

CHRISTIAN MEDICAL JOURNAL OF INDIA

CMJI



A Quarterly Journal of the Christian Medical Association of India

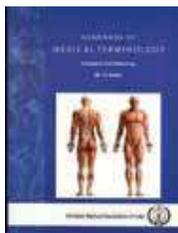
VOLUME 34 NUMBER 4: OCTOBER - DECEMBER 2019



45th Biennial Conference

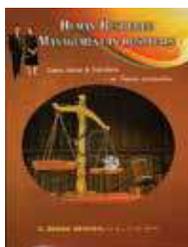


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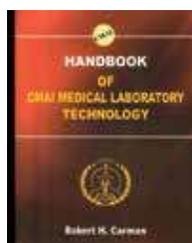
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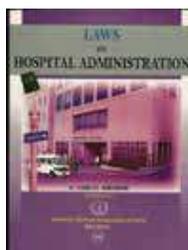
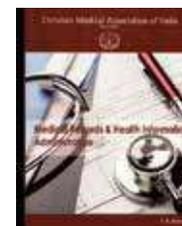
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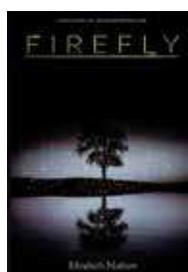


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Firefly, published by CMAI is an ode written by a mother, Mrs. Elizabeth Mathew, one of our staff in honour of her medical missionary son Dr. Shane Sam Mathew, who reached the eternal abode abruptly at the age of 25 in a fire that engulfed the staff 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

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PRINTED AT: Impulsive Creations,
New Delhi

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

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www.cmai.org

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LETTERS TO THE EDITOR

It is great to see the CMJI go from strength to strength with Mercy John as the editor. This particular issue's focus on leadership is critical, timely and relevant when leadership is dire across the world and is being re defined. What a wonderful collection on leadership. The editor's allegory on the banyan and banana trees summarized the role of stewardship in leadership. It is therefore important that we are not just good leaders but also pass on Godly leadership values to the future generations like the banana tree - young ones growing simultaneously even at our expense to take on the mantle when our time is up. Well done and congratulations to the editor and her team on bringing out this issue with very insightful perspectives on leadership from a range of experts.

Dr Leah Macaden, Inverness, Scotland.

I haven't finished reading this for but the 3 articles I did read were excellent. And I understand the heart cry in your article about the leadership crisis in the world, India and our Christian circle. I have often wondered and prayed too...

Dr Sunita Varghese, Kothagiri

I read your article. I will check out wiki too about feminine leadership. I think if there is a change in its nomenclature itself there might be more male leaders (at least) who will look to apply that kind of qualities in the leadership roles.

Contrarily, with the rise of equality and feminism, now there are a lot of female leaders who sadly feel that exuding machoism is a sign of a good leader. But there are people who might be more open to the idea (being so macho as they are) if it wouldn't be called feminine leadership. Somehow since our rational brains like to

categorise - we are drawn to dualities... masculine or feminine, yin or yang, good or bad. Whereas the truth of the space we function in society is always in between; with some qualities of both the supposed extremes. The key then is to find the balance- there is no doubt the balance needs to shift towards qualities that are inclusive, communicative and sensitive.

Your article has 2 parts though - and the second is about the church ... you are right, it's in a crisis and there doesn't appear to be a lot of self-reflection especially among those in leadership roles. It's sad. What's true though is that religion has been used in the past always to spread animosity and hatred.

Christianity has a very dark history itself and that darkness repeats itself with the present-day priesthood.

Dr Randall, Swasthya Swaraj, Bhawanipatna

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 "Let us Consider...". Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: cmai@cmai.org

Guidelines for Contributors

SPECIAL ARTICLES

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

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

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

LETTERS

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

GENERAL GUIDELINES

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

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45 BC ...



Rev. Arul Dhas T.

From the editorial team

This issue of CMJI comes with warm greetings from the new editorial team of CMAI in the name of our Lord and Saviour Jesus Christ. As a healing community, we are faced with new challenges this year as we see many changes in the world. The Biennial conference held at Hyderabad focussed on different aspects of our opportunities and challenges. As healthcare professionals and those who care about health of our nations we listen and act according to God's voice so that we will receive God's healing. We are willing to change some of our old thoughts and practices which do not gel with our calling for healing.

In our world there are many who eagerly desire to be touched. Those who are sick and suffering, those who do not have voice to make a stand, those who are doubtful whether they will have food to eat, those who do not have their own address, those who are afraid to go in public and many more are in need of a human/divine touch. Touch brings healing to the one who touched and the one who was touched. Healing is mutual and is leading towards wholeness.

The compassionate question from the true caregiver "Who touched me?" continues to resonate in our communities. Those who feel called to the ministry of healing need to make specific efforts to make ourselves available to be touched. The God of healing will work through us if we surrender ourselves in God's hands. In the choice of our methods

in healing ministry, in the way we relate to others in the journey of life, in the way we live and let live we witness to Christ Jesus who is our Master and the Lord.

The present issue of CMJI carries important proceedings of the conference at Hyderabad. It is our prayer that the reading of this issue will enlighten us, make us more equipped and help us recommit to the ministry of healing. We would appreciate your feedback and contribution for the future issues of CMJI. Our prayer is that God will strengthen us to be channels of healing wherever we are placed. We also stand in need of God's continuous touch in our lives for direction, guidance and support.

We are particularly grateful for the partnership we have with one another as professionals and as institutions for a mutual healing experience. Our time, resources and expertise are to be shared with others so that the healing we desire will be a shared experience. We encourage you to share this call for mutual healing in your communities and institutions.

Rev. Arul Dhas T.

Editor

45TH B C AT A GLANCE



The 45th Biennial Conference of Christian Medical Association of India was held at Leonia Holistic Destination, Hyderabad, Telangana from November 7 – 9, 2019. The theme of the Conference was “Who Touched Me?” based on Luke 8:44-46.

There were 612 participants including 140 students from all over India for a time of fellowship, renewal and reflection. 160 institutions were represented. Among the participants there were 100 Doctors, 212 Nurses, 105 Hospital administrators, 35 Chaplains and 81 Allied health professionals.

The conference began with praise and worship and Thanksgiving Service led by Ms Imtinenla, Secretary, Chaplains’ Section. Mr Bijoy Sangma, the Devotion speaker, took a small devotion.

The 45th Biennial of CMAI inaugural programme had the honour of having Ms Vivian Churness who came as Missionary – Nurse to India from 1960 - 1965 through the Reformed Church in America from US and Faculty

Emeritus University of Southern California, as the Chief Guest. The other dignitaries on the dais included:

- Dr. Ajit Singh, President, CMAI & Consultant, Evangelical Hospital, Khariar
- Dr. Priya John, General Secretary, CMAI
- Dr. P. C. Rao, Regional Secretary, AP & Telangana Region

Rt. Rev. K. G. Daniel opened with a word of prayer. Dr. Priya John, General Secretary, CMAI welcomed the participants and honoured the Chief Guest and the past Presidents, General Secretaries and partner organisations. Dr. Ajit Singh gave the address as the President of CMAI. The Chief Guest in her speech encouraged the participants to have boldness in overcoming challenges and having faith. The Chief Guest also released the Conference Souvenir. Rev. Dr. Mathew Abraham, Director General brought felicitations from the Catholic Health Association of India. Dr. P. C. Rao, Regional Secretary of AP & Telangana delivered the vote

of thanks and Rev Fr George Varghese, Chairperson of Chaplains' Section of CMAI, closed the inaugural function with a prayer and benediction. All rose for the National Anthem and concluded the Inaugural Function.

Dr. John C. Oommen, Deputy Medical Superintendent and Teal Leader Community Health Department, Christian Hospital, Bissamcuttack, Odisha delivered the **Keynote address**. He shared reflections and perspectives based on his reading of the signs of the times, at four levels, (a) as Church and Mission in India, (b) as the CMAI, (c) as the Christian Health Care and Mission Hospitals and finally (d) as Individual Indian Christians. And concluded the keynote address by suggesting the solution for all of us, at all levels, for renewal of the church, CMAI and our mission hospitals, and our own individual faith journeys (i) Return to Jesus, (ii) Share the pain of people and (iii) Live out the faith and being the change we want to see.

After the Keynote address Dr. P.S.S. Sundar Rao who was President of CMAI in the past inaugurated the **Exhibition Stalls**. The participants visited the stalls in numbers.

The **Business Session** was held where the reports of the General Secretary, Treasurer and Editor were presented and received by the Assembly.

The second day of the conference began with **Praise and Worship** led by College of Nursing, CMC Vellore. Mr Bijoy Sangma spoke at the **Devotion**.

This was followed by the **XV Dr Jacob Chandy Oration** which has been instituted in honour of the late

Dr. Jacob Chandy, a strong advocate of the Healing Ministry, pioneering Neurosurgeon and recipient of the Padma Bhushan. For the 45th Biennial, Professor T. Jacob John delivered the oration. Professor T. Jacob John is a noted Virologist, and emeritus professor of Virology at CMC Vellore. In his oration which he titled "Go, prevent all manners of sickness", he started by sharing his experience of working with Dr Jacob Chandy and his model of administration. He highlighted the role of mission hospitals and Christian healthcare workers fulfilling a lot of the Church's healing ministry functions. But questioned if that was enough? In addition, asked about the role of the *Church* -- Clergy and laity in healing ministry. Moreover, wondered the role of congregations to be centres of health and healing. He challenged the parishes to become centres of health and healing, a theme which he pick up from Dr Chandy himself.

In the **Ice Breaker session**, the participants were divided into several small groups randomly. In their groups participants shared one prayer point and one praise point and prayed for each other. This session gave the participants an opportunity to make friends from other institutions, create a bond, and have fellowship. Some of the groups also created WhatsApp group to remain in touch and pray for each other.

Dr. D. W. Mategaonkar Award Ceremony – Instituted in honour of Dr. Mategaonkar in acknowledgement of his outstanding service and contribution to the Healing Ministry in India. Dr. Mategaonkar was conferred the Paul Harrison Award in 1974 by CMC Vellore in recognition of his outstanding contribution to community health in the



OVERVIEW

Bundelkhand region. Four members were awarded this honour during this biennium. The awardees are:

- Dr. Sarala Elisha, Doctors' Section
- Ms. Pauline Brown, Nurses' League
- Mr. Samuel Joseph, Allied Health Professionals' Section
- Sr. Vijaya Sebastian, Administrators' Section
- Rev. Job Jayaraj, Chaplains' Section

Young Medical Missionary Award Ceremony - The Award has been instituted by CMAI in memory of Dr Prerit Thomas Jacob, in recognition of his contribution to the Healing Ministry in rural India. The Young Medical Missionary Award has been instituted in his memory to recognize and record the valuable, outstanding service of young people who have opted to serve in a mission hospital in rural India for more than 10 years and who are below 40 years of age. Dr. Prerit is the son of Dr. Betty Chacko and Rev. Ninan Chacko and the younger brother of Mr. Arpit Jacob. He completed his MBBS from CMC Ludhiana in 2009 and worked in Evangelical Hospital, Khariar, Odisha for 2 years before joining CMC Vellore in 2011 for his MS General Surgery. On completing his post-graduation, he served in Khariar till his fatal accident on January 29, 2017. The awardee for the year 2019 is Dr. Roshine Koshy from Makunda Christian Leprosy and General Hospital, Karimganj district, Assam.

In the **Sectional Meetings**, which was held soon after that, all the Sections met and had their AGM. The AGMs were divided in to two parts, Technical Presentations and Business Meeting. Several Scientific papers were presented during the Technical Presentation. Business

session included report of the Secretary of the annual activities followed by discussion. Elections for the Chairperson and Vice Chairperson for the sections.

The Chairpersons for the next Biennium 2019-2021 are:

- Doctors Section – Dr. Nitin Joseph
- Nurses League – Mrs. Manjule Deenam
- AHP Section – Dr. Vilas Shinde
- Administrators Section – Dr. Samuel NJ David
- Chaplain Section – Rev. J. D. David Rajan

Awards for meritorious students of MIBE, BNESIB & CEB

The award ceremony for the ANM, GNM and CEB students who had secured gold medals under the 2 CMAI boards was conducted by the Nurses League and the Board Secretaries, Ms Shimy Mathew and Ms Helena Joseph. The Anita Memorial Best teacher award was given to Mr. P.L. Verma.

The Administrators section celebrated its 50th Anniversary during the conference, where most of the Secretaries of the section till date joined for the occasion. The section made a video presentation from the period it formed and the activities from the past, present and plans for the future was shown. A special talk was on Reengineering Missions by Mr. Sunny Kuruvilla focusing on Leader's role was delivered. The section honoured retired members of faculty, staff, as well as current faculty and staff who have served the section and contributed significantly during the occasion. The Administrators together made a pledge during this occasion to serve the community effectively and compassionately.





Fellowship Dinner was organised for the participants to present their culture. Several participants wore traditional attire and it was a colourful view and relaxed moment of meeting and greeting each other without and programme agenda.

After fellowship dinner, **Cultural Programme** was held and the membership could enjoy the talent within the network. It was a joyous time to celebrate the fellowship. There were lot of participation from the students and there were representatives from all the regions.

On the third day, the praise and worship and devotion was followed by **morning Devotions** by Mr Bijoy Sangma.

Mrs Aley Kuruvilla Oration – This has been instituted in honour of Ms Aley Kuruvilla, a pioneering nurse educator, administrator and leader, recipient of the National Nursing Personnel Award and the CMAI Dr D W Mategaonkar Award. She was the first Indian Dean of the College of Nursing, at Christian Medical College, Vellore and the first Nurse President of CMAI. Mrs Renuka Chauhan, who retired from CMC Ludhiana School, delivered the oration. The title of her presentation was Healthcare for Quality Healing - Challenges for Health Care Professionals. In her address, she asked the participants to contemplate on the paradigm - HEALTH, around which CARE revolves & PROFESSIONAL SERVICE is focused. She looked at three words *Health-Care-Professionals* are not merely as three concepts but as three Paradigms and introduced the paradigms to the participants.

The Sectional Secretaries read out the reports from Sectional Meetings.

The Second **Business Session** was conducted smoothly and the Officer Bearers of CMAI proposed by the nomination committee was accepted and approved by the Assembly. The Office Bearers of CMAI for the period of 2019 – 2021 are

- President: Dr. Jeyakumar Daniel
- Vice President: Mrs. Onenlemla Imsong
- Treasurer: Mr. Thampy Mathews
- Editor: Rev. Dr. Aruldas T.

Dedication and Holy Communion service was conducted with reverence as the outgoing office bearers, regional secretaries, Board of Management and General Body members were thanked and the incoming office bearers were welcomed and dedicated with a word of prayer by Rev Dr Asir Ebenezer, General Secretary of NCCI.

Dr. Abhijeet Sangma
Secretary, Doctors Section

A MANTRA FOR OUR TIMES : REFLECTIONS IN THE INDIAN CHRISTIAN DILEMMA

As we meet as a national association of Christian health professionals and institutions, may I share certain reflections and perspectives from a reading of the signs of the times, at three levels:

A. For us as Church and Mission in India:

At the national level, we have seen a new kind of India emerging, that is more aggressive and in-the-face; violent and hateful; with chest-thumping nationalism replacing the quiet Indian dignity we knew and loved. All Indians are my brothers and sisters, we were taught to say each day in school, but we are now a country that can lock-down a whole state; millions of our own people, for months together, while the rest of the country applauds.

Way back in 1947, when India was at war with itself, when partition was not only being drawn out on a map, but also in hearts and minds, translating into terrible cruelty and violence between people of different religions, Gandhiji put out a call through an article in his newspaper, the Harijan, entitled; "Where are the Christians?" The gist of his call was : "O Christians of India, we need you now. You are too small a community to be a threat to anyone; you have the message of love and reconciliation; we need you to come and stand up now between our warring brothers. Where are you?" My father was studying Theology in Serampore College, Calcutta at that time. He and his friends, having heard the call of Gandhiji, quit theological college and presented themselves to Gandhiji



in Birla House, Delhi. Gandhiji sent them to work in the refugees camps in Ambala and Kurukshetra on the India-Pakistan border; to share the pain of people; to touch and listen; to bury bodies and to play football with heartbroken children. They helped people who had been violently uprooted from their places of birth on either side due to their religion, to make that terrible crossing that will ever remain a scar in our national psyche.

Today, India is at war with her own soul. But

the soul of India is not calling out to its Christians anymore, for she has seen us for what we are. Ordinary people with extraordinary claims, as President S. Radhakrishnan said. And why are we unable to respond today? Because we have lost our moral basis; we have been reduced to a caricature : we are seen as a real-estate maalik, a self-protecting people, a predatory community. Is this really us?

The Christian community in India has been in the newspapers over the last two years for terrible reasons, rightly or wrongly. But inspite of all the reports of terrible things done by some members of the church, I choose to believe that the church is truly called to be the body of Christ, precious and eternal, an agent of transformation. But we have to admit, we are in dire need of introspection, repentance and change.

Many years ago, the great preacher, Stanley Jones in his book: *The Word Became Flesh*, recorded four suggestions Gandhiji gave for Christians of India. Gandhiji said:

“First, all of you Christians, missionaries and all, must begin to live more like Jesus Christ.

Second, I would suggest that you practice your religion without adulterating it or toning it down – practice it as it is.

Third, I would suggest that you emphasize love and make it your working force.

Fourth, I suggest that you study the non-Christian faiths more sympathetically, to find a more sympathetic approach to the people.”

He saw the disconnect between what we speak and how we live. I get the feeling we have missed the boat; we have strained the gnat and swallowed the camel. May I suggest three questions to help us rethink our approach in India to our faith and mission:

Have we chosen Paul over Jesus, in our theology, in our choice of role models and in our *modus operandi* of mission? We prefer to be Paul; cross-cultural mission; church-planting etc. We do not want to be like Jesus, who gets crucified at 33; Jesus, who does not consider equality with God something to be grasped or held on to, but empties Himself, becomes a man, takes on the nature of a servant, and is obedient even unto death on the Cross. (Philippians 2 : 5 – 8)

Have we chosen Church over the Kingdom of God? Jesus calls us to the Kingdom of God. We seem to prefer the Church, and infrastructure and land and buildings.

Have we chosen Mathew 28:19 over Mark 12:29-31; the “great commission” over the “greatest commandment”? When Jesus was asked what the most important commandment is, He answered : “Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength. The second is this: ‘Love your neighbor as yourself.’ There is no commandment greater than these.”

So may I suggest 3 steps we need to take together as the Church in India:

1. Return to Jesus. Rediscover Him anew. Re-set our Christianity, centred on Jesus Christ.
2. Share the pain of people. The Church does not exist in a vacuum. We need to re-connect with reality.
3. Live out the faith ; as Gandhiji, would say, we have to be the change we want to see.

B. For us as Christian Health Care & Mission Hospitals in India:

Most mission hospitals in India are quite confused. Who are we? What is Christian about a Christian Hospital? Is Christian an adjective or a noun? What is the mission of a mission hospital? Why do we exist? Many of us older mission hospitals are running on the momentum of the past. Our founders had a vision. We inherited both their furniture and their vision. Sometimes the old mission furniture, the teak tables and rosewood chairs, are beautiful to see, but too heavy to move around; too big and unwieldy to manage in today’s houses. But we hang on to them anyway. Similar are our versions of the hand-me-down-vision we inherited; often a pale shadow of the original; worn-out and jaded; irrelevant in the new age; but we hang on to it for lack of any other vision of our own – making cult icons of our founders. Very often, we forget that many of those ideas of mission are foreign to our soil; products of a colonial mind-set; ideas that may have been valid for missionaries coming from Europe or America to a foreign land, but not necessarily true for us the children of God in India. We have to have our own, direct equation with God, not hand-me-down versions.

There are also a number of new “mission” hospitals starting up over the last 15 years. And they all seem to do even less homework before starting out, than our predecessors did. My humble diagnosis is that they suffer from an Inborn Error of Spiritual Metabolism, not compatible with life beyond ten years.

May I share my understanding of the “Why” of what we do; as a seeker, and not as one who has found. What I share here is learnt from reflecting on the experiences God has led me through. I have found that times of pain teach you the most; because it is in pain that the clouds clear, the irrelevant details fall to the ground, and we can see with clarity; God’s presence becomes palpable. So the greatest learning points for me have been in times of pain; my own or that of others I have had the privilege of knowing.

I quote from a paper I presented at a colloquium on the Theology of Health and Healing at CMC Vellore in December 2018.

A. God is a healing God. I am the Lord that healeth thee, He says. Jesus in His ministry, uses Healing as the proclamation of the Kingdom, the signs of God.

B. God’s way of healing is through His participatory presence in situations of pain. Not by blitzing the problem away through remote control. But by involvement and engagement. Compassion means “to suffer with”. Wherever there is pain, He is there, sharing the pain. A

KEYNOTE ADDRESS

broken crucified God. The Suffering Servant in Isaiah, who takes on Himself the pain and insult and injury. And by His stripes we are healed.

C. Mission is what God is doing in this world. Missio Dei. He calls us to get out of our churches and comfort zones, to join him, in the hustle and bustle of life, to be co-workers with Him, in His ministry of healing.

D. Our road-map is the Jesus methodology as described so brilliantly by St Paul in Philippians 2 : 5 – 8, a manual for Incarnational Mission. He does not consider equality with God something to be grasped or held on to, but empties Himself, becomes a man, takes on the nature of a servant, and is obedient even unto death on the cross. And “our attitude”, says Paul, “should be the same as that of Jesus Christ”.

E. Our calling is to share the pain of people ; to cross the boundaries; to identify with ; to share the pain. In humility and vulnerability. The pain in society could be domestic violence or incurable cancer; the pain of maternal mortality or HIV; illiteracy or caste based violence. Our calling is to identify the unaddressed pain of people, and to share that pain.

Our hospitals and clinics are platforms where people in pain stream in each day. They are not just broken down bodies for repair; or a lab for our scientific curiosity to be played out in.

God is with the sick and the suffering. We are privileged to be allowed to participate with him. As my wife, Mercy says, we should take off our mental chappals. God is here.

F. Healing is sacramental; health care is as holy as the breaking of the bread and the pouring of the wine. In touching those in pain, we touch God Himself. This is the foot of the cross. My father used to tell us of when Mother Teresa visited CMC Vellore many years ago. She spoke of one of her young sisters who described to her a dying man on the streets of Kolkota. He was covered with grime and infested with maggots, and brought in to the Home from the street. The young sister was carefully washing his body and removing the maggots, when the man quietly died. The Mother asked her what she felt when this happened. And the young sister said she felt she was touching the body of Jesus.

G. Our work in Christian Health care is our worship-offering to God; where we touch God. Not just tent-making or fishing nets, but holy in itself.

That is what a mission hospital is meant to be ; that is what a Christian doctor or a Christian nurse or Allied Health Professional or Administrator or Chaplain is called to be. God brings people in pain to us every day. Serve them with love and competence. Share their pain. Do not reduce this holy space to sheer commerce (How much money can I make out of their pain) or just a managerial exercise (where plastic gimmicks stifle the soul) or a fishing net (where we try to trap unsuspecting souls, exploiting their trust in their time of pain and vulnerability)

or an employment opportunity for Christians (where we burden our patients bills with our ever-rising expectations of salary and perks).

No, we are on holy ground. God is here. Our professional training teaches us to stay on our side of the table ; to never get emotional about our patients; to stay coldly professional. Christ calls us to cross over to the other side of the table. To embrace our patients. To share their pain. And in the process, we too are healed.

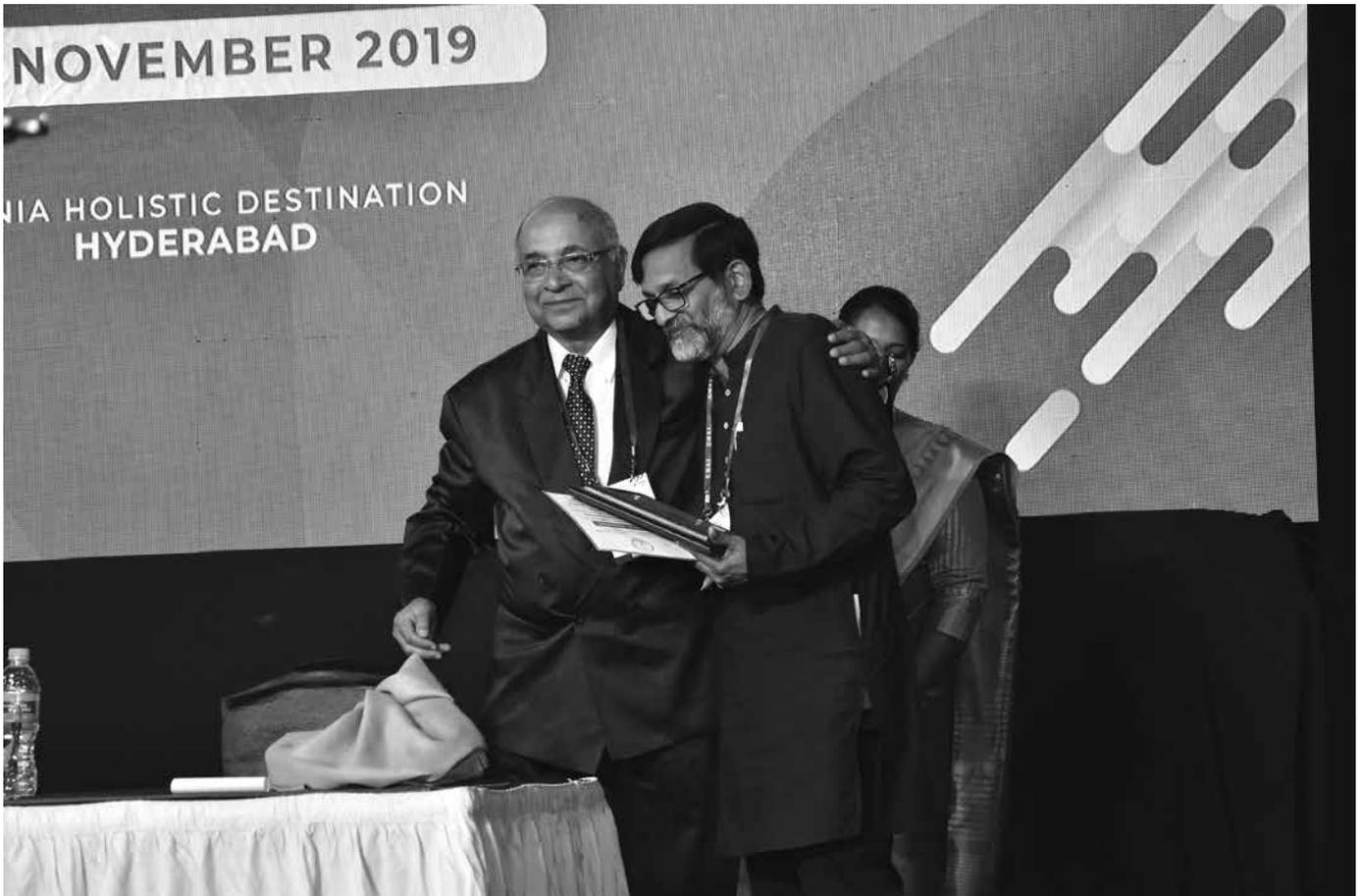
In a situation, where the church in India seems to have lost its way, or lost its contact with the pain of ordinary people, we the mission hospitals of the Church have an extra responsibility. We have the advantage and privilege of touching pain coming to us each day. Touching God. Can we reflect

back that spiritual blessing to our mother Church to help her stay anchored and grounded in compassion? Can the Healing Ministry be the key to the revival of the Church? Can we be salt and light for the Christian community as well, not just for society at large? But if the salt loses its saltiness, we are worthless ; fit only to be thrown out and trampled on.

There are therefore three points I would recommend for all of us mission hospitals and Christian Health professionals :

1. Let us return to Jesus, the great physician
2. Let us share the pain of our people
3. Let us live out the faith; be the change; stay true each day. And stop worrying; God is still on His throne.

Our calling is to share the pain of people ; to cross the boundaries; to identify with ; to share the pain. In humility and vulnerability. The pain in society could be domestic violence or incurable cancer; the pain of maternal mortality or HIV; illiteracy or caste based violence.

**C. For us as Individual Indian Christians:**

In July 1993, as we were preparing to move from Vellore to Bissamcuttack, we spent a week at home in Kerala with my parents. My father and mother were unusual people, deeply and gently committed to God.

My mother told us: “Remember, our calling is to Obedience; not necessarily to success.”

And my father said: “ OK; so you are going to Odisha to serve the poor tribal people in their villages. Very good. But what do you think? Do you think that at the end, when you have done all you can, they will turn around and say: ‘Great Sir, thank you?’ Oh no. The person for whom you do the most will stab you in the back. That is the rule. It happened to Jesus. It happened to Gandhiji. Why shouldn’t it happen to you? If you do a good job, it will. So when that happens, what will be your response? Will you say: ‘See, after all I did for them, this is what they did to me?’ If so, don’t even go; because that is the only reward we can expect.”

This was some of the best advice we ever got, and over the last 26 years, we have found it all to be so true.

So to each of us as individuals, I recommend the same three steps:

1. Return to Jesus: Re-read the Gospels; re-discover Him afresh. He is alive and real. He loves you.
2. Share the pain of people; get involved; Com-Passion means to Suffer With.
3. Live out the faith; Be the Change; Our calling is to obedience, obedience to the Divine; not necessarily to success.

Dr. John C. Oommen
Head, Community Health Department
Christian Hospital, Bissamcuttack

SEVEN GLORIOUS YEARS!

Respected Members of the General Body,

I am happy to present this Biennial Report 2017-19 report based on our attempts to fulfil the goal and objectives laid down in the last two years of the strategic plan of CMAI. All the five sections, departments and education boards have completed their planned activities. Almost all the national and regional conferences have been conducted as per the schedule.

The Biennium was packed with conferences and workshops, one after another. A new breed of youngsters has joined the team as Regional Facilitators who have brought in youthful energy into the mainstream activities of CMAI. With their arrival, the rather sleepy towns woke up with a fresh start in many areas such as Engage Disability, Church in Social Action and sectional and regional gatherings in various parts of the country. They visited the NCCI-affiliated mainline churches, member institutions, government offices, NGOs and independent churches.

The international fraternity of Christian medical professionals (ICMDA) assembled in Hyderabad in October 2018, which added one more colourful feather on the cap of the ICMDA secretariat in India – CMAI and EMFI, who showed the world their efficient management prowess.

“Who Touched Me?”

The theme of the year “Who Touched Me?” resonated in the corridors of our healing ministry. Many speakers elicited the different dimensions of the theme which inspired the members to have a compassionate heart and to be extra sensitive to the ailing public.

The regional CMAI committees headed by the regional secretaries and his/her team spearheaded the activities with much vigour and determination to support the mission. The CMAI Board of Management (BoM) met twice during the year to plan and support the staff team and the General Body met once to support the decisions.

A Unique Goal

The uniqueness of the association is the fellowship with one goal – to follow the footsteps of Jesus Christ by supporting the healing ministry. We are the health arm of the National Council of Church in India (NCCI) and a partner of the World Council of Churches (WCC). Our work operates within the body of Christ, which is the Church itself. We are actively engaging churches in social endeavours through our programmes

Alignment with the Nation

CMAI aligns fully with the national health policy of India. In fact, we are often invited to the policy discussions held at the Ministry of Health and Family Welfare. The Government of India has acknowledged CMAI's contributions in giving technical support to revitalize the Blood Bank Services in developing quality protocols. Working closely with the government in laboratory systems strengthening, CMAI has commendably provided training laboratory staff in Maharashtra and Andhra Pradesh in collaboration with the U.S. Centers for Disease Control and Prevention (CDC). Through CARE India, the CMAI nurse leaders provided training for PHC and district level nurses in Bihar to improve pre and post natal care. The state government showered bouquets of appreciation for making this project a grand success. The project is likely to continue for another phase in Bihar.

Our Community Health Department projects in Bihar and Madhya Pradesh excels in developing social laboratories for women, adolescents and children in those states.

Biggest Contribution

What is the biggest contribution of CMAI in the past 114 years? Undoubtedly one can say that the proven strength of CMAI is in the area of capacity building. The two government-approved nursing boards, Board of Nursing Education – South India Branch (BNESIB) and Mid India Board of Education (MIBE) have a collective strength of 2000 students. The Central Education Board for Allied

Health Sciences has 27 career oriented courses with more than 700 students undergoing training during the current year. Besides these, we have university approved courses in Palliative Care Medicine and Hospital Law and Administration. The consolidated strength of CMAI healthcare education is the availability of professionals in quality health education.

The Government is now engaging with the Allied Health Professional training on a National and State level. CMAI courses need to be recognised by the respective governments in order for our students to continue having a career path. The AHP section is working on this tirelessly and knocking on every door to ensure our students' careers are secure and our training institutions don't face legal issues.

A Need for Raising the Bar

It is necessary CMAI as a national network of health care organisation of the church raise the bar of excellence as the mission continues – in a form that is relevant to the current needs, continues to have the basic tenets of the mission and motivates and equips stakeholders.

Strengthen CMAI:

CMAI has basic structures, systems and staff for basic work, for fellowship, event management and to work with other organisations with similar interest. However, there a need to up-skill the existing staff to improve their understanding of public health, technology or policy making so that they can represent the stakeholders at the global and national level. The systems of management, finances and human resources need to be upgraded with infrastructure and resources to meet the current and future requirements of CMAI. Staff capacity enhancement, leadership, technology competence is of prime priority to respond to funding announcements and opportunities from large funders looking for competent networks.

Strengthen the Network:

The CMAI network consists of the mission hospitals and community of institutions in mission. If we look at the strength of these institutions, many are falling apart due to the current pace of change – regulations, competition, individual priorities of people and global changes sweeping the nation. Engaging them more and working out strategies to cope, change and flourish is the prime role of CMAI. This would help them to be relevant, continue their mission and be competitive in the new age mission. It is immensely possible if CMAI helps the mission agencies to visualise the new mission and the challenges.

Be prophetic:

CMAI has to take this role of a strong prophet seriously, backed by evidence. CMAI has to share the evidence already with it and collect as required. CMAI staff must work with the government, NGOs and present it periodically to the nation through regional dissemination. CMAI can take help from other scientists in the network to collect, collate, analyse, interpret and disseminate pieces of evidences that are going to challenge nation's healthcare missions, changes and resource needs. This would help funders and policymakers.

Communicate Powerfully:

As a national organisation and network, CMAI has to powerfully communicate its views supported by evidence. This space is weak still and could be a powerful game changer if done well. This requires higher-level engagement with journalists, media and thinkers at the national level. This would change policies, views of the stakeholders including the church, funders and policy makers.

Work with others but hold your ground:

It is good to work with people of similar faith, intentions and priorities. However, CMAI has its own views of policies, programmes which are aligned to the church and the inspiration from Christ.

Farewell

As I complete seven years serving this ministry of healing, I primarily thank God Almighty for his immense blessings showered on me, the organisation and its membership. I leave with a heart full of gratitude and a satisfaction. We have found my right successor Dr Priya Letitia John who is extremely capable of carrying forward the mission and vision of CMAI. I thank my colleagues, medical fraternity, member institutions, the Board of Management, General Body, national and international partner organisations, government stakeholders and to all who provide healthcare with compassion in a hurting world.

God bless CMAI with continued blessings.

Dr. Bimal Charles
General Secretary, CMAI

GO, PREVENT ALL MANNERS OF SICKNESS

Go forth. Heal the sick who are there, and say to them, the Kingdom of God has come near to you.

(Luke 10: 3 and 9)

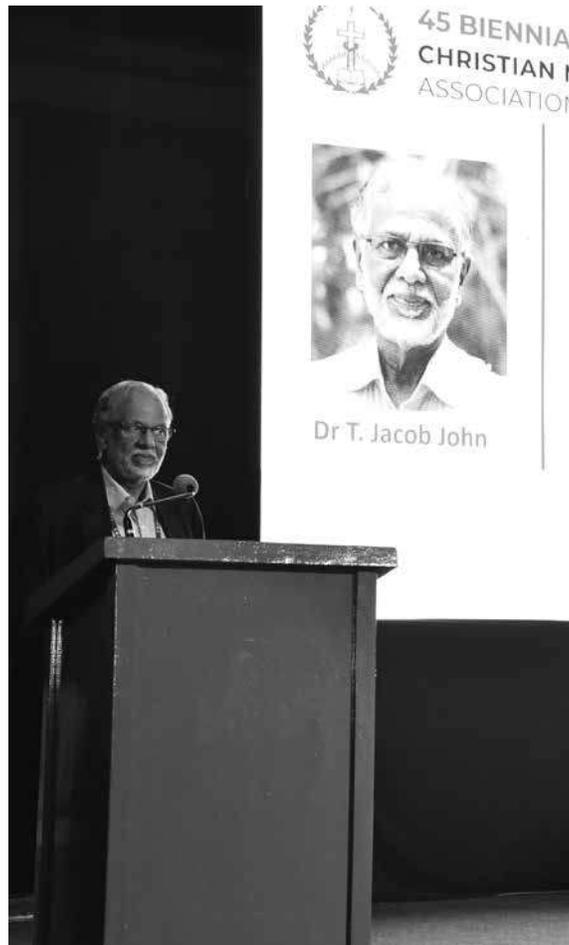
Jacob Chandy and Indianisation of CMC Vellore

At the time of India's independence CMC Vellore was owned by church organisations in the USA, UK and Australia. The CMC Council was made up of their representatives. Post-independence it was no longer appropriate that CMC should belong to overseas churches. The transfer of ownership to Indian churches was on account of the vision and efforts of Dr. Jacob Chandy, fully supported by Dr. John S. Carman, the then director of CMC. In 1955 CMC ownership was transferred to Indian churches, ahead of a new Indian law prohibiting foreign ownership. Dr. Chandy was a visionary.

My early experiences in CMC

I studied medicine in Kerala and came to CMC in 1959, for training towards Diploma in Child Health. Post-DCH, in 1961, I was requested to stay on as Senior Research Officer, Registrar Grade, in Paediatrics, just for one year. What next? I had come to Vellore only for DCH. I wanted to explore if I could join the Trivandrum Medical College and teach Paediatrics. When asked by Dr. John Webb, Head of Paediatrics, for my future plans, I said glibly that I would return to Kerala to be somewhere near to my parents.

Without a word to me, Dr. Webb went and met my parents in Alwaye, now Aluva, in Kerala. They said it would be a privilege if their son worked in CMC. I agreed to stay on. In 1962, I was given 4 years of study leave – 2 years



to do MRCP Paediatrics in UK and 2 years for post-doctoral Fellowship in Paediatric Infectious Diseases in Denver, Colorado, USA – with all travel expenses covered, to return to CMC to join the Paediatric Faculty. I signed a bond to work in CMC for 4 years after return.

In Denver, two weeks after joining, appreciating my paediatric competence, I was appointed as Tutor in Paediatrics, while retaining post-doc Fellowship. As ID Fellow I began attending some lectures on virology, immunology and bacteriology. Due to my interest in those subjects the Head of the Microbiology Department offered me free registration for MSc Microbiology. So I had three positions, illustrating the flexibility in institutional rules and decisions, which can either beget efficiency or breed

corruption. In our situation corruption is so common that we avoid flexibility and forfeit efficiency.

I returned to Vellore in 1966 with MRCP Paediatrics and MSc Microbiology. To my shock and dismay, instead of the promised appointment as Junior Lecturer in Paediatrics, I got a letter saying my study leave was cancelled. I had no more obligations to CMC.

I had a choice, a moral dilemma: return to Denver where I had a tempting offer of promotion as Assistant Professor in Paediatrics. Or, stay on and fulfil my bond that had

enabled me to avail study leave, and, the most enjoyable four years in my entire career.

Conscience, self-esteem and dignity dictated that fulfilling my side of my promise was my choice. I owed CMC at least that much. I stayed on, as I had not been dismissed. There was another reason: I had developed deep loyalty to CMC as a community that symbolised the Kingdom of God that Dr. Ida Scudder used to say famously that she was establishing, not just a medical college. Even as a newcomer and junior-most in CMC hierarchy, in 1959, I had the privilege of being invited by Dr. Ida Scudder for a week's holiday in her summer bungalow, Hill Top, in Kodaikanal and later for dinner in Big Bungalow, her residence in Vellore. Dr. Scudder had already adopted me into the CMC family. She passed away in 1960.

So, I chose to work in CMC in any position – and the position I got was Temporary Junior Research Fellow, just for one year, to work under Dr. Roger Feldman, in a small Virology Research Lab, administratively directly under Dr. Webb, now CMC Director. From secular view, the designation of Junior Research Fellow was insulting to a person with DCH and MRCP.

Dr. Feldman returned to CDC Atlanta in 1967. So, I inherited that lab with an ICMR grant. Since the Director had no time for, or interest in, the lab, I had freedom to do what I liked, which was the silver lining on the otherwise dark cloud around.

The Jacob Chandy model of administrator

Every attempt to get my study leave ratified was in vain. After I got a second year appointment, again as Temporary Junior Research Fellow, I took courage to meet the one senior administrator I had not met yet -- Dr. Jacob Chandy, the Principal. I had already appealed to other administrators, CMC Director and two vice-principals, but they all said there was nothing they could do to help me.

Dr. Chandy, with his tall frame and gruffy voice, had the reputation of a tiger who tore people to pieces. People were afraid to go to him – only if he called, would you dare go to his office to meet him. Taking courage in both hands I went to his office and told him my predicament. He was a good listener and he clarified a few details and told me that he would check it out. He impressed me as quite different from all other administrators. Obviously the vice-principals had not presented my problem to him.

A few days later, Dr. Chandy called me to his office and told me, the problem was solved. According to CMC rules, only a confirmed employee is eligible for study leave. Someone forgot to file in a confirmation letter before

sanctioning study leave. The easy way out was to cancel the study leave and hope I would quietly disappear. Dr Chandy insisted that one wrong cannot be corrected by another wrong. In 1968 I got confirmation as of 1962, back-dated 6 years.

I knew then the reason for Dr. Chandy's reputation: you better be honest and upright; if not Dr. Chandy would be ruthlessly fair and just. Watch out: when you do everything conscientiously and without fear or favour, disgruntled or jealous colleagues may plant stories about you, and create a bad reputation. Eventually, those who deal with you directly will understand the reality.

What happened next is the point of my story. Dr. Chandy asked me if I would consider joining the Department of Microbiology instead of Paediatrics. CMC's need was greater in Microbiology than in Paediatrics. There were three professors in Microbiology – Dr. Ruth Myers, Dr. Prema Bhatt and Dr. Grace Koshy; no junior for future leadership.

My loyalty to CMC, gratitude to Dr. Chandy, potential opportunities to bring Virology in CMC's Microbiology Department like in Denver, the probability of unpleasantness if I joined Paediatrics that had rejected me in the first place, plus my MSc degree – all these worked in my mind, and I took the plunge. The hero in my story is not I but Dr. Chandy, a prophet in Neurosurgeon's white coat.

Until that time, I had not even remotely considered working in any other specialty except in paediatrics. Now I was Junior Lecturer in Microbiology, with better housing and salary. Occasionally Dr. Chandy used to call me to enquire how I was doing. I was quite happy except for paucity of funds for virology. He suggested that I request for a special fund to be created for virology and put all income into it. Done. We were expert breeders of Rockefeller strain of white mice. The Institute of Veterinary Preventive Medicine in Ranipet had no luck breeding them. They needed lots of mice. We supplied mice and earned substantial income, all credited in our special fund.

Hand to the plough and no looking back

To keep up my paediatric skills, even as Junior Research Fellow, I used to volunteer in paediatric OPD all mornings and work in the virus lab all afternoons. In 1967 there was a child with polio in the clinic, with the history of having taken 3 doses of OPV. In the West, no child ever got polio after taking 3 doses of OPV. Something was wrong. Was it really polio? Stool culture in the lab showed poliovirus type 3. So I informed all paediatric colleagues that I would provide free virology if they informed me of any case of

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polio. I found one more vaccine-failure polio, and then another.

If I could offer free virology diagnosis for polio, why not for other enteroviruses, measles, mumps, rubella, herpes simplex etc? Thus was born India's first Diagnostic Virology Lab, in 1967.

Paediatrics was admitting at least one child per week with severe polio. The milder ones, with one limb paralysis, were treated as outpatients. Orthopaedics colleagues were burdened with polio corrective surgeries – that was a third of their workload. True to our calling to 'go heal' we were coping with acute care, rehabilitation, braces and special footwear, corrective surgeries. I remember one child with bulbar polio who was kept alive with assisted respiration using face mask and Ambu bag – interns and junior doctors working on shifts, day and night, 24 seven, for several weeks, under Dr. Malati Jadhav. That child recovered and walked home. I doubt if that would have happened anywhere else in India.

But we had a vaccine – although not fully efficacious, still a vaccine. I felt strongly that our calling was to prevent polio. Make the lame walk; surely, but what about preventing the walking from becoming lame? So, I was convinced, the new meaning of Christ's command 'Go, heal' – was, in the 20th century, 'Go, prevent; heal what you can't'. But the vaccine was not performing well – a number of children still got polio in spite of 3 doses.

In 1968 Dr. Webb was returning to India from home leave. The gentleman sitting next to him in the plane was WHO Virology Medical Officer, Dr. C. Cockburn. He had information that in Kenya and Singapore, children did not respond well to OPV. Did Dr. Webb know anyone to confirm his belief, that OPV was losing potency in the tropical hot weather? He gave my name and I got an invitation to a meeting of the WHO Polio Committee, in Helsinki, Finland, in the summer of 1968. That set the ball rolling for a career-long interest in polio and its prevention. I got a big WHO grant to investigate vaccine efficacy of OPV. Miracles continue to happen in the Kingdom of God.

I set two goals: one, to solve the problem of low vaccine efficacy and two, to control polio in the community. The two were intimately intertwined.

Solution 1. Additional doses improved vaccine efficacy. For type 2 poliovirus, 4-5 doses were enough, but for types 1 and 3 we needed more than 10 doses. But how many can you give before the child grew beyond the risk period?

Solution 2. If you gave monovalent OPV, instead of trivalent OPV, the vaccine efficacy against types 1 and 3 were two-and-a-half times higher than that of trivalent OPV – equal to that of type 2. Four to five doses would achieve what 10 doses of trivalent OPV would achieve.

Solution 3. Pulse immunisation, creating 'an outbreak of polio immunity' by simultaneous giving of OPV to all children under 5, monthly once for 3 months. That was highly effective. We made Vellore town polio-free for two consecutive years using pulse immunisation, vaccine gifted by Save the Children, UK.

Solution 4. IPV instead of OPV. Just 2 doses given properly, was 100% efficacious; even fractional dose intradermal IPV was as good as intramuscular IPV. IPV was like hot knife on frozen butter.

Scientific information on these 4 solutions remained in medical journals on library shelves, while vaccine-failure polio continued unabated. When the hypothesis of heat inactivation of OPV was proven wrong, WHO lost further interest in the problem, illustrating a common human reaction: when confronted with evidence contrary to belief, people tend to discard evidence and stick to belief.

Polio eradication conundrum: the neglect of ethics

The amazing thing is that every one of the Vellore solutions became absolutely necessary for polio eradication in tropical developing countries when WHO took on the task in 1988. A senior staff of WHO had said: If 3 doses won't work, 30 won't work: conventional wisdom was 'prime with one or two doses and boost with one more dose'. Vellore studies had disproved that assumption. The mean number of doses was 10 per child when polio disappeared in most States in India and 20 per child in UP and Bihar, where OPV efficacy was even lower than in Vellore. Without pulse immunisation campaigns, and monovalent type 1 vaccine, wild poliovirus types 1 and 3 could not have been eliminated in UP or Bihar, or sub-Saharan Africa.

All high income countries use only IPV. Polio experts from those countries insist on OPV in low income countries. Such rich-poor divide is not ethical public health. Many believe that public health interventions are always ethical as they are for public good. Not true. Eradication is for equity -- all sharing the benefits and risks equally, irrespective of income levels. Creating inequity is unethical.

Every OPV-using country continues to get sporadic cases of vaccine-associated paralytic polio, VAPP, in spite of certification that wild virus polio is eliminated – India included. Vaccine viruses may spread from vaccinated

children to their contacts. Just occasionally such viruses become de-attenuated – they are called vaccine-derived polioviruses (VDPVs). They cause outbreaks of polio. VDPV outbreaks have occurred in 13 countries in 2019, while wild virus polio occurs in just 2 countries. Do public health experts have any right to distribute a vaccine that may cause polio in unsuspecting children?

Obviously, all is not well with polio eradication. Globally, every year, vaccine-polio cases by far outnumber wild virus polio cases. Only when all countries use IPV and abandon OPV can we hope to achieve global eradication of polio. Epidemiology and economics had guided polio eradication – ethics was ignored. The consequence is time over-run, 19 years and still running; each year hundreds of children get polio due to vaccine viruses; about one billion US dollars are spent each year. Relativity applies only to physics, not to ethics, said Einstein. My current mission is to bring ethics to polio eradication by replacing OPV with IPV.

Go, prevent diseases: measles, hepatitis B and AIDS

In the 1970s paediatricians and community health workers knew that measles killed children directly and indirectly through complications -- 3 to 5% died below 5 years of age, due to this one disease, measles. Many among you may not know that introduction of measles vaccination in India's Universal Immunisation Programme was spearheaded by CMC Virology Department, supported by Rotary International – a singular success story.

Blood was always considered to be sterile and safe for transfusion, except from people with syphilis. In 1969, another potential problem was discovered in some developed countries – hepatitis B virus. In Vellore 10% of transfusion recipients were developing post-transfusion hepatitis. 1972, CMC Virology established routine screening of all donor blood, first in developing countries, pioneering global blood safety from viruses.

In early 1980s AIDS and HIV infection became widely recognised in many rich countries, the major risk factor being men having sex with men. Who should have investigated if HIV had arrived in India? It was CMC Virology that searched and detected HIV – first among women in sex trade – and then in their men clients. So, we showed that in India HIV was heterosexually transmitted. The Government of India requested for a design for its community control and CMC was privileged to provide one. Public education; hospital safety – both for patients and care-givers – plus strict rule on donor blood screening for infection. Collecting objective laboratory evidence for prevalence of HIV infection was necessary to understand if control was effective. The design of

denominator-based prevalence monitoring, the so called 'sentinel surveillance' -- for year-to year comparison of infection prevalence -- right from 1986, was another unique contribution by CMC Virology. Eventually anti-viral therapy became part of prevention.

Virology in CMC was a prolific producer of research information. And fund support flowed in, from many sources, some even without asking. We could do free diagnostic virology tests for many years, as long as CMC policy allowed.

A Religion for Health for All

Health for All is a slogan that emerged in 1978, in an international conference of WHO, UNICEF and Ministers of Health of many countries, held in Alma Ata in Kazakhstan. It charged all low and middle income countries to invest in universal primary healthcare and essential public health. Its ideological underpinnings were health as human right, and, health as a means to development. Thus it was political agenda.

India exemplifies what happened in many low and middle income countries: failure to accept health as human right and failure to establish universal healthcare. In 2018 there was a follow up international conference in Astana, also in Kazakhstan, acknowledging the failure of the 1978 resolution and reiterating the urgent task of providing healthcare to every family. In Caesar's kingdom only Caesar's priorities prevail.

What has religion got to do with health for all? Two Magisteria – teaching authorities -- that drive human minds, are religion and science. Stephen Jay Gould who introduced the term Magisteria in the book 'Rocks of Ages' maintained they are non-overlapping. Science deals exclusively with the physical world. Religion deals with spiritual issues. Many scientists accept that science deals with physical facts, while religion deals with meaning and values. So, are the two Magisteria really non-overlapping or do they not overlap?

WHO defines health as physical, mental and social well-being. Should we not, in CMAI, declare health as physical, mental, spiritual and social well-being?

There is a general viewpoint that health is outside the purview of religions – implicit or implied by the manner in which most religions are practiced.

Our religion preaches the ideology of ensuring health as its duty, or dharma. St Mark's Gospel lists 13 individuals plus un-numbered many, who were healed by Jesus. St Luke's Gospel lists 21 individuals plus un-numbered many, who were healed. Both Gospels mention the woman with haemorrhage – the person about whom

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Jesus asked: who touched me? CMAI has chosen that, aptly, as this year's theme, challenging me to take the idea forward.

We know what we preach; what do we practice? Mission hospitals and many Christian doctors fulfil a lot of the Church's healing ministry functions. Is that enough? What about the Christuva dharma of the Church -- Clergy and laity? Hospitals are necessary, but are they sufficient to fulfil the health for all dharma?

Should not congregations be centres of health and healing? Mainstream denominations organise themselves as parishes. How can parishes become centres of health and healing? This is a theme I pick up from Dr. Chandy himself: according to him, the "ministry of health aims at restoring the body, mind and spirit to a state of wellbeing ... there must be active involvement of the congregation in the healing ministry....the scope and reach of the healing ministry may go far beyond what we can perceive at present. When all Christian organisations, Churches, hospitals and congregations join together as a single task force, Almighty healing process will be activated...It is enough for us in our humble ways to sow the seeds and water the plants"

An opportunity for CMAI to sow the seeds

CMAI is uniquely qualified to develop the concept and to prepare tool-kits for parishes to become centres of health promotion, both to the members and to their neighbours. First and foremost, we should actively explore the theology of health and healing using science, as Christuva dharma. Science and religion are functionally complementary Magisteria as far as disease prevention, health promotion and healthcare are concerned.

Maintaining one's own health of the body, mind and spirit is a fundamental dharma of every Christian. CMAI should explore this tenet and articulate the spirituality of keeping body and mind in physical health. Policies should be evolved, both by CMAI and by Church denominations, for illness-prevention and health promotion of members of Churches. Can we remain mute witnesses when our own brothers and sisters suffer from, even die, of preventable diseases?

Policies are also needed to define the potential of Church organisations, parishes and congregations to be health missionaries in local communities. We should not

escape by compartmentalising the Church's commission to educate people, to proclaim the good news of the Kingdom of God and to heal the sick. Ministering for health is integral to the Church's dharma. The harvest is plenty indeed; but our ideas and practical tool-kits are far too few.

Mission hospitals are substantive contributors to healthcare; they are also symbolic instruments of the Church in its mission to heal the sick outside its walls. Many mission hospitals have community health projects, symbolic of the commission to serve those in need.

The Church leaders and members may believe that mission hospitals will fulfil the dharma towards health, while they and we are immersed in everything else but the healing ministry.

Do not congregations also have both symbolic and substantive roles in promoting health of the people, parish members and their families in the first circle, also of families in the neighbourhood in a wide circle? I am arguing the 'why' for it to be on our agenda, but request CMAI to think the 'how'. Possibilities are immense. The need is urgent, but very challenging. It is not comfortable to step out of the neat and beautiful box we all have made for ourselves – can we begin by thinking outside the box? Spirituality in Church life is incomplete without subsuming 'health ministry' within its ambit.

Unfinished infectious diseases agenda

Think of infectious diseases, the unfinished agenda in India's national health management. Think of immunisations appropriate for infants, children, adolescents, adults, pregnant women and seniors: should not CMAI have a policy for immunisation? And a policy for the use of vaccines not on the list of national immunisation programme?

Should not families of all parishes be fully immunised? Should we not educate, encourage and enable all the community members to do likewise? Swatch Bharat may ask for outward or aesthetic cleanliness of the environment; we should teach microbiologic cleanliness also to prevent transmission of pathogens.

Can parishes adopt TB patients in the community around Churches for counselling, ensuring full course of treatment, for nutritional support? After all TB is the

Maintaining one's own health of the body, mind and spirit is a fundamental dharma of every Christian. CMAI should explore this tenet and articulate the spirituality of keeping body and mind in physical health.



biggest problem of the subaltern in our communities and one that pushes families into poverty.

Life-style diseases: The wolf is already inside the house

Think of the urgency for the agenda to address non-communicable diseases – the so-called life style diseases. Christians should be societal role models of disease prevention, health promotion and healthcare – as one essential facet of bearing witness to the healer that Christ was, and is.

Think of Sunday Schools for children, youth movements, women's fellowships, pastoral care by the clergy – and the opportunity for teaching every one of the dharma of personal health. Should not parishes explore the opportunities and the need for personalised counselling, whether or not the Church practices confession for forgiveness of sins?

Think of food and nutrition: does CMAI have a policy on food for pleasure and food for nutrition and discretion for our dharma of health? Think of fattening foods, gluttony, alcohol abuse, body mass index, exercise, physical activity, prevention of diabetes, hypertension and

obesity? We have festivals and food fests – what about health checks and screening of risk factors?

Should not the Church teach good parenting for bringing up children? Should not our Sunday Schools teach the importance of health of body, mind and soul? How much freedom should be allowed for screen time for children? Why only for children, even for adults? Are we actively thinking people or passively herded sheep?

Are not health promotion and disease prevention the duty of the Government? Yes, of course -- and much more. But the system has too many gaps and people have too many unmet needs. We have the mission to serve people in need of healing. Should we not learn all about financial support from the Governments – union and state, and enable access to that source by the most needy? Could not parishes become a source of information to bridge the gap between the resource and those in need?

Caesar's kingdom and Kingdom of God

By Caesar's kingdom I mean the various political entities ruling over people everywhere – for us it is India. We are duty-bound to obey the laws of the country. Fortunately

XV Dr Jacob Chandy Oration



Our challenge today is to analyse and understand today's Caesar's kingdom and also to hold on firmly to the Kingdom of God, seamlessly together. Easily said; tough to practice, but not impossible.

our political system is democracy. Jesus lived when his nation was under Roman colonial rule – Caesar's kingdom. Yet, he did not break Roman law, but paid taxes without complaint. Israelites longed for a messiah who would make them politically independent. Jesus preached the gospel of the Kingdom of God, which was an apolitical idea. Our challenge today is to analyse and understand today's Caesar's kingdom and also to hold on firmly to the Kingdom of God, seamlessly together. Easily said; tough to practice, but not impossible.

The Kingdom of God is earth-centred or rather people-centred. In Luke Chapter 17 verse 21, Jesus is quoted saying: the Kingdom of God is inside you. One interpretation is the Kingdom of God in among you. We pray daily: Thy kingdom come, again meaning that the Kingdom of God is in this world.

The good news of the Kingdom of God and the healing ministry are linked one with the other. Dr Edith Brown who founded the Ludhiana Christian Medical College used to say that she was (along with her colleagues) working for a King. Dr. Ida Scudder used to say she was extending the Kingdom of God through establishing the Vellore CMC. If health is important in the Kingdom of God, all

Christians and all Churches and all congregations and parishes better be made aware of this fact.

Healthcare is ministering to people, in the spirit of the Kingdom of God. Disease prevention is further extending the Kingdom of God.

Let me conclude by proposing to CMAI to think over ramifications of the command: 'Go, heal', and to go beyond, the extra mile. Let people see that we express our love, reflecting God's love, for all people, through our mission to heal the sick and also to protect them from falling sick.

Go forth, and prevent all manner of sickness. And heal the sick.

Thank you.

Dr. T. Jacob John
Professor - Virology, CMC Vellore

HEALTHCARE FOR QUALITY HEALING

"I delight to do Thy will, O my God: Yea, Thy Law is within my heart. I have preached righteousness in the Congregation: Lo, I have not refrained my lips, O lord. Thou knowest, I have not hid Thy righteousness within my heart: I have declared Thy faithfulness and Thy salvation. I have not concealed Thy loving-kindness and Thy TRUTH from the great congregation." Psalm 40:8-10

It gives me a sense of divine blessedness of being immensely privileged to be invited for delivering the fourth Ms Aley Kuruvilla Oration on the occasion of 45th biennial CMAI conference at Hyderabad.

Keeping in view the broad nature of the topic and time constraints, we may not be able to cover the detailed aspects related to Health, Health care and Healing, however, this theme would surely challenge most of us to change our perspective and take up professional work not only as a job but as a duty/responsibility and better still a Ministry. I hope it would be a good idea to ponder on the paradigm - HEALTH, around which our CARE revolves and our PROFESSIONAL SERVICE is focused.

It would also be challenging to review our understanding of Healing, in terms of the example set before us by our Lord. We are called to minister and not to be ministered unto....

Health and Healing: Perceptions of Nursing Theorists and HCP's role

Nursing being slowly evolved as a health profession, has its own knowledge base founded on its own conceptual models, theories and research databases. Wouldn't it be great to showcase (humbly) how advanced levels nursing theory has achieved?



For **Florence Nightingale**, health meant: to be free of disease, and to be able to use one's own NATURAL powers to restore healing and remain healthy to the fullest. HCP's role is to ensure hygiene and a conducive environment to promote healing.

Virginia Henderson viewed health as: sick individuals' ability to perform activities of daily living related to fourteen basic needs, unaided. HCP's role is to assist in health promotion up to the optimum level of quality of life (QOL) and self-realization; by progressively reducing dependence and promoting independence in three dimensions; i.e. necessary strength (physical), knowledge (mental) and will (spiritual).

H. Peplau's recommendation:

Healing process requires productive level of anxiety such that interpersonal activity and developmental tasks can be accomplished.

According to **Dorothy Orem**, agent's (person's) health is determined by the degree of deficit or gap between his self-care demands (SCD) and self-care abilities (SCA). An increase in SCA will lead to decrease in SCD, improving the chances of healing (level of health). HCP has to assess patients' Self Care Demands and meet the health needs by nursing/medical treatment.

IV Ms Aley Kuruvilla Oration

Sr. Callista Roy conceptualised health as: a state and process of being and becoming integrated as a whole person who continuously aspires to achieve adaptation by interacting with the environment. Healing and illness are inevitable dimensions of life

Emogen King's view of an individual's health was: dynamic adjustment to stressors in the internal and external environments through optimum use of resources, to achieve maximum potential for daily living. HCP's responsibility is to develop insight into stressors and help the client in adjustment.

Martha Roger's perception of health was: wholeness! A unified, whole/integrated person is a 'healthy person.' A healthy individual is non-linear helical resonant and integrative-creative being in the environment, with similar (whole) characteristics...when the infinite/pan-dimensional energy fields of evolving humans and environment systems are integrated balance- healing/health persists. HCPs need to identify factors threatening the integrity of a person and assist him/her in the restoration of wholeness.

Betty Newman considered health as: a continuum of wellness-illness that is dynamic/subject to constant change! Wellness state persists when the person as an open system exposed to tension - producing stimuli, can: Interact harmoniously & multi-dimensionally, able to satisfy needs, and utilizes most of the 'lines of defences' for prevention/protection/adaptation against intra-inter-extra-personal forces/stressors.

HCP's role is to assess/identify needs and help the client in rebuilding lines of defence.

Let us sum up the above reconceptualization of 'health' in terms of definition, concepts, philosophy and theoretical statements. Health (& healing), as Newman perceives it, is an integral part of life process – a fusion of disease and non-disease phases forming a basis pattern. Each person as he/she evolves towards expanded consciousness, becoming more and more aware of the innate power of healing, graduates towards higher levels of wellness

Trends & Challenges for Leaders in Indian Healthcare System

As healthcare changes, so must the people who deliver it. As I remarked earlier that Indian Health Care Delivery System is unorganised, lacking in standardized distribution of resources, especially allocation and placement of trained professionals. Let us look at some of the issues and challenges Christian Health Care Agencies are facing.

Health of Indian (Christian) Health Care Agencies:

Take the Challenge of Learning and Changing...

Earlier, I referred to direct caregivers, (nurses, paramedics, physicians, physiotherapists, dentists) as HCP with no prejudice for others (pharmacists, technicians, dieticians, social workers, administrators, etc.); they being important too as Health Professionals. Care consumers, our patients hardly have any encounter with them, the precious folks backstage. But what is in a name? Health workers (HW) have more interactions with patients, families and community. Whether HCP, HP or HW, all are different parts of a bigger system; you may call it 'machinery' or organisation, but each one is important. What happens when the sanitation workers go on strike or there is a mass exodus of trained-experienced nurses to foreign countries and government institutions? Isn't it sad when one by one our Indian experienced doctors/specialists resign because they did not get salaries, promotions or the placement they thought they deserved after spending capital amounts of money on their training? I do not wish to generalize but a majority of Christian church-sponsored HCPs are not sure if they have a vision, mission or goal for which they chose the present career. How can they give a hundred per cent in care/ service when they themselves need healing?

Strategic partnerships of different types seem to be the future of our healthcare system, ranging from mergers and acquisitions (M&A) to 'affiliations, joint ventures, clinical integration networks, and regional collaborative'; as well as arrangement with physicians practices, urgent care and retail clinics, pre and post-acute care providers, diagnostic centres, community organizations, and players. The numerous considerations include cultural fit service gaps branding efficiency, access, capital availability, operational and financial position, market share, geographic location and health needs of the population.

How to choose from a plethora of opportunities? What are the advantages and disadvantages of collaborative types of relationships versus traditional mergers and acquisitions? In modern health care industry where innovation is creating new models and options, what will future healthcare partnerships look like?

Guidelines for Christian HCP

Can we, the Health Care Professionals (HCP), pray in the name of Jesus Christ for miraculous healing? Yes, we can. As Christians, we should pray for the physical, emotional and spiritual healing of our patients in hospitals and community.

IV Ms Aley Kuruvilla Oration

Be bold in asking for healing.

Begin with yourself by boldly asking for healing. Recently, I injured the middle finger of my right-hand, and immediately asked God to heal it. At first, it was very sore, but after 2 weeks I could not even tell a scratch had been there. My spontaneous prayer for my finger had been almost a reflex action. In the ministry of healing, remember God works in many ways through His people.

God heals through you: by the guidance of the Holy Spirit

The living Christ who called you, is not out there somewhere. He is living in Christians like you. As an intercessor, you place yourself between God and the one you are praying about.

God heals through you: by miracles. Although miraculous healing is a mystery, it is one of God's ways of responding to our request. Instantaneous healing for which there is no scientific explanation still occurs today. To reject the possibility of a miracle of healing is to impose on God the limitations of our human understanding.

God heals through you: by forgiving and asking for forgiveness

A man's forgiveness of recalled hurtful experiences resulted in relief from illness. Another healing occurred when the woman's sins were forgiven. The process often begins with forgiveness ridding ill persons of grudges or resentment, when they acknowledge negative feelings or destructive tendencies and surrender them to God.

God heals through you: by overcoming your mountains

Rising above, or overcoming, is an attainable goal. Jesus is our model for supremely overcoming the worst imaginable life events. In fact, he is the one who facilitates our overcoming. Paul coped victoriously with his 'thorn in the flesh' problem. He has inspired many others to overcome by his words (Phil 4: 13)

God heals through you: by using modern medical treatment

Scientific discoveries are there about God's Word combining with the healing qualities He has created within our bodies. In fact in Israel and the early church, healing took place by science and faith. Oil, considered to have medicinal properties (science), was also a symbol of the Holy Spirit (faith)

God heals through you: by assisting the dying person

A Christian paramedic helped Mr Rakesh with the terminal illness to accept Jesus as his personal saviour

and talk about his fear related to his death. God called Mr Rakesh to the ultimate healing - Christian death that moved him into the desirable position of living with Christ and being able at least to know Him well. He was set free forever from physical limitations and is now permanently together with God and loved ones. His former healings had been good but they were temporary and incomplete. Death was his gateway to lasting wholeness.

God heals through death

Sometimes, although we have prayed for healing, nothing improves. Sometimes the person dies. Since death eventually comes to all and it cannot be postponed indefinitely, the answer to some of our prayers for healing must be in the negative. On the other hand, healing may be given through death.

Conclusion

Many of our Christian Healthcare Institutions are facing diverse challenges mainly due to 'cut-throat' competition. Healthcare system has taken the form of a flourishing industry where health services are on the menu and much aware consumers 'can choose from most cost-effective options offered to them.' How our healthcare education and practice are different from others? Do our health sciences students and patients/families find us 'caring'? Do they find our words comforting? Do our teaching discourses limit to make them knowledgeable or go much beyond to find their creative potential and become wise through learning?

The only answer to meet these challenges is to build spirit-led 'relationships' beginning with a personal one between us and God.

This article is an abridged version of the Ms Aley Kuruvilla Oration by Ms. Renuka Chauhan, former Principal of the College of Nursing, St. Stephens Hospital, New Delhi. For the complete oration, please visit our website link: <http://cmai.org/nws/AKOration2019.pdf>

DR D W MATEGAONKAR AWARDEES, 2019

About Dr D.W. Mategoankar Award

The prestigious Dr D W Mategaonkar Award has been instituted by CMAI in memory of Dr D W Mategaonkar, in acknowledgement of his outstanding service and contribution to the Healing Ministry in India. Dr D W Mategaonkar, born on 30 December 1928 at Pune, graduated in medicine from Christian Medical College at Vellore in 1957. Immediately after passing out from Vellore, he opted to work at the Christian Hospital at Chhatarpur in Madhya Pradesh and continued to work in different mission hospitals till 1987.

Dr Mategaonkar was conferred the Paul Harrison Award in 1974 by CMC Vellore in recognition of his outstanding contribution to community health in the Bundelkhand region. He was the President of the Madhya Pradesh Voluntary Health Association, a founder member of the Emmanuel Hospital Association and held important positions in the Church and health bodies. Active till the last, he died of cardiac arrest at a Youth Camp where he was the main speaker. "To serve and not to be served" was always the guiding thought for Dr Mategaonkar. His exemplary life, matched by his humility and determination, was a source of inspiration to many, both in the Church and in hospitals. His obedience to the call, his strong faith and hope, enabled him to server the Lord in many different and creative ways.

The Dr D W Mategaonkar Award has been instituted in his memory to recognize and record the valuable and outstanding service of people who have contributed to the Healing Ministry in India in the spirit of Christ.

In recognition of outstanding service to the Healing Ministry, CMAI presents Dr. Sarala Elisha Chavvakula the Dr. D. W. Mategaonkar Award

Dr.Sarala Elisha Chavvakula was born on 9th June 1929 and graduated from CMC Hospital Vellore and took her diploma in Obstetrics and Gynaecology from JJ Hospital Mumbai. She joined Kugler Hospital, Guntur, Andhra Pradesh in 1953 and was the superintendent of the hospital from 1967 to 1989.



After retirement, she has been fully engaged in medical work, caring 50 HIV children and ministering to poor and needy women in her district. She is a mighty witness for Jesus to all around her and her life has been an inspiration for many in the younger generation.

Dr. Sarala's life changed for complete dedication to the healing ministry while studying the third year of MBBS at CMC Vellore. After joining Kugler Hospital, in 1953, she devoted her time for 35 years in the same place in the same hospital serving the population in Guntur and nearby districts.

Dr. Sarala received Dr. Paul Harrison Award from CMC, Vellore, in 1992. She was also awarded an honorary degree of doctor of humanity by the Christian Education Division of Trans-World Ministries, USA in 1999. She served on the council of CMC Hospital, Vellore and was member of the executive board of World Vision and the Union of Evangelical Students of India (UESI).

After retirement, she engaged herself fully in serving the poor people regardless of their economic or social status, giving free medicine. She opened her house for needy people for help and fellowship.

As she continues her spiritual journey in Jesus, we at CMAI is delighted to present Dr. Sarala Elisha Chavvakula, the Dr. Mategoankar award in recognition of the outstanding service to the Healing Ministry.

In recognition of outstanding service to the Healing Ministry, CMAI presents Dr. Pauline Brown the Dr. D. W. Mategaonkar Award

Dr. Pauline Brown was born in Ottawa Canada on 26 May 1925. Pauline served in the Royal Canadian Navy and was stationed in Canada from 1943 to 1946. Following the War she graduated as a Registered Nurse from Ottawa Civic Hospital, Canada. Following that she earned a Diploma in Public Health and B.Sc. in Nursing from the University of Ottawa. Later, she obtained her Master of Health Care Practice from McMaster University, Hamilton, Ontario Canada.

Pauline arrived in India in November 1951 and served as a missionary nurse at Jobat Mission Hospital, in Alirajpur District, Madhya Pradesh until she retired in 2006. She served as the Director of Jobat Christian Hospital and as a teacher at the Graduate School for Nurses in Indore. She helped to set up Mobile Medical Units in the Vindhy-Satpura region. She served CMAI as the Secretary of Nurses League. She was also the board member of CMC Ludhiana and Vellore. Pauline is a life member of Trained Nurses Association of India (TNAI) and CMAI. She is also the Founding member and secretary of several organizations Voluntary Health Association of India (VHAI).

Pauline was made a Member of the Order of Canada in 2000. She was awarded an honorary Doctorate in Divinity from Knox College, Toronto in 1998. In 2014, Dr Pauline was awarded the "Presbyterian Women of Faith" in Canada, for the courageous and faithful work of women who pioneered in ground-breaking ministries.

CMAI is delighted to present Dr Pauline Brown, the Dr. D. W. Mategaonkar award in recognition of the outstanding service to the Healing Ministry.



In recognition of outstanding service to the Healing Ministry, CMAI presents Mr P Samuel Joseph the Dr D W Mategaonkar Award

Born in 1943, **Mr. P. Samuel Joseph** hailed from a Christian family at Vellore in Tamil Nadu. After completion of his school education, He did CMAI Diploma in Medical Laboratory Technician course. In 1967 he joined as a Laboratory Technician in Swedish Mission Hospital, Tirupattur. From 1969 - 1975 he served as Senior Lab Technician, in General Pathology Department, Christian

Medical College Hospital, Vellore. In the year 1978 he become a CMAI Lab Tutor at Schieffelin Leprosy Research and Training Centre (SLR & TC), Karigiri Vellore, Tamil Nadu.



In SLR & TC Karigiri, along with his other responsibilities he worked in Animal Pathology Research Lab and worked for the growth of Mycobacterium leprae in white Albino Mice. He did extensive research in leprosy by assisting Dr.R.J. Rees, Dr.C.K. Job etc. He also contributed a major role in the trail of Rifampicin drug for leprosy under guidance of Dr. A Swaminathan, Biochemist of CMCH Vellore.

His wife worked as a selection grade technician in General pathology department for 18 years and later worked as a Cytotechnologist in Dubai and retired. They are blessed with four children, Three of them did their doctorate and working as professors. All their children and their spouses are in medical teaching field.

He actively participated in many Conferences and Workshops of Christian Medical Association of India and he is instrumental in bringing many students and Lab trainers into CMAI.

For his 46 years of uninterrupted service as a CMAI lab tutor and contribution in leprosy research and his willingness to help others and his leadership and witness in the healing ministry, CMAI is delighted to present Mr. P. Samuel Joseph, the Dr.D.W. Mategaonkar award in recognition of the outstanding service to the Healing Ministry.

In recognition of outstanding service to the Healing Ministry, CMAI presents Sr. Vijaya Sebastian the Dr D W Mategaonkar Award

Sr. Vijaya Sebastian is currently the Executive Director – Holy Cross Mission, providing strategic leadership to 32 hospitals spread across the country with an inpatient capacity of 3,600 beds. She has restructured the operations leading to cost optimization and saving of soft money through efficient internal operations. She maximized employee engagement and thus transformed quality healthcare delivery across the network. She is a dedicated healthcare and finance management professional with commendable success in technology planning, capital procurement, human resource management, and total quality management. She has developed and executed innovative strategies to provide affordable quality care across organizations in multicultural and multi-linguistic environments.

Having pledged for a consecrated religious life in 1975 in the Congregation of the Holy Cross, Sr Vijaya led an exemplary career spanning over 40 years in the healing mission of Jesus Christ. She holds Bachelor's Degrees in Mathematics & Nursing, Post Graduate Diploma in Finance Management, and a Master's Degree in Hospital Administration from Tata Institute of Social Sciences.

She is an expert in hospital management and has remarkable hands-on experience in care, cure and rehabilitation of leprosy and polio-affected victims. She focuses on holistic health and wellness, community development, women empowerment and sustainable social engagement programmes. She has a compassionate heart, domain knowledge and clinical acumen. She is well known for her readiness to walk an extra mile at all times without counting the cost.

CMAI is delighted to present Sr. Vijaya Sebastian, the Dr. D. W. Mategaonkar award in recognition of the outstanding service to the Healing Ministry



DR D W MATEGAONKAR AWARDEES, 2019

In recognition of outstanding service to the Healing Ministry, CMAI presents Rev. Job Jayaraj the Dr D W Mategaonkar Award

Born in 1950, **Rev. Job Jayaraj** hails from Kolar Gold Fields, Karnataka. After passing BA, he joined CSI Hospital as Hospital Administrative Apprentice. After the passing away of his father, late Rev. Asirvatham, he joined the United Theological College, Bangalore to pursue BD. He was ordained as Deacon & Presbyterian of the CSI Karnataka

Central Diocese, Bangalore, and served till his retirement in 2016. He was a member of various committees, and convener of a few Committees. He was a member of a couple of Committees at the CSI Synod level.

In 1994, he went to the USA to pursue his Master's degree in Pastoral Counselling & Biblical Preaching. Before returning to his Diocese, he completed the Four Units of Clinical Pastoral Education.

On his return, he was a resource person at the CMAI Annual Course for Counselling the Sick and Suffering for many years. He was the Secretary, Chaplains Section, and the

Regional Secretary of the Karnataka Region. He was a member of the Central Education Board. He was also the CMAI National Secretary of the Chaplains Section, on deputation, from 2009-2011. He continues to be an active member of the Section till date.

Karnataka Central Diocese had posted him as the Chaplain of CSI Hospital, Bengaluru for nearly ten years. His contribution to the Healing Ministry needs to be recorded and appreciated.

Even after his retirement from the active pastoral ministry, he continues to help his colleagues on Sundays. He participates in the Healing Ministry of the Church and CMAI.

CMAI is delighted to present Rev Job Jayaraj, the Dr. D. W. Mategaonkar award in recognition of the outstanding service to the Healing Ministry



About The Young Medical Missionary Award



The Young Medical Missionary Award has been instituted by CMAI in memory of Dr Prerit Thomas Jacob, in recognition of his contribution to the Healing Ministry in rural India.

Dr Prerit is the son of Dr Betty Chacko and Rev Ninan Chacko and the younger brother of Mr Arpit Jacob. He completed his MBBS from CMC Ludhiana in 2009 and worked in Evangelical Hospital, Khariar, Odisha for 2 years before joining CMC Vellore in 2011 for his MS General Surgery. On completing his post-graduation, he served in Khariar till his fatal accident on January 29, 2017. He was a versatile missionary doctