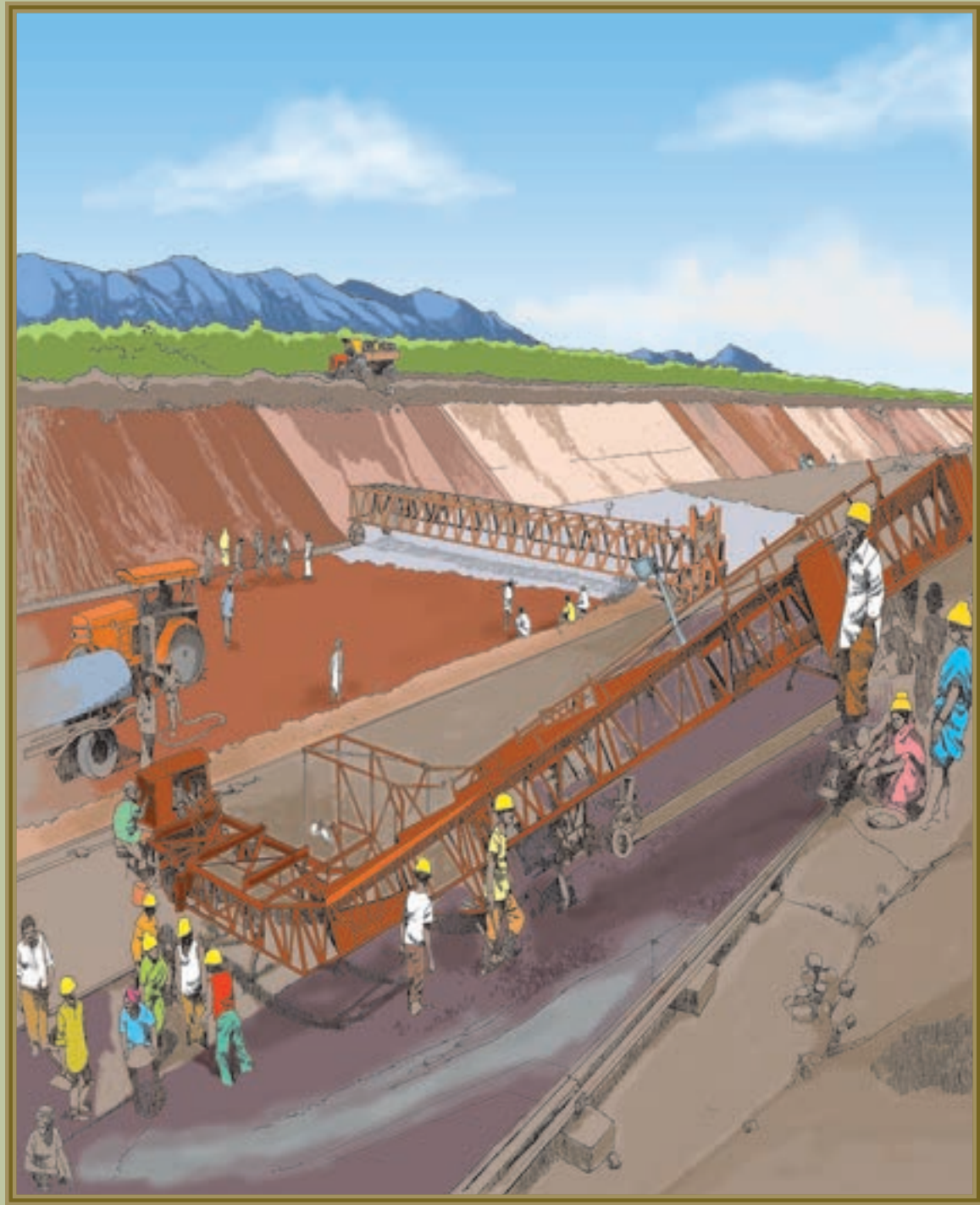
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This volume covers approximately the period 1990 to 2010, during which Baba’s service activities touched new heights. Not only did he give full shape to the unique university he had established earlier, but he also set a new benchmark by providing free tertiary healthcare. In addition, he executed half a dozen drinking water projects, which together benefited close to 10 million people.



CHAPTER 5

*Mission in Full Swing*

# An Unimaginable Milestone

**T**he year was 1990 and somewhat special for Baba's devotees because it was the year of his sixty-fifth birthday. As on previous occasions, a big celebration was planned, and, as usual, during the morning festivities in the big stadium where such events took place, the last item scheduled was a discourse by Baba. Dressed in a white robe, Baba began as usual, but along the way he paused and made a dramatic statement that was totally unexpected and breathtaking. This is what he said:

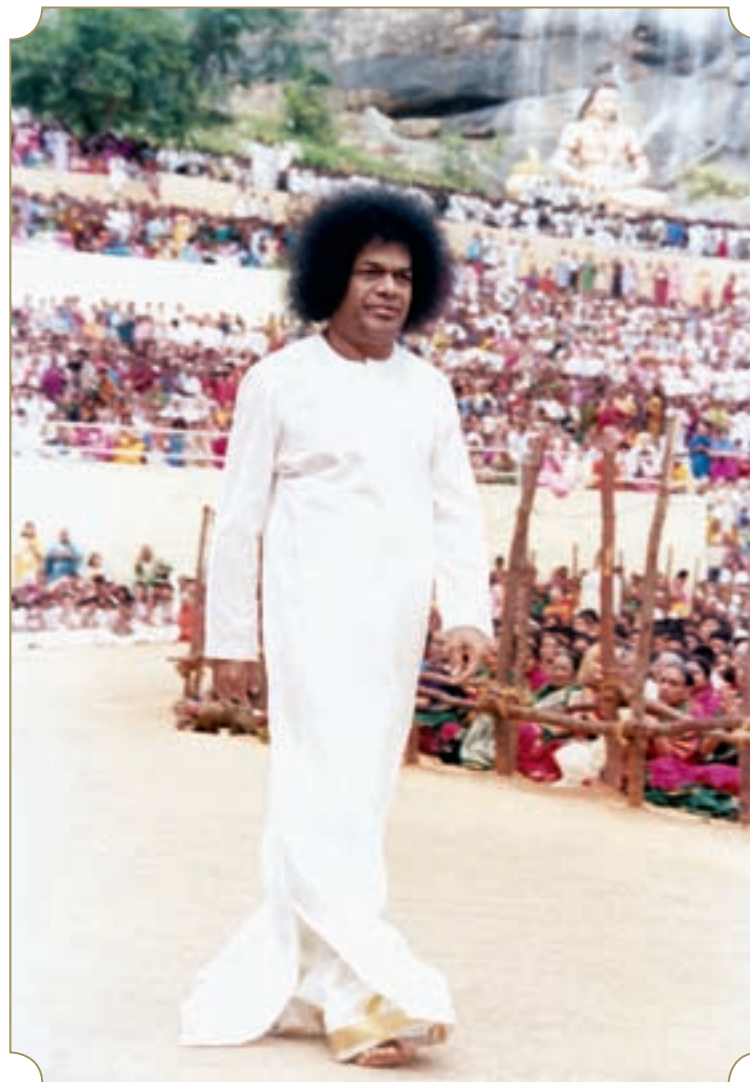
*Yesterday, we (the Sri Sathya Sai Central Trust) decided to establish a big hospital here. Many appealed to me to set up the hospital in an urban area. There are many hospitals in cities, all run for profit. These days, whenever a medical or an educational institution is established, the sole aim is to make money, lots of it. Few come forward to set up institutions that provide service free of charge to the poor. That is why we decided to have a 100-crore (essentially, multimillion dollar)*

*hospital right here, near Prashanti Nilayam. Even as higher education is offered free here, likewise, "higher medicine" also will be offered free.*

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IF THEY GO TO THE  
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START A BIG HOSPITAL  
PROJECT.

.....



*Baba arriving at the stadium.*

*People spend a lot of money to go to America to have a heart surgery performed. But what about the plight of the poor? Who is bothered about them? If they go to the big hospitals in the cities where facilities for advanced medical care are available, they would not get even a simple medicine. It is for that reason that we have decided to start a big hospital project. Whether it is bypass surgery or kidney transplant, everything will be done completely free here.*

For a moment, there was silence, probably because few grasped the implications of the announcement just made; but after that moment of brief silence there was thunderous applause. Baba held up his hand as if to say that there was more to come, and indeed there was:



*Right in the beginning we decided that this hospital shall offer the best and the most advanced medical care, completely free. The hospital will be opened on and begin functioning from November 22, 1991. That is my unshakable resolve.*

This time, the cheering was wild, for who could imagine a Super Specialty Hospital offering free treatment being built in a village, and that too within one year? “This is fantastic,” everyone exclaimed, charged as they were with great expectations and enthusiasm. And yet pretty soon many, including some members of Baba’s Trust, began to wonder if he was beginning something out of his league. Questions



*Baba making a historic announcement about establishing a Super Specialty Hospital in Puttaparthi on the occasion of his birthday in 1990.*



*Baba distributing sweets.*



*A view of the large birthday crowd that had gathered to greet Baba and have his Darshan.*

## Isaac Tigrett



Isaac Tigrett was born in Tennessee, went to England when he was 15, and started a business. After trying his hand at various things, Tigrett founded the Hard Rock Cafe when he was 19. The cafe became so popular that Tigrett opened many branches. While business occupied a major part of his attention, from the age of 13 Tigrett also was interested in metaphysical matters due to the influence of the minister Norman Vincent Peale, a family friend. In the early 1970s Tigrett saw Sai Baba for the first time. The impact of that *Darshan* was so strong that Tigrett not only prominently displayed a picture of Baba in every one of his cafes along with Baba's message, "Love All, Serve All," but also put that message on millions of T-shirts, buttons, etc. He traveled repeatedly to India just to have Baba's *Darshan*. Curiously, Baba, who frequently called people for interviews, including foreigners who came often, appeared to ignore Tigrett, who, however, did not mind. His turn came at last at a moment when he was least prepared for it and with it also an opportunity to focus more on the spiritual goals of life.

Meanwhile, totally exhausted by running and expanding the Hard Rock Cafe chain, Tigrett sold it. Thanks to its brand name, the sale brought a very good price. Restless, he wanted to put that money to good use and offered it to Baba, who, however, ignored the offer. Every time Tigrett mentioned his desire to contribute, Baba would steer the discussion to matters spiritual. Tigrett learned the lesson; Baba was not interested in money but in individuals and the aspirations of their souls. Sometime later when Tigrett expressed his fervent desire to serve Baba in some capacity, Baba smiled and

suggested that he could help with his hospital project.

The moment Baba told Tigrett about his hospital project, he also gave him a role to play. "See if you can come up with plans for it," Tigrett was told, which caught him completely

off guard. Often this was the way Baba made people discover themselves and their latent talents and how to unlock them through their love for Baba. Frantic, Tigrett looked for experts to consult, and one stop was Geneva, where he met with a group of medical experts connected with the World Health Organization. When Tigrett told them about Baba's hospital plans, all but one were utterly skeptical. How could one build a super specialty hospital in a village in the third world, when it was so difficult to teach the people there even the basics of hygiene? However, among the experts there was one who disagreed. His point was simple. Yes, the hospital was almost impossible to build and operate; however, if there was one person who could do it, it was Sai Baba, he said. That was enough for Tigrett, who took off next in search of, among other things, a good architect; and in London, he found him. In a sense, that architect was waiting for the call!

As the hospital project shifted into high gear, Tigrett slowly began moving away from the material world to meditation and self-improvement. It was far more difficult than competing in the world of business, but that had been his inner longing all along. Now that Sai Baba had opened the door, Tigrett had only one way to go-to delve into the mind and master it so that the soul could be free.

## Dr. Keith Critchlow



Dr. Keith Critchlow was born in England, studied art, and performed national service in the Royal Air Force before turning seriously to a career. He first trained himself to be a classical painter and, being fascinated with geometry, began to study Islamic art. Later he became a professor of Islamic art at the Royal College of Art in London. Subsequently, when the college became part of the Prince's Foundation (established in 2004 by the Prince of Wales), Critchlow moved with it to serve in the Prince's School for Traditional Arts, which is part of the foundation. Currently, Critchlow serves as an emeritus professor there.

From art Critchlow moved to architecture, fascinated as he was by the role geometry played in the design of ancient temples and monuments. He called it sacred art and gave expression to some of his ideas in the buildings he designed, which include the Krishnamurti Study Centre in England and the Lindisfarne Chapel in Crestone, Colorado, in the United States with a special design for the vaulting of the dome.

Critchlow had heard of Sai Baba from someone in London, and so when Tigrett came to him with a request to submit an architectural design for Baba's hospital, he was inclined to seriously consider the suggestion. However, he had to first see Baba before he could say anything, and so he went to India. Baba called Critchlow and his wife for an interview twice a day, six days in a row. There was little mention of the hospital but a lot about religions, their symbolic representation, and the beauty of those symbols! In between, there was some talk about the hospital building, and Critchlow would show some tentative sketches to Baba. However, nothing came of that. Critchlow had to go back, but he returned with a sketch for a

design. He sent it to Baba, who seemed to like it and called Critchlow to explain the features. This is how Critchlow recalls that discussion.

*It was based on something simple-that the central feature of the hospital should be a symbol of unity because the symbol of health*

*is the symbol of wholeness and unity. In the human body, the heart, which is shaped like a hand, is pointing downward-this corresponds to the physical incarnate state. In the symbol of architecture, we turn the heart right around and point it toward God. So the main symbol of the center of the hospital was a large heart, which is also the symbol of Sai Baba and his Love, pointing back to heaven with a flowering lotus on top, which itself is a symbol of completed Consciousness. Then the building was wrapped around the centerpiece, and instead of the wards sitting on top, I asked Sai Baba if I could wrap them around like two arms which embrace people with love to cure and heal them. Baba was very pleased with that idea.*

After giving the good news, Baba then stunned Critchlow by telling him that the hospital was expected to be ready in just one year. As Critchlow recalls, Baba said, "This has to be complete and we will have the first operation by this day next year (meaning November 22, 1991)." Critchlow adds, "Well, I knew that this was impossible, but as I had seen, the impossible is possible with Sai Baba... When the time came and the Prime Minister of India came to open the hospital, everything was complete. The first operation was done exactly 12 months after the statement made by Sai Baba that the hospital was going to happen-just totally incredible; there is no other word for it."





*Pictures taken during the construction of the hospital. The dome, which is the central piece of the building, can be seen in the bottom picture, while the construction of the “arm” embracing the dome is shown in the top picture. Baba often visited the construction site. At times, he would personally serve food to the construction workers. Shown on the right is a picture taken during one such occasion.*



were raised such as: “This place is still a rural area; how can one build a state-of-the-art hospital here? What about doctors? Which expert would like to come and live in a place like this, where there are few conveniences, including a store where one could shop for necessities?” Perfectly valid questions, especially considering that in 1990 there were very few such hospitals in the country, including in the large cities.

Months passed, and construction work seemed to move rather slowly in the huge plot where the hospital was supposed to be built. Many who visited the site shook their heads, making gloomy predictions. “This hospital cannot ever be built,” the die-hard skeptics murmured, while those more charitable whispered, “The hospital may get built and might even open as scheduled, but I do not give it more than six months. I mean, this is too massive a job! Baba has no medical experts around him to guide complex operations associated with the establishment of such a specialized hospital!” As if to back all this up, there were slips and glitches.



Four days before the scheduled inauguration, even Dr. Safaya, an ardent devotee of Baba, who was in overall charge and would formally become the Director of the hospital once it became operational, was beginning to have grave doubts about whether the deadline could be met. No one knows what happened, but somehow everything was in readiness for inauguration on the morning of November 22, 1991, the day the hospital was to be opened and begin functioning as well. True, the construction was not completed; but whatever was needed to get the hospital going was ready, including the operating theater, the intensive care unit (ICU), the pharmacy, autoclaves for equipment sterilization, dietary services, blood bank, etc.

That morning, there was joy in the air. The hospital frontage had been decorated, a police band was in attendance, and a big group of Baba's students were chanting traditional hymns, while Baba himself was moving around giving last-minute instructions even as they were awaiting the arrival of the guest of honor. That guest was Mr. P. V. Narasimha Rao, then Prime Minister of India, who was no stranger to Baba, hailing as he did from the same state, i.e., Andhra Pradesh.



*Pictures here show scenes on the morning of November 22, 1991, before the arrival of the guest of honor, the Prime Minister of India, who was to inaugurate the hospital. Baba was very calm and moving around the site, supervising as well as giving last-minute instructions.*





*While the general public was seated outside the building, the important invitees were seated inside the dome. The picture above shows them awaiting the guest of honor.*



*Baba, accompanied by the Prime Minister, entering the central dome, even as those seated rise.*



*On the left, the Prime Minister can be seen lighting a lamp to mark the opening of the hospital. Above, Baba is introducing the Prime Minister to Justice Bhagavathi, former Chief Justice of the Supreme Court of India, and a member of Baba's Central Trust.*



**A**round 9:00 A.M., a helicopter appeared overhead, and everyone looked up. Yes, the Prime Minister was coming, and there were cheers all-around. Shortly thereafter the Prime Minister, accompanied by the senior members of Baba's Trust who had been assigned to greet him on arrival, walked toward the impressive dome where Baba was waiting. Mr. Narasimha Rao offered his respects to Baba, who, after warmly greeting the Prime Minister, asked him to cut the ribbon.

The huge doors were then opened, following which Baba and the guest of honor walked in. Inside the impressive rotunda was a select gathering, including those who had helped in establishing the hospital. Dr. Safaya guided the Prime Minister to a lamp and requested that he light it. Following that, the Prime Minister tapped a key on a computer and a message appeared on the screen, announcing the inauguration of the hospital. With that, the inauguration was over; there were no speeches and with good reason.





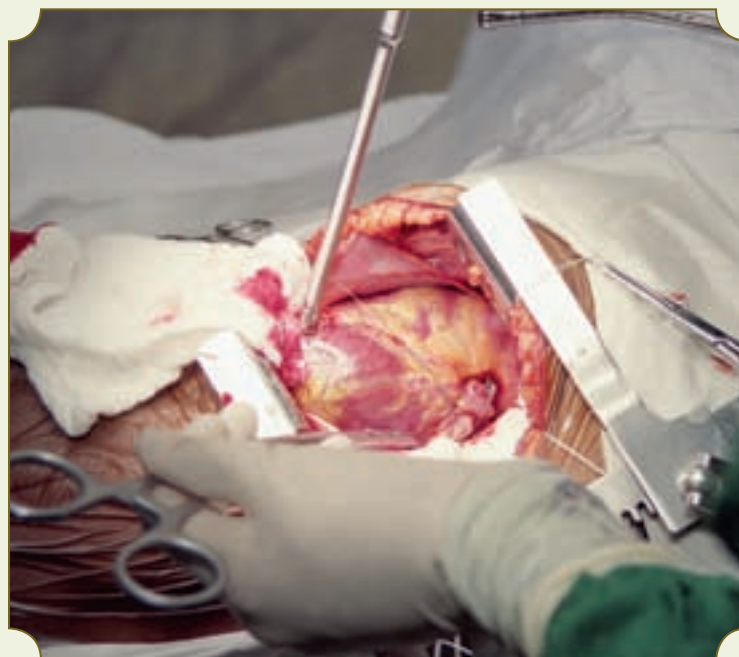
*The operating theater in readiness on opening day.*



*The patient is ready for surgery.*



*The surgery is about to begin.*



*The heart is exposed, and surgery is in progress.*

Baba then conducted the distinguished visitor to an elevator that carried them both to the second floor. The two then walked toward the operating theater along with a select few. Inside, a team of doctors was in full readiness, and a patient was on the table, already anesthetized. Standing by was Dr. Venugopal, a leading cardiac surgeon, then on the staff of India's premier hospital, the All India Institute of Higher Medical Sciences. From outside and looking inside through a glass window, Baba offered his blessings, following which the surgery commenced; history was made, and a promise also kept.



*The pictures here show three of the four patients who underwent heart surgery on inauguration day. On the bottom can be seen a teenager from a neighboring town, who was the first patient to be operated on. Baba came to the hospital to specially see all the patients and bless them. Initially the Puttaparthi hospital had only one specialty, namely, cardiology. Today it has many more.*

On the following morning (which happened to be Baba's sixty-sixth birthday), Baba announced to a cheering crowd that the hospital had begun functioning exactly as planned and proceeded to honor those who had played a key part in the success of the project.

It was a huge leap forward. However, a bigger one was to come 10 years later when a second tertiary care hospital was opened in Bangalore. This time, the then Prime Minister Atal Behari Vajpayee performed the inauguration. However, it was in the traditional style, complete with elaborate seating arrangements and speeches.

Charitable hospitals are not unknown in India; there are several of them, all trying to do their best. However, due to paucity of funds, they are almost always poorly equipped, shabby and crowded. Given the circumstances, the hospital authorities obviously cannot be blamed. Nevertheless, one could legitimately wonder whether those who established such hospitals really cared. By comparison, Baba's Super Specialty Hospitals are truly out of this world, in more ways than one. They are grand and imposing in appearance, filling one with an air of assurance as one enters. They are, of course, well equipped since Baba wanted the poor to have the same healthcare for free that the rich could afford to buy. The hospitals are clean, and one does not feel crowded, even though there are many patients around. The most outstanding feature, of course, is that the best care is given to every patient, irrespective of caste, creed, literacy, etc.

This is no accident and is entirely the result of the enormous personal attention that Baba bestowed, not only through frequent visits but also by maintaining constant touch with the staff. Interestingly, many graduates of Baba's university, including some with advanced degrees, volunteered to work in the hospital as technicians, foregoing the opportunity to have lucrative careers outside because they all wanted to be part of Baba's mission of Love and service. Baba arranged for all of them to be suitably trained and qualified before giving them appointments in the hospital.

Some hospitals in India have a two-tier system, charging patients who can afford to pay and waiving fees in the case of those who are poor. Understandably, not many in the latter category are admitted. In principle all patients are supposed to be treated alike, but in practice there is





*Pictures here were taken on November 23, 1991, on the occasion of Baba's birthday celebrations in the stadium, exactly one year after Baba announced the idea of establishing a Super Specialty Hospital in Puttaparthi. Top left, Baba is seen with his pet elephant, which had been brought to the ground as part of the celebrations. Top right, Baba is presenting a silver bowl to Isaac Tigrett as a memento, acknowledging his contribution to the hospital project. Just above, Baba is seen delivering a discourse, during which he announced that four heart surgeries had been performed on the previous day as part of the inauguration of the Super Specialty Hospital. All patients, Baba added, were progressing well. Seated on the dais are (left to right) Critchlow and Tigrett on one side, and Dr. Venugopal and A. Ramakrishna on the other side. Venugopal was the surgeon who performed all the operations, while Ramakrishna was in overall charge of the building construction, which was done by Larsen and Toubro Ltd., a leading construction company.*

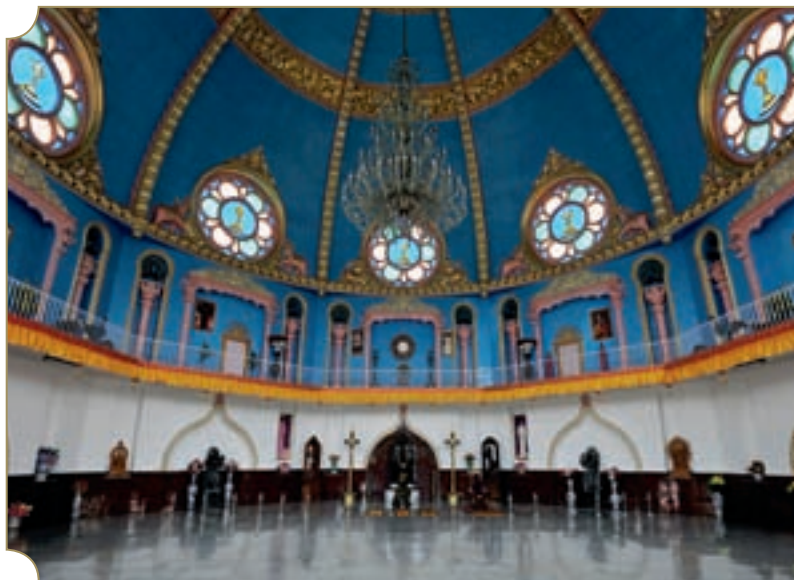




*The hospital as it appears today.*



*A close-up view of the central dome.*



*A partial inside view of the dome.*



*The hospital as seen from the air.*





*Baba and Prime Minister A. B. Vajpayee arriving for the inauguration of the Super Specialty Hospital in Bangalore. Here Baba is assisting the Prime Minister as he climbs up the steps leading to the dais.*



*The Prime Minister is lighting a lamp, as is customary in India at the beginning of functions.*



*A panoramic view of the Bangalore Super Specialty Hospital.*





*A view of the stage showing the dignitaries participating in the inauguration proceedings.*



*The Prime Minister giving his inaugural address.*



*A view of the gathering assembled for the inauguration.*



*Baba delivering a discourse on the occasion.  
As always, Baba spoke last.*

overt discrimination. In Baba's hospitals, the question of status never arises because no one is asked to pay anything whatsoever. Everything is free, from the initial consultation all the way through diagnostic investigations (including computed tomography [CT] and magnetic resonance imaging [MRI] scans), surgical procedures, the stay in wards (both ICU and general), medicines and food. The billing department is conspicuously absent, and there is not even a sign inviting donations. Indeed, if someone wants to donate, there is no counter where payment can be made. The discharge certificate also does not carry any hint about a possible donation. On the contrary, frequent announcements are made over the public address system in many languages, advising patients waiting for consultations not to pay anything to anyone, adding that if anyone demands money, the matter must be immediately





*Baba coming to the Puttaparthi hospital accompanied by the Director, Dr. Safaya.*



*Baba in earnest conversation with some of the surgeons.*



*Baba seen with some of the staff of the hospital.*



*Baba blessing a patient who has undergone brain surgery in the Bangalore Super Specialty Hospital. To the right of Baba may be seen Dr. Hegde, who is not only the Director of the hospital but also a Senior Neurosurgeon.*

*Baba visited both Super Specialty Hospitals as often as possible. Sometimes he came for a general round; at other times he came to meet the doctors or see patients. On some occasions, he has delivered discourses to the staff, besides distributing clothes and sweets. Offered here is a selection of pictures taken during such visits.*

reported. Dr. Safaya, Director of the Puttaparthi Super Specialty Hospital, puts it succinctly: "In this hospital, the patient is treated like God!"

Back in 1991, when the hospital in Puttaparthi was inaugurated, it had only one department, cardiology. Since then it has expanded considerably, adding departments

dealing with urology, ophthalmology, reconstructive surgery, orthopedics, and gastroenterology. The Bangalore hospital, on the other hand, focuses entirely on neurology and cardiology. Where facilities are concerned, Baba has made sure that they are nothing short of the best. For the record, the Puttaparthi Super Specialty Hospital has 300 beds, whereas that in Bangalore has 333 beds.



Given the nature of these hospitals, it is not surprising that many doctors chose to serve in a voluntary capacity, beginning with Dr. Safaya, the Director of the Puttaparthi hospital, and Dr. Hegde, the Director of the Bangalore hospital, and the legendary Dr. Bhat. Some doctors gave up lucrative practices elsewhere just to have the joy of serving in Baba's hospitals. That said, most doctors are on regular payroll, as in all hospitals. However, there is one major difference. Considering that hospital care has now become a booming for-profit industry even in India, all these salaried doctors could easily walk into any of the commercial hospitals and make a lot of money. But such is the magnetism of Baba's Love that these doctors prefer to stay where they are. Besides this, many doctors from overseas visit Baba's hospitals for brief periods both to serve and also to charge their "spiritual batteries."



*Baba with a child after brain surgery.*



*Baba receiving a rose from a patient and blessing him.*





*Baba visiting Dr. Bhat, a senior doctor of the Puttaparthi hospital, after he suffered a heart attack; this happened in late 2000. In the picture, Baba can be seen talking to the late Mrs. Bhat, who headed the department of microbiology in the hospital.*



*Baba giving Darshan to staff in the central dome of the Puttaparthi hospital.*



## Dr. A. N. Safaya

Dr. A. N. Safaya was born in Kashmir, received his medical degree in Agra, and then went back to Kashmir to work for the state government as a medical officer and civil surgeon. In 1966, after completing his post-graduation studies, Dr. Safaya joined the All India Institute of Medical Sciences (AIIMS) in Delhi as an assistant professor. In 1975 he became the Director of medical services at the institute. Subsequently he specialized in hospital administration and was appointed professor of hospital administration and chairman of the Hospital Management Board of AIIMS.



As a devotee of Baba, Dr. Safaya worked as a volunteer in the Delhi unit of Baba's service organization, regularly visiting slums and rendering medical service there along with fellow volunteers. In 1989, Baba asked Dr. Safaya to become actively involved with the planning of the hospital he wanted to establish, and when the time came, Dr. Safaya took voluntary retirement from AIIMS, and came to Puttaparthi to stay full-time there and serve as the Director of Baba's first Super Specialty Hospital, needless to say in a voluntary capacity.

