

CHRISTIAN MEDICAL JOURNAL OF INDIA

CMJI



A Quarterly Journal of the Christian Medical Association of India

VOLUME 33 NUMBER 1: JANUARY - MARCH 2018

HOPE in Distress





SHORT COURSE FOR COUNSELORS IN DIABETES MELLITUS



•The Department of Endocrinology, Diabetes and Metabolism will be organizing a Diabetes Educator Training Programme **from 15th October, 2018 to 25th October, 2018** (10 days Programme).

Certificates will be awarded on completion

•(This training module is conducted every 3 months)

FOR REGISTRATION DETAILS & DATES, CONTACT - : Mrs. Ruth @ 09994746927 / 0416-228-3156.

EMAIL : insulin05cmc@gmail.com

WHO CAN APPLY : Nurses, Dieticians

COURSE FEE : 6,800/- (It covers Course Fee, Course Materials, Lunch & Refreshments)



SHORT COURSE FOR DOCTORS IN DIABETES MELLITUS



The Department of Endocrinology, Diabetes and Metabolism will be organizing an Intensive CME in Diabetes Mellitus for Doctors from **18th June, 2018 to 23rd June, 2018** (6 days programme) - with practical and theoretical intonation followed by an assessment.

The course is recognized by the Dr. MGR Medical University for 30 CME credit points.

Certificates will be awarded on completion

(This training module is conducted every 2-3 months)

FOR REGISTRATION DETAILS & DATES, CONTACT : Mrs. Ruth @ 09994746927.

E MAIL : insulin05cmc@gmail.com

WHO CAN APPLY : MBBS / MD General Medicine / MD Community Medicine /
MD Family Medicine .

COURSE FEE : Rs. 8,500 (It covers Course Fee, Course Materials, Lunch & Refreshments)



DIABETES FOOT CARE & FOOTWEAR TRAINING PROGRAMME FOR DOCTORS / PHYSIOTHERAPIST / NURSES



The Department of Endocrinology, Diabetes and Metabolism will be organizing a Foot care and footwear training programme for Doctor from **18th July, 2018 to 21st July, 2018** (4 days Programme) with practical and theoretical intonation followed by an assessment.

The course is recognized by the Dr. MGR Medical University for 30 CME (Continuing Medical Education) credit points.

Certificates will be awarded on completion

FOR REGISTRATION DETAILS & DATES, CONTACT - Mrs. Bharathi @ 9894317506 / 0416-228-3156.

WHO CAN APPLY : MD General Medicine / MS General Surgeons / MD Family Medicine /

Diabetologist / Endocrinologist / MD Community Health / Physiotherapist / Nurses

EMAIL : insulin05cmc@gmail.com

COURSE FEE : Rs.5,500/- (It covers Course Fee, Course Materials, Lunch & Refreshments)

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LETTERS TO THE EDITOR

Dear Nitin,
Greetings

Thank you for inviting me to contribute to the CMJI during your term in the office. You did bring a renewal of quality and content to the journal. There was a freshness of thoughts in its articles and a good repertoire of writers. Your leadership was significant to give the CMJI an added appeal visually and in content.

Let me send you my greetings and good wishes as you continue your effort to do your part in our common calling in the healing ministry.

With warm regards,

M C Mathew

Dear Reader,

We have received many letters regarding the non-receipt of CMJI.

During the last quarter, we found that the publication had not reached the members on time due to several reasons.

The wastage of printing and dispatching ran into lakhs.

Hence the management has decided to print limited copies for institutions, subscribers and for senior members. Soft copies are uploaded on our website: cmai.org/activities/departments/dissemination-of-information/publications/

However, we are more than happy to send the print version if you drop in a letter or email.

Thank you very much for your interest in getting CMJI in print.

Dr Bimal Charles
General Secretary

LETTERS / ARTICLES FOR CMJI

We invite your views and opinions to make the CMJI interactive and vibrant. As you go through this and each issue of CMJI, we would like to know what comes to your mind. Is it provoking your thoughts? The next issue is on "Hypertension". Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: cmai@cmai.org

Guidelines for Contributors

SPECIAL ARTICLES

CMAI welcomes original articles on any topic relevant to CMAI membership - no plagiarism please.

- Articles must be not more than 1500 words.
- All articles must preferably be submitted in soft copy format. The soft copy can be sent by e-mail; alternatively it can be sent in a CD by post. Authors may please mention the source of all references: for e.g. in case of journals: Binswanger, Hans and Shaidur Khandker (1995), 'The Impact of Formal Finance on the Rural Economy in India', Journal of Development Studies, 32(2), December. pp 234-62 and in case of Books; Rutherford, Stuart (1997): 'Informal Financial Services in Dhaka's Slums' Jeffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.

- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

LETTERS

- Readers of CMJI are encouraged to send comments and suggestions (300-400 words) on published articles for the 'Letters to the Editor' column. All letters should have the writer's full name and postal address.

GENERAL GUIDELINES

- Authors are requested to provide full details for correspondence: postal and e-mail address and daytime phone numbers.
- Authors are requested to send the article in Microsoft Word format. Authors are encouraged to use UK English spellings.
- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged immediately on receipt with a reference number. Please quote this number when making enquiries.

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EDITORIAL

HOPE IN DISTRESS



Ms Mercy John

Who and what art thou, O Hope ?
... A name...
... A desire...
... A feeling...
... An imagination...
Light at the end of the tunnel ?
Or something I wish for, which I
cannot yet see ??
Yet, live, I cannot, O hope, without
thee !!

For one who has no want,
Can he even begin to understand
what is hope ?
But is there anyone without any
want ?
The homeless want shelter;
the hungry - food,
The one in pain desires relief;
the guilty want peace.
But what does the one with plenty
need?
HOPE !??? Everyone needs hope !

Hope for a better world.
...One without pain, hunger, strife,
dejection,
bombs, fears, torment, or
suppression.
...One with comfort, love,
confidence, peace,
mercy, health, free will, justice.
Even midst turmoil and trouble, tis
only Hope that enables us to sing.
O Lord, I anchor my hope in You !
Help me, in turn, to be a beacon of
hope for others.

All it takes is one statement to make
our world come shattering down.
*"This medical report does not look
too good. Looks like a tumour..."*;
or *"You have HIV ..."* Or *"There's
someone else in my life..."* It hits us
most when it comes to personal or
health issues - related to us or our
dear ones.

Hitting rock bottom or lying flat, we
are forced to turn our gaze upwards.
Distress is inevitable. It is part and
parcel of human life. I have often

marveled at how privileged we are
as Christians. We are blessed with
the recognition of the amazing, living
Lord, in whom we can plug in our
hope. Our lives can point our fellow
travelers in that direction too; the
only answer and hope we have in
this world of hurt, disappointment
and discouragement, is our Lord
Jesus Christ. Hope is the birthplace
of the Christian faith. Therefore the
church - we, the body of the Lord -
His people - are meant to be a living
monument of hope. Our calling as a
church - as individuals, hospitals,
institutions - is to touch lives and
bring hope. Wordsworth said, "we
live by admiration, hope and love".

In this issue, we explore the theme
- Hope in Distress. The Devotion
is based on the sermon preached
on the Healing Ministry Sunday in
Bissamcuttack. We look at Fetal
Distress and Obstetric responses as
an allegory for human distress and
divine intervention. Dr MC Mathew
and Dr Leila Caleb share with us their
reflections on hope as an attitude
and orientation of life. We also bring
you a special bouquet of personal
experiences from many people
across the network - personal
testimonies of Hope and Life in the
midst of distress and difficulty. And
don't miss the two excerpts from the
archives of 1943 and 1969, which
remind us of the thoughts and hopes
of our predecessors.

God bless each of us as we struggle
to find meaning and purpose in our
lives - to see the light at the end of
the tunnel and a silver lining around
every grey cloud.

Shalom,

A handwritten signature in black ink, appearing to read 'Mercy John'.

Ms Mercy John
Editor

HOPE - THE ATTITUDE FOR LIVING

A family, who visited me this week, told me their story of the recent months, which moved and challenged me. They have three children with neuro-developmental needs. The evening wayside eatery they run in a busy street is the source of their income, where construction workers come for their evening meal. Following the demonetization, they lost some customers as migrant workers returned to their hometown.

Then following the introduction of the GST, construction work got reduced. There are only a few migrant workers who come to their eatery now. The income is all time low. The father currently works in a restaurant as a waiter and the mother as a domestic helper to supplement their income. They are stretched physically and emotionally. However, both the parents looked cheerful. They do not expect the situation to improve for a while now. They mortgaged the gold ornaments available with them to tide over the situation. In spite of all these the parents told me that “the better times would come..”!

I read recently one more time, the famous speech of Martin Luther King Junior, “I have the audacity to believe that people every where can have three meals a day for their bodies; education and culture for their minds and dignity, equality and freedom for their spirits. I believe that what self-willed men have torn down, the other centred people can build up. I still believe that, one day, humanity will bow before the altar of God and be crowned triumphant over war and bloodshed and non-violent redemptive goodwill will proclaim the rule over the land. And the lion and the lamb shall lie down together and every man shall sit under his own vine and fig tree and none shall be afraid- I still believe that we shall overcome..”

These are two dimensions of hope. Let me bring in a third dimension from the



Dr. M. C. Mathew

“The spirit of the Lord is upon me, because He anointed me to preach the gospel to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to set free those who are downtrodden, to proclaim the favourable year of the Lord”

book, ‘The power of the heart - finding your true purpose in life’ by Baptist De Pape, who as “a young lawyer was paralyzed with anxiety until he had an extraordinary experience that called him to investigate the incredible power of the heart and how it can lead us to the life we are meant to live”. As a law graduate he was about to embark on an employment with a famous law firm, but was interrupted by a question that engaged him,

‘What do I want in life and what does life want of me’!

The book is a narration of how he used the “wisdom of the heart to transform views of money, success, health, happiness, relationships and community”. While preparing to write the book and produce a film, he moved on to a new plane of living by listening to his inner voice, which triumphed over all the external circumstances. Let me state at the outset that living with hope is an inner

attitude and orientation in spite of the circumstances.

Let me explore three foundations for us to be able to live with hope.

1. Historical reality
2. Personal reality
3. Eschatological reality

1. Historical reality

The Nazarene manifesto of Jesus of Nazareth is a proclamation of the historic reality of God’s mission, in whom we hope. “The spirit of the Lord is upon me, because He anointed me to preach the gospel to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to set free those who are downtrodden, to proclaim the favourable year of the Lord”. It is an inclusive statement of the mission of Jesus, wherein everyone is included as the object of God’s attention!

I was privileged to witness the arrival of

about 1000 babies, while I was conducting a research during my post-graduate training years. Every well baby arrived with a cry. In fact distressed babies would not cry well. It is a cry of wellness and hope after a baby weathered the stress of the contractions of the uterus, passage through a narrow birth canal, and all the physiological changes taking place in the blood circulation when the umbilical cord is cut. A well baby would arrive with a cry is a historical reality. It was how it has been hitherto and it shall be the same always. There is a certainty about it.

There are some certain realities, which do not change. God is the source and reason for our hope, in whom all things exist and all things are held together by the power of His word (Col.1:17) God has a vision for each of us. The word of the Lord came to prophet Jeremiah, "Before I formed you in the womb, I knew you.." (Jer.1:4). St Paul had a similar consciousness, that it was God who separated him from his mother's womb (Gal.1:15). Our hope is based on the nature and character of God and His vision for humanity. That is why Job did not give up his hope in God although his wife and friends advised him to give up trusting in God.

