CHRISTIAN MEDICAL JOURNAL OF INDIA

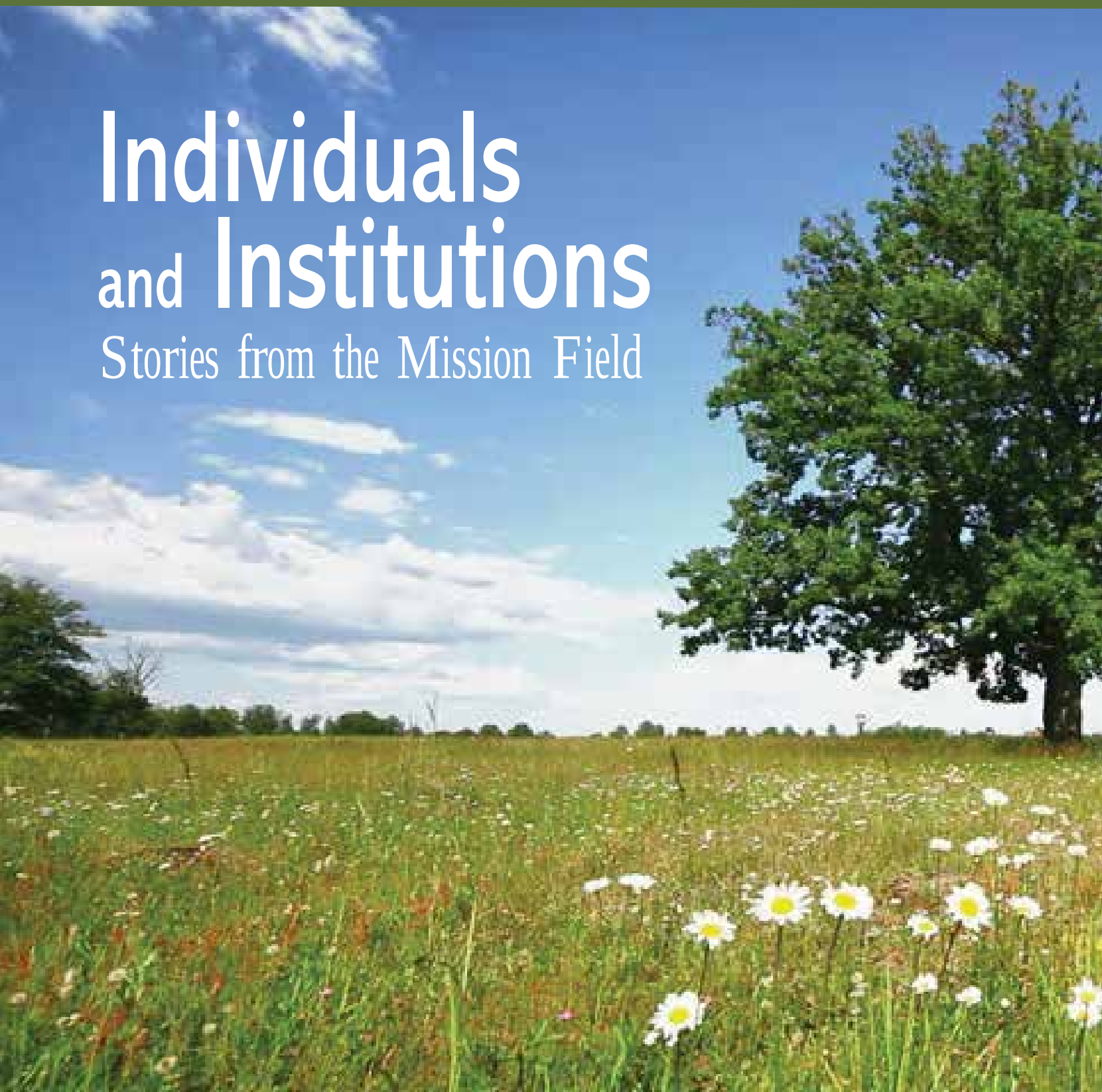
CMJI

A Quarterly Journal of the Christian Medical Association of India

VOLUME 33 NUMBER 4: OCTOBER - DECEMBER 2018

Individuals and Institutions

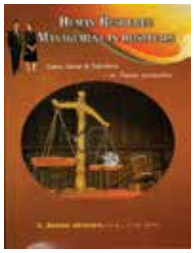
Stories from the Mission Field



Books Available at the CMAI Bookstore

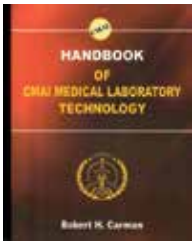
HANDBOOK OF MEDICAL TERMINOLOGY by I.R. Asher: A compendium of scientific lingua franca used by health care professionals throughout the world. Analyze individual word parts such as prefixes, suffixes and word roots, along with learning body system dynamics, basic medical languages, body orientation,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

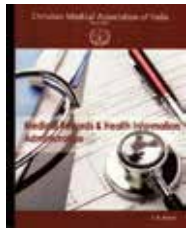


HUMAN RESOURCE MANAGEMENT IN HOSPITALS: LAW ISSUES AND SOLUTIONS: by D. Samuel Abraham: Introduction to law, basic structure of judiciary in India and its functions, various organs of the state, fundamental rights and duties and jurisdictions and the analysis of civil and criminal laws. It also includes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

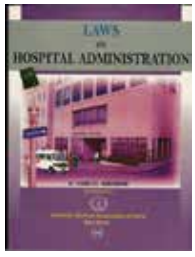
HANDBOOK OF MEDICAL RECORD TECHNOLOGY By Aley Jacob & Shirin Singh This book contains the introduction, history, definition & contents, numbering & filing values, purposes and uses, indexes & registers, microfilm, medico-legal aspects ..etc of medical records. It also includes administration and statistics.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



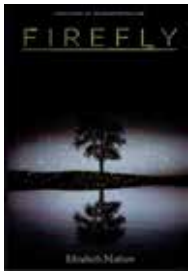
HANDBOOK OF CMAI MEDICAL LABORATORY TECHNOLOY by Robert H. Carman: Guidelines for Pathophysiology of disease and the technology of methodology for diagnostic laboratory testing. Rs.1000



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

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
Website: 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: cmaiblr@cmai.org

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

PRINTED AT: Printografix, New Delhi

CMJI

Communicating Health
Since 1895

CHRISTIAN MEDICAL JOURNAL OF INDIA www.cmai.org

A Quarterly Journal of the Christian Medical Association of India

VOLUME 33 NUMBER 4 OCTOBER - DECEMBER 2018

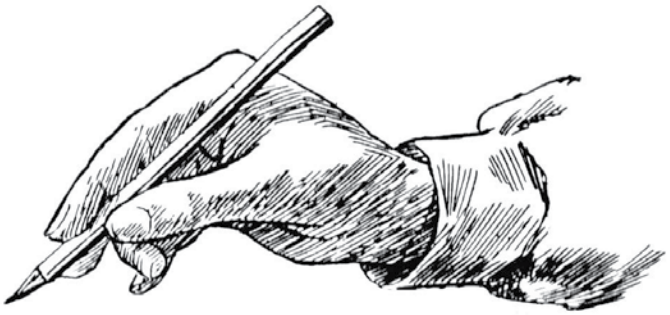
CONTENT

LETTERS TO THE EDITOR

The CMJI issue on Living in Vulnerability is really thought provoking. Capturing the varied meanings of Vulnerability is awsome.

God bless your effort .

Love
Dr Selva Chacko,
Dean, College of Nursing,
CMC Vellore
Tamil Nadu



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 the Healing Ministry Theme - Who Touched Me?. Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: cmai@cmai.org

Guidelines for Contributors

SPECIAL ARTICLES

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

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

EDITORIAL

Missio Dei

Ms Mercy John

Warm greetings to each one of you! In this issue of CMJI, we bring to you stories of institutions and individuals in medical mission and the healing ministry. The CMAI undertook a study of our member institutions and Dr. Priya John has compiled some of the information as an appetizer and shared it with us as the lead article. In his article, Dr. Gokavi, the team leader of the EHA, brings out the philosophy of mission hospital work and associated challenges.

Following the two lead articles are many stories from individual people. In addition to a brief background, each one has told us of the highs and lows, the joys and the challenges they have faced while they persevered in their work. They have also put down lessons learnt which could help many young people stepping into mission work.

We also have stories of some institutions - how they began and grew and the challenges and blessings experienced.

Through the pages, we see some common strands - God's faithfulness and our need for immense trust in Him; the essentiality of prayer; the need for flexibility in roles; of the value of gradual growth; of much opposition and satisfaction; of the challenge of holding hands with each other; of our relevance even today, especially for the disadvantaged; the reminder that we are never alone etc. This is true both on individual and institutional life.

Missio Dei (means God's Mission) and therefore the Mission is God's. We are privileged and honoured to be in God's work - working together with Him, alongside Him, and for Him.

I salute all those who have given their lives to mission; to build institutions in their own capacities at different levels. I'm reminded of Thomas Gary's Elegy written in a Country Churchyard :

Full many a gem of purest ray serene

The dark unfathom'd caves of oceans bear:

Full many a flower is born to blush unseen,

And waste its sweetness on the desert air

Many mission gems and flowers having spent entire lives - unheard of and unknown to the world; but every single one is noted and cared for by God our Father.

God bless each one of us as we participate in the Missio Dei, in whichever setting, wherever we are. May you be blessed as you read this issue of the journal.

Ms Mercy John

MEDICAL MISSION - QUO VADIS? THE PHILOSOPHY AND IMPACT OF MISSION HOSPITAL IN OUR COUNTRY

Dr. Joshua Sunil Gokavi

The Origins :

Christian medical work began in the late 1800s with the advent of doctors catering to the medical needs of evangelical missionaries from the West. It soon became evident that their service was the dire need of the local populations as well.

More and more medical personnel began to respond to the challenge, especially in the more rural and remote areas of the country, and soon most missionary organizations added them to the ranks of those being commissioned to serve in India. Thus medical missions became an entity in its own right, expanding the reach of the mission agencies among the local populations in India.

The progress

While India was well known to have fairly advanced knowledge and practice of the medical sciences through illustrious names and institutions down the ages, the fact remains is that those services were restricted to the privileged few, both in terms of the passing on of the knowledge and benefiting from its practices. It was the medical missionary movement that brought health and healing to the masses, ushering in a new concept that proved effective, along with mass education, in contributing significantly to the shaping of the country.

As time progressed, it is said that there were anywhere between 800-1200 mission hospitals in the country, **catering to the medical needs of one-third of the country, as one out of every three beds in India was to be found in a mission hospital in the 1950s!** One need not look beyond the locations of such institutions, whether still operational or closed today, to appreciate the value of the services offered through the dedication and sacrifice of such committed professionals. The communities living in many of these areas are even today bereft of basic facilities, let alone medical care.

One need not look beyond the locations of such institutions, whether still operational or closed today, to appreciate the value of the services offered through the dedication and sacrifice of such committed professionals.

In the late 1960s, there was the concern that the protestant Christian mission hospitals, numbering several hundred at the time of Indian independence, were progressively dwindling in number, with the medical missionaries unable to return due to severe visa restrictions. In the words of Ernest Oliver, Executive Secretary of RBMU (UK) - "The Indian government had begun to question the propriety of such unhindered admission (of expatriate medical staff) as far back as 1954", and by 1966, the attitude of the government "really hardened and a policy of almost complete exclusion of new expatriate missionaries evolved"

At the time, there were very few local second-line leaders to take their place in terms of number, skill and commitment. The obvious choices were of either handing these institutions over to the government (which would extinguish their Christian nature) or to the established churches (bereft of the capability to run hospitals especially in remote locations). ***The crucial question was - "Would it be possible to attract Indian doctors with the necessary level of Christian motivation to renounce job prospects and bury themselves in Village India??"***

Overall, this resulted in some of the mission agencies closing their hospitals

while shifting their focus to other needy countries in the region such as Nepal, many were handed over to the local church leadership, and a few came under the banner of newly formed entities such as the Emmanuel Hospital Association.

Though the number of protestant Christian hospitals in existence today is a far cry from the numbers that were initially established, the yeoman service being provided by many of them in remote areas of the nation, in the face of significant odds, is indeed testimony to the commitment and resilience of the Indian Christian professionals who man them. **YES - there were, and are, Indians who provide an affirmative answer to the crucial question asked!**

Where do we stand today?

In the face of the modernization that is sweeping across the face of the nation with such rapidity, one may question the relevance of the mission hospital today. The challenges are immense - the lack of adequate number and qualification of professional staff, poor infrastructure with difficulties in meeting increasingly stringent regulations and compliances, and ever-rising costs. At the same time, there are numerous medical facilities of all types springing up, with the government itself also intent on improving the services offered. So is the era and relevance of the mission hospital obsolete?

