

CHRISTIAN MEDICAL JOURNAL OF INDIA

**CMJI**



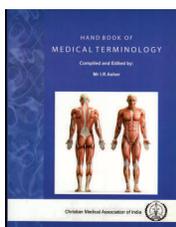
A Quarterly Journal of the Christian Medical Association of India

VOLUME 33 NUMBER 3: JULY - SEPTEMBER 2018

# LIVING IN VULNERABILITY

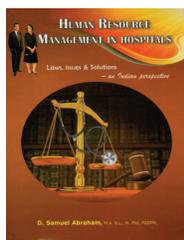
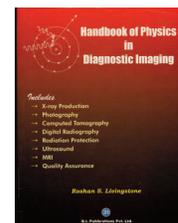


# Books Available at the CMAI Bookstore



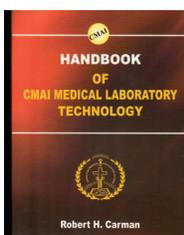
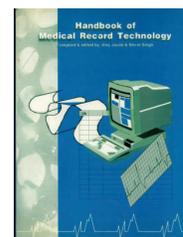
**HANDBOOK OF MEDICAL TERMINOLOGY** by I.R. Asher: A compendium of scientific lingua franca used by health care professionals throughout the world. Analyze individual word parts such as prefixes, suffixes and word roots, along with learning body system dynamics, basic medical languages, body orientation, health, wellness and disease terms plus instruments used in assessment. Rs. 300

**HANDBOOK OF PHYSICS IN DIAGNOSTIC IMAGING** by Roshan S. Livingstone : The latest trends available in medical imaging and a complete review of X-ray production, generators, fluoroscopy, photography, radiation safety, digital radiography, multi-slice CT, ultrasound, MRI and quality assurance. Rs 220.



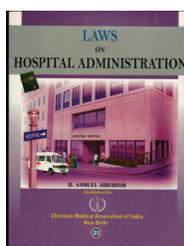
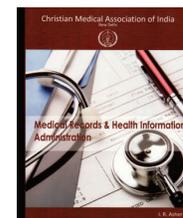
**HUMAN RESOURCE MANAGEMENT IN HOSPITALS: LAW ISSUES AND SOLUTIONS:** by D. Samuel Abraham: Introduction to law, basic structure of judiciary in India and its functions, various organs of the state, fundamental rights and duties and jurisdictions and the analysis of civil and criminal laws. It also includes legal issues in human resource function, procedural issues and disputes. Statutory provisions and its compliance and discusses various acts of the government. Rs. 500

**HANDBOOK OF MEDICAL RECORD TECHNOLOGY** By Aley Jacob & Shirin Singh This book contains the introduction, history, definition & contents, numbering & filing values, purposes and uses, indexes & registers, microfilm, medico-legal aspects ..etc of medical records. It also includes administration and statistics. Rs 200

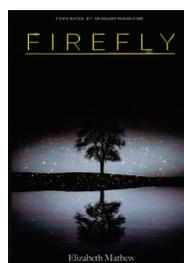


**HANDBOOK OF CMAI MEDICAL LABORATORY TECHNOLOGY** by Robert H. Carman: Guidelines for Pathophysiology of disease and the technology of methodology for diagnostic laboratory testing. Rs.1000

**MEDICAL RECORDS AND HEALTH INFORMATION ADMINISTRATION** by I.R. Asher: A complete guide for modern medical records in department administration with sample policies, laws on medical documentation, legal aspects of medical records, introduction to electronic health records, various consents and medical record forms, latest medical records retention law, tutorial on ICD – 10, and NABH requirements for MRD. Rs. 1000



**LAWS IN HOSPITAL ADMINISTRATION** by D. Samuel Abraham: This book focuses on the legal implications of issues connected with hospital administration. Give guidelines on the proper and cogent use of law books while dealing with medico-legal problems. Rs 300



**Firefly**, published by CMAI is an ode written by a mother, Mrs. Elizabeth Mathew, one of our staff in honour of her medical missionary son Dr. Shane Sam Mathew, who reached the eternal abode abruptly at the age of 25 in a fire that engulfed the staff quarters in Liberia in the year 2017. Dr. Shane was her first born and only son. The devastating experience of suddenly losing her child in a foreign land made her re-think about her faith, priorities and the purpose of life. Despite all the sorrows, through this book, she is trying to draw God's strength and grace and living with the hope that death is only a temporary separation and one day, she will meet her son in eternity. This book will challenge the young, console the grieved and uplift many-a-soul to understand and accept the sovereignty of the Almighty God. Rs 300

To purchase from the CMAI Bookstore, contact: [ivin@cmai.org](mailto:ivin@cmai.org)

## OFFICE BEARERS

**PRESIDENT:** Dr Ajit Singh, Director,  
Evangelical Hospital, Khariar, Odisha

**VICE PRESIDENT:** Ms Onenlemla Imsong,  
Chaplain and Supervisor, Bangalore  
Baptist Hospital

**TREASURER:** Mr Thampy Mathew, Finance  
Officer at St Stephen's Hospital, Delhi

**EDITOR:** Ms Mercy John, Principal of the  
School of Nursing, Christian Hospital,  
Bissamcuttack, Odisha

**GENERAL SECRETARY:** Dr Bimal Charles

### COMMUNICATION ADVISORY COMMITTEE:

Dr Ajit Singh, Ms Mercy John,  
Dr Bimal Charles, Ms Jasmine Yuhanna,  
Dr Nitin Joseph, Ms Ella Sonawane,  
Ms Anuvinda Varkey, Dr Nittin R Parkhe  
Dr Abhijeet Sangma, Ms Imtimenla Aier,  
Mrs Jancy Johnson, Mr Lyric Abraham,  
Ms Elsy John, Dr Sunita Abraham,

### EDITORIAL COORDINATOR:

Mr Jacob C Varghese

### LAYOUT & COVER DESIGN:

Ms Lata Anthony

### SUBSCRIPTIONS:

Ms Goukhanngai

### PUBLISHER AND BUSINESS MANAGER:

Dr Bimal Charles

### EDITORIAL OFFICE:

Christian Medical Association of India,  
Plot No 2, A-3 Local Shopping Centre,  
Janakpuri, New Delhi 110 058  
Tel: 2559 9991/2/3, 2552 1502  
Fax: 2559 8150  
E-mail: [cmai@cmai.org](mailto:cmai@cmai.org)  
Website: [www.cmai.org](http://www.cmai.org)

### BANGALORE OFFICE:

HVS Court,  
Third Floor, 21 Cunningham Road  
Bangalore 560 052  
Tel: 080 2220 5464, 2220 5837, 2220 5826  
Fax: 080 2220 5826  
E-mail: [cmaibl@cmai.org](mailto:cmaibl@cmai.org)

### VELLORE OFFICE:

No. 1307, 44th Street, Sathuvachari  
VELLORE - 632009  
Mobile: 9952228026 (Mr I.R.Asher)  
Land line: 0416 - 2254027

**PRINTED AT:** New Life Printers, New Delhi

Articles and statements in this publication  
do not necessarily reflect the policies and  
views of CMAI. For private circulation only.

# CMJI



Communicating Health  
Since 1895

**CHRISTIAN MEDICAL JOURNAL OF INDIA**

A Quarterly Journal of the Christian Medical Association of India

[www.cmai.org](http://www.cmai.org)

VOLUME 33 NUMBER 3

JULY - SEPTEMBER 2018

## CONTENT

<b>Letters to the Editor</b>	2
<b>EDITORIAL</b>	3
<b>DEVOTIONAL DISCUSSION</b>	
The Visible Invisible <i>by Pastor C. B. Samuel</i>	5
<b>PART - 1 : THE THREAT AND BURDEN OF VULNERABILITY</b>	
Vulnerability as a Threat <i>by Dr. Prashanth N. S.</i>	7
Without a Home, A Complete Unknown	10
Aparna's Story <i>by Ms. Pranita Timothy &amp; Mr. Joben David</i>	13
<b>ANNOUNCEMENT</b>	15
<b>PART - 2 : VULNERABILITY AS A SPIRITUAL ASSET</b>	
The Vulnerable Journey <i>by Fr. Henri Nouwen</i>	16
Confederate Soldier's Prayer	20
Hospitality Vis-A-Vis Vulnerability: A Conversation <i>by Rt. Rev. Prof. (Dr.) D. K. Sahu</i>	21
Blessed are the Poor in Spirit <i>by Ms. Ashita Abraham</i>	24
Spiritual Vulnerability: Biblical Reflections <i>by Rev. Aruldas T</i>	27
<b>HUMAN RESOURCE</b>	29
<b>PART - 3 : VULNERABILITY - SUMMING UP</b>	
Vulnerability - From a Christian Perspective <i>by Ms. Usha Jesudasan</i>	30
Living in Vulnerability: The Paradox of Our Calling <i>by Dr. John C Oommen</i>	33
<b>FROM OUR ARCHIVES</b>	34
<b>REPORT</b>	
Healing Happens Together <i>by Mr. Sunny Kuruvilla</i>	35



## LETTERS TO THE EDITOR

Dear Mercy,

'Having been a life member of CMAI since the year 1963, and closely following articles published in the Journal during the past five decades I have observed with interest that very educative articles are featuring in the recent publications of the CMJI. It is a very encouraging move.

The article 'Making Buns.....' in the publication Number 2 of the Volume 33 of the Journal has very useful tips for us to follow, either in the process of organising our age old services in our Rural/Tribal based Christian Health Care Service Centres or taking up new initiatives to appropriately reach out to

the Needy/Marginalised Communities who are progressively finding it difficult to access to the ever increasing and fast developing purely Hospital Based and Hospital Oriented High Tech Health care Industry in our country.

Further, the three articles in the same issue focusing on Hypertension and the article 'Care of the people.....' provide food for thought for the health planners while designing an appropriate Technology in the present context to shift from a purely Hospital Based and Hospital Oriented Health Care Service Model to an Affordable Community Based and Community Oriented model. Congratulation to you."

Sincerely yours

**Dr. Sukant Singh, + 91-80 98453 74778  
+ 9180 25460 330**

Thank you for your article on 'Spiritual hope and Fetal distress'!

I felt ministered by the content and style, both reflecting on its origin in meditation. 'We are in a cosmic labour room' summarised for me the reality of my own state of being. The joy of living is awakened within me !

Johnny's article was an invitation to me to move further into interior silence to receive insights about ordinary events and be touched by the richness of their meaning. It brought a call to transcend the superficial and the obvious! It was an occasion of another level of consciousness for attentive living! I read it around my seventieth birthday, which made it even more significant! The article was an invitation to live mindfully from within and ponder over events in life to discover the mystical purposes hidden in them!

Continue writing Johnny.. there is warmth, depth and inspiration in what you write...

Dr. M. C. Mathew

### 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 "Life Stories". 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](mailto: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.

### ADDRESS FOR COMMUNICATION

Head – Communication Dept.  
CMAI  
Plot No 2, A-3 Local Shopping Centre  
Janakpuri, New Delhi 110 058  
Tel: 011 2559 9991/2/3  
Email: [cmai@cmai.org](mailto:cmai@cmai.org)

# Vulnerability - ytilibarenluV

Dear Readers,

Vulnerability is a double-edged word. On the one hand, Vulnerability can be a terrifying state to be in. On the other, Vulnerability can be a deeply spiritual blessing. In this issue of the CMJI, let's try and explore together what it means to be vulnerable.

Let me provide you a guide to the articles in this issue.

Firstly, What is Vulnerability? It has been defined as the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally. Social vulnerability refers to the inability of people, organizations, and societies to withstand adverse impacts from multiple stressors to which they are exposed. In simple words, Vulnerability is Hurt-Ability. It could be Physical, Mental, Social, Economic, Political, Spiritual... and often a combination of these domains.

**Part 1: Vulnerability as a Threat:** The “Me Too” movement has finally forced us to open our eyes to Gender Vulnerability and sexual harassment in the workplace. About time! Vulnerability in India can find its generator in caste, poverty, gender, politics, health status, marginalization, language, race, skin tone and a host of other factors. Being a woman, a child, sick, old, physically / mentally challenged; being poor, homeless, migrants, Dalit, Adivasi.... all these form the reality of our people.

The first 4 articles in this issue explore some aspects of the dark side of Vulnerability and our responses to vulnerable people.

- Rev. C. B. Samuel, has been the bridge between Evangelical Christianity and Social Action in India. He leads us in a devotion based on the story of the disabled man at the pool of Bethesda and the response of Jesus to him.
- Dr. Prashanth from the Institute of Public Health, Bangalore gives us a treatise on Social Vulnerability and its effects on people.
- “Without a Home, A Complete Unknown” is a personal story by an unnamed young lady who tried to share the vulnerability of the homeless in a city for one night and was shocked by the terrifying reality of their vulnerability.
- Pranitha Timothy and Joben David of “Justice and Hope” tell us the story of a young lady called Aparna; of how devastating and multi-faceted vulnerability can be for an individual, and how we can respond.



**Ms Mercy John**

**Part 2 :** Vulnerability as a Spiritual Choice: There is another side to Vulnerability. Our history is replete with stories of people like Mother Teresa, Mahatma Gandhi, Jean Vanier, Henri Nouwen and others for whom Vulnerability and Brokenness were a spiritual choice and modus operandi for life. A Positive Vulnerability. Brene Brown says, “vulnerability is the birthplace of love, belonging, joy, courage, empathy, and creativity.” The next 5 articles help us see Vulnerability as a spiritual gift to be practised.