It is now thirty five years, since I have been in full time engagement with children with neurodevelopmental needs and their parents. Having met about fifty thousand or so parents during this period, let me suggest that, even when their children had serious developmental challenges, most parents still lived with hope for their children. This is an affirmation to me that we are created with a human instinct to live with hope. It is in our genes. When we come across people who are depressed, or suicidal in thought or self-absorbed, let me suggest that they are overwhelmed by the impact of the circumstances or adversities in life. That is why there is a mission for all of us to live mindfully of those around us, who need to be restored to connect with the instinct of hope resident in their lives, but live unaware of it.

2. Personal reality

There is a personal dimension of hope. If it is creative and restorative, it has the potential to bring fullness of life. I come across a few women at my work place who use devices for assisting them to walk. I noticed that a couple of them are fully involved in the events in the campus. One of them was watching a football game even when the ground was slushy and there was risk of falling

while negotiating the pair of crutches. Others confine themselves between their work place and hostel rooms. When hope is faint or absent, living is burdensome. There are three realities, which beckon us to live with hope.

First, ***Life is a journey***. The story of the pilgrim in the book *Pilgrim's progress* by John Bunyan, is a story of making a journey all the way to the summit, no matter how intimidating were the obstacles. The pilgrim's purpose was to complete the journey, and not be held back or distracted. It is a journey to know God and be known by Him. The circumstances of life have a formative impact in our lives. The Greeks came to honour Jesus (John.12:20-26) with an attractive offer of making Him the king of Jews. But Jesus knew that His journey path had to be through the Jerusalem streets, Gethsemane, Golgotha and Joseph's tomb, as a preparation for the resurrection on the third day! The journey events are purposed for something special. What shall enable all of us to live with hope is by preparing ourselves to integrate the peak and valley experiences of life and consider them only as a prelude to the ultimate good or fullness awaiting us!

Secondly, ***Life is a treasury***. Joseph of the Old Testament has something important to tell us. After enduring all that his brothers did to him and suffering imprisonment for being morally righteous when Potiphar's wife enticed him, he was able to tell his brothers at the final self-disclosure to them, "You meant it for my evil, but God turned it in my favour"(Gen. 37:39-46). Be surprised by the ways Joseph turned his sorrow and grief into an inner treasure house of forgiveness and kindness! This was the fruit of Grace in his life! God shall use our trials and disappointments to make us wholesome and charitable. Pope Francis said in his New Year message in 2018: "Remember, to be happy is not to have a sky without a storm, a road without accidents, work without fatigue, relationships without disappointments. To be happy is to find strength in forgiveness, hope in battles, security in the stage of fear, love in discord. It is not only to celebrate the successes, but to learn lessons from failures. It is not only to feel happy with the applause, but to be happy in anonymity". There is much treasure within each of us that remains submerged in the world of thoughts, feelings and aspirations. It is by discovering the treasure, hope emerges as an anchor to our soul!

God is the source and reason for our hope, in whom all things exist and all things are held together by the power of His word (Col.1:17) God has a vision for each of us. The word of the Lord came to prophet Jeremiah, "Before I formed you in the womb, I knew you.." (Jer.1:4).

FEATURE

Thirdly, *Life is a mystery*. The life of Elijah (1 Kings.17:1-24) introduces us to this dimension of mystery. The brook at Cherith had dried up and he was guided to go to the widow at Zarephath. The widow had just enough flour and oil for herself and her son. But she yielded to Elijah's request of serving him a meal first, following which she discovered that the flour and oil did not get depleted till the drought was over. Both Elijah and the widow had come to the end of their resources. But both found during their difficult season, more than what they expected in a mysterious way. It is the same sense of mystery Moses witnessed in the miracle of the burning bush, which was not consumed by the fire (Exodus 3:1-9).

The famous author, Paulo Coelho, describes his childhood as a mystery. His parents wanted him to study law, but he was interested to become a writer. He had to be in a mental hospital when he was seventeen years old, because others thought of him being obstinate and introverted. At twenty he went to study law but dropped out. The book *The Alchemist*, through which he became the best selling author, is a personal reflection of his own biography. The book is about a boy Santiago, who travelled to Egypt in search of a treasure till he was told that the treasure that he was searching for was buried in his own dwelling place. That is what he found on his return. It is symbolic of a personal inner journey all of us are called to make to find a larger meaning of the suffering and struggles we go through. In that sense there is meaning and purpose, awaiting us to unfold, when we travel through lonely periods in life!

3. Eschatological reality

The hope referred to in the Bible has an existential and eternal dimension. Stephen when he was stoned (Acts.7:55), looked up to heaven enduring pain and saw heaven open and angels ascending and descending. Stephen suffered in his body, but his hope in the eternal reality of God and His purpose was alive and real.

There is an existential and eternal dimension to suffering. I saw this vividly demonstrated by the late, Dr Malathi Jadhav, when I worked under her for two years at the CMC Vellore in the early eighties. As soon as she heard that a hospital employee was admitted in the hospital for treatment, Dr. Malathi would visit that person with some food or flowers and end her visit with a moment of prayer. It was she who first indicated to me that we could share in the suffering of others by the gift of our presence and present that person before God in prayer. I have grateful memories of how thoughtfully she reached out to combine the existential and eternal dimension of suffering to bring hope in the lives of others.

Those trapped in the unfortunate events of life would need enablers to lift their spirit from the weariness of the existential challenges to dwell on the eternal reality of a God who endures with them in suffering. The Christian hope is that there is life beyond death and the risen saviour would return to gather all people unto Him!

Mark Nepo, while writing *The Book of Awakening*, quotes a mystic, who said: "A fish cannot drown in water. A bird does not fall in air. Each creature God made must live in its own true name.." Humans can only fall safely into the hands of a waiting God, to receive us, when life is caught in a storm. This is the message in the parable of the prodigal son. We need to bring a larger meaning to pain and suffering, from viewing it as a burden to endure to being a formative process, with a meaningful outcome.

Let me conclude. In the book, *God is Love*, the collected writings of Bishop K. H. Ting, we have a telling story of hope. Bishop Ting returned to China in 1951 after his theological training and a short term with the World Council of Churches to become the Principal of a theological college. During the Cultural Revolution between 1966-76, the theological college was closed and Bishop Ting lost all his positions in the church. He was sent to work in a garden with local farmers. There was no trace of many pastors and leaders of the church, when the church was restored to freedom to resume its mission in 1978. That led to the formation of China Christian Council of which Bishop Ting became the leader. The Cultural Revolution brought into being 50,000 registered churches from an earlier number of 4000 churches. He referred to the Cultural Revolution as being responsible for the awakening in him and the church what St Paul wrote in I Cor. 13:13, 'faith, hope and love'! Hope is nurtured by faith and love!

Dr. M. C. Mathew is a Professor of Developmental Paediatrics and Child Neurology, at MOSC Medical College, Kolencherry, Kerala. He contributes regularly to a photoblog: waymarksonajourney.blogspot.in; takingsides1983@gmail.com



DESPAIR TO LIGHT...

Some of us know the magnificent story of Christian Hospital Mungeli, a hospital that was started in 1896 and was booming from 1940 to 1960. After that it went into decline, almost facing closure for forty years.

Then from 2003, with new leadership, the institution developed into a bustling 120 bedded hospital with over 30,000 out patients, 3500 surgeries, 700 deliveries a year. CHM houses the only blood bank, cancer center, CT scan and dialysis unit in the area. The bustling Rambo Memorial English Medium School has now over 1000 children from grades 1-12. A school with a vision of providing low cost English medium education and focused on village children where almost 450 of these children are brought in from the surrounding villages. There is a School of Nursing with an intake of 30 students a year; mostly from the local area. The hope is that this too will bring about a change and also help in women's empowerment.

The entire show suddenly changed on April 22nd. Anger, false allegations, violence, media, (almost) closure.... Again ??!! What happens to the staff, to the poor who found solace in this institution, the many students ? Enquiries, inspections, demoralisation of the staff, being on the run, restlessness, prayer, etc was the order of the day. It shocks us into the knowledge that building up an institution takes years of hard work, while it takes just one person to bring it down.

One week, two... one month, three months... It was seven months before the person incharge could get back to the hospital.

The institution is recuperating, slowly, but surely.

But there are many lessons for us of Hope in Distress !

1. Our reliance on God, knowing that He knows, He sees and understands and will not fail - even if it takes time !
2. There are friends who are willing to help us in our need - we need others and others need us. No one can live in isolation.
3. We understand the true meaning of freedom, when we do not have it
4. In our hopeless state, we have to find 'another' strength to put our lives back in order
5. It is through time, that healing comes
6. What would we have become if not for the faith that we have and our God who IS - who is our Hope; who is always our safety and carries us through times of difficulty.
7. Our hope is in the Lord, whose presence will continue to be with us and our families, in the twists and turns of our lives - we are never alone !

Please continue to pray for CHM and all who work there.

SPIRITUAL HOPE & FETAL DISTRESS

Spiritual Reflections from labour room emergencies

Statutory Warning: *This is not a scientific article on Fetal Distress; please do not use it as a substitute for the Obstetric/Midwifery Textbook. It just seeks to describe the issue in demystified, everyday language, and then draw some spiritual reflections from the same.*



Dr. John C. Oommen

The theme for meditation for the Healing Ministry Sunday 2018 is Hope in Distress. Let us look together at the topic from the everyday experience of mission hospital life.

One of the commonest usages of the word “Distress” in our hospital vocabulary, is in the context of Fetal Distress – a condition where the yet-to-be-born baby or fetus, experiences stress or is unwell – before or during delivery. This usually means that for some reason, the baby is getting less oxygen supply than he or she needs, causing distress. If not corrected, the baby may develop Birth Asphyxia that can have short-term or long-term consequences, including damage to the brain or even death.

But why does Fetal Distress occur ? We are taught that the reasons may include:

Baby-related Issues: it’s abnormal position or some other problem in the fetus

Umbilical Cord-related Issues: where the life-line from the mother to the baby is compromised, creating a supply-side crisis

Placenta-related Issues: The placenta is like the baby’s plug – plugged into the mother’s uterus - enabling power supply to the baby. If the placenta starts coming loose before time, or develops some functional problems, the baby can develop compromised blood supply and stress.

If the baby develops Fetal Distress, how will we know? Well, the baby’s heart-rate may become very fast or very

slow. The baby may move less than usual inside the mother’s womb. Or maybe, in distress, the baby may pass black stool inside itself, colouring the clear liquid in which it lives and moves. These are ways in which the fetus expresses his or her agony and distress, like a call from within for help and intervention. This is why the nurse-midwives and doctors repeatedly examine a woman in the labour room, listening to the fetal heart, and looking out for signs of distress. This has been described in obstetrics as Watchful Expectancy and Masterful Inactivity.

And if such signs are found, the team immediately intervenes to sort out the problem if possible, or to get the baby out as soon as possible. This may be done by administering some injections to speed up the labour process, or by using instruments like vacuum apparatus or forceps to pull the baby out from below; or by doing a Caesarean operation, to extract the baby from above. In all this, the mother, the nurse-midwives and obstetricians, are all working together to protect, rescue and resuscitate the baby to wholeness and life.

