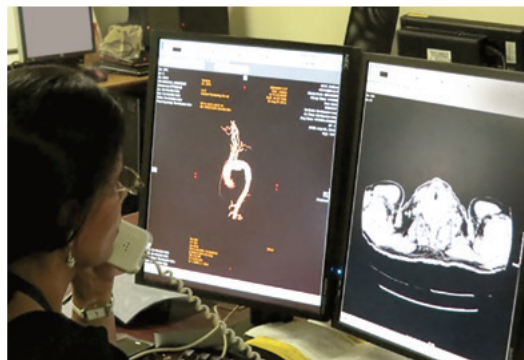


THE NEXT GENERATION OF VISIONARIES AT CMC



VELLORE
CHRISTIAN MEDICAL COLLEGE
FOUNDATION

2016 ANNUAL REPORT

Message from the Chair

Dear Friends,

Greetings from the CMC Vellore Foundation and its Board of Directors!

In this report we highlight CMC's ongoing academic achievements and excellence. Read about two signature programs at CMC which are supported by the Foundation through you, our generous donors. The Model Villages project in the Jawadhi Hills conducted by CMC's Department of Community Health and Development (CHAD) continues to make significant progress. Work in the first village has been completed and is being initiated in the second village. The second program focuses on the first Level 1 Trauma Center in South India which is being constructed at the new hospital campus in Kannigapuram.

CMC continues to lead the country in cutting-edge clinical and translational research which improves the lives of those in resource-limited settings. Read about recent accomplishments in research in hemophilia, rotavirus vaccine development and neurocysticercosis in CMC's Departments of Hematology, Gastrointestinal Sciences and Neurology respectively.

Please continue to support the outstanding work in CMC through your generous donations.

With warm regards,



Honorine Ward, MD
Chair
Board of Directors
Vellore CMC Foundation, Inc.



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Welcome



Dear Friends,

Welcome to our 2016 Annual Report and Audited Financial Statements. We are proud to share with you the great work and the many breakthroughs that you supported at CMC this year. You will read inside about the long-awaited launch of a vaccine to prevent the deadly rotavirus. CHAD has guided the Model Village of Koiloor to become the first in all of the Jawadhi Hills to have toilets at every home and a sustainable safe water supply. CMC's new 1,500-bed hospital in Kannigapuram is well underway, including the first Level I Trauma Center in South India. As India has advanced and CMC has grown, news of the "firsts" in Vellore can get lost; but in fact they are frequent; and each one proves the importance and the relevance of CMC in the 21st Century.

As many of you know, CMC has been greatly tested recently by a threat to its admissions process. Be assured that, in spite of these challenges, CMC's commitment to mission, vision and values will not waver.

We are grateful for the leadership of outgoing Director Dr. Sunil Chandy and welcome Dr. J.V. Peter, just installed as CMC's Director for the next five years. We know that with God's grace he will keep CMC free of turmoil and alive with the work of educating medical professionals and caring for patients.

As always we rely on your support to continue our work at the Foundation and to fund all the special projects that keep CMC at the forefront of global health & development. Thank you for your generosity! We are CMC Vellore!

With warm regards,

Katherine D. Guenther
President
Vellore CMC Foundation, Inc.



Dr. J.V. Peter and Dr. Sunil Chandy

In the photos above, Dr. Honorine Ward and Kate Guenther take part in a Brick Laying Ceremony at the Kannigapuram Campus.

Where is CMC Leading Today?

In the Jawadhi Hills, where the first toilets and clean water source are now in the Model Village of Koiloor

In the Jawadhi Hills near Vellore, 80,000 tribal people have lived isolated and traditional lives for centuries. Their culture has resisted a more modern lifestyle, except to allow outsiders to bring schooling and healthcare to their children.

With significant support from you our donors, CMC's award-winning Community Health & Development (CHAD) team, has built a deep and mutual trust over time. Working with its partner Don Bosco,* alongside the people of Koiloor Village, they listened and guided early community meetings about change; encouraged the selection of leaders and agreement on priorities; and helped prepare the village for the inevitable conflicts that accompany wide-scale change. There are many needs in Koiloor, but the families took the unprecedented step of putting household toilets and clean water at the top of their list. The people themselves took lead responsibility for the labor and a small portion of the cost. CHAD assisted with planning, training, and financial support to build 95 household toilets and a sustainable fresh water source.

The Children's Parliament is giving young people pride in their tribal heritage as they adapt to change that will enhance their lives.

*CMC's long-standing partners in the Jawadhi Hills are the Don Bosco Fathers at their Tribal Development Society. The Fathers are highly educated and skilled in community development and have services that are complementary to CMC. They live among the people and are greatly trusted by them.

CHAD knows that deeply-held practices and social customs can only change from within.



With home toilets adolescent girls and their mothers have needed privacy and safety. Children are learning about good hygiene for life. Koiloor is free of open defecation for the first time.

YOUNG LEADERS

A Children's Parliament in Koiloor is giving young people in the village a voice, empowering them to share ideas, build consensus, work toward shared goals and expect improvement as the result of hard work. Here a boy reads his oath. The children sing songs about the culture in the Hills and the need for community unity for the sustenance of social and economic development in the Hills. They are encouraged to make a difference in the lives of the people in their village.

The children meet every month and issue minutes of their meetings. They will be mentored by two CMC social workers. CHAD's primary partner in the Hills, Don Bosco, will facilitate the growth and activities of the Parliament planned by the children, with CMC and Don Bosco being advisors.



In Kannigapuram, where CMC will open a 1,500-bed Hospital and the First Level I Trauma Center in South India

Traumatic auto accidents in Tamil Nadu are more frequent and cause more life-altering injuries per capita than anywhere else in the world! Numbers of fatalities are a very close second worldwide. CMC is responding to this urgent need with its largest and boldest expansion ever. A new 70-acre campus in Kannigapuram will include a 1,500-bed hospital for the Super-Specialties, a Training Center and a Level I Trauma Center modeled after those in the US (the most advanced in the world). In Year I a minimum of 50,000 people will have access to this unprecedented care. The Center is built directly on a major highway so that advanced interventions can begin within the “Golden Hour” – the time immediately after injury in which lifesaving care has the best chance of being successful.

CMC doctors and nurses have already started training at leading trauma centers in the US. The design and staffing of the new Center are also based on effective models from the US. When it opens in 2019 the Center will surpass any similar facility in India because of such generous access to American expertise.

Besides saving lives after injury, impact will be felt in the educational and public health communities as CMC leads a multi-pronged prevention effort. CMC's expertise in community health provides the experience and the essential channels for communication.



For the first time in India, emergency staff will be organized in Trauma Teams – the model found most efficient and patient-centric in the top centers in the US.



CMC supports India's first uniform curriculum for EMTs and Ambulance Drivers.

Six Operating Theaters with advanced imaging will have special capacity for neurosurgery, vascular surgery, septic patients and complex orthopedic repair.



CMC provided India's first course & degrees in Trauma Medicine.

- 1994 India's 1st academic Emergency Medicine Department
- 1997 India's 1st “Early Management of Trauma” course
- 2011 CMC named WHO South Asian Regional Training Centre in Emergency Medicine
- 2014 Design begins for the new center, modeling best practices in the US (world leader in trauma care)
- 2015 RUHSA opens its 1st Accident & Emergency Department
- 2016 CMC's Rehabilitation Institute adds a 3rd Floor to accommodate more head and spinal cord injuries; Ground is broken for the new Kannigapuram Trauma Center
- 2019 Level I Trauma Center will open in Kannigapuram

Finding Safe, Low-Cost and Effective Solutions to Care for the Poor

CMC's founder Dr. Ida Scudder was first in India to provide quality care to the poor in the distant villages where they lived. She used simple tools and developed creative and effective ways to give care that was safe, effective and low-cost.

Not only have Dr. Scudder's "roadside clinics" continued and given primary care to millions, they have provided a platform from which CMC faculty and students could find the simplest solutions to treat poor patients. This is just one aspect of Community Health Education and Practice that started in Vellore and is encouraged and supported in developing nations around the world.