- Henri Nouwen is a theologian whose thoughts and writings have inspired a softer, stronger Christianity. He speaks of the way of vulnerability as the way of Jesus.
- The Confederate Soldier’s Prayer, author unknown, speaks of gifts better than what we seek
- Bishop D. K. Sahu of the Church of North India is the former General Secretary of the NCCI and now teaches Theology at SHUATS, Allahabad. He offers insight into the Theology of Hospitality.
- Ashita Abraham reflects on a choice to live in community with people with special needs, and the lessons such life gives us.
- Rev Aruldas, from CMC Vellore, is a hospital chaplain. He brings to us biblical reflections on Spiritual Vulnerability.

**Part 3:** Summing it up : Usha Jesudasan, is a much-loved author, who writes from a deep blending of heart and mind. Dr John Oommen, has also described the paradox of our calling in the closing editorial. Both of them sum up the debate for us, seeing Vulnerability from three different perspectives.

We on the CMJI team, present this issue to you with the prayer that it will stimulate us to think and search ourselves and the world around us. Inevitably, Vulnerability comes knocking on our door, however strong or impervious we may seem today. Age catches up with us; an unexpected illness; a sudden accident. The illusion of power and strength is fragile. Even Muhammad Ali was slowed down by the punches of Parkinsonism. Can we embrace our own vulnerability as a gift to bless the world around with?

On the other hand, we in Christian Health Care, are privileged and called to share the pain of our patients. Every day, vulnerability streams into our Out-Patient Departments and wards. People with Sickle Cell Anemia and Cancer, road traffic accidents and mental illness, families vulnerable in their time of illness – they come to us each day. How do we respond? Can we share their pain and vulnerability, bringing to bear the grace and healing of our Lord, the wounded healer? By His stripes, we are healed.



*Ms Mercy John*

# THE VISIBLE INVISIBLE

Vulnerability is defined as susceptibility to harm that is caused by ‘developmental problems, personal incapacities, disadvantaged social status, inadequacy of interpersonal networks and supports, degraded neighborhoods and environments, and the complex interactions of these factors over the life course’ (Mechanic and Tanner, 2007). What is hard to imagine is that despite our ability to define vulnerability, vulnerable communities and individuals are ‘visible invisible’!!



**Pastor C. B. Samuel**

In the vicinity of Jerusalem temple, was the Pool of Bethesda. It was an important part of the pilgrim’s journey to the temple – the sheep brought for sacrifice entered through the Sheep gate, there was a pool for purification - and it was a crowded area. One part of the pool had a specific category of people - the disabled. They were there not to visit the temple but to wait for an angel to stir the waters, for they hoped that the first to enter would be healed. It was a large group who through their physical condition were vulnerable -dependent on others for their living. The gospel of John (John 5) records an incident where Jesus stopped at the Pool during one of his visits to Jerusalem.

The Bible says, that one, among the many disabled, was an invalid for thirty years. By now perhaps, he was part of the landscape. Everybody around were so used to seeing him around the pool that they did not bother to stop. Vulnerable are taken for granted that they are designated to be hopeless and destined to live in that state for the rest of life. Visible, yet invisible!!!

In the midst of all the crowds and the noises, Jesus saw the man ‘lying there’. John’s description portrays a person

who has resigned to accept his condition and confined to his mat as his identity. I’m not sure what caught Jesus’ attention, but he stopped to ‘learn’ about his condition. He must have talked to those who were familiar with the situation – may be the local shopkeepers, the tea-wallahs. Yes, they knew the man – he had been ‘in this condition for a long time’. This is precisely the problem with the vulnerable in our context; everybody knows their condition, have a well thought through analysis of the problem

(much of it are assumptions with no credible reasons) and a narrative that allows them to watch, rather than be engaged. Not all vulnerabilities are physical; but all have impact in other areas of life too. Vulnerabilities have a way in which one is allotted a limited space to function in. Perhaps, even in our communities of care, there are care-givers who are vulnerable and we have developed

a clever screen that allows us to resist an engagement with them. And often their sense of vulnerability has even caused them to wear a mask in their relationships so that we feel comfortable to hide behind our screens as they hide behind their masks.

Jesus, as usual acted on what he had ‘learned’. He asked the man ‘do you want to be healed?’ It was not a question to find the man’s eagerness for healing, but one to receive an answer that vocalizes to the hearing audience, the aspirations that were held in his heart as he lay near the well. The vulnerable are not insincere or ‘hope less’. The invalid was loud and clear; it was not for the lack of hope but for the lack of sensitivity that the man continued to be in this state of vulnerability. Maybe, everyday as he was brought to the poolside, he hoped that would be the day that the angel would stir

**The vulnerable are not insincere or ‘hope less’. The invalid was loud and clear; it was not for the lack of hope but for the lack of sensitivity that the man continued to be in this state of vulnerability.**

## DEVOTIONAL DISCUSSION

**On another occasion he asked the religious leaders, ‘Should not this woman, a daughter of Abraham, whom Satan has kept bound for eighteen long years, be set free on the Sabbath day from what bound her?’ (Lk 13:16).**

the waters; the day that he would be able to get into the well; the day that someone would provide a helping hand or even someone would see his condition as needier than theirs. Thirty years is a long time; but the hope of the vulnerable is that they would be able to break the chains that bind them to an imposed destiny of the margins.

Jesus’ words to him was to take up his mat and walk. Jesus’ words of healing empowered the man to find strength to get up and to break away from that disability which confined him to the mat next to the pool. The mat no longer defined his identity.

But Jesus’ action triggered off an angry response from the religious leaders for he had healed the man on a Sabbath day. The man walked around with his mat – a statement that God liberated him from what caused him to be vulnerable. Somehow, religion thrives in keeping the vulnerable always vulnerable, so that God can be God. But Jesus refused to accept that understanding of God. On another occasion he asked the religious leaders, ‘Should not this woman, a daughter of Abraham, whom Satan has kept bound for eighteen long years, be set free on the Sabbath day from what bound her?’ (Lk 13:16). As much as possible, mission is to reduce the vulnerability of the vulnerable and enable them to be free.

The Bible does not tell us what caused the disability in the man. But we know, that later, when Jesus met the man again at the temple, he said to him, “See, you are well again. Stop sinning or something worse may happen to you.” (John5:14). While not all sickness is caused due to sin or even a punishment for sin, Jesus’ words to the man point to a possible condition that caused the disability. And Jesus warned the man that he was healed, and he needs to make continued choices that ensured no repetition of a similar condition or a worse situation. To respond to the vulnerability in people is not confined to one action, but to build capacities to ensure that they move to higher levels that would protect them from reverting to a worse condition.

It is also true, that all of us occasionally are in situations of vulnerability. And often it is through vulnerabilities we move to higher levels of resilience and can translate our experience to be useful to others in their vulnerability. The Apostle Paul prayed that God would remove ‘a thorn in the flesh’, (which could have been a physical disability); instead he was told that the grace of God was enough to help him through. From Biblical records we are aware that Paul had an eye disease which worsened as years went on. He had to rely on people to even write his letters. God in His grace provided people in the Paul’s journey of vulnerability. There is on the other hand, another form of vulnerability – a vulnerability by intentional choice. We see this here, in John 5, when Jesus made himself vulnerable by choosing to become human. The Son of God emptied himself of the right to be God and took on human form, to become a victim of criticism which eventually led him to the cross. But the Bible says, by his wounds we are healed.

Mission is a choice to become vulnerable in order to bring hope to the vulnerable by our vulnerability.

---

*Pastor C. B. Samuel is an itinerant Bible teacher, pastor, theologian, mentor, former CEO of a major Indian relief and development organization (EFICOR), missiologist, evangelical leader and passionate advocate for the poor.*

# VULNERABILITY AS A THREAT

## Vulnerability

The word Vulnerability, like many other words in modern English, comes from late Latin vulnerabilis (wounding) or vulnus (wound), according to Webster's dictionary. In its current use, the word carries a wider meaning beyond impending physical injury or harm, to include risk of emotional or psychological trauma. It has been widely used in the context of natural disasters. Sudden and often unforeseen natural calamities put a lot of people at physical, socio-economic, political, psychological and emotional harm. However, vulnerability is not only about large populations and natural disasters; individuals or households too can experience vulnerability due to various psychosocial, familial or other life circumstances. In either case - be it individuals or populations - an experience of vulnerability is almost never exclusively due to the individual's own choices. A large body of work from social sciences, as well as stories and narratives of people who have dealt with vulnerabilities in their life, demonstrates that this experience is almost never caused in isolation.

## Social construction of vulnerability

While discussing vulnerability in a recent book on health inequities in India edited by Gaitonde & Ravindran (2018), Chitra Grace quotes from an article by Mechanic and Tanner in the journal Health Affairs (2007): "The likelihood that the person becomes vulnerable depends on the intensity of the stressors experienced and the resources (education, income and wealth, cognitive ability, the support from families, social networks and community resources) available to manage the



Dr. Prashanth N. S.

**“All my life I’ve been told that I can’t get into my neighbourhood restaurant because my legs won’t take me upstairs. Now I know it’s because the restaurant owner won’t build a ramp.”**

situation”. Clearly, access to resources and belonging to particular social groups modulates the vulnerability experience; while some of us may come out unscathed from a given illness experience, it could devastate others merely because of their social circumstances. This so-called social construction of vulnerability is an important insight for all of us in the health sector because it clarifies that vulnerability need not always arise from the health problem or condition. It is important to distinguish a particular health problem or condition that may transiently cause disruption or weakness or ill-health, from the social reaction of people in relative power and social position which may accentuate the experience of this illness. For instance, being pregnant is in itself not “vulnerable”; pregnancy merely changes the needs of the woman transiently. However, a pregnant woman in an urban poor neighbourhood or a pregnant woman in an abusive relationship experiences the vulnerability of pregnancy differently. Hence, the vulnerability here is mediated through existing gender-dependent relationships and socio-economic inequities. This is similar to the experiences of stigma and discrimination faced by people living with particular health conditions, wherein the ill-health effects of the health problem can be relatively easily managed (with bio-medical treatment options), while the experience of stigma and discrimination stemming from societal norms amplifies the ill-health effects. In the book cited earlier, Grace quotes from Carol Hill’s account of a person with disability “All my life I’ve been told that I can’t get into my neighbourhood restaurant because my legs won’t take me upstairs. Now I know

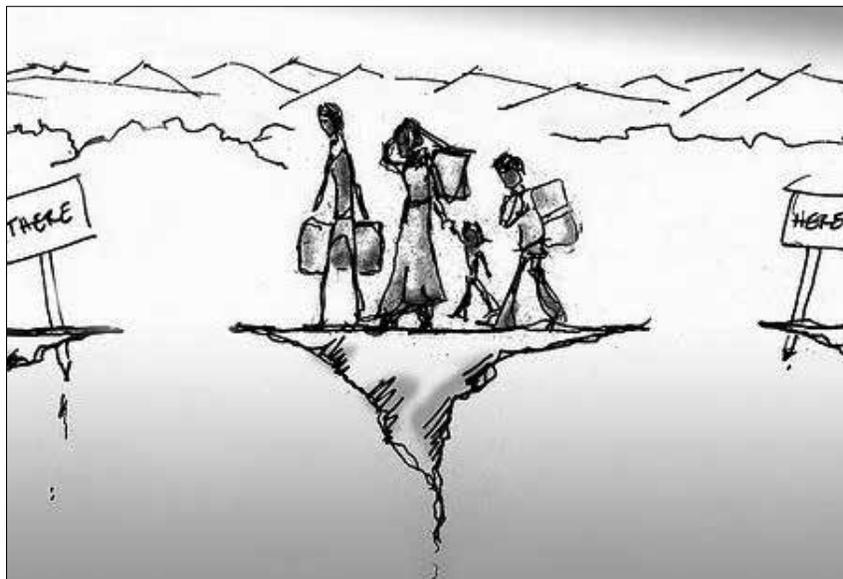
## Part - 1 The Threat and Burden of Vulnerability

it's because the restaurant owner won't build a ramp." People are often rendered vulnerable by the social and policy environment that does not accommodate and address their physical and psychological needs and differences.

Some vulnerable groups experience stigma and discrimination which compound their disadvantages and powerlessness. One example is people living with severe mental illnesses, who, in addition to their psychological vulnerability, face economic vulnerability because of social attitudes to employing persons with mental illness, as well as social exclusion and isolation because of stigma and discrimination making them socially vulnerable. Gender is another powerful illustration of how biological differences gets socially transformed into possible disadvantages for one gender over another. So, what tends to be a biological difference (biological) becomes a social disadvantage. The socially constructed disadvantages albeit operating only in particular circumstances may often lead to a different social status (than men), relative lack of power in households or in workplaces, and disadvantaged access to and control over resources, none of these being attributable merely to the biological difference. Being vulnerable is a matter of lack of power. Not only gender; other population groups struggle with scarcer choices and more barriers in access to resources. Furthermore, when state-provided health and social care services are weak or non-existent, this in turn creates vulnerability where previously there were none.

### Not randomly distributed

Nation-wide patterns of health outcomes tell us that poor health outcomes systematically aggregate in specific population groups. This tells us something important; that this clustering of risk of ill-health could be a consequence of how we have organised our services, systems and resources. Households, communities and human societies on one hand, and various systems that we create for ourselves (including the health system, or the agro-ecological system for example) tend to create, amplify (or sometimes mitigate/modify) conditions that bring about vulnerabilities. In our society, there are various axes



along which vulnerability gets created, amplified or perpetuated. The biggest among them are caste, socio-economic status and gender. Several rounds of data from the periodic national health and family surveys tell us that some population groups consistently fall behind in terms of health status, nutrition, longevity and quality of life. Those vulnerable in terms of physical needs include, for example, persons living with physical disabilities, pregnant women and children at high risk of morbidity or mortality, those suffering from chronic physical health conditions, and persons living with HIV/AIDS. Those living with serious or common mental disorders, having a history of alcohol or substance use or are suicidal may be considered as psychologically vulnerable. In addition to several population groups defined by specific health problems that render them more vulnerable than others, individuals living in abusive or dysfunctional families are very vulnerable. At the same time, entire populations

**Not only gender; other population groups struggle with scarcer choices and more barriers in access to resources. Furthermore, when state-provided health and social care services are weak or non-existent, this in turn creates vulnerability where previously there were none.**



may experience social exclusion, for instance migrants or refugees.