I wonder what the Baby is thinking through all this distress? Is he/she saying – “Oh God; I am trapped in here; somebody help; nobody can hear my cries. Oi Mama – I am in trouble; please save me. The situation that was so peaceful and safe all these months has suddenly turned against me”. And what a relief he or she probably feels when the rescue job is complete, maybe pulled out by the head from below, or unexpectedly yanked out by the legs from

the hole in the roof created by a surgical scalpel. We can only imagine!

As I think about this, it suddenly strikes me that our own adult situations are also not so different. Do we sometimes feel like we are in a Fetal Distress - like situation? Feeling trapped in life-situations; when worries get a bit too much;

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– I am in trouble;
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God is in control of our lives. He hears our silent cries. He who feeds the sparrow, cares for you and me. We have hope, even in the middle of our distress.

when it feels like nobody can hear our silent cries for help. Maybe it feels like our heart is racing one minute, and decelerating to heart-stopping speeds the next. Maybe the tension makes our gut feel like spilling inappropriately. And we feel totally out of control – unable to work our way out of this despair ; unable to move with the agility we are used to.

Maybe, it would help if we knew and re-affirmed that we are not alone in our time of distress; that invisible to us, the Divine is at work. The conditions that seem to squeeze us out of shape, may actually be the signs of rescue coming our way.

What are the reasons for our distress and despair? Could some of it be issues related to ourselves, the positions we take; our in-obedience to a higher call? The choices we make? Or maybe it's a Life-Line issue; our lack of prayer and connectivity with God our Father and Mother; or a loose connection in our interface with Him – the Church, Fellowship and all that nourishes and sustains us spiritually.

Whatever it is, rest assured, "All things work together for good for them that trust the Lord," says Paul in Romans 8:28. God and all His forces are working together, monitoring our heart-beat, looking out for us, hastening to intervene when needed. Sometimes we will come through head-first; or maybe get yanked out from an unexpected direction – a divine surgical strike.

So rest easy, dear brothers and sisters. God cares for us. As Jesus says in Mathew 6: Do not worry. He who cares for grass and flowers and birds, cares all the more for you. We are in a cosmic labour room. God and His angels are in control. Let us let go and trust Him whom we have given our lives to. Like little children who can sleep in peace at night, unburdened by financial crisis or political storms, knowing only one thing: "My Papa and Mama love me; that is all I need to know". The Lord is my shepherd, David said, I will not want.

So this year, as we reflect on the spiritual lessons from Fetal Distress, may we take home two messages :



- A. God is in control of our lives. He hears our silent cries. He who feeds the sparrow, cares for you and me. We have hope, even in the middle of our distress.
- B. God cares for everybody else too, especially for the sick and the suffering; those in pain and those who feel hopeless. We are called to be His co-workers in His ministry of healing for them. Each Christian Health Professional and each Mission Hospital is called to be a symbol and haven of Hope for people in distress. As we serve our patients and their families, remember – this is God's world; His people; His work; we are called to be midwives of life and hope for the world.

May God bless us all.

Dr. John C. Oommen is Deputy Medical Superintendent and Head of Community Health Dept, Christian Hospital, Bissamcuttack

EXPERIENCING GOD'S GRACE IN TIMES OF TROUBLE

I realize how gracious our Lord is when I look back at my life's experiences. Each and every moment of my life I have experienced His presence. I am very pleased that God has given me this opportunity to share an experience with you. I have felt God's intervention which helped me to come through distressing circumstances.

In February 2013 my husband was diagnosed with a GI condition and he was posted for a complete gastrectomy. At that time, I was studying for my M.Sc. Nursing at the College of Nursing, CMC, Vellore. It was a distressing situation for me and my family. He was advised to go to CMC Vellore for his surgery in April 2013. During the waiting period, I prayed everyday, asking God for his healing hand on my husband. The Bible verse which gave me strength during that time was Romans 8:18; "I consider that our present sufferings are not worth comparing with the glory that will be revealed in us".

Every day I experienced distressing situations emotionally and psychologically. I was worried about my family life, our children's future and so on. My only strength was coming from the word of God. I was reminded by one of the believers, that if God can heal Hezekiah why can't He heal your husband? I read the verse from 2 Kings 20:5 "I have heard your prayer and seen your tears; I will heal you".

When the day of surgery approached and my husband reached CMC Vellore, all the preparations were completed from our side. The day before he was due to be admitted in the hospital, he went to see the surgeon for the admission process. The surgeon surprisingly told

him that he thought there was no need of surgery. At that moment I was reminded of Luke 1:37 "For nothing will be impossible with God". We praised God for this miraculous work.

This experience has made me realize that our God is a true God and He answers our prayers. I literally experienced His presence and helping hand throughout that time period. I realized that apart from God no one can give comfort and assurance in such a distressing situation. In spite of all difficulties I was able to overcome this situation because of my hope in Christ. I believe that God is in control in all situations.



Mrs. Rekha John

Romans 8:28 says; "And we know that in all things God works for the good of those who love him, who have been called according to His purpose". I know that God has a purpose and plan for me and my husband and I trust that God is using us now and will continue to use us in the future for His glory.

Mrs. Rekha John is Principal of School of nursing Christian Hospital Chhatarpur, M.P.

IT IS POSSIBLE TO RECOVER FROM MENTAL ILLNESS AND ...LIVE LIFE IN ITS ABUNDANCE

Dr. Joyce Siromoni, is a visionary and a wonderful, caring and inspiring woman. An alumnus of CMC Vellore, batch of 1948, she is one of the pioneers and a fierce advocate for the need to rehabilitate and reintroduce people who have recovered from mental illness into mainstream life. She was the moving force behind Medico Pastoral Association's beginning the first "Half Way Home" in Bangalore, India way back in 1972.

This home was started, for people who were recovering from mental illness and who were in institutional care to move back into, mainstream life and lead well-adjusted and productive lives.

In 1990 Dr. Siromoni who was then living in Kolkata, chanced upon an article in the newspapers that mentioned



Ms. Anuvinda Varkey

the fact that people with mental illness were being put into prison under the Lunatic Act as Non-Criminal Lunatics. This act has since then been removed. She moved heaven and earth to get the women so imprisoned under this act into a halfway home that she began, in Kolkata called Paripurnata, the first half way home in West Bengal. Paripurnata, has grown and caters to the needs of hundreds of women who have

recovered from mental illnesses living in institutional care, to prepare them to move into mainstream society and lead life in its abundance.

Miriam a young woman came to Paripurnata. She was living in an institutional care facility. Due to her illness she had lost her husband and her only girl child. However within two weeks of moving into Paripurnata she decided to move back to the institution. As she got better, Dr. Siromoni and her team spent time with her every time they visited the institution where Miriam lived. It took 8 years for them to convince her to move back to Paripurnata and return she did. There was no turning back. She learned sewing, weaving & block printing. When she got well she moved to Chennai into a group home called "The Banyan" where she lives, works and leads an independent and productive life. In the year 2014 Miriam's younger sister came to see Miriam after 25 years.

Dr. Siromoni, who also happens to live in Chennai now, has unfortunately been diagnosed with cancer. It is now Miriam who is a very significant part of Dr. Siromoni's care team. The care that she provides brings great joy and happiness to Dr. Siromoni, who through her distress sees great hope in Miriam's life.



Dr. Joyce Siromoni & Ms. Miriam

Ms. Anuvinda Varkey is Executive Director of Christian Coalition for Health, New Delhi

DISTRESS DELIVERED PEACE

Administrators commonly agree that the greatest asset of any establishment is its good personnel. The greater the value, more attention is required for its up keep. Here the asset being humans - it is like a treasure held in a jar of clay. It is vulnerable, wanting to be handled with care and prayer. Besides applying the normal management tactics an effective personnel manager ought to counsel, correct, encourage and boost the morale of his staff, while himself being a role model. In the case of a Christian manager, he must ensure spiritual and moral standards also as set by God, so that under his care, each staff will grow and blossom.



Mrs. & Mr. V. M. Abraham

I was given leadership responsibility of a Christian organisation having around fifty Staff from different linguistic backgrounds. The majority of the Staff was engaged in the headquarters and a few were posted in other cities of India. In addition to the national leadership, the responsibility of personnel management was also mine. I did not find it difficult to advise, admonish, correct or even discipline the junior staff. But dealing with seniors, if any, was a challenge – especially the ones with a similar age as mine. It was certainly hard and at times embarrassing.

Here I wish to narrate a personal experience and delicate situation. I had to once deal with a senior couple – who had some morality issues. Unaware of their state of affairs, the management decided to transfer them to head one branch of our organisation. They were quite happy to get away from the headquarters and escape the attention of fellow workers. Even though I knew it, I had not divulged this to anyone except my wife, with whom there is nothing that I do not share because she is my life-partner and co-worker and well able to keep matters confidential. We were both very sure that the couple needed correction and reconciliation - without which their life would be wrecked and the work in jeopardy. Seized

of the seriousness of the issue, I was convinced that it was wrong on my part to ignore it anymore and continue to remain in my comfort zone. But the questions within me were - why take risk, what will happen if the allegation is denied, or they resist me, would it lead to the breaking up of a family and thus cause disruption and disrepute for the work? There were more questions and apprehensions than answers. I was in a dilemma. All what I knew was that - I did not know what to do. Then I turned to God. He gave me the answer from II Chronicles 20. As I read the chapter prayerfully, it was as though God was speaking to me directly. "The battle is not yours, but God's... Go out to face

them tomorrow, and the LORD will be with you" (vs 15 & 16). Trusting in God's Word, I met with the couple the very next day and shared my concern for their family and the ministry they were engaged; gently reminding them of the unacceptable way of their life. It seems to me that when I highlighted the issue in humility yet with boldness, God Himself took control and there was total submission and acceptance on the part of the man, while tears rolled down the cheeks of the wife. The problem was sorted out and peace prevailed. The couple left my office with a fresh commitment, while the joy of the Lord became my strength.

Our continued hope, trust and link with God – who gives us just enough wisdom – just at the right time. We need to stand and see the ways of the Lord !

Mr. & Mrs. V. M. Abraham, former General Secretary (of 18 years) of the Evangelical Literature Service, India. A lifetime (33 years) of work with the ELS

WALKING IN FAITH

I want to share my faith journey which can help you to grow in your faith with God.

In July 2017 my brother who is only 29 yrs old started having fever. In August he was diagnosed with lung cancer. I was very upset because I did not expect it could happen to him. One month later in August he was admitted in TATA MEMORIAL CANCER HOSPITAL. They diagnosed it as germ cell cancer which had directly spread to his lung. After his diagnosis, the doctors planned the surgery and chemotherapy. The surgery was postponed because he had high fever. He took his first course of chemo after his fever had been controlled. After the chemo, the doctor posted him for the surgery in September 2017. By God's grace his surgery was successful and he was discharged from the hospital four days later.



Mrs. Sharmistha Patnayak

Later in September 2017 a situation occurred that changed my life and made me stronger in my faith. While my brother was undergoing treatment and we were facing lots of emotional and financial problems, my mother wanted to sell her house to cover the treatment costs but unfortunately she lost her life over property dispute. It was a huge tragedy for me and my brother and we couldn't accept it. I cannot

explain what emotional trauma we were going through.

During these situations it was very difficult for me, but I prayed to my Father in heaven. "You know my every situation and every burden Lord." A song came into my heart; "I lift up my eyes to the hills from where does my help come from..... (Psalm 121)

Yes my Lord is still alive to hear my cry and help me. My Lord is faithful to me. Before I went to the hospital with my brother for his next check up I knelt down and cried, "Lord I want to see your faithfulness to us". When I met with the doctor he saw all the investigations and he told us he is cured and he can join his work again.

That day I knew that my Lord is still faithful and He is giving me strength when I am weak. Faithfully walking with God helped me to receive His blessing.



Mrs. Sharmistha Patnayak is Nursing tutor of School of Nursing Christian Hospital Chhatarpur, M.P.

‘LIVING STONE’ AT AALIYAR DAM



Dr. Livingstone & his parents

It was summer and vacation; the best way to spend time was to go to a dam or river, bathe, play in the water till you're bored. I am very fond of water and learnt swimming in 8th standard. Since that time I'm unable to control my hands and legs when I see a water body.

One morning, my relatives and I planned to go for a small picnic to Aaliyar dam - a very familiar and much visited place. After breakfast, we packed lunch and set out, to this place about 20kms away from our home.

Incidentally, while in the car, I had this strange feeling which I could not decipher. I messaged my friend that I didn't know what was happening, but feel something is going to happen to me today. The reply I received was, "chill, you are fine!"

As soon as we reached, I headed for the water with my brother. I wanted to reach the big rock which was in the middle of the dam. A few boys, maybe 7th standard children of fishermen were already playing there. I coaxed my brother saying, chalo, let's get to the rock, and started swimming. After a while, my brother backed off saying he could not proceed while I kept going. Just about 2-3 meters short of the rock, I felt my hands stopping, and my

heart started racing. I tried to remain calm but I couldn't. My legs also stopped kicking. I never thought I would get into this kind of a situation. I could not turn back, nor reach the rock. I knew I was going to drown. My brother and other relatives were very far away from me, and the kids "what could they do?" I started drowning. I was trying to push myself above the water, but was failing. Before my head went below water I shouted to the boys, "Dai, kapathadu" meaning 'come and help me', and then I went under. It was dark, I was in a semiconscious state. Within a second everything started flashing in my mind - my father, mother, relatives, my friends, my workplace, Dr Prerit who had very recently drowned, etc. It was like a flash, and then nothing more. I knew I was dead!! I could not remember anything after that.

I was told that the children came to my rescue. Since I had a Mohawk hairstyle, they caught my hair and pulled to help me out. At one point, their grip failed, and I slipped, since I was heavy. It was 30 meters deep, and they knew that if they lost me, they would not find me at all. I started drowning again, but some how those children were able to pull me out; and my relatives were able to get me onto the shore.

No response, my tongue hung out, eyes were sunken, someone tried reviving me, while others started praying. My brother went to call for help - all thought I was dead ! I was out of my body watching them down below crying and praying, but I could not say anything to them. After a while I opened my eyes, but still a lot of people were crying and praying for me. I cannot explain it. It was a strange feeling, something was pulling away. After some more time I could open my eyes and I felt I was back! God gave me a new life. It was only a miracle.

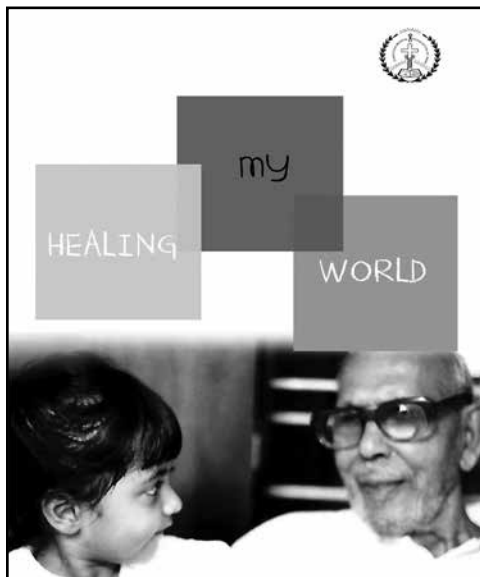
Through this experience I have learnt a few things :

1. I have always been confident in myself and my abilities, but that day I failed. I now understand that if my confidence is in the Lord, I will not fail. It's about Him and not about me.

2. While drowning, there was no hope, no prayer. My whole life flashed before me in a fraction of a second. It was plain panic. But NOW, I have committed my whole life to God. With my hope in God I can do anything and everything. This is now not my life, but God's gift to me. My life ended that day. Today I live only on God's grace.

Dr. J. Livingstone, is a Dental Surgeon from Coimbatore. Presently working in Christian Hospital Bissamcuttack

Church for Social Action: Sunday School Supplement for Pre-teens Released



CMAI has developed a Sunday School Supplement titled "Healing My World" for children between the ages of 8-12. As you know, children are the most vulnerable to physical, mental and spiritual harm in the current environment around them, be it changing family relations, friends or technology.

With inputs from medical and theological experts, this book has interactive and practical methods to equip children on being more self-aware and to be well-prepared to face the world they are in.

This book has topics such as hygiene, nutrition, exercise, understanding mental health, recognizing differently-abled, practising healthy relationships and coping with disaster. Healing My World is a supplementary textbook that could be taught by

parents at home or could be incorporated into the day-to-day lessons at Sunday Schools.

Price: Rs 150. For copies, write to cmaiblr@cmai.org.

We will send you the invoice for which you may send your cheque or DD to CMAI office in Bangalore.

THIS IS OUR STORY!

TRIBAL HEALTH INITIATIVE

Sitilingi, Tamil Nadu



'Hello Iyyar Iyya, how are you?' I asked the first patient in my ward. With a big smile on his face, the 75 year old man told me "I am ok, but still I have pain in my abdomen".

Iyyar came to THI from more than 50 kms away, after being evaluated in a tertiary level hospital, with a diagnosis of Ruptured Liver Abscess. He was planned for surgery, but due to different reasons they had been delaying the surgery.

With intolerable pain, ever increasing in intensity, he left that hospital and landed in THI as his last resort. Considering his age, anaemia and malnourished condition, our team decided to initially treat him conservatively. We waited for three days, but his condition only got worse and eventually developed intestinal obstruction. Seeing him suffer, the family and our team agreed to operate



Mrs. S. Prema & Dr. Ravi

on him hoping for the best, in spite of the risk involved.

On the day of the surgery, I told Iyyar Iyya, "today we are taking you for surgery". He replied, "you do whatever you want" with the same smile that defied his pain. Little did we expect the extensive bowel adhesions due to the infection, leading to bowel injury and repair. He survived the surgery though, but he had stormy post-operative period. The morning after surgery I saw him comfortably lying in his bed for the first time since his arrival.

On the fourth day after surgery, at around 10pm the phone in my house rang, and I heard the nurse saying 'come soon to the medical ward, Iyyar Iyya is very



restless and short of breath'. I rushed to the ward and saw him struggling to breathe. Immediately we shifted him to our basic high dependency unit where we found that he developed ventricular tachycardia leading to severe hypotension and cardiac failure. During the following days, he was in and out of the HDU 3 times with serious electrolyte imbalances, pulmonary oedema, even needed cardioversion once, every time going to the brink of death itself.

Through all this, when we were gradually losing hope, often the family encouraged us with their love and gratitude. However the only person who was cheerful through all this was Iyyar Iyya himself. But that too changed on the last day. When we were glad and finally ready to send him home, he developed pus/fecal discharge from his wound, a definite sign of entero-cutaneous fistula.

Next day morning the night shift nurse called to tell me that Iyyar Iyya has a fecal discharge of more than 200 ml from his wound.

Understanding that he will not stand another surgery, with a heavy heart, we decided to let him go home and only hope that he will survive. We saw the family upset for the first time, unable to accept this outcome after all the efforts to save him. I was very happy that he was going home, but now I did not know how to face him and what to tell him. When he came to say bye to me, I wondered if I will be able to see him again. With no faith in my heart I said good-bye.

A week later, when I was still feeling the heaviness of Iyyar Iyya's prognosis, to our surprise he came back with his unforgettable big smile to our out-patient, to show us his miraculously healing ulcer. Honestly, I was shocked to see him alive.

I understood a few things that day. Our hospital is a secular institution by the gandhian doctor couple Regi and Lalitha. Regi often says that during such helpless situations there is always the providential hand that carries you through. We can only hope that we will tide over the situation but we often emerge stronger than before. This is the testimony of Tribal Health Initiative which is in its 25th year and still going strong, surviving only on hope.....

Mrs. S. Prema is the Head of Nursing in Tribal Health Initiative, Sitilingi

HOPE IN DISTRESS

(Reflection from my personal journey)

Problems never leave us the way they found us. Every person is affected by the tough times. No one emerges from a problem untouched by tough times. Distress means a state of extreme sorrow, pain, worry, unhappiness, anxiety, trouble, etc. All of us at some point in life have been through these situations as individuals and institutions. Whether or not we have been able to come out of these situations depends on our inner strength, spiritual life and the support systems that we have around us.

"We are afflicted in every way, but not crushed; perplexed,



Ms. Shimy Mathew

but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed" 2 Cor 4:8-9

I would like to share few situations that has taught me great lessons in life about how having hope in times of distress can change the situations around. Few years ago I had been to Nagappatinam district to meet and interview the widows who lost their husbands in the Tsunami.

This was part of my study for my master's programme. I was meeting them one and half years after the Tsunami. I was surprised and disturbed to see many of these



women confined to dark rooms and still mourning their husband's death and had no hope regarding their future. It was sad to see that they had not received adequate psychological and emotional support to help them cope with their loss and instill hope to face their future. They needed someone to talk, ventilate and give them hope about life that was ahead of them. We established support groups and it was surprising to see how things started changing in their lives. They started deriving strength from each other and renewed their trust in God and were ready to take life forward and support their families.

Paul writes in 2 Cor 1:4 that God "comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God."

Another story I heard about the fishermen who were lost in the sea in Tamil Nadu few months ago. The Government officials had given up hope after searching for them. But some local fishermen did not give up hope. They formed teams and went into the sea looking for their friends and relatives. They were able to rescue more than half of them who were stranded in the sea. They shared stories of how they kept clinging on to their boats hoping that help would reach them. They witnessed others drown in front of their eyes because they did not have the strength to cling on to the boats anymore; gave up and decided to drown. These fishermen later attended a retreat to gain spiritual strength and hope to keep going.

It is also disturbing to see how some of our mission hospitals and institutions go through periods of "Distress". The College under our Board also has been going through such a difficult phase. There are times when things seem beyond control, moments of frustration and desperation. But complete trust in God and hope that God is in control of the situations that we face is what keeps us going. Friends who support us with prayers, advice and finances make us realize we are not struggling alone

They shared stories of how they kept clinging on to their boats hoping that help would reach them. They witnessed others drown in front of their eyes because they did not have the strength to cling on to the boats anymore; gave up and decided to drown.

in this journey. Sometimes it makes us understand that it is through their prayers that we derive the strength to pull through. We may not be able to control the times, but we can compose our response. We can turn our pain into profanity or into poetry. This choice is up to us. We may not choose our tough times, but we can choose how we will react to it.

These journeys may pull us down for shorter periods but if our spiritual life and inner strength is based on our solid rock we will rise up again.

"This light momentary affliction is preparing for us an eternal weight of glory beyond all comparison, as we look not to the things that are seen but to the things that are unseen. For the things that are seen are transient, but the things that are unseen are eternal."
2 Cor 4: 17-18

When faced with a mountain,

I will not quit!

I will keep on striving until I climb over,

Find a pass through, tunnel underneath-

Or simply stay and turn the mountain into a gold mine,

With God's Help!

