

## The Spirit of the Cheshire Movement- "We Care, We Share"\*

MAJ GENERAL VIRENDRA SINGH (RETD)

General Malhotra and Gentlemen,

**I**t gives me great pleasure to get this opportunity to speak to you on a subject which though non-military having nothing to do with defence matters, geopolitics or international relations, I believe, should be of relevance and interest to us all, as active or retired members of the profession of Arms. You will agree with me that community/social service must have an important place in everyone's life, if our nation is to develop as a truly welfare state. The responsibility of providing solace to the under privileged in our society cannot be the concern of a single organisation or that of the Government alone. It should be the prime objective of the society as a whole to rehabilitate and to extend security to the down-trodden. The emerging concept should be the collective responsibility to involve all sections and sectors of society in this mission.

The US President, George Bush has very aptly highlighted this dire necessity, even in a country like USA where the awareness of the attention to community service is of a high order comparatively. I quote from one of his speeches :

"It takes courage to go to your organisation and ask that they place community service at the centre of their Agendas: Sometimes it may be difficult to insist the community service has a place in every person's life. And it will take tenacity to make each one believe that, from now on, any definition of successful life must include serving others. But that's exactly what we must do... Put the power of your resources behind the kind of individual who gives 200 per cent to help people in need. Channel your collective energies into community service".  
Unquote.

In the next 35 minutes or so, I would like to focus your attention in particular on the community concern towards disabled persons in our society. I think it is incumbent upon society to provide meaningful care

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\* Text of a talk given by the author to the members of the United Service Institution of India on May 28, 1991. He is the Chairman of Cheshire Homes, Eastern Regional Council.

for such groups who are permanently handicapped by illness. Chronically ill patients, whether young or elderly, must find adjustment to their disability rather difficult. Prolonged medical care, extended confinement in hospitals and special institutions, often result in cruel isolation, great loneliness, boredom, apathy, much unhappiness and frustration. Furthermore, in developing countries where broad programmes for social security do not as yet fully exist, many of these persons, because of destitute circumstances, cannot have recourse to the nursing care which they deserve.

In this context I cannot do better than starting with a mention of this great man called Group Captain Lord Cheshire, a pioneer in this field, who is a legend in his life time. He is one of the most highly decorated individuals having earned the Victoria Cross, the Distinguished Service Order with two Bars and the Distinguished Flying Cross during the second World War. But he is better known now, not as much for his heroic exploits in the war but as a man of charity, compassion, and kindness; the lone crusader who ushered in an era of hope, optimism and faith among the multitude of disabled and incurably sick. Truly, what the Cheshire Homes epitomise, is the history of one man's faith in the brotherhood of human race and his conviction that ordinary men and women have a duty to help others less fortunate than themselves. For his outstanding service to humanity, he was awarded the Order of Merit in February 1981. More recently, on 15th June 1991, he has been elevated to the peerage in the Queen's Birthday Honours List.

*Lord Cheshire*, I am sorry to inform you, is very sick. He was in India on a short visit and left day before yesterday. Even in this hour of great personal crisis brought upon by a sudden attack of motor neurone, he is displaying exemplary courage and deep seated concern for the disabled people. Against all medical advice and at a great risk to his health and painful discomfort, he undertook this visit confined to a wheel-chair, to put it in his words, "as a pilgrimage to beloved India where everything started internationally and to find myself once again with the residents (the disabled inmates) of Homes in Delhi and Dehra Dun" unquote. To give you a deeper insight to this amazing man of courage and compassion, I would like to mention here what he wrote in one of his letters just before reaching India. I quote -

"The fact that I now am a disabled person myself, I hope will not make any one feel a little sad or sorry. In fact it makes me closer to the disabled residents and in all honesty I can say that I feel it is both a blessing and a challenge to put it all to the best possible advantage in the task we are all jointly seeking to *fulfil*". Unquote.