### **Dealing with varied life experiences**

One of the barriers in responding to vulnerability is often the lack of familiarity with the specific vulnerable situation due to health workers/professional's own lack of having experienced the particular experience that results in the person feeling vulnerable. This means that health and social workers need to be able to recognise and respect differences in terms of life experiences of people that we work with. Vulnerable individuals/populations are often dealing with a life experience that is not widely shared and this may cause us to overlook the drivers of such vulnerabilities and compromise our ability to deal with vulnerable individuals with respect and dignity.

### **Vulnerability can be addressed by health workers**

While indeed being grim, vulnerabilities of individuals/populations ought to strengthen our resolve towards mitigating them. What is socially constructed - arguably - could also be socially dismantled? It appears so, but clearly, such an endeavour needs a deep acknowledgement of the existence of such inequities within our families, villages/towns and societies. Most importantly, it also reminds us that the acknowledgement and action on vulnerabilities is as much an individual journey, as it is that of households, communities and societies. And health and social workers including doctors, nurses, para-medical staff in government,

non-profit or private sector can modify the effects of such vulnerability by (a) recognising their existence, (b) recognising how vulnerabilities can manifest differently in different individuals (even within the same family), and finally (c) being empathetic to the specific needs imposed by the physical, emotional or social vulnerability that individual patients, caregivers or others are dealing with. In addition, we need to realise that addressing social vulnerability also needs us - health professionals, health workers and social workers - to embrace a rights-based approach to health, wellness and dignity. It is the duty of those who are in a relative position of power - having a voice on health of people - to advocate for systems and services that build resilience; a system of care that empowers individuals and populations rather than see them as passive beneficiaries of generosity. Health and social systems of care need to be strengthened in the long run in order to address social vulnerability.

---

*Dr. Prashanth N S*  
*Health equity cluster lead & Wellcome Trust*  
*DBT India Alliance Fellow*  
*Institute of Public Health Bangalore*  
*Co-Chair, Emerging Voices for Global Health*

## **WITHOUT A HOME, A COMPLETE UNKNOWN...**

We sang Bob Dylan's legendary words with great gusto. "How does it feel, how does it feel? To be without a home, A complete unknown..." The two of us were just out of our teens. Convent educated, English speaking, upper middle class girls. Trying to understand how and why the world works the way it does. Why does 1% of the world's richest men own as much wealth as the rest of the world combined? Why do the rich get richer while the poor get poorer? Now, fifteen years later, I have a slightly better understanding of things, but the questions are still as pertinent and glaringly relevant.

The two of us lived in Bangalore. Fifteen years ago, Bangalore was still a garden city and pensioner's paradise, a far cry from the concrete jungle of today. I was doing a course in human rights at the NLSIU, and my friend was working at a local NGO, and we wanted to attempt to understand what it was like to be homeless and poor, living out on the streets. We knew even if we were to spend a night on the streets, we'd never truly understand the experience of homelessness, but we wanted to move beyond an intellectual understanding of our homeless brothers and sisters. What does an embodied experience of homelessness feel like and how does it affect you? Millions of people in our country are homeless. India is home of the largest number of street children in the world. Irony intended.

We ate a simple dinner of rice and dal, wore our plainest cotton kurtas and left our shoes and wallets at home. We walked the 3 or 4 kilometers from Nandidurga road to Brigade road, chatting and sauntering along. Then we realized people kept staring at our feet. Despite our simple

clothing, our confident head-held-high walk and endless chatter gave away the fact that we were neither poor nor homeless. But apparently, being barefoot was confusing people. So passers-by stared at our feet, baffled by our lack of footwear. And being stared at by everyone is not a pleasant feeling at all.

I know what you're thinking by now – two girls out on the streets of a city at night – they must be crazy?! Don't they know how unsafe it is?! This story is going to have a bad ending! And yes, these thoughts occurred to us too. Even fifteen years ago, it was dangerous for a woman to be

**We knew even if we were to spend a night on the streets, we'd never truly understand the experience of homelessness, but we wanted to move beyond an intellectual understanding of our homeless brothers and sisters.**

out on the streets at night. So we made contingency plans, hoping we would not need to use them. We carried our roommates brick-sized mobile phone (a luxury in those days!) and had informed a friend off Churchstreet that we might show up at her house in the middle of the night. We discussed the Jackie Fleming cartoon which goes like this - "If men can't be trusted on the streets at night, then why aren't THEY kept in?"

We decided to keep to the busiest part of town, because we felt safer in the crowds. We walked around, window shopping and absorbing the fact that we were in the heart of a massive commercial complex without the means to buy even a peanut from a roadside vendor, forget anything from inside a shop. People were milling around, some in a rush, some hanging around. We sat on the steps of a shop and watched a group of young people (who might have been us yesterday) chatting, smoking

(these were the days before Mr Anbumani Ramadoss). A young man dropped his cigarette ash on us as he walked by, and looked mildly surprised when we objected. He

walked away without an apology, like we did not exist. We sat outside fancy restaurants wondering what they did with the leftover food each day. As it got later into the night, the crowds started to thin out. The shops started closing and traffic slowed down. Now and then a car would slow down near us and a driver would leer out from the window. That was scary and we moved onto Churchstreet which had fewer cars zooming past.

By now we were getting tired. It was all very well to walk around, and be able to move away from a strange person or dark place. The movement helped us feel safe but we couldn't keep walking all night. So we decided to find a safe spot to sit. That proved to be immensely challenging. Dark places were lonely and dangerous, big places had watchmen who chased us away, shops had closed their metal shutters so there was no space to sit down

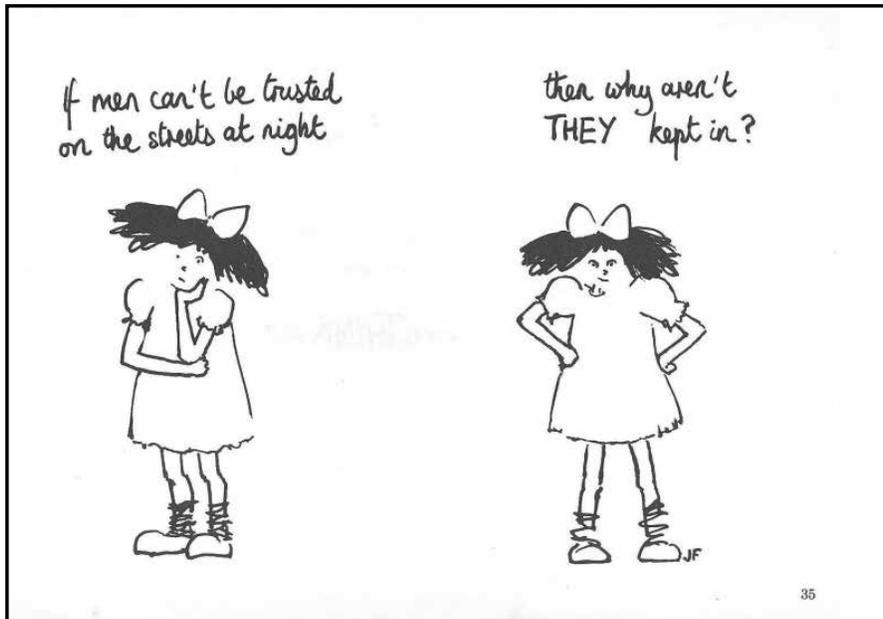
except on the road. We finally settled on the steps of a large sweet shop at the junction of two roads. All the effort of finding this space had tired us out further. But once we sat down, we could not sleep. Sitting crouched on ground level steps, with our knees to our chins, our faces were at the level of the feet walking by! It was too daunting to lay our faces down onto the ground. Too exposed, too vulnerable, too terrifying. Too dusty and dirty was the least of our worries. So we stayed awake, too afraid to close our eyes. Too afraid to sleep.

The streets got quieter past midnight, the cars on the roads were less frequent but zipped by faster. We watched a lady and a little boy who must have been her son, scavenging in an overflowing garbage dump in the distance. The boy had a jute sack into which he was collecting stuff. They walked past us a little later, followed by a host of barking stray dogs. All of them ignored us. It felt like the city had wrapped her invisible arms around us and swallowed us like Kronos, the Greek

god of time, swallowed his children.

A couple of long hours later, a Hoysala jeep with flashing lights on top stopped a little further ahead of the junction. Two policemen in smart uniforms and long bamboo sticks jumped out. They chased away some stray dogs and shouted at some drunks. The jeep drove straight down towards us. The policemen took one look at us and decided that we had run away from home. "Where is your home?" they asked us. We tried explaining to them that we were students doing an assignment, a project

for our class – an explanation made somewhat comical by our very inept Kannada and gesturing. What was not comical was the degree to which the presence of the policemen, far from making us feel safe, made us feel more unsafe. "Where are your chappals?" one of the officers wanted to know.



"What kind of class is this?" they asked. "You had a fight with your parents and you are both running away from home." The officer who was confused by our lack of footwear shouted "Where are your chappals??", rapping his stick on the ground again. They tolerated our broken Kannada explanations and finally said "If you are not going home, then get into the jeep. We will take you to the police station." At this point, we decided to put an end to our experiment. We told them thanks, we are going home, and ran away from them. The stray dogs they chased away came back barking and followed us as we walked down Churchstreet towards our friend's house. In a minute or two, the jeep moved on. Hoysala!

My friend let us into her house where we relieved our dry throats and ironically, our full bladders! That was

**What was not comical was the degree to which the presence of the policemen, far from making us feel safe, made us feel more unsafe.**

one important issue we managed to avoid dealing with, blessed as most Indian girls are with strong bladder muscles that hold it in! We slept on her kitchen floor for

**But the gut-feeling of the experiences of that night have stayed – the Invisibility of being poor on the streets, of losing your identity, of the inhuman ways that we treat homeless people, of the terror that comes with being a woman in a male dominant society, of the absolute vulnerability that comes with having no permanent space or place to call your own.**

the rest of the night, and walked back home at the crack of dawn. Early morning life on the streets left no memory of the darkness and fear of the night. Vegetable vendors were unloading huge bamboo baskets and heavy jute sacks of fresh vegetables at Shivaji Nagara bus stop. We still had no money, so we feasted our eyes on the sights and smells. We squelched our way barefoot through the mucky parts of the flower bazaar where flower ladies were untangling long strings of fragrant jasmine and tube roses. We got back home, after an unforgettable 10 hours, and back to our normal routines.

We told very few people this story. It's not the kind of thing you write home about. Most think we are nuts and the rest are relieved that we lived to tell the tale. People close to us perceive what we did as risky, and see us as having evaded dangerous outcomes – but that was a single night. It is hard to fathom the chronic and persistent vulnerability of someone who has to experience that risk and danger, night after night. Our lives moved on, out of Bangalore and to different parts of the world. But the gut-feeling of the experiences of that night have stayed – the Invisibility of being poor on the streets, of losing your identity, of the inhuman ways that we treat homeless people, of the terror that comes with being a woman in a male dominant society, of the absolute vulnerability that comes with having no permanent space or place to call your own.

Today, our world is witnessing the largest refugee crisis in human history. Entire communities are being

forcibly driven out of their homes, lands and forests. One community subjects another to unspeakable violence; Women and children suffer in subhuman conditions of war and terror; People are treated as less-than-human just because they are different or non-mainstream. From South Sudan to Afghanistan or Syria, from the DRC or Burma; or closer to home, the North East or the Adivasi heartland of central India, the refugee crisis has reached catastrophic proportions. Ten hours of choosing to be without a home, a complete unknown, was a tiny sliver of fraction of the experiences that are daily reality for millions of people. While we must be infinitely grateful for the blessings of home and security, I urge you to take cognizance of those around you without a home. Maybe because of you, or the attitude to show towards them, they will not go completely unknown.

*The author feels vulnerable sharing her identity and would like remain anonymous. She has spent the last decade living and working in rural India.*

---

REFERENCES

1. Bob Dylan album Highway 61 Revisited
2. National Law School of India University
3. <https://i.pinimg.com/originals/b7/d0/54/b7d0546d7da6cc63f02a21ff7d36c9a6.jpg>

## APARNA'S STORY

Vulnerability - the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally.

Aparna was only a teenager when I first met her. She was a bonded labourer, resigned to making bricks in a brick kiln at the whim and fancy of the owner that "owned" her. Despite laws and systems to the contrary, millions of individuals continue to be bonded workers just like Aparna. When the government along with an NGO came to rescue her from a brick kiln in 2004, she was one of the 88 that were free from their debts that day. They no longer belonged to the owner but could live as free citizens. Aparna hoped there was now light at the end of a long tunnel but little did she know what was ahead. For the vulnerable, tunnels don't lead to light but rather a trepidatious searching in the dark, hoping they can find the exit.

Being at the rescue, I remember her and our meeting vividly. She ran and prostrated herself at the feet of the officials and thanked them for the freedom. And as we documented each family it was a painful realization that the celebration of freedom will be short lived as the struggles of daily life began to dawn on them. Where will they live? Who will give them a job? Will the owner take revenge and harm them for speaking to the government when they came for the rescue?