T*he answer, I believe, lies both within and without.*

- Within us, as disciples of the Lord Jesus, is a power that far exceeds our own understanding, talents and skills, which we in fact may often quench, suppress or simply ignore, in the guise of 'propriety' or the exercise of 'acquired knowledge'. It is a power, in both word and deed, that is able to transform lives from the inside out - for the salvation to all who believe. It is our God-given mandate, through varied and innovative means, to make available this Source of 'abundant life' that brings freedom in all types of physical, mental, social and spiritual bondage, or true 'healing' - SHALOM in all its glory!

- As we take realistic stock of the situation around us, we see, amidst the 'progress' in commercialism, consumerism, technological advancement and the like, the gap between the rich and poor widening, the accessibility of essential services including ethical healthcare progressing beyond the reach of the common man. The brute abuse of power and control is becoming more evident with almost each passing day, with vast populations of under-privileged communities ignored and isolated, often deliberately so, thanks to the still dominant social evils that grip our society even today.

Take the patients afflicted by leprosy - the efforts just to humanize them, cost the life of an Australian missionary and his two totally innocent sons. Or the Musahar community in Bihar and UP (popularly known as 'rat catchers' or 'rat eaters') - their 'untouchable' status ensures that they are to this day blatantly refused even primary care. The Dalits are still treated as commodities rather than as people created in the image of God, just like you and me. The overall health indices in especially the poorer states of our nation are still dismal. One shudders to even imagine what the means of healthcare to the teeming millions of slum-dwellers could possibly be!

The mission hospital, with all its deficiencies and short-comings, is thus still largely the haven where the 'weary can find rest', and care, and dignity, and empathy, and HOPE! The unique opportunity afforded by medical practice to simultaneously share and demonstrate a life-transforming message that reaches far beyond the mere boundaries of the physical, is STILL the very potential ministry of such institutions.

In recent times, three significant regulatory mechanisms that have come into play, with a direct bearing on peripheral hospitals such as the mission network, are the following :

The CLINICAL ESTABLISHMENTS ACT, whereby the hospital is required to have qualified and registered specialists in order for a particular service to be provided. While all states are yet to apply such requirements in a stringent manner (a near impossibility in remote parts of the country), the entire machinery is moving toward such legislation.

The QUALITY STANDARDS through the NABH (National Accreditation Board of Hospitals), which requires extensive documentation and practice of Standard Operating Protocols (SOPs) which, though progressive and good on paper, are a huge challenge for hospitals like ours, which have functioned for decades with locally trained staff and the practice of multi-tasking.

The Ayushman Bharat Scheme, introduced as recently as September 2018 by the government, is meant to cover the poorest families in the country with a Rs.5 lakh insurance per year, thus in a way paying for the kind of work the mission hospital network has always desired to do, and done, from the beginning. However, it is not without its own challenges, as there are numerous strict and specific regulations laid down that are, in actual practice in the rural context, impossible to fulfill, both in terms of facilities and human resource.

In such settings, we need to ask ourselves :

Does the medical mission network have to adopt an entirely new paradigm to continue to be relevant and effective in the service of the Lord and mankind?

Can we do so without compromising our vision, mission and core values?

Can we truly be agents of TRANSFORMATION in the locations God has placed us, and dare to expand further?

The WORD OF HOPE --

In such a seemingly grim and impossible context, it is our firm belief that the very challenges that rise before us are, in fact, opportunities for Christian service to rise to the occasion and demonstrate our commitment to fulfilling the aims of the government.

At this critical juncture, if we as the Body of Christ would join hearts and hands, looking to the Pioneer and Perfecter of our faith, who is also our Provider, it is our firm belief that the Christian medical network can be among the key players to facilitate the success of this scheme. If successful, this will undoubtedly have a significant direct impact on the health of rural India, with the Christian network seen as 'nation builders' by virtue of our working at the grass-root level, facilitating our God-given mandate to be 'salt and light' to the nation.

It is in this scenario that we prayerfully and eagerly look forward to radically renovating, or re-building where necessary, adequate facilities in the most needy areas of our country, if they are to remain relevant and effective in the region.

The answer thus lies wholly within the CHURCH of God - with its holistic ministry, embodied in its Master, that of Preaching, Teaching and Healing!

It is critical that we avoid the hitherto fatal error of DICHOTOMIZING into the 'sacred' and the 'secular'! The Church has often downplayed the role of humanitarian service and social work as equal expressions of ministry to preaching & evangelization evidenced by closing mission hospitals. The Medical professionals have failed to see the opportunities & potential for ministry amongst the sick & suffering, downplaying the spiritual health of patients and the role of the church alongside.

The net effect has been an incomplete, partially effective ministry of Jesus

Keys to relevant, efficient & effective medical ministry

- Overall responsibility lies with the Indian church. Medical missions needs to be seen as very much an integral part of the third dimension of the ministry of the Lord Jesus. True healing is of the Mind (attitudes), Body (diseases), Spirit (relating to the true God) and Society (social evils)
- A spirit of UNITY - that we work on a common platform to fulfill aims and objectives, with sharing and pooling of vision, expertise and resources
- A continued total reliance on the Lord for guidance and provision
- Focus on the poor and marginalized in neglected areas of the country - not to be in competition, but identifying and fulfilling the needs of communities we serve that focus on changing lives

Do all this, believing that :

- God's work, done in God's way, will never lack God's resources!
- Daring to attempt things in faith that are bound to fail, if God were not in them! Not looking primarily at our resources and what we may do with them, but seeing the needs through the eyes of our Master, and following His lead in how we may address them with His help!

India has been significantly impacted by Christian mission work in the past in the areas of Education, Health and Social Service - but largely through the sacrificial work by foreign missionaries, with their commitment and tremendous foresight.

It is time for Indian Christian professionals to rise to the occasion!

May we build on the uniqueness of the medical mission opportunity, with its ability to comprehensively provide such services as exemplary care, research, training, innovative approaches to vexing community problems, nurturing and capacity-building, that facilitates development of entire communities in a holistic manner – a key aspect in the transformation that is our mandate.

May we utilize the God-given opportunity to work hand-in-hand with the government and other organizations in the sphere of influence, in leading by example the charge to provide relevant and effective healthcare to deprived communities in our country.

May we seek to BE the light and salt, encouraging each other and facilitating the effective growth of sister concerns in contributing significantly to meeting the health and development challenges that confront our nation, to the glory of our Master and Lord Jesus.

Dr. Joshua Sunil Gokavi is an Executive Director of Emmanuel Hospital Association, New Delhi

AN OVERVIEW OF THE MISSION - EVIDENCE OF A STEADY GROWTH

Dr. Priya John

Growth is defined as increasing in size, amount, value or importance. Its implication is always positive and affirming. On responding to a calling to serve Him, the Bible records a healthy, steady growth process in the verse 1 Peter 1:5-7 - *And beside this, giving all diligence, add to your faith virtue; and to virtue knowledge; and to knowledge temperance; and to temperance patience; and to patience godliness; and to godliness brotherly kindness; and to brotherly kindness charity.*The process is clear.

Diligence → faith → virtue → knowledge → temperance/ self-control→patience → godliness → kindness →charity/ love.

The efforts and hard work we put in must eventually show in charity or love for our fellow humans while keeping us progressive and resilient in our individual growth.

The foundation of the mission hospital was laid as a response to His call. The early missionaries put in sacrificial hard work to build these hospitals and serve those in need. They served sections of society no one else would touch. They were known for their compassion and care above all else. Today, a few decades after they had been established, the numbers have steadily decreased to about 272 as per a documentation exercise done by CMAI in the year 2017. These are mission hospitals listed as members of CMAI. Among the ones that have withstood the test of time and are still surviving, we have some interesting facts from 216 of documented institutions. Detailed reports region wise will be available by the 2019 Biennial.

General Observations

- 32% of our institutions are located in urban areas which have a population of 1 lakh. The total urban population in the country as per Census 2011 is more than 377 million constituting 31.16% of the total population.
- 53% of our institutions are located in the rural (less than 10,000 population) and semi-urban(population of >10,000)
- 38% of our institutions are *Level 2 hospitals as per the Clinical Establishment Act 2010 (CEA 2010). (*Hospital Level 2 – Specialist medical services provided by Doctors from one or more basic specialties namely General Medicine, General Surgery, Paediatrics, Obstetrics &Gynaecology and Dentistry, providing indoor and OPD services.And support systems required for the above services like Pharmacy, Laboratory, Imaging facilities, Operation Theatre etc. Example: District Hospital, Corporate Hospitals, Referral Hospital, Regional/State Hospital, Nursing Home and Private Hospital of similar scope etc)
- More than 50% of our institutions serve special populations like Tribals, Dalits, Slum dwellers and Migrant populations.
- More than 85% have their main curative services as Maternal and Child health and 49% are engaged in caring for the terminally ill and elderly.
- 33% have outreach work based in their communities while a higher percentage of 47% send out mobile clinics. The main services in the outreach programmes are MCH, Nutrition and Non communicable diseases. Other important services like Mental Health, Palliative care, Elderly care are done only by 20-26% of our institutions as an outreach programme. Less than 30% of the institutions engage with the Government at the community level. The main areas of engagement for the 30% are TB, Leprosy and Disease Surveillance. Self Help group development is popular among 40% of our institutions.

Our mission hospitals started in remote areas and the town/cities have grown around them. 38% of the

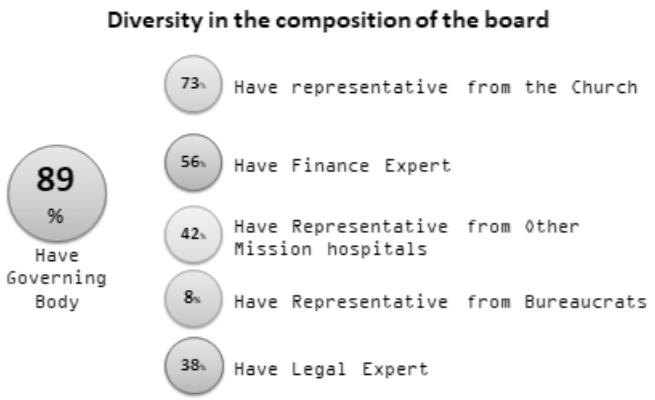
institutions being level 2 hospitals are on par with the government district hospitals and referral hospitals. The majority are still the only facility in rural and remote areas. They have persisted despite the hardships and lack of basic amenities and human resource. This is evidence of their diligence and love in action.

What ensures utilization of services in our institutions?

Compassion and care was the presumed trademark of the mission hospitals which drew patients to them, but the qualitative data obtained from the patients revealed that they come to the mission hospital because they TRUST the service providers. The quality of being trustworthy is one which has been built up through the ages. So how does an institution establish itself as being trustworthy?

Governance is a word which looks at how the institution is run. Are the systems transparent? Are the Board members individuals of good repute, having expertise and is there diversity? The data below gives us a snapshot of the governance systems.

- 43% of our institutions have Board members with a tenure of 3 years
- 58% met 3-6 times in the last 3 years
- 53% achieved quorum of >66% in the last 3 meetings
- 80%have written roles and responsibilities of the Governing Board members



Training Programmes conducted in our institutions

The Christian mission gave a great deal of importance to education. The triangle of setting up a school, church and hospital was their trademark. In the field of healthcare, we are the pioneers of the various gold standard curricula that exist today. In Nursing and Allied Health we have established ourselves for decades. As the government starts to accredit and standardize the curricula for the country, it acknowledges our contribution in these areas and we are invited to be part of the various decision making bodies.

In our documentation exercise, we have found the following training being run in our institutions. The big teaching institutions are not included in this list (CMCs and St Stephens Hospital)

- DNB course in 17 institutions
- MBBS, BDS in 2 institutions
- GNM nursing based on different affiliations and not only CMAI boards – 68 institutions
- ANM nursing in 21 institutions
- Post Certificate BSc Nursing in 5 institutions
- BSc Nursing in 22 institutions
- MSc Nursing in 8 institutions
- Other short nursing diploma trainings in 12 institutions
- 14 different AHP courses are run across around 30 of our institutions

Procurement and management of finances is another important area where trustworthiness is evident. The main source of income for the institutions is given below:

- 50% of our institutions depend on Patient fees as a major source of income (>75% of Income)
- 80-90% of our member institutions do not depend on the following as major sources of income (<25%)
  - External funding
  - Church contribution
  - Government Subsidies

While the institutions depend primarily on patient fees, 60% of the institutions give freely as charity. The motive is to serve and provide for the needs of communities who are marginalized and vulnerable. This intention of serving with kindness and godliness is evidence of steady growth.