Gentlemen, to my mind, the paramount aspect of the profession of Arms, is the human dimension. Be it the soldier's business of fighting for his country and making sacrifices, or his dealings within the organisation or outside, characterised by the esprit-de-corps and team spirit, he displays a conspicuous inclination towards human regard and consideration. Who could be, therefore, more suited than him as an individual and the services as an organisation, to give a lead in this field? Traditionally, our units and formations have always shown a great deal of interest in social community development programmes of the local population wherever they can in the areas of their deployment.

For decades, problems and prospects of disabled persons have not received adequate attention in the developing countries like India. The reason is not far to seek. The developing countries were the victims of turmoil and catastrophe during foreign subjugation, which resulted in the development of activities towards the welfare of people being reduced to the minimum. When most of the countries emerged politically independent, they had to grapple with many immediate crucial problems - political, defence and economic. Obviously the problems of the disabled had to per force recede into the background inspite of good intentions of people.

However, that is now the past. Although there is presently an increasing awareness of the meaningful contribution that the disabled can make to society and the role the latter should play in helping them, much remains to be done. The physically handicapped, whether disability is caused due to congenital deformity, disease or accidents, suffer and their woes go unnoticed and unattended to even today. *Article 41* of the Constitution of India provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, education, public assistance in cases of unemployment, old age, sickness and disablement and in other cases of want. The above directive principles of State policy are expected to be translated into social action. Yet, regrettably, very little is being done in this *direction*.

*Perhaps* one of the more devastating effects of disablement is the loss of opportunity to attend school, to work and to be integrated in the community, brought about by the dual interaction of the impairment and/or disability, and the cultural response, which includes environmental barriers confronted by disabled *persons*.

We must, therefore, begin with a review of our attitudes towards the physically handicapped and mentally retarded. Public attitudes are generally the sum total of personal attitudes. Handicapped people perceive and attest that the present attitudes are anything but helpful to promote their

cause. They often point out with agony and anger that public attitudes become a "road block" to their participation in social and working lives - nay invariably they are treated as "human scraps". Those of you who watched the Doordarshan programme on the plight of the disabled and the avenues for their employment just the other day, on 2nd April 1992, in the evening, would bear witness to this heart-rendering drama of human tragedy and callous neglect.

Pain or infirmity cannot be bartered or transferred. Each individual is disabled individually in his own environment and predicament. A tragedy or a crisis can shatter an individual to a state of benign insanity to begin with. If this is allowed to continue, he may succumb to this state. Are we to discard him or are we to rehabilitate him?

It is also true that physically handicapped often remain in isolation, away from the main stream of society, whether they are attached to homes, schools or sheltered workshops or elsewhere, far too many remain segregated from the able majority. Afflicted by the stigma of disability, even their near and dear ones gradually disown them as "outcasts". Ridiculed and humiliated by the physically fit, psychologically too they suffer silently, develop inferiority complex, lose confidence and often fall prey to anti-social elements - (employed as beggars).

It is estimated that at least one person out of ten of the total population in any country is afflicted by some kind of disablement, severe or otherwise, due to physical impairments, chronic disease, mental retardation or sensory disabilities. World wide picture of the principal causes of disability and their numbers is horrific. I mention these to bring home the alarming picture of distress and misfortune that demands our attention :

*Home Accidents* - Total at least 20 million a year, with one lakh persons being left with permanent disabilities.

*Road Accidents* - More than 10 million are injured a year, often severely, with consequences that include amputations, brain injuries, paraplegia and quadriplegia.

*Crippling diseases* - Like leprosy, about twenty million people are affected.

*Malnutrition-linked disabilities* are extremely common in developing countries. For example, an estimated 2.5 lakhs children a year go blind because of chronic vitamin deficiencies.

*Mental illness* - According to the WHO, one out of ten persons suffer at some stage during a life time. Mental patients occupy one quarter of all hospital beds.

*Blindness* - Some 10 to 15 million people exist world-wide.

*Hearing* - 70 million persons have a significant hearing impairment.

*Cerebral palsy* - About 15 million.

*Epileptics* - Around 15 million.

*Cardio-vascular diseases* - Unestimated - particularly in the rich world.