The vulnerable have to maneuver many disadvantages and in Aparna's life it was time to pay attention to areas of life that she was forced to ignore while living in bondage; beginning with her own health. As we documented her story, she revealed that she was married to a man who deserted her and later she was informed from the locals that he had been suffering from HIV/AIDS and had been unfaithful in their marriage. The father wept as he joined her and narrated how he loved both his daughters and



**Pranitha Timothy**

never meant harm for them. But somehow fate had destroyed their lives. He got them married so that they would be free from the brick kiln and live their own lives but he was devastated when he found out that Aparna was not only deserted but had a death sentence on her life. He swore that he would keep her with them and not let go of her ever again. Aparna had been diagnosed as HIV positive.

We were shattered listening and understanding what this young, beautiful and bubbly girl had to undergo. She was in her teens. Barely crossed the age for legal marriage. She was married off as a child. And now she was afraid to face the journey that seemed to have an inevitably short fate - death.



**Joben David**

At its core, humanity is essentially vulnerable. Babies are born without the ability to feed themselves, men and women do not have the protection of fur from the elements or the use of claws as inbuilt weaponry. We adapt, we learn and most importantly, we depend. We depend upon tools, invention and community.

A baby will require someone feeding him/her and humans as a whole require society to provide the protections that cannot be garnered by a stick or a sharp object. We need each other and as members of modern society we know this now for a fact more than any other point in human evolution.

There will always be those with lesser protections but it is a disgrace that there are millions in our country without the basic protections of food, shelter, freedom and - health. In managing the tension between serving ourselves and others, we have skewed the balance, tilted the scales in favor of selfishness. We build for our own, amass wealth for our own people and ultimately care for the feeding of our person, even at the cost of someone else. For centuries these actions have been rationalized by schisms of caste, class, power, language,

## Part - 1 The Threat and Burden of Vulnerability

gender, race and ethnicity. The tools of these actions are violence, captivity and isolationism. As a culture, we have built walls, that deprive large sections of the community from access. Aside from poverty and classism, there are specific conditions that deprive people, making them the truly vulnerable members of society. Bonded laborers, trafficked women and children, migrant workers, all fall within this category.

The corrupt and powerful prey upon the vulnerable. Intervention or rescue is required to make it possible for these vulnerable to access resources. Thanks to the intervention of rescue, Aparna could turn her mind to her own needs. We gave them the address of the nearest government hospital and explained that if she remains, eats and keeps herself healthy she can live for a long time and shouldn't consider her life is over. Here was a tunnel, with hope.

We visited them in their village after a few months and it was indeed amazing that the community had found a way to care for each other as there were many cases of HIV/AIDS from their region. And there was comfort in numbers. Aparna wanted to earn and have steady income as the business of selling dry fish was not bringing in enough money. And with drought she couldn't catch fish as they could earlier. We helped Aparna set up a small shop that she could sit at and sell items she sourced from the city. She had to keep the shop shut more often than she hoped as she battled colds, fever and boils on her body.

Soon her mother fell sick and she had to care for her and her mother complained of knee pain and slowly found it difficult to walk. Her father fell ill with Typhoid and it was Aparna who had to care for them. It took a lot from Aparna to take her parents to the nearest government hospital as there was no transportation other than a single bus that connected to their village.

They spent much time waiting for the bus, hoping they would make it to the hospital before the OPD closed. These trips made Aparna weak and she didn't have the rest she needed, her nutrition was so poor as she ate what was available and affordable. And the timing of her food depended on when the visits ended and she could get back home.

There are so many factors involved in healthcare, especially while managing a terminal illness. All of this is compounded for the vulnerable in society as there is so much more to manage and prioritize over individual needs. Government and societal resources exist but without access, monetary, sociological and physical barriers keep the vulnerable from availing the help they need.

As the years passed Aparna survived many near death episodes of being in coma and recovering from it. She kept in touch with us as we would help her medical expenses. Her parents are too old to earn a living her mother is unable to walk and father struggles to earn enough to feed the three of them.

They have been enrolled in the welfare schemes, they have Aadhaar card, the Indramma card and being scheduled caste they have other benefits. All of these require them to travel to the main towns as there aren't any facilities in their village or surrounding villages. And a visit to a government office doesn't guarantee your work is completed and you will get what you need or are

entitled to. It takes multiple visits and bribes even to get your work done. Even doctors see the vulnerable as a source of personal remuneration rather than someone that needs help.

An agent that can be a catalyst for connecting need and resources is imperative. Mission hospitals, NGO's, churches and other places of worship must lean into the role of bridging the gap. Fortunately for Aparna, Justice and Hope was able to provide her monthly groceries and medical

**Aparna hoped there was now light at the end of a long tunnel but little did she know what was ahead. For the vulnerable, tunnels don't lead to light but rather a trepidatious searching in the dark, hoping they can find the exit.**



## Part - 1 : The Threat and Burden of Vulnerability

expenses. Thanks to the organization's relationship with mission hospitals and doctors, Aparna was connected with a mission hospital that could be trusted to provide honest care. Where others might want to take advantage of the vulnerable, Justice and Hope along with good doctors, were able to avert such hospitals from leeching out every penny Aparna had. Now she goes to the mission hospital in Rajahmundry, AP where we can directly engage with the doctors and whom we trust because we know they are committed to serve sacrificially.

There are classes and degrees within vulnerability where some can access a hospital but there are those who cannot. Our healthcare systems don't address this group that cannot leave their workplace or have been enslaved/bonded there. Learning from Aparna's story, are there regular checks or camps that can be organized by the charitable hospitals and government hospitals in partnership with the labour department? Their basic rights to life are being restricted and abused by the system that should protect them and their rights. Those of us in the medical and development professions must identify and innovate means to ensure care reaches deep into the most vulnerable communities. It will take all of us, NGO's, healthcare professionals - public, private and

mission - working together to find the bridge in serving the vulnerable.

*Justice and Hope is a not for profit charitable trust registered under the India Trusts Act, 1882 that works to enable protection of human rights for the vulnerable, equipping those responsible for upholding rights, and connecting the community to bring change and be changed in turn. Our projects include rescue and rehabilitation of victims of trafficking and abuse, child protection and support for families and individuals affected by disasters, infanticide, domestic abuse and terminal illness.*

---

*Pranitha Timothy serves as a Senior Consultant at Justice and Hope. A social worker by profession, she has championed the cause of justice for the vulnerable through rescue and intervention.*

*Joben David is the Director of Operations at Justice and Hope. While not medical professionals themselves, they work closely with health professionals around the country in ensuring care for the most vulnerable amongst us. You can read more about their work at [www.justiceandhope.org](http://www.justiceandhope.org)*

## CMAI GUEST HOUSE FACILITIES IN DELHI

CMAI Guest Rooms are available to its members, member institutions, staff, official visitors, sister agencies and friends of CMAI for temporary stay.,

### LOCATION:

1. Located in Pratap Nagar, opposite to Harinagar DTC Bus Depot., Delhi
2. Connectivity: Situated close to the Tilak Nagar Metro station (1.5 kms) and New Delhi airports. It is well connected by bus/ taxi/ auto, etc services.
3. Neighbourhood: The place is close to shopping malls, markets, good hotels, hospitals, etc. The area has parks and gardens which offer a pleasant & peaceful environment to stay.

### FACILITIES

Rooms with 24 hours security and care taker

- 24 hour power supply
- Coffee/Tea can be self made
- TV with cable network
- Huge drawing and dining room with sofa
- AC Rooms
- Twenty four hour running water

Rooms can be booked through, telephone and email

For further details  
Please contact CMAI Administration  
Tel: 011-2559 9991/2/3  
Email: [emathew@cmai.org](mailto:emathew@cmai.org), [admin@cmai.org](mailto:admin@cmai.org)  
Ms Elizabeth Mathew, Mobile: 9868142622  
Ms Kanta David, Mobile: 9810093787

## THE VULNERABLE JOURNEY

*This is an abridged and edited transcription of a speech by Henri Jozef Machiel Nouwen (January 24, 1932 – September 21, 1996) who was a Dutch Catholic priest, professor, writer and theologian. His interests were rooted primarily in psychology, pastoral ministry, spirituality, social justice and community.*

*This speech is available in YouTube: <https://www.youtube.com/watch?v=kkUV6ePaM8o>*

I am going to speak to you about the vulnerable journey, which we all are making. First of all, I am going to talk about the **Vision of God**. I want you to have an idea how God looks at you and me. I don't want you to know about His ability, but about His Vision. Then I am going to say about the **Way of Jesus**; then about the **Work of the Spirit**.



Fr. Henri Nouwen

### The Vision of God

I want to tell you something about a very Big Movement – Up, Down and Up again.

The movement starts long before you and I were born. We all existed in the Heart of God. You might think about it, but that's the Truth. You existed before your mom or dad knew you, before your friends knew you, or you knew about anybody else, you were in the heart of God.

God has a big plan for you for all eternity, he holds you and He says *I LOVE YOU. You are my son, you are my daughter, and I LOVE you with my whole Heart, and I LOVE you more than anyone else ever will be able to love you.* That is what you have to believe. BELIEVE IT and hold on to it.

Because when you say yes, God would say, *I want you to go into that little world and spend some time there, may be 20 years, 40 years or even 100 years. It's not going to be an easy time, sometimes it's going to be a tough time, sometimes people are going to laugh at you, and sometimes people are not going to like you. But it's going to be a short time. And while*



*you are in that world, you are going to tell Me about that life. And then I am going to call you home again. Because, that's where you came from and that's where you are going to go again.*

Then HE calls you back to that place where you came from. OK. Now, do you see the big sweep? All the way from above, where you were always there, and then He sends you into Time, and be with these people, and then He calls you back Home! Isn't that wow!

I want to tell you something that most people don't often think about – from all eternity, we are loved, until all eternity, we will be loved, and our middle life is a little mission for a few years, to announce that Love! That's the movement. That's how God sees you and me.

What is LIFE? Your life and my life is an interruption of eternity! Just a little interruption!!

Our physical life is a short opportunity to tell our God who loves you that "I love you too." Life in this world is an opportunity to say YES to God's eternal love. It is an opportunity you have every moment – sometimes wonderful and say "Thank you God for your love;" and sometimes when you are in pain, you say "Thank you for drawing me closer to your heart, even though it is wearying me." Life with all its joys and sorrows, in all its excitement and depression, in wholeness and brokenness, in health and sickness, gives a chance to say: "Yes God, we love to be your daughter, son, not only because You say it, but

because I want to be too.” And the great mystery is that God wants us to respond and say YES, I like your Love, I want your Love, I want you to be my child which is not only your decision, but it’s mine too.

While we are in this world, we need one another badly, or ‘goodly’! We can’t do it alone. We need each other. We keep forgetting again and again that we are loved by God! Instead, we say, “No, I am no good! No, I feel so guilty! No, I have messed it all up! No, I feel so ashamed! No, this cannot be good! I lost my dear mother! I lost my job! I lost my ability to walk! I lost my eyesight! I am going to be angry and say no, no, no, no!” But we need each other believing that all these adverse situations bring us closer to the heart of God! As a community we need one another. In the midst of this dark, difficult and often violent world, we need to have a community of support, in all their abilities and disabilities, and be a community of hope!

### **The Way of Jesus**

How are we going to live this life? In what way are you going to live it? When you were sent to this world for a little bit, that was the question. And there is only one answer - The Way of Jesus.

And the way of Jesus is the **Way of vulnerability**. Vulnerability comes from the Latin word *Vulnus*, which means ‘wound’. Jesus Way is the Way of Woundedness. Jesus was born like a baby, totally dependent on other people. And when He died, He died on the Cross, and He was totally dependent on other people.

You need help? I need help. We all need help. But we don’t always like it. But we want to do it our own way. That’s okay. But, the most powerful God wants me to become a baby, or as a dependent teenager, by becoming a young man by working in the carpenter shop of Joseph, and finally who was laughed at by everyone, saying you are worthless, you are no good. Understand that God showed us the Love of God through vulnerability.

Jesus could walk on His own feet and speak only for a few years. And then there is rejection. People called Him ‘A marginal Jew’. There is a book somebody wrote with that title. He was somebody, a peasant from this little town of no respect called Nazareth. They called Him a crazy prophet and we believe that in this very weak, vulnerable, broken man, God came to show us His Love. If that’s true for Jesus, it’s true for us. God showed His Love in vulnerability, in being dependent.



*Blessed are the poor. Photo Courtesy: Scroll.in*

Think about this great mystery that God reveals His Love in vulnerability, in brokenness, in weakness, and not only long ago when Jesus lived, but right now, and right here. Our faith is that we get closest to God when we are willing to be vulnerable, when we are willing to say, “I need somebody”, when we show that we don’t have it all together. And know this: whether our disabilities are visible or not, whether we might not be able to walk, or talk or eat by ourselves, or don’t feel good about ourselves, there exactly where Jesus comes, when God’s love becomes visible. Not where we are powerful and strong.

I was at the university for 20 years always studying and teaching about God. It was a competitive world. I wanted to be smarter than others, and show them that I could be like that. And suddenly I realized the power and strength of God that was not coming to me. That’s why I went to L’Arche Daybreak Community (Toronto, Canada), where people with disability are at the core, so that they could become my teachers. All these professors of Harvard and Yale were not able to tell me, what the weak people could teach me. And my hope of this journey was not that I could be of help to them, but I could have better teachers. I had to be with people who might not be able to walk, or talk or eat by themselves or say it logically or give lectures or all of that, but they can show who God is. They helped me to discover that I might be handicapped too after all. And I wanted to hear this very well, because the question is not how can we help people with disabilities, which is a good question, but a much more important question is, how can we allow people with disabilities to give their spiritual gifts to us and call us to conversion, to wholeness, and to love.

## Part - 2 Vulnerability as a Spiritual Asset

I want to talk about one man, called Adam. Ten years ago, when I joined this community for people with disabilities, they said, “Henri, why don’t you help Adam?” Adam could not speak, had constant epileptic seizures, had a curved back and could not straighten out, Adam was always in a real dirt; he could hardly eat without a lot of help, and they said “*Henri, you take care of Adam.*” And I said I was scared. They said, “No, don’t be afraid. Early in the morning at 6 O’clock, you go and take off his pyjamas and give him a nice bathrobe, and walk him into the bathtub and give him a bath. Shave him, clean his teeth, comb his hair, look out of the window and see what kind of a weather there is, and decide what is he going to wear. And bring him to the breakfast table, and help him to eat and by 9 am, you can go to work.”

I was really afraid. But Adam and I really fell in love with each other. And as I helped him, day after day after day, I realized that he was leading me to a place that I had never been. A place of prayer, a place of intimacy, a place of community, a place of God. And this very disabled man became my theology teacher. And he taught me that *being* is more important than *doing*. I was ‘Do’ man, and Adam said ‘Be’ with me, just be with me.

Adam taught me: “the heart is much more important than the mind”. And that the human person is not the person who is (worldly) bright, but someone who can love, give love and receive love. And Adam told me that doing things together is more important than doing things alone. Adam needed 10 or 20 people to be around him to make him through a day. But these people are loving each other, in order to let Adam live. He was showing how to love one another, because if you love one another, then he could live.

Since if we can’t love each other, we cannot hold life. Just a few weeks ago, Adam died. He was 34. And I was right there with him. I preached at his funeral. People came from Seattle, Chicago and even from Nova Scotia to be at his funeral. He needed so many people, hundreds of people for the last 34 years of his life who had cared for him and all these people, had become a community of love.

When Adam died, the community said, “Thank God for Adam, who never spoke a word, who never walked, who

never could recognize persons or say ‘Thank You’. How much more of a teacher can we want? When we speak about God’s vulnerability in Jesus, I suddenly realise that Adam was Jesus coming to me again. Adam who had been loved by God from all eternity, who was sent to us just for 34 years, and who died to go home and Praise God and left behind him a community of love.

### The Work of the Spirit

The work of the Spirit takes place where people gather to become a people of God. We have an interesting word

for that – Liturgy. ‘Urgy’ means Work and ‘L’ means people. That is ‘Work of the people’. Liturgy is taking place when we come together and say we are brothers. You and I need each other. You need me in one way and I need you in another way. But together we become a little community. And Liturgy is precisely where we become the Church. When you and I come together, Jesus is in our midst. And where Jesus is, there we become a community of Love, and we call it a Church. Church means people who tassel together. That’s what *ecclesia* really means – Ec means out, *ecclesia* means to call people out. If we love one another people come together and gradually you have a whole group of people who are all different, but together we become a community.

Liturgy, especially the Eucharist liturgy is where we become the Church, precisely, when we come together and celebrate the presence of God in our midst. We become a community that belongs together in God. And it’s exactly the work

of the Spirit. So, Liturgy is not a ritual or a ceremony nor a sort of a routine. Liturgy is a place where people in their brokenness and in weakness meet, and discover in their mutual vulnerability. Jesus Himself is right there.

Community of a church is created when we say, I need you brother, I need you sister, you have a gift for me, and with that gift I can go closer to God. Together, we can make the journey home. That’s what happens when we meet in Eucharist. And now you might discover something that you might be surprised to hear – in the centre of the Eucharist, stands the vulnerable Jesus, and that means that in the centre of the Church life, those who are most vulnerable belong.

It’s not a question that we who help people with vulnerability should also become part of the Eucharist celebration.

**Finally I will tell  
you a little story of  
Bill. Bill is a good  
friend of mine. He  
has a hard time  
walking. He has  
a pacemaker. He  
uses a machine  
to breathe in the  
night. He is no  
more. I give talks,  
and when I am  
gone, everybody  
will remember Bill,  
not me.**

## Part - 2 Vulnerability as a Spiritual Asset

What we should dare to say is that they are the Adams who have to call us to God. My question is not how do I help a person with mental disability to understand God; but how can a person with mental disability help me to understand God and create in me the sense of Presence that I should badly need.

The poor, the weak, the vulnerable belong to the center of the church. They are the core of the church. If the Church does not hold on to those who are weak, physically, mentally, emotionally, or whatever, no one will ever stay in that church. It becomes an organization with power and desire to manipulate. How can we avoid becoming power hungry, manipulative and oppressive and all of that – by keeping the most vulnerable people in the centre. That's how God wants it. *Come to Me all you who are broken, weak, the wounded, the vulnerable, who can't walk, who can't talk, and who are poor, I will give you rest in ME. You will find a Home.*

We allow our disabilities to renew our whole sense of our relationship in the Church. To rediscover that the Church is a fellowship of the weak. That Church is a place, where God shows His unconditional Love, through poverty, the poverty of Jesus and all the followers of Jesus, and that the most poor and weak belong right in the heart. We have hope if we hold on to the people where they are broken. Then we create Church, we create Liturgy, we create Eucharist, and we create a community of saints right here.

The message of the Church is to be the people of God in which the Spirit works and keeps calling anybody in, the poor, the blind, the weak and the broken. And if you believe that, you will discover something that you might not have discovered ever, that you are as poor as everybody else. One of the great gifts of people with visible disability is that they help those with invisible disabilities to get in touch with them, to realize that I am impatient, that I am full of anxieties and fears, that I have my addictions, that I have my broken relationships. Jesus didn't say blessed are those who *care* for the poor or blessed are those who help the poor. *He said the blessing is right there where*

*the poor are; and if you are poor, there is a blessing there too.*

If you are willing to say, I am sorry, I can't hold it all. I need somebody else. I am poor. Trust that there is an enormous blessing. If you come to the altar with a poor heart, you will be blessed. And those who are most visibly poor will get you in touch with your poverty and help you discover that you belong to the people of God.

Finally I will tell you a little story of Bill. Bill is a good friend of mine. He has a hard time walking. He has a pacemaker. He uses a machine to breathe in the night. He is no more. I give talks, and when I am gone, everybody will remember Bill, not me. Because Bill is amazing. He brought people together wherever he went. Let me tell you one little story. We were in Holiday Inn. It had 15 floors. We had elevators to go up the 15 floors. You know in the elevators nobody talks. Everybody looks down, at their shoes. And Bill was also standing there. There were 14 people in there. It was cramped. We ascended to the first floor and suddenly Bill said, "Wow, you surely could do with some shoe shine!" One guy looked up at Bill, and Bill said, "But, I too!" Bill looked at his shoes. And everybody else looked at their shoes. And everybody looked at his face and started laughing. And in the fourth floor, everybody was talking to each other. And finally people forgot to get off the elevator. That story is helpful, because he created a community right there, by being free, by saying what he saw, and by having a big smile and as he was going up, he created a community. And as we are going up to God, as we are going home, the people who, in the eyes of this world are very weak, are the ones who bind us together and offer us salvation.

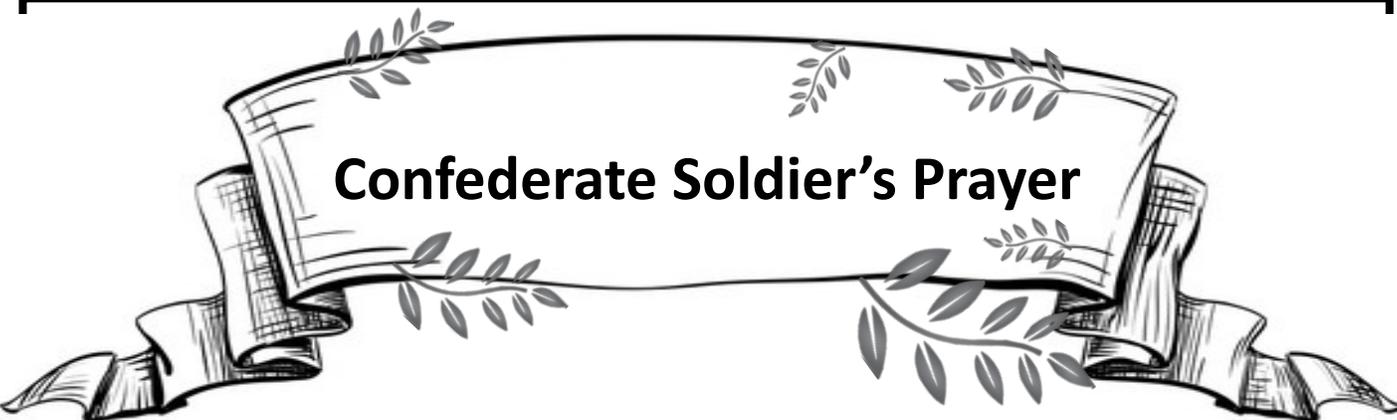
Transcribed by Mrs Lata Titus

---

*Fr. Henri Nouwen is a Dutch Catholic priest, professor, writer and theologian*

### OBITUARY

Dr. Sandinti Purushothama Reddy, MBBS, MD, DO a life member of CMAI passed away on 5<sup>th</sup> September 2018. He was working as Superintendent of Y. S. Raja Reddy Hospital, Pulivendla, Kadapa Dist, Andhra Pradesh. He's married to Dr Flavia, MBBS, DGO who passed away in the year 1993. He has four sons, two are Medical doctors and two are Engineers settled in USA with their families. He received National Medical Excellence Award in 1999.



## Confederate Soldier's Prayer

I asked God for strength, that I might achieve.  
I was made weak that I might learn humbly to obey.

I asked for health, that I might do greater things.  
I was given infirmity, that I might do better things.

I asked for riches, that I might be happy.  
I was given poverty, that I might be wise.

I asked for power, that I might have the praise of men.  
I was given weakness, that I might feel the need of God.

I asked for all things, that I might enjoy life.  
I was given life, that I might enjoy all things.

I got nothing that I asked for, but everything I had hoped for,  
Almost despite myself, my unspoken prayers were answered.

I am among Men Most Richly blessed.

*Found on the body of a valiant Southern soldier, 1861-1865, known but to God.*



# HOSPITALITY VIS-À-VIS VULNERABILITY: A CONVERSATION

## Introduction

We live through stories, with stories, for stories. We also live out stories, ours and those of others. The telling of stories, whether about one or others, is universal and narratives help sustain and create the fabric of everyday life. The Health care narrative is a story of hospitality and vulnerability of multifaceted narratives with perspectives. The article is a precursor to a process to think through in order to generate a conversation aimed and planned for 'A COLLOQUIUM' to be held in December 2018 organized by Christian Medical College, Vellore.

The world loves the strong, the beautiful, the brilliant, the successful, and the rich. That's visible in advertising, on the news and on the stage. We are surrounded by their images and trappings and also applause. We are also supposed to admire them and want to be like them. In contrast, Paul writes that 'For consider your calling, brothers (sisters): not many of you were wise according to worldly standards, not many were powerful, not many were of noble birth. But God chose what is foolish in the world to shame the wise; God chose what is weak in the world to shame the strong; God chose what is low and despised in the world, even things that are not, to bring to nothing things that are' (1 Corinthians 1:26-28 ). The words of a beautiful hymn often ring in our ears 'From heaven you came, helpless babe, Entered our world, your glory veiled; Not to be served but to serve, And give your life that we might live'.

The Christian story is one of strength coming from weakness, wholeness emerging from brokenness and



Rt. Rev. Prof. (Dr.) D. K. Sahu

**Entering the health care field is a natural extension of the desire to act on this spiritual responsibility to others, providing a platform from which each caregiver can do the greatest good.**

power in vulnerability. Hospitality, for instance, dismantles the overarching sin of hostility. The generosity and vulnerability of hospitality are intricately bound together. We must be generous with our space. We must be vulnerable to share our stories and even our tables. Being generous can be difficult in vulnerability. But the demand and challenge is to step out of our comfort zones. It means to take risk of being known and sharing our home. But a true community built on this foundation, creates and fosters a 'welcoming hospitality'. When we intentionally step out of our comfort zones, that may be called 'intentional vulnerability' or in the words of Paul 'self emptying'. Paradoxically Paul tells the Philippians that it is only through the giving-up of power, that one can be powerful. Virtuous use of power is found in the giving-up and sharing. Power relations exist both at individual level and group (even in Institutions). Hospitality as a invigorating practice must address the issues of power, vulnerability, shared fear, suspicion, hostility and violence.

## A Perspective

The Nightingale Pledge, named in honour of Florence Nightingale, is a modified version of the Hippocratic Oath. The Florence Nightingale pledge is anchored in the value of respect for life. Nurses vow to imbue their practice with the highest ethical standards, refrain from taking any action to harm an individual, and refuse to take a life under any circumstances. Entering the health care field is a natural extension of the desire to act on this spiritual responsibility to others, providing a platform from which each caregiver can do the greatest good. It requires understanding of ethics in health care

## Part - 2 Vulnerability as a Spiritual Asset

and a perspective with which to practice.

A perspective of 'Walk the Talk' may sound quite appropriate in health care profession. Many are found in the queue of 'talks the talk' but do not 'walk the talk'. That means that one does not act in a way that agrees with the things said. Nowadays, people just believe that if this were that, or if that were this, they would have a better place. But it is one way of avoiding reality. People tend to preach what they themselves do not wish to act upon. If people would base their lifestyles on the saying, "Actions speak louder than words," then the world would be a better place. 'Walk the Talk' is a distinctive storytelling-technique used in film and television in which a number of characters have a conversation en route. The most basic form of 'walk the talk' involves a walking character that is then joined by another character. On their way to their destinations, the two talk. Variations include interruptions from other characters in which new characters join the group and one of the original characters leaves the conversation, while the remaining characters continue the walking and talking. It also serves the purposes of smooth transitions from one location to another and adding visual interest to what might otherwise be static "talking heads" sequences.