Quality maintenance among the Member institutions

- **48%**of our institutions have Internal Quality Assessment process in place
- **40%** had at least one External Quality assessment in last 5 Years
- **29%** have a Quality Assurance Committee in place

With the Government pushing at the central and state level for various quality accreditations which will link to eligibility for insurance schemes, it is becoming a necessity for our mission hospitals to move in this direction. As CMAI, we encourage and support our members to achieve this and will advocate for an accreditation that is reasonable. The Christian Coalition for Health is spearheading this process and getting opinions from mission hospitals and contributing to the policies being made by the Niti Aayog.

As the external environment poses its challenges through changes in government policies, the internal challenges still plague our institutions. Some of the challenges are:

HUMAN RESOURCE – The CEA 2010 is very specific in the qualifications of all healthcare professionals in the Clinical establishment. Our institutions are finding it difficult to get experts and qualified personnel to staff and provide all services as per a Level 2 hospital which is on par with the District Government Hospital. The Government too faces the challenge of HR shortfall and in some areas our members take on the role of a referral hospital for the government too. CMAI in discussions with its members and young enthusiastic graduates is coming up with a strategy to recruit volunteers for serving in any department in the mission field. This will be a dynamic database accessible to institutions as well as individuals who would like to volunteer.

COMMITMENT TO THE MISSION – This is an area which is very much on an individual level for the healthcare professionals; but for the church it is their mandate. CMAI is trying to renew this commitment through different approaches and is in partnership with CMC Vellore to strategize this and take things forward with the church and hospital leadership. The decision to have a separate body/organisation or an Advisory Group to guide the Hospitals and churches is one such strategy.

GOVERNANCE – Experts from diverse fields need to be represented on the board to give hospitals new insights and guidance. Hospitals which have varied expertise on their boards do better.

FUNDS – Our member institutions do not have varied streams of revenue. The main stream is patient fees. External funding is not a viable option. Project funding with internal or external resources in specific areas is a goodoption but in order to tap this, the Hospital along with the church needs to understand the need of the community and invest accordingly. Data shows that hospitals which have adapted their services according to the need of the region, have survived and sustained.

NEED TO RENEW VISION – This is for all of us to do… to look internally and to assess ourselves as individuals as well as a United Body in Christ. How can we use each other's strength to achieve something bigger than what we try on our own. Is our vision truly for the poor? Can we, with stronger linkages and corporate thinking make a difference to the healthcare of the country? If yes, how can this become a reality.

Trustworthiness along with affordable, accessible curative services and high standard of training have ensured utilisation of services in our institutions. This is a good, solid foundation to build on with His guidance..It is interesting that the Bible stresses on the quality of growth more than the quantity. Increase in numbers is not the objective but steady growth professionally, socially and spiritually as given in 2 Peter 1:5-7 will lead us to a job well done and a mission accomplished.

Dr. Priya John is a Consultant for Community Health Department of CMAI

THE HIDDEN CRIES

Bright city lights
Burning endlessly through the nights
Dims our senses, dulls our hearts
Tearing our worlds apart

Of the rolling valleys, hidden by lush green hills
Illuminated by the sun, blinded by our vision
Sits an aged woman, crouched, having naught to nil
Yet, content, only with the care her loved ones; thrills

We are called to serve, they say, those far and near
But we pick and choose, we thrive with misery
Guilty of selecting the groaning pains only we want to hear
Ignoring others, committing blind treachery

Yet among us, beacons of hope flicker
Sacrifices they make, pushing aside comfort and fame
To put smiles on a child's face, making lives a bit easier
Responding to the moans from remote corners, they came

So, my friends, open your eyes,
Listen carefully, be all ears.

To the silent, hidden cries.

Kalyan V. George, MBBS student at the Believer's Church Medical College, Thiruvalla.

WALKING THE ROAD TOGETHER...

Dr. Gisela Schneider

I grew up in a family with two brothers and two sisters on a farm in the Southwest of Germany. It was a time when Germany still was recovering from the consequences of the 2nd world war but at the same time economically things were moving ahead very fast.

The road to school was a 3 kilometre-walk through the countryside, then taking a train into the city. We grew up learning to stand on our own feet quickly. It was the youth group of the local YMCA that brought me in contact with missions and I started to read the biographies of Ida Scudder, Paul Brand or Helen Rosevere – people who devoted their lives to medical mission and the healing ministry and at the end of my school years, I felt, God was calling me to do the same. So, I enrolled in medical school and at a time when going overseas was still a challenge I made my way as a medical student to West Africa.

There my dreams hit reality. I was caught in a "Coup d'Etat" and it was only by the grace of God that I did not get caught in the actual shoot out at the airport. This experience of God's protecting power in such a real way, was an important step in making a final decision: "Yes, Lord -if you want me to go into missions, I will". After lots of "reality checks" in a rural African hospital I returned home determined to complete my studies, do my MD and learn all that was necessary to work in a mission hospital in rural Africa.

How and why I joined my present work-place

In 1984 I left Germany to work as a missionary doctor in a rural area in West Africa. Learning an African language opened my eyes to a completely different culture than my own. Medically I was challenged being the only physician in a district. I realized very quickly, that if I wanted to change anything on the ground, I needed to start with the people in the community, train them to do the job. So, our team started a nurses training programme and went out into the communities to get people involved in changing the root causes of ill health and offering them care that was appropriate to their needs.

Community health and primary health care were not concepts taught in a class room but much more taught by our daily experience on the ground. For example, by children that had been admitted to a malnutrition ward and nursed back into reasonable health, only to returnback just the same or even worse than before. It was not the lack of food but the social determinants of health that made the difference and therefore it was not the formula what to feed and how to treat, but how to influence the situation at home.

Women were given good advice and health education in the antenatal clinic, but this did not mean anything if their rights and ability to decide for themselves were not addressed. The challenges of HIV and Aids made it even more plain: We had to think much broader than only along medical lines and I started to realise, health was a lot more than medicine. And as a missionary doctor, I did not have the answers, but collectively through listening and reflecting, we could find answers together – respecting and recognizing where we are coming from and what finally motivates us.

I got involved in public health and specialized in that field. I started to network with others and realized how much we can do when we work together. Within a Muslim country, we started the first home base care programme for people with chronic diseases: catholics and protestants, together with our muslim co-workers and things started to change. We were given opportunities to develop programmes and were asked to support the Ministry of Health in developing and strengthen their projects and programmes. It was a very special experience to see how many people were reached, and communities learnt

not only to look after their chronically ill patients, many of which were HIV positive, but also to talk about difficult subjects such as family life, sexuality and gender roles in order to address some of the root causes.

Amid a successful programme, the time came to move on. I was given the opportunity to get involved further into training health workers from various African countries and therefore moved to Uganda, leaving a team of Nationals to run the community-based programme that still exists today – 15 years later.

Then I was asked whether I would be ready to return to Europe to take on The German Institute for Medical Mission (DIFAM) – an Institute that was a think tank for Medical Mission and supported faith- based health work in Africa and Asia. It took me a long time to decide: Leaving behind the work I loved and the continent that had become home to me: the teaching of young African health professionals and the clinical work on the ground, was not an easy decision. But then I realized that after more than 20 years in the field, this new task gave me the opportunity to spread my experience further and make it useful for many more who are preparing to go out into missions and to allow African health workers to take the lead on the ground.

Glimpses of the larger meaning of mission

"Medical Mission" – has many facets. Its meaning has to be defined, lived and worked out in every setting and every generation. Jesus left us the example more than 2000 years ago: He became one of us, walked this planet at His time and met pain and suffering, healing people as a sign of God's kingdom. He left us a legacy, a divine task: "As the father has sent me, I am sending you" – what does this mean today in 21st century?

35 years ago, I left Europe as a medical missionary – I had some ideas what that meant, but it was only after years of work in a cross-cultural setting that I learnt what the core of medical mission is: Being there for people, listening to them, sharing in their need and pain with the resources that God entrusts to me on a daily basis. Sharing not from knowledge and dogma but from my heart that which HE has entrusted to us, is the deep meaning for me as a medical missionary. How we deal with patients, how we react to emergencies, how we mentor students and staff into a caring ministry or how we influence policy is driven by the desire to bring healing into a hurting world.

Working this out in our daily responsibility makes medical mission an exciting and challenging ministry. Let me give you just one example: I remember well a lady who suffered from terminal AIDS; (at that time we did not have any antiretroviral drugs). This lady was thrown out by her family because of shame. We provided shelter and cared for her, relieved the pain and met the enormous social and personal needs due to stigma and discrimination that were more painful than the immunosuppression. One day she asks me: Why are you doing this? What motivates you to come and meet my need? Can I be a Christian too? We had never talked about our faith. Now was the time to sit down and explain what comes from the heart. And she listened carefully and then made her decision.

Today we live in a "global village" with enormous needs and opportunities. Daily, I meet the need of those who have come across the Mediterranean Sea and seek a new life in Europe. How do we integrate them and build bridges across the cultural and socio-economic divide?

Recently I was in the Democratic Republic of Congo, in Bunia because our partners had asked: "Please come and help us. We are facing an Ebola epidemic and we do not know what to do?" So, I was there with my colleague;

training young health professionals and church leaders in how to stay safe in such a situation – and how do deal with the fear that is so real when we do not know where and when we will meet the virus. Sharing their pain and suffering, walking the road together is what makes the "healing ministry" a real blessing and gives us fulfilled hearts grateful to God for HIS calling into this work.

Happy & difficult times

Over the past 35 years I have lived and worked in various socio-cultural settings. The people and their customs are a very different. What I learnt over these years, is what matters are people and relationships. They can become very precious. And friendships have formed over time and continents. But relationships can also become real challenges independent of culture, religion and background. It is just human. The most difficult times for me were the times of conflict and friction. Sometimes they were times of learning and healing, but there are times of broken relationships. They will always be part of my life story. Where conflicts rose to a level that despite all the talking, it could not be resolved, where the most difficult moments.

But relationships can also become real challenges independent of culture, religion and background.

I remember very well, the difficulties I had with a nurse-midwife in one of the mission hospitals where I served. We had issues and most of the time they could be solved, but at the end, the nurse decided to leave. She did not want to solve the problems anymore. It is painful to know that it was not possible to "live at peace with everyone" – these experiences are painful scars that make us humble and aware that we are living out of grace.

Similarly, there are many satisfying moments. Seeing that you can support someone in need and make a difference where they already lost hope, is very satisfying. Here just one example: It was in 2014 when I did send a mail to partners in West Africa, asking whether they needed helpin the midst of an unprecedented Ebola outbreak. The Director of the Christian Health Association in Liberia answered: "I have been praying that someone would come. Please come and help us" – I went to Liberia and we travelled through the troubled region together. I met so many courageous health workers but also many that were desperate, traumatised and depressed. Together we found solutions how church health facilities could be protected. Friendships formed that continue to help us today to solve difficult issues.

Another highlight for are young people that I have had the privilege to accompany through very difficult times in their lives: Seeing them today as young adults who know what God has called them to do and walk their road even though this may be difficult at times. To me these are the moments that are the most satisfying as I know there is a young generation that will continue the work that I started.

Spiritual and personal lessons learnt through life and work

The most important lesson that I learnt over the years is, God is faithful. Situations change, tasks may be different but there is a God who is sovereign and He is faithful in all his ways. He may not lead us an easy path, but He will accompany us every step of the way.

My place of ministry changed over the years: from a rural African health facility where I was the only doctor in a primary care setting, to health programme development and management, networking within civil society and government, to training and capacity building into lobby and advocacy work on an international scale, it was always with one aim: To be part of God's healing ministry in a hurting world today. We are part of God's mission into this world and it is good to reflect this again and again together with partner and co-workers.

In 1978 the Christian Medical Commission was instrumental in formulating the principles of Primary Health Care in Alma Ata – a declaration that was renewed a few months back in Astana in October 2018. The call for solidarity, access to good quality health care for everyone, also those who are vulnerable and living at the margins of our societies, is a call that should resonate especially with us as Christians. Therefore, we have a task today to look into ways how we as Christian community can contribute to this call for "universal health coverage" – not just to offer care, but to bring healing to individuals and communities in a holistic manner. Sharing in the pain of others, bringing healing as a sign of God's kingdom today is one part of this ministry. In addition, we are called to influence policy to reflect those values and train and mentor the next generation to take forward this wonderful task in our world today.

Dr. Gisela Schneider, MPH, DTM&H, DRH is the Director of Deutsches Institut für ärztliche Mission (DIFAM), Tubingen, Germany

TREADING WITH MY LORD

Sr. Elizabeth Nalloor

Fifth among eight children of a farmer, I was brought up in a village in a Christian family. Along with farming, my father did seasonal business. My mother, a house wife, brought up the children instructing us in Christian values and importance of family prayer. I grew up a free child, over-active, wanting things to be done promptly, and having no patience to wait. I was a known figure in the neighborhood and school, maybe because I was active and more conspicuous.

I was an average student upto class 10 and used to have an abstract imagination of serving people in far off villages who need someone to care for them. I started reading daily Christian newspaper called 'Deepika' and other weeklies for motivational articles. While in class 9, the English teacher asked to make a sentence with the word 'ambition'. I made the sentence; *My ambition is to become a missionary*. The whole class laughed. Perhaps they didn't see me fit to become a missionary. This experience made my decision to become a missionary strong. After passing my class 10, at the age of 16, I left home to that distant land of my dream, Hazaribag near Ranchi in Jharkhand. All at home were surprised about my decision except my mother who saw me as a possible candidate. My congregation's name is "Sisters of Mercy of the Holy Cross". It was started in Ingeribhol, Brunnen, Switzerland in 1854 by a Capuchin father, Fr. Theodosius Florentine and Cofounder Mother Maria Theresa Scherer. At that time Switzerland was going through a drastic upheaval in social, political and religious spheres.

While in class 9, the English teacher asked to make a sentence with the word 'ambition'. I made the sentence; *My ambition is to become a missionary*. The whole class laughed. Perhaps they didn't see me fit to become a missionary.

The motto was *The need of the time is the Will of God*. I joined this congregation because of its diverse mission activities such as education, medical care, youth and social work, care of orphans, and women empowerment (through Grihini Schools), etc. Today the Holy Cross Sisters are working among people with HIV/AIDS, locomotor disorders, mentally challenged, hearing impaired, and with de-addiction care. I had passed my class 10 (matric) and I was quite content about my qualification. I had no plans for further studies but was ready to work for the needy - especially the orphaned. Fourteen of us joined as aspirants and all were asked what we would like to study. Thinking I would go for the shortest training I said "send me for Teachers Training." One of my friends was asked to go for nursing and she didn't like nursing. She became very quiet and sad. I asked her: "Why are you sad and crying?" She said: "All of you were given choice to select the study but I was asked to go for nurses training." I sat with her for some time and asked her a question. "if I went with you, would you go for the nursing training?" She agreed. Then the preparations began and my friend and I went for nursing studies to Patna, Kurji Holy Family Hospital. I excelled in my studies procuring first position in Bihar Nursing Council. On completion of my four years General Nursing and Midwifery course, I joined my religious formation in 1971. I found no real hardship during novitiate period and experienced freedom in my thoughts and action. I expressed my views without fear and others saw me a bit critical.

I have enjoyed every assignment and gave of my best to every work. I experience great joy when my students, now in different countries, call me and share their life.

In the course of time and as the need arose I did my Post Certificate BSc (N) and then MSc Nursing courses. I worked in different capacities as Sister In-charge of ward, Health Center in-charge, Nursing Tutor and Principal of nursing education. From 2000 I am working with Raigarh Ambikapur Health Association (RAHA) as Executive Director. I have enjoyed every assignment and gave of my best to every work. I experience great joy when my students, now in different countries, call me and share their life.

I faced problems in my professional life - especially as Principal, during admission time. Once a parent dragged me to court and another time my two co-workers plotted against me for unjust reasons. Both the times I was protected by the Lord and moved out of the trap. The Lord has been very kind throughout my life and pulled me out of every danger and deep within I felt that the Lord needs me in His service to heal, to protect, and to promote His people.

My life as a missionary and as a nurse have been smooth. Even when problems, came it did not last long. Therefore when troubles come I have faith that it will not harm me and it will not last. My relationship with God was always like a friend. Every activity I plan with Him and I ask Him to hold me and move with me. I turned 70 this year. I am healthy except for some joint pains and cervical spondylosis. I will continue to work as long as my health allows and till someone replaces me in RAHA.

Lesson Learnt:

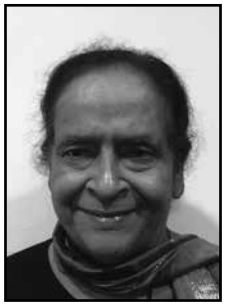
- I learnt that rush, impatience etc. do not make matters effective
- Planning is very important to get work done effectively
- Life taught me to be an enthusiastic learner and doer for which determination, commitment and endurance are very essential
- I learnt the importance of forgiveness, and even to keep silent at times; to give without any expectation and do things joyfully
- Developed hobbies like reading especially motivational and psycho-spiritual books, having pets, flower garden, and caring for nature.

Sr. Elizabeth Nalloor is Executive Director of Raigarh Ambikapur Health Association (RAHA)
enalloor@gmail.com

CHRISTIAN MEDICAL CENTER AND HOSPITAL (CMCH, PURNIA, BIHAR)

Introduction

The Christian Medical Centre and Hospital (CMCH) is a project of New India Evangelical Assocation (NIEA), situated in Purnia, Bihar. The hospital, which commenced services five years ago serves the less reached and marginalized in rural Northern Bihar. NIEA is a registered charitable society founded in 1976 and has operations in 15 states of India and health care is one of her four cardinal mission endeavors.



Dr. Mary Verghese

CMCH is under the purview of the NIEA Board of Directors, including Board Chairman Dr. Mathew Finny, current Director Dr. Alexander Philip and Nursing Superintendent Dr. Mary Verghese. This project has been established in response to the dearth of affordable and appropriate health care facilities in rural Bihar where people have very low health seeking behavior and where multi-dimensional poverty is appallingly high. CMCH attempts to reach the poor villagers who form the majority population of the state, (90%) living in her 45,000 villages.

Dr. Alexander Philip

Vision and Mission

The vision of the CMCH is to provide holistic transformation in the society by growing the ministries it offers and through innovation as well. Through both curative and preventative services, CMCH is attempting to bring health care accessibility within reach of all, in the eastern part of Bihar.

The vision of CMCH is derived from Luke 4:18-20 where Jesus boldly announces the reason of his ministry. Commonly referred to as the Nazareth Manifesto, Jesus says that along with the poor hearing the good news, His purpose is also to heal the sick. CMCH firmly believes that health intervention by the Church contributes greatly towards the holistic transformation and the healing of the community.

Current services

CMCH is a small community hospital with 35 beds inclusive of high dependency medical units with X-ray, ECG, lab, minor operation theater and pharmacy services to both outpatients and inpatients. It is located on an 18-acre spacious campus within city limits of Purnia. This five-year old hospital is now attempting to expand to 100 beds with a graduate level nursing program and currently a nursing college building construction is in progress.

NIEA's mandate is holistic in nature, where the ministry educates 3000 children daily, spread out in 13 schools and provides residential facilities to about 500 children in 12 hostels. Some of the children who are in the nursing training program of the CMCH, are graduates from the hostel and school programs of the ministry. Few of them are currently undergoing training in CSI Holdsworth Memorial Mission Hospital, Mysuru and within less than a year will join as staff at CMCH.

In light of the vision of the hospital, CMCH firmly believes that the health intervention of the church contributes to the holistic transformation and healing of the society. The recently launched satellite clinic addresses the incredibly high maternal mortality rate of the state (451/100,000). It harnesses the power of technology through Zoom and Skype. At any given time, 200+ rural women, who have never been to a medical clinic, are able to avail the opportunity to consult the Obstetrician/ Gynecologist on a regular monthly basis. In addition to this CMCH provides a month supply of Calcium and Iron to the expectant mothers, gives tetanus shots on site in the village, and does free screening of HBsAg, HCV, and

HIV and thereby puts these pregnant women, on a road to positive maternal health.

The healing mandate of CMCH is shared by Asha Bhavan, a small residential facility for children with special needs. Life time residential care is currently being provided for 11 precious children with special needs/disabilities who have been left abandoned by their relatives or by the society. CMCH also envisages to launch day care facilities for children with special needs, as it is estimated that there are 13,000 children with special needs in Purnia district alone.

Occasionally, surgical camps have been conducted in partnership with Christian Fellowship Hospital, Oddanchatram with colleagues from CMC Vellore and other institutions. NIEA is a life member of CMAI and is currently seeking collaboration to develop Nursing program at CMCH School of Nursing with Mid India Board of Education, Nagpur (MIBE).

NIEA has been operating in Bihar in the last 20 years serving the needs of the children who are poor, illiterate and unhealthy.

Prayer Points

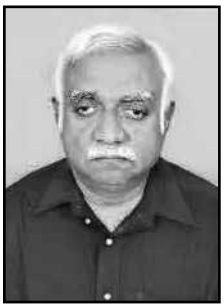
Please pray for us - for the development of this health care and healing center in Purnia district of Bihar, one of the most impoverished areas of India. The team at CMCH believes that only the gospel of Jesus Christ and the power of His love demonstrated at the cross of Calvary can bring lasting transformation in any community. Also please pray for the development of various departments, medical teams, nursing associates, financial support for ongoing construction and God's guidance on the leadership teams led by Mr. Ashish Kumar.

Dr. Mary Verghese, PhD, is a nursing specialist who has been visiting CMC, Purnia since 2009. She has been helping in the management of the hospital and setting up the nursing service and education – thereby serving the people of Bihar. She is Board Member of the New India Evangelistic Association (NIEA).

Dr. Alexander A Philip did his medical (CMC Ludhiana) and theological studies and has been Director of the NIEA & Director of its Christian Medical Center & Hospital, Purnia. His passion is to bring the love of Christ to the most needy and vulnerable people in Bihar

CSI (BASEL MISSION) HOSPITAL BETGERI-GADAG, KARNATAKA

The Basel Mission started to proclaim the Gospel of Christ in India just over 200 years ago in Kerala, Tamilnadu, Coastal & North Karnataka. The missionaries noted the acute need for health care. Epidemics of Cholera and Plague ravaged the country in those times. Churches, Schools, Orphanages and Hospitals were established wherever they spread the Gospel.



Dr. Solomon Chelliah

The Basel Mission Hospital was established in 1902, Dr. Zerwick and Sister Lemp were the first medical missionaries. Mr Anandappa Kundargi assisted Dr. Zerwick. Under the leadership of Dr. Zerwick, the present Hospital building was inaugurated in 1908. The dedication of the Hospital was celebrated as a big festival by the churches and the public. The Hospital was known as the "German Hospital" a name still used by the locals.

In 1911, Dr. Max Schneiter arrived at Betgeri. After a few months of his stay in Betgeri, he succumbed to the cholera epidemic. In the early 1914, Dr. Paul Voland a young Swiss doctor arrived. Unfortunately, he also succumbed to cholera within a few months of his arrival. The Basel Mission Hospital was a major center for the treatment of cholera. IV fluids were prepared from rain water with German technology which was in use till 1990. Other European doctors who served were Dr Stokes & Dr. Emery assisted by Dr V B Fredricks & Dr. Salis.

Dr Petit Piere, followed by Dr Wawersik served their entire life from 1930 to 1970.

In addition to her medical work, Dr. Wawersik took keen interest in training young men and women on medical mission work in various capacities. Meanwhile, in 1956, the Hospital gained affiliation from the Church of South India (CSI). Dr SH Eden, an Indian doctor from Miraj, served the Hospital for 40 years since 1925.

Dr. Andre Odier, a surgeon from Germany, took over in 1948 as Medical Superintendent. However, after serving for only eight months, he expired while donating blood to a patient. The life of the patient was saved. He was laid to rest in the church compound at Betgeri. In 1966, his wife built a hall in his memory in the church premises.

With the departure of the Europeans , the Hospital suffered a crisis.

In 1980 Dr. Mrs C Seelan, a Gynaecologist took over the

Hospital and the Hospital came back on a firm footing.

MY STORY

Graduating from the Christian Medical College, Vellore, batch of 1973, I was posted in CSI Basel Mission Hospital, Betgeri-Gadag, Karnataka in 1980 to fulfill my bond obligation with the Inter-Diocesan Medical Board. I did lead a very carefree life with other fellow back-benchers just managing to pass the exams.

In the very first week, I was called to the Operation Theatre and was asked to give Anaesthesia with a bottle of ether and a mask for a Caesarean section, of which I had no idea. Finally, the Pharmacist was called and he showed me how it is done. I realized, I had a lot to learn from the local doctors and staff as well.

I managed to get a seat in MD General Medicine at CMC Vellore and my experience in the Mission Hospital was very useful. After completion of Post Graduation, I joined as Consultant in the CSI Basel Mission Hospital in 1986. I found to my sadness that my previous colleagues had left and I was made the Medical Superintendent.

Even though I was trained in medicine, I continued to do obstetric work like forceps delivery and also continued to give anaesthesia, as there was no anesthesiologist in Gadag. This is one of the reasons why mission hospitals survived all these years. Soon the patient load increased and In-patient load too increased correspondingly. For the survival of Mission hospitals it is very important that they keep up with the current technology. An ECG machine was procured for ten thousand rupees, which was the first milestone. After that, the Hospital was gradually modernized with the latest equipments, viz, Pulse oxymeters, Infusion pumps and Monitors. Soon, we purchased a Gastroscope from our own funds. CMC, Vellore was always helpful by allowing me to get trained in the different fields, like Gastroscopy & Haemo-dialysis.