CMC has five well-developed programs that send teams of community health nurses, doctors, and

specialists into the "periphery;" together they see hundreds of thousands of patients affordably and comprehensively. Their goal is to shift clinical focus from treatment to prevention/maintenance, particularly as the chronic "lifestyle" diseases are overtaking communicable diseases.

CMC was the first medical/nursing college in the world to require all students in their education continuum to spend extended periods of time living among the people they would serve. Without exception, these are people living their lives without access to healthcare, a safe water supply, toilets, running water, adequate or dependable electrical power, etc. CMC's students have great compassion and love for the people they serve – a truly unique benefit of their training.

► IN THE SLUMS OF VELLORE

CMC'S Low Cost Effective Care Unit (LCECU) has taken care of the urban poor since 1981. With a recently adopted change in staffing, LCECU is able to visit every neighborhood once a week. A team of Health Aides who have training in basic care open the weekly clinic for several hours, joined by a Nurse or Doctor. Home visits are an essential part of clinic day, for many are unable to walk, even a few blocks.



This is the home of Edward, a painter who was paralyzed after a fall from a ladder. Edward is visited at least once a week by someone from LCECU. His wife and two small children (front right) also benefit from LCECU's compassion and care. Staff makes sure someone from the village is taking the children to school. After caring for her husband for a period of time Edward's wife became skilled and the CMC Rehab Hospital employed her. Edward makes a bit of money charging people's phones—something he can do lying down with a power supply set up for him over his head. LCECU helped the family enroll for their pension money and helped them establish an "account" at the nearest vegetable vendor so that they would not go without food between paychecks. Donors to LCECU sometimes give to the family's special needs like medications and school fees.

IN THE PERIPHERY

The Mobile Clinics visit three to four villages a day—often working until early evening. One individual from each village has been trained to be CMC’s “eyes and ears” between visits. They are paid a small stipend and gain great respect in their villages. They will make sure everyone knows when the clinic is coming and call CMC if there is a health crisis. Care for village residents has improved since these workers were added.



As many as 100 people can be seen during a visit from the Mobile Clinic.



Not a minute is wasted during a stop. A Nurse Educator teaches about the causes, early signs of and risks of diabetes.



A nurse makes up medications and dispenses them. Everyone pays what they can for medications.

A doctor has a pregnant woman read the handout on prenatal care. She reads it so that the doctor can evaluate her understanding of the material. More than half of the residents of this village are illiterate.



CMC's Physician-Scientists use Translational Medicine to Find Treatments for Low-Income People



▶ HEMATOLOGY

CMC's renowned Hematology Department, where the first bone marrow transplant (BMT) in India was conducted in 1986, continues to lead the country in the advancement of the procedure, lowering its cost and boosting its rate of success. Although BMTs have been done for over 30 years there has never been a common Bone Marrow Registry in India to bring donors, transplant centers and patients together when a self or family donor is not available. In the past year CMC has led an effort to unite the separate registries that have operated in isolation and digitize the data. As a result over 50 centers have joined the Indian Stem Cell Transplant Registry that CMC is linked to.

Before 2006, acute promyelocytic leukemia (APL), a kind of acute myeloid leukemia (AML), was considered virtually incurable in India for one reason: the drugs to treat it cost almost \$12,000, an unthinkable amount of money for most Indians. At CMC, clinical research led to a discovery that had also just been developed in China. With a new treatment using arsenic trioxide (ATO) the cost was reduced to \$1,500. Because of this, every year 80-90% of cases are being treated. In the past ten years researchers have experimented with the combination of all-trans-retinoic acid (ATRA), gemtuzumab ozogamicin, plus ATO. In a 2016 study of this new therapy, full remission rate was 96%. <http://www.bloodjournal.org/content/129/10/1275?sso-checked=true>



There are over 20,000 known hemophiliacs in India; however CMC Physician-Scientists believe that the actual number is closer to 100,000. CMC has urged the National Rural Health Mission to establish coagulation laboratories across 750 districts in the country to provide the care and treatment that hemophiliacs require. Major breakthroughs are imminent in gene therapy trials underway in the UK, the US and around the world, thanks in great part to CMC stem cell research.

For today's patients and future generations, the goal of this project is a cure for this onerous, genetic disease.

<https://link.springer.com/article/10.1007/s12288-017-0872-2>





► GASTROENTEROLOGY

Rotavirus is the leading cause of life-threatening diarrhea and dehydration, especially among babies and young children in poor areas. Vaccines have been available and widely used since 2006 in those countries that can afford the vaccine or get it through grants. Nearly 80,000 children die in India from rotavirus annually. The Wellcome Trust Research Laboratory, part of the Division of Gastrointestinal Sciences at CMC, has been studying the virus for over 20 years under the leadership of Dr. Gagandeep Kang. With this work, including collaboration with scientists and funders around the world, has come an Indian-made vaccine that is now being rolled out as part of the government health plan. The vaccine is given to babies in three doses. The work of the Wellcome Lab scientists and their collaborators was not only to test a safe, affordable and effective vaccine, but also to generate the information that resulted in the government of India's decision to introduce the vaccine. The new vaccine costs \$1 per dose to the government, considerably less than similar vaccines made by multinational companies, and is now available to about one-third of Indian children.

► NEUROLOGY

Neurocysticercosis (NCC) is a parasitic brain infection that is rare in the developed world but a significant public health problem in India. CMC researchers in Neurology have studied NCC (cause, transmission, diagnosis, treatment) extensively for more than 25 years to understand its relationship to acquired epilepsy.

Today scientists know from CMC's research that NCC is the major cause of acquired epilepsy. It is extremely costly to diagnose because the MRI is the only definitive test. CMC recently published its findings that show genetic links to NCC. Hopefully this is the breakthrough that will lead to new tools to diagnose NCC safely and affordably.

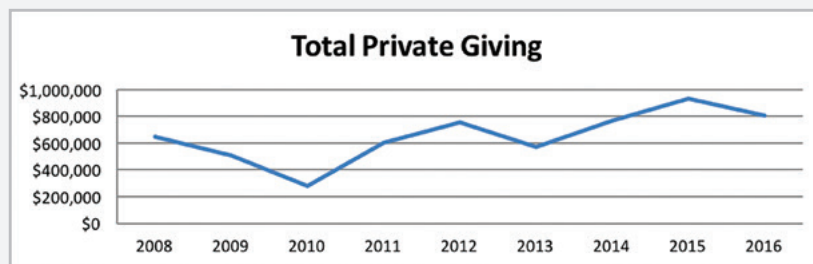
<https://doi.org/10.1371/journal.pntd.0005664>



2016 Financial Statements

STATEMENTS OF FINANCIAL POSITION For the Years Ended December 31, 2016 and December 31, 2015

	2016	2015
ASSETS		
Cash and cash equivalents	\$ 369,270	\$ 483,772
Investments	6,222,475	6,271,776
Pledges receivable	48,503	75,030
Beneficial interest in trusts	7,336	18,756
Prepaid expenses and other	8,510	12,819
Property and equipment, net	24,900	35,501
TOTAL ASSETS	\$ 6,680,994	\$ 6,897,654
LIABILITIES		
Accounts payable and accrued expenses	\$ 216,455	\$ 246,941
TOTAL LIABILITIES	216,455	246,941
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted:		
Operating	379,647	227,064
Board designated	2,487,680	2,469,796
Total unrestricted	2,867,327	2,696,860
Temporarily restricted	1,590,084	1,924,388
Permanently restricted	2,007,128	2,029,465
TOTAL NET ASSETS	6,464,539	6,650,713
TOTAL LIABILITIES AND NET ASSETS	\$ 6,680,994	\$ 6,897,654