*Being a patient means both physical and emotional pain.*

*Photo Courtesy: Quora*

### Common Narrative

One may define hospitality as welcoming the stranger. By implication it means a boundary is already fixed. But the boundary cannot be rigid to completely exclude the other from the domain. The fear of difference can be overcome by acknowledgment of our common relatedness that includes healthy as well as sick. Therefore hospitality is setting the art of vulnerable boundaries that can be fluid, as well as prudent, depending on biblical affirmation of self emptying. It leads to the power of discernment. To understand as clearly as possible the 'Imago Dei' the 'image of God' in the other and ascertaining how the need and aspirations are fulfilled, It requires power to discern genuine and artificial needs. Power normally leads to

domination rather than equity, but true power only gives up what one has.

Hospitality in the modern world has become a minimal moral component and tends to become a nice extra, if one has time and resources. Hospitality rightly falls within the discussions on presence, practice, tolerance, success, failure and strangers within the kingdom of God. Hospitality also fully engages the absurdity of prosperity theology, failure of ecological stewardship, racism and sexism.

The Christian story is a story of God's love which continues to pour into our world, astounding our cultural expectations and defying our theological assumptions. The One, who creates, knows, loves, and calls each one of us by name simultaneously, to join in the on-going redemptive work of God's hospitality to the world. God's

welcoming love and care for each one of us becomes the invitation and calling to welcome the stranger to the Kingdom of God.

Vulnerability is a virtue in medicine, because in health care one does not treat a disease, but a person. It is possible and human to shed tears after giving a difficult diagnosis, hug a patient after a medical triumph, or share with

a colleague the feeling after an emotionally draining day. On the whole, it is life together and it is possible to see and treat a patient more than simply a disease. The word vulnerability comes from the Latin root *vulnus*, meaning wound. To be vulnerable means being capable of being wounded. The patients come that they may be healed of their wounds, but in seeking care, they open themselves to being wounded again both physically and emotionally. Being a patient always entails physical as well as emotional pain, the uncertainty and loss. Patients expect and let the doctors into their stories before they can know if someone will respond with compassion and understanding or if their stories will be brushed aside or make them feel ashamed. By not giving a patient hearing to their already wounded stories, patients open the possibility of sustaining further wounds. It is only



*A caring doctor shows signs of compassion and empathy. Photo Courtesy: Language Connections*

through telling their stories and putting trust in Doctors and Nurses that they expect to join the healing process with the blessings from God. In this respect, vulnerability is a prerequisite for healing. The best teachers are the patients. There is a lot to learn from the patients about the power of vulnerability.

A caring doctor and nurse strive to show signs of compassion, empathy, respect, professionalism and confidence. During this process of applying medical knowledge to figure out a diagnosis, they are also part of the journey of the healing process. There is also the pressure of doing this within a 15-minute visit for a doctor, while answering questions faster than an Internet search. It is and can be overpowering. All of us have had vulnerable moments in our lives, and most would agree it was not a good feeling. A Google search describes vulnerability as, “A susceptibility to physical or emotional attack or harm,” with common synonyms including, “helpless, defenseless, powerless, and weak.” If physicians opened themselves up emotionally to every patient, they would simply not be able to cope. Doctors make mistakes, experience heartache, and need outlets to express themselves.

### **Conclusion**

The Christian story is one of strength coming from weakness, wholeness, emerging from brokenness and not the least, the power of vulnerability. The redemptive work of God as cited in Philippians, is an act of God in extreme vulnerability. ‘Christ Jesus, who, though he was in the form of God, did not count equality with God a thing to be grasped, but emptied himself, by taking the form of a servant, being born in the likeness of men. And being found in human form, he humbled himself by becoming obedient to the point of death, even death on a cross. (Phil 2:5). One basic question of human existence is whether we can find a home with others who recognize us, value us as we are and empower us to truly become ourselves - in the image of God. The Christian response to otherness is nothing but hospitality rooted in vulnerability.

---

*Rt. Rev. Prof. (Dr.) D. K. Sahu is the Director & Dean of SHUATS, Dept. Gospel & Plough Institute of Theology, Allahabad, UP*

---

#### REFERENCES

1. Richard, Lucian. Living the Hospitality of God, Paulist Press, 2000
2. Placher, William. Narratives of a Vulnerable God, Westminster John Knox Press, 1994

## BLESSED ARE THE POOR IN SPIRIT ...

Ms. Ashita Abraham

*"It is my belief that in our mad world where there is so much pain, rivalry, hatred, violence, inequality and oppression, it is people who are weak, rejected, marginalized, counted as useless who can become a source of life and of salvation for us as individuals as well as for our world. And it is my hope that each of you may experience the incredible gift of the friendship of people who are poor and weak, that you too, may receive life from them. For they call us to love, to communion, to compassion and to community."* –

- Jean Vanier, From Brokenness to Community

I read these words as I lived in south Orissa - home to some of the most marginalised people in our country. Written by Jean Vanier in the context of communities of adults with intellectual disabilities, they spoke to me in the situation of the development work I was involved in. I was working at that time with people, whom our government terms Particularly Vulnerable Tribal Groups (PVTG). I was trying to see how my skills, and education, could be

international federation of communities around the world, where people with and without disability share life together. The Bangalore community was home to 13 adults with intellectual disability and about 10 assistants. In addition to the 13 adults who made their home there, another 15 came to us from Monday to Friday to work in sheltered workshops where each person as per their ability worked on something productive, providing work and livelihood for themselves.

It was a new experience for me. My role as an assistant was to "live with". "Life" involved working, cleaning, cooking, celebrating, going on outings, forming friendships, and nurturing spiritual life. One of my roles was also to provide personal care to Theresa and Sudha, two women with intellectual disability in the community. Sudha was able to run around, talk, argue, fight, dance and do many things on her own. She needed help with personal hygiene. Theresa was in the beginning stages of a degenerative disease. During the time that I knew her, she slowly lost her ability to talk, walk, stand, sit and eat by herself. Through this, my first experience of having to help another adult in bathing and personal care, I was struck by the vulnerability of a person in that position. Physical vulnerability, is something we are born with and we will die with, but most of our lives we are able to ignore it. Being allowed into this personal space of these women was for me - a gift. As they shared with me their physical weakness and needs they also shared their emotions - things that made them happy, times they were upset, their insecurities, physical pain and frustration with the inability to do simple things they wanted to do so badly. As I cared for them, I was taught to ask for permission each time I invaded their space. Sometimes I was allowed into that space grudgingly but most of the time I was showered with gratitude for the simple tasks of service I was performing. A few years later as I was caring for my aging grandmother, she too

used to make others lives a little better. But living and working among the poorest people I had encountered, I was constantly confronted with the fact that I was the one receiving and benefiting from this relationship. Jean Vanier's reflections on the verse "Blessed are the poor in spirit" and his experiences of living in a community with adults with mental disability spoke to me. I felt this urge to actually live in such a community for a while with the hope that the experience would help me see and understand this paradox in other situations.

And so I landed up in the Asha Niketan Community, Bangalore. Asha Niketan is part of L'Arche, an





responded to me with the sorrow of her helplessness and intense gratitude as I met her needs. I also got a glimpse of the position of physical vulnerability each of us might be in some day as we age and move towards the end of our lives.

Through meeting the various daily needs of people with disability at Asha Niketan – for food, cleanliness, activity and personal care, I realised that slowly physical barriers I had placed around myself to the other were being broken down. I had to learn to let go of this desire to be an independent, self-reliant young woman and move towards acknowledging that I needed help at times. A hard lesson for me and not something I have fully learnt.

From being confronted and faced with physical vulnerability, I slowly got a glimpse of vulnerability on other fronts. And as I did so, the emotional barriers around me also started to slip. Shyam, looked after by his aging sister, often talked of death and dying. Who would look after him when she is gone became a way for me to confront my own fears in the future. Christopher

continuously talked about his desire to get married and his frustrations that it was just a dream helped me articulate my own needs for companionship. Gopal, with his uncanny ability to know when another person was unhappy and the courage to initiate the conversation about it helped me realise that too often I was insensitive to others' emotional state and even when I did sense it I was afraid to reach out, be part of it in any way. The brothers Prabhakaran and Damodaran, and their loud

welcome to anyone who walked into the community urging them to stay for tea or coffee made me realise how difficult I found it to truly welcome others into my physical space and also my emotional life.

I began to try and understand who I was as a complete human being – body, soul and mind. Too often in our world and through our education system we place value on individuals as intellectual and physical beings. We have no time to know and understand our hearts. Living with people who were 'broken' physically, intellectually and emotionally, but more whole than any I know, I had to learn to get in touch with my soul. I was forced to face my own brokenness. Accept and acknowledge the

**Sometimes I was allowed into that space grudgingly but most of the time I was showered with gratitude for the simple tasks of service I was performing.**

## Part - 2 Vulnerability as a Spiritual Asset



darker parts of my life that I had never earlier had the courage to go near my worries, anger, insecurities and pain.

Brought up in a society that places utmost value on independence, I had to learn that I too had needs and needed others. I began to see that the weak and powerless have the capacity to bring out the best in us as individuals and as a society.

Living with people who had no security of what they would eat and drink tomorrow, I began to value the uncertainties of the next step in my life. I began to learn to live with that insecurity as a gift. A gift that allowed me to live more fully in the present, and learn to abandon myself to a higher power.

And as I learn to do that, I discover that a higher power, revealed to me as a loving God is there in that brokenness and insecurity. Jesus says 'Blessed are the poor in spirit for theirs is the Kingdom of Heaven', that he is talking of each of us in our brokenness. And as we offer our brokenness to him, he invites us into a relationship of communion with him, with the realisation that however wounded we are, we are loved by God. And in that love we are enabled to reach out, form a community, revealing to each other our hurt and pain and also our capacity for love and life.

*"There is a hidden strength in being vulnerable, open and non violent, in being a people of the resurrection, knowing that we are loved and that God is guiding us, in all our fragility and littleness. We are not people who think we are better. We are not an elite. We are people who are poor, but have been drawn together by God and put our trust in God. That is what a kingdom community is about: a community that knows it has been called by God in all its poverty and weakness, and that God is Love."*

Jean Vanier, From Brokenness to Community

---

*Ms. Ashita Abraham*

*Ashita is presently part of Divya Sadan (a project of Caritas Goa), an intentional community of adults with and without intellectual disabilities living together in Porvorim, North Goa. Functioning since 2016, it is inspired by the model of the L'Arche communities started by Jean Vanier in 1964 with the simple act of his inviting two men with intellectually disability to live with him. Today L'Arche is a worldwide movement, with an international federation of over 140 communities in 36 countries. L'Arche India has communities in Bangalore, Kolkata, Chennai, Nandi Bazaar and Asansol. If you would like to know more or visit, do contact us – [divyasadan@caritasgoa.org](mailto:divyasadan@caritasgoa.org); [fmrindia.ashaniketan@gmail.com](mailto:fmrindia.ashaniketan@gmail.com); <http://www.larchefmrindia.org>*

# SPIRITUAL VULNERABILITY: BIBLICAL REFLECTIONS

## Introduction

Spirituality is 'being connected' – connected with the Creator, the creation and with oneself. Spirituality is finding meaning in our relatedness. It is experiencing direction and purpose in our individual and community existence. It plays a central role in the joy and fulfilment of a person or the society.

Therefore spiritual vulnerability could mean 'being at the risk of disconnectedness', being susceptible for criticism and attack, in need of special care and support. This may be due to discriminations, gender, social positions, neglect or disability.

Spiritual vulnerability is 'being prone to fall'. This capability is inbuilt in us. We human beings are not fall-resistant. In fact, God has created us in such a way that we are capable of going away from God, capable of committing sin, capable of displeasing God. This potential is part of the human freedom with which God has created us. The beauty of human freedom lies just in this dynamic potential. God did not create us as robots who will not have the possibility to err. God created us with the extra ordinary power even to say 'no' to God's own commands. Therefore human freedom and spiritual vulnerability have to be taken together.

## Biblical Examples

In the Scripture, we see many examples where spiritual vulnerability is unmistakably portrayed. It talks so plainly about the spiritual vulnerability of the stalwarts of faith. In a way it is a great comfort, encouragement and inspiration



Rev. Aruldas T

He is physically weak, spiritually down, willing to give up his whole calling. Elijah is portrayed in his totally vulnerable position. God of Elijah gives new strength, new meaning and new purpose to His servant in the midst of vulnerability.

**After the encounter with Jesus, people in Simon's house began to see the emergence of wholeness in Mary's life and probably in the society's life too. Openness in relationships can be painful, but has the potential for love, growth and wholeness.**

for us to have such existential stories in our Holy Bible itself.

## *Elijah, the Prophet of God:*

One example is the courageous, obedient prophet Elijah. The author of the text was courageous to talk about the spiritual vulnerability of Elijah (I Kings 19: 1-18). In the chapters 17 and 18 Elijah is portrayed as a strong, successful, obedient prophet. In the nineteenth chapter, Elijah is running for his life.

He is physically weak, spiritually down, willing to give up his whole calling. Elijah is portrayed in his totally vulnerable position. God of Elijah gives new strength, new meaning and new purpose to His servant in the midst of vulnerability.

## *David, the anointed king:*

King David was willing to admit that he is capable of falling. He said "I am ready to fall, and my pain is ever with me. I confess my iniquity; I am sorry for my sin" (Psalm 38: 17-18). There were moments when David was not aware of his vulnerability. Perhaps that was the time David committed sin. Awareness of vulnerability makes one to seek God's help and to be humble. In fact when one acknowledges his/her vulnerability, there is a chance for God's favour to be showered upon them.