*Disabilities due to hostilities or armed conflicts* - The continuing tragic toll arising from 20th century armed conflicts/wars. More about it later when I talk about the Memorial Fund for Disaster Relief.

The need to alleviate such suffering is never satiated. We must face the problem squarely with a sense of genuine concern and urgency. The five principal objectives which must be achieved are :

- (a) Helping disabled persons in their physical and psychological adjustment to society.
- (b) Promoting all national and international efforts to provide disabled persons with proper assistance, training, care and guidance, to make available opportunities for suitable work and to ensure their full integration in society.
- (c) Encouraging study and research projects designed to facilitate the practical participation of disabled persons in daily life, for example - by improving their access to public buildings and transportation systems.
- (d) Educating and informing the public of the rights of disabled persons to participate in and contribute to various aspects of economic, social and political life.
- (e) Promoting effective measures for the prevention of disability and for the rehabilitation of disabled persons.

Properly organised efforts are required to be put in, to give meaning and purpose to the life of the disabled who yearn for an identity of their own and not pity. An exemplary initiative in this direction was taken by Group Captain Lord Cheshire, who 44 years ago realised the privation

and suffering that the disabled men and women had to encounter. Leonard saw these less fortunate people as potential contributors to society and not exiles from it. He saw them as men and women whose physical disability could still render them capable of the highest mental attributes. It was this vision that shaped the Cheshire spirit which in turn crystalised into a movement of remarkable scale and magnitude that has few parallels in our modern times.

The story of Cheshire Homes with which I am personally connected right from the beginning, began with Lord Cheshire arriving in Bombay in 1954 with a Land Rover and less than 100 pounds. But all this was lost in custom duty. The Land Rover and the bus was not released till Air Marshal Mukherjee intervened. The custom officials told Air Marshal that they will let the vehicle out when they get the money. Air Marshal told them "The Air Force will pay". The custom officer asked, "will you give me that in writing", to which Air Marshal retorted "Of course". And that is how the two vehicles were released. The first Cheshire Home started in an asbestos hut constructed on a plot of land in a jungle donated by a contractor where Cheshire began the Cheshire Movement with looking after 4 very feeble old men. From that humble beginning the Cheshire Movement has today come to 270 such Homes sprung up all over the world, out of which 25 are in India.

I met Leonard Cheshire in Bombay and invited him to come to Babina where I was commanding First Armoured Brigade. He addressed all officers in the station leaving an ever lasting impact on their minds and thus started also, the beginning of my association, a life long friendship with this great man and the Cheshire Movement.

I have held the office of the Chairman, Cheshire Homes India Foundation from its inception till 1973, after which I became Chairman, Cheshire Homes Eastern Regional Council, a charge I continue to hold to render service to this noble cause of the rehabilitation and care of the disabled people. I am also a member of the International Council of Cheshire Foundation.

Cheshire Homes is an organisation which provides care and shelter for disabled people whose handicaps are such that they cannot live independent lives in the community. *The official* definition of Cheshire Home describes it as " a place of shelter, physically, and of encouragement spiritually; a place in which the residents can acquire a sense of belonging and of ownership by contributing in any way within their capabilities to its functioning and development; a place to serve with others, and from

which to help others less fortunate; a place in which to gain confidence and develop independence and interest; a place of hopeful endeavour and not of passive *disinterest*".

They are provided facilities to live in an atmosphere as close as possible to that of a family home. The environment ensured is that of a home as it is neither an institution nor a hospital. The first thought is of the handicapped person's residual powers - those faculties he still possesses - and how he can make use of them to the best advantage. Within the limits of his disability he is given the greatest possible measure of freedom to live as normal and productive a life as he can. The disabled want to be regarded as ordinary people with normal needs and normal reactions. Like every one else they yearn for affection and freedom of family life in congenial surroundings. They want neither charity nor pity. Their wish is to be as independent as their disability allows, and to feel that they can still do something with their lives. The Cheshire Homes try to give them this opportunity.

