Leonard Cheshire Project Resonate

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Start of Transcription

00:03: Leonard Cheshire: Now I think we should say the concept is rather different because in Palmerston North for young adult disabled. But Raphael in India is like a village of homes. There is a multiplicity of need - of people in need in Raphael. There is 110 leprosy patients, 80 very severely mentally handicapped children - though some have become adults - a hospital, a TB unit and, you describe the home for children.

00:34: Sue Ryder: Yes, the home for children there, of children who were destitute, some of them who had lost their parents through leprosy or TB and were found wandering around alone and others have one, maybe two parents living still but they are unable to look after them because of their disabilities.

01:02: Interviewer: Now this is situated where about precisely in India? [slight interruption]

01:07: GLC: It is a beautiful location, it's in the Siwalik Hills which roughly are in the foothills of the Himalayas. It is on a little plateau, 144 miles North of Delhi, or I think East - North East - of Delhi. 2000 feet high with those Himalayan foothills just rising to the North and it's a 30-acre estate given by Indian government along the edge of a dried-up river bed except in the Monsoon [says with laughter] its a raging torrent.

01:36: Interviewer: Now how do you go about deciding whom you will accept into a home such as this? Because obviously the demand could be endless

01:44: SR: Yes

01:43: Interviewer: And you obviously have to be very selective, how do you do it?

01:44: SR: Well there is still the extended family system in India which is very strong. I think its extremely difficult to know for the medical staff working there to know who to accept. Including those children who [unclear] mentioned briefly. Because as you said the need is so great. And in addition to the work that goes on at the Ryder-Cheshire centre called Raphael, we have a mobile clinic which goes out into the hills to give preventative medicine especially to those who are suspect TB and leprosy cases and a few - if they are in a very chronic state - then brought down. Unfortunately, usually we have public transport, a bus which takes about 8 hours to the centre

02:33: Interviewer: What's the usual attitude of the people themselves to these - to their own illnesses? Are they active in seeking a cure or do they just put up with it?

02:42: GLC: Well if you talk about the TB unit - which is for terminal TB - there is virtually no residential accommodation for TB in that whole district so Indian government's very keen on this unit. They're all young and they are mostly mothers of families. Now the trouble is the moment they get to feel better after the treatment you are giving them in two months, they absolutely insist on going home and there is nothing the doctor can do to prevent them. And the trouble is they go home and they break down again. So I find with that type of resident they've got an enormous desire to get back. The man who is going to be disabled for the rest of his life - he probably is different. I think perhaps it's fair to say that their attitude to work is a little different from us and the disabled person who is so used to being looked after - in so far as it is possible - by his family - may found more difficult to get out to work. But they do and particularly the leprosy sufferers. They do everything in their colony as we call it. There is no staff at all except the medical staff. They weave cotton - I mean they spin cotton. They weave the cotton into cloth. They make sheets at Raphael. And they make all the summer clothing for everybody in Raphael which is a good effort.

04:08: SR: There is also a cobbler. I think what we'd like to stress is that they don't want to be thought of as object of charity but as individuals who can contribute - even though they are very disabled and disfigured - as being useful members of society.  And it’s really work - however, limited that may be - because of their disabilities - that they want.

04:39: GLC: One interesting thing - you asked what was their attitude. When we started our local home in Dehradun - which is separate to Raphael - and locally funded - for the first three months no patient came at all. And the committee rounded on me and they said, 'look you sold us this need, we've built the home' or prepared the home and now nobody comes.' And the reason was that to the Indian it is a disgrace to send your disabled member to an institution. It was only when they discovered it wasn't institutionalised, but it was a home - where you respected the dignity of the individuals - that they began to send them. A reflection I think on their attitude.

05:19: Interviewer: Well now I understand that much of the funding for the home has come from New Zealand and also Australia, is that correct?

05:25: GLC: Yes. To begin with it came from Britain and gradually more and more from New Zealand and Australia, and now the majority of it comes from Australia and New Zealand and we're extremely fortunate.

05:35: Interviewer: Now what is it you have in mind then for Palmerston North. Can you tell me a little more about that?

05:40: GLC: There is a little group there that on their own decided that they wanted to build a personalised home for 24 young disabled in which there would be married accommodation for a family to keep the family together - in which the disabled residents could really build the lives they wanted in their own way. And they wanted to affiliate with us so you know we are very happy.

06:08: Interviewer: And this will be the first such home won't it - in New Zealand?

06:12: GLC: Yes.

06:15: Interviewer: Group Captain there was one question that I wanted to ask you if I may while you were here. And it refers to the reputation that you had in your younger days as something of a harem scarem merchant [laughter] and I wondered how it was that such a person - first of all became a Catholic convert - and secondly became involved in the kind of work which now involves you.

06:37: GLC: The war intervened. I mean we're all young and we've all got to let off steam [muffled laughter] but the war intervened and the war gave me one, a discipline, two, it set me side by side by men I could do nothing but admire immensely. It showed me the sacrifice that war involves. It taught you that whatever happens, we have got to each in our tiny way do try to do something to push war away. So my life was changed at the end of the war. It couldn't help but be changed after six years of war. Well then how did I get involved in the disabled, I'm not going to go into those details. But it was really a set of circumstances that put me there - coupled with the fact that I felt - well we fought the war for peace, we haven't got peace so lets go and try and do something to make peace a reality. I just couldn’t find out how until an old man dying of cancer led me into this field.

07:35: Interviewer: Well there was a story that - at the time when you were Prime Minister's observer, one of his tow observers on the bombing mission to Nagasaki - that it was the horror of that occasion that made you - instantaneously made you a Catholic. But that's not true is it?

07:47: GLC: No it isn't true. I didn't become a Catholic until actually that old man of cancer died.