(Unknown)

Ms. Shimy Mathew is the Secretary of Mid India Board of Education (MIBE)

REFERENCE:

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NOW I KNOW WHY I DID THE ANM COURSE...

I write this as a tribute to one of my students, Khageswari Suna, who is no more.

Many years ago when she was working with us, Khageswari asked for leave to go home to take care of her mother – as she was very ill and needed to be hospitalized. Her relatives wanted to take her to the faraway capital for treatment – instead of the nearby mission hospital. Her mother was in hospital for ten days and was brought home with advanced cancer for about a month. Khageswari, of the Hindu faith, from a small village, came back after the month long care-giving experience – so emotional – happy, laughing, sad and weeping! She told me,

“Ma’am, now I know that it was God who wanted me to do the ANM course. This was only so that I could look after my mother ! I never wanted to do nursing, but now I see why God brought me here. I was the only one in my family with any medical knowledge during this experience. The nurses at the hospital poked my mom’s hands so many times for the IV cannula, till I finally asked them if they would allow me. I got it in one shot ! They could not get the naso gastric tube in - that also I put in gently for my mother. I was the only one who took care of her continuously through her pain and treatment. I don’t know where I got the strength for it !! Here, if we do night duty – we need to sleep during the day. I did duty continuously for 10 days – without proper sleep or rest. I don’t understand !? When we brought her home, I was the only one among all my family, who could give her all the care. She did not develop any bedsore too. I turned her every two hours, massaged her back, fed her, talked to her, etc. My relatives helped in getting her up if needed. Being so weak and in pain – I could give her total and continuous care for a whole month. I could eat a bit and sleep a little- when she slept – but it was a 24x7 haul for the entire time. I am so thankful to God and you all that He made me do this course and help my mother.”



Ms. Khageswari Suna

Lessons which Khageswari learnt – as stated :

- God takes us through ways that we do not like – but He knows what He is doing – and that is for our good.
- Praying and trusting in God – gives us the necessary strength for each day

Written by Ms. Mercy John, Principal, Christian Hospital, Bissamcuttack

FOR WHAT YOU DO UNTO THE LEAST OF THESE, MY BROTHER, YOU DO UNTO ME

(Reflections on the violations in our times)

As is the case with many of us, I too was appalled by the increasing brutality and slander that seems to accompany the reports of rape and physical violence against girls and women in our country, though we suspect that boys and men are also not immune to sexual violence. The picture of girls held captive, raped repeatedly and left mutilated and dead cannot but leave us sleepless. I take this opportunity to share my struggles and reflection as a Christian health professional of what I can do.

It was with a troubled mind thought that I went on work for a short visit to the part of the country where the most recent victim Asifa's rape had been reported. Her nomadic tribe with its trade in goats, sheep and perhaps milch animals and their need for grazing areas in the shrinking commons is particularly vulnerable to abuse, much like the tribe of Abram in Biblical times.

Rising early to catch the flight to reach Jammu in time for a 9 am meeting with Government Health officials, I sat in the small aircraft looking out over the beautiful land – the hilly terrain dissected into small plots of golden ripe wheat fields and green grassy fields. The descent for landing was bumpy due to the overcast sky and rain fell over ripe fields. My fears of meeting a city in turmoil and despair kept cropping up as I left the airport.

The day long deliberations in the heart of bureaucratic officialdom however restored some semblance of comfort to my fears; for here were a group of workers determined to remain committed to the health of women and newborns around labour and delivery. Details of how work would flow, the lack of communication between peripheral hospitals and health centres and the anguish of overcrowded



Dr. Leila Caleb

Medical college maternity wings were discussed. My short lecture on respectful maternity care to be provided despite overcrowding and lack of staff was well received. After the proceedings were over I was back on an aircraft and home before midnight.

Had anything changed in my understanding of our nation and our people? Yes, definitely. I left with hope and refreshed zeal in my work, as I sat with doctors and managers of diverse religions who worked for years together on the common tasks of health care. I felt that there is no substitute for being with people to understand their issues and work. As I travelled back I thought about what I had learned and what Jesus had taught me. How is God leading us to be salt of the earth? What can I do as a Christian in India so that I am sure I am doing my part towards national integrity and unity in its diversity?

That all mankind will be one and will worship God in Spirit and in Truth. Jesus's disciples were surprised that he had talked to a woman. She left, able to praise God and many of her people believed in Jesus from her testimony.

The Old Testament too is full of the battles of different cultures and the survival of the Jewish despite persecution. There is also a host of patriarchal cultural idioms present and examples of male dominance. Murder and rape are recorded at several places. Read for example 2 Samuel chapter 13 which records the circumstances of the rape of Tamar, Absalom's sister by her half-brother Amnon. David's quiet acceptance of this even after being told about it is shocking and shameful to us. But interestingly, in the New Testament, something has changed. For this, it is essential to find out what was Jesus' approach to issues of violence against women and male dominance.

What was Jesus' approach to women's status – in the case of the Samaritan woman at the well, he deals with her



sexual immorality while understanding her socially ostracised status in words that show us His vision of life in Christ where, once we drink from His water, we will thirst no more (John 4: 26). That all mankind will be one and will worship God in Spirit and in Truth. Jesus's disciples were surprised that He had talked to a woman. She left, able to praise God and many of her people believed in Jesus from her testimony. Jesus came to restore the will of His Father as was at the time of Adam. We see His views on all of us humans as transcending the gendered approach of the cultures we live in. Where He is we will be known for who we are.

The overburdened and emotional exhaustion of work that is taxing, can drain us leaving us to be salt that has lost its salty flavour and become dust. I needed reflection on what should I do and also on what I can do? What am I called to do? With the ubiquitous reach of social rights into our hands through our mobile phones – we are tempted to think we are invincible and can be everywhere and influence everything. I would call this over-reach and over-communication. Short video clips of less than a minute tempt us into believing we have understood peoples' lives and issues. We need to be wary of this and remember the frailty of man. We cannot be everywhere and do everything. Jesus tells us the wonderful parable of the Good Samaritan (Luke 10: 25-37) for this very reason. What is our priority? Who is our neighbour? Can I be a good Samaritan? I must begin there, I must address

what I am in direct contact with first and make sure that I am “seeing” the needs of the other – people who are not of my community or culture, but live among us. Jesus said, “blessed are the eyes that see what you see” (Luke 10:23). Let us continue to pray that we are able to “see” with eyes that see what Christ sees and work to meet those needs around us first. Then if it is Christ's will He will give us the strength to reach larger fora and be global change makers.

The harvest is plenty but the workers are few. Let us all work and pray that we can be His workers for all the days of our life.

Dr. Leila Caleb Varkey works for a non-profit organisation on Maternal and Child Health

EMBRACE THE UNFAMILIAR

It was a dim-lit evening early May, 2017. As we were walking through a rather empty street in Gandhi Nagar East in Vellore, I told my wife Anila, "I want to write about my present experiences. So when you go to the supermarket to get vegetables, don't forget to buy a good quality notebook."

She agreed, "will keep you occupied!"

Then, that evening, I started writing on the first blank page. Well... 'Is there something wrong?' I struggled to scribble. The pen was not recording what I wanted to put on it. I took another deep breath and started to push the pen. No... it was not happening. In two hours I could write only 10 sentences, that too full of scratches, rewritings and finally, my pen tapered to a full resignation. I put my head down in utter helplessness.

In the morning, I was finding it difficult to put the newspaper sheets back in order after reading and shuffling. It was not happening. Then I marked sheet numbers to make it work. And I failed. Making bed in the morning - I tried to fold the blanket; again, I couldn't. The muscles were working but the brain was losing its power to give commands. I realized that I was losing my mental coordination - to button a shirt, to tie the lace of my sneakers, and to even tell the time on the clock.

Encephalopathy Toxins were seeping into my brain resulting in confusion, due to a failing liver. Slowly I started stuttering, having difficulty in finding words. I knew I was slipping into a place where there was no return. I tried to get sleep, thinking that I would not wake up. I refused to be afraid of darkness. 'It is good to die in sleep,' I thought, where I would be transported to my real home with my Father in Heaven. I day dreamed the amazingly beautiful world I



Mr. Jacob C. Varghese

was going to live with my Lord and friend Jesus. I prayed for strength to suffer with courage.

I had no pain. It was a slow deterioration of clear thinking. A week before this state, I slid into unconsciousness for four days where the doctors at CMC Vellore told Anila to inform all loved ones so that she would be strengthened if I didn't get

out of the comatose state. Somehow I regained consciousness and went home, a rented place near the hospital. I was top on the priority list of potential candidates for a cadaveric liver transplant surgery.

On May 23rd, I woke up after a beautiful dream. In the dream I was in my usual official attire engaged in very interesting discussions. I was in full cheer, and told Anila about my dream while sipping bed coffee, while streaks of sunlight fell on my face through garden trees. I relished the exuberance of a day dawning. We went for a blissful morning walk. By afternoon, the Transplant Coordinator, Sister Gnanadeepam(GD) informed us that a donor was ready. He was brain dead after an accident. I don't know much about him.

Today on Feb 24, 2018, I am completing nine months after the 11-hour transplant surgery. During the post-operative recuperation, I completed a book with my experiences along with many short stories and random thoughts. I am writing this article after releasing the book "*Coconut Country Musings*," published by Notion Press, Chennai, will soon be available in bookshops and on Amazon.

My testimony has three points: 1) God is present when you abide in Him and surrender yourself for His sovereign will. When you take the initial step to embrace Him in whatever situation you are, He will run towards you to embrace you. 2) I have no clue why this experience happened to me; but I need

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FEATURE

not know. My Lord knows and that's all I need to know. So, embrace the unfamiliar and trust that He will sustain me on the journey. 3) When you have breath in your nostrils, and when your heart is ticking, be a blessing to others, encourage people around you and look forward to reaching the everlasting life.

I conclude with this quote: *"He does not ask much of us, merely a thought of Him from time to time, a little act of adoration, sometimes to ask for His grace, sometimes to offer Him your sufferings, at other times to thank Him for the mercies, past and present, He has bestowed on you and in the midst of your troubles to take solace in Him as often as you can. Lift up your heart to Him during your meals and in company; the least little remembrance will*

always be the most pleasing to Him. One need not cry out very loudly; He is nearer to us than we think."
Brother Lawrence (1611-1691)

Mr. Jacob C. Varghese is a Consultant to CMAI & In-charge of Communication Department

VACANCY FOR THE POST OF CHAPLAINS

The **Pondicherry Institute of Medical Sciences**, a Multi Speciality Hospital and teaching institute at Pondicherry (A unit of the Madras Medical Mission) is looking for a Chaplain who will primarily be working with the Medical and Nursing student community.

She / He should be ordained and having completed at least a B.Div with prior experience of working among a student / youth environment.

As a chaplain at PIMS you will need to:

- Be willing to work with people of other faiths.
- Have the maturity to deal with students of various denominations and cultures.
- Be able to relate to the medical professionals, medical students as well as the doctors and nurses.
- Be able to conduct regular morning devotions as well as Sunday service.
- Be involved with and organize various student activities (youth camps, retreats, mission trips) and work closely with the student council.
- Be flexible
- Be caring and compassionate.
- Be able to work as part of a team with health care staff in patient care.

You will also need:

- Good communication, including listening skills.
- Be proficient in English and Tamil.
- Able to see things from another person's point of view.
- Good organizational skills

Please send your resume to the Director Principal at mmmpims@gmail.com at the earliest.