## *Mary of Bethany:*

When Mary broke open the alabaster jar and poured the ointment on the head of Jesus, there were many people in the house of Simon. Mary was exposing her vulnerability in the midst of many people

## Part - 2 Vulnerability as a Spiritual Asset

who probably did not empathise with her (Mark 14:3-9). After the encounter with Jesus, people in Simon's house began to see the emergence of wholeness in Mary's life and probably in the society's life too. Openness in relationships can be painful, but has the potential for love, growth and wholeness. Instead of being ashamed, she took the risk of being vulnerable in the presence of Jesus. She got a new life.

### *Apostle Paul:*

Apostle Paul is an example of how to be a true and genuine human being. He was willing to expose himself in the midst of his own followers. He went on to describe the struggle he went through in detail (Romans 7:14-25). Being vulnerable is one thing and admitting one's vulnerability in the midst of one's own students is another thing which requires greater amount of spiritual stamina. While writing to Corinthians, Paul was talking about the failure in receiving a positive answer for his prayer. Instead he highlights how he received an answer from God "My grace is sufficient for you, for my power is made perfect in weakness". Towards the end Paul said, "Therefore I am content with weakness, insults, hardships, persecutions, and calamities for the sake of Christ; for whenever I am weak, then I am strong" (II Corinthians 12:10).



When the caregiver and care-receiver genuinely admit each of their vulnerability healing is experienced.

### *Lord Jesus Christ:*

The prime example we can think of is our Lord Jesus Christ himself. Jesus taught his disciples that vulnerability is strength. In the beatitudes, he highlighted how the poor, meek, humble could be blessed. By washing the feet of his disciples, Jesus demonstrated how important it is to take risks in relationships. Humbling oneself is the integral part of this whole process.

In the Garden of Gethsemane, Jesus was with fear, doubt and worry. This is exposing the vulnerability of Jesus to the disciples, followers and the faithful (Mark 14: 31-42). The cry of Jesus on the cross "My God, My God, why have you forsaken me" is not just a quote from

the Psalms, it was a real experience of Jesus. The early church understood this nature of Jesus so well so that they taught the believers in Philippi that they should have the same mind of Jesus. "...Christ Jesus, who though he was in the form of God, did not regard equality with God as something to be exploited, but emptied himself, taking form of a slave, being born in human likeness, and being found in human form, he humbled himself and became obedient to the point of death – even death on a cross" (Philippians 2: 6-8)

## **Expressions of spiritual vulnerability**

### **a) Ability to visit a care-receiver alone:**

When nurturing the pastoral counselling students, we normally ask them to go alone to meet the vulnerable patients. When caregiver is with another colleague, s/he feels strong. If there is a mistake committed, there is someone to correct it or compensate. On the other side, we know that the care-receiver is vulnerable as s/he has to face the caregiver all alone. Therefore when the caregiver also goes alone, it gives him/her an opportunity to experience what it feels like to face the challenges alone.

When the caregiver and care-receiver genuinely admit each of their vulnerability healing is experienced.

### **b) Ability to say 'I don't know':**

If you are a teacher, an elder or a senior in a place, those around you expect that you know most of the things, if not all. This actually gives you a sense of importance, sense of satisfaction and fulfilment. Often you try your best to hold on to this position. However, there are situations where you do not know the answer for the question. All the more, if you are directly confronted with a question for which you do not have the answer, you feel ashamed, incompetent, small and even unworthy.

This is the situation where our inner strength is tested. Is it ok to admit that 'I don't know'? Even though it is unsettling and sometimes exposing, is this admission not true? In a way we are admitting what we really know and

don't know. It is being vulnerable and at the same time greatly rewarding.

**c) Ability to be uncertain:**

There is a great pressure in the common public and among the faithful to have certainty in all aspects of life. Since we know that certainty in all spheres is not possible, we tend to project a false self and picture to cheat others. It is demonstrated in spiritual life too particularly when we want to be very certain in the aspects of faith, prayer, suffering, God, etc.

For example, in matters connected with suffering, we want to be so sure of 'why suffering'. From life experience we know that it is not possible to be certain of the reason for suffering. However, as we noted earlier, to admit that we don't know is very unsettling and difficult. We would rather say some aspects as the cause for suffering. Much healing occurs when the caregiver and the care receiver are able to see the mystery of suffering. They move from a state of deception to a state of acceptance of their vulnerability, a state of healing.

**d) Transforming brokenness into gratitude:**

Eucharist in the Christian tradition symbolizes the centrality of brokenness. Brokenness is painful – “On the night he was betrayed, Jesus took bread ...”. The church is not ashamed of taking cross as her symbol. In the centre of its practices, again the church is not ashamed of keeping ‘symbols of brokenness – body and blood’ as important ones. Therefore, through the centuries of church's involvement with the society, church is comfortable to be vulnerable and to be with the vulnerable (marginalised and unjustly treated). May be MM Thomas' book '*Risking Christ for Christ's sake*' needs a fresh reflection in our search today to understand the '*vulnerable Christ*'.

---

*Rev. Arul Dhas T. is ordained Presbyterian of the Church of South India. He is now Chaplain at the Christian Medical College, Vellore, Tamil Nadu and obtained PhD in New Testament from the University of Edinburgh. He Teaches Pastoral Counseling and Bioethics.*

**COLLEGE OF NURSING  
CHRISTIAN MEDICAL COLLEGE, VELLORE - 632004, TAMILNADU, INDIA**  
(Five star rating by NAAC)  
Website: <http://a~missions.cmcvellore.ac.in/>

Applications are invited for the following Postgraduate, Post Basic Degree and Diploma Programmes in Nursing commencing in September 2019.

1. M.Sc. Nursing - specialities - Medical Surgical, Paediatric, Obstetrics and Gynaecology, Community Health and Psychiatric Nursing
2. Post Basic B.Sc. Nursing
3. Post Basic Diploma Programmes in Nursing - Cardiothoracic, Critical Care, Emergency & Disaster, Neonatal, Neurology, Oncology, Operation Room, Orthopedic & Rehabilitation, Psychiatry, Geriatric, Renal and Burns Nursing.
4. Fellowship in Nursing - Family Nurse Practice, Haematology, Respiratory and Paediatric Critical Care Nursing

**DATES**

Applications can be accessed online	: 2nd week of October 2018
Last date for submission of online application	: 4th week of November 2018
Entrance examination	: 5th week of January 2019
Final selection for the programmes	: 2nd week of April 2019
Registration for the programme	: September 2019

Browse the above mentioned website in October/November 2018 for more details.

## VULNERABILITY – FROM A CHRISTIAN PERSPECTIVE

I would like to introduce the word, *Vulnerability*, in three ways for our reflection. One is the World Health Organisation's definition : the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters. The second is a quote from C.S. Lewis – "To love at all, is to be vulnerable." The third is the Biblical view that being vulnerable is the gateway to God. We cannot talk about vulnerability today unless we look at all three definitions and see how they interweave in our lives.

All over the world, we see how wars, violence, famine, poverty, and natural disasters have affected a section of society who have limited skills to cope with what has been thrust on them. The vulnerable people – women, children, the elderly, the mentally and physically challenged, prisoners, - are far below the lowest rungs of society's ladder. Unwanted, uncared for, with nothing to their name, they are forced away from their homes with just a bag full of belongings. Not only poverty, but sickness, violence and exploitation follows them wherever they go. We see them everywhere - refugees – begging, pleading for a place to call home. Our television screens flash us pictures of terrible suffering - an old man carrying a wounded child; women standing in a long queue for a bottle of water; camps with little privacy for women. Our minds are not able to process the suffering that vulnerable people have to go through every day. So most of the time, we 'switch off' so that we don't have to hear their stories, think about them or feel their



Ms. Usha Jesudasan

pain. In 'switching off' we allow our hearts to become numb. The numbness over a period of time makes us opinionated and prejudiced. We want houses, good health care, the best education and well- paying jobs for ourselves. We have strong views on how "they should live" and what they " need" and " where they should go." The vulnerable people thus have no place on earth or space in our hearts. But we are all human. Yes, even the vulnerable people are human and need the most basic of needs and rights to live a life with dignity and self respect.

We don't realise it, but most of us have access to vulnerable people every day. Just look under the flyovers and bridges and the outskirts of every city. Do we see them? How do we relate to them? Do we connect with them in some way or just speed by? Is the easiest way to cope with such people to harden our hearts? Actually, what is required, is the opposite. Allowing ourselves to weep and feel and connect with their desperation in some way.

**Our minds are not able to process the suffering that vulnerable people have to go through every day. So most of the time, we 'switch off' so that we don't have to hear their stories, think about them or feel their pain.**

It is said that a society will be judged by how it treats its most vulnerable members. How do we view them? How can we care for them? How can we make them feel part of a larger whole? How can we let them into our heart space? These are questions to meditate on as we reflect on the issue of vulnerability. I hope the meditation will lead us to some kind of action. Perhaps to stop and buy whatever they are selling to give them some dignity; gift them a box of household necessities; offer to help children find

a school and establish a relationship to encourage them; buy basic medicines. The list of things we can do for the vulnerable poor around us is endless.

Apart from the poor and the refugees, perhaps we can also look at another group of vulnerable people at this point. Those who stand strong in defense of their faith. I especially look at this from a Christian angle, as this article is for those within the Christian faith. From the first decade of Christianity, men and women who professed their faith in Jesus, were vulnerable to violence. The counter culture that Jesus preached brought out the worst in those who sought to defend the old ways. Over the generations, as Christians brought education, health care and a more socially conscious way of life, they have become more vulnerable to those in power governing states and the nation. Christian institutions in particular, face the difficulty of practicing Jesus' kingdom values – especially of honesty and integrity - in a world where these values are fast disappearing. The world awards ambition, greed, self - promotion, stored up wealth, in being prominent and feted and served; the Christian way of life teaches us that these don't matter – that in humility, being the least and the last, and serving others do we find lasting life and happiness. But caught between these two worlds – many people and institutions are put in a very vulnerable position – the vulnerability of the Christian way of life.

The second definition of vulnerability deals with our emotions and the way we live. Most of us choose not to show our emotions as often as those whom we show it to, take advantage of us. C.S. Lewis in his book *Four Loves* writes that, “To love at all, is to be vulnerable. **Love** anything and your heart will be wrung and possibly broken. If you want to make sure of keeping it intact you must give it to no one, not even an animal.” When we love someone we put ourselves at risk - the person we love may not love us back, or may not love us as much as we love them. The relationship might become fraught with pain and at some point it will break our hearts. So we feel that it is wiser not to love so whole heartedly and to just skim through relationships on a superficial level. Living this way brings no pain, but no gain either.

Being vulnerable in our relationships with each other is one of the hardest parts of being human. Showing our spouse, child, parent or friend how we really feel about them should bring us closer to each other and make life more meaningful. The father who shows his tiredness, and his inability to lift heavy things as he gets older shows his family this vulnerable side. The son, seeing his father this way, feels his vulnerability, reaches out and offers help, not to make the father feel old and useless, but loved and cared for. Many people when faced with terminal illness do not want to tell their friends or larger family. They do not want to show how vulnerable they are to pain and suffering and their inevitable end. So they hold all their emotions within them. How much

better to hold your loved ones, tell them how much they are loved and will be missed, perhaps cry together and then together find the strength to get through every day. Vulnerability now becomes strength.

We long for good relationships where we feel deeply connected to the other person. When we do feel this connection, it is because we have let our guard down and shared our vulnerability as a human being. May be we connected with the other person's fears and shared our own; or perhaps an illness or some failure forced us to show our vulnerable side. The outcome would be a stronger, more honest relationship.

The last thoughts on vulnerability deals with our spiritual side and our relationship with God. We are most human when we face our vulnerability and bring it to God. David in Psalm 139, opens himself out completely - “Search me, God, and know my heart; test me and know my anxious thoughts. See if there is any offensive way in me, and

lead me in the way everlasting.” Can one show one's vulnerability to God more than this? Biblical scripture tells us that being vulnerable is a gateway to God. The Psalms articulate the dire, utterly honest, vulnerable cries for help: “From the depths of despair, O LORD, I call for your help.” (Psalm 130:1). “I think of God, and I moan, overwhelmed with longing for his help.” (Psalm 77:3). “O God, why have you rejected us so long?” (Psalm 74:1). “Rescue me from the mud; don't let me sink any deeper.” (Psalm 69:14). “From the ends of the earth, I cry to you

**The world awards ambition, greed, self- promotion, stored up wealth, in being prominent and feted and served; the Christian way of life teaches us that these don't matter – that in humility, being the least and the last, and serving others do we find lasting life and happiness.**



**It is at our most vulnerable moments that we meet God. Not the lofty, majestic, judgemental God, but the vulnerable God in the form of Jesus on the cross, beaten, bleeding, dying with just a scrap of cloth to cover him.**

for help when my heart is overwhelmed.” (Psalm 61:2.) “My heart pounds in my chest. My heart is breaking as I remember how it used to be.” (Psalm 42:4). “Why am I so discouraged? Why is my heart so sad?” (Psalm 42:5.) “My heart beats wildly, my strength fails, and I am going blind.” (Psalm 38:10.) So too does Job when faced with suffering he feels he did not deserve.

Can one get more open and honest and vulnerable than when we cry out these words? To whom can we say them but God? It is at our most vulnerable moments that we meet God. Not the lofty, majestic, judgemental God, but the vulnerable God in the form of Jesus on the cross, beaten, bleeding, dying with just a scrap of cloth to cover him. I do believe that at the moment of his most vulnerable cry, “ Why have you forsaken me?” God heard him and embraced him. So too it is with us.