The cardinal principle on which these Homes are run is "We Care, We Share". This permeates through all actions and activities. Our late prime Minister, Pandit Jawaharlal Nehru had very well summed up the profile of Cheshire Homes and the singular Service that Leonard Cheshire has and continues to render. He said -

"Cheshire Homes have set an example of unostentatious but affective work for the relief of suffering without much fuss, expense or advertisement. They are a remarkable example of what can be done by earnestness and enthusiasm. Most of us are apt to lose the personal touch. The big schemes may still be necessary for Govt to undertake, but the type of work that Group Captain has been doing with great success seems to be essentially of even greater importance. Of course the two do not conflict but help each other. He has shown how limited resources can be made to go a long way. Even more so, he has given an example of human approach. I would like to express my admiration for the work he is doing and more especially the spirit in which this is undertaken".

Delhi Cheshire Home is the biggest Cheshire Home in the world, having a capacity of 100 beds. The residents are either mentally retarded or physically handicapped. Therefore, in each room of two to four inmates, we have both mentally retarded and physically handicapped living together. They work on buddy system, one physically handicapped teamed with a mentally retarded inmate supporting each other, a method which has proved

very productive. In addition to providing residential care, Delhi Cheshire Home has two other programmes, Day Care and Family Support Service.

Day Care Centre of this Home runs various projects like tailoring, cane chair repairs, manufacture of surgical gauze, paper bags, making of greeting cards and candles. The orders for these are given by reputed firms like Larsen and Tubro and Luxor Pens etc. and many five star hotels. The profits from these projects are shared by the inmates and non-residents who come to work in this centre. The endeavour is to inject a sense of purpose in the life of the disabled residents and non-residents by giving them necessary training so that they can learn and earn in the Day Care Centre.

Family Support Service is provided in selected localities like Janakpuri to look after the disabled population consisting of men, women and children in situ. They are given medical cover including medicines, calipers and other such needs. To generate self employment, they are given training in trade skills and job opportunities in their respective localities. This programme has proved to be very useful, since it is not possible to accommodate so many cases, though very deserving, in the Delhi Cheshire Home due to constraints of accommodation and allied facilities.

#### PHYSIOTHERAPY-CUM-RECREATION CENTRE

A new project namely Physiotherapy-cum-Recreation Centre has recently been launched to provide the much needed facilities of physiotherapy treatment, gymnasium, library and recreation hall for the residents. This is again in line with the concept that the disabled and mentally retarded must be recognised as human beings with needs like normal people, for exercise, recreation, and relaxation. The building for which the ex-Lt Governor of Delhi, Air Chief Marshal Arjan Singh had given Rs 10 lakhs from the Administration is now ready. Necessary equipment is being fitted and the centre should be functional by the end of June 1992.

#### SERVICES' SUPPORT

20 per cent residential vacancies are reserved for handicapped ex-servicemen and their dependents. Para-military personnel are also admitted on the recommendations of the Director General of CRPF, BSF, ITBP and others in uniform.

#### MEMORIAL FUND FOR DISASTER RELIEF

A few words now about the Memorial Fund for Disaster Relief, a



global organisation which is the latest initiative taken by Group Captain Lord Cheshire in line with his commitment to alleviating human misery. It was formally inaugurated on 13 October 1989 at Vigyan Bhawan, New Delhi by the Chief of the Naval Staff, Admiral JG Nadkarni, PVSM, AVSM, NM, VSM, ADC. The other two Service Chiefs were also present. Leonard Cheshire came from UK to grace the occasion. During his visit, he met the then Prime Minister, late Shri Rajiv Gandhi, who had sent a special message to be read out at the inaugural function.

A few words about the main theme of this world-wide fund. More than one hundred million people have lost their lives in wars which has quite understandably affected and saddened the hearts of billions of families and friends throughout the world. Nothing we can say, or do, can bring them back nor ease the pain and anguish that is indelibly marked in their memories. It is the aim, however, of the Memorial Fund for Disaster Relief to establish a permanent living monument, in tangible terms, to those who so bravely sacrificed their lives, soldiers, civilians, men, women and children and in their memory save lives of victims of future disasters, both natural and man-made.