AMANAT PROJECT IN BIHAR

Light at the end of the tunnel!

One of India's most populated states with about 110 million citizens, Bihar is home to millions of people living on or below the poverty line. Maternal and child mortality rates are higher than the national average – equating to approximately 2 mothers out of 1,000 dying in childbirth, and 4 child deaths out of every 100 born.



Ms. Jancy Johnson

is born in every two seconds. Labour rooms and postnatal wards were stinking; no water was available. Mothers were crying in pain with no one to listen to their cries. Labour tables had no sheets; mothers were shivering in the biting cold of November. What a situation?! Can anything good happen in this state - that was the thought



In 2013 when CMAI was invited to help an organisation called CARE India to improve the health system, we found that no doctors and paramedical staff were available at the PHC level. Infrastructure was very poor. The nurse had to play the role of everyone. There was no ray of hope. Labour rooms were fully packed. The ANMs were the only health care workers available to save the lives of the mother and child - where one child

which came to my mind at the outset. The request from our fellow partnering agency was to improve the skills of the ANMs – who had very meagre skills in the basics of maternal and child care. God will you do a miracle? Can we expect any change? Who will come and train these nurses. After some contemplation, we as CMAI accepted the challenge.



There were many questions - who will go for this mission? BSc & MSc nurses from all over the country ? Will they go to this state where people like Sanballat and Tobiah discourage us. Which parent will send their daughters to a place like Bihar? An advertisement went out through newspapers, churches, institutions, etc. There was no response. With more personal calls and inquiries, finally, a bunch of freshers who had just graduated from their colleges came up. We began seeing a rainbow in the dark cloud. Oh! they have no experience. What will they do in Bihar? My inner spirit pleaded – it was a point of desperation! Appoint them – but some cannot speak Hindi! All teaching has to be in Hindi. Then new ideas sprouted and we paired them with Hindi speaking candidates. Finally on November 2013 our first batch of 50 mentors landed in the heart of Bihar with much fear and trembling. They accepted the challenge and took the responsibility with courage.

Months of toiling, teaching and frustration went by. It was not only taking care of the mentors, but through them their work of assisting the ANMs to relearn their skills; encouraging them, looking after their personal needs of stay and food and travel; it was not easy !

At last we started seeing changes in the skills of the ANMs. The ones who never wore or wore only one pair of gloves for conducting deliveries started using gloves, mask and gown. The rusted autoclaves which were lying

in the stores for ages came out and the ANMs started using them. The infant warmers started appearing in labour rooms. The on-duty ANMs started understanding the use of these equipment. Gradually we could see the level of referrals increasing as they understood and also could identify the cases which could not be managed at PHC levels. The death rate of newborns and mothers started declining. The documentation and the total care improved drastically.

Thus far we have trained 2800 ANMs and currently those ANMs are learning how to train their fellow ANMs. CMAI continues to support Bihar Government with 60 of our staff and continues to work for the same cause in all the districts of Bihar.

Few learnings:

When we take up a challenge – the road is long and may have many dark tunnels - but there is always a light even at the end of the darkest tunnel.

Consistently trusting in God and working hard towards achieving the goal will help us overcome our problems – and show us that finally it is His work and we have been used by Him

Ms. Jancy Johnson is the Secretary of Nurses League of CMAI

SABINA NANDA'S STORY

I was in the second year of the ANM course when something in my life happened beyond my imagination. This incident saddened my life, family, village, nursing school and hospital staff. I started getting pain in my legs. I showed the doctors who gave me medicines which decreased the pain for a while. It started again, and I began getting admitted to hospital. Like that, time after time, day after day, month after month went by. The pain kept increasing and gradually spread to my entire body. It was difficult to stand, get up and later even sit. I never thought something like this would happen to be. I felt I was losing everything. I prayed that He would help me bear what was in His will for me.

By His grace I completed the nursing course, but it was very difficult. He provided everything for me - a good nursing school and good teachers, who helped me complete my course. The hospital staff also helped me in my ward duties. I was not able to study well, but somehow completed my course. I did not think I would pass, but with everyone's prayers and help, I could.

My problem took a whole year. Dr Suranjan checked me out and ordered for a CT scan. Suspecting bone TB, I was given medicine and referred to CMC Vellore for further treatment. There I began having many investigations including a bone biopsy and eventually I was diagnosed with lymphoma. I could not believe this. My father, mother and I were broken. I was referred to hematology. There further tests were ordered and treatment explained and started. I was advised admission. I was very scared. Bible promises came to my mind. Chemotherapy was started and every hour blood was taken for testing. I did not know how the chemo was completed and when the evening came. For a while I felt hot, a little later I felt cold, a headache would begin and till I vomited there was no relief. I could not sleep at night. The next day I was given



Ms. Sabina Nanda

a spinal injection. After that I began vomiting which was really difficult for me. I could not understand if I'd live or die. I got hope only from the Bible. Whatever I needed, it was God who provided for me. The entire seven months of treatment went by like this.

My happiness knew no bounds when I knew I could go back to Bissamcuttack. Everyone seemed so distant, but when I met them I saw the anxiety on every face. I could not believe that I returned. After four months of rest, I was worried as to how I would get back to work and complete my service obligation. I joined duty and did not know how I completed the two years. With God's and the staff help, I could. Isaiah 55: 8,9 was my strength. I have now left Orissa and it's been one year since I have been working in Chattisgarh.

Staff reminisces:

1. Sabina, a tiny person of about 30kgs, lost weight and all her hair - but she never lost her beautiful smile.
2. She and her family put their entire hope in the Lord and they experienced His faithfulness
3. It was a minute by minute walk with the Lord through the seven months, trusting in Him for all the smallest needs. On returning, she spoke of her experiences and the Lord's faithfulness in the chapel. We could feel her strong conviction, bringing tears to many eyes, joy and laughter too, to see her well.

Ms. Sabina Nanda, ANM, working in Chattisgarh

THE DUNCAN HOSPITAL

To the North lies the mountainous land of Nepal, a land whose doors were closed for a long time to the message of Jesus Christ. To the East, West and South stretches the great plains of Bihar, one of the most densely populated yet disadvantaged and one of the most backward part of the nation. In the strategic area of Raxaul lies the foundations of the hospital called THE DUNCAN HOSPITAL. The Duncan Hospital, named after its founder missionary Dr. Cecil Duncan a Scottish Surgeon, was strategically located to serve both the population of Nepal & Northern Bihar (India). Initially, it was a clinic run by Dr. Cecil Duncan but soon developed into a 30 bedded hospital in the year 1930. Over the years, owing to the Grace of God, this 30 bedded hospital developed to a 200 bedded hospital. Progressively widening its range of treatment and specialties, it admirably blended between the two diverse and challenging cultures

In 1941, Dr. Cecil Duncan left the hospital on being conscripted to the Army Medical Corps during the Second World War. Unfortunately, he was not able to return to serve the people he loved. In the year 1984 God called Him home. For seven years, from 1941 the hospital remained closed, due to lack of medical personnel.

But in 1947 God moved through the arrival of an Irish couple, Dr. Trevor Strong and his wife Dr. Patrica Strong. The hospital soon regained momentum, its services diversified and infrastructure expanded.

They were closely followed by the arrival of Dr. Keith and Mrs. Marion Sanders. Dr. Sanders became widely acknowledged for his novel management of tetanus and gained much acclaim in the medical world. Drs. Mathew and Joanna Peacock from UK also made valuable contribution during their services from 1964 to 1974.

In the year 1965 Ms. Irene Stephenson, then Nursing Superintendent, set up the Nursing School and laid down the principles and standards that continue to be the benchmark even today.



Dr. Uttam Mohapatra

Miss Ruth Horne responded to the need of an Administrator to put administrative system into place and joined in the year 1936. When the hospital re-opened in 1948, Miss Amy McBurney was responsible for the outreach work.

On 3rd March 1974, the RBMU handed over the management of the hospital to The Emmanuel Hospital Association, under which it continues to function. Since then, the hospital has continued in its path of service and growth, a testimony to His enduring grace and faithfulness. From the very small beginnings, many have played a part in building up the Duncan. Following their God given vision, these men and women of God helped improve the standards in every department while continuing to witness for our Lord Jesus Christ. We pay our tributes to all those who were faithful and committed until the end!

75 and more years, today the Duncan Hospital has become a powerful source of God in reaching the communities and people of Bihar and Nepal. The hospital, through its continuous medical and nursing care along with community health projects caters to the medical and social needs of the people and communities. At present the Duncan Hospital is treating more than 1,22,820 out patients per year along with over 13,541 in patients per year. The hospital presently runs the following medical departments:

- Surgery Department
- Medicine Department
- Paediatric Department
- Obstetrics & Gynaecology Department
- Ortho Department
- Dental Department
- PMR Department
- Physiotherapy
- Occupational Therapy
- Psychiatry Department
- Clinical Psychology
- Eye Department

INSTITUTIONAL FEATURE

- Research
- X Ray Department
- Pharmacy Department
- Laboratory
- Lab School

The hospital is well equipped with an excellent Surgical team with a General surgeon (also our Managing Director) Dr Uttam Mohapatra, who along with our Medical Director and Orthopaedic and spine Surgeon Dr Prabhu Joseph take the leadership role along with Dr Novin Chako our Anaesthetist. Dr Parishuda Rao is our consultant in Obstetrics & Gynaecology Department. There were 3437

There are also significant numbers of patients with Hypokalemic Periodic Paralysis, COPD, MI (heart attack), Diabetes, Hypertensive Emergencies, Pneumonias and Strokes.

Day after day, the OPD is filled with patients waiting to be seen by the doctors and many have received healing and others have received a touch of compassion if not healing.

Critical Care

The Intensive Care Unit (ICU) at the Duncan Hospital consists of 10 beds and patients are admitted from all departments. There are 5 ventilators which has Adult



General and orthopaedic surgeries in the last year. 1424 LSCS and 4973 deliveries were recorded in the last year.

The medical department lead by Dr Sheena and Dr Santosh Mathew (working honorary) along with our efficient and hard working team of Junior Medical Officers work tirelessly in listening, examining, diagnosing and treating patients with love and compassion. A large number of patients with snake bite related neurotoxic envenomation are seen frequently.

as well as Paediatric mode of ventilation and 1 Neonatal ventilator available for patients. The unit also has 2 Heated High Flow Devices called Airvo2 which is used for patients in ICU. There is also an Arterial Blood Gas (ABG) Analyzer in the ICU. The ICU is shared between adult and paediatric patients.

Dr. Blessy Sucharita, Dr. Sheena and Dr. Santosh are in-charge of pediatric and adult ICU patients. We also have the services of trained Critical Care Technologist

INSTITUTIONAL FEATURE

from CMC Vellore, Mr. Manish Mahato. He provides his expertise in managing the patients on ventilator, provides chest physiotherapy, does emergency intubations and is overall a great support to the nursing and medical staff.

Dr. Blessy Suchitra and Dr. Ngyanaraj, our Paediatric consultants cater to the needs of the Paediatric patients who come to our hospital. The department consists of a spacious Neonatal unit well equipped with 3 levels – L1 for babies stable just for observation and antibiotic administration, L2-for babies under Phototherapy, and L3-for very sick babies requiring ICU care. The department is also equipped with equipment such as syringe pumps, pulse-oximeters aiding in providing better care. Four new ventilators, three more bubble CPAPS and AIRVOs, 5 phototherapy units, newer pulse-oximeters were also recently added to the department. A multicentric Pneumococcal surveillance study was started with Dr. Blessy as the Primary investigator in collaboration with CMC Vellore, where children within the age of two months to five years with suspected pneumococcal infection investigated.