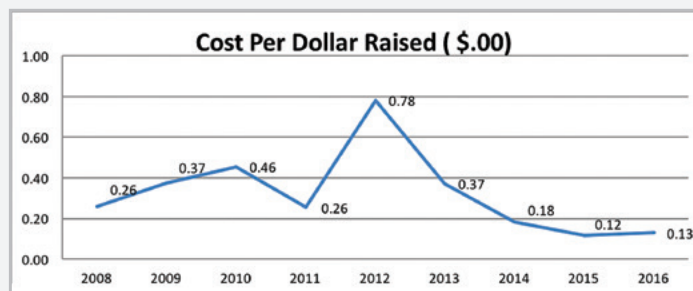
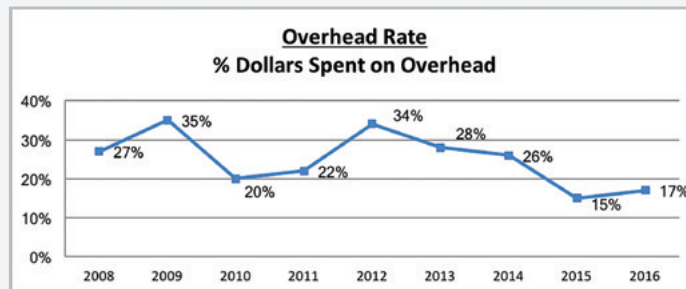


STATEMENT OF ACTIVITIES
For the Years Ended December 31, 2016 and December 31, 2015

	FOR THE YEAR ENDED DECEMBER 31, 2016				FOR THE YEAR ENDED DECEMBER 31, 2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
OPERATING SUPPORT AND REVENUE:								
Contributions								
Individuals	\$ 180,002	\$258,173	\$ 21,540	\$459,715	\$ 317,619	\$ 209,475	\$ 29,116	\$ 556,210
Groups	7,675	31,380	–	39,055	6,761	–	–	6,761
Foundations, corporations and trusts	362	196,104	–	196,466	160	182,475	–	182,635
Institutional members	11,190	87,958	–	99,148	42,575	139,247	–	181,822
Donated goods and services	8,501	–	–	8,501	–	–	–	–
	207,730	573,615	21,540	802,885	367,115	531,197	29,116	927,428
Government grants	–	–	–	–	600,000	–	–	600,000
Other revenue	80	–	–	80	60	–	–	60
Investment earnings appropriated for operations	297,289	–	–	297,289	294,240	–	–	294,240
Net assets released from restrictions	965,617	(965,617)	–	–	369,836	(369,836)	–	–
TOTAL OPERATING SUPPORT AND REVENUE	1,470,716	(392,002)	21,540	1,100,254	1,631,251	161,361	29,116	1,821,728
OPERATING EXPENSE:								
Program services:								
India	869,788	–	–	869,788	985,982	–	–	985,982
USA	256,427	–	–	256,427	301,028	–	–	301,028
Total program services	1,126,215	–	–	1,126,215	1,287,010	–	–	1,287,010
Supporting services:								
Management and general	183,824	–	–	183,824	183,727	–	–	183,727
Fundraising	52,608	–	–	52,608	44,532	–	–	44,532
Total supporting services	236,432	–	–	236,432	228,259	–	–	228,259
TOTAL OPERATING EXPENSES	1,362,647	–	–	1,362,647	1,515,269	–	–	1,515,269
CHANGE IN NET ASSETS FROM OPERATIONS	108,069	(392,002)	21,540	(262,393)	115,982	161,361	29,116	306,459
NON-OPERATING ACTIVITY:								
Other non-operating expenses	–	–	–	–	(44,331)	–	–	(44,331)
Investment activity	255,460	118,048	–	373,508	71,029	42,442	–	113,471
Transfers	43,877	–	(43,877)	–	–	–	–	–
Appropriations for operations	(236,939)	(60,350)	–	(297,289)	(265,186)	(29,054)	–	(294,240)
TOTAL NON-OPERATING ACTIVITY	62,398	57,698	(43,877)	76,219	(238,488)	13,388	–	(225,100)
CHANGE IN NET ASSETS	170,467	(334,304)	(22,337)	(186,174)	(122,506)	174,749	29,116	81,359
Net assets – beginning of year	2,696,860	1,924,388	2,029,465	6,650,713	2,819,366	1,749,639	2,000,349	6,569,354
NET ASSETS – END OF YEAR	\$ 2,867,327	\$1,590,084	\$2,007,128	\$6,464,539	\$2,696,860	\$1,924,388	\$2,029,465	\$ 6,650,713

STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended December 31, 2016 and Comparative Totals for 2015

	Program Services			Supporting Services			Total 2016	Total 2015
	India	USA	Total Program Services	Management and General	Fundraising	Total Supporting Services		
Salaries	\$ –	\$ 123,978	\$ 123,978	\$ 71,187	\$ 31,220	\$102,407	\$ 226,385	\$ 239,449
Payroll taxes and employee benefits	–	21,410	21,410	12,294	5,391	17,685	39,095	64,033
Total Salaries and Related Costs	–	145,388	145,388	83,481	36,611	120,092	265,480	303,482
Grants	865,556	–	865,556	–	–	–	865,556	985,982
Travel	4,232	2,712	6,944	474	–	474	7,418	7,860
Occupancy	–	12,651	12,651	7,399	3,186	10,585	23,236	22,567
Telephone & Communications	–	5,299	5,299	2,489	1,009	3,498	8,797	8,737
Conferences and meetings	–	5,900	5,900	8,443	2,896	11,339	17,239	14,144
Payroll processing fees	–	806	806	463	203	666	1,472	5,536
Transaction processing services	–	5,052	5,052	–	–	–	5,052	8,283
Professional fees	–	–	–	52,678	–	52,678	52,678	67,141
Office Expenses	–	3,096	3,096	7,927	–	7,927	11,023	8,423
Insurance	–	–	–	9,128	–	9,128	9,128	5,551
Printing and fundraising fees	–	66,491	66,491	334	2,998	3,332	69,823	57,116
Depreciation	–	8,480	8,480	2,121	–	2,121	10,601	10,600
Other	–	552	552	8,887	5,705	14,592	15,144	9,847
TOTAL EXPENSES	\$869,788	\$ 256,427	\$1,126,215	\$ 183,824	\$ 52,608	\$236,432	\$1,362,647	\$1,515,269



STATEMENT OF CASH FLOWS

For the Years Ended December 31, 2016 and December 31, 2015

CASH FLOWS FROM OPERATING ACTIVITIES:	2016	2015
Cash received from contributors	\$ 820,911	\$ 1,068,455
Cash received from government grants	–	600,000
Investment return	110,108	132,660
Grants paid to Vellore	(865,556)	(985,982)
Cash received from other revenue	80	60
Payments for other expenses	(492,746)	(565,160)
Net Cash (Used in) Provided by Operating Activities	(427,203)	250,033
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of investments	422,173	–
Purchases of investments	(109,472)	(167,449)
Net Cash Provided by (Used in) Investing Activities	312,701	(167,449)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(114,502)	82,584
Cash and cash equivalents – beginning of year	483,772	401,188
CASH AND CASH EQUIVALENTS – END OF YEAR	\$369,270	\$483,772
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES		
Change in net assets	\$ (186,174)	\$ 81,359
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation expense	10,601	10,600
Realized and unrealized (gain) loss on investments	(263,400)	19,189
Subtotal	(438,973)	111,148
Changes in assets and liabilities:		
Decrease (increase) in assets:		
Pledges receivable	26,527	141,027
Beneficial interest in trusts	11,420	1,722
Prepaid expenses and other	4,309	(12,228)
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	(30,486)	8,364
Net Cash (Used in) Provided by Operating Activities	\$ (427,203)	\$ 250,033

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“Only those who can see the invisible can achieve the impossible.” *Attributed to many. Lived by Dr. Ida S. Scudder*

CMC'S HISTORIC TRAINING CONTINUES TO PRODUCE PIONEERS IN MEDICINE

2017 CMC wins Gold SKOCH Award for life-saving “Intrapartum Initiative” developed by neonatologists **2016** Ground broken on the first Level I Trauma Center in South India • Asia’s 1st ventricular tachycardia ablation using mapping • India’s 1st percutaneous ICD lead removal using new high-tech Tight Rail device • India’s 1st Symposium on Cell and Gene Therapy **2014** Rotavirus vaccine (developed and tested by three centers including CMC) entered India’s official immunization program • Antenatal and Infant Monitoring (AIM) testing breakthrough with interactive voice response system in urban slums and rural villages • C.K. Job Tribal Health and Development Centre opened in Veerapanoor (1st Secondary Care Clinic in Jawadhi Hills) • India Declared Polio-Free (with major role from CMC Emeritus Professor Dr. T. Jacob John) • India’s 1st Fellowship in Family Medicine **2011** CHAD named WHO Regional Training Centre in Emergency Medicine • India’s 1st use of Serum Biotinidase as diagnostic test **2010** Chittoor Hospital Campus cornerstone laid **2009** India’s 1st successful reprogramming of mouse cells to function like human embryo stem cells • India’s 1st Endovascular Repair of Aortic Aneurysm using Three Chimney Grafts • India’s 1st ABO-Incompatible Renal Transplant **2007** India’s 1st Centre for Stem Cell Research (collaboration with gov’t.) • India’s 1st Bi-Lateral Cochlear Implant **2006** CMC proved benefits of oral rehydration for children with diarrhea **2005** India’s 1st Living Donor Liver Transplant • 1st Surgical Ventricular Restoration **2004** South Asian Cochrane Network established **2003** College of Nursing named WHO Collaborating Centre for Nursing and Midwifery Development • Vellore Bombay Artificial Limb Bioengineering Department established **2002** Cytogenetics Laboratory established **2000** CMC named an International Hemophilia Training Centre **1999** India’s 1st Intracytoplasmic Sperm Injection for Infertility • India’s 1st Liver Transplant • India’s 1st Residency Course in Hematology **1998** India’s 1st Bone Marrow Transplant Infant • 1st Total Body Irradiation for BMT **1997** India’s 1st Early Management of Trauma course • India’s 1st In Vitro Fertilization via Gamete Intrafallopian Tube Transfer **1996** India’s 1st Carotid Bifurcation Stenting • World’s 1st Trans-septal Carotid Stenting • World’s 1st Trans-Jugular Mitral-Valvuloplasty **1995** First MRI in South India • Discovery of HMG-CoA lyase published **1994** India’s 1st academic Emergency Medicine Dept. **1987** 1st Community Health Nursing program in India **1986** India’s 1st case of AIDS diagnosed at CMC • National AIDS Reference and Surveillance Centre established • India’s 1st Bone Marrow Transplant **1985** Epidemiology Resource Centre established **1982** Low Cost Effective Care Unit (LCECU) opened **1981** Schell Eye Hospital opened **1978** Betatron ICMR Centre for Advanced Research in Virology established • India’s 1st Betatron with high energy electrons and 42 MeV x-rays **1977** Rural Unit for Health and Social Affairs (RUHSA) opened • India’s 1st Quality Assurance Scheme for Indian Laboratories **1976** Artificial Kidney Lab established **1971** India’s 1st Kidney Transplant **1968** India’s 1st diagnostic virology laboratory established **1966** India’s 1st Rehabilitation Institute opened **1965** Fleming Memorial Research Laboratory in Virology established **1962** India’s 1st Dialysis Center **1961** India’s 1st successful Open Heart Surgery • India’s 1st Middle Ear Microsurgery • India’s 1st PG Neurosurgery Degree **1958** World’s 1st Center of Excellence in Neurochemistry and Glycobiology established **1957** CHAD Opened **1956** Mental Health Centre

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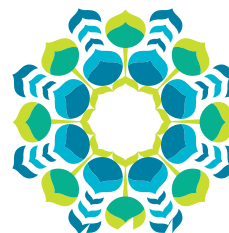
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The Vellore CMC Foundation's mission is to provide a focus for excellence and integrity at CMC through participation in and continuing support of CMC's drive to maintain excellence. The Foundation does this by: honoring Dr. Ida S. Scudder – the person and her work; encouraging and supporting research activity of the highest quality driven by honesty and high ethical standards, directional focus and translational impact; promoting the professional development of CMC with a focus on the quality, delivery and safety of health care. The Vellore CMC Foundation, Inc. is inspired by the legacy of Dr. Ida S. Scudder and her response to the healing ministry of Christ.



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