We started renovating the old Hospital in 1996. Hospital was computerized, Special wards & Doctors' Quarters were inaugurated. Special rooms, Doctors' Quarters and extension of School of Nursing buildings were undertaken.

Haemodialysis Unit was started in the year 1998 and the first Haemodialysis took place in our Hospital. We were lucky to get a full-time Paediatrician in 1996 who greatly improved the Department and started a 20 bedded Neo-Natal ICU.

In 2000, the first wing of Private Rooms was constructed and after that till date, the Hospital is equipped with 3 more wings of Private rooms, a 15 bedded fully equipped ICU with Monitors including eight Ventilators, Male & Female General Wards and Labour Room with Wards. Our Laboratory was equipped with fully Automatic and Semi-Automatic Analyzer & Cell counter.

In 2008, C T Scan was installed. Ours is one of the few Mission Hospitals in India to have one. This has been a very great benefit in the management of critical patients.

Even though I was trained in medicine, I continued to do obstetric work like forceps delivery and also continued to give anaesthesia, as there was no anesthesiologist in Gadag. This is one of the reasons why mission hospitals survived all these years.

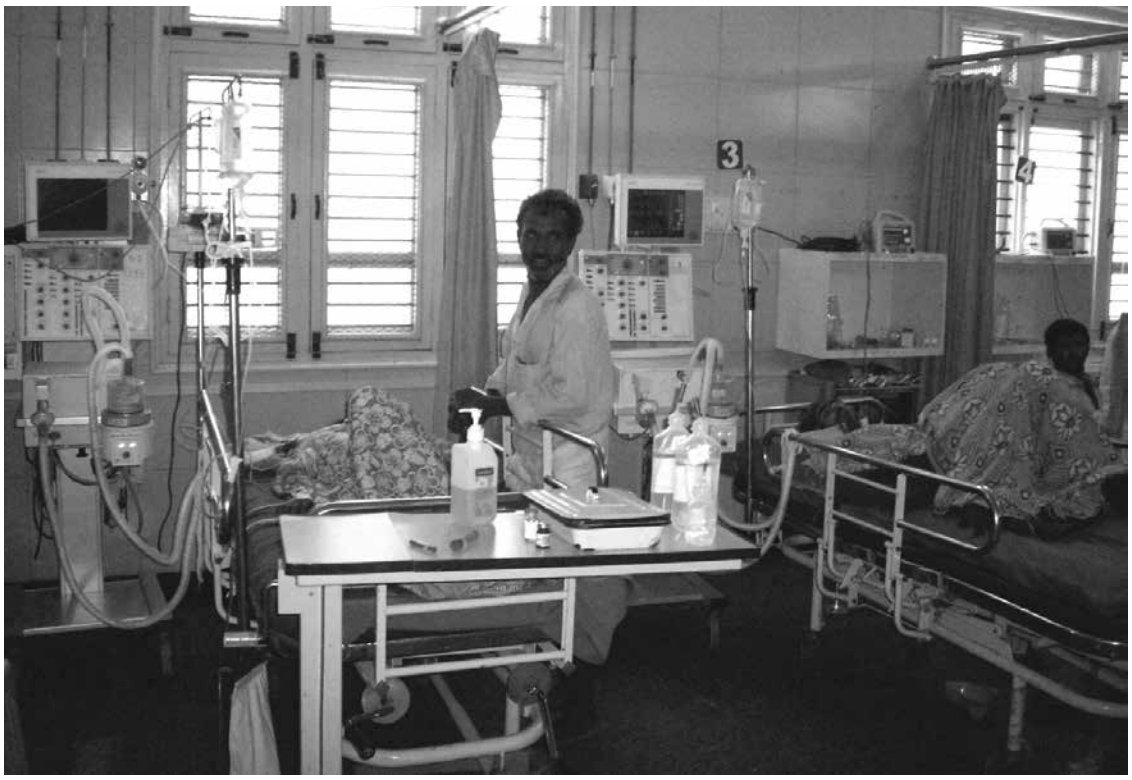
All the renovations and the development were possible only because the Hospital was self sufficient.

In 2005, there was a major fire accident in the Hospital which was probably caused due to short circuit and it devastated only the office. It was only Providence that the fire was contained by the fire squad before it could spread to the wards.

Dr. Ajay C. Raju who completed his MS Gen. Surgery in CMC Vellore joined as full-time Consultant in the year 2007. The Operation Theatre was fully renovated & equipped with the latest equipments. He now carries out a lot of General Surgery & Laparoscopic surgery.

Sewage Treatment Plant was constructed over a cost of one crore and the treated water is being utilized for the Hospital Garden and to enhance the ground water & also to recharge the bore wells.

We were fortunate to have our former President, Dr. Abdul Kalam pay an unscheduled visit to our Hospital in



The existence of mission hospitals today is a testimony of the people who responded to the call of God, even laid down their lives in the pursuit of that call.

2009. He was very much interested in our Hospital and appreciated the work done here in his e-magazine "Billion Beats".

The Hospital has done a lot of social work for the Diocese. The Basel Mission Boys' Orphanage in Betgeri, a 100 year old building was demolished and fully reconstructed with Hospital funds. A Community Hall and Guest Rooms were built to benefit the church. Renovation of two village churches were also undertaken.

The Hospital had the privilege of being honoured by the State IMA Karnataka Chapter with the prestigious Dr. B. C. Roy Award in 1917 for the services rended to the humanity in a rural area.

Mission Hospitals have a relevant role to play in our times. All effort should be made to enhance the Out-patient Dept, which will automatically increase the In-patient strength. Working hours should cater to the need of the patient. This would mean long evening OPD hours.

The existence of mission hospitals today is a testimony of the people who responded to the call of God, even laid down their lives in the pursuit of that call. It is through their lives that God has touched and continues to touch the lives of the patients. We thank God, for He is a God who heals. He is Jehovah Jireh, the Provider. His steadfast love never ceases, His mercies never come to an end. They are new every morning. Great is thy Faithfulness, O Lord.

I hope and pray that all Mission Hospitals will continue to be of benefit to the people and the community at large in the years ahead!.

Dr. Solomon Chelliah is the Medical Superintendent of CSI BM Hospital, Betgeri-Gadag, Karnataka.

EMMANUEL - GOD WITH US IN MISSION

Dr. Shalini Cherian & Dr. Anil Cherian

Both Shalini and I are medical graduates of the Christian Medical College Vellore. Shalini grew up in Tirupur a small town in Tamilnadu and I grew up in Hyderabad in Andhra Pradesh. We did our medical studies at Christian Medical College, Vellore from 1983-89. Following that we both completed our sponsorship obligation to the Church of South India, working at the Victoria Hospital in Medak Diocese, Andhra Pradesh and the CSI Brough Memorial Hospital in Erode.

Having heard of the large discrepancy in health and the poverty in rural North India, I always felt called to work in a mission hospital there and so joined the Emmanuel Hospital Association (EHA) in 1991. I was posted to the Duncan Hospital, Raxaulin East Champaran in Bihar. Later after doing postgraduate studies in Obstetrics & Gynecology and Pediatrics, Shalini and I got married and we then moved to Fatehpur in Uttar Pradesh in 1995. We eventually spent over 20 years working in various mission hospitals under EHA. After 10 years I eventually moved from clinical work to working in community health. From 2007 I worked asthe Director, Community Health & Development of EHA. We were then based at the mission hospital in Chhatarpur in Madhya Pradesh, but in 2012 we moved to New Delhi and Shalini was appointed as the coordinator for Reproductive & Child Health.

Road to South Sudan

Just when we thought that we were settling in our career, our life took an interesting twist. In 2011 August, I was invited by the ICMDA to join a team to visit the new nation of South Sudan. Around the same time Shalini was doing a course on Emergency Obstetrics in Sweden under Dr. Stefan Bergstrom who had earlier pioneered the training of non-physician assistants in Africa. We both heard of the deplorable state of health of this nation, a country that was emerging from 50 years of war. We learnt that the maternal mortality rate was 2056 per 100000 live births, the highest in the world and 4-5 times higher than some of the districts that we had worked in North India. It also shocked us to discover that this nation of 12 million people had less than a 100 doctors. The ICMDA team recommended the strengthening of the health system by the training of mid-level cadre of medical personal to address the critical shortage of medical personnel. But the challenge still remained – who would go? As we reflected and prayed about it through the whole of 2012, we finally expressed our willingness to go.

It was not the most rational choice, especially since we were both part of the leadership of EHA and I was involved in a number of partnership projects such as the Christian Coalition for Health, National TB Partnership. However, it felt right. The fact that this country (Sudan) that had faced extreme hardship and misery for over 50 years, needed us, the global Christian community to respond to the injustice. Also India over the last century has been enormously blessed by thousands of European and American medical missionaries who contributed tremendously to growth of healthcare. We felt that it was time that Indian Christians (church) in turn went out to start mission work in other needy parts of the world.

So in 2014 we left our jobs at EHA and decided to move to South Sudan. Unfortunately 20 days before our arrival in South Sudan, fighting among rival groups broke out and we were stuck in Kenya. We then decided to do the training of medical workers in one of the neighboring countries in East Africa. Over the past four years we have established a health-training institute in Kampala, Ugandaand have trained and graduated 68 students from South Sudan. However in July 2018 we were requested by the National Minister of Health, Republic of South Sudan to close the Institute in Kampala and to restart in Bor Town, Jonglei State South Sudan. We again felt this

It was most satisfying to see these hospitals grow and develop and transform into centres of good quality healthcare. Again our community engagement grew exponentially after 2000.

was correct as we were going back to the place that God had initially called us to.

Lessons from EHA life

Working in EHA we enjoyed the freedom to translate our ideas into effective programmes. In 1991 most of EHA's mission hospitals were barely surviving. It was most satisfying to see these hospitals grow and develop and transform into centres of good quality healthcare. Again our community engagement grew exponentially after 2000. It was extremely satisfying to broaden our understanding of health to the general wellbeing of people and communities and to see our involvement actually impacting lives. Today as an organization, EHA is a leader in Disability Care, Palliative Care, HIV-AIDS, and Whole person care, Prevention of Child Trafficking, etc.

It is true that working in mission hospitals comes with a whole set of challenges. Often the sheer volume of work is daunting, raising children can be difficult, providing a decent education hard, illness and medical problems can make life tough. However the greater challenges in our experience had more to do with the disappointments we faced with the behavior and attitudes of some of the staff and colleagues and of being misunderstood by the very people whom we lived to serve. Shalini faced threats from people and a few court cases, bad press from the local media. But at the end of it all there is also joy from the fact that we have worked hard and given of our best and God will recognize and appreciate these efforts.

What have we learnt? It is God's mission and He has given us the privilege of being co-workers with him in his transforming work. So nothing that we face compares with what He has borne to intervene in our lives and of all people in the world. All that we have, our families and our education are undeserved gifts from God. It is only when we move out of our comfort zones that we begin to experience His presence in our lives. At times when we come to the end of rope, we are reminded that we live and work by HIS Spirit and not in our own strength.

Drs. Shalini & Anil Cherian are presently working in South Sudan

BURDENS LIFTED, HOPE RESTORED

Padhar Hospital...A Medical Oasis in the Indian Heartland

Dr. Deepa Choudhrie

Padhar Hospital came out of a divine calling.

Blink, and you will miss us! A small mission hospital in an obscure village in the middle of nowhere. Along National Highway 47, between Nagpur in the south and Bhopal in the north!

Swedish missionaries first came to the Central Provinces of India, in what is now known as Madhya Pradesh, in the late 1890s. The early missionaries started medical work and social upliftment programs amongst the local tribals. They were headquartered at Chhindwara with large mission posts at Betul and Shahpur. Neempani station, as Padhar used to be called in those early days, was just a small hutment.

The village of Padhar does not feature on any map of India (not even now!) and the very name "Padhar" does not seem to fit in with those of the surroundings Gond villages! The story goes that in the late 1800s, a Swedish missionary passing through the dense, tiger filled teak jungles of Betul, was forced to spend a night at a small tribal village enroute. Later that night, he was called to help the village chieftain's son, who was critically ill with a high fever. The missionary offered them some medicines, presumably an anti-malarial. As dawn broke, the child's fever subsided, and the grateful chieftain donated land to the missionary, entreating him to stay on. The village where the missionary or "Padre" (priest in Swedish) stayed, eventually became known as Padhar.

Clement F. Moss, a young British missionary, who had not even finished school, was working as an evangelist amongst the Gond and Korku tribes in Betul district. A cholera epidemic that claimed many lives in the district was his "call". Though he learnt how to rig up IV fluids to treat the masses that fell prey to the bacteria, it quickly made him realise his inadequacies and the immense need for proper medical care for this tribal population.

His first task was to finish his schooling from an Indian college. In 1952 he was selected for medical undergraduate studies at Christian Medical College, Ludhiana, a member of the first batch of male students to enrol there! He moved to Ludhiana with his Swedish wife Ingegard and four little daughters….Now ***that's*** dedication and drive!

Returning to Padhar in 1958, he took charge of what was a small dispensary, working out of a tent under a big banyan tree. He worked tirelessly, and the patients came in droves! Dr. Moss was jack of all trades and master of many too! A competent doctor, he was equally comfortable tinkering under the hood of a car, or repairing a beat-up old xray machine that he had found lying in another hospital, or constructing staff quarters and wards! Dr. Moss started a water development program, installing handpumps to ensure easy availability of safe drinking water, reducing water-borne diseases. He was a multi-linguist with a knack of learning new languages. The tribals were stunned when he spoke to them in Gondi; as did those from across the border when he spoke to them in chaste Marathi. And yet, in the midst of it all, he found time to preach the Good News of His Master. Before his death in 1996, he had even managed to help translate the Gospel into Gondi. In 1973, he was conferred the Order of the British Empire for his contribution to India.

As dawn broke, the child's fever subsided, and the grateful chieftain donated land to the missionary, entreating him to stay on

And that's how the story of Padhar Hospital, a unit of the Evangelical Lutheran Church in Madhya Pradesh, began. A tent spread beneath a big

banyan tree; surgeries by torchlight; reaching out to those poor in body, mind and soul; spreading the Good News in the name of Jesus.

Padhar Hospital has definitely been blessed with God-fearing, progressive, visionary Directors. In 1969, Dr. Moss recruited Dr. A. Victor Choudhrie who had just returned after surgical training in the UK. The need for a bigger hospital was soon evident and in 1970 a new 140-bedded hospital was constructed just across the road. The two doctors made a good team and the Golden Era of Padhar Hospital ensued. Padhar became a citadel for surgical care…a reputation it still enjoys! Surgical procedures that had never been undertaken before outside of the major cities, including cardiac surgery, clefts, hip arthroplasty, treatment of cancers and more, were now available at Padhar. The first cobalt teletherapy unit in rural southeast Asia was installed in Padhar in 1982! He was also extremely "Community oriented". By using simple methods, the introduction of tilapia fish into the nearby water bodies and the planting of papaya trees, he was able to drastically reduce protein-energy malnutrition and vitamin deficiencies in the district. This earned him the nickname "Papaya Choudhrie"… and the Paul Harrison Award for Community service from his Alma mater, CMC Vellore.

Dr. Vincent Solomon, an orthopaedic surgeon, took over in 1986 when Dr. Choudhrie left to join as Director of CMC Ludhiana. He is credited with having done the first Total Hip replacement in Madhya Pradesh at Padhar in 1982. Orthopaedic work at Padhar flourished during his time. Dr. Solomon expanded the hospital, bringing in new specialities and technologies to keep pace with modern medicine. A new orthopaedic theatre, Intensive Care Unit, Dialysis Centre, and Pain and Palliative Care Centre came into being. He is also credited with building manpower through various paramedical courses.

Stuti and Aradhana, were a set of conjoined twins who were born here in 2011. Abandoned at the hospital, they were housed in our NICU. The outpouring of love and care the girls received, not only by our staff and students, but the entire Padhar community including patients and relatives, was phenomenal.

Dr. Rajiv Choudhrie took over from Dr. Solomon in 2008. A plastic surgeon with a passion for head and neck surgery, Dr. Rajiv continues to keep Padhar the "go-to" place for surgical care, doing a wide range of complex. challenging surgeries along with his team of doctors. Since 2003 more than 5500 cleft lip and palate surgeries have been performed at Padhar.

Stuti and Aradhana, were a set of conjoined twins who were born here in 2011. Abandoned at the hospital, they were housed in our NICU. The outpouring of love and care the girls received, not only by our staff and students, but the entire Padhar community including patients and relatives, was phenomenal. In 2012, Padhar grabbed national and international attention when we

surgically separated them. The first successful conjoint twin separation surgery in a rural Indian setup was a victory for Christians all over India…a witness that our God reigns, even in the farthest reaches of the world… in obscure village hospitals… among the unknown. We were however devasted when Aradhana passed away 2 weeks after surgery. Stuti, who stayed on for another year before going home to her parents, visits often, a tangible witness to the Miracle-maker God we serve.

And somewhere along the way, the single-doctor dispensary grew to become a 200-bedded multispecialty hospital. Its departments are now manned by well-trained, young Christian specialists. The various departments include General Medicine (Dialysis, Pain and Palliation, Diabetology) , Obstetrics and Gynaecology, Paediatrics (Neonatal ICU, Nutritional Rehabilitation Centre), Surgery (General Surgery, Plastic and Microvascular Surgery, Maxillofacial Surgery, Urology, Laparoscopy, Cancer, Orthopaedics, Ophthalmology, ENT), Radiation Therapy (Cobalt Teletherapy, Brachytherapy and Chemotherapy), Dental, Community Medicine (Alcohol and Drug Deaddiction Centre, Community Psychiatry), Pathology (Histopath and blood bank), Microbiology and Radiology (computed radiography, Ultrasound, Colour Doppler, Echo, CT scan), Physiotherapy, Artificial Limb Making and an optical workshop. The Community Initiatives Department is concerned with all our outreach work, including maternal and child health, First 1000 days of Life Project, cervical and oral cancer screening, self help groups and creches.

In addition to medical care, the hospital has helped meet the educational needs of the community, spreading awareness and bringing in social change, upliftment and women's empowerment.

In 2011, we started a School of Nursing, now a College, providing GNM Diploma and BSc Degree courses in Nursing. We also conduct various Allied Health courses in collaboration with the CMAI; Radiation Technology, Anaesthesia Technology and Medical Records Technology.

These programs were initiated predominantly for our local tribal population, to empower them so they can bring about radical changes in their socioeconomic and health status, promote leadership, help maintain the self esteem and pride of tribals and improve local governance.

The students have certainly improved the flavour of Padhar! Join us for morning prayers in Hospital or the Sunday English Service at Church and see our talented students in action! Their prowess on the keyboards, percussion and string instruments gives a real lift to the singing...their enthusiasm and vigour brimming over to encompass each member of the congregation.

Happy Valley English Medium School was started as a primary school by Padhar Hospital

in 1984, and is the only English medium high school in a 20km radius. Most of the children come from the surrounding villages and belong to Scheduled Castes, Tribes and Other Backward Classes. In 2015, the school was upgraded to grade 12, recognized by the MP State Board of Education.

Every picture tells a story, and the plaque hanging in our outpatient waiting hall tells ours. The story of a listening ear…a trusting heart…an obedient spirit, heeding God's call to go and bring forth lasting fruit. John 15:16 says "You did not choose me, but I have chosen you and appointed you that you might go and bring forth fruit that will remain..". And we at Padhar believe we are here for a reason, a divine calling, serving Him through our work, extending His Kingdom on earth…for an eternity in His Presence!

No fanfare. No airs. But yes, we're definitely proud of our heritage and calling!

The wheels of Time move on and even now, 60 years later, Padhar Hospital continues its mission: to work for "**THE GLORY OF GOD AND IN THE SERVICE OF MANKIND",** lifting burdens and restoring hope.

Dr. Deepa Choudhrie is a Radiologist in Padhar Hospital. She along with her husband, who is the Director, Dr Rajiv Choudhrie are working here since 1989

THE STORY OF CHRISTIAN INSTITUTE OF HEALTH SCIENCES AND RESEARCH (CIHSR)

Introduction

The CIHSR is a unique experiment of a tripartite Public private partnership with CMC Vellore, EHA and the state of Nagaland. It has now been in existence for the last 11 years and is situated at Dimapur in the North-eastern state of Nagaland. It is governed by the three partners who form a Society and the Board of Directors. The partnership project is for 30 years with the option of renewal of the agreement after it is completed.

Dr. Sedevi Angami

History

In early 2002, a small group of doctors from Christian Medical College and EHA – Drs. Vinod Shah, Varghese Philip, Lionel Gnanaraj and Sam David deliberated on developing a health centre in the Northeast of India which would cater to the medical treatment needs of the region and prevent patients from travelling all the way to Vellore or Delhi in order to seek treatment.

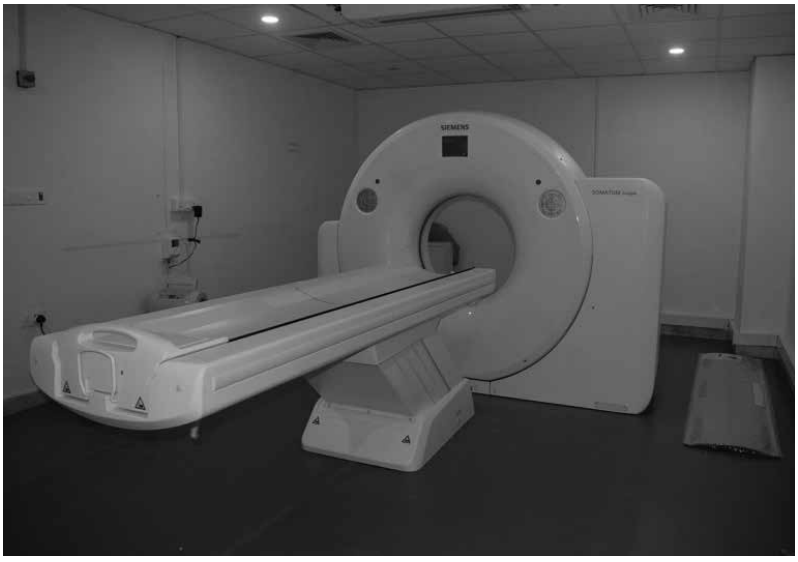
A consultation was called in Guwahati in Jan 2002 whereby all the Christian majority states of Meghalaya, Nagaland and Mizoram were invited to participate and deliberate on such a centre. The participants of this consultation were from CMC Vellore, EHA, EFICOR, CMC Ludhiana, EMFI, CMAI and some other key advisors. The idea was received with much enthusiasm since they all felt that CMC Vellore was coming to the Northeast. All the states and their churches as well as the EHA hospitals in the region put forward their case for the centre to be based in their respective states or locations. A search group was constituted which travelled to various parts

of the Northeast to scout for the optimal location and finally zeroed in on Dimapur. The site was a 130 acres of land situated at 4th mile on the outskirts of Dimapur where a failed abandoned project of a 500 bedded hospital plan stood with huge buildings started in the late 1980s and early 90s was initiated by the Government with central Govt funding. A proposal was made in 4 days with the help of Mr Pancharatnam, David Forbes, Varghese Philip, Tony Sykes and Sedevi. This proposal was submitted to the Government of Nagaland which had to weigh it against competing Apollo Hospitals and the Manipal group.

After a lot of deliberations, convincing and widespread dialogue with Naga civil society, Church, bureaucracy and the political leadership, the proposal of an EHA, CMC Vellore combine was approved. The Nagaland Doctors Association, Drug Dealers Association and Nagaland Medical Students Association went on protest and strike against this venture and even filed a PIL against the proposal. The PIL was fought in court and quashed and finally an MOU was formulated with the Christian Institute of Health Sciences Research (CIHSR) Society and the land handed over to the society in 2005 on a 30 years lease. Funds were procured from the Central Government ministry of DONER and work started.

A tiny team comprised of Tony & Judith Sykes, Dr PK John, Vardharajan, Wati, Sam and Amrit took on the job of starting the work of revitalizing the ghost town. The team operated from a house on the other side of Dimapur city travelling daily by autorickshaw on some horrible roads. Several visitors came and went, providing expertise at various intervals from all over the world and country. Initial work was difficult for the small team. Theft was an everyday affair with manhole covers, cables and everything installed removed the very next day. The underground cadres would often come for extortion and tax the vehicles bringing in supplies. Politicians would put pressure for their people to get contract jobs. Several neighbours along the boundary encroached on the land and so we had to sacrifice about 6 feet of land along one whole length of the boundary instead of fighting with them in the courts.

A local support committee with certain prominent and respected people from the society was formed to assist the team in relating with the surrounding folks. They turned out to be a great asset to the team. This local support team provided support to the little construction team on the ground with encouragement, negotiations with the local underground parties, neighbouring encroachers of land and several other helps.



Dr PK John arrived from Nabarangapur in Orissa to become the first director of CIHSR and Sedevi Angami as the Medical Superintendent. On day 1 of operations, we had three consultants and a few local MBBS doctors who were recruited along with several nurses and support staff. Since we did not feel it appropriate, no advertisement was made. Inauguration of services was

performed with the then Chief Minister and Governor in October but actual services started on 24th November, 2007. Many Patients came asking where the CMC doctors were. Slowly patients trickled in by word of mouth and this spread kilometre by kilometre and locality by locality. Several people laughed at us - calling us referral hospital since we referred most of our patients away since we did not have all the specialties of a large hospital. The expectations were huge since people expected CMC Vellore to be in Dimapur and many felt quite let down that CMC's physical presence was almost nonexistent. Our opponents waited to see when the hospital would collapse.