Department of Psychiatry is run by Dr. Ravi Sunil, our consultant Psychiatrist. Focus has been placed not only in the clinical field but also in education, in terms of educating community health volunteers and junior medical officers for the ease of identification of people with mental illness and approaching the same with the primary care services.

Dental services is lead by Dr. Emmanuel Inbaraj. It continues to be one of the best in the region with latest equipments and technologies to cater to the needs of the people. The average OPD numbers is about 46 to 50 in the peak seasons i.e. the summers. The hospital also has relatively new PMR (sports medicine and rehabilitation) department under the able leadership of our PMR consultant Dr. Vijay Manda. The team includes Physiotherapy, Occupational therapy offices and therapy gym with the brand new infrastructure. The department has been furnished with various therapy equipments and the therapeutic modalities. **New ventures of weekly academic sessions** along with the CBR (Community Based Rehabilitation) team were started apart from the daily routine medical and rehabilitative assessments and therapies. **Rehab screening camps** with brief assessment of the various disabilities, motivating the patients and their relatives for institution based and community based rehabilitation along with **Home visits is an integral part**. Two new services, i.e. the Artificial Limb Center and electrodiagnosis, have been started.

Weekly academic sessions along with the CBR (Community Based Rehabilitation) team were started apart from the daily routine medical and rehabilitative assessments and therapies. Rehab screening camps where brief assessment of the various disabilities and motivating the patients and their relatives for institution based and community based rehabilitation along with Home visits is an integral part.

The Duncan Lab School was started in 2008 and we have one Microbiologist and a CMAI certified tutor. Mr. S. Kannan is in-charge of the Lab school. We have Diploma in Medical Lab technology course (DMLT) for 2 years.



Four batches of DMLT students have passed out and most of them joined our lab staff and they are the backbone of our Lab services team.

Christian counselling centre is the place which is very useful for patient's relatives to sit and read the word of God through Bible and tracts. We provide Bibles and counselling to all the patients and staff who are referred by doctors. Mostly we counsel the patients who are in depression, acute conversion reaction, poisoning, anxiety, pregnant ladies, and other ailments and pray for the serious patients in ICU. CCC department helps the patient know the actual reason of the disease. Our department is involved in ward preaching, morning devotion, visitation, prayer and WPC. And the most encouraging aspect for us is when people get blessed through our ministry. Moreover people are eager to listen to God's word and are healed through prayers. Patient's relatives come to the CCC and request us to pray for the patient's healing.

The School of Nursing Duncan Hospital Raxaul was started in 1955 with the Auxiliary Nurse Midwife training & upgraded to General Nursing & Midwifery in 1964 with intake of 10 students. Since 1965, the GNM programme has been started here. It was the prayer, hard work and dedication of the nurses at that time especially **Ms Irene Stephenson Nursing superintendent** hailing from **London Stanmore** which led to the establishment of this school, since then the school has grown from strength to strength and has been successfully producing many competent Christian nurses who are committed to the noble profession.

The main reason for its inception was strongly felt by **Ms Irene Stephenson** when she saw the people suffering from lack of good health, ignorance, poverty, and unable to access health care facilities. The establishment of nursing school was very essential to produce Christ centered, clinically excellent and consistently caring nurses in order to give care, educate people and create awareness in health scenario.

We have four Msc and three Bsc Nursing tutors in the School of Nursing at present. Curriculum is planned and implemented as per the requirement prescribed by the Indian Nursing Council, New Delhi and The Mid India Board of Education.

We conduct GNM Programme. The duration of training course is 3 years. Our annual intake of student is 20 per batch. Students come from different parts of our country including Nepal. Till now 722 nurses have graduated from the school of nursing.

Community Health and Development Projects (CHDP)

Bihar is one of the most backward states in India with a majority of the population living in the rural communities and below the poverty line. These communities have an overall high index of infectious diseases and disease burden as well.

Duncan CHDP was started in early nineties in response to the needs of the communities to transform communities with primary emphasis on the poor and the marginalized, regardless of race, caste, creed or religion with a geographical focus on East Champaran District.

The goal is to see communities prosper economically, demonstrating good stewardship of their available resources, living in a safe and healthy environment, constantly learning, demonstrating mutual trust, cooperation and caring attitudes towards other communities.

The current community health and development projects include:

Chetna Project: Working with community members to strengthen the VHSNC's (Village Health, Sanitation and Nutrition Committees) so that maximum health can be realized for all.

Karuna Project: Providing specific interventions to women and children in order to reduce maternal mortality and infant mortality.

ROSHNI Project: Improving awareness and access to medical services for people with mental illness and helping community members to reduce alcohol abuse and domestic violence.

ACT (AIDS Control and Treatment) Project: Promoting awareness of HIV and AIDS and facilitating access to treatment for those affected or infected with HIV/AIDS.

CBR (Community Based Rehabilitation) Project: Giving hope to people with disabilities and their families, through therapy, advocacy, counselling, special learning centers, provision of equipment and access to medical care.

SVJ (Samalit Vikas Jankari) Project: Helping people with disabilities to access government entitlements through the formation of self-help groups known as Disabled Persons Organizations (DPO's).

ASISH Project: Reducing the risk of human trafficking, child labour and bonded labour.

PED Project (Project Education Duncan Academy): Providing opportunities for girls from needy families to attend school at Duncan Academy.

Future Plans

- New OPD building
- New buildings for Nursing school & hostel
- New Boys hostel
- Starting ENT services

All this and much more has been achieved only because the Lord has opened doors, provided opportunities and sent people. This is God's work and we are privileged to partner with Him.

Dr. Uttam Mohapatra is the Managing Director of Duncan Hospital, Raxaul, East Champaran Bihar - 845305

IMPOSSIBLE IN IMPFONDO



Dr. Latha Paul

Impfondo is a name you would never have come across. It was the same with us. In October of 2017 a friend of ours informed us that there was a mission hospital in this needy part of the Republic of Congo, Africa doing yeoman service. There was a dire need for a doctor. The missionary doctor who was there was leaving due to illness. We were also told that if no doctors went, there was a possibility of this place being shut down!

After much prayer and seeking God's face, and making sure our absence is not felt in ODC, we felt led to go.

This was part of the Global Outreach Mission headquartered in USA & Canada. Things worked miraculously quickly and within a short period of 2 weeks we were ready to leave.

The Pioneer Christian Hospital, Impfondo is located in the northern region of the Republic Congo.

A relatively poor area. The main access is by Air and boat. There is limited access by road. It is strategically located in that it borders three countries, The Central African Republic, The Cameroon and the Democratic Republic of Congo across the river Oubangi. Most people live at a below par existence. Compounded with few proper jobs; most eking out a living from the jungle which is near and all around.

For many this is the last stop as far as medical care is concerned. Cerebral Malaria and sexually transmitted diseases abound. Kalima Anatole was a lady who was referred to us in a rather sick condition. She was a refugee who had had an LSCS in a place called Betou, about 6 hours boat travel from Impfondo. She was referred as post caesarean infection. The lady was young, vivacious and active. She was already on a host of antibiotics. Clinical examination, but for minimal

abdominal tenderness and subinvolved uterus did not disclose much. None of the signs of acute peritonitis could be elicited. A scan revealed some fluid but this was about all. There was no clear direction as to whether to wait or to open immediately. So we decided to keep her nil orally with high IV antibiotics. We prayed with her and for her. Next day we had the conviction that we need to do laparotomy on her.

What a shock, to realize that the whole peritoneal cavity was full of pus. More than 2 litres was drained. The bowel was adherent and there were multiple adhesions. There were flakes of pus all over. We did a thorough lavage, released all the adhesions, removed as much infected material as we possibly could and closed the abdomen leaving a drain inside.

We were really apprehensive about the postoperative outcome. We were expecting the worst though praying for a miracle.

The next morning the patient greeted us with such a welcoming smile. It really gladdened our hearts. She was even able to feed her baby. Her recovery continued to be good though there were some hiccoughs. We were able to discharge her in good health with her chubby baby. It was indeed a close call for Kalima Anatole. For us again an experience of answered prayer. But more than that it was a strong affirmation to hearken to that still small voice. There were many more examples of God at work in this needy outpost.

We have been startled by the level of need, stunned by the way people live even in these days and staggered to realize that we in India are really living and enjoying a life of luxury!!!

Luke 14:28 NIV

....From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked.

The dark forests of Congo beckon....are there any takers????

*Dr. Paul Emmanuel, Head, Dept. of Obstetrics & Gynaecology, Christian Fellowship Hospital, Oddanchatram, Dindigul Dist., Tamilnadu, India.
Pin: 624619, Ph: 04553 241181(R), 04553 240983(O)
Mob: +91- 94444 27190*

WANLESS HOSPITAL, MIRAJ MEDICAL CENTRE, MIRAJ 416 410.

URGENTLY REQUIRED

TREASURER

Eligibility: A.C.A / A.I.C.W.A / M.B.A (finance) full time course with six years experience in finance in a senior position.

OR M. Com full time course with 10 years experience in finance in a senior position in Mission hospital.

Age Limit: upto 45 years.

Salary: Commensurate with experience & negotiable (up to Rs.70,000/-).

P.F., Gratuity, Medical facility etc. according to rules.

ASSISTANT TREASURER

Eligibility: A.C.A / A.I.C.W.A / M.B.A (finance) full time course with two years experience in finance in a senior position.

OR M.Com full time course with 8 years experience in finance in a senior position in Mission hospital.

Age Limit: upto 45 years.

Salary: Commensurate with experience & negotiable (up to Rs.50,000/-).

P.F., Gratuity, Medical facility etc. according to rules.

FINANCE OFFICER

Eligibility: A.C.A / A.I.C.W.A / M.B.A (finance) full time course with two year experience in finance in a senior position in hospital **OR** M.Com full time course with 8 years experience in finance in a senior position in hospital.

Age Limit: upto 45 years.

Salary: Commensurate with experience & negotiable (up to Rs.50,000/-).

P.F., Gratuity, Medical facility etc. according to rules.

Accommodation will be provided. Spouse could be absorbed in hospital services, if eligible.

Preference will be given to Christian Candidate.

Apply to:

Dr. Nathaniel S. Sase
Director

Ph. No.: (0233)2222548, Fax: (0233) 2223413
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REPENT AND REFORM, O BELOVED COUNTRY!

Shame, O Beloved Country!

The two recent instances of the shameful rapes of young girls in the states of Jammu and Kashmir and Uttar Pradesh have brought ignominy to India. Such incidents keep on happening. The body of an 11 year old girl was raped, tortured and strangled to death was found in Surat about 13 days ago. A 17-year-old girl was gang-raped in Patna early on 14th April 2018 in Patna. On the same day a 24 year old woman was said to be gang-raped by two youth on Yamuna Expressway. It is indeed ironic and horrible that Indians, who worship many Goddesses daily, have no respect for the country's girls and women.

Worse still, in Kashmir as police tried to file charges against the men in the town of Kathua, local lawyers shouted Hindu nationalist slogans and tried to block investigators from entering the courthouse. BJP ministers in Jammu and Kashmir state's coalition government attended rallies in support of the accused that were organised by the Hindu Ekta Manch, a nationalist group.