07:54: Interviewer: Now he was a Catholic himself I take it?

07:54: GLC: A lapsed Catholic, I watched him regain his faith. Had to sit with him all night after he'd died waiting to lay him out and I'd picked up a book that told me what the Catholic church was by somebody who had become a convert. But to answer what I think you're asking me, the bomb didn't suddenly change my outlook. Because the bomb took 120,000 lives and ended the war. Saved the all-out invasion of Japan. The war took 55 million lives so really it was the totality of the war that made its impact on me. I don't believe people have something suddenly happen that changes them, they see the light you know. They may do but not many, not me.

08:35: Interviewer: It was a slow process for you.

08:38: GLC: Yes it was a slow process.

08:40: Interviewer: It must have gone against your every instinct though being born into an Anglican family and steeped in the Anglican traditions.

08:45: GLC: I wasn't, I wasn't really born into an active religious family.

08:50: Interviewer: So there was no great wrenching process involved when you decided to accept or embrace the Catholic faith?

08:57: GLC: No my father gave me his blessing. He said if he had a faith at all he thinks he would have liked to have been a Catholic.

09:05: Interviewer: Have you ever had doubts since that time about the decision that you made?

09:07: GLC: No, I haven't.

09:09: Interviewer: You're still as staunch a Catholic as ever.

09:10: GLC: Yes, I mean it's given me a base, it's given me - Yes.

09:15: Interviewer: Well Lady Sue for you I understand there was no such torturous route on the road to religious conviction, indeed you were born into a Catholic family. Am I correct?

09:23: SR: No, my parents are very High Anglo-Catholics. I was fortunate to be born perhaps with the gift of faith. I always had a very, very strong belief - as did my parents and particularly my mother - mainly because I'd served most of the war with the Poles in special operations executive and had therefore been greatly influenced by them that made me decide that I wanted to become Catholic.

09:58: Interviewer: And would you say that the religious convictions that you acquired was the mainstay for your work with disabled people?

10:04: SR: Unquestionably yes and many of them have a very strong faith.

10:10: Interviewer: What in general can one learn from people who are in these trades. Because I suppose the usual thing is to tend to treat them a little condescendingly [Interruption SR] probably that is what I would be tended to do but in fact [Interruption LC]...I would do with them.

10:25: Not when you are working with them. I think its if you work with them - and you share their joys and their sorrows and their pain - that you realise really that its a most humbling experience to be with them. Some of them find it very difficult to accept their suffering and pain and take perhaps those who have cancer because I work a lot for them. But in the main, the majority have a very strong religious faith and they continuously by their example give us special grace every day.

11:02: GLC: There's another aspect too. You sometimes meet somebody who absolutely cannot accept the dreadful thing that's happened to him and almost he's blaspheming. To me the very fact that he does that, the very fact that he is saying how can there be a good God and let this happen to me. He's implicitly acknowledging that there is a God, who is a good God and I think that that reaction of his when he, as it were - well almost curses God - is a very genuine human experience. And sometimes can be more genuine than the man who might say I offer it up because that's what you say out of the textbook. And I feel that when you're in the presence of such a person you should never under any circumstances try to preach at him. You should give him human comfort and understand him because we can't feel ourselves what it is to be in his situation. We should be very sympathetic. But I believe that that man is really declaring in his own way his belief in God.

12:12: Interviewer: Well I wonder if I could ask you to perhaps shed your own light on an issue that has come up in New Zealand in the past two months and that is the issue of euthanasia. We've had in New Zealand a society formed to promote voluntary euthanasia, and I think there is a similar sort of society in England. I wonder how you feel about such an idea?

12:30: GLC: May we distinguish first between the case of somebody who is very seriously ill and who is being kept alive by various mechanical and other extreme measures with no hope of ever coming out of it. I don't see that that is the proper thing to do. You say the right time to die, only God can now the right time to die. If you're trying to prolong it then that's wrong. But if you're saying let me cut my life short because it is unbearable - or I think it's going to be unbearable - I cannot agree with it. Nowadays, particularly in New Zealand with the magnificent health service that you have, everybody can die free from pain. And I cannot see - and I've seen so many people die - and in my experience, every single one of them has wanted to hang onto life, even beyond the point when you thought they couldn't possibly survive. They desire to live. And I think there is something else of extreme importance you've got to build into the equation - and that is that we have something to accomplish in our dying. We have something to accomplish in our living. But we only bring our life - that's to say our self-realisation, the realisation of our full potential - in our dying. And its got to be a very bold man who can step into that and say I will cut this process short.

13:57: SR: I agree with him entirely and I suppose also having seen part of the full horror of what the Nazis introduced and carried out, I would be absolutely horrified of the thought of another well-meaning group, not necessarily politically motivated as they were, doing anything similar. It just fills me with revulsion. And I don't really believe at all that its right and that if they went into the question more closely and they ask the people who had been through all the trauma and the holocaust of the last war, and particularly those who had been interrogated and tortured by the Nazis and in solitary confinement and in the extermination camps. They themselves never gave up though they were in desperate circumstances in excruciating pain, they were just wrecks of humanity. But it was very seldom indeed that they ever took the final step of committing suicide. And I think that those people who seek this should, first of all, try to meet and hear what other people had to experience, and how they faced up to it.

15:24: GLC: And if I could just finish on that completely slightly different note, I took part in a television discussion on exactly this point. And one of the ladies present, a very distinguished lady, was arguing that everybody should say that at the age of 75 we wish we'd finished. She was 80 [laughter] and all of us around the table we all thought to say excuse me, Baroness, you're 80. But we didn't dare to. I think that things are never the same when you come to them as what they are in what you expect them to be.

15:56: Interview Ends.

15:56 Recording Ends

End of Transcription.