If we put together the three definitions of vulnerability, we see that it is a tough way to live. To open ourselves so that we connect with the horrors across the world and in our country and weep for those who suffer so much; but more than just feel, be stirred to doing something to help them ; to let our guard down with our nearest and dearest so that our lives will be shaped by love not fear; and finally to stand before God and cry out in all our weakness, shame and sin. Being vulnerable does not come easy – it is a hard choice we make- every time we connect, show our deepest emotions and embrace someone. Accepting someone who shows us their vulnerability is also hard. It asks that we not judge them in their weaker moments, or abuse the trust they place on us, but just love and embrace them for being so honest with us.

To many people, living this way, showing and accepting vulnerability is asking for trouble. But to those who choose to live this out moment by moment it brings blessings of love, joy and peace.

---

*Usha Jesudasan is a writer with over forty years of experience of writing about peace and harmony both within oneself and in our families and communities. At present she lives in Vellore, and writes among other things, a weekly meditative column for the staff of Christian Medical College and Hospital. –  
ushajesudasan@gmail.com*

# LIVING IN VULNERABILITY: THE PARADOX OF OUR CALLING

Much of our lives as Christians, as Health Professionals and Social Workers, is dedicated to the service of vulnerable and hurting people. Suffering patients. Bereaved families. Poverty that opens people up to a range of potential horrors. The vulnerability of a woman working in an office or NGO or factory. A young man whose immunity has been decimated by HIV. Little children, hurtable in so many ways.



**Dr. John C. Oommen**

We are called to reach out and help them; to take their side; protect and rescue them; strengthen and empower them. In this field, it is easy to see Vulnerability as the enemy - to be combatted and erased.

On the other hand, people living with the vulnerability of disability teach us how to be more human. They can restore our sensitivity and compassion, teaching us the value of persons and life in a world gone callous and cynical. They can through their vulnerability, help us to discover our own spirituality.

A simple definition of Vulnerability is "hurt-ability": the extent to which we can get hurt.

We build walls around our hearts, dedicate technology and money to the business of preventing pain and hurt from getting anywhere near us. To make us less hurtable.

But having got there, we find the cupboard is bare in the dryness of our souls, we find that our hurt-ability is also equal to our love-ability. That he who cannot

be hurt, cannot love. That to love and be loved requires us to lower our guard, to open our hearts, and thereby to expose ourselves to the possibility of getting hurt. Love is not a business transaction between two skeletons in armour ; it is a flesh and blood connection between the softness of our hearts.

And so therein lies the paradox. On the one hand, we are called to share the pain of the vulnerable and strengthen and protect them. On the other hand, we realise that unless we are willing to be vulnerable, we miss out on the best things of life – love, relationships, spirituality.

So like with many great truths of life, we are called to live out the paradox; a dynamic equilibrium between seemingly opposite forces.

Followers of a God who chose vulnerability; let go; emptied Himself. Became human. Took on the nature of a servant. And was obedient even unto death on a cross. That we may live. And by His vicarious vulnerability, we are healed.

---

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

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

Vol. XVIII No. 4 May 1943

EDITORIAL COMMENT, A NATIONAL MEDICAL SERVICE

By DJ

# 1943

Doctors and nurses at work in India have noted with some interest the Beveridge Report presented in Britain in November, 1942. It outlines a plan for unified social insurance, intended to provide freedom from want, with three important assumptions put forward outside the report, namely a state scheme of children's allowances, a comprehensive national medical and dental service and the maintenance of employment as a concern of the State. . .

Assumption B 'covers a national health 'Service for prevention and for cure of disease and disability by medical treatment; it covers rehabilitation and fitting for employment by treatment which will be both medical and post-medical. . . .'

'The report proposes a compulsory social insurance scheme without income limits.' Both rich and poor will pay contributions to it and share in its benefits.

'If a contribution for medical treatment is included in the insurance contributions, contributions will cover not ninety per cent of the population [the present insured persons (in Britain) and their dependants] as is assumed in the Draft Interim Report issued by the Medical, Planning Commission, but one hundred per cent of the population. This will not of itself put an end to private practice.... The possible scope of private practice may be so restricted that it may not be worth while to preserve it. If, therefore, it is desired to preserve a substantial scope for private practice and to restrict the right to service without a charge on treatment to persons below a certain income limit, it will not be possible to include payment for medical service in an insurance contribution which all are required to pay regardless of income.'

If a comprehensive scheme of national health service be accepted, a form of state medicine would develop. Those who are opposed to such a development declare that it would lead to a bureaucratic control of all medical services, the disappearance of private practice and of free choice of the doctor by the patient, the loss of democratic control in the voluntary hospitals: all of which (they assert) would eventually extinguish both the power of initiative and the sense of responsibility in the doctor and discourage any attempt to raise professional standards and to cooperate in medical research.

The Beveridge Report in Assumption B outlines an aim-a comprehensive health and rehabilitation scheme for the whole nation...The Medical Planning Commission representing the British Medical Association and the Royal Colleges; Sir Farquhar Buzzard, Lord Nuffield and Sir William Goodenough representing the Oxford movement and members representing the Voluntary Hospitals Association have suggested reforms in the British medical service. They agree that state medical service in Britain should be based on group practice in local health centres, each staffed by six to twelve doctors aided by the requisite number of nurses, midwives, pharmacists and technicians. The centre would offer all the necessary facilities for examination and treatment of patients, including small operating rooms, treatment, X-ray and laboratory rooms. The centre would be located within convenient distance of a large hospital on whose staff full-time consultants would be available to advise the group doctors when so requested.

Each doctor in the group would work from his own home, have regular hours of work in the centre' (including night duty), receive an adequate salary and capitation fee, and be given regular holidays with sufficient time for refresher courses and for study.

Each patient would be free to choose his centre and to change his choice if not satisfied...

...The doctor and the nurse in India may ask in what measure this plan concerns them. They will agree that here in this country poverty, dire poverty, is the greatest single cause of disease. On scanning the Beveridge Report, they may note the sentence, 'Social insurance should be treated as one part only of a comprehensive policy of social progress.' Social insurance of the scope of the Beveridge plan is not at present applicable in India but we are beginning to look forward to some sort of comprehensive health service here. We can, therefore, continue to work as citizens to change the present system whose product is poverty so abject and to study as doctors all possible developments of group practice to render our service more efficient.

D. J.

# HEALING HAPPENS TOGETHER

Mathew 4.23: And Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people.

Healing, the Third Mandate of Jesus was there in the beginning and is there always.

During the famine in Turkey in AD 369 St. Basil undertook a commitment to take care of the needy and strangers. In 372 to undertake a much greater expansion in his charitable works including the provision of professional medical assistance. It turned out as a hospital with inpatient facilities called 'Bassiliad'. Historians have argued that "the hospital was, in origin and conception, a distinctively Christian institution and was part of the church. Over the centuries nursing and medical care were part and parcel of the ministry of the church. The third mandate is still relevant.

In his book, I Accuse ... the anti-Sikh violence of 1984, late Khushwant Singh wrote about his experience with the violence against Sikhs on the day Indira Gandhi was shot dead. "My uncle, despite his injuries had to be kept at home. My aunt could not find a doctor to treat him – many were too scared to go to a Sikh, fearing retribution from mobs. A private nurse, a Christian – who lives nearby, agreed to come every day and dress the wounds. It was such gestures – courage and compassion of strangers – that no one who has been through those days can forget."

Remember, healing is so much deeper and more profound than simply being cured. But it does mean that, in spite of the difficulties that life throws at us, we can still find wholeness and meaning and peace.

But of course, God's healing is so much bigger than what we experience as individuals. Our relationships need healing, our communities need healing, the nations of this world need healing, and the Earth itself needs healing.



**Mr. Sunny Kuruvilla**

This is not something we can do independently. The very nature of the task ahead of us requires that we heal together. That it is not enough to find healing for ourselves without helping those who are still waiting to be healed. Health is something that doesn't belong to any one person. It's something we experience together. Healing happens together.

Around us and within us we see brokenness. We need healing and others also need healing. We as a community are walking this journey together. And we look forward to being surprised by the healing that God has in store for us.

(A brief report on National Conference on Health and Healing held at Bangalore Baptist Hospital from 14th to 15th Sept 2018.)

The objectives of 2nd National Conference on Health Healing at Bangalore Baptist Hospital from 14-15 September were

- To understand and refresh a deeper meaning of Healing; The Third Mandate of Jesus
- To find ways to bring healing and wholeness to marginalized and underprivileged
- To bring together the Church and healthcare missions
- To explore the challenges and possibilities of healing ministries, mission hospitals today; and
- To present collaborative models of healing ministry in churches

Rt. Rev. Dr. P K Samuel, Bishop, CSI – Karnataka Central Diocese inaugurated the conference with an emphasis on collaborative healing activities. Rev. Johnson Varghese, Bethel AG Church spoke on Healing; The Third Mandate of Jesus.

Ms. Daya Bai a social worker and activist working among tribal people in Chindwara, MP shared her struggle to



*A scene from the panel discussion at the Health and Healing Conference.*

bring healing and wholeness among the marginalized and underprivileged. She also narrated her ongoing campaigns to bring justice and solutions to endosulfan victims in Kasargod. Dr. Sunil Chandy former Director, CMC Vellore spoke on the need to strengthen the relationship of church and health care missions. Dr. Raju Abraham, Neurologist, EHA spoke on the challenges and possibilities of healing ministries.

On Saturday, 15 Sept 2018 Dr. Sunil Gokavi, Executive Director, EHA took a session on “Mission Hospitals Today” followed by the key address of Dr. J. V. Peter, Director, CMC, Vellore on “Collaborative Models” of healing ministry in churches.

The panel discussion based on the collaborative healing ministry was actively led by Dr. Bimal Charles, General Secretary, CMAI; Rev. Dr. Samuel Sidharth, General Secretary, EMFI; Rev. Johnson Varghese, Bethel AG Church; Rev. Dr. Alexander Abraham, Ankola Mission Hospital; Dr. Sunil Gokavi, Executive Director, EHA; Ms. Anuvinda Varkey, Executive Director, Christian Coalition for Health; and Rev. Dr. Paul Parathazham, Director - St. John’s National Academy of Health Sciences. The panel discussion at the end of the Conference was coordinated by Dr. Naveen Thomas, Director, Bangalore Baptist Hospital.

**The summit presented the following recommendations:**

1. A collaborative model of healing ministry, that proposed facilitating local churches to do meaningful healing missions relevant to the community with the association of local hospitals wherever possible. Therefore local networking of the churches and healthcare organizations have to be explored or strengthened.
2. Structured voluntary initiatives have to be developed in churches and communities wherein healthcare can be one of the means of engagement.
3. To replicate this kind of get-together in other states to promote collaborative healing ministry

---

*Sunny Kuruvilla is currently Deputy Director of Bangalore Baptist Hospital. He also is a Principal Assessor of NABH. E-mail: sunny@bbh.org.in cell 9480689771*

# 12th National Conference

## Chaplains Section

Theme: Who Touched Me?

9<sup>th</sup> & 10<sup>th</sup> January 2019

Union Biblical Seminary

Pune

Last date for applying  
31<sup>st</sup> December 2018

**For more details contact at the given below address**

Ms Intimenla Aier  
Secretary, Chaplains

Christian Medical Association of India  
Plot No. 2, A-3, Local Shopping Centre  
Janakpuri, New Delhi - 110058

or Email : [imtimenla@cmai.org](mailto:imtimenla@cmai.org) or check website: [www.cmai.org](http://www.cmai.org)

# EXPAND YOUR TERRITORY

Many of us in the healthcare industry are stuck at our daily work schedule whether we are in a hospital or office or out at the field. A periodic local gathering of like-minded professionals will see lives bloom with laughter and camaraderie. Such occasions will help us loosen our stress and help forget our work pressure. We will also expand our own professional horizons.

If you are a Christian doctor, a nurse, an allied health personnel, an administrator or a chaplain, join CMAI as a life member and become part of the largest fraternity in India with a singular mission that is to serve the churches in India in its ministry of healing and to build a just and healthy society, in response to the love and command of Christ.



Participants at a Management Workshop in Delhi

prayer sessions and discussion activities.

## CREATE A CMAI GROUP IN YOUR INSTITUTION

Take the initiative to create a group of existing CMAI members at your institution. Add more Christian members to your group. Convene monthly meetings. CMAI will help the group by providing information on health matters, and forthcoming conferences or training programmes. You may also organize local programmes at your institution for topics related to healthcare and allied topics, and you could be part of the larger community in India. Every CMAI unit can organize

## INSTITUTIONAL MEMBERSHIP

Christian healthcare institutions can take annual membership, thereby send your professionals for workshops, training and conferences organized by us. Members get special discounts in these events.

## INTRODUCE CMAI HEALTH SCIENCE COURSES

Introduce the Indian youth in your circle of influence, a plethora of skill-based academic programmes run by CMAI. More than 1000 nurses graduate from our two nursing boards approved by the Indian Nursing Council. About 700 students undergo training currently in various allied health science courses through our institutions.

CMAI has more than 10,000 individual members and more than 300 Christian institutions in its large family having presence in almost all the states in India.

## BECOME A PROUD CMAI MEMBER.

For details, check out: [cmai.org/membership](http://cmai.org/membership)

CHRISTIAN MEDICAL ASSOCIATION OF INDIA



# CMAI

A-3, Plot 2, Local Shopping Complex, Janakpuri, New Delhi 600 058  
Phone: 011-25599991,2,3; [www.cmai.org](http://www.cmai.org); [cmai@cmai.org](mailto:cmai@cmai.org)