Similarly in the Unnao, Uttar Pradesh, the girl who was raped tried to kill herself on April 8, 2018 in front of the home of Yogi Adityanath, Uttar Pradesh chief minister, alleging the police had refused to register her case. A day later, her father died in police custody after he was beaten by Sengar's brother, who has since been arrested.

Vrinda Grover, a Supreme Court lawyer who specializes in sexual assault cases, remarks, "Systems are manipulated from the investigation stage onwards, the processes of law are subverted by those in power. The Unnao case is the most brazen illustration of this. . . The police facilitated the beating to death of the father of the girl. If the police is going to not act according to the law, but at the behest of the accused, then there can be no hope for justice. Today, law and justice are a mirage that we are offering the women of this country."

In addition to this culture of sexual violence and rape, there are several other evils our country is experiencing.



Rev. Dr. Roger Gaikwad

Religious minority groups, particularly Muslims and Christians, continue to face increasing demonization by hardline Hindu groups, pro-government media and some state officials. Adivasi communities continue to be displaced by industrial projects, and hate crimes against Dalits remain widespread. Authorities are

openly critical of human rights defenders and organizations, contributing to a climate of hostility against them. Mob violence, including that by vigilante cow protection groups, is being intensified. Press freedom and free speech in universities has been coming under attack. The Supreme Court and High Courts deliver several progressive judgments, but some rulings undermined human rights. Impunity for human rights abuses persists.

And much it grieves our hearts to think what humans have made of humans!

Our Voices and Efforts for Change, O Beloved Country!

As citizens of the country, we all want such evils to be purged. As the NCCI, we have been engaged campaigns such as "Zero Tolerance to Violence against Women", "Thursdays in Black" (a campaign in which people are asked to wear black clothing or simply a badge, which shows others that they are tired of putting up with such violence, and which calls for communities where humans can all walk safely without fear; fear of being beaten up, fear of being verbally abused, fear of being raped, fear of discrimination), "White Ribbon Campaign" (in which men and boys, wearing the White Ribbon, declare that they will never commit, excuse, or remain silent about men's violence against women), and "16 Days of Activism Against Gender-Based Violence" (The campaign runs every year from 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day).

Similarly the NCCI is engaged in campaigns related to injustices perpetrated on marginalized, oppressed communities such as the Dalits. We observe "Dalit

Liberation Sunday” on the second Sunday of November every year, and “Black Day” on 10th August every year (protesting the injustice meted out to Dalit Muslims and Dalit Christians who have been denied affirmative action benefits of the government till today). We are also engaged in the “No one can serve Christ and caste!” campaign within the church. Likewise the NCCI has been persevering in seeking justice for tribals and adivasis who are being cheated, exploited, trafficked and forced out of their rightful inheritance of jal, jungle and jamin. The NCCI also takes up the cause of people infected and affected by HIV and AIDS, persons of gender and sexual diversity, people with disabilities, and the poor who are affected by systems of globalization. Through all these engagements, the NCCI is committed to the gospel of justice, love and peace.

Our Dilemma, O Beloved Country!

Not only the NCCI, but also several churches, councils, forums, faith-based organizations, NGOs and civil society bodies are committed to values of justice, love and peace. Yet one is alarmed that the forces of injustice, hatred and violence are on the rise.

The systems, and the structures that they give rise to, have engendered an environment and ethos of self-centred individualism, of craving for power and privilege, of communalism and fascism. Thus individuals and groups are trapped with the systems which humans have created. As Pope Francis puts it: “Even today we raise our hand against our brother... We have perfected our weapons, our conscience has fallen asleep, and we have sharpened our ideas to justify ourselves as if it were normal we continue to sow destruction, pain, death. Violence and war lead only to death.”

As Christians, we have had and continue to organize gospel programmes, conventions and revival meetings in which the focus is on saving individual souls. While some are born again (and it is important that individual turn to God), others back-slide in the mean time! While individuals undergo change, the society and its systems remain as they are, with all their political, economic, social and religious inter-play, perpetuating corruption, injustice, ill-will, and violence. And so the maze of webs of Caste, Patriarchy, Hetero-normativity, Globalization, Class, Fundamentalism, Communalism, Fascism and the like continue to trap, influence and regulate life. Therefore even the well-intentioned projects and programmes for

justice, inclusivity and peace do not have the desired impact.

Repent and Reform, O Beloved Country!

While endeavors and ministries of churches, councils and other bodies to bring about change are important, what is required is social/national repentance. Without such community repentance, our services and ministries remain largely as programmes and events. The call of Jonah to repentance was not given to individuals. It was given to the whole city of Nineveh. The call of John the

Baptist was to the whole society of the rich, the religious, the tax collectors and soldiers. The call of Jesus was to the whole community: Repent for the reign of God is at hand!

What is needed is community engagement in reform. As we read through Nehemiah chapter three, we find different groups of people engaged in rebuilding the wall: priests, Levites, civil leaders, perfumers, goldsmiths, merchants, and the Nethinim. Both men and women were involved in the work. No class or sex was either too high or too low for the task they had to do. The entire community was engaged in reform.

Alan Paton’s book, “Cry, the Beloved Country”, published in 1948 is an insightful but tragic novel narrating

the destruction of the people because of the impact of colonialism, racism, and the values and life-styles of the whites. “Repent and Reform, O Beloved Country!” is a call to us to address the challenges of the times in the spirit of the Nazareth Manifesto of Jesus Christ (Luke 4:18-19).

The call of Jonah to repentance was not given to individuals. It was given to the whole city of Nineveh. The call of John the Baptist was to the whole society of the rich, the religious, the tax collectors and soldiers.

Rev. Dr. Roger Gaikwad is the General Secretary of National Council of Churches in India.

FROM OUR ARCHIVES

The Journal of the Christian Medical Association of India, Burma and Ceylon

Vol. XVIII No. 4 January 1942

INTEGRATION IN MEDICINE

By Dr. Konig

(This is only part of the above mentioned article)

1943

Faith, Charity and Hope

Every being of the human race is a patient.

Some are nurses, a few are physicians. This is the pyramid of medicine.

The physician is searching for the truth which lies behind the disease.

The eternal faith in truth will guide him. The nurse gives comfort to the appearance, to the countenance of the sick man. The eternal charity will help her.

The patient is waiting for his redemption. The eternal hope will lead him. Christ is risen and through His resurrection the eternal faith is established on earth.

The Christ Jesus walked upon earth and through His life the eternal charity was founded for mankind.

The Jesus Child was born in a stable and through this birth the eternal hope can reign in every human heart.

The faith of the physician.

The charity of the nurse.

The hope of the patient.

These three Christian powers may again become the foundations of a new medicine.

This medicine will then be a Christian way of healing. The Christian way to eradicate from earth and mankind the great mother of disease: the fall of man.

Christ is risen that the physician may act.

Christ walked over the earth that the nurse may help.

Christ was born that the patient may hope.

So may hope live in all of us who are ill.

So may charity reign in those who are spending charity.

So may faith guide the few who are searching for the truth which lies behind disease.

The Journal of the Christian Medical Association of India

Vol. XLIV No.8 - August 1969

MEDITATION

The Physician

By Robert R. Sawtell, MD

1969

...As Christian physicians we should all practice 1 Corinthians 14:1, 'Let love be your greatest aim'.

'Love the Lord your God with your whole being.' Many busy people in the medical profession confess that a major problem in their lives is keeping the 'love tire' high. This requires time to be quiet... Practising the art of worship and communicating with our Heavenly Father leads to a valid perspective on our work and our patients. It leads to meaningful goals in practice. The realization of God's love in our inner being creates a challenge to 'work it out' at the office and on the ward. Love is active. Each patient can be a challenge to love whether he is one of those 'interesting medical cases' or not. We first receive love, then we must dispense it. We are not born with it. It did not come with talent or with our degrees. But love is given to us as a gift, undeserved, and it must be renewed on a moment-by-moment basis.

'Love your neighbor.' As doctor we must not forget the meaning of 'neighbour'. It is a leveling word and means to be nearby. There is a danger of being separated by insurmountable barriers from other people. We feel obligated to assume a role and believe it is therapeutic, but as a result we seem to be unapproachable. We need to love and support our patients. The ultimate good of the patient may at times require that we thrust some responsibilities and decisions on him, rather than doing it ourselves. It is not healing to force the patient into a state of total dependence....

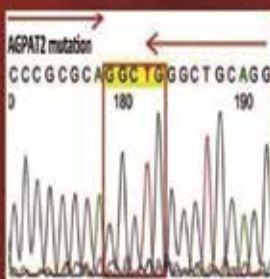
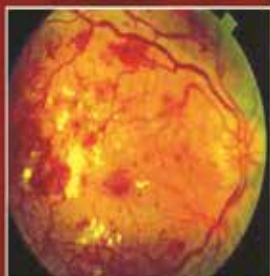
'Love Yourself.' Medical people have a strong basic desire to be needed. There is a drive to continually prove ourselves indispensable. Such proving is often at the expense of the patient. To give yourself requires...

God unconditionally loves us, now just as we are.

**EIGHTH
EDITION**

A Practical Guide to Diabetes Mellitus

N Thomas
N Kapoor
J Velavan
KS Vasan



A Practical Guide to Diabetes Mellitus

EIGHTH EDITION

Editors

**Nihal Thomas
Nitin Kapoor
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Dr Helen Sigua
Philippines
Health & Wholeness



R Rajkumar
India
Bible Exposition



Rev Dr Charles Price
Canada
Bible Exposition



Dr Peter Saunders
UK
Ethics & Healthcare

Theme:

In the footsteps of the Great Servant Healer

Dates:

Students & Jr Graduates
21st to 23rd August, 2018

Pre-conference
22nd to 23rd August, 2018

Main Conference
23rd to 26th August, 2018

The World Congress connects Christians in medicine and dentistry all around the world, equipping them to live out their faith at work.

International Christian Medical and Dental Association (ICMDA) is a global movement uniting national Christian medical and dental organisations in over 60 countries.

Christian Medical Association of India (CMAI) is a fellowship of doctors, nurses, administrators, chaplains and allied health professionals and a network of Mission Hospitals in India.

Evangelical Medical Fellowship of India (EMFI) seeks to be a support to doctors and dentists in the country to enable them to be a witness for Christ.



**Early Bird REGISTRATION
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Programme Highlights

- Morning Prayers
- Worship & Bible Study
- Plenary Sessions
- International Night
- Breakout Sessions
- Evening Social Events
- Global health and Social issues from wide perspective

Some quotes from past participants

"The greatest moment for me was when all participants coming from so many countries, speaking so many languages began to sing an unique song worldwide known for the glory of our Lord. It was a taste of heaven Revelation 7:9"

"My experience in attending this ICMDA XVI World Congress is an experience of a lifetime. It is one of the most significant events in my timeline. I just loved everything about the Congress despite circumstances. I learnt a lot about the importance of serving God and the sufferings involved in following Christ and serving Him with perseverance and endurance in the medical life".

"The Bible readings, seminars, keynote lectures and group discussions were absolutely terrific and interesting. Meeting doctors from different races, cultures, traditions, creed and language but with the same FAITH and BELIEF were mostly encouraging and motivating".

"Personally, my attendance and trip overseas has changed my perception of the world and also a blessing to see places that God created which is very different from mine".

Venue:

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Leonida Holistic Destination
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Telangana, India

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