Initially there was very little work and staff were getting demoralised and bored and so we took up several activities to keep the staff engaged. An aggressive tree plantation drive took place where we planted more than 5000 trees in the campus. Evenings were for vegetable gardening whereby land was allocated to all staff interested in gardening. Several staff took to it enthusiastically. Mornings were allocated for classes every day. As patient numbers and work increased, gardening decreased and staff got more involved in patient related work.

A major effort was taken to create a community of caring and prayer within the campus. Since staff salaries were very minimal, we raised funds by contributions to help some of our staff and took care of most of their marriage expenses on campus. Vegetable products from the gardens were generally shared across the staff.

Many consultants came to enquire about work at CIHSR but most turned away when they heard about the low salary. Several used CIHSR as a stepping stone to get some experience and leave when they became a little proficient in their skills.

The situation in Nagaland in 2007 and 2008 was very turbulent with a lot of battles between rival underground factions fighting near the campus. Gunfire and bombs exploding near the campus were quite common. Some consultants left fearing for their safety. This has decreased significantly over the years with peace initiatives of Naga civil society.

Gradually as the hospital stabilised, several staff from CMC Vellore were invited to see the place. Many came to teach and encourage the staff. An aggressive initiative was taken to send many of our staff for further studies to CMC Vellore in various fields. Dr Abraham Joseph arrived and took over the helm of operations as Director. With that came a lot of infrastructure, growth and more dynamic connections with CMC as well as several resource people all over the world. Dr Jacob Chacko too, arrived after retiring from CMC, Vellore and added the much needed stability for the surgical department and several processes of the institution. EHA helped by sending a lot of their friends our way, who taught, gave technical consultations, advice and encouraged. Today, there is a steady stream of staff and students from CMC Vellore coming to teach and engage with CIHSR in multiple areas.

Academics

CIHSR has grown in several ways. In academics, we have started the first Nursing College in Nagaland with Mrs Bharathy Jacob. We now have three post graduate DNB courses in Family Medicine, Medicine and Surgery. We

run CMAI Allied health sciences courses in 5 disciplines. In association with Distance Education Department, Vellore, we run the MMED course in Family Medicine and CLHTC. We have been involved with the NSDC in running the Home based care assistant and Bedside Care assistant courses. Dr Simpson after retiring started the developmental paediatrics unit with the Precious Gems School for children with special need. Several research projects are underway with our staff. A research and Ethics committee has been formed to facilitate this process.

Services

Today, the hospital is a bustling hub of activity with about 200 beds, specialties in almost all the basic disciplines and some sub specialties. A large number of our patients come from the neighbouring state of Assam despite the horrible roads they have to traverse to arrive here. A Radiotherapy centre was established in 2018 with the help of a grant from Tata Trust.

Staff welfare

The staff welfare committee has started a music academy inside the premises whereby more than 30 of our staff and their children learn guitar, Violin, Ukelele, Vocals, Cello and Piano. The staff welfare regularly organizes sports events, carnivals, talent & skills developing activities, treks etc to foster understanding among the staff. We have engaged with 2 neighbouring schools to provide subsidized education to our children and we in turn provide them with subsidized health care. A Bamboo park, Gym and sports facilities were created for the children and staff.

Spiritual activities

The Chapel committee is proactive in organizing regular spiritual activities for the campus. Several Bible studies, prayer meetings, chapel meetings, retreats and work camps continue on campus. For the children, there is a regular Bible club and reading club. The ELS has set up their shop on our campus.

Social and community engagement

The hospital is actively engaged with the local neighbourhood in many activities to foster friendship, confidence and trust. We implement all the Government's National programmes and actively participate with them in meetings, planning seminars and workshops. We also invite the Government people in several of our trainings and workshops. We have adopted two blocks of the district for engagement in community health and have been working in them ever since. Our team regularly goes to various schools, colleges, NGOs, churches and Government programmes to teach and train them.

Future plans

The institute is in the process of engaging with civil society and the community around by developing school health activities, income generating skills workshops and training, mental health programmes, capacity building of other nursing institutions in the state, training of church health workers and engaging in several social issues.

We are in the process of developing a regional Institute of Paramedical sciences. We are also working to develop an Integrated centre for disability. There could possibly be an option of starting a Medical college on the campus in the future.

In order to meaningfully impact the health needs of the region, CIHSR seeks to develop vibrant partnerships with several NGOs and other organizations that are involved in the health fields of the Northeast.

In order to meaningfully impact the health needs of the region, CIHSR seeks to develop vibrant partnerships with several NGOs and other organizations that are involved in the health fields of the Northeast. CIHSR seeks to be a channel of transferring all the resources, networks, technology, people and information to the rest of the region.

God has blessed CIHSR with several good people and our work is to develop them to the highest potential that God has created them to be.

Conclusion

What started as a vision to bless the Northeast region is gradually turning out to be a reality by the combined efforts of several men and women of God who prayed, encouraged, visited and persisted on at Dimapur to build the Kingdom of God in the remote Northeast of India.

Dr. Sedevi Angami is the Director of CIHSR, Dimapur, Nagaland

TWO LIFETIMES IN THE MISSION

Chapter 1 : Prof Pennamma Ranadive

I come from a strict orthodox Christian family from Kaipattoor, Pathanamthitta (Dist.) Kerala. After my schooling, I joined C.M.C.H. Ludhiana, School of Nursing for G.N.M training in 1967 and graduated in 1971. During my training period, I was privileged that all my expenditure was met by the institution; including a little amount for stipend. My gratitude goes to my Alma Mater, who posed trust and confidence in me and sponsored me for my professional higher education. This made me to stay back to continue to serve in this esteemed institution. Further I wanted to give back to the institution, what I had gained, through my humble service. Through my years, I was always reminded of the ethical and moral responsibilities towards my parent institution.

Prof. Pennamma Ranadive

Rev. R. D. Ranadive

Many feel that working in mission hospital involves great sacrifice. Although the salary was low, yet the benefits of free medical care, part-paid accommodation, additional increments with the years of service, privileges of sick leave, earned leave, study leave, job security and most importantly there was a feeling of belonging - which worked as an essence to stay back. One big security was that of campus life. We could go for work, knowing that the children would be safe.

It has been a long journey of 43 years in Christian Medical College and Hospital, Ludhianaand there are many incidents that I can remember in my life in this mission. One of my supervisors - a missionary from England told me, “We are here among your people. Then why are all of you are planning to go abroad to USA/ England ?” Then she told me, “This is the best place for you, Pennamma. Continue to work with honesty and integrity”. I adhered to her advice. By the grace of God, I have grown from the humble beginning of a student nurse to the highest positions in Nursing – in service, education and administration – as Nursing superintendent and Principal. I also attribute it to my patient’s blessings, for the care they received through me.

Evangelical Nurses Fellowship of India (ENFI) was at the core of my heart. The volunteers, field workers and Sr. Eileen Platts - my supervisor, were my mentors who changed my attitude and influenced me to persevere till my retirement. The continuous prayer support, spiritual nurture, moral, ethical and spiritual values that I received during my training period and thereafter from the missionaries were incredible. I sincerely thank all of them.

One of my supervisors - a missionary from England told me, “We are here among your people. Then why are all of you are planning to go abroad to USA/ England ?”

Chapter 2: Rev R D Ranadive

I was born in Sangam, Bidar, Karnataka; my childhood and school were in Maharashtra. At school we were under strict discipline. Dedicated teachers and pastors were the backbone of our educational and spiritual growth. I had the privilege of studying in Clara Swain Hospital, Bareily, being sponsored by the Methodist Medical Board for the Diploma in Medical Laboratory Technology course in 1963. After successful completion of training and 2 years bond at Clara Swain Hospital, I was able to go for further DMLT course under Punjab State Medical Faculty (PSMF) in C.M.C Ludhiana in 1966. On

I have now retired, and as I look back, some of the most satisfying moments of my life were when I received the Best Bed-side Nurse Award during my graduation. I cannot thank Him enough for God fearing, loving and caring husband I have.

completion I joined C.M.C. & Hospital as a Senior Lab Technician in the Biochemistry Department.

Having been noticed by my HODs, I sponsored for the graduate course at P.G.I Chandigarh. I also did certificate course in Exfoliative Cytology and for Post Graduate Diploma in Hospital Administration from ISSR, Vellore. Later, I was sponsored again by my institution for M.Sc. (MLT) Biochemistry at PGI Chandigarh in 1985. I was encouraged and deeply moved by Pastor D. K. Stephen that I joined B.D (Bachelor of Divinity) course by distance education offered by Senate of Serampore (WB). On the completion of BD in1989, I was able to spiritually uplift many in my neighborhood, at workplace and in the community. I was able to contribute wholeheartedly in the inception of Methodist Church Ludhiana and served as an Associate Pastor. My exposure to CMAI also helped me to grow spiritually and God used me in different capacities – even as the Vice President for three years in CMAI.

Chapter 3 :

And the twain met in CMC Ludhaina from their different stands of life and continued their journeys individually and together since 1974. Mrs Pennamma and Rev R.D. Ranadive – both recipients of the Dr. D W Mategaonkar Award at different times - through their walk of life together share their thoughts with us ~

Mrs Pennamma says : *I have now retired, and as I look back, some of the most satisfying moments of my life were when I received the Best Bed-side Nurse Award during my graduation. I cannot thank Him enough for God fearing, loving and caring husband I have. I have had the pleasure of being mother to two wonderful children and the three lovely grandchildren.*

There were many difficult moments but God Almighty gave me the strength and courage to overcome those. I have learned to put my complete trust in the Lord and He enabled me to serve Him sincerely. I also experienced God's provision in the most amazing and unexpected ways. In His own time he has rewarded me for my accountability, honesty and integrity.

My humble advice to the youngsters - Be a source of inspiration wherever you are. Be obedient to the call to be a useful nurse. Develop a deep relationship with God in humility - to be the least and the last – your reward will be great!

Rev Ranadive *: By the grace of God I think I am more fortunate than most of the people of my time. Whatever I have achieved in my life as an Allied Health Professional is all due to my dear and loved ones, missionary mentors and teachers who advised, guided and inspired me to remain and work in the mission setup. They imbibed in me the moral and ethical values which helped me to acknowledge the efforts they took to mold my life. I and my family were fortunate enough to receive the benefits and spiritual nurturing throughout our lives. These moral and ethical values, dedication, self-sacrificial life; living in peace and harmony, sharing, caring and good interpersonal relationship with all; motivated me to continue my service with zeal in mission.*

I am immensely blessed by my mentors in the Methodist Mission, C.M.C & Hospital, Ludhiana and CMAI for their love, encouragement and support in my journey thus far. I feel there are no disappointments, but a fulfilled and satisfied journey in the mission. As an ordained minister of Methodist Church, Ludhiana, God is using me in His ministry. I am grateful to God for His kindness towards us.

Along with my family, I would like to quote a verse from the scripture Joshua 24:15 "But as for me and my house, we will serve the Lord".

Prof. Pennamma Ranadive RN, RM , PBBSc(N), MSc(N) was also Principal at St. Stephens College of Nursing after her retirement at CMC(L). Rev. R. D. Ranadive, B.Sc MLT, M.Sc Med.Tech, B.D, PGDHA retired as Clinical Biochemist. They both are currently residing in Ludhiana, Punjab.

FROM THE LIFE OF A PASTOR

Rev. Ashish Dukhi

I am a pastor of Jeypore Evangelical Lutheran Church hailing from Nabarangpur district of Odisha. I am very glad and it is a matter of pride for me that I belong to a priestly family. Many of my relatives have been involved in missionary work along with German missionaries. Interestingly, one of my uncles is popularly known as the 'encyclopedia of JELC'. Even now, twelve of my father's and mother's family members work for the mission in different places.

Coming from a family with many economical constraints, even schooling was a difficult period for me. After my father's demise, my mother and I went through a very difficult time. God in His compassion heard our prayer and provided a job for my mother in the government. office.

When I was in standard 7, I joined the Sunday School as a student. When I was in 12th standard, I became a teacher in the Sunday School. I served in the Sunday School, Evangelical Graduate Fellowship, and Evangelical Union & Students Christian movement in different capacities. I had the opportunity to serve as an executive member of SCMI from 1990-1992.

I did both my schooling and college studies in Nabarangpur and later moved to Berhampur for postgraduate studies in political science. Then I applied for M.Phil. studies because I wanted to be a lecturer. But God's plan was different. God called me for His ministry. After receiving the call from the Almighty I went to do my B.D. (Bachelor of Divinity) in Gurukul Lutheran Theological College and Research Institute, Chennai. Soon after returning from Chennai after my theological studies, the bishop sent me a message to go to Ludhiana for chaplain training for a year. I am in the process of doing my Ph.D. in Christian Ministry from Sam Higginbottom University of Agriculture and Sciences (SHIATS), Allahabad.