## Dr. A. S. Hegde

Dr. A. S. Hegde received his basic medical degree from Bangalore University in 1975, then specialized in neurosurgery and served from 1981 to 1991 in the National Institute for Mental Health and Neuroscience (NIMHANS), Bangalore. In between, he earned a Ph.D. from Shinshu University, Japan. From 1991 to 2001, Dr. Hegde served in the Manipal Hospital, Bangalore, in various capacities. In 2001 Dr. Hegde joined Baba's Super Specialty Hospital in Bangalore to serve as a neurosurgeon in a voluntary capacity; later he became its Director. Despite the administrative duties associated with heading the hospital, Dr. Hegde continues to perform surgery and engage in research. Dr. Hegde is



not merely a respected neurosurgeon but also an academic active in research, with many important papers to his credit. Currently he is the principal investigator of a multi-institutional research project, funded by the Council for Scientific and Industrial Research (CSIR), to establish the correlation between certain types of genes and gliomas and to further examine the efficacy of certain chemotherapeutic drugs. Collaborating with Dr. Hegde are the Indian Institute of Science, which handles the genetic part of the studies, and Dabur India, which is involved in the development of drugs for chemotherapy.



## Dr. H. S. Bhat

Dr. H. S. Bhat (1921-2010), who became a legend in his own time and was hailed as the father of urology in India, received his basic medical degree in Madras, following which he joined the Christian Medical College (CMC), Vellore, in 1953. That is where he specialized in surgery and, picking up from Dr. Roger Barnes of Loma Linda University in America who once visited CMC, went on to establish India's first independent urology department and urology itself as a super specialization. For three decades until he retired, Dr. Bhat trained trainers, as his students used to describe his work. For example, two of his students later went to Bangladesh and Kuwait to establish urology as a specialty in those countries.

After leaving CMC, Dr. Bhat worked in a hospital in Bangalore, where he came into contact with Baba and was immediately overwhelmed by Baba's passion for service. Thereafter, serving in a hospital where treatment was absolutely free became Dr. Bhat's dream. However, he had to wait for some years until Baba set up the hospital in Puttaparthi, following which he immediately went to Baba, received his blessings, and started doing what he liked best, setting up a department of urology and training students. His wife, Prema



Bhat, who had a Ph.D. in microbiology, joined him in establishing the microbiology department in the hospital. Age caught up with Dr. Bhat, and he even suffered a heart attack; but that did not deter him, for once he recovered, he was back at work.

After his wife died, Dr. Bhat began to stay in the hospital in one of the special rooms so that he could always be close to the work he loved. In one respect he himself needed medical attention on account of his age. On the other hand, even though he had to use a wheelchair, he went around the wards talking to patients. Frequently he would summon students and hold intense teaching sessions. During the nearly two decades he was with the Super Specialty Hospital in Puttaparthi, Dr. Bhat trained nearly 25 students in urology, all of whom now hold high positions in well-known hospitals all over India. Active and sharp until the very end, Dr. Bhat did not show even the slightest trace of loss of memory. There was a time when, as the top expert in urology in the country, there was no celebrity with a urological problem he had not treated. If Dr. Bhat got the hospital he wanted, the hospital for its part got a role model who did it great credit.



*Dr. Bhat is seen here with some of his post-graduate students. The occasion was a grand reunion of Dr. Bhat's students who had worked for their post-graduate degree in the urology department of the hospital. A sign behind them welcomes the alumni.*



*A group photograph of the alumni along with their teacher, Dr. Bhat. Currently, all are holding high positions in various hospitals across the country.*

## Dr. Neelam Desai

DEPARTMENT OF CARDIO THORACIC VASCULAR SURGERY



*“Here we are able to do all kinds of surgeries, and that gives us tremendous satisfaction. Money is never a problem; we pour the costliest of medicines into the patient. So the ability to serve the patient to the fullest extent, giving him the best-I think that is seen here. Unlike here, if I was working outside, if enough ventilators were not available, they would switch off the patient from the ventilator.”*

## Dr. Keshav Prasad

(WHO EARLIER WORKED IN THE UNITED STATES AND LATER SERVED IN A VOLUNTARY CAPACITY FOR MANY YEARS IN THE DEPARTMENT OF CARDIOLOGY)



*“Here we have state-of-the-art equipment and facilities and are treating the poorest of the poor; that is what attracted me to this hospital. In America we used to treat only what we call coronary artery disease, but here, because we cater to the weakest sections of society, we also treat rheumatic as well as congenital heart diseases, which have long been neglected.”*

## Dr. Valluvan Jeevanandam



Dr. Valluvan Jeevanandam is an Asian (Indian) American who grew up almost entirely in the United States, studied to be a doctor, specialized in cardiac surgery, and is currently a professor of surgery and chief of cardiac and

thoracic surgery at the University of Chicago Medical Center.

Dr. Jeevanandam has a long list of achievements, which include performing over 1,000 heart transplants. His parents were devout followers of Baba for many years, but young Jeevanandam (as he himself admitted) was not interested in spirituality; rather, he passionately engaged in pursuing all that materialism had to offer.

On one occasion, Dr. Jeevanandam had to fly from Pittsburgh (at that time he was with the Temple University Medical Center in Philadelphia) to Phoenix, Arizona, where his parents were. As he was about to leave for the airport, he looked around for a book to read during the long flight and picked up a book on Baba. Once he started reading, he became totally absorbed, and, according to his own admission, by the time he got off the plane in Phoenix, he was ready to take Sai Baba seriously. Shortly after that, he made his first trip to Puttaparthi, which completed the transformation that began during the long plane ride. Since then, Dr. Jeevanandam has been traveling to Puttaparthi regularly on five-working-day trips. From Monday through Friday, he is in the operating theater throughout the day, showing up unfailingly for the evening *Darshan*. He maintains such a low profile that few of those who are sitting

with him during *Darshan* are aware that present among them is a world-class heart surgeon. Here are excerpts of remarks made (on record) during his many visits.

*When I first came to this hospital and went round the building, I didn't quite comprehend that this was a hospital where the people didn't pay anything. What struck me at that time was how quiet and peaceful the hospital was. I thought this was more like coming to a temple that you would meditate in; it was just so peaceful and you could see the peace in the patients' faces. It is very rare to see this because usually when you go to a hospital people have worry and anxiety on their faces.*

*There are two things unique about this hospital. One is in the physical realm and the other in the spiritual. From the physical point of view, it is amazing that there is no billing department at all in this hospital. There are many charitable hospitals in this world, but they have different levels of payment depending on the patient's ability to pay; but here it is completely free for all. There is absolutely no commercialization of medicine here; instead, what is practiced here is the spiritualization of medicine.*

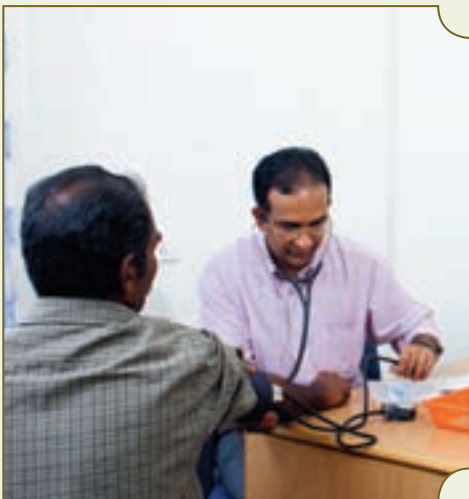
Finally, about why he comes here:

*For a vacation I could go to a beach resort, but I prefer to come here and work, which I do almost twice every year because here I feel so rested and spiritually refreshed; it is like recharging my spiritual batteries.*





*Patients waiting for a consultation in the cardiology department of the Puttaparthi hospital.*



*Patients waiting in the ophthalmology department. From the pictures it is quite clear that most of the patients coming to the hospitals are poor.*

*A doctor examining a patient.*

*Above and on the following pages are pictures that give a broad overview of the various aspects of the two Super Specialty Hospitals established by Baba.*





*Patient undergoing an electrocardiogram (ECG).*



*Patient undergoing an ophthalmology test.*



*Patient being prepared for a computed tomography (CT) scan.*



*Patient being prepared for a gamma scan.*



*Patient being prepared for a magnetic resonance imaging (MRI) scan.*



*A child undergoing a Doppler-echo scan.*

*On this page are pictures of patients undergoing diagnostic tests.*





*A patient undergoing a cardiac catheterization procedure.*



*A patient undergoing a noninvasive procedure that breaks up kidney stones through the use of high-frequency ultrasound.*







*Pictures of cardiac and neurosurgery in progress.*





*Two views of the intensive care unit (ICU).*

*A view of the cardiac care unit in the Puttaparthi hospital, where heart patients are cared for.*



*A view of the general ward. Noteworthy is the fact that the ward is very spacious and not crowded as in other hospitals.*



*Patients having dinner in the ward. A special dietary service prepares food for patients, customizing as recommended by the doctor.*



*Doctors with patients in the ward. As the doctor does the rounds, he/she pushes a cart with a wireless computer connected to the main database. The doctor can thus see not only the patient records but also the x-ray films and scans performed, if any. This mobile facility is called COW (computer on wheels).*



*Pictures on this page show the intensive care unit (ICU) and general wards in the two hospitals.*





*A view of the computer center that handles the complex networking, wireless connectivity, and the huge database.*



*A view of the dietary service.*



*Volunteers donating blood.*



*Views of the microbiology department, which is in overall charge of the analysis of all urine, blood and biopsy samples.*



*Shown on this page are pictures of some of the support facilities in the hospitals.*





*More pictures of facilities. On the top can be seen autoclaves for the sterilization of surgical equipment. At the bottom left is the laundry, while on the bottom right are the emergency diesel generators. The facilities available in Baba's hospitals are not remarkable in themselves. What makes them unique is that the hospitals provide the best possible healthcare to all the patients who come there, without charge.*



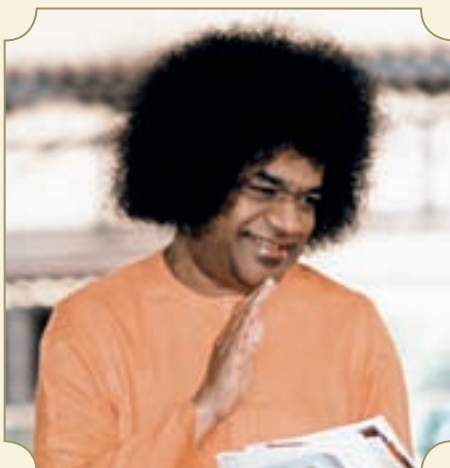
**P**eople other than doctors also render service in various ways, prominent among these being the volunteers of the Sathya Sai Organization, or *Seva Dals* as they are referred to. They come in groups from all over the country and from all walks of life, rendering service for anywhere from a week to 10 days. They are engaged mostly in support activities and take turns so as to be available around the clock. No matter what the task assigned is, they do it with sincerity and joy, coming back year after year. Even more amazing is the fact that many who come as patients return to serve as *Seva Dals*, as an expression of gratitude to Baba for saving their lives.



One very interesting feature of Baba's hospitals is the enormous amount of support service provided by the volunteers of the All India Sathya Sai Seva (Service) Organization. The volunteers include both men and women. They come in groups from all over the country and do service for one week or 10 days. The volunteers belong to all strata of society. However, once they come to the hospital, all distinctions are forgotten, and the volunteers, or *Seva Dals* as they are known, do whatever work is assigned to them. This volunteer service operates throughout the year, non-stop. On this and the following pages are photographs that give an idea of the type of work the *Seva Dals* do, which ranges from security duty to mopping and cleaning the floors. The *Seva Dals* enjoy their work and come repeatedly, year after year. So selfless is their service that they act as a source of inspiration to not only the doctors but even the patients, many of whom return later to do service. This is a wonderful example of Love multiplying and spreading.







Speaking once to those engaged in service in the hospitals, Baba said:

*Service to the downtrodden, sick and those in pain due to illness and disease is invaluable. What you are doing is sacred work, and words cannot describe it adequately. Work happily and spread happiness to the patients also. Be happy and make everyone else also happy.*







**Dr. Ramanathan Iyer, Senior Cardiologist in the Puttaparthi hospital, has the following observation regarding Seva Dals:**

*If you ask me, the Seva Dals are God-like figures. It is seva (service) done with the right perspective and right mood; it is saranagathi-the ultimate practice of surrender (to the Lord). Hats off to these innumerable Seva Dals that I have seen for so many years. In various ways, they all have been teachers to me. Seeing what the Seva Dals do really humbles me; it is a big lesson in humility and self-surrender.*



## George Melkay



Like many from his home state, Kerala, George Melkay went to the Gulf region during the late 1970s when the boom started. He found a good job in Bahrain and did quite well, too. However, in 1990 his health suddenly began to deteriorate. He had himself admitted

to a primary public health hospital and was treated there for nearly two months. He was then told that his condition was too severe to be treated there, as he needed a double heart valve replacement. This being a very expensive surgery, it was better for Melkay to go back to India-so he was advised.

Melkay therefore came back to India and began looking around for hospitals where he could undergo the required surgery. He tried not only in Kerala but also in the neighboring state of Tamil Nadu. Everywhere he drew a blank-either the hospital was not equipped to do the surgery, or it was too expensive; back in Bahrain, he had exhausted almost all his savings during the prolonged hospitalization there.

Melkay was now desperate, which was when a former schoolmate who happened to be a devotee of Sai Baba told him, "Don't worry; there is still hope for you. Go to Puttaparthi, where there is a Super Specialty Hospital built by Sathya Sai Baba. There they will treat you and for free." Melkay now had a solution before him but also a problem. Though born a Christian, during his college days he was influenced by Bertrand Russell (the twentieth-century British atheist-philosopher cum rationalist) and became an atheist. Going to a hospital set up by a spiritualist in saffron robe? And how on earth could there be a hospital that did complicated heart surgeries for free?

For a while, Melkay did not take his friend's advice seriously. Eventually, however, he yielded, came to Puttaparthi in January

1993, got himself admitted, was examined and was given a date when he should report for surgery. Melkay was dumbstruck. As he recalled later, "I could not believe this hospital was giving free treatment. I have seen many hospitals in Bahrain, but this one was far more

advanced, tidy and above all the atmosphere was so serene. It was out of this world, and I immediately fell in love with it."

A few months later Melkay underwent surgery, and his problem was finally solved. It was like a dream. Recalling those moments, Melkay said,

*I did not feel it was a hospital. The nurses and doctors were just like the members of my family. And the food was good too! Imagine everything being offered to you completely free and with so much love! I did not realize how quickly 30 days went!*

And he made a resolve:

*As long as there is breath in this body, I shall serve this hospital at every opportunity.*

Melkay has faithfully kept his promise and comes every January and July for service, staying each time for one to two weeks. He makes two other visits just to have Baba's *Darshan*, once during the *Onam* festival, which is one of the most popular festivals observed in Kerala, and again at the time of Baba's birthday. Melkay is no longer the atheist he once used to be and is a changed man. As he puts it,

*Earlier, I was an atheist... but now I have had experiences that have transformed me. To me now Almighty God is One, no matter to which religion a person belongs. Baba has taught me that Love is God and that I should always help and never hurt. That exactly is what I have been trying to do ever since my surgery.*



*The picture alongside is typical of how poor people walk into Baba's hospitals, anxiety on their faces, hoping that at least here they will receive some attention. And indeed they do, in fact much more, including loving care and service, as the pictures on this and the following pages show, along with comments made by some of the patients treated.*



A truck driver from the state of Jammu and Kashmir, along with his wife, who underwent heart surgery in Baba's hospital (both spoke in Hindi):

**Husband:** *Earlier, I was working as a driver in Jammu (in the state of Kashmir). Once she fell sick, I could not go to work and had to quit driving. All our money was spent, and I had to sit at home anxiously.*

**Wife:** *I could not do any work at home. I was having severe breathlessness and vomited often. I could not eat properly.*

**Husband:** *We came last year, the check-up was done and the doctors told us that the operation had to be done within six months or a maximum of one year. They also told me that if there was an emergency, we could come directly to the hospital and would be called in.*

**Wife:** *After the surgery, I do not have any pain now in my hands and legs and am able to breathe freely.*

**Husband:** *The doctors here, who have truly given us a new life-we can never forget them. Any person in India who has no money can come here, get treated and go back home happy. This place is golden and shines like the Moon! I feel I am in heaven and not in a hospital! I am very grateful to the doctors who treated my wife!*







Clerk  
(speaking in Kannada):

*I work as a clerk in a marketing company. The facilities here are so good; it is almost as if my mother or father is taking care of me. (At this point, the patient sobs and chokes.) I am crying now, but this is because I am extremely happy; these are tears of joy.*



Taxi driver from Mumbai  
(speaking in Hindi):

*I have a brother, father and relatives, but they were not ready to give even 10 rupees to me for buying medicines. And here, they have given me treatment worth hundreds of thousands of rupees for free. Recollecting my plight, I am so pained because earlier I had to literally struggle for every medicine I required. Once I recover, I wish to come here often and offer service.*







A lawyer  
(speaking in English):

*I learned about this hospital from my friend, who is also a doctor. When I came here, I could not believe what I saw. What impressed me most here was that treatment is being given to everybody without discrimination of any kind-religion, race, caste, creed, black, white, rich or poor. As a lawyer, I can wholeheartedly say that it is only here we find equality; nowhere else, not even in our constitution!*





# Patients' Stories

## Swapan Garai

Swapan Garai was born in Kolkota (formerly Calcutta) but moved to Delhi in search of a job and managed to get one in a factory making motorcycle helmets. The salary was about three dollars a day, not much in an expensive city but sufficient to get by if one was extremely frugal. Just as he was beginning to feel that he was settling down, Garai suddenly found he was losing vision in his left eye. He went to a government hospital nearby where he was advised to have a magnetic resonance imaging (MRI) scan. Unable to afford one and not being able to work as well, Garai returned to Kolkota even before he could settle down in a career. Meanwhile, his eyesight deteriorated rapidly. He was taken to a hospital where a scan was performed; it cost a lot of money, but there was no other way. What was worse, the scan showed that he had a brain tumor, which was shattering news for the entire family. Surgery was clearly needed, but where would a poor family go for that kind of money when it could hardly afford even a scan? It was a traumatic period until a teacher in the school where Garai's younger sister was studying told her about Baba's hospital in Bangalore. He knew about it because he was a member of Baba's service organization, i.e., a *Seva Dal*.

So, accompanied by his sister, Garai went to the Bangalore hospital, where an MRI scan was done. The scan showed that he had a glioma, a type of tumor that arises in glial cells, the most common site of a glioma being the brain. The tumor was malignant. As Dr. Hegde, who later operated on Garai, said,

*In Swapan's case, the glioma was found in the occipital region of the brain (i.e., back of the skull), and was about 48 cc in volume. It was this that was causing visual field defects in Swapan.*

The case was complicated, and Garai had to go through two operations. Here is Dr. Hegde again on Garai:

*An occipital craniotomy was performed when we tried to excise the complete tumor. We were able to only partially decompress the tumor and excise only 25% of it. There was substantial loss of blood during this procedure, due to which we had to plan for a second procedure later.*

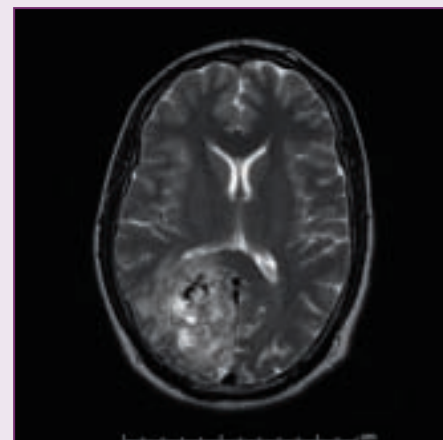
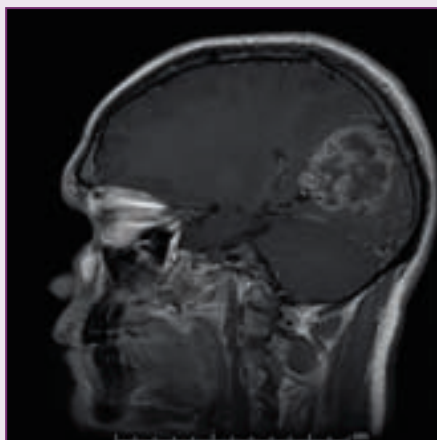
The second surgery was successfully completed, and the decompression was complete. The bone flap was replaced, and the scalp was stitched back.

The first surgery took six hours, while the second lasted eight hours. In both cases there was a lot of blood loss, which, Dr. Hegde says, is common in such procedures. Since they were ready for it, they were able to handle the situation well. At the end of it all, Garai regained much of his lost vision.

One can imagine what a tremendous relief it must have been for both Garai and his family. They could hardly afford a single scan; but in Baba's hospital Garai underwent two long and complex surgeries without any charge whatsoever and also regained his sight.



*Dr. Hegde, who performed the surgery.*



*Magnetic resonance imaging (MRI) scans of Swapan Garai.*



*Swapan Garai and his sister after the two surgeries.*



## Jehangir Molla

Jehangir Molla of Kolkota (formerly Calcutta) used to be a mason earning his living doing small contracts-until August 2007, that is, when he had a nasty accident. One morning early that month, Jehangir was plastering the outer wall of a school well above the ground, standing on a bamboo scaffolding. Suddenly the bamboo broke and Jehangir came crashing down on the road below, suffering a major fracture of the spine. Of course, at that time Jehangir did not know about it; all he knew was that he was lying on the road, could not move his legs, and was experiencing excruciating pain in the back.

An ambulance came and took Jehangir to a hospital, but he obtained little relief. He was told that he had suffered a spinal fracture that required a major and expensive surgery. The surgery was complicated, and the hospital to which he had been brought could not handle the case; they advised him to go elsewhere. For several days, Jehangir was taken on a stretcher from hospital to hospital in that huge city-everywhere the message was the same: An expensive surgery would have to be performed, and the result was not guaranteed. Being in agony, Jehangir wanted something done since the pain was unbearable. The family, on the other hand, did not know exactly what to do since there was no money for an expensive surgery, which, according to many doctors, would have only a moderate chance of success.

Fate intervened, and a person in the neighborhood who earlier had been treated in Baba's hospital suggested that Jehangir should go to Puttaparthi. The hospital there was well equipped, the doctors were kind as well as helpful, and, more important, treatment was absolutely free. Jehangir hardly paid any attention to the details; he was so desperate that he was ready to try anything. Luckily for him, his brother, Zakir Hussain Molla, was ready to accompany Jehangir to Puttaparthi and stay with him. Thus in October 2007 Jehangir showed up in Baba's hospital and was



*Jehangir Molla with his son (picture taken after surgery).*

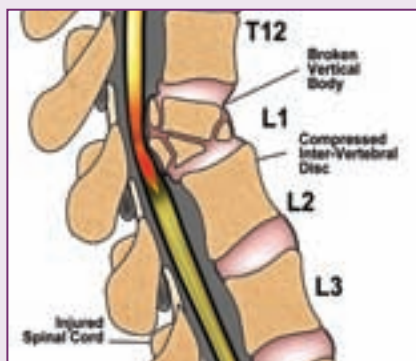
admitted to the orthopedic department. Dr. Kailash Rao, who examined Jehangir, had experience in orthopedics and in spinal surgery, having received his first post-graduate training in that discipline.

The surgery had to be done quickly, since Jehangir was in deep pain; there was no simple fix. The procedure Dr. Rao was planning was complicated, with access to the injured region requiring two big incisions. Trusting in God, Dr. Kailash Rao along with his colleague, Dr. Vasuki, did what was

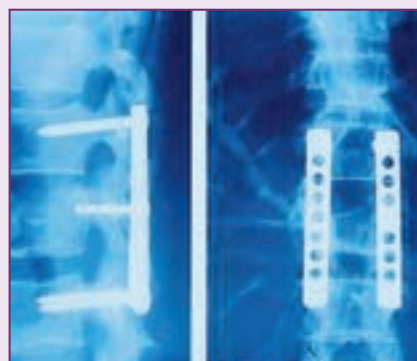
needed, and the surgery was successful. Jehangir's spine had been "fixed," but he still could not stand, much less walk. That, Dr. Kailash Rao told Jehangir, would require prolonged physiotherapy; was he willing to stay and go through it? Without hesitation, Jehangir and his brother agreed to stay.

Staying in a small room near the hospital, Jehangir and his brother came every morning in an auto-rickshaw, and Jehangir was taken in a wheelchair to the physiotherapy department, where he went through all kinds of exercises. It was slow and required a lot of patience, but Jehangir was determined to get back to normal. Eventually, there came a day when he could get down from his bed, stand, and even walk. Full of confidence, he returned to Kolkota. Meanwhile, the story of his recovery had become a legend in the area where Jehangir lived. A big crowd had gathered to receive him and cheered as he got out of the taxi that brought him home from the railway station.

Jehangir is now working again and taking care of his family. However, he has switched his profession; instead of masonry, he is now in retail fish sales. Early every morning he goes to the wholesale fish market, buys some fish, and then cycles back, selling fish on the way. He is happy and grateful, as all patients treated in Baba's hospital are, to be relieved of pain and given a new life.



*Graphic of spinal injury.*



*X-ray films of implants.*



*Marks of incisions made during surgery.*



*Drs. Vasuki and Kailash Rao, who performed the surgery.*



*Jehangir Molla cycling back from the market carrying fish.*



*Jehangir Molla stopping to sell some fish to a customer.*



## Ravinder Rao

Ravinder was the youngest of four children born to Shyam Rao and Revathi Bai of Baitul, a small town in Madhya Pradesh in central India. Shyam Rao was a daily wage worker in the warehouse of the Food Corporation of India, earning about 100 rupees (a little over two dollars) on a good day.

One day in 1998 Ravinder, then a two-month old baby, had a severe coughing bout. A local doctor diagnosed it as a cardiac problem and asked the father to take the child to a bigger hospital in the city of Nagpur. With that began seemingly endless trips to various hospitals. Everywhere the news was the same-the child has a serious heart problem. A complex surgery was needed, and it would be expensive. In any case it could not be done now, since the child was too small for that.

The parents became desperate, and every consultation cost a lot of money. True, friends had rallied to give Shyam Rao interest-free loans, but he already owed over 20,000 rupees (around \$500), which, for Shyam Rao, was a huge amount. Meanwhile, he kept worrying how he would raise the money for the surgery when the time came for it. As young Ravinder grew, so did his problems. He was very

weak and would often faint, which meant a stay of about two days in the local hospital, where oxygen would be administered to help the boy breathe.

In 2002 Shyam Rao heard about Baba's Super Specialty Hospital in Puttaparthi and brought his child there for what looked like yet another expenditure followed by the usual bit of bad news. To his utter surprise it was not so. The doctors examined Ravinder and confirmed the original diagnosis but assured the father that surgery could be done; however, it would have to wait since the child was too young then. They asked that the child be brought every year for examination, and when the time was right, they would do the surgery. There was no instant solution, but Shyam returned with some hope not only because the consultation was free, but also because he had been assured that the surgery when performed would be totally free.

Years went by, and every year Shyam brought Ravinder for the annual checkup. Finally, after a long and stressful wait, Shyam was told that his son's surgery was scheduled for May 2011. It was a complex surgery but was successful. At long last Ravinder now has the chance to grow up like a normal boy, while his parents no longer



*Ravinder with his father in the hospital after the surgery.*



*Dr. Neelam Desai (second from the left) performing heart surgery.*



*Dr. Neelam Desai.*

carry the burden of anxiety about the future of their son.

The technique that was used in the surgery is known as the Fontan or Fontan/Kreutzer procedure and is used in children with complex congenital defects, as was the case with young Ravinder. Explaining the difficulties associated with the case, Dr. Neelam Desai, the head of the surgical team, had this to say:

*Ravinder was a blue baby, meaning that there was a mixing of pure and impure blood, which was the result of one side of his heart being underdeveloped. Secondly, there was a hole in his heart between the two chambers, and a valve problem too.*

*In simple terms the heart, which was supposed to pump back impure blood to the lungs, was unable to do that part of the job-no wonder Ravinder was a blue baby.*

*The fix involved sending the impure blood directly back to the lungs, bypassing the heart-that is what the Fontan procedure is all about.*

Dr. Desai added that loss of blood is heavy in such surgical procedures; while the normal loss in surgery is around 2 or 3 units, in such cases it could be as high as 15 or even 20; such a heavy loss adds to the complications. The surgery took many hours, but by God's Grace was successful. Ravinder was discharged on the seventh day and is now completely fit. Seeing him leave in far better condition than when he arrived, Dr. Desai said, "It is really nice to see somebody who was so sick recover and go back home to lead a normal life." As for Ravinder, he wants to become a police officer and serve the country, while his father wants to help others in whatever way he can. Love not only helps but also grows-that is what both father and son have now come to realize.



Ravinder's father Shyam Rao (person on the right) lifting sacks from a truck.



Ravinder, now normal, playing near his house.



## Gopal

This is the story of Gopal, a truck driver from a small town near Salem, a major trading center in the state of Tamil Nadu in southern India. In 2009 Gopal (who was a little over 40 at that time) began having frequent fevers, accompanied by severe pain in the lower part of the abdomen. He was admitted to a hospital in Salem and underwent many expensive diagnostic tests. Months passed, but the doctors were unable to find out what the problem was. Although it meant spending more money, which he could ill afford, Gopal went to another hospital, where he was told that he had a kidney problem that would require a complicated and expensive surgery. Gopal was shattered. As a truck driver he made around 8,000 rupees a month (a little less than \$200), and he had already spent 250,000 rupees (more than \$5,000). How then could he afford more money for an expensive surgery?

That was when destiny stepped in through a friend who guided him to Baba's hospital in Puttaparthi in July 2009. The doctors in the urology department looked at the reports that Gopal had brought, put him through various tests, and diagnosed the problem. As Dr. Prashant Kulkarni, who treated Gopal, said later:

*After going through Gopal's reports, we found that he had a block in the flow of urine in the kidney region, which was causing a problem in the functioning of the kidneys. Both kidneys had been affected, and we realized that it was going to be a challenging surgery for us.*

In medical terms, what Gopal needed was a procedure called ureterocalicostomy (explained in the accompanying graphic on page 43). The procedure was not exactly rare, but in Gopal's case this was required for both kidneys. As Dr. Kulkarni put it, "We have not found any case report of a bilateral ureterocalicostomy, i.e., with the problem in both kidneys. That is what made Gopal's case truly unique." In practical terms, Gopal had to undergo two surgeries one after the other with a short period of rest in between. It took about six months in all, and Gopal was finally discharged in February 2010.

Gopal is now normal. He no longer drives a truck since that is rather strenuous; instead he has taken up a chauffeur's job. He does not earn as much as he used to, but to make up for that he no longer has a kidney problem and all the related expenditures. More interesting is the fact that as an expression of gratitude to Baba, Gopal now works as a *Seva Dal* in the Salem wing of the service organization.



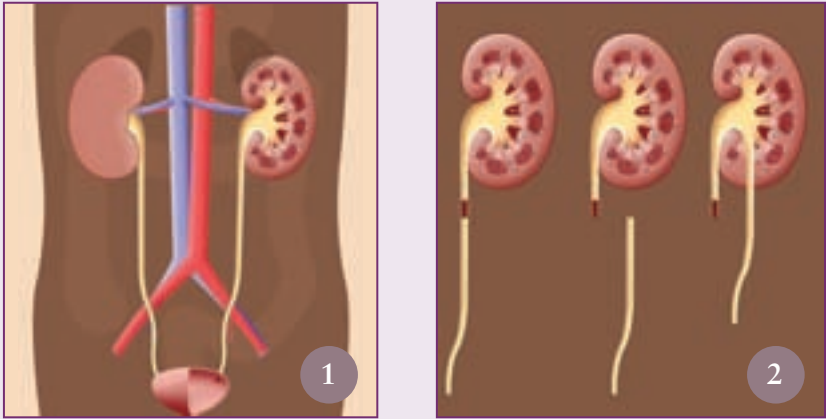
*Gopal describing his problem and the treatment he received in Baba's hospital (picture taken in the hospital after surgery).*



*Gopal in his new job as a chauffeur.*



Dr. Kulkarni describing Gopal's case.



Shown here are the illustrations of (1) the urinary system and (2) the procedure used to treat Gopal. At the left in (2) the area of surgical intervention is shown in dark brown. The middle image shows the ureter cut in order to relocate it, while the image on the right shows the ureter reconnected to enable normal kidney function. In Gopal's case, this procedure had to be done for both the right and the left kidney, an extremely rare occurrence.



Gopal serving as a Seva Dal in his hometown of Salem.



## Tapaswini Bhue

Tapaswini Bhue, the daughter of a poor daily wage laborer named Arakshit Bhue of Orissa, developed a swelling in her gums on the right side of her mouth when she was young. Living as the family did in a rural village, there was no access to medical help; besides, being poor, Tapaswini's parents did what most poor people do, just live with the problem their daughter had. However, as time passed, the swelling grew and so did the pain associated with it. Besides, the girl found it difficult to speak and even eat properly.

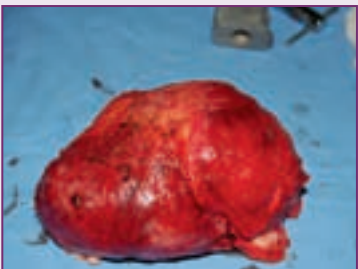
The year was 2010, and Tapaswini was around 23 years of age. The swelling was more troublesome than ever, and the young woman experienced not only physical pain but emotional difficulties as well. As a result, she became a recluse, and since she lived in a hut where there was no place to hide, she began to detest visitors. What was once a bearable situation now became totally unbearable; something had to be done, and quickly. Earlier, the father had borrowed money and taken his daughter to a hospital in a big city in Orissa, but when he learned that a costly surgery was necessary, he came back shattered.

And then he heard about Baba's hospital. Borrowing money again, Arakshit brought his daughter there in October. Dr. Raghava Reddy, who examined her, is a specialist in reconstructive surgery (popularly referred to as plastic surgery). He is a surgeon with considerable experience, having served in many hospitals before coming to Baba's hospital to serve in a voluntary capacity. Dr. Reddy diagnosed Tapaswini's problem to be a case of ameloblastoma, i.e., a tumor that was probably associated with an undeveloped tooth in childhood. Over the years, the tumor had not only grown but had also become locally malignant, affecting portions of her lower right jaw.

Tapaswini was admitted and underwent a major surgery that lasted nine hours. Dr. Reddy not only removed a huge tumor but also reconstructed the patient's lower jaw, using a bone removed from her ribs. When the surgery was completed and Tapaswini was moved to the ward, even the doctors who had participated in the procedure could not recognize her; she looked so different and, with the tumor gone, almost normal.



*Tapaswini and her father at the time of admission.*



*Picture of the tumor after removal.*



*X-ray film identifying the rib that was removed to reconstruct the jaw after the tumor was taken out.*



*A close-up of Tapaswini showing the extent of the swelling.*



*Dr. Raghava Reddy, who performed the surgery, along with Tapaswini in the ward.*

Tapaswini was discharged after a few days of recovery and came back three months later for a thorough examination. Measurements of her jaw have been taken and steps are in progress to fit her with prosthetic teeth. Meanwhile, hearing about this case, many came forward

to help the father pay back his loan. The entire family is now greatly relieved, not only because Tapaswini can now lead a normal life, but also because so many people came forward to help them in various ways. Yes, among other things Love can also be a silent multiplier.



*Tapaswini at the time of discharge.*



*Tapaswini and her father back in their native village.*





The maps on this page and the next show the number of inpatients treated in the two hospitals during January to December 2010. A small number of ashram patients and the patients coming from very small regions like Goa, for example, are not included.

The hospital in Puttaparthi draws more patients because it offers a wider spectrum of treatment. The Bangalore hospital, on

Number of inpatients with daily income less than two dollars

6,319  
(approx. 46%)

Number of inpatients with daily income in the range of two to six dollars

7,239  
(approx. 52%)



the other hand, handles only neurologic and cardiac patients.

In both cases, the patients have low income. The number of patients with higher income treated in both hospitals constitutes a very small percentage. It can thus be seen that both hospitals largely serve the very low income group, exactly as Baba wanted.

These statistics are given at the bottom of pages 46 and 47.

Number of inpatients with daily income less than two dollars

**2,497**  
(approx. 38%)

Number of inpatients with daily income in the range of two to six dollars

**3,855**  
(approx. 59%)







*In 2004, a group of British parliamentarians toured the Super Specialty Hospital in Bangalore and held extensive discussions with the Director. This is what Peter Luff, Conservative MP and opposition whip (at that time) said:*

This hospital is a beacon of hope for the economically weaker sections and is as good as any facility in the UK.



Date	Name & Address	Remarks
Dec. 8, 09	RATAN N. TATA BOMBAY	One of the most impressive and unique hospital facilities I have ever seen. It performs patient care and treatment as it should be, and in a form that unfortunately is not, by and large, practiced today.

*Remarks made by the well-known industrialist Ratan Tata, after his visit to the Puttaparthi hospital in December 2009.*

Before discharge, patients are offered comprehensive counseling covering the physical, psychological and spiritual aspects. This is especially necessary because most patients are not only poor but also uneducated. Baba was particular that when patients return home, they must not only remain healthy but also become good people who will be able to help others in need. In passing we may note that in a bulletin issued in 2002, this is what the Mayo Clinic said (in part):

*The relationship between spirituality and traditional healing practices is an important one. Scientific studies suggest that spiritual well-being can help to improve physical and mental health. Spiritual well-being can have a positive influence on the quality of life and the ability to cope with adversity and illness.*

A few years ago, the two Super Specialty Hospitals initiated a special follow-up program for cardiac patients, conducted in collaboration with doctors who are also members of Baba’s service organization. Currently, this is restricted to patients who come from the states of Karnataka and Andhra Pradesh, both in the south. The program works as follows:

At the time of discharge, the patient is given a card. Simultaneously, information is sent to the head of the Sathya Sai Service Organization of the state, Karnataka or Andhra Pradesh, as the case may be. The state service chief then alerts the medical panel of the district to which the patient belongs. Thirty days after discharge, the patient comes to the town that is the headquarters of his/her district and undergoes an examination by the doctor designated by the medical panel. After examination, the doctor advises the patient suitably and makes the appointment for the next visit, besides transmitting the report via the internet to the hospital where the patient was operated on. The hospital database is thus periodically updated, and the doctors are able not only to monitor the patient’s continued progress but also to analyze the data for various underlying correlations, particularly those related to socioeconomic factors. Many organizations, including the World Health Organization (WHO) are very much interested in such long-term studies, but unfortunately, they are difficult to carry out. In this case, the hospitals are able to lean on the large service organization established by Baba, which has branches all over the country. In due course, this program is expected to be implemented countrywide.

Although Baba's hospitals generally maintain a low profile, word does get around, and from time to time doctors as well as others interested in healthcare pay a visit. When they do, they are overwhelmed by what they see, which is not surprising, for there really are no private hospitals of this kind anywhere in the world. Going back in time to that memorable day in October 1940, who could have imagined that the boy who led a small group in singing a *bhajan* was one day going to do something without parallel? Indeed, even in 1990 not many believed it was possible. The fact, however, is that the Puttaparthi hospital has completed 20 years of service, while the Bangalore hospital has completed 10. Difficult to believe, but that, as Baba would say, is the power of Love!



**Dr. Mitchell W. Krucoff,** Professor of Cardiology, Duke University Medical Center, and Director, Cardiovascular Laboratories, Durham VA Medical Center, North Carolina, USA.

Dr. Krucoff was one of the consultants at the time the Puttaparthi hospital was being planned, and he guided the establishment of the cardiac catheterization laboratory. That was when he first came into contact with Baba. Drawn by his Love, Dr. Krucoff has since visited both hospitals several times. This is what he said during one such visit:

*What we saw was the highest level of technology, with some equipment even newer than the equipment we use at Duke Medical Center. But the technology was dwarfed by the context into which everything in the hospital dwelled - healthcare in God's service.*

*Among the staff, whether cleaning or cooking or doing open heart surgery, all work was done in God's service. Among the patients and families, many of whom had never seen a plumbing fixture, much less a digital cardiac catheterization laboratory, there was no fear, no anxiety, no depression as we commonly see on rounds in the USA. As we went round, every patient and family member, children and adults, literally beamed at us. They clearly knew that, physically and spiritually, they were in God's hospital.*



**Dr. Michael Nobel** (great-grandnephew of Alfred Nobel, who established the Nobel Prize), Chairman of the Board of the Nobel Family Society and also connected with companies manufacturing medical instruments, has this to say:

*A truly remarkable achievement. A one-of-a-kind combination of hi-tech, state-of-the-art medical facility offering top-of-the-line treatment for free to the masses of people who would normally never have such a chance in life. An awe-inspiring achievement.*



**Dr. Jeffrey Owen Anglen,** Professor and Chairman of the Department of Orthopedics, Indiana University, Indiana, USA.

*It really feels wonderful to be in this hospital. The philosophy of no commercialization in medicine practiced in this hospital is admirable; it is unique and refreshing. One of the things that renews us in our profession is having that therapeutic relationship with the patient and not having all the other concerns about insurance and finances, and other similar distractions. So it is very refreshing to see a system where there has been a return to the primary values that attracted most of us to this profession.*



**Dr. David C. Templeman,** Associate Professor, University of Minnesota, and Staff Physician, Hennepin County Medical Center, Minneapolis, Minnesota, USA.

*The hospital is an amazing place. It was wonderful to go around and see the excellent facilities and the operating rooms-it is just like what I have back home in Minneapolis. It is very impressive. The mission of this hospital to provide for the poor and have no charges at all is a shining light for the rest of the world! It is such a tremendous mission! It sets an example for the rest of the world.*

*The design of the hospital is wonderful. It doesn't look like a hospital from the outside. The whole idea is that someone would come here and have this soothing effect; right away the patient feels more cared for, and it uplifts their belief and idea of hope. It is very educational for me to see this. I think the most important personal lesson is the idea of spirituality and how important this is for patient care. Being here has made me more aware of the importance of spirituality in taking care of patients.*



# The Mobile Hospital

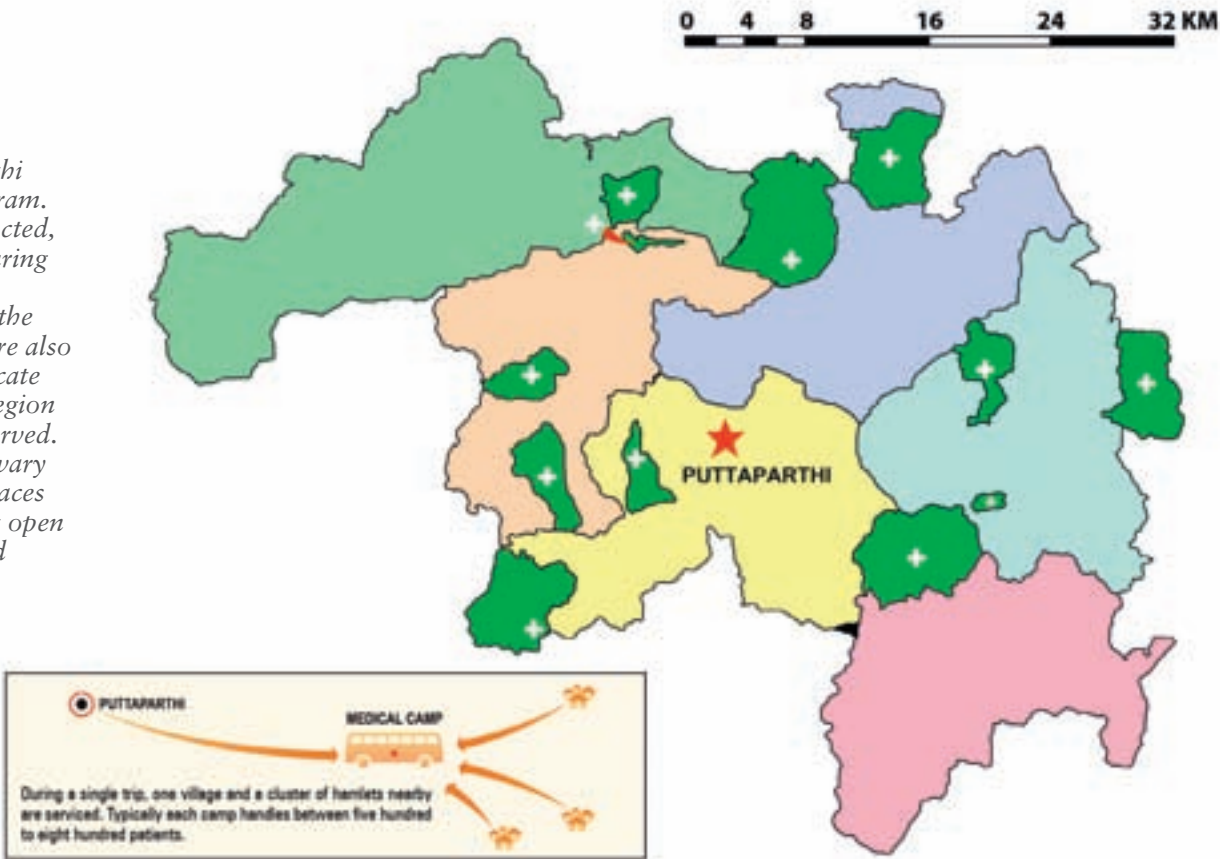
The Mobile Hospital Program of Baba is of a kind that might in principle exist anywhere but is certainly unknown in India, except in the villages around Puttaparthi. Basically it centers around a compact and mobile multi-diagnostic facility and has been operational since April 2006.

It all began when a supplier of medical equipment, who for many years had also been an ardent but low-profile devotee of Baba, one day got a chance to have a personal discussion with him. Expressing a long-standing wish, this gentleman said to Baba, “Swami, you have established two wonderful hospitals that offer top-class healthcare to poor people who come from all over the country. But, Swami, even though tens of thousands come here and get treated every year, there are thousands more in villages who are not able to come here. They are desperate for help; should not something be done for them also?”

Pleased to hear such a question, Baba replied, “*Bangaru* (a term of endearment he often used that literally means gold), I am so happy that your Heart melts for the poor people. Few think about them, but you who live in a big city are concerned about them. How come?” The devotee replied, “Swami, yes I do live in a big city; but even there we have huge slums where the poorest of the poor live. However, Swami, every time I come here I drive down from Bangalore to this place, and during that trip I pass through many small villages. There I see pictures of you in little shops. The people in all those little villages adore and love you. But when they are sick, they have little help. So I began to



Map of the region around Puttaparthi served by the Mobile Hospital Program. Twelve nodal villages have been selected, and they are visited in succession during the first 12 days of every month. Approximately 40 to 50 hamlets in the neighborhood of the nodal village are also served. The crosses on the map indicate the nodal villages, while the green region around each cross shows the area served. The size of the served area tends to vary depending on the region; in some places there are fields, while others are just open space. A team of several doctors and volunteers participate in every visit.





dream of a hospital on wheels. If we could get a good one going here, it could be such a great model for emulation all over the country. Nobody will come forward to build great hospitals as you have. But mobile hospitals? That could have many takers. Baba, I have cherished this dream for a long time. I want you to bless me and permit me to donate a fully equipped medical bus that could form the core of a hospital on wheels.” There were tears in his eyes as the devotee spoke.

Baba was touched, but, as was often the case, he did not readily accept the offer, preferring to test the devotee by raising one operational difficulty after another. Where would he find the doctors to operate the program? It was all well and good to have a fully equipped bus, but when three or four doctors go along with the bus, they would need a place to examine the patients since that examination could not be done inside the bus, which would be filled up with diagnostic equipment. Typically, the doctors would have to spend the whole day in a village; what about food for them? Moreover, recruitment of doctors was so difficult, since the high-end hospitals were snapping them up all over. Who would be ready to come here and spend the entire day roaming around villages, accompanying an air-conditioned bus with hospital equipment?

*Photo taken during a health and general awareness program.*

*Usually these programs are conducted in the evening preceding a visit of the mobile hospital to that village.*



**F**or a moment the devotee was stumped, since he had not anticipated any of these problems; nor did he expect Baba to raise them. He realized then, as many others had before him, that Baba often did not accept donations the instant they were offered. There was always a great need for money for projects, but before Baba allowed a devotee to make a big donation, the conditions had to be right and all the basic details had to be properly figured out. More than anything else, it was necessary to assemble a critical mass of committed people before any serious work of this nature could begin. Overflowing as he was with love for Baba, the devotee had made a heartfelt request without looking into the practicality of his suggestion. He now realized that while Baba always rejoiced when a devotee's Heart was full of compassion, he also wanted them to be down-to-earth and examine carefully all the details.

Feeling somewhat overwhelmed by the “cross-examination,” the devotee was now in tears. Was it all going to end up as a mere pipe dream? Pleading again, he said, “Baba, for me you are Love personified. Love is all powerful. If you will that this

hospital shall come into existence, your Love will solve all the problems you raised. I have full faith in that. I appreciate the practical aspects. Please give me a chance to talk to people and get them all sorted out. If I come with a proper plan, would you bless it?” With a gentle smile Baba replied, “I always help Love to grow and flourish and never impede it. Come back with a well thought-out plan, and I shall certainly take a sympathetic look at it.”

There it ended for the day, but the conversation with Baba also shifted matters into a new gear. To begin with, the devotee now began looking for a doctor with tremendous commitment who would jump at the chance to take charge of such a project. That led him to Dr. Krishnamurthi Narasimhan, who had great visions of serving the poor right in the villages where they lived; and now, an opportunity had come looking for him! “The bus,” Narasimhan said with tremendous excitement to the prospective donor, “should be a high-class diagnostic lab,” and then listed the equipment required. “We will also need several doctors with expertise in different disciplines. In villages, it is the women and children



*The mobile hospital on the road, proceeding to its destination for the day. The doctors and other volunteers follow separately in vans.*





*The hospital bus is approaching the outskirts of a village where farmers are engaged in their work.*

who need more care than the men. Therefore we have to have lady doctors and pediatricians. Those places are also full of people with problems in their eyes and teeth. So we need ophthalmologists and dentists,” and went on in this manner to name all the specialties that had to be represented. “This is a real service project,” Dr. Narasimhan continued, “and so we cannot have paid doctors; rather, we must motivate experts to join our team; and to make the project sustainable, we must have a big panel so that during every visit we can take a team with all the major medical disciplines fully represented.” The donor of the bus was overjoyed. He not only knew precisely what he had to do to get going but also how the mobile hospital ought to be run when it became operational.



*Bus entering a village, even as people anxiously await its arrival.*



*The Mobile Hospital Program is such a great boon to the villagers that they welcome the bus and offer worship to it.*

The one-man crusade had now become a team of two, after which things moved fast. In-depth discussions with senior members of Baba's Trust led to detailed plans, including the list of villages to be served, the scheduling, the advance alerts that must be sent to the chosen villages, who would coordinate from the village side, etc. In no time at all, what was a mere idea was developed into a well-planned project, and Baba was duly informed. Happy to hear the details, Baba blessed the idea and said, “This service must not be merely medical but holistic. It should have a prominent place for preventive healthcare on the one hand and a spiritual undercurrent on the other.” In April 2006, the mobile hospital finally got moving.





## *Dr. Krishnamurthi Narasimhan*

Dr. Krishnamurthi Narasimhan received his basic medical degree in 1984 from Osmania

University, Hyderabad, graduating first in his class and winning a gold medal. Specializing then in general medicine, Dr. Narasimhan completed his post-graduation studies in 1988 and served for nearly two decades in the Central Health Service, which gave him a good overview of issues related to the problems of healthcare in rural India. Most of his professional career was in Andhra Pradesh, and, drawn by Baba's mission of compassion and service, he became an active (medical) volunteer in the service organization, participating in hundreds of rural medical camps conducted all over the state. On the advice of Baba, in 2005 Dr. Narasimhan became actively involved in a mother and child care program that was operating in the villages near Puttaparthi. And when in 2006

the Mobile Hospital Program was launched, Dr. Narasimhan became an automatic choice for heading it.

Because he was familiar with the difficulties people in villages had in obtaining medical help, the Mobile Hospital Program was a godsend for Dr. Narasimhan, providing him a chance to give full expression to his passion for intensive service. Promptly he used all his previous contacts to persuade as many doctors as possible to enroll in the panel of experts he was preparing and to be ready for the call when it came. Many gave their names simply because they knew Dr. Narasimhan, but when he brought them to Prashanti to actually participate, the chance to directly experience Baba's Love transformed them into active supporters of this program. They in turn brought in more volunteer doctors and paramedical staff, as a result of which the mobile hospital is currently able to provide services covering a wide range of expertise that would otherwise never be available in villages.

The Mobile Hospital Program functions as part of the medical wing of Baba's Trust. The air-conditioned bus that is a major feature of the program has an ultrasound scanner, an x-ray machine with an automatic film processor, an electrocardiogram (ECG) machine, an instrument for blood analysis, and a microscope. Twelve villages have been selected for this program, each of which has been designated as a nodal village. Associated with each central village are several satellite villages in the neighborhood.

During the first 12 days of every month, the hospital visits the nodal villages according to a predetermined sequence. Apart from the bus and the technicians who operate the services in it, a team of about 40 members goes along, approximately 15 of whom are doctors (with different specializations), the rest being paramedical staff and volunteers. These doctors are part of a large panel of over 300 doctors, all of whom, thanks to Dr. Narasimhan, have volunteered to participate in this unique program. Each visit lasts almost the whole day since anywhere from

500 to 800 patients show up.

On the evening of the day before the camp, Dr. Narasimhan makes a private visit to the nodal village concerned just to have a feel for how things have been going since their last visit to that village. The villagers gather there and listen keenly to him as he explains the importance of taking proper care of the body, about the need for good habits, etc., often with effective visuals. For example, many villages still have to depend on groundwater that has a high fluoride content. After explaining in detail the dangers of excessive fluoride in water, he demonstrates a simple filter using alum that reduces the fluoride content by a significant amount, making the water much safer to drink. He also explains at length the dangers of chewing tobacco (a habit very common among villagers), smoking, and drinking. Having managed to successfully wean off many veteran smokers and drinkers, he uses them as role models to educate other villagers. In every village that the mobile hospital visits, Dr. Narasimhan has a local deputy who acts as the village "health sheriff" making

sure that people follow “doctor’s orders.”

Every visit has a broad-based team of doctors that includes a few general physicians, an ophthalmologist, a pediatrician, a gynecologist, an ear, nose and throat (ENT) specialist, a dentist, and a specialist in orthopedics. At times, there are also other specialists. All volunteer doctors take off from their normal work to join Dr. Narasimhan and be part of the mobile hospital.

When the bus arrives in the designated village, it is welcomed by the villagers with prayers of gratitude. Thereafter it is parked in the shade (often provided by a special tent), while the doctors move to classrooms in a neighboring school, made available to them for consultation and patient examination. (By arrangement with school authorities, the school closes for the day of the medical camp.) The patients come long before the bus arrives and wait in a large tent. As soon as the bus arrives and medical camp starts, the patients are called and assigned to doctors according to the nature of their ailment or complaint.

Those waiting for their turn are kept occupied with health education videos or with talks on health and spiritual matters given by volunteers. Meanwhile, as the patient examination goes on in the various improvised consulting rooms, those requiring diagnostic examination are sent to the bus. The technicians there do the tests required and send the reports back to the doctor who referred the case.

What about patient records? How are those kept track of? That is an interesting story in itself. In the beginning, patients were given ID cards at the time of their first registration and also a small notebook that they were supposed to bring every time they came for consultation. The doctor doing the examination would record all pertinent details in that notebook. More recently, a volunteer in the team has begun maintaining records on a laptop. In addition, the Bangalore branch of Honeywell Technologies, which became interested in this program, has made available its specialized software, which makes it easy to record and store important medical information about chronic patients. Through a wireless link, the data are transmitted and stored in a centralized database



*Dr. Narasimhan traveling by train with doctors whom he had persuaded to volunteer for service in the Mobile Hospital Program.*



shared by all academics interested in the study of certain types of chronic illnesses.

Normally, the service offered in the camp is mainly consultation, medical advice, and medicines/injections as necessary. In addition, protein-rich nutritious food for small children is distributed. However, it frequently happens that patients need minor surgeries that can be done with local anesthesia. These are performed on the third and the sixth days of the monthly campaign. These improvised “theaters” are cleaned and fumigated the night before and kept in readiness for the arrival of the doctor team in the morning. Minor dental cases are also attended to. Having the procedures done during the early part of the campaign allows time for the doctors to make a special visit before they leave, at which time they are able not only to see how their patients are doing but also to remove stitches.

The entire program has been far more successful than anyone expected when it first began. This in no small measure is due to the enthusiasm with which hundreds of doctors, most of them specialists or professors in medical colleges, volunteered to be part of the program. Obviously, growth has occurred over a period of time, as every doctor who started participating in it told others about how rewarding and enriching the experience was. The sustained and enthusiastic response of the villagers has played an equal part in the success of the program.

Normally one has to go to a hospital for treatment; but how many hospitals are there in rural areas where poor people will be treated free? Here, however, is a medical service that comes to them unfailingly, month after month. The doctors not only treat them as patients but also speak to them about how to remain healthy and take care of children and how the best way to avoid getting into bad habits is to lead a simple spiritual life. In other words, the service is holistic, precisely as Baba asked it to be.

From an administrative and financial point of view, the mobile medical service program is part of Baba’s overall healthcare program. Thus the medicines, bandages, drips, and the like come out of the general budget. Thanks to the large number of volunteers participating, the overhead is quite low, being confined to salaries for the drivers and technicians, transportation costs, and medicines. On average, for an annual expenditure of just about \$15,000, approximately 8,000 patients receive care every month; that is certainly a very efficient use of money that compassion combined with a passion for service alone can achieve.

Very recently, the School of Clinical Medicine at the University of Cambridge in the United Kingdom came to know about this unique program. It is working out an arrangement whereby its final-year student doctors could, as part of their elective, participate in the program for a period specified by university requirements. They would thus gain a valuable and rare experience. That, of course, must be most gratifying for both the devotee whose dream started it all and also for Dr. Narasimhan, who has been a dynamic individual from the beginning, building up this vibrant program that few expected to last this long. The path of Love is not paved with roses, but it does have its fragrance.

.....  
 THE ENTIRE PROGRAM  
 HAS BEEN FAR MORE  
 SUCCESSFUL THAN  
 ANYONE EXPECTED  
 WHEN IT FIRST BEGAN.  
 .....





The bus is parked in a tent, specially erected for it.



A little girl who is waiting but does not wish to waste her time!



The picture above and the one below show people waiting for the camp to begin.







*Dr. Narasimhan giving a general briefing before commencement of the medical camp.*



*People standing in line to get their slips for consultation. Women stand separately, partly because of local custom and partly because they will be sent to women doctors for examination.*





*Patients being assigned to doctors, based on their particular ailment or need.*



*Volunteers engaged in administrative duties.*



*People lining up in front of the clinic they have been assigned to.*





*More views of patients waiting for consultation.*





*This picture gives a good idea of the broad layout. At the back are the boundary wall and the entrance to the school where the camp is being conducted. The man with the walker is typical of the kind of patient served by the program.*



*Patients being helped to come to the camp.*







*More pictures of volunteers helping patients to come to the camp.*



*A patient being helped to return home after consultation.*







*An Italian devotee of Baba, who lives in Puttaparthi, entertaining children with magic tricks.*





*This picture shows not only a patient being helped, but also how a schoolroom is made into a clinic.*



*Patient being guided by a volunteer.*



*Some pictures of doctors examining patients.*





*Patient undergoing x-ray examination in the bus.*



*Patient being readied for x-ray examination.*



*Electrocardiogram (ECG) of patient being taken in the bus.*



*Doctors discussing the x-ray film of a patient.*





*Child undergoing a Doppler-echo scan.*



*Patient undergoing dental examination and treatment.*



*Technician examining a sample under a microscope.*





*Views of the pharmacy.*



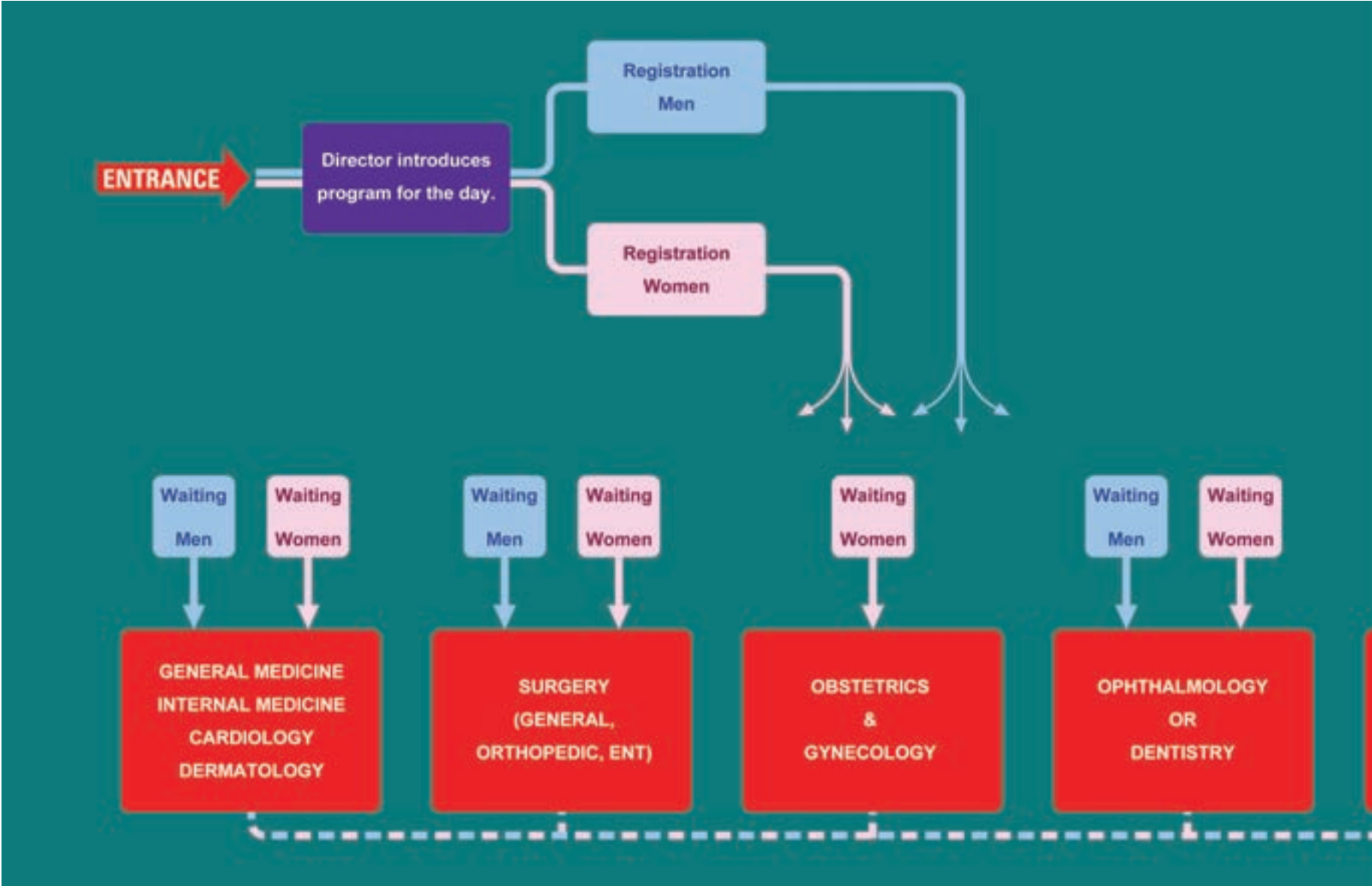
*Dr. Narasimhan explaining to a mother the importance of giving the right type of food to children.*



Six years have passed, and presently the program functions like clockwork. Not only have all the initial difficulties been overcome, but many significant improvements have also been made. Being a unique experiment, it is worth looking a bit deeper into the nuances of this program. To begin with, while it is difficult to replicate Baba's Super Specialty Hospitals, India can easily create a privately supported fleet of at least 100 such mobile hospitals all over the country, backed by volunteer doctors. There are enough wealthy people in the country, each of whom could easily write a check for a fully equipped air-conditioned bus like the one just described. There are also plenty of doctors who would be more than happy to serve, given proper guidance. And, of course, there are thousands of villages waiting for such miracles to happen. Indeed, this model is applicable in every country with huge economic inequity, including China, Russia and Brazil. With suitable modifications, rural healthcare can



Patients having a lunch break.

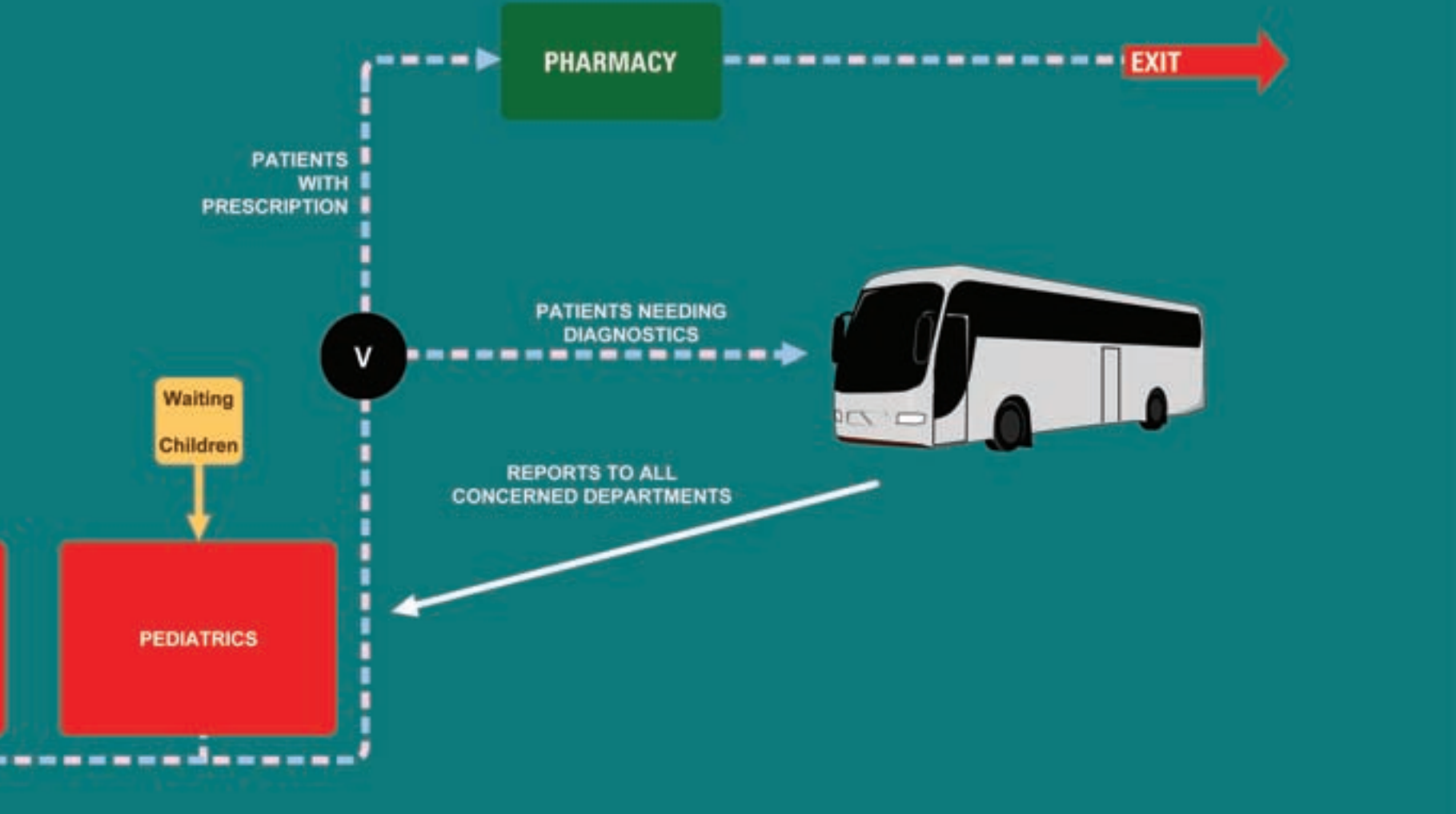




Lunch break for doctors; it is a buffet service.

work wonders in many parts of the world, especially Africa. Further, by adding a few more buses with specialized equipment for diagnosis related to urinary and other such ailments common in rural areas, one could even have a super specialty hospital on wheels. The idea is far from fanciful, considering that General Electric is now going all out to mass-produce small but smart diagnostic equipment that it wants to sell in the hundreds of thousands, especially in China and India. More than anything else, Baba’s mobile hospital is a classic case of how Love can multiply, involve many, and bring benefits to even more.

A schematic diagram of the way the mobile hospital functions during a camp. In keeping with prevailing village traditions, men and women are kept separate and assisted by male and female volunteers, respectively. The feature of the camp is that not only are many doctors present, but so also are many volunteers who perform various duties, including that of guiding patients at every stage.





# The Anantapur Drinking Water Project



**I**ndia is served by two major monsoons, the southwest monsoon (June to mid-September) and the northeast monsoon (October to December). While most regions receive adequate rain, some are arid due to low precipitation. Included in these are four districts in the south, namely, Bellary, Anantapur, Cuddappa (now Kadapa) and Kurnool. Using the acronym BACK, Baba would often remark that these districts were backward mainly due to water scarcity.

Because Puttaparthi was in Anantapur District, Baba was no stranger to water shortage. People had to rely either on well water or water pumped from the ground. In summer, wells often went dry, and water had to be brought from long distances. Even if available, the groundwater had an unacceptably large content of fluoride, which led not merely to dental disorders but serious bone deformations as well. The drinking water problem in arid regions was well known, but finding a solution was hardly on anyone's agenda.



*Pictures illustrative of the difficulty that people in rural areas of Anantapur faced, especially during the summer, before Baba implemented his drinking water project. Above, a broken hand pump, with apparently no one to fix it.*



*Water being brought from long distances.*





*This picture is typical of the hardship villagers faced in obtaining drinking water. This job had to be done mostly by women, and under very difficult circumstances.*





*Some villages were served by water pumped from bore wells. The supply diminished during the summer because of drop in the water table. Moreover, the groundwater had a high fluoride content, which caused severe dental problems and bone deformation. In the pictures above, pots have been lined up, in anticipation of water release from the local storage tank.*





*Pictures on this page show cases of severe skeletal fluorosis. After Baba implemented his drinking water project, the incidence of such cases dropped dramatically, as we shall see later.*





*Pictures taken on November 22, 1994, on the occasion of the third anniversary of the Super Specialty Hospital in Puttaparthi. On that day, the Prime Minister was the guest of honor, and Dr. Venugopal, the surgeon who performed the very first heart surgery on inauguration day, was being honored. Speaking on that occasion, Baba asked the central government to do something in earnest to solve the age-old drinking water problem of the arid regions. He added that if the government began any project, his Trust would actively support it in every possible way. As it turned out, no action was taken on Baba's suggestion. In March 1995 Baba asked his Trust to go ahead and implement a drinking water program that would benefit villagers all across Anantapur District.*

On November 22, 1994, which marked the third anniversary of the Super Specialty Hospital in Puttaparthi, Baba decided to publicly honor Dr. Venugopal, the cardiac surgeon who had performed the first heart operation on inauguration day and many others subsequently. Prime Minister P. V. Narasimha Rao had been specially invited for the occasion, and, as always, after everyone had finished speaking, Baba delivered his discourse. Understandably there were generous references to the contributions of Dr. Venugopal, but suddenly in the course of his speech Baba turned to the long-standing and still unsolved drinking water problem in Anantapur District. Directly addressing the Prime Minister, Baba said that hailing as he did from Andhra Pradesh, Mr. Rao was well aware of the enormous hardship that people faced. It was time, Baba added, that the government did something serious as well as meaningful about solving the age-old drinking water problem. From his side, Baba continued, his Trust was ready to support any effort the government made.

Months passed and there was no sign of any action on the part of the government, not even an indication that they had heard Baba's plea on behalf of the people of the parched district. In March 1995, Baba gave to his Trust a simple instruction (paraphrase): "Do all that you can, in the shortest possible time, to provide safe drinking water to as many people in as many villages of Anantapur District as possible and throughout the year, no matter what the cost!" The instruction was simple, but the task set was very challenging. However, once Baba decided that something had to be done, there was no choice for the members of the Trust.





*Baba with A. Ramakrishna (to his right) and Kondal Rao (to his left), who together played a leading role in the implementation of not only the Anantapur drinking water project but many others as well.*



# RAIN



River water flowing in an irrigation canal is drawn by an intake well using a pump and sent through underground pipes to a storage tank.



The canal water is stored in a huge tank, tens of acres in area. Water from the tank is pumped out, purified, and then sent to a storage reservoir for distribution.



A pumping station that sends water to a reservoir up a hill. The distribution lines to the villages are connected to the reservoir. Water flows from the reservoirs to the villages by gravity.



Baba's drinking water project focused on safe drinking water. That automatically ruled out groundwater because of its high fluoride content. Moreover, depending on groundwater meant that during the hot season there would be a water shortage since the water table dropped. Thus the entire project was based on rainwater-fed sources. The different ways in which this was done is what this diagram illustrates.



# WATER

Water is drawn from a small irrigation dam fed by rainwater. This water is then sent to a water treatment and purification plant.

Standard purification and quality control procedures are followed in the purification plant. The treated water is then distributed to the villages.

A typical village reservoir that receives water from the purification plant. Water flows by gravity from such a tank to the distribution points in the village.

A typical scene of villagers drawing drinking water from one of the many outlets in the village without any problems.



In one scheme, intake wells are sunk into a riverbed. Water from these wells is then pumped into a central collection well.



The central collection well draws water from the infiltration wells using pumps. This water is then sent to a purification plant.



Water from the plant is then distributed to the villages.

As can be seen here, three basic strategies were employed. The first was to draw water from irrigation canals that carried water from rivers. This water was then stored in huge storage tanks, the biggest of which was about 70 acres. Water from the tanks was drawn as required, purified, and distributed. Similarly, water was also drawn from an irrigation dam, purified, and distributed. In the third system, infiltration wells were sunk into riverbeds. Water from these wells was then drawn into a main collection well from where the distribution originated. Basing the system on rainwater dramatically reduced all fluoride-related diseases.





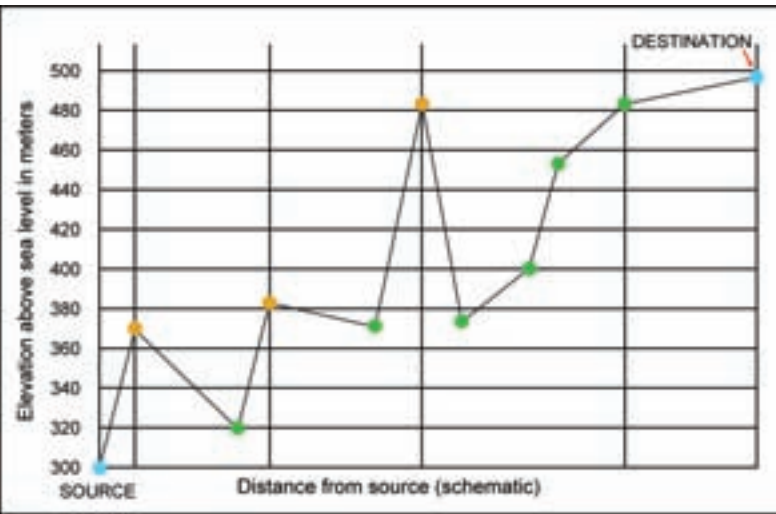
*Relief map of Anantapur District showing the wide variations in elevation. From the map it should be clear that the south is at a higher elevation than the north.*



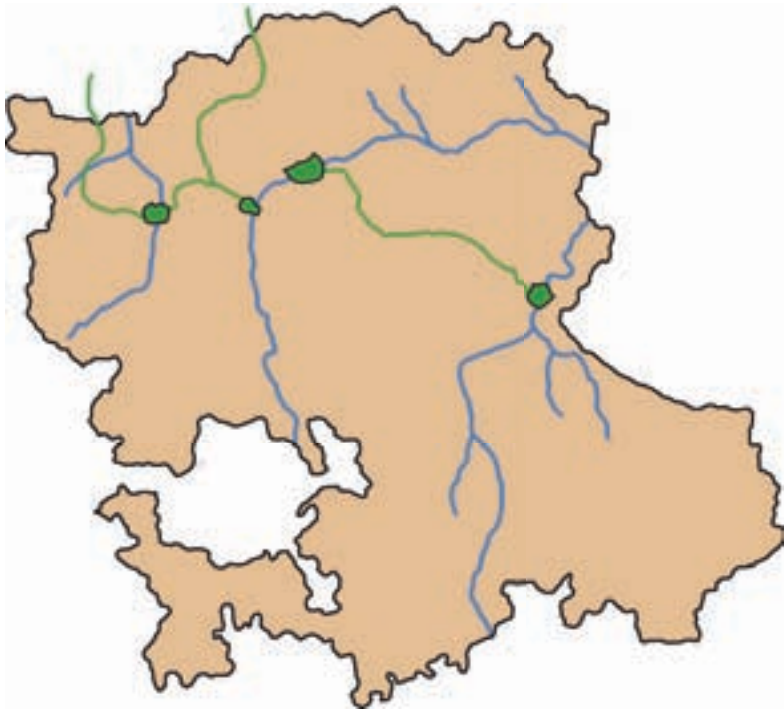
*This map shows the rivers flowing through the district. These rivers are dry except during the rainy season. Most of the water tapping was done in the northern part. Fluoride testing was done at every potential source of water before beginning work.*



*The blue color in this map shows approximately the regions served by Baba's drinking water project for Anantapur District. The related statistics are shown on page 79.*



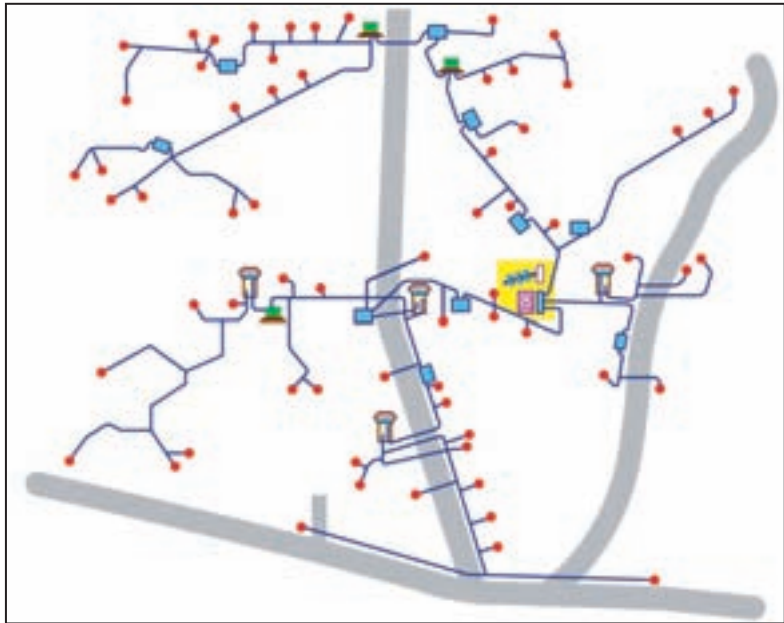
*This schematic illustrates the problem of distributing water in an uneven terrain. Typically all major sources were at a lower level than the places to be served. As a result, a series of pumping stations had to be installed between the source and the final point of distribution. Each pump would lift water to the next tank. From there some water would be distributed to the local area, while the rest of it would go to a sump, from which it would be pumped to the next tank. The distribution plan thus involved more than mere pipe laying; several intermediate pump houses also had to be installed.*



*This map shows how the rivers have been interconnected via canals (by the state irrigation department) to create various reservoirs.*



*This map shows the location of seven summer storage tanks, each of which supplies water to villages in the neighborhood.*



*This graphic is based on a photograph taken at a purifying and central distribution plant (shown in yellow above). As can be seen, a large number of villages are served. It is worthy of note that the farthest village is tens of miles from the main source. The various icons represent intermediate stages in the distribution process.*

STATISTICS RELATING TO THE ANANTAPUR PHASE	
Project cost (approx.):	\$ 70 million
Number of villages covered:	731
Population covered (approx.):	1 million
Summer storage tanks:	7
Infiltration wells:	15
Booster stations:	32
Water treatment plants:	6
Overhead reservoirs: (0.4 to 300,000 liters capacity)	191
Ground level reservoirs: (various sizes)	133
Total pipe length (approx.):	1,500 miles (2,400 km)



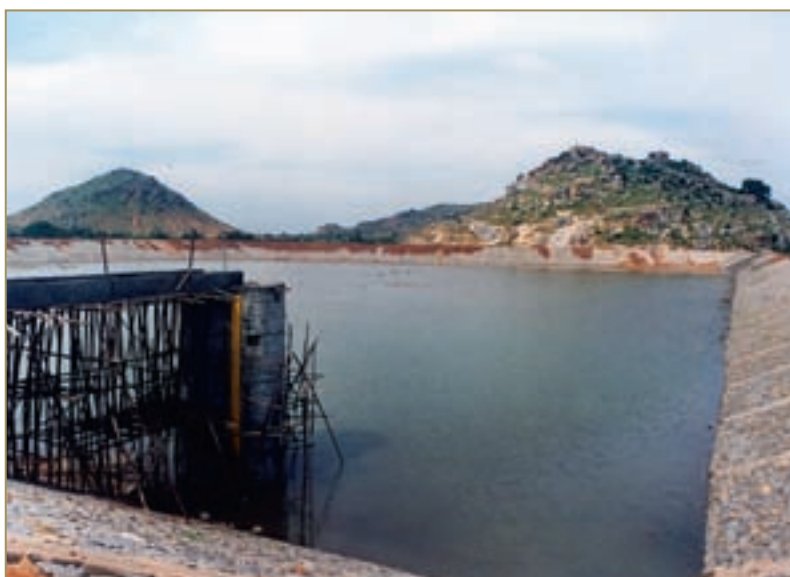


*Some photographs taken during the construction stage.*

**T**he task that Baba had set was challenging. First, he had demanded that safe drinking water be provided, which automatically ruled out groundwater. Rainwater was safe but scarce. There were some rivers in the northern part of the district that carried water during the rainy season. However, the elevation there was low, while most of the district was at a higher elevation, which meant that to achieve wide distribution, water would often have to be pumped against gravity, adding to the cost of the project.

Inspired by Baba, two men began to seriously consider all options-Kondal Rao, who had been appointed by the state of





*A summer storage tank under construction.*

Andhra Pradesh, and A. Ramakrishna of Larsen and Toubro (L&T), a leading construction company. Both were civil engineers with long experience, and together they toured the district, along with engineers of the irrigation department. After carefully examining all aspects, Rao and Ramakrishna came up with three strategies, all of which used rainwater for implementing Baba's drinking water project. Basically, water would be collected at a few primary sources and, after treatment and purification, distributed to a network of villages within a reasonable distance, using a pumping and piping network. This would be the way, they decided, that villages all across the district would be served. Even though all sources tapped were fed by rainwater, it could happen that while flowing on the ground, the water could pick up some fluoride from rocks, etc., with which it came into contact. Kondal Rao therefore did careful fluoride content analysis before selecting the spots where water would be tapped.



*An overhead reservoir under construction.*

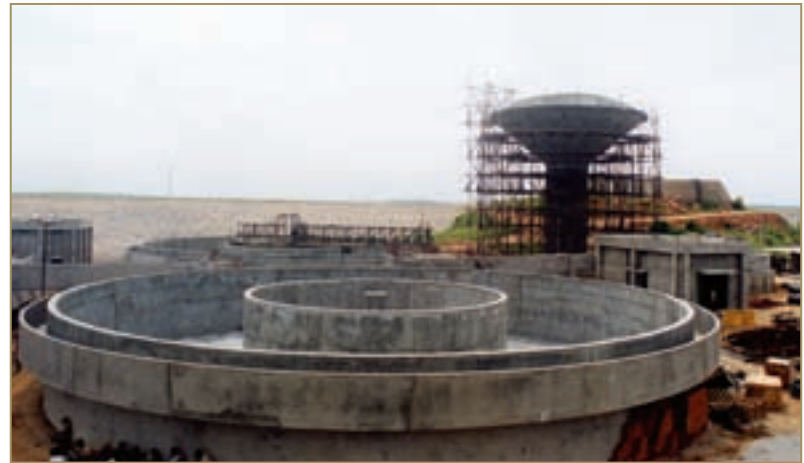
The basic strategy was set, and the required government approval was also quickly obtained. Thanks to the goodwill that Baba commanded, the dynamism of Kondal Rao and the strong support offered by the then Chief Minister of the state, construction began at a furious pace and in several locations simultaneously. Since the sources were few and the area to be covered was large, piping work became an important component of the project.

It was only in March 1995 that Baba had decided to step in; and yet by November of that same year over 70% of the target had been met. That was always the case with Baba; once he launched any activity, whatever it was, he was always eager for results and made sure he got them by personal involvement. During the hospital construction Baba visited the site almost every other day to monitor progress. In this case he could not do that since the construction work was spread over





an entire district. However, Baba kept tabs on it by assigning a senior member associated with the Trust to regularly report to him. In addition, both Kondal Rao and Ramakrishna came to Baba approximately once every 10 days to personally brief him about progress. On one occasion they even arranged for Baba to do an aerial survey.



*A water purification plant under construction.*



*Pipe laying in progress; this activity was an important part of the project. In all, close to 1,500 miles (approximately 2,400 kilometers) of pipe was laid during the project.*





More scenes of pipe laying.







*Pipe laying scenes continued on this page and part of the next page.*



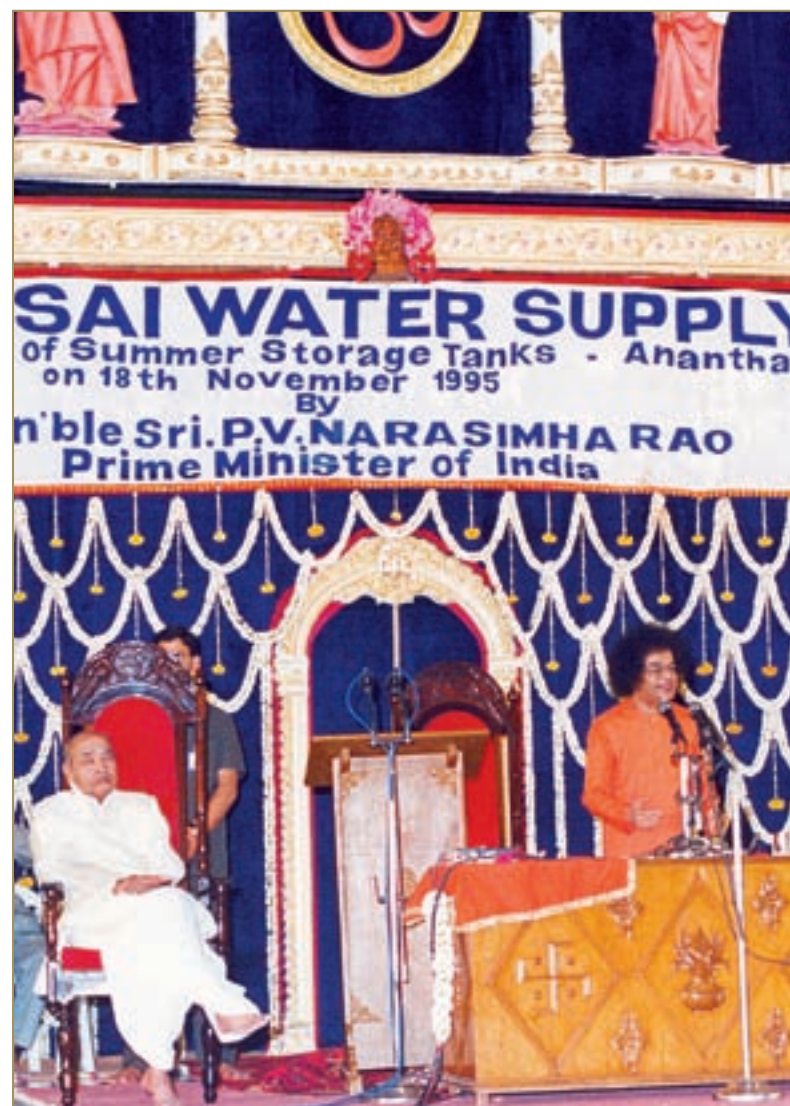


*Baba returning to Puttaparthi after flying over the various construction sites.*





*Pictures taken on November 18, 1995, on the occasion of the inauguration of the Anantapur Summer Storage Tank. The inauguration was performed by the then Prime Minister, P.V. Narasimha Rao. A button was pressed that started the pumps in Anantapur about 45 miles (approximately 70 kilometers) away, following which water began flowing. To mark the occasion the Prime Minister opened a small tap placed on the stage, from which water flowed.*



As the year (1995) drew to a close, Baba arranged a special function on November 18, in the very hall where almost exactly one year earlier he had asked the central government to do something about the drinking water problem of people in drought-stricken areas. The guest of honor was once again Prime Minister Narasimha Rao, who was requested to inaugurate one segment of the water project known as the Anantapur Summer Storage Tank. From the stage the Prime Minister pressed a button, following which the pumps in a water treatment plant near Anantapur (the district headquarters) began to operate, feeding potable water to the town.

Speaking on the occasion, Mr. Rao freely acknowledged that having once served in the state cabinet and been the minister-in-charge of Anantapur District, he was personally aware of how difficult it was to get things done there. And yet Baba had managed to do it, because he had something





*On November 23, 1995, which marked the seventieth birthday of Baba, the then President of India, Dr. Shankar Dayal Sharma, formally inaugurated the rest of the Anantapur drinking water project. Some residual works were left but were completed within the next four months, following which the water distribution project became fully operational.*

which governments did not, namely Love that could galvanize people, energizing them to do things they otherwise would not.

This was indeed the case, as Ramakrishna of L&T personally confirmed to the author later. Pipe laying, which formed a major component of the water works project, had a language of its own. In particular, where there were roads, the pipes had to be laid adjacent to the road in the land that formed part of the road and belonged to the government. As the project was bringing benefits to the state, the government had passed orders permitting such a layout. However, in many cases this meant extra expenditure since the standard route turned out to be long and circuitous. Ramakrishna therefore began exploring the idea of cutting through fields, every one of which was privately owned. When he talked to the farmers, Ramakrishna found that the farmers were somewhat reluctant because they were not sure that the compensation due to them on account of interference with their work would be adequate

and paid promptly. This is where the magic of Baba's name worked, as it did on many other such occasions. When Ramakrishna explained in detail how Baba was doing the project for them when no one else came forward, the farmers happily agreed. For its part, L&T, the company executing the contract, ensured prompt settlement of claims. As it turned out, this not only shortened the total pipe length and reduced project execution time but also brought down the project cost.

The Anantapur Summer Storage Tank was but one part of the entire drinking water project. On November 23, 1995, which marked the seventieth birthday of Baba, the then President of India, Dr. Shankar Dayal Sharma, symbolically declared the entire project open. Some parts of the project had yet to be completed, but the pace of work was not allowed to slacken just because the project had been formally declared open. Baba insisted that work must continue exactly as before, and within a few months the entire project was

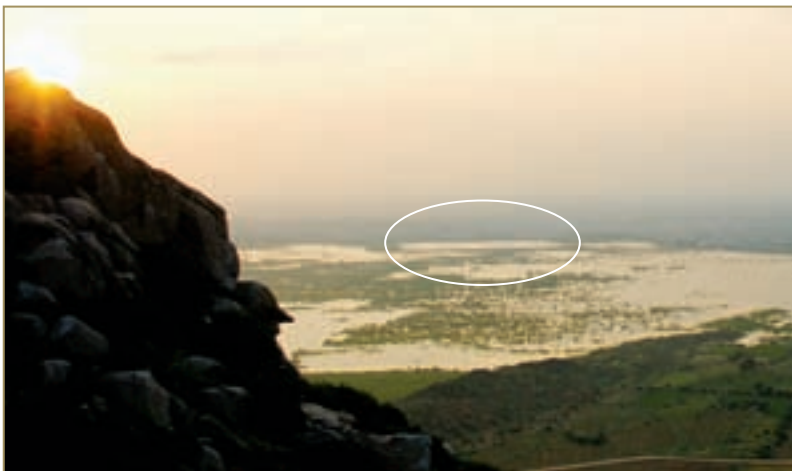




*Shown on this and some of the pages that follow are photographs of the completed facilities. Above, a long-shot view of one of the summer storage tanks.*



*A portion of the Anantapur tank where the intake well is located. A pump here draws water from the tank and sends it to a purification plant, from which it is distributed.*



*An aerial view of the Anantapur Summer Storage Tank. This picture was taken after the monsoon. While the water seen around the tank (identified by the ellipse) is rainwater, that stored in the tank has been drawn from a canal.*

completed, ready to be handed over to the beneficiaries. However, Baba did not do that. Instead he asked his Trust to run the waterworks for at least one full year, in order to make sure that everything worked exactly as it was supposed to. That task was entrusted to L&T, and when everyone was perfectly satisfied that the waterworks could be smoothly operated, Baba turned his attention to the handover.

In the normal course of events one of the government departments would have taken charge. However, that also meant that during the operation phase standard bureaucratic



*A panoramic view of Anantapur Summer Storage Tank, which extends over 60 acres.*



*Seen above is an infiltration well sunk into the riverbed.  
There are many such wells.*



*The collection well where a pump pulls the water from all the  
infiltration wells and sends it further for distribution.*

holdups would occur, as they always do, affecting the regular supply of drinking water. Baba therefore asked Kondal Rao to take up the matter directly with the Chief Minister of the state and ensure that an autonomous management committee was formed that included not only the district officials but also representatives of the public and of his Trust. This way, if there was any problem, the representatives of the public would have a say in the solution of the problem. In other words, Baba did all he could to ensure that red tape did not interfere with the smooth running of the waterworks that he was handing over.



*A similar well on the other side, which functions in a like manner,  
distributing water to villages on that side of the river.*







*Water being drawn from an irrigation dam by three vertical pipes.*



*Pipe carrying water brought down to ground level and taken to the pump house, which is seen clearly in the picture on the right.*



*The water drawn is taken by the pipe seen above, along the wall of the dam and later brought to the ground level.*



*A close-up view of the pump house.*



*This circular tank in the foreground is used for precipitating out solid contaminants. This is done by adding a suitable solvent and stirring the water using the long arm seen in the picture. This is one of the many processes involved in the purification of the water before it is distributed. Additional purification using sand filters is done in the building on the left, near which a truck is parked.*





*Views of the pump house.*





*Views of the piping associated with the project. One picture shows water being taken to a reservoir located at a high point.*





*A typical village served by the drinking water project.*



*A woman walking back to her home with water. Every village is provided with several taps so that no family has to go a long distance to obtain water.*



*Pictures above show villagers drawing water without any difficulty.*





*Pictures taken on October 11, 1997, when Baba gifted the entire Anantapur drinking water facility to the people of Andhra Pradesh. Top left, Justice Bhagavati, a member of Baba's Trust, speaking on the occasion and giving details of the project. Top right, the then Chief Minister of Andhra Pradesh, Chandra Babu Naidu, accepting the facilities on behalf of the state. While doing so, Mr. Naidu said, "All this work ought to have been done by the government. But it was done single-handedly by Baba!" Just above, Baba delivering a discourse, during which he declared that he was always ready to help anyone in need, without consideration of caste, creed, race, religion or nationality.*





*The large water tank that supplies potable water to the entire village of Puttaparthi. This water comes from a source that is about 45 miles (approximately 70 kilometers) away.*

**A**fter making sure for about a year that the entire waterworks was functioning properly, Baba chose to transfer the project to the people of the state on October 11, 1997, which happened to be an important festival day. At a simple ceremony Baba said that the entire project was being gifted by him to the people of the state with his blessings and added:

*I am always ready to help and serve you. You may belong to any village, district or, for that matter, any state. I do not have any feelings of difference-religious, regional or national. All are the same to me.*

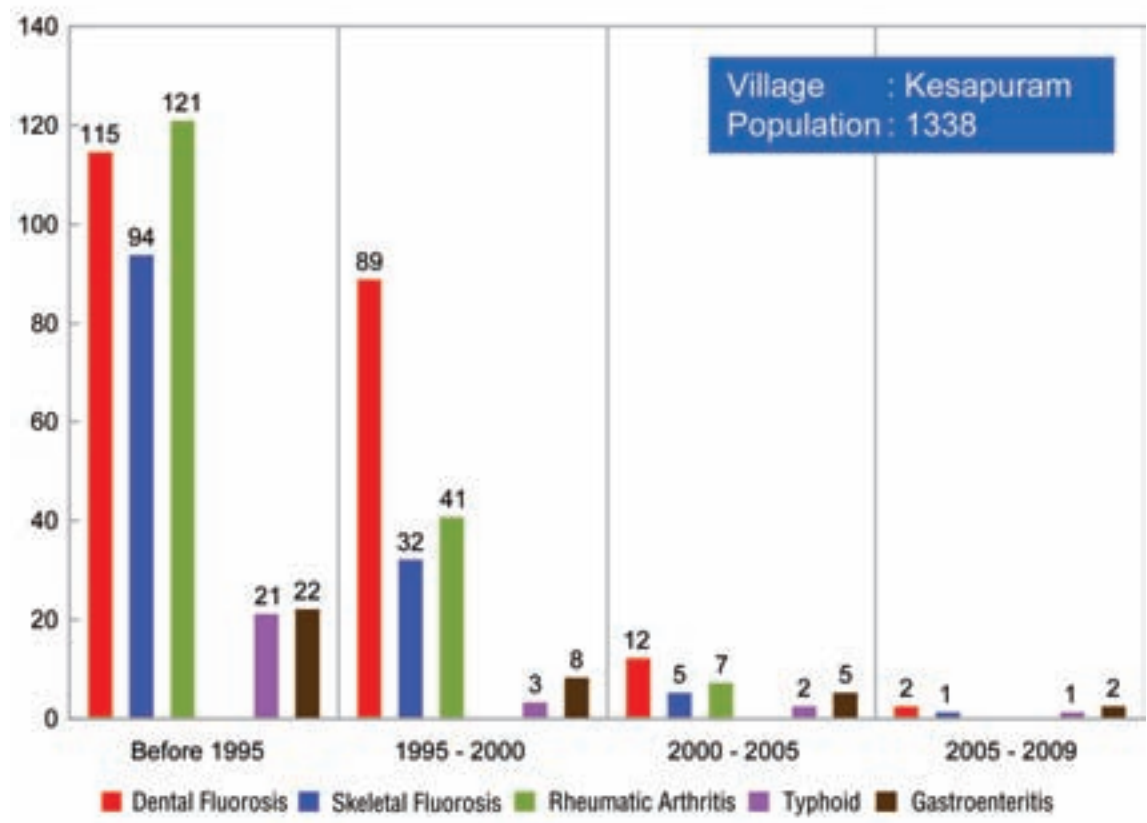
Being simple, the ceremony received hardly any national attention, but for the first time a massive drinking water project costing about \$70 million had been successfully implemented by a private Trust in record time, operated for over a year and a half to make sure the systems ran

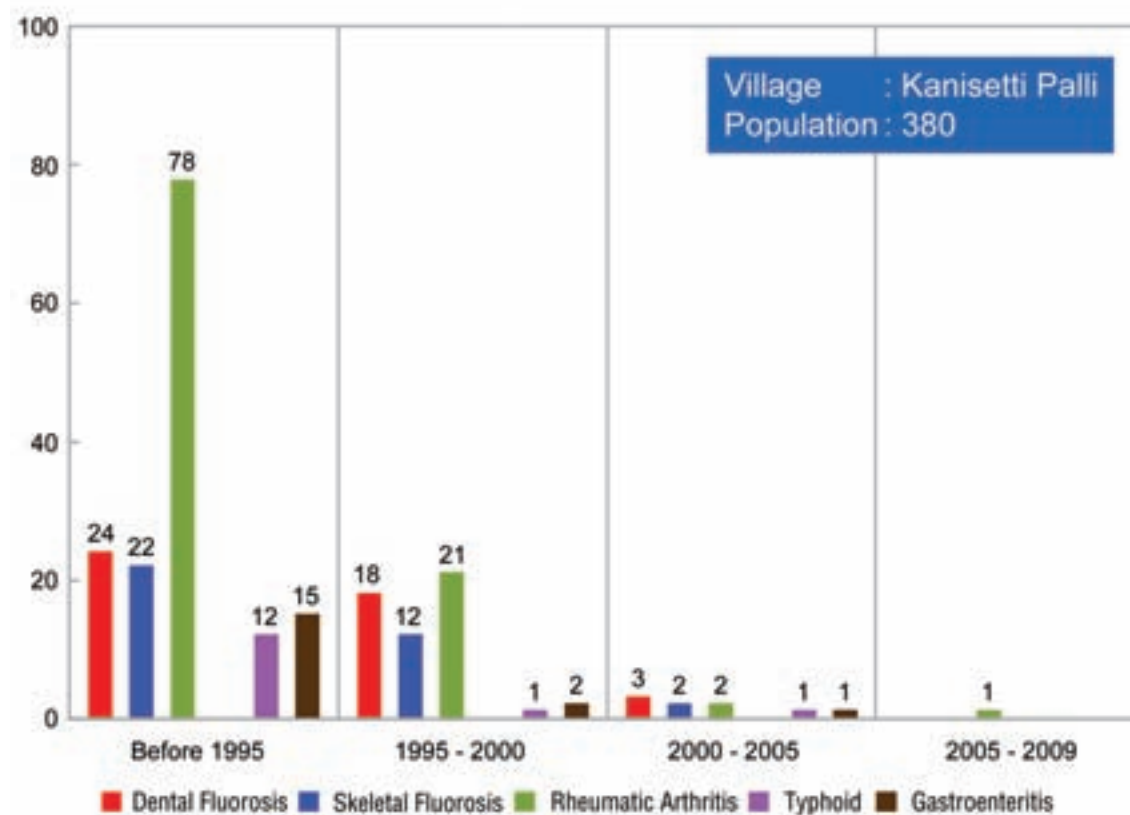
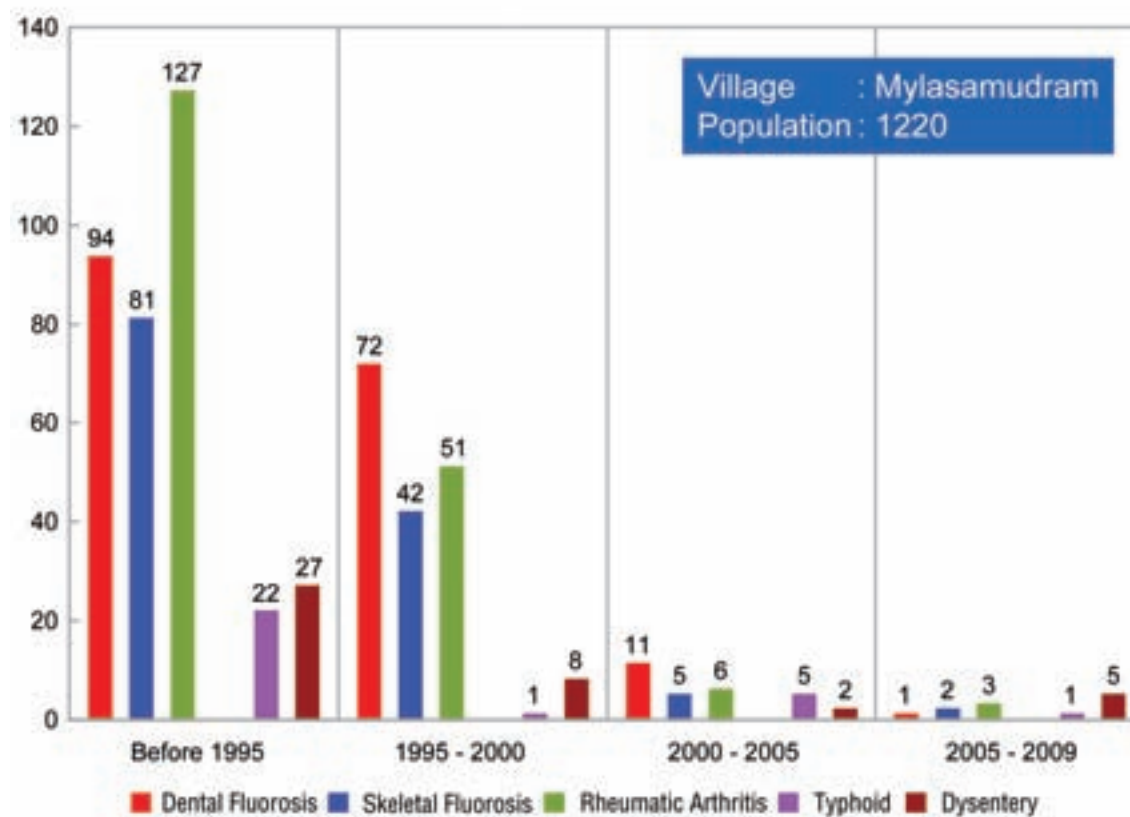
smoothly, and then handed over to the people absolutely free. No charitable organization in India had ever provided safe drinking water on such a massive scale, to about a million people scattered across an entire (arid) district, especially those living in villages, in record time and totally free. Even government projects generally catered at best only to villages close to sources of water. But Baba brought rain-fed water to places as far as 60 miles (approximately 100 kilometers) away from the source. Incidentally, even Puttaparthi is now part of this project and gets its drinking water from quite a distance. In passing, it is worth taking a look at the graphics on the following two pages, that highlight the extent to which fluorosis and other waterborne diseases have been controlled, thanks to the availability of good drinking water. Everyone thought that this was the end of the story, but it was not. Drinking water scarcity being widespread, Baba was quietly looking ahead to his next project.





As noted earlier, the key feature of the Anantapur drinking water project was to supply fluoride-free water. Shown on these two pages are sample data that highlight the impact produced by the improvement of water quality. On the left is a map that shows Puttaparthi and its surrounding regions. Medical records in the villages shown in the map were examined and data extracted for four time periods: (1) before the implementation of the project, (2) 1995-2000, (3) 2000-2005 and (4) 2005-2009. For every chosen village, the number of new cases of waterborne diseases registered during these four periods was compiled. The results for 3 out of the 10 sampled villages are shown. From this it should be quite clear that improvement of water quality had a profound effect on the health of villagers, especially children. The results of the other villages are similar.







# Relief to the Northern Districts

Sri Sathya Sai Water Supply Project  
Medak District



Sri Sathya Sai Water Supply Project  
Mahabubnagar District





**T**he Anantapur drinking water project was just a starter, and Baba turned his attention next to the northern districts of Medak and Mahabubnagar. Both had rivers flowing through them, the Manjira through Medak and the great Krishna through Mahabubnagar. With such rivers available, one would have thought that there would be no drinking water problems. But there were, because the plans implemented were not adequate and a large number of villages had been left out. Being dry districts, groundwater was scarce, and where available, there was the familiar fluoride problem. In short, in the rural parts there was widespread distress. Nonetheless, despite the great success of the Anantapur project, no one in Medak and Mahabubnagar even thought of approaching Baba for help. However, this was not necessary since Baba was in continuous touch with Kondal Rao. Once he became aware of the problems of the two northern districts, it did not take him long to become involved.



*Shown on this and the following pages are pictures related to the water projects implemented by Baba in the northern districts of Medak and Mahabubnagar, respectively. The map above shows the location of these districts as compared to the Anantapur District, where Puttaparthi is located. Both Medak and Mahabubnagar are arid. There are rivers flowing, and their water has been tapped for irrigation, as well as for supplying water to some towns. However, many areas were not getting potable drinking water, which led to severe fluorosis problems, and that is why Baba decided to provide safe drinking water. As in the case of Anantapur, the water source was either a canal as in (a) and (b), or a dam as in (c). This water was then purified before distribution. On the opposite page can be seen Lambadi tribal women; the Lambadis are scattered throughout the northern districts.*



(a)



(b)



(c)



Once more, Kondal Rao and Ramakrishna came together to execute the project, and work progressed briskly. Having handled a much tougher project earlier in Anantapur, this one was comparatively easy since the terrain was relatively flat and water could be readily tapped from dams on the rivers mentioned, and from the irrigation canals. The projects were thus swiftly completed and also at a much

lower cost than before, though the number of beneficiaries was comparable. Thrilled that Baba had come forward spontaneously to help them, the people of the district wanted to have a grand inauguration. Baba responded by gently advising them to begin using the facilities with a simple ceremony, adding that his joy lay in bringing happiness to people in distress.



*One of the many water purification plants built as part of the drinking water projects for the northern districts.*





*The water purification plan is always the same. First the water is passed through an aerator.*



*The solid deposits are then removed using a clarifloculator.*



(a)



(b)

*Following that, the water is passed through a series of sand filters and then chlorinated before distribution. Pictures (a), (b) and (c) show views of the pump house.*



(c)





The picture on the top shows cleaning schedules for various portions of a water tank in a pump house. On the left is a picture showing operator schedules. Below are pictures showing portions of a small laboratory where the water quality is periodically tested.







*Unlike in Anantapur District, the terrain in the northern districts is relatively flat. There was thus no need to pump the water up and down while transporting it over distances. Instead, tall storage tanks were built, which, using gravity flow, could supply water to many villages. Shown here is one such tank.*





*Another storage tank. This one is not as tall but is placed in a slightly elevated spot to take advantage of gravity.*





*People drawing water and going home without any difficulty. In this case, the taps are directly connected to a street level reservoir.*



*One of the taps in the village connected to a central storage tank. By providing many such taps throughout the village, the walking distance, as well as the crowding, was substantially reduced compared to earlier times.*



# *It Was a Big City's Turn Next*

*H*istorically, many big cities grew around big rivers. Not always though, and that is exactly what happened in the case of Madras city, now renamed Chennai. When the British first landed there in the seventeenth century, the place was nothing more than a small fishing village. In 1639, two trading agents representing the parent company in London managed to acquire a strip of land near the beach and build a fort, Fort St. George, which stands to this day.



*A picture of Fort St. George in Madras, taken in early 1900.*





*This is how the main tanks, Poondi (above) and the Red Hills (below), appeared at the height of the drinking water crisis in Chennai (formerly Madras), until water was made available in November 2004 after the completion of the Sri Sathya Sai Drinking Water Project for Chennai. Thereafter, these tanks have never gone dry, and Chennai has never experienced a drinking water problem.*

Later when the British took control of most of the southern part of the peninsula, Madras, as it was then known, became the capital city of Madras Presidency and grew rapidly. Unfortunately, there was no good source of water in the area, and, to make matters worse, the northeast monsoon, which was the main source of rain for that region, was erratic and frequently failed. A dam was built across the Arni River nearby, which was mostly dry but carried water in the rainy season. Water from the dam was diverted to a series of tanks, where it was stored and used for agriculture and for supplying drinking water to the city (after purification). Given the overall shortage of water, Madras began to face a water problem as far back as 1880, when the population was less than half a million.

Meanwhile the population grew, and by 1950 (by which time India had become independent), the water crunch became severe. The feeling





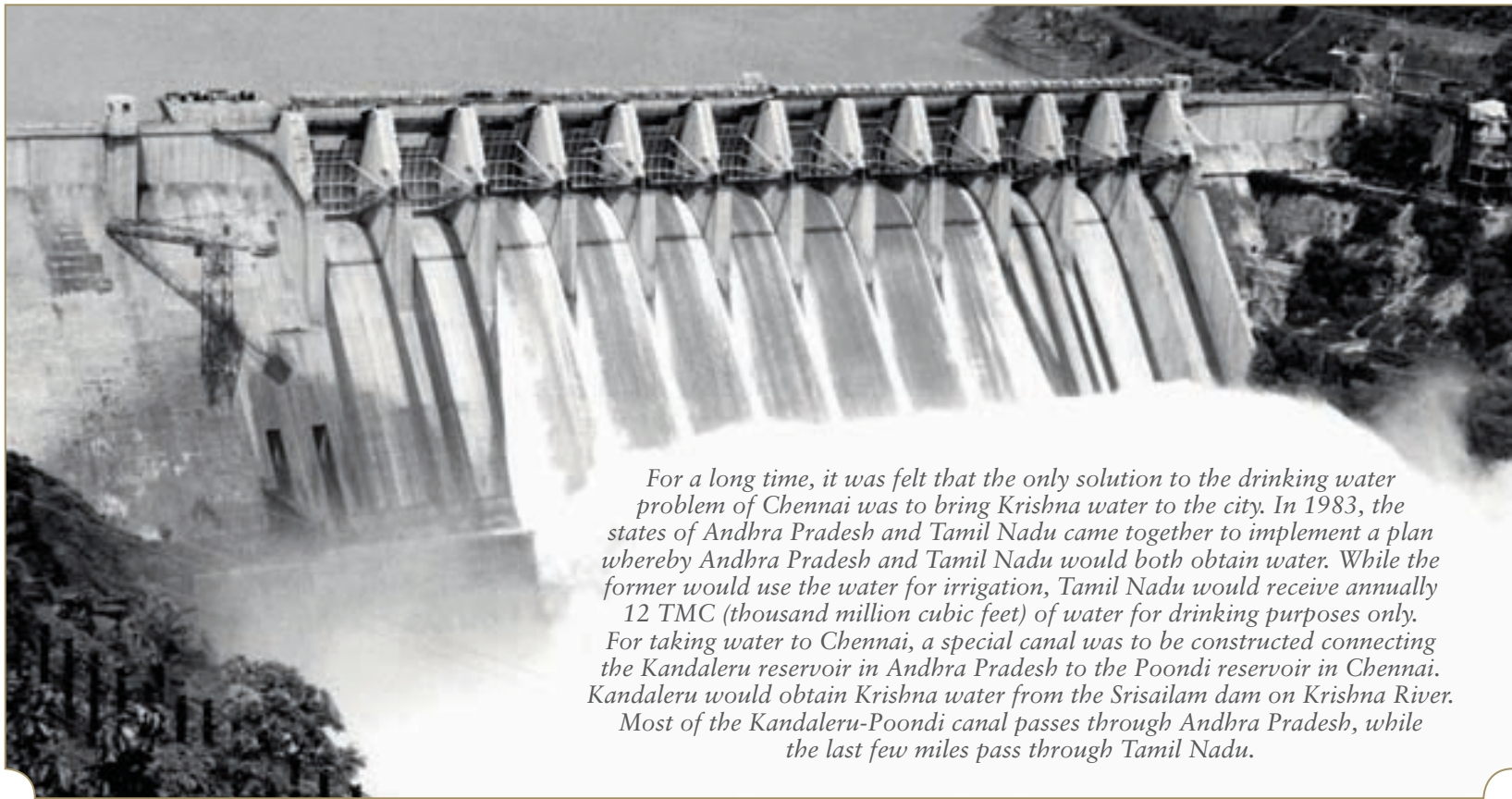


*A map of southern India, showing the Krishna River and the location of Chennai.*



*Map shows how Krishna water was to be first brought from the Srisailem reservoir to Kandaluru. The canal taking water from Kandaluru to Poondi was constructed as a joint venture by the states of Andhra Pradesh and Tamil Nadu.*

*A view of Srisailem dam across Krishna River.*



For a long time, it was felt that the only solution to the drinking water problem of Chennai was to bring Krishna water to the city. In 1983, the states of Andhra Pradesh and Tamil Nadu came together to implement a plan whereby Andhra Pradesh and Tamil Nadu would both obtain water. While the former would use the water for irrigation, Tamil Nadu would receive annually 12 TMC (thousand million cubic feet) of water for drinking purposes only. For taking water to Chennai, a special canal was to be constructed connecting the Kandaluru reservoir in Andhra Pradesh to the Poondi reservoir in Chennai. Kandaluru would obtain Krishna water from the Srisailem dam on Krishna River. Most of the Kandaluru-Poondi canal passes through Andhra Pradesh, while the last few miles pass through Tamil Nadu.



began to grow that there was no salvation for Madras unless water could somehow be brought from the Krishna River flowing in the northern part of the peninsula. However, since the river flowed through many states, each with its own claim to Krishna water, it took a while for all those states to agree to spare some water for Madras, strictly for solving its drinking water problem. An announcement concerning the agreement was made in the Indian Parliament in 1963, but it took two more decades for action to begin.

In September 1996, the canal that was to bring Krishna water to



*Photographs taken at the time of the inauguration of the Krishna Water Supply Project for Madras (it was not yet Chennai at that time). Essentially it meant the construction of the Kandaleru-Poondi canal. Seen from left to right in the picture at the bottom are the Chief Minister of Andhra Pradesh, the Chief Minister of Tamil Nadu and the then Prime Minister of India, Indira Gandhi, who is seen receiving a memento.*



the Poondi reservoir in Chennai (by now the name Madras had been changed) was finally completed and also formally declared open. Water at last—so thought the thirsty people of Chennai; but in reality, very little water flowed from the Krishna River to the Poondi reservoir, the main collection point. The reason was simple. The entire canal had been constructed using earthwork technology, and, because of rapid erosion, it quickly became nothing more than a long, leaky ditch. To make matters worse, the northeast monsoon failed several years in a row. The people of Chennai were now in deep trouble as never before, wondering whether their problem would ever get solved, and, if so, by whom.



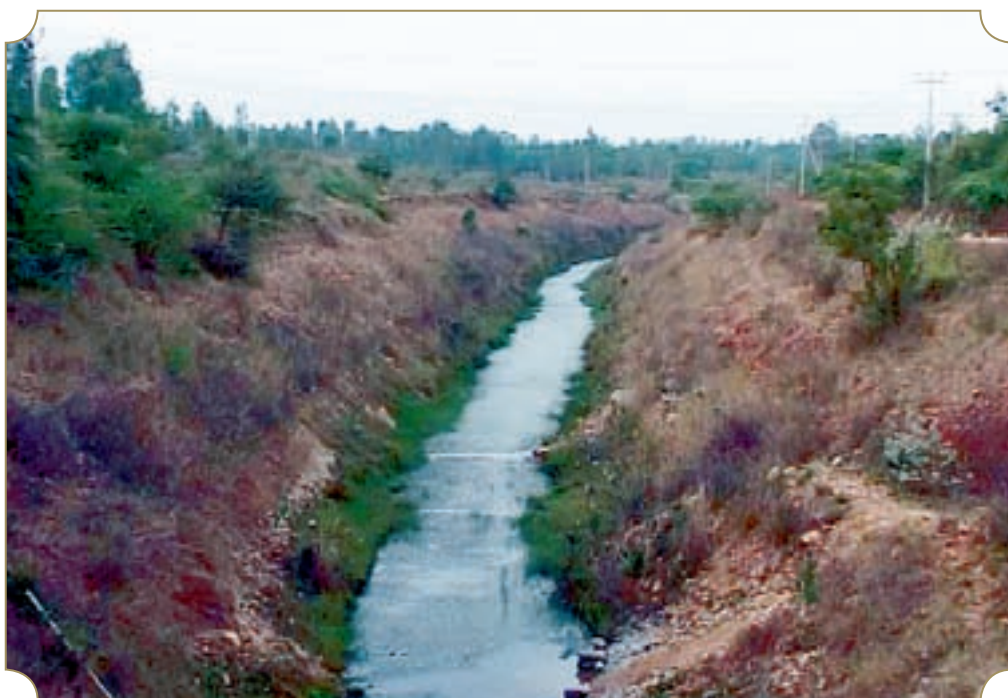
*The Kandaleru-Poondi canal was completed and inaugurated in 1996. The canal was intended to deliver a minimum of 12 TMC of Krishna water to the Poondi reservoir every year. Instead, what was received during the first five years was far less, as figures below show.*

*(Official figures released by the government of Tamil Nadu).*

1996-1997	0.076 TMC
1997-1998	2.292 TMC
1998-1999	2.812 TMC
1999-2000	1.830 TMC
2000-2001	6.688 TMC

*The main reason for the short supply was that the canal deteriorated rapidly, due to erosion. Also, a lot of water was lost through leakage. In short, the canal became dysfunctional because of poor construction. Pictures on this and the following page show the poor condition of the canal even when new. The low supply of water plus the repeated failure of the northeast monsoon soon created a crisis situation in Chennai.*





*A view of the canal near the Andhra Pradesh-Tamil Nadu border. The poor quality of the canal construction is clearly evident.*





*Rains having failed and the tanks having gone dry, Chennai had to depend on water delivered by trucks. The city corporation delivered drinking water at various points in the city, three pots of water per family per day. If people wanted more water, they had to buy it from commercial operators, who charged a high price. People often had to wait for long hours for the arrival of the water truck.*



Help did come to the people of Chennai, unannounced and from a totally unexpected quarter. On January 19, 2002, the Super Specialty Hospital in Bangalore celebrated its first anniversary, and a special health meet had been organized to mark the occasion. Delivering a discourse during the inauguration of the conference, Baba spoke mostly on health-related matters. But suddenly he paused, deviated completely from what he was talking about until then, and said:

*Today, I have made a new resolve. Madras is suffering from an acute shortage of drinking water. The rich can*

*buy water sold by the tanker services, but what about the poor? They have to depend on rainwater that has collected in puddles and ditches and thus spoil their health. I have therefore decided to work toward bringing drinking water to Madras, no matter how difficult and costly the task is. This wish of mine will fructify without fail. Success always springs from deep conviction.*

It was a dramatic announcement that came totally out of the blue. Though similar in some respects to the announcement made in 1990 regarding the establishment

*Presented on this page are comments offered by various citizens of Chennai, concerning the difficulties they faced.*



An Office Worker

*Tankers come at unpredictable times, one day at 2 A.M. and next day at 8 A.M. This causes a lot of difficulty.*



A Housewife

*The tanker water is dirty, and food cooked with it causes health problems. I pray to Sai Ram for relief.*



A Student

*The erratic tanker schedule has greatly affected my studies.*



Dr. Senthil

*The large number of tankers have jammed the streets, and traffic accidents have increased enormously. The quality of water is very bad, and there are many cases of water-related diseases.*



Dr. Hiramalini Seshadri

*People have to carry pots of water upstairs. This has increased the risk for heart attacks. Also, tanker water from villages often contains nitrates from fertilizers. These nitrates are dangerous, and many drinking this water have turned blue.*





of a Super Specialty Hospital in Puttaparthi, there was an important difference in that Baba's Trust did not have any inkling that Baba was thinking along such lines. For over a decade, the governments of two neighboring states had collaborated to bring water all the way from the Krishna River and had failed. But now, Baba was promising drinking water to the thirsty people of Chennai. How was he going to succeed where two governments with all their resources could not succeed? That was the question uppermost in the minds of many.

No one knew the answer, but this much was clear: Baba was determined to do something because it was the poor who were suffering the most. When it came to helping those in distress, Baba had done the "impossible" in the case of the Puttaparthi hospital and the Anantapur drinking water project. It was Baba's Love that had driven those projects, and it could do so again; that is what his devout followers believed, and there were large numbers of them in Chennai. For them at least, good days were not far off.



*January 19, 2002, the first anniversary of the Super Specialty Hospital in Bangalore (top left). Above, Baba is seen lighting a lamp, marking the inauguration of a health meet, organized to mark the occasion.*



Because this project dealt with drinking water, Baba promptly sent for the trusted pair, Kondal Rao and Ramakrishna, and asked them to develop a tangible solution to the Chennai drinking water problem. As always, Rao and Ramakrishna did a thorough analysis and, after examining all options, concluded that bringing Krishna water to Chennai was unquestionably the best idea. True, it had been tried earlier and failed; that, however, was because of the use of old-fashioned methods. What was needed was to redo the canal, starting from the main water head, namely, the Kandaleru reservoir; it was a difficult task but doable. Baba gave his nod and work began immediately in earnest.

The Kandaleru-Poondi canal passed through two states, Andhra Pradesh (for the most part), and then through Tamil Nadu, the state where Chennai was located. In Andhra, the canal was supposed to serve a dual purpose, i.e., serve the needs of agriculture and provide drinking water where required; however, it was mostly an agricultural canal. When the canal crossed the interstate border and entered Tamil Nadu, its purpose was strictly to carry water to the Poondi reservoir, the source of drinking water for Chennai. The multistate agreement had stipulated that Krishna water would be made available to Chennai purely for meeting the city's drinking water needs; in fact, at the border crossing, there was a meter that measured the quantity of water delivered to Tamil Nadu. Given all these facts, when the canal first came into existence, the construction work was handled by the Andhra government until the canal crossed the border into Tamil Nadu. Beyond that, the latter state was responsible for the construction.

When Kondal Rao and Ramakrishna examined the canal before renovation, they found that the part in Andhra Pradesh was entirely mud lined and therefore readily prone to erosion, leakage and collapse. On the Tamil Nadu side, the canal had been lined with stones; however, the quality of work was not up to the mark, and the lining had collapsed in many places.

*Delivering a discourse, Baba suddenly announced that he had decided to supply drinking water to Chennai since the people there were suffering. Baba said that while the rich could afford to buy tanker water (which was expensive), the poor had to draw water from puddles, which were dirty and unhygienic. He could not bear to see them suffering like that. So he had decided to intervene and do a project that would eliminate the drinking water shortage in Chennai once and for all. He vowed to bring water to Chennai, no matter how difficult and costly the task was. He was determined, he said, and added that success always springs from deep conviction.*







(a)

**T**he entire canal needed to be redone. When the idea was placed before the governments of Andhra Pradesh and Tamil Nadu, which originally built this canal as a joint project, the former readily agreed to Baba's proposal. The latter, on the other hand, took several years to give its consent.

The moment the government of Andhra Pradesh gave its consent, canal renovation work began at full speed, beginning with the reshaping of the canal profile to make it more stable



(b)



(c)



(d)

*Krishna water was the only solution for Chennai. Since the canal that had been built to bring Krishna water was substandard, the remedy lay in completely rebuilding it with modern technology, beginning from the Kandaleru reservoir. Among other things, both erosion and leakage losses had to be totally eliminated; the entire restoration work was based on this principle. Pictures (a) and (b) show work in progress at the Kandaleru reservoir. In (b) can be seen the special plastic film being laid out. This was meant to eliminate leakage losses. Pictures (c) and (d) show a comparison of how the reservoir wall used to be and how it is now.*

*Below is a panoramic view of the Kandaleru reservoir as it is now. Incidentally, during the renovation work the capacity of the reservoir was increased substantially by raising the height of the levies.*





and following that up with a high-quality concrete lining. Concrete lining takes care of erosion but does not eliminate seepage. A special waterproofing film imported from Austria was therefore used during the lining as an added protection. Work was launched simultaneously in several sectors, and separate cement batching plants were set up to cater to their needs. What earlier took 13 years was now done in a little more than 2.



*Canal renovation in progress. Before the canal was lined with cement, the seepage prevention film was introduced at the bottom of the canal and on both sides.*







*The two pictures on the top show renovation work in progress in the mountain section. In some places, the canal is very wide since it caters to irrigation work in that region. The picture below shows how the cementing work was done using machines that lined the bottom and the sides simultaneously.*







*Cement lining of the canal in progress.*



*Cement lining completed.*





*Curing of the cement lining is in progress.*

*Seen below are three pictures taken near the same area, close to the interstate border. On the left is the canal as it was before renovation work began. In the middle, work is in progress. On the right, the same region after completion of the work. The bridge (partially seen at the left side of this picture) marks the border. The curved structure in the middle is a Venturi meter that measures the amount of water released to Tamil Nadu.*





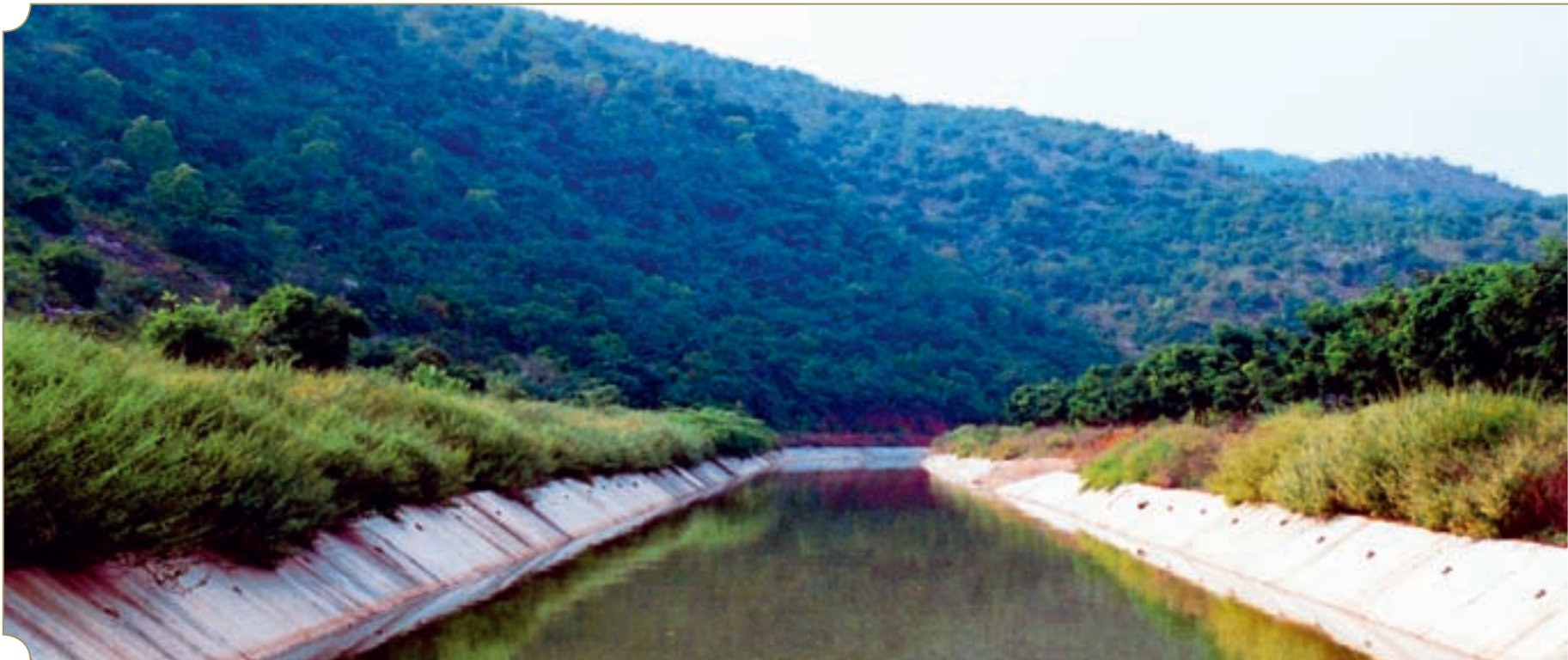
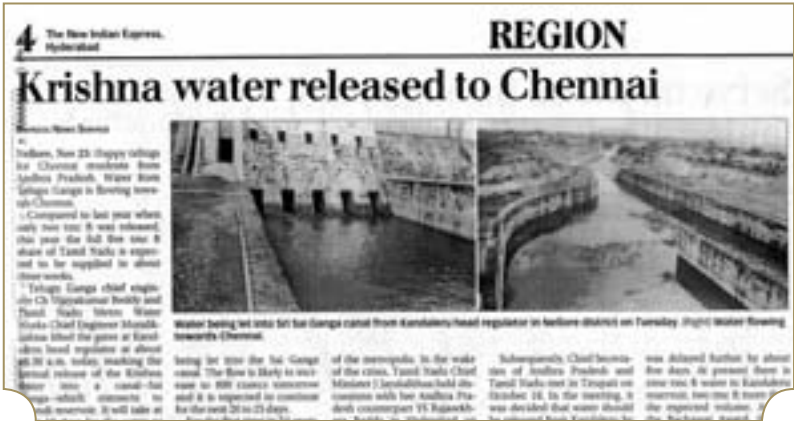


*A picture of a cement-batching plant. There were at least half a dozen such plants spread out along the canal during construction.*



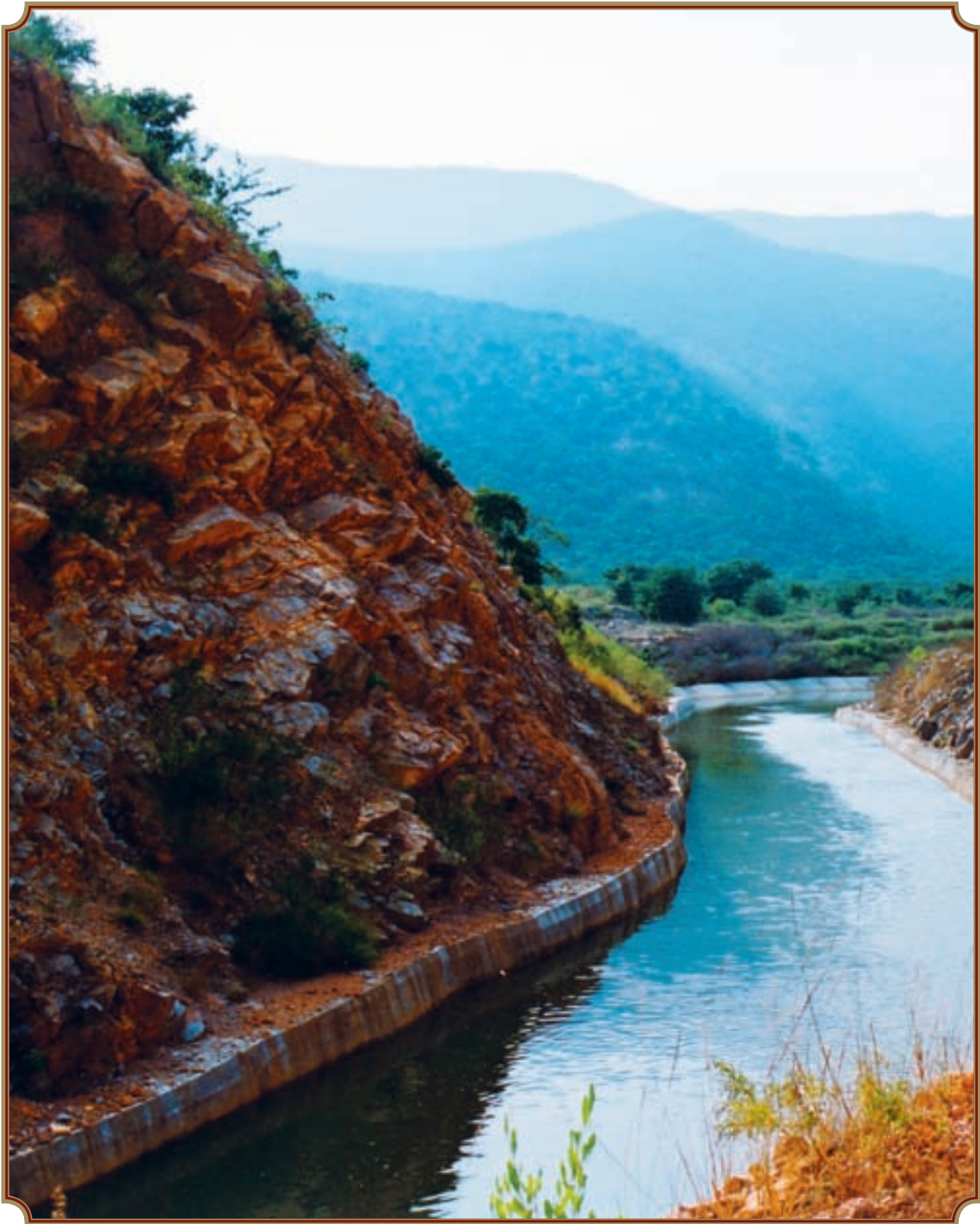


On November 23, 2004, water was released for the first time into the totally rebuilt Kandaleru-Poondi canal (up to the Tamil Nadu border, that is). Thanks to the concrete lining, which greatly facilitated smooth flow, it took just 4 days for Krishna water to reach the Tamil Nadu border, as compared to the 11 or so days needed earlier. For the first time in years, water began to flow from the taps in the houses in Chennai. However, there was no big fanfare or even formal ceremony to mark this phenomenal event. Nevertheless, busloads of grateful devotees from Chennai did make a special trip to Puttaparthi to express their gratitude in person.



Water from the Kandaleru reservoir was released into the renovated Kandaleru-Poondi canal for the first time on the morning of November 23, 2004, which marked Baba's seventy-ninth birthday. Since the canal was well lined, water flowed swiftly and reached Poondi in 4 days as compared to the 11 days it took earlier. Also, there was little loss on the way. Unlike in 1996, this time the project was a success.





*Shown above and on the previous page are two views of the canal carrying water as it makes its way through the mountain region.*





*Water flowing under the bridge that marks the interstate boundary. This spot is often referred to as Zero Point. The picture below shows a small group gathered on the Tamil Nadu side to welcome the first flow of Krishna water to the Poondi reservoir after renovation by Baba. As can be seen, one member of the group is holding a picture of Baba, seeking his blessing.*





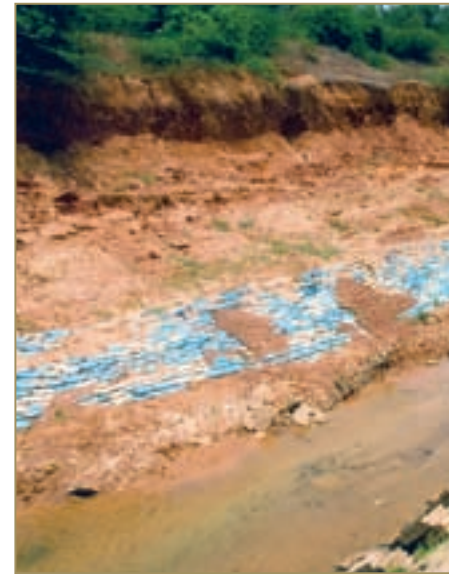
*The picture on the right shows the (waterless) gateway to the Poondi reservoir before Krishna water reached it. The picture below shows the first flow of Krishna water into Poondi after canal renovation.*

*For the first time in seven years water began to flow out of taps in homes in Chennai. Liberated from expensive tanker water, about 3,000 devotees of Baba from Chennai rushed to Puttaparthi to express their gratitude in person. Below can be seen the devotees preparing to return home. On the way to the buses, two devotees are seen conveying their thanks and indebtedness to Baba for solving their drinking water crisis.*





Once the Poondi reservoir in Chennai began receiving Krishna water, the authorities in Tamil Nadu realized that a substantial portion of the water delivered to the state boundary was going to waste because of extensive damage to the canal on its side of the border. That was when Baba was requested to extend the renovation to the Tamil Nadu part of the canal also, which he readily did.



*The two pictures here show damage to the canal on the Tamil Nadu side. In the picture on the top right are sandbags placed as a stopgap measure. The picture below shows renovation work in progress.*

*The renovation of the Kandaleru-Poondi canal was done in two stages. The first stage, which was completed in 2004, dealt with the part of the canal that passed through Andhra Pradesh. This still left work to be done on the Tamil Nadu side of the canal, which stretched about 17 miles (approximately 25 kilometers). There was some damage on that side also and, following a request from the Tamil Nadu government in 2006, the remaining renovation work was also taken up and finished quickly. Today the entire canal can be said to have been born again, new and totally improved.*







*Two views of a section of the canal on the Tamil Nadu side before (top) and after (below) renovation. An essential feature of the renovation is that mud from the sides of the canal is prevented from being washed down by rain. This picture shows an upstream view.*







Two pictures that show the downstream view of the canal, corresponding to the two upstream views on the previous page. The improvement effected by the renovation work is quite obvious.



The two pictures above highlight once more how the slopes on the side of the canal have been taken care of, to prevent soil erosion and the consequent choking of the canal.



*In 2007 Baba made a brief visit to Chennai, during which the citizens of Chennai arranged a public reception in an air-conditioned indoor stadium. The picture alongside shows a portion of the gathering.*





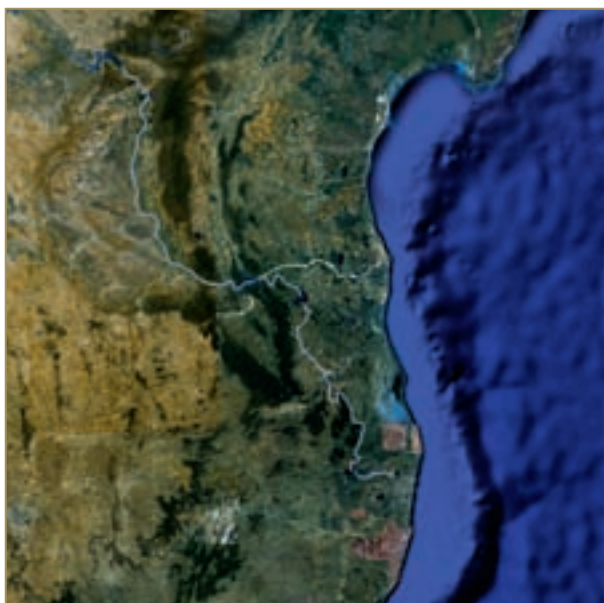


Seven years have passed since water started flowing through the renovated canal, and not once during this period has Chennai faced the kind of drinking water shortage that used to be almost an annual curse, this despite the growth in population. When Baba made a trip to Chennai in 2007, the city's elite accorded him a public reception. For Baba, what mattered always was the removal of suffering. The pain and agony felt by the poor, who had little voice, never failed to stir Baba's compassion once he became aware of it; once that happened, he always moved swiftly.



*The Chennai public reception not only attracted the elite of the city but also leading politicians from all over the country. In particular, many members of the Tamil Nadu cabinet, including the Chief Minister (seen seated with yellow scarf and dark glasses), were there and also the Chief Ministers or their representatives of all the states through which the Krishna River passes. In the picture above, Baba is seen addressing the gathering. As always, he advised that problems can be solved only when people are united and give up narrow and selfish attitudes. It turned out that this was Baba's last visit to Chennai, which he had been visiting from the mid-1940s.*





*Shown on this page and the next few pages are Google views of the completely renovated Kandaleru-Poondi canal that takes Krishna water from the Kandaleru reservoir in Andhra Pradesh to the Poondi reservoir in Tamil Nadu. The canal is about 90 miles (approximately 150 kilometers) long; most of the canal is in Andhra Pradesh, while the last 17 miles (approximately 25 kilometers) or so flows in Tamil Nadu.*

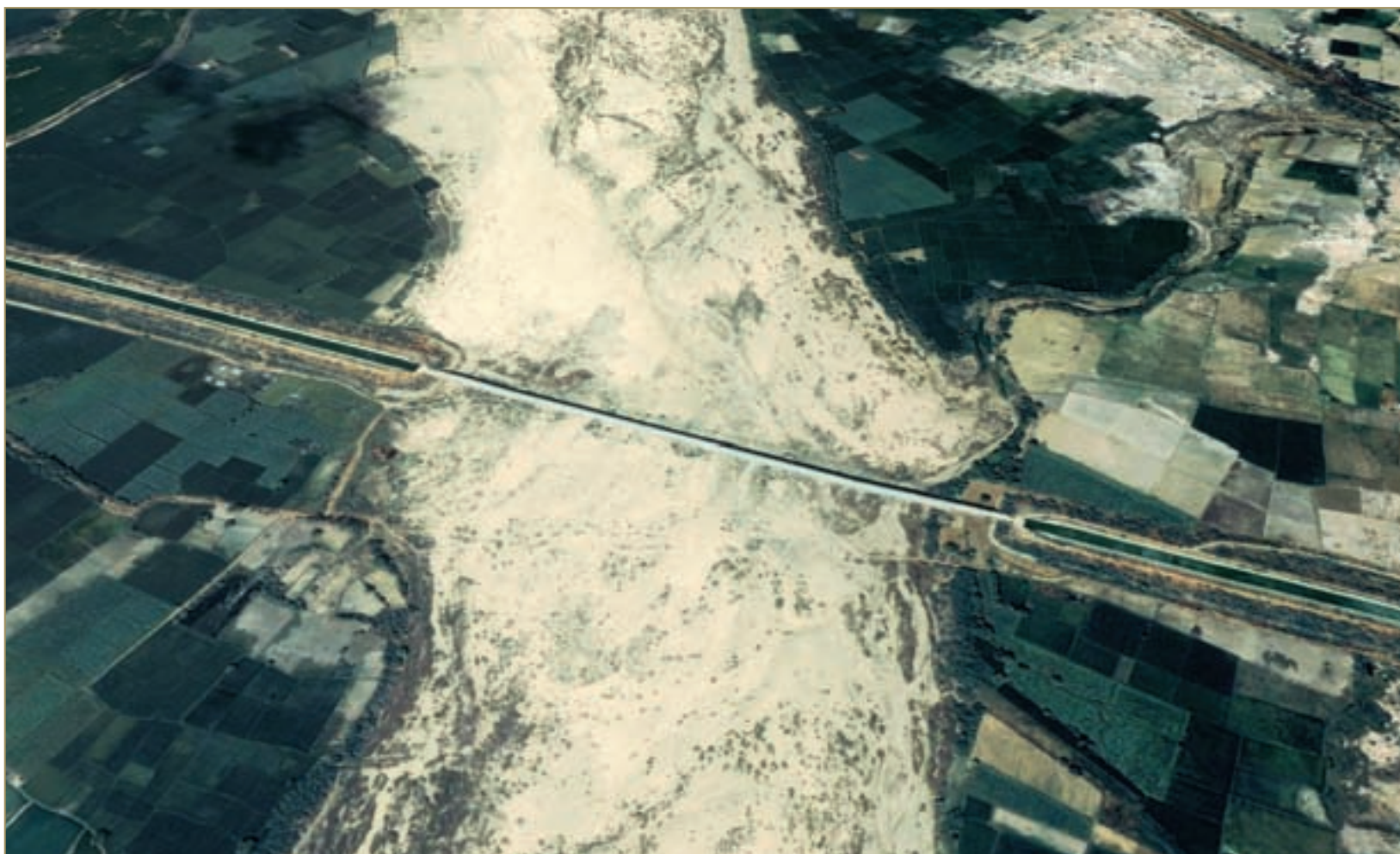


*Picture at top right and the one above show two views of the canal as it flows past mountains on the way to Poondi.*





*Here we see the canal flow over a river via an aqueduct. The top picture shows a long-shot view, while the lower one shows a close-up view where the aqueduct is clearly visible.*







*Views of the canal as it approaches Chennai. In the top picture can be seen a small gateway meant for diverting water for irrigation. The canal water is used for irrigation only in Andhra Pradesh. In Tamil Nadu all the water flows into Poondi and is meant solely for supplying drinking water to Chennai. In the picture below the water flows via pipes under the Arni River close to Chennai.*







*The picture above shows canal water flowing into the Poondi reservoir. Below is a direct overview of the entire Poondi reservoir. At the top of the picture slightly to the right is the jet issuing from the canal before the water fully merges with that in the reservoir.*





# The Godavari Drinking Water Projects



Map of Andhra Pradesh showing the location of West and East Godavari Districts. For reference, the Anantapur District is at the bottom left and is shown in yellow.



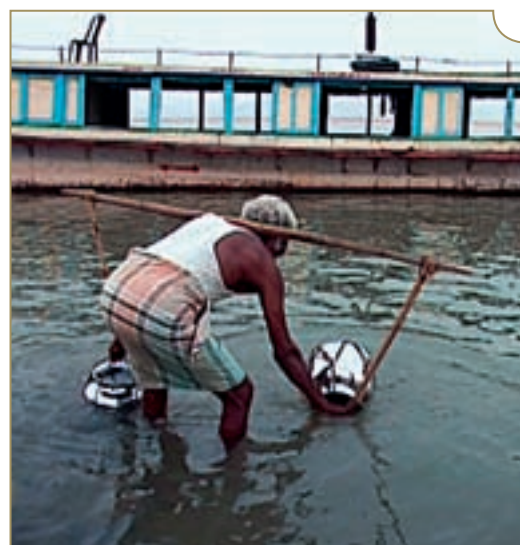
A Google picture of the Godavari River as it branches out and enters the sea. The two districts flank the two banks of the river before it enters the delta.

The Godavari is one of the great rivers of southern India. Rising in the west, it flows through the state of Andhra Pradesh to the eastern sea, slicing on its way the coastal region into the West and East Godavari Districts. Most of the water carried by the Godavari flowed into the sea since not much water was stored in dams along its course. For years, Baba would refer to how people living close to a river that often overflowed still had problems with drinking water. One day he decided to act and asked his Trust to plan for a water project that would provide drinking water not only to the regions of East and West Godavari Districts that badly needed it, but also to the tribal belt in the forests of East Godavari District.



A view of the Godavari River, before it branches out into the delta.





*The sequence of pictures here show how people have to come down many steps to draw water and then climb back before they reach the road. This is the situation in the summer when the water level in the river drops. During monsoon when the river often floods, it is quite dangerous to draw water from it. Thus, even though water is apparently close for the villagers living near the river, in actual practice obtaining drinking water is always quite troublesome.*







**T**ribal communities have always existed in various parts of India, particularly in forests. By and large they led a secluded life, each tribe maintaining its own customs. For most of them, the forest was their home; they knew how to live off it and in harmony with it.

Lately the tribals have been having problems, in part because of the construction of dams that have submerged huge portions of their habitat. In addition, forest coverage in the country has also substantially decreased, as a result of incursion and commercial pressure from miners, the lumbering industry, etc. While special interests are always keen to have access to tribal habitat, hardly anyone is bothered about helping the original settlers in improving their condition. The tribals lack the resources to catch up with modernity on their own; nor are they being helped to the extent they need to be. Feeling marginalized, they are becoming increasingly restless in various parts of the country. In that context, what Baba has done for the tribals of East Godavari District assumes significance and merits special attention.

*The tribals of the East Godavari live in the hilly and forested region, far from the Godavari River. Shown here are some pictures taken in the tribal belt.*







*Some close-ups of the tribals of the East Godavari at work.*





*More pictures of tribals and their habitat.*



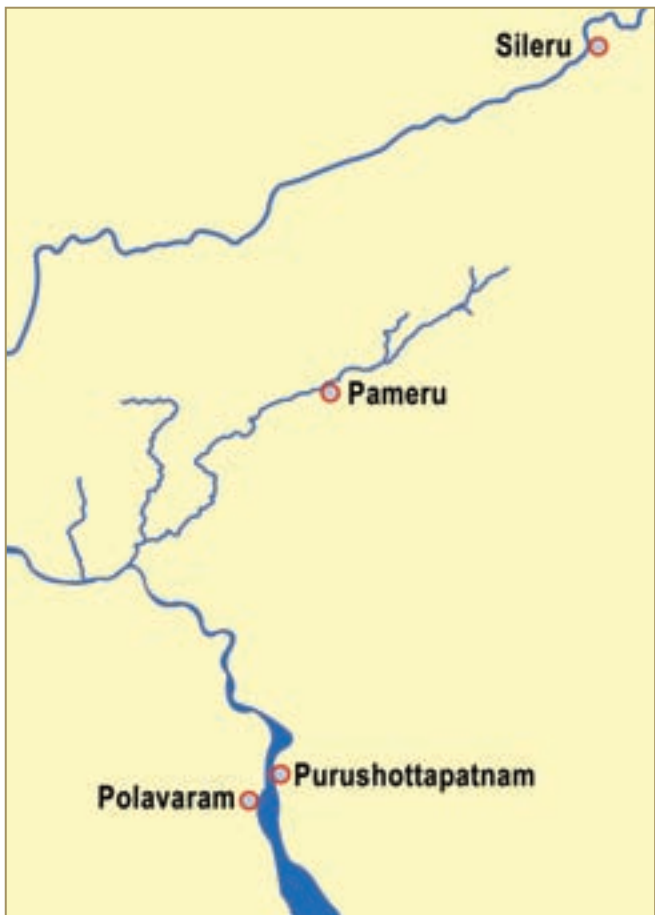




*These three pictures show how difficult it is for tribals to obtain drinking water. They have to go into the wooded area to a stream and draw water from there. The picture alongside shows how the water flows from a cut root, which acts like a tap. The area is snake infested, which makes drawing water hazardous.*



**T**he decision to implement drinking water projects in the Godavari belt having been taken, it was time again for Kondal Rao and Ramakrishna to go into action. Basically they came up with two plans. The first involved drawing water directly from the Godavari for supplying potable water to villages and small towns near the river. The second part involved tapping mountain streams in the forest region for catering to the tribal belt. The first plan was straightforward to implement and, thanks to the experience of the past, could be completed rapidly.



*A rough map showing the location of the various intake wells associated with the drinking water projects implemented in West and East Godavari Districts. Two wells are on the main Godavari River; two others are on streams that flow into the Godavari River. The latter two wells supply water to the tribal region.*



*Pictures of collection wells located on the river, under construction. There are two such wells, one on each bank.*





*More scenes of construction.*





*Incoming water is first aerated as shown above.*



*Seen above is one of the two completed collection wells and some inside views showing the pumps and the switchboard. Water is sent from here to the pump house for filtration and purification.*



*Sediments are then removed by stirring the water using a clariflocculator.*





*A view of the filtration plant and the pump house.*



*After aeration, the water is then purified through a series of sand filters, after which it is chlorinated before distribution.*



*An aerial view of the filtration plant near the intake well on the west bank of the river. The pipes seen in the pictures are part of a government irrigation project and not connected with Baba's drinking water project.*





*The picture above shows a water distribution point located in a village close to the riverbank. The women who have come to draw water are explaining to A. Ramakrishna how the water project has made their life much easier since they do not have to go all the way to the river; besides, they now obtain safe drinking water.*

Compared to drawing water from the Godavari and supplying potable water to the villages nearby, the task of providing drinking water to the tribal region posed new challenges because the area was hilly and forested. Pipes had to be laid very close to the road since not even a single tree could be cut. In regions where there were no roads, there was no choice but to take the pipes through the forest. However, prior permission had to be obtained, and all the regulations of the forest department had to be rigorously observed. One might add that the tribals, too, were quite protective of their trees. Interestingly, although tigers have almost disappeared in India, there are a few tigers still roaming in the forests of East Godavari District, and during construction their pugmarks were occasionally seen. Once during the construction of the pump house, a tiger actually strayed into the area in broad daylight! On completion of the project, there was no big inaugural function; that was the way Baba wanted it. Instead, there was a low-key event with some *bhajan* singing and distribution of sweets, following which the villagers were invited to draw water.



*Pictures taken in a school that was originally not supposed to be part of the drinking water project. When the school authorities learned that Baba was doing a drinking water project, they appealed for a tank and a tap on the school premises, as that would greatly benefit the students, who otherwise had no proper access to drinking water. This request was readily granted, and one of the girls is explaining to A. Ramakrishna (not seen in the picture) how useful the water supply is and how grateful the students and staff are.*





*Shown on this page are construction pictures of the project that was specially done for the benefit of the tribals of East Godavari District. Water was drawn from a mountain stream that can be seen in the picture on the top right. Other pictures show the filtration plant under construction and pipe laying in progress. Wherever possible, the pipes had to be very close to the road; cutting trees was not allowed. In some cases where the pipe had to be taken through the forest, special permission had to be obtained to cut a minimum number of trees.*







*Intake well located on the mountain stream, after completion.*



*Suction pumps inside the intake well.*





*One of the many distribution tanks located in the forest.*

When the project began, the tribals were somewhat apprehensive since they feared this was just yet another intrusion by vested interests to grab the resources of the forest. It took some time for them to appreciate that this project was quite different and that it was being done solely for their benefit by someone who really cared. Once they were convinced of that, suspicion turned to enthusiasm and even gratitude to the point that one tribal woman came forward to donate about 1 acre of her land for the construction of the pump house. And when they finally obtained safe drinking water, the tribals were happy and most grateful.

*View of the pump house and filtration plant in the tribal region.*







*The picture above and the two on the side show tribals comfortably drawing water from outlets in their villages.*

**F**or the tribals of East Godavari, the drinking water project was just the beginning. Shortly thereafter, Baba's service organization began a focused village improvement program by sending volunteers on a regular basis to provide medical assistance. This reinforced the belief of these long-neglected people that they were not really without a friend and benefactor. They eagerly wanted to see Baba but did not have the resources to do so. Eventually, the East Godavari wing of Baba's organization arranged for a large group to come to Puttaparthi. For many, it was their first exposure to the outside world; in fact, many of them had never seen a train before. It was a moving experience for them to actually see Baba, who until then was just a name and a picture.



*The picture above shows how pipes were laid close to the road whenever possible. This was mandatory.*





*The woman in the picture is a tribal who came forward to donate 1 acre of her land for building the pump house, once she learned that Baba was implementing this project for the tribals' benefit. This was a most welcome move; otherwise it would have been necessary to ask for forest land from the government. Existing rules would have made granting that permission extremely difficult.*

There is a clear lesson to be drawn from this particular project, done especially for tribals. Protracted neglect and marginalization of weaker sections of society can and do have troublesome consequences. All that is needed to prevent them are compassion and understanding, accompanied by simple but strong signals to show that they have not been forgotten.





*E*lsewhere in the book (Chapter 8), attention is drawn to the impending global water crisis as a result of several factors coming together. For the present, it is sobering to note that through his various water projects Baba enabled about 10 million people to have access to safe drinking water, including in Chennai. Ten million is approximately the population of a country like Hungary. It is therefore highly creditable for a private charitable trust to have rendered such monumental service. But behind it all is the firm resolve of one village boy who dropped out of school just to help humanity. And he did it not so much with money (although funds are important) but by invoking the power of Pure Love latent in him. In the end, it is that power of Love rather than statistics, however impressive they might be, that is worth reflecting on.



*The various facilities associated with the drinking water project in the tribal area being decorated in readiness for formal release of water for use by the people. This happened around the time of Baba's eightieth birthday (in 2005).*





*A. Ramakrishna in conversation with some tribals drawing water. The lady in the blue sari said that this project was a dream come true. As far as she was concerned, she wanted nothing else except the blessing of having Baba's Darshan, at least once.*



*Baba did not want a big inauguration function on completion of the drinking water projects in East and West Godavari Districts. However, he sent Kondal Rao and V. Srinivasan, a senior member of his Trust, to the tribal region to arrange a prayer, a simple function, and the distribution of sweets, following which the villagers were asked to begin drawing water from the taps.*





*Four years after the project was completed, arrangements were made for a big group of East Godavari tribals to come to Prashanti Nilayam and have Baba's Darshan. Pictures on this and the next several pages show the tribals expressing their gratitude by displaying folk art. The picture above shows Baba watching from the porch. Placed on the steps are various traditional offerings made by tribals when they visit someone.*



















*Toward the end of their stay, Baba moved among the tribals, speaking to them, blessing them, and also posing for pictures. For many of them, this was their first major outing from the forest and also their first experience of traveling by train.*

















# Compassion Never Stops

*In 1975, there was a huge flood along the Chitravathi River that drove most villagers living in the low-lying areas of Puttaparthi to the highest point, namely, Baba's ashram. Baba not only provided shelter and food but also comforted them by speaking to them with Love and Compassion and later building houses for them.*



Concerned as he always was about the pain and suffering of others, Baba unfailingly extended help in various ways whenever there was a disaster. Back in 1975 when there was massive flooding along the Chitravathi River, most villagers of Puttaparthi abandoned their homes and headed for the nearest high ground, which happened to be Baba's *ashram*. Baba not only accommodated them but also arranged for food, and, as we saw in the previous chapter, Baba also had houses built for those whose homes were swept away. In 1977 a huge

cyclone devastated the east coast of Andhra. Writing about it and the help that Baba gave, Kasturi (to whom a reference was made in the previous chapter) wrote:

*Thousands died, cattle perished in large numbers, scores of villages were wiped out, and an enormous number of coconut trees were uprooted. The survivors were confronted by disease, despair and decimation. Baba directed the Seva Dals from Andhra to rush to that area. Truckloads of clothes, rugs and whatever could be gathered were dispatched... Four relief camps were set up... I personally saw massive provisions and materials being carried as headloads. They had to wade through slush and mire, through thick clouds of stench from rotting corpses and carcasses. Indeed the first task was to bury or burn these, which they found in heaps on the ground and even on trees and bushes. Kitchens worked round the clock in four strategic centers for over a month. Food was sent from there to several places... Besides this, the Seva Dals helped to build huts.*

In January 2001, there was a massive earthquake in the state of Gujarat that caused widespread destruction and many deaths. Gujarat might have been physically far away, but compassion knows no distance; Baba thus responded as soon as he heard the news. A convoy of about 25 trucks carrying relief



.....  
 BABA UNFAILINGLY  
 EXTENDED HELP  
 IN VARIOUS WAYS  
 WHENEVER THERE  
 WAS A DISASTER.  
 .....



materials was arranged, with two hand-picked *ashram* staff traveling with the convoy to handle the distribution at the other end. As it entered the state of Gujarat, the relief convoy was joined by volunteers of Baba's service organization belonging to that state. Already, many of them were in active service in all quake-affected areas. The team that linked up with the convoy contacted the authorities and sought directions as to where the relief material might be distributed. On finding that several non-governmental organizations (NGOs) were already active in the various towns hit by the quake, Baba's convoy headed to rural areas that had been almost forgotten, where the quake victims were living in tents. Baba's relief team spent almost a month in that region, not merely distributing groceries, stoves, kerosene, and other items, but also offering comfort and companionship. Baba was very particular about the latter, and his instructions concerning that were quite clear. "You must not function like a delivery man," he said, adding, "People in distress no doubt want material relief. However, having suffered trauma they also need some kindly soul to be near them and play the role of a friend. It is not enough for you to come back and say that all the relief items have been distributed. I want you to tell me that you have shared Love with them, for that alone is the balm for the anguish of the mind."



*On the morning of January 26, 2001, the state of Gujarat was struck by a massive earthquake that caused widespread destruction. Shown on this and the following pages are pictures that give an idea of the scale of damage.*













*Relief convoy ready to leave Puttaparthi for Gujarat.*



*Baba inspecting arrangements and discussing action to be taken at the other end.*



*Convoy on the road.*



*Relief items being stored before distribution.*



*Relief items being unloaded on reaching Gujarat.*





*One of the storage warehouses in Gujarat.*



*A small "tent village" where people who had lost their houses were taking shelter.*









*Pictures on this page and the previous one show relief work in progress. Considering that people lived in tents and had no space for storage, the distribution was spread over a period of time. The relief party, which included many Seva Dals from Gujarat, literally lived alongside the refugees.*



*This picture shows a volunteer combing the hair of a small boy – an example of the warm relationship between the refugees and the volunteers.*





December 26, 2004, was a Sunday that began bright and sunny in Chennai. On a working day not many can be found on the seashore except fishermen, apart from a few taking a walk. This morning, however, the beach was quite crowded, especially with tourists. Suddenly and with no warning, a mountainous tsunami wave triggered by a massive earthquake that had earlier struck Indonesia came thundering from the sea.

Tsunami was a totally unknown phenomenon in India, and the people of Chennai were least prepared for it, much less the havoc it caused. The moment the news of the disaster spread across the city, the local branch of Baba's service organization swung into action. Even as vans carrying food, water, milk and other relief supplies rushed to the affected areas, news of a much bigger calamity on the southern coast near Nagapattinam was received. The damage there was far more severe, with over 10,000 people perishing in the Nagapattinam region alone. Baba's organization in the state of Tamil Nadu (within which Nagapattinam is located) was called upon to render service on a scale it never had to before. Meanwhile, Baba promptly arranged for the supply of relief material (rice, clothing, etc.). The material to be distributed was first brought to Chennai, sorted, quickly packed, and then rushed to the site for distribution.







*An aerial view of tsunami damage near Chennai. The tsunami wave has clearly scooped up many boats and dumped them in one spot.*



*Pictures here show some of the damage caused by the tsunami of 2004, on the coastal areas of Chennai. Before this experience, tsunamis were totally unknown in India. Subsequent analysis showed that a tsunami of similar magnitude probably struck the east coast of India around 700 A.D.*





*The tsunami of 2004 caused maximum damage at Nagapattinam, on the coast, about 150 miles (approximately 240 kilometers) south of Chennai. Over 10,000 people perished in the disaster.*





*An iconic picture highlighting the sense of loss experienced by the survivors along the Nagapattinam coast. Most of the victims were poor fishermen and their families.*





*Baba's service organization performed yeoman service in the Nagapattinam area. Hundreds of volunteers were mobilized from all over South India, and they came forward to retrieve and remove decaying corpses all along the coast, when few others were ready to do so. Before beginning this task, every volunteer or Seva Dal was required to receive a tetanus shot. The Seva Dals meticulously removed ornaments if any were found on the dead bodies, made proper records, and handed them over to public authorities for returning to next of kin.*

*Pictures on this page and the next show Seva Dals recovering dead bodies.*











*While helping to retrieve dead bodies was one aspect of the service rendered, providing relief to the survivors also received attention. Baba himself became involved, arranging for relief materials to be distributed on a large scale. The head office of the organization in Tamil Nadu, located in Chennai, became the operational headquarters. Items to be distributed, which included rice, kerosene, stoves, buckets, mugs, etc., were packaged into sets. Work went on day and night non-stop.*











*Packaged items being loaded into trucks headed for Nagapattinam.*





Truck leaving for disaster area.



Trucks on the road.



Truck being unloaded on arrival at destination.





*Pictures on this page show distribution work in progress. In addition to a carton containing assorted relief material, every recipient was also given a plastic bucket and a plastic pot.*







*Woman filling a water pot near the relief center.*



*Food was also distributed to the disaster victims for many days. Inspired by this, a policeman on duty volunteered to participate in the food distribution, wearing the striped blue Seva Dal scarf.*



*A woman walking away with relief material, neatly balancing the carton on her head.*







*One day, Baba heard that there was a school in Puttaparthi being conducted on the roadside. The moment he heard about it, Baba asked his Trust to build a small building, land for which was acquired from the village authorities.*



*F*or Baba compassion was like the Sun, always shining and sustaining life. Thus, one day when he heard that right within Puttaparthi there was a small school literally operating on the road, he ordered that a building be built in the nearest available plot that could be obtained, and quickly.



*Shown above are the school building and a class in progress.*



For operational and logistic reasons, some villages near Puttaparthi could not be connected to the Anantapur drinking water supply project. Consequently, during a hot, dry summer they faced an acute drinking water shortage because all wells in the region had gone dry. Baba immediately arranged for drinking water to be specially transported from the *ashram* for distribution to the people of the affected villages. The service was continued until the rains came and the wells were full.



*While the Anantapur drinking water project covered over 700 villages and benefited nearly a million people, many villages in the neighborhood of Puttaparthi could not, unfortunately, be accommodated in the project. When at times the wells in these villages became dry, the people experienced great difficulty in obtaining drinking water. Baba then arranged for special water trucks to carry potable drinking water from his ashram for distribution in the villages. Shown above are two trucks headed toward one such village. Below is a picture of a village where people are awaiting the arrival of the truck.*







*Pictures on this page and the next show villagers drawing water from the truck and taking it home. Every house was given a card that had to be produced at the time of drawing water. The number of pots of water per house was also set.*











*In September 2008, a massive flood struck the state of Orissa on the east coast, leading to extensive damage and loss of lives. Pictures of the floods and the distress they caused are shown on this page and the next.*

**B**aba never listened to the radio or watched TV; however, he always kept in touch with current events through newspapers. One evening in September 2008 when he was reading a newspaper after *Darshan* and in the company of a few senior members of his Trust, he learned that there had been a massive flood in the state of Orissa that caused tremendous havoc. Deeply concerned, Baba asked whether any relief work was being arranged. The President of the Sathya Sai Seva Organization of India, who was present, explained that the Orissa wing of the organization had already swung into action to play its part.

A few days later when an album of photos taken of the service rendered by Sai volunteers was shown, Baba was visibly moved by the extensive devastation. Hearing grim accounts of how hundreds of families literally saw their houses being washed away, Baba asked, “Are there no rich people in Orissa? Are there not big industries there? Are those companies doing anything to help?” He was told that though rich in natural resources, Orissa was an underdeveloped state and hardly in a position to do anything on its own; nor were there any rich people in Orissa. No doubt several huge companies had large industrial operations, especially in mining. However, their headquarters were far away, some even abroad. Where business was concerned, they were deeply involved in Orissa, but where helping those in distress was concerned, Orissa was far beyond their horizon.









**T**he moment he heard that, Baba immediately asked that a team consisting of V. Srinivasan, a member of Baba’s Trust, Kondal Rao and Ramakrishna visit the flood-affected areas and give him a detailed report. And when they did, Baba asked the Trust to build 700 houses for the poorest of the poor, stipulating that not only must the construction be of good quality but also that the plinth must be sufficiently high to prevent floodwater from entering houses in the future.



*A man indicating the high water mark.*

*Pictures of people who lost their houses. The man in the top left picture is describing the difficulties he is facing due to the loss of his house.*





*When Baba heard about the flood havoc, he asked V. Srinivasan, a member of the Sathya Sai Central Trust, to go along with Kondal Rao and A. Ramakrishna to the flood-affected areas, survey the damage, talk to the villagers who lost their houses, and hold discussions with district officials concerning the extent of flood damage. Pictures on this page show Baba's team in action as they toured three districts where the damage was most severe.*





Work began immediately, with a father and son team staying at the site to supervise construction all the way through. Both were from Orissa and served in the office of Baba's Trust. And, as always, Kondal Rao was asked to be actively involved and make sure that quality was not compromised in any manner. The first group of houses was ready by April 2009, and the beneficiaries came to Puttaparthi to receive the keys to their houses in Baba's presence. Baba not only blessed the keys but also gave the families new clothes, utensils, and other useful household articles. The remaining houses were made available for occupation when they were ready, after simple ceremonies.

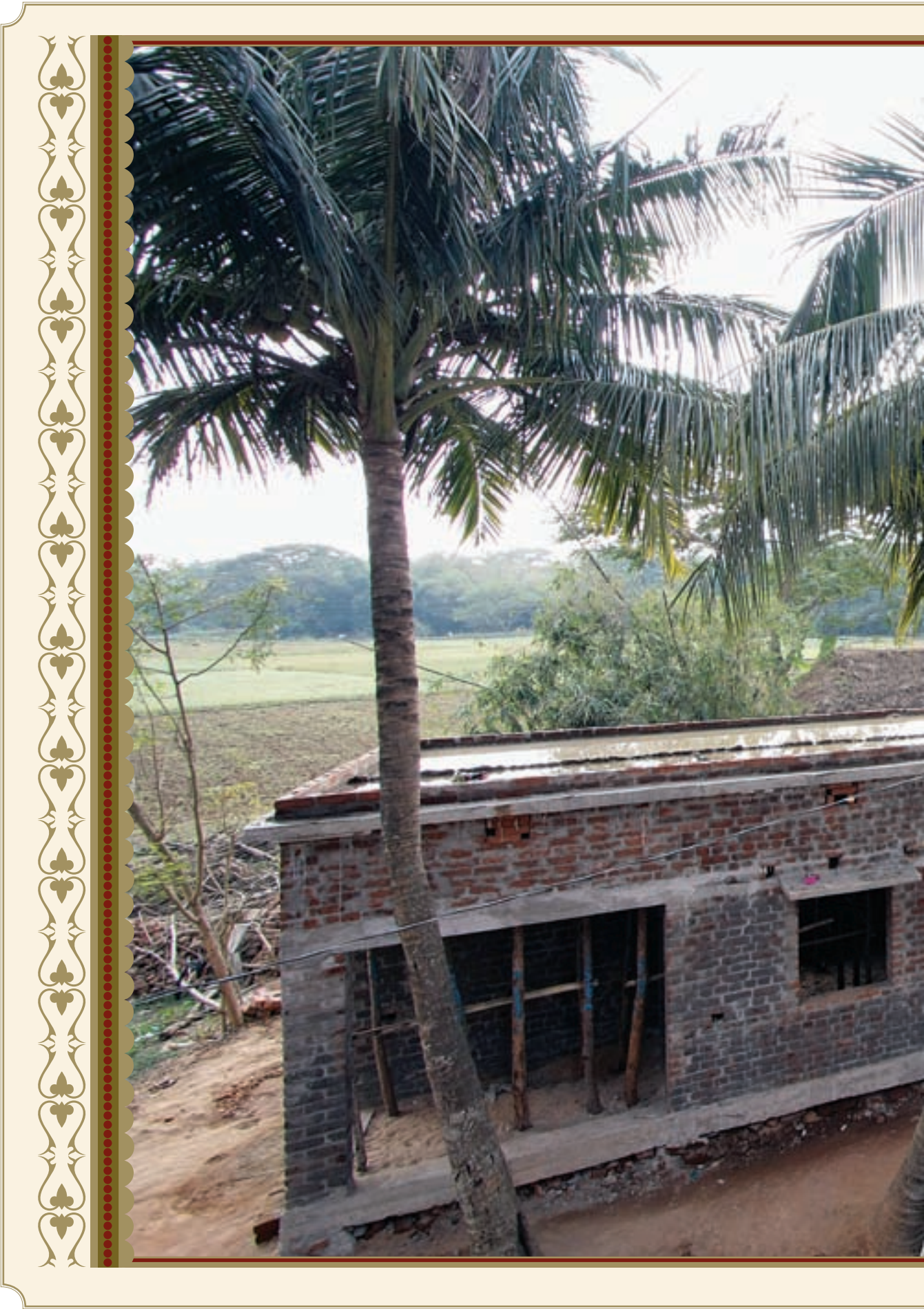


*When Baba received the report of the team he had appointed, he decided that 700 houses would be built for housing the poorest among those who had lost their houses. These houses were to be distributed in an appropriate manner among the three most affected districts. Shown on this page and the next are pictures of construction in progress. On pages 190 and 191 is a double spread showing houses under construction.*















*Throughout the Orissa Housing Construction Project, Baba kept in touch with progress via periodic reports submitted to him by those he assigned to site supervision. Pictures show Baba seeing the progress reports.*







*Two views of houses after completion but before occupation.*







*In April 2009, the first group of 400 houses were made available for occupation. The beneficiaries were brought to Puttaparthi by the Orissa branch of the All India Service Organization. Baba gave new clothes and household utensils to the various families and also blessed the keys to their houses, which were then distributed to those receiving the houses. These pictures were taken on that occasion.*





*The houses were made available for occupation as they were completed. While the first group of beneficiaries were brought to Puttaparthi, the others were handed the keys to their houses locally. The families then held their own ceremonies before moving in. These pictures show houses decorated for the occasion, and a welcome arch inviting the public to the religious ceremony.*





*Some of the beneficiaries marching in procession singing bhajans.*





Some of the beneficiaries in their new home.



# Education Remains A Priority

**A**lthough Baba was busy with major projects, he made sure that he never lost touch with students, since molding their character was always his first priority. As he often stressed, the end of education had to be character. Thus, despite the many things he had to attend to, Baba constantly created opportunities for being with students, especially at the time of convocation of the university and the sports and cultural festival.

*Baba used every conceivable opportunity to spend time with his students, in order to mold them. One of the ways he did this was by becoming deeply involved in the production of the drama presented by students every year after the formal university convocation function. He advised the students on all aspects of the drama, ranging from choice of the topic to songs, which were always part of every play. On all such occasions Baba was the coach as well as the guide to students. However, when the play was formally staged, Baba was present as the Chancellor of the university.*



*A scene from a play.*



*Baba with the guest of honor, President Abdul Kalam. Both are receiving bouquets from one of the actors before the commencement of the play.*



*Baba behind the stage, talking to the actors during a dress rehearsal.*



*Baba keenly watching the play with guests.*





*Baba with the actors on stage, after the play is over.*



*Baba distributing gifts to the actors.*



*Posing for a group photo with the actors.*





*Baba congratulating a student who had just performed an aerial display during a rehearsal for sports day and receiving a rose from him. This picture was taken at the airport in Puttaparthi.*



*Baba witnessing a practice session on the university grounds. Near him is the mascot of the year. Every year the students choose a different mascot.*



*In the year 2002, the students decided to perform the Chinese lion dance as part of the sports festival. A trainer came specially from Singapore to coach the students. Baba then decided to use the lions as part of the ceremonial procession preceding the festival. The lions had to march in step with the university brass band. Since the trainer was not used to lions marching in a procession, Baba himself guided the students in private sessions. This picture shows Baba talking to one of the "lions" and giving suggestions.*

*Every year on January 11, there is a sports and cultural festival, which gives an opportunity for students of the various educational institutions set up by Baba to display their athletic and artistic skills. For weeks before this, the students are busy practicing the program to be presented. As in the case of the drama, Baba often went to see the practice sessions and give encouragement. On the festival day, however, Baba played the role of the Chancellor of the university and witnessed the display in the company of guests.*



*Baba having a general discussion with students after the practice session. Students loved such personal interactions with Baba.*







*Baba making a formal entry into the sports stadium in his capacity as the Chancellor. The lions can be seen marching as part of the procession. The brass band that heads the procession cannot be seen in the picture.*



*Baba on stage and lighting a ceremonial lamp, in the Indian tradition, to mark the commencement of the sports and cultural festival.*



*A panoramic view of the stage showing Baba seated along with the guests and watching the display on the field.*









*A motorcycle stunt by boys.*



*A rhythmic display of formations on poles by women students of the university.*



*A presentation by the children of Baba's school.*



*A daredevil stunt by one of the motorcycle riders.*

*Pictures on this page and the previous one show some of the sports events in progress. The events are presented by the various campuses of the university and Baba's school in Puttaparthi.*



**B**aba often spent long periods in Bangalore, which, in later years reduced to just the summer months, i.e., March to June. Every evening during his stay in Bangalore, Baba would call all students, after *Darshan*, for a special get-together in the circular veranda of his residence there, known as Trayee (built in 1984, to replace the old building that existed when the Brindavan *ashram* was first established). From the outside Trayee looked big, but most of it was a large circular hall, a kind of rotunda. Clustered around this hall were a few rooms for meetings and the long arc of the veranda mentioned earlier. Skirting the rotunda at a higher level were similar rooms, one of which was occupied by Baba; the rest served other purposes. Understandably, students referred to these evening gatherings as Trayee sessions.



*A view of Baba's residence named Trayee in Bangalore.*



*A view of the garden adjacent to Trayee.*





*Baba on the steps of Trayee, talking to students.*

No matter when Baba went to Bangalore, there were always students around. Since there was a campus of the university right next to his *ashram*, Baba could always be in the company of students anytime during the academic year. In summer, many students went home, but many others would stay just to be near Baba; students from the other two campuses also came. For all of them, being with Baba in Bangalore was more important than going home. As one student put it, “Baba gives us personal access only when we are students. How then can we miss it, especially when he showers so much personal attention and Love? Home is always there, and we can go anytime. But this experience? We would be foolish to miss it, for we would never get that chance once we graduate!”



*Baba going through the circular hall before entering the veranda for a session with the students.*





The “Trayee session” would typically begin about 15 minutes or so after the conclusion of evening *Darshan*. Baba would then retire to his room, even as students raced to the Trayee veranda, scrambling for the front seats. Shortly after that Baba would come down from his room upstairs and slowly walk across the big circular hall, stopping here and there to exchange a few words with students seated there, after which he would enter the veranda to take his seat, which was a small swing.

Baba would then slowly look around as if to see who was present and begin by exchanging a few words with the boys in the front rows. After a few minutes of this whispered chit-chat, Baba would ask a general question such as, “So what is the news?” That was like the opening bell, and the lead given by Baba would be picked up by whoever was quick. Often it would be one of the select elders allowed to attend these sessions; at times it would be a teacher (all of whom were permitted), and on occasion it might even be a student. This would lead to a



*Pictures taken during Trayee sessions.*



general conversation with many participating, all of which would put everyone at ease. Baba would then ask someone to speak, often one of the teachers and occasionally an elder or sometimes a student.

All this would take about 20 minutes or so, acting as a curtain raiser for the main event that everyone keenly looked forward to, namely, a discourse by Baba, and on most days, he obliged. Remaining seated, Baba would begin speaking slowly, in Telugu, of course, as always. For the benefit of those who did not know Telugu, Baba always had a translator.

Baba's Trayee talks were always informal and, as was to be expected, directed exclusively at students. On occasion it would be a recall of earlier times, including his boyhood,

since students loved hearing those stories. Once in a while it would be all fun, with Baba even telling jokes. On some days he would just let the boys sing for him while he enjoyed and encouraged them. But the time-honored routine was that the main item of the day would be a talk by Baba, packed with spiritual teachings and practical advice at the same time. The topics varied, but in some manner or another, they always revolved around the importance of character and integrity. Frequently, Baba's advice was down to earth, dealing with specific matters like how to conduct oneself during a job interview, for example.

Baba constantly reminded his students that while the projects he did were unquestionably part of his mission, his biggest mission was to spread the message of Love among



*Baba preparing to leave after a Trayee session and giving a boy a flower that was earlier offered to him.*



*Baba in the large circular hall adjoining the veranda, receiving a letter on his way out.*



*Baba at the edge of the hall and about to go to the elevator.*



*Baba waving from near his room upstairs to students below.*





people; and students were his chosen ambassadors for this purpose. It was far more important to be good than great, he would constantly stress. “How can the nation have character, unless there is integrity in the individuals who make up the nation?” Baba would ask. Not everyone was born to be a big achiever, and truly speaking, it was not necessary either. There was enough room for all in society to live reasonably well and in a contented manner, each according to his/her ability. What was most important was for everyone to adhere uncompromisingly to Truth and Righteousness and do at least a little bit for the less fortunate members of society. Stressing the point, he would often say, “Don’t be a street dog; be like a streetlight instead!”

The Trayee session would draw to a close around seven in the evening, after which Baba would retire upstairs while the students went back to the hostel for dinner. Over the years, these sessions have had a remarkable effect on students, both on account of the wonderful closeness they enjoyed and also the special teachings they were exposed to. In later years, many have recounted with much nostalgia how these sessions helped them to be scrupulously honest in their professional careers, especially in the commercial world.



*Pictures showing Baba in the company of students in the garden in front of the Trayee building. These were taken on different festival days. Baba is seen cutting a cake on one such occasion.*



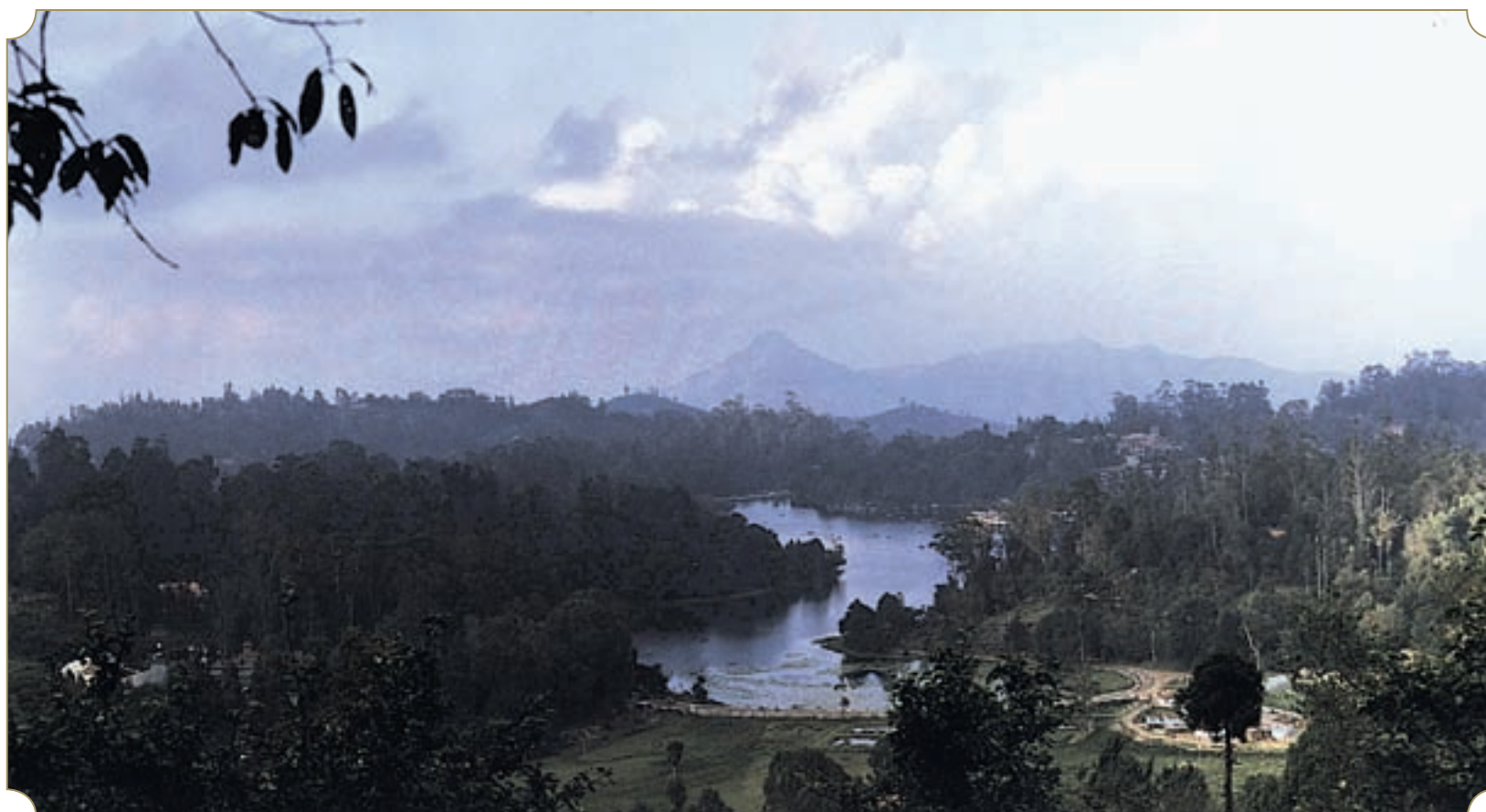


*Map showing the location of Kodaikanal with respect to various towns and cities, including the temple city of Madurai.*



*A view of the temple in Madurai. This temple is very famous and the central attraction of the city. Built in the shape of a square, the temple is big and has four towers that open to the streets outside. One of these towers can be seen in the picture.*

Many summers (especially when it became very hot), Baba took a select group of students to the beautiful hill station Kodaikanal (Kodai for short). With an elevation of about 6,500 feet (approximately 2,000 meters) and located near the famous temple city of Madurai, the Kodai trip, which typically lasted anywhere from 10 to 15 days, was a wonderful holiday for the boys. They loved the Kodai outing not so much for the pleasure of being in the mountains escaping the heat of the plains, but because during that trip they more or less had Baba's company to themselves.



*A panoramic view of Kodaikanal showing the lake. The lake is actually very big with many finger-like branches, most of which are hidden by hills and trees.*





*Baba is on his way to Kodai along with students. The picture above was taken in 2003 when Baba took the students in a chartered plane on its way to Madurai. In earlier years he traveled by car while students came in a bus behind. At times Baba would transfer to the bus and travel with the students. The pictures below were taken during one such trip.*







*The building in Kodaikanal where Baba used to stay. He had a small room upstairs, toward the left of the picture. Behind the entrance arch on the ground floor is the room where Baba held sessions with his students. Adjoining this property and not far from it is the lake.*

**I**n Kodai Baba spent most of the day with the students. As soon as he arrived in the hill station, almost the very first thing Baba did was to distribute gifts to the students, beginning with towels, shaving kits and soap. Surprise gifts would follow later, and on one occasion he even gave them iPods. During the day, Baba would have several sessions with the students, almost all of them informal. Anything was possible during those sessions, including music, mimicry and quiz programs.





*The top two pictures show Baba distributing various items to students soon after arrival in Kodai. The other pictures show Baba having sessions with students.*





*In 2009, which was Baba's last trip to Kodai, Baba had his students present a cultural event involving three singers narrating in a musical form a folktale with a moral lesson. This art tradition goes back many centuries and was very popular in Andhra Pradesh. Baba loved this particular folk art and had his students trained by experts in giving performances. And when they performed, he was always proud, like a mother would be when her children were adored by guests.*





*Scenes of Baba giving Darshan in Kodai. Darshans were always given in the morning, when the weather was sunny and pleasant. By contrast, it often rained in the evenings.*





Once Baba began making regular Kodai visits, devotees, especially from overseas, also began to go there, which made it necessary for him to accommodate them by giving *Darshan*, especially in the morning. In earlier years, the boys would be asked to take a walk around the lake during *Darshan* time. In later years, the walking time was moved to early morning since Baba wanted the boys to sing *bhajans* while he gave *Darshan*. Baba always loved picnics; around Kodai there were plenty of spots for that, and in earlier years, Baba often would take students picnicking. As the trip drew to a close, Baba would arrange for the boys to go boating in the lake and also have a horse ride!



More pictures of Baba giving *Darshan* in Kodai.





*While in Kodai Baba would, on one day, distribute food and sweets to all who came for Darshan. Originally this distribution was restricted to poor people; later Baba offered it to all. However, the poor were given not only food but also clothes and blankets. Because of the scale on which it was done in recent years, the event evolved into a big affair involving a large number of volunteers. Pictures here and on the next page offer glimpses of this food distribution; the collection is from pictures taken over the years.*















One day during the Kodai trip, Baba would take his students to Hilltop house, a beautiful building located on the highest point and commanding a great view of the valley below. At one time this house was owned by Dr. Ida Scudder, who was from a family of American missionaries. In 1918 she established the famous Christian Medical College and Hospital in Vellore, India. She used to stay here during the summer. When she grew old, she began living here; in fact, in 1960, at the age of 89, she died in this very house. Later the house changed hands and was gifted to Baba's Trust. It is a very beautiful house with wooden floors and heavy beams made of Burma teak. Baba took great delight in pointing out the various special features of the house. The visit to Hilltop was always keenly looked forward to by students since they were sure of having a good time there.



To the boys, the Kodai sojourns were always a wonderful holiday. However, Baba made sure he packed it with lessons on life, its purpose and the way it ought to be lived-in that sense, the Kodai trip was more like a private retreat. Baba loved pampering his students like a loving mother, but when required he could also be a stern father. More than anything else, he was always an inspiring *guru*. Many former students have recalled how it was only in Kodai that they really were molded.



*Before Baba left Kodai, he made sure that students had a chance to go on a boat ride in the lake and also have a taste of horse riding.*





*In earlier years, students had Baba almost entirely to themselves, and Baba would often take them on picnics, granting personal time that was very rare. In later years when big crowds of devotees began coming to Kodai, Baba had to spare some time for them, too. The earlier years were thus very special, as pictures on this page show.*



.....  
 ...HE ALWAYS ADVISED  
 THOSE WHO WANTED  
 TO DO SERVICE  
 PROJECTS, “DO NOT  
 BEGIN BY THINKING  
 ABOUT MONEY. DO  
 YOUR WORK WITH  
 SINCERITY, LOVE  
 AND COMPASSION.  
 UNKNOWN TO YOU,  
 THOSE VIRTUES WILL  
 SHINE LIKE BEACONS,  
 DRAW OTHERS TO WHAT  
 YOU ARE DOING AND  
 SLOWLY YOUR MISSION  
 WILL EXPAND.”  
 .....

**I**t was October 2000, and Baba was in Prashanti Nilayam, as was usual for him at that time of the year. The month was drawing to a close, and suddenly one afternoon Baba asked all the teachers to assemble in the *bhajan* hall. Addressing them, Baba said in a sad voice, “Yesterday I read in the paper about a young woman committing suicide. She had three children to support and was not able to earn enough to feed her family. It was a torture for her to see her children go hungry day after day. Unable to bear it any further, she fed poison to them and then killed herself.” At this point Baba could hardly speak and there were tears in his eyes. With difficulty he continued, “People say India is a poor country. That is wrong. This country is rich; why else did so many people invade this land for centuries? They all came here attracted by the wealth of this country. There is, however, a great poverty of Love in this land, sadly plenty of it. Very shortly, I am going to arrange a 10-day program when all of you will go to the villages around here, visit every house, give clothes, food and sweets to the people, and most important of all convey your love. We have to show the villagers that there are people who care.”

This program called *Grama Seva*, or village service, introduced in the year 2000 has now become an annual feature, the like of which is not to be found in any of the more than 400 universities in the country. For 10 days in a row, students and staff of Baba’s university visit a little over 100 villages. Every day, the service takes the participants to about 10 villages and neighboring hamlets, and they distribute food, sweets and clothing to around 10,000 people.

Currently the *Grama Seva* Program operates like clockwork, but when it first began, it called for tremendous advance planning and organization. In the beginning most members of the university (staff and students included) were totally unfamiliar with the nearby villages, even though they were within 20 miles (approximately 30 kilometers) or so of Puttaparthi. Thus the first order of business was to actually visit each village, become familiar with the route to get there, find out particulars about the population, the number of houses, the layout of the streets, etc., with, of course, the help of local village officials. Trucks and tractor trailers were then mobilized, some equipped with wireless sets. Back then, cell phones were hardly known, and even now, cell phones are beyond range when one goes to villages. Road maps had to be prepared and arrangements made to alert villagers in advance about the distribution. This was necessary since



The pictures here show sweets under preparation and food being packed. While women volunteers took care of preparing the sweets, women students of the Anantapur campus made the food packets. This work would last until the early hours of the morning.





*University students loading crates with food and sweets onto waiting trucks. Clothes were loaded separately in other trucks.*

in rural areas even women go away to work in the fields. Altogether, it was a totally new experience for everyone involved.

The preparation for a day's program begins around the previous midnight when the food is cooked, after which it is packed into thousands of packets all night. While the cooking is done by volunteers from outside, the packing is done by the women, i.e., teachers and staff of the Anantapur campus. Thousands of packets have to be prepared, and the work goes on until early morning. The material to be distributed is then sorted, put in crates, and loaded before dawn into waiting trucks. The schedule of distribution is worked out well in advance by the teachers, who organize groups and assign specific villages that will be covered by those groups on any particular day. On most days, it is the men who do the distribution, but on the last day, the women students take over in order to have the joy and thrill of distribution.

After the loading, everyone rushes to have a bath and then go for *Darshan*. Next the boys get into the trucks, all of which leave as a convoy around 8:00 in the morning. Once they are on the road, the trucks peel off as they approach the villages assigned to them. On arrival at the destination the boys unload all that is to be distributed. They say a group prayer and then split into small parties that are each assigned to cover a specific part of the village. By noon it is all over, after which the team reassembles, finds a nice spot and has the same food distributed earlier for lunch, making it a picnic!



*Students going past Baba and having his Darshan before departure.*





*Baba blessing the convoy as it leaves.*



*The convoy getting ready to depart.*



*The convoy on the road on the way to designated villages.*





*A service truck about to enter a village.*



*Crates being unloaded before distribution.*



*Students carrying crates and heading to the homes of villagers.*





*Pictures here show individual vehicles going toward the specific places assigned to them. Often, many villages were not easily reached.*







*Pictures on this page and the next capture various aspects associated with the distribution.*





*House-to-house distribution in progress. Sweets were specially distributed to children, who were assembled in local schools for this purpose.*



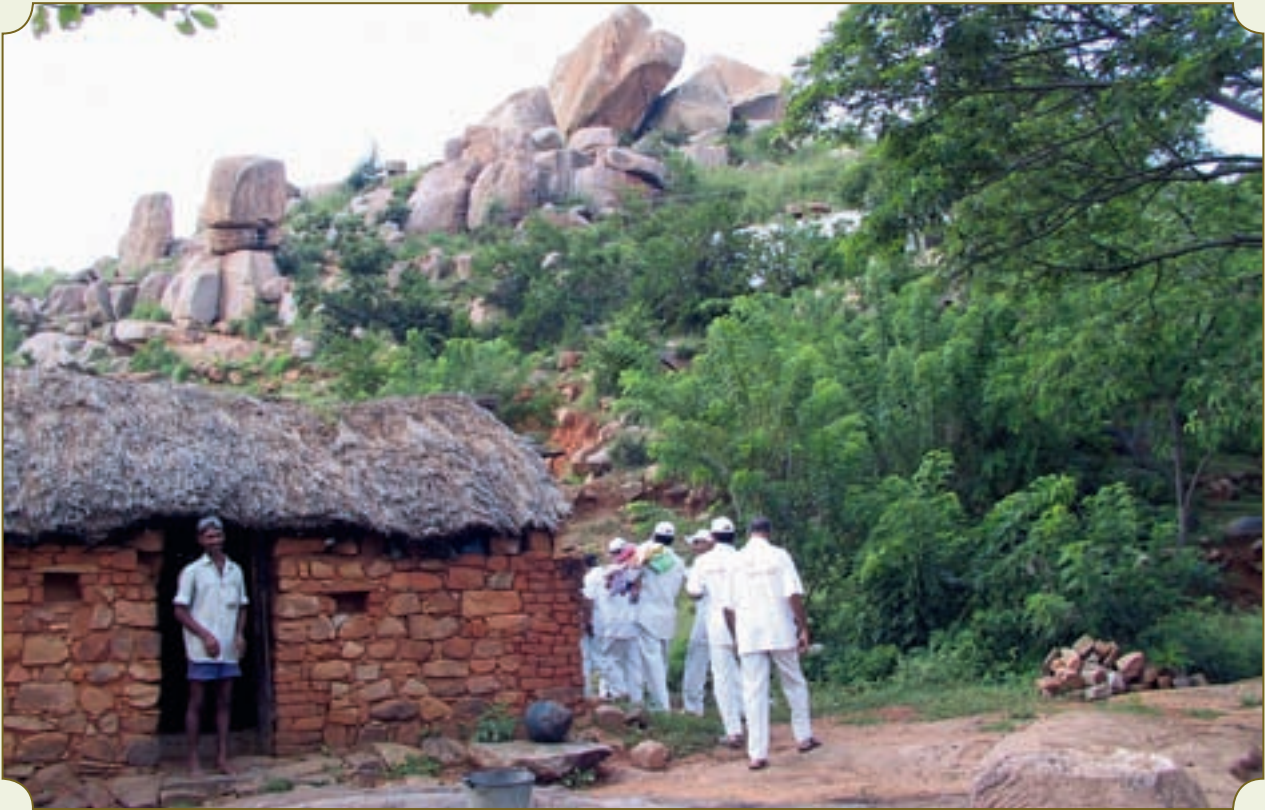






*Students going to remote villages to distribute food, sweets and clothes.*







*At times, trucks could not go to certain villages. In such instances, bullock carts were hired locally to carry the items for distribution.*







*The distribution in the villages typically ended by noon or a little after that. It was then time for lunch, and the food the students ate was the same as the food distributed earlier. However, they did it in picnic style, as the pictures here show.*







*On the last day of the Grama Seva Program, women students of the Anantapur campus get a chance to have the experience of distribution. Having worked all night preparing packets, their load is kept light by assigning to them distribution within the ashram, which has many permanent residents. This comes on the last day, wrapping up the Grama Seva Program.*



THE OBJECTIVE OF  
THE GRAMA SEVA  
PROGRAM IS TO  
EXPOSE STUDENTS  
TO HOW MORE  
THAN HALF THE  
POPULATION OF  
INDIA LIVES.

The question has been repeatedly asked: “It is nice to have students go around villages distributing food and clothes. But how does that solve the problem of rural India?” The objective of the *Grama Seva* Program is not to solve the problem of rural India but to expose students to the difficulties of rural life and sensitize them to how more than half the population of India lives. When this is done for 10 days a year over a minimum of 5 years (which is the time it takes to go through graduation and post-graduation), the exposure does have an impact. Many students have, for example, chosen to stay in India rather than go abroad.



Commenting on the likely impact of *Grama Seva* on students, Vice Chancellor S.V. Giri had this to say:

*Our students benefit immensely in many ways. Firstly, they get to know rural India. Next, they get to know how people live in the villages, their attitude toward life, the manner in which they care for each other, and how they live in harmony with Nature even now. Most important of all is the spiritual lesson. This comes from the way they distribute Baba's gifts, offering it as a token of Love from Baba, conveying at the same time the feeling that there is someone who really cares.*

B. N. Narasimha Murthy is an electrical engineer by training. However, almost immediately after graduation, drawn by Baba, he decided to dedicate his entire life to service. He is also responsible for the entire logistic planning of *Grama Seva*. When asked how boys reacted to the program, this is what he said:

*Boys derive a lot of joy from this program, which also makes a great impact on the students. Let me give a specific instance. There is one student who earlier said that after completing his studies he wanted to go to America for higher studies and a job. But after one season of village service this boy told me, “Sir, I have now decided to stay and serve my country, especially the villages.”*







*Alumni of Baba's university usually have a reunion around the Christmas-New Year period. At that time they also do some service. The picture on the top shows alumni offering blankets to people sleeping on the streets. Most of these people are poor and do not have homes; and in December, it can become quite chilly at night.*

*The spirit of village service becomes so ingrained in students that even after leaving the university, they engage in service from time to time as pictures here show. Most of these pictures relate to a medical camp in progress in a village. The doctors participating are mostly old students who went on to get a medical degree. At times, doctors belonging to the service organization volunteer to participate. Food is also distributed during such camps, in tune with the spirit of the Grama Seva Program.*





*These two pictures taken in South Africa show the impact made overseas by the Grama Seva Program. Devotees of Baba in Johannesburg are seen here distributing groceries, vegetables and blankets to poor people living in slums. This is an example of how Baba's advice LOVE ALL, SERVE ALL is put into practice all over the world.*

Service has now become an inseparable part of the lives of alumni wherever they are, and they do their best to serve collectively wherever possible and individually when that is not possible. In big cities like Mumbai, for example, there are many alumni who work for the same company. Joining together, they spend the weekends doing service in the villages around the city. Seeing this, many companies have themselves become involved, expanding the original private initiative to become part of the corporate social responsibility program of the company. The seed might look small, but if allowed to sprout and grow, it can develop into a huge tree. As Baba often told his students, “A bird cannot fly with just one wing; it needs two. Love and service are the two wings of life. One thus cannot get by merely professing love for all; service also must be added.” Indeed, inspired by the *Grama Seva* Program of Baba's university, the idea has now been adopted by Baba's devotees in many parts of the world.

Baba constantly highlighted the importance of villages to the country since most of India's population still lived there. Even so, where development was concerned, it was industry, commerce and the urban sectors that received the lion's share of attention as well as funds. In part it was because educated people, who almost always tend to have a big say in determining the destiny of the country, hail from urban areas, with little or no knowledge of rural India and its problems. In that respect, the institution of the *Grama Seva* Program by Baba was a revolutionary step because his students now receive intense, personal and repeated exposure to villages as an integral part of their education. There is absolutely nothing like this in any other university in the country; but then, how many of them are concerned about shaping students by touching their hearts and souls?