The Memorial Fund will thus fulfill its dual objectives of homage and hope. It will provide a living monument to those who died in war, and a means to ensure that their memory is honoured and given purpose by the gift to future generations. It is the only Memorial Fund, in tangible terms, to honour the supreme sacrifices made. What they did for us is appropriately described in the words “FOR THEIR TOMORROW, WE GAVE OUR TODAY” ascribed at the Kohima War Cemetery. The words have an appeal of their own. Our motto is *For every life lost - a life saved.*

The cardinal objectives of the Fund are :

- (a) to provide relief in distress caused by natural and man-made disasters;
- (b) the rehabilitation of people who have suffered as a result of any such disaster;
- (c) the mitigation and as far as possible prevention of the suffering which would be caused to people by the recurrence of disaster; and
- (d) improvement in and protection of ecological environment.

It is pertinent to mention here that the Memorial Fund is not confined only to fund-raising activity. It provides disaster relief, by executing

appropriate projects, through its own task forces consisting of volunteers. In fact, the Memorial Fund for disaster Relief - India has already launched two projects.

First, 'Operation Seva' was undertaken to come to the rescue of Kashmiri refugees. After a meeting with the ex-Prime Minister, Mr Chandra Shekhar on 24 Jan 91, followed by a detailed discussion with the Lt Governor of Delhi, Shri Markanday Singh, a joint visit with the officials of the Delhi Administration to two selected refugees camps was arranged to examine on the spot their critical problems. The Memorial Fund moved in immediately to provide them winter clothing; fire fighting equipment, medicines and sanitation were attended to. Refugees who are allotted small shops 'Teh Bazzari' are given interest free loans by the Memorial Fund to enable them to stand on their own feet. We continue to do our best towards their betterment with very encouraging results.

Second, a major project is presently in hand, to help in the eradication of TB, which has assumed a disastrous proportion in India. The ravages of this deadly disease are no less than those, resulting from any natural or man-made disaster. At any point of time over 13 million Indians suffer from TB of the lungs. Mortality rate is 70-80 per lakh as against less than 10 per lakh in advanced countries.

You will agree that this deserves immediate attention, otherwise the situation will get hopelessly out of control. The Memorial Fund, therefore, plans to fight TB on all fronts, i.e. prevention, eradication and education of people. Most of the TB patients are located in remote areas, villages, jhuggies and resettlement colonies. They are very poor, ignorant about hygiene and sanitation measures and suffer from mal-nutrition.

It is said that the moral test of a nation is its inclination and capability to take care of those who are in the dawn of life, that is the children and those who are in the twilight of life that is the elderly and those in the shadows of life that is the sick, the needy and the handicapped.

Gentlemen, I firmly believe that there is the human the finer side of life in all of us. It is all a question of how much opportunity we have cared to seek and exposed ourselves to situations where we genuinely live for those who need our help. I am also convinced that the maturity, balance and compassion that you develop with such astute experience of life, makes your personality more wholesome.

On a personal note, let me share with you that, after my mother died,

my wife and I had the privilege of looking after my seriously ailing father for a number of years. The devotion and tenderness with which my wife attended to him, brought a lot of cheer to our dear father's last lap of life's journey and to us an eternal satisfaction.

In fact, in all humility I would like to say that what little I have achieved, if at all I have, in the field of consideration for those in need of help and whatever enrichment I have been able to attain in former walks of life, is a direct result of the life time association which God granted me with the Cheshire Movement and the Modern Schools of which I was Managing Trustee for 25 years. The tenderness of the children and poignancy of the disabled taught me a lot. It gave me a deeper peep into life.

If you have the time and inclination, we will be very happy to receive you in the Delhi Cheshire Home to give you a first hand view of this different kind of world, a world where life hinges on the philosophy of "We Care, We Share". Gentlemen, allow me to end with a quote from Swami Vivekanand which summarises so poignantly the philosophy of life -

"This life is short and the vanities of the world are transient, but they alone live who live for others, the rest are more dead than alive."

Thank you.

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