As a Pastor:

I started my ministry as a parish pastor. After six years in different parishes, I was deputed to Christian Hospital Nabarangpur. When the former chaplain retired from his service, Dr. S.K Nag Medical Superintendent, Christian Hospital, Nabarangapur, requested the Bishop to allow me to continue as Hospital Chaplain. It was my personal decision to serve as a chaplain for one year in Christian Hospital, Nabarangpur and then move on. But now it is my 8th year since I started working. I am happy and satisfied to be working in a hospital set up. I thank God for the opportunity to work as Chaplain Section's Secretary of Odisha region and state representative of CMAI for six years.

From my childhood, a prayerful life was instilled into me. I remember going back home from school through the hospital. I would stop by to pray for the sick patients.

Reason to persevere:

From my childhood, a prayerful life was instilled into me. I remember going back home from school through the hospital. I would stop by to pray for the sick patients. One day a message came to me that I should consider going for pastoral training. This might have been a thought put into me, in my early days.

Though I was very much involved in mission work and Sunday School, Evangelical Union and Students' Christian Movement, I was never willing to go for fulltime ministry. I had already planned in my mind to work as a lecturer in the college while doing ministry

because I would then get a handsome salary.

Difficult and satisfying moments:

As a Hospital Chaplain, it is not easy to counsel a bereaved family. They ask lots of questions and for some questions, we have no answers. A young Christian boy died in hospital. He was the only son to the family. The family did not allow us to pray for them. In these kinds of situations, I always looked to God, because He knows the appropriate way to counsel.

There are wonderful times too. Once, a lady of another faith was healed by the grace of God after our prayer. Her husband conveyed the healing news to other patients. In their room, a twelve-year girl who was carried in by her father because she was unable to walk, got healed by God's grace. She went back walking to her room. These responses bring so much satisfaction in our work.

The youth of Nabarangpur recognized my service and even presented me with a memento on International Youth Day in the month of August 2018.

Spiritual and personal lessons learned:

God's calling never fails. A person willing to work part-time in the ministry became fulltime worker. I listened, understood and responded to His divine calling. This journey of faith started from my childhood and is becoming stronger and stronger as the days pass by. Now I look up to God for every decision. God instilled His fear in my heart and for that - all glory to God. God always guided me to be just and faithful in all my activities. God also led me to keep me away from greed and instead taught me to be a good giver for Him. I took two challenges in life in accordance with Jesus' ministry.

A) He fasted and prayed all night for his effective ministry. Similarly, I too want to fast and pray in order to do His ministry effectively. Journey with God is marvelous despite many ups and downs.

B) When I was going through different difficulties I asked God why are you taking me downward? He answered me: "My child, I am taking you down, so that one day I will take you up, to the same height with different blessings." Pride is very dangerous, rejections always hurt - but every rejection has a blessing. The different experiences which I learned in God's school, is a blessing for me as well as to them whom I served.

I want to thank God for making my life so beautiful, as disciplined, punctual and faithful which has become an example for many and may God make me be one to glorify His name. It is my earnest prayer and aspiration that God may touch many through my life, words and work in the future.

Rev. Ashish Kumar Dukhi is a Chaplain of Christian Hospital, Nabarangpur, Odisha

VELEMEGNA EYE HOSPITAL, GOLEKHANA BIDAR

INTRODUCTION:

Velemegna Good News Society Hospital is located in Bidar, Karnataka –INDIA. It was established in 1968 by the Late founders Dr. Anselm Christopher Salins & Dr. Susheela Salins. We are celebrating our Golden Jubilee this year (2018).

"VELEMEGNA" stands for –

V – VILLAGE
E – EVANGELICAL
L – LEPROSY
E – ERADICATION
M – MEDICAL
E – EDUCATIONAL
G – GOOD
N – NEWS
A – ASSOCIATION

VELEMEGNA EYE HOSPITAL, GOLEKHANA BIDAR.

Founders:

Dr. AC Salins was born and brought up in Mangalore, Karnataka. He would have become a famous cricketer but God changed his plans when he met with an accident (bullet shot injury), which made him commit his life to Jesus.

Founders Dr. AC Salins & Dr. Susheela Salins

Dr. Salins studied at Christian Medical College, Vellore, where he met Susheela. Both decided to become missionary doctors as Aunt Ida scudder used to tell students,

Dr. Sybil Salin

"I Love India, go serve rural India".

They wanted to serve in Nepal as missionary doctors after getting training in leprosy care. However God brought them to Bidar in 1966. They served in the Methodist Mission Hospital, Bidar till 1968. They then took a step in faith and established their own hospital in 1968. They called it 'Velemegna Good News Society Hospital' (General hospital). They faced many trials and served Bidar for around 40 years with their pioneering medical missionary works. You can read more about their life in the book "Trials and Triumph in the Lord`s Vineyard". ×

× To get the book contact Dr. Sybil - velmegnabidar@gmail.com

Founders Achievements

- 50 bedded general Hospital was established in 1974
- Received Paul Harrison Award by Christian Medical College Alumni, Vellore in 1983
- Nav Jeevan Leprosy Centre (NJLC), Chatnalli was established in 1984
- Roohi School of Nursing opened in 1996 with 40 students
- Outreach camps and surgeries (1980-1990) > 5000 eye surgeries
- Educated > 300 children in Kadwad and surrounding villages.
- Established rural health centre, Baridabad
- Other community developmental works.

VELEMEGNA EYE HOSPITAL, GOLEKHANA BIDAR.

Present:

Dr A.C Salins was called home on 20-07-2002, due to Pancreatic Cancer Dr Susheela Salins was called home on 10-09-2003, due to Ovarian Cancer. Dr. Sybil their eldest daughter took the mantel from them and has been the director ever since.

Vision: Velemegna society seeks to demonstrate the love of Christ through excellence in health care and community services.

Mission: Velemegna is a registered charitable society. We provide quality eye care services, which is comprehensive and affordable to all. This is achieved by education, training, research, and excellence in service delivery. In addition, we will continue with Founder`s compassion for care of the Leprosy affected.

Motto: "Restoring Sight - Transforming Lives".

Activities & Achievements:

1. 50 bedded Velemegna Eye Hospital – OPD - >25000 per year
2. Eye Surgeries - > 4000 per year
3. Eye outreach camps - 90 to 100 per year, outreach OPD - >25000 per year
4. School eye screening.
5. Special school screening & dispensing Low vision services
6. Baridabad farm- food for the leprosy affected
7. 35,000 eye surgeries have been performed between 2002 and 2017
8. In 2008 Navjeevan Children's Home for children from the leprosy village was started. Presently 22 children are there.
9. In 2009 50 brand new houses were build for the residents of NJLC with the help of TLM India and friends of Velemegna.
10. In 2011 new eye operating rooms were built.
11. In 2014 the S Salins College of Optometry was established in affiliation with Rajiv Gandhi University of Health Science (RGUHS).
12. In 2014-16 the construction of four community centres was completed in Gulbarga & Bidar - Gaudhanhalli, Maroor, Jaknal and Kodampur.
13. Three vision centres in Aurad, Hallikhed (B) and Manna-E-Khell were established between 2014 - 2017.
14. We got NABH (National Accreditation Board for Hospital) accreditation in 2018.

Dr. Sybil Salin is the Director of Velemegna Hospital, Bidar, Karnataka

JEREMIAH 33.3 : CALL TO ME AND I WILL ANSWER YOU AND SHOW YOU GREAT AND UNSEARCHABLE THINGS YOU DO NOT KNOW.

Sometimes we feel the work is our mission: our work, our life, our sacrifice for Him who called us to work in His field. We go to great lengths to find out what is God's will for our lives. We spend much time praying, going to retreats, asking seniors, listening to hundreds of sermons - all in order to get the mantra to discern God's will for us. Before we set out or join work somewhere, have we ever been given a blueprint from God : "Hear O ye, this is My will for you .... " ?? Most often, not. So then we comfort ourselves saying, "Ok, I'll go ahead in the right spirit, hoping and praying that this is the right thing to do. If God wants me to be or do something else, He'll show me."

This was how I began work in Christian Hospital, Bissamcuttack, Odisha over 25 years ago - young, innocently gullible and simple minded !

It was after fifteen years of working in the mission hospital, while listening to a friend, Dr Gisela Schneider talk, that something wonderful struck me. She talked of "**Missio Dei**" - 'mission of God' or the 'Sending of God'. Suddenly the pieces of the puzzle fell into place. It all made sense. This was not My Mission; the story was not about me. I am just a small yet significant piece in the larger picture of God's Mission.

God is busy doing His work and accomplishing His plan on the earth. He has been doing it through the ages with and without human help. He is gracious and kind and gives us a chance to work alongside Him. He's weaving or painting this huge picture called History and offers us placement in it. Imagine our small hands, working alongside that of our Creator! What an honour! How awesome! If we recognise it and fit in, it is the opportunity and privilege of our lives. If we don't, we never know what we have missed.

It's a moment by moment recognition that we are working with Him. DL Moody said "Out of 100 men, one will read the Bible and the other 99 will read the Christian". What do people see in us? People cannot always see Jesus; but they see us - our lives and our institutions. We are called to Be the Word made Flesh in our daily lives.

God bless us as we strive together in the Missio Dei !

Ms. Mercy John is the Principal of College of Nursing, Christian Hospital, Bissamcuttack, Odisha

SHORT COURSE FOR COUNSELORS IN DIABETES MELLITUS

•**The Department of Endocrinology, Diabetes and Metabolism will be organizing a Diabetes Educator Training Programme from 4th Feb, 2019 to 14th Feb, 2019 (10 days Programme).**

Participation Certificates will be awarded on completion

•***(This training module is conducted every 3 months)***

FOR REGISTRATION DETAILS & DATES, CONTACT - : Mrs. Vijaya @ 9789725281 / 0416-228-3156.

EMAIL : insulin05cmc@gmail.com

WHO CAN APPLY : Nurses, Dieticians

COURSE FEE :8,024/-(Incl of 18% GST and it covers Course Fee, Course Materials, Lunch & Refreshments).

SHORT COURSE FOR DOCTORS IN DIABETES MELLITUS

The Department of Endocrinology, Diabetes and Metabolism will be organizing an Intensive CME in Diabetes Mellitus for Doctors from 11th March, 2019 to 16th March, 2019 (6 days programme) - with practical and theoretical intonation followed by an assessment.

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

Participation Certificates will be awarded on completion

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

FOR REGISTRATION DETAILS & DATES, CONTACT : Mrs. Flory @ 9626064128 .

E MAIL : insulin05cmc@gmail.com

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

COURSE FEE : Rs. 10,856/- (Incl of 18% GST and it covers Course Fee, Course Materials, Lunch & Refreshments)

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

The Department of Endocrinology, Diabetes and Metabolism will be organizing a Foot care and footwear training programme for Doctor from 2nd April, 2019 to 5th April, 2019 (4 days Programme) with practical and theoretical intonation followed by an assessment.

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

Participation Certificates will be awarded on completion

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

WHO CAN APPLY : MD General Medicine / MS General Surgeons / MD Family Medicine / Diabetologist / Endocrinologist / MD Community Health / Physiotherapist / Nurses

EMAIL : insulin05cmc@gmail.com

COURSE FEE : Rs.6,726/- (Incl of 18% GST and it covers Course Fee, Course Materials, Lunch & Refreshments)

Seeking a career option after Class 12 ?

Opportunities Galore in Allied Health Science

India needs a large number of professionals in the health sector. Allied Health Science is an attractive option where our youth can build promising careers within the country or abroad. Christian Medical Association of India has been training professionals in Allied Health Science at our institutions for several decades. Scores of CMAI diploma holders are currently working within and outside the country.

Doctors, Nurses and Allied Health Professionals (paramedics) are the critical human resources in a hospital setting. The increasing demand for skilled AHPs has opened up several avenues for young aspirants in India. Without AHPs, the health care industry will not survive.

Moreover, modern medical science requires more technologically skilled professionals. Here is a bouquet of options we are presenting to you:

1. Medical Radiation Technology Training 2. Laboratory Training
3. Ophthalmology Technology Training
4. Anaesthesiology Technology Training 5. Medical Records Technology Training 6. Counselling & Addiction Therapies Training
7. Electrophysiology & Pulmonology Technology Training
8. Diabetic Education and Podiatry Training
9. Dialysis Technology Training 10. Urology Technology Training
11. Gastro-Intestinal Endoscopy Technology Training 12. Hospital Sterilization Technology Training 13. Ortho Technician Training
14. Emergency Medicine Technology Training

CHRISTIAN MEDICAL ASSOCIATION OF INDIA

For more information, visit http://cmai.org/activities/academics/cmai-education-board/ceb/
or Write to cmai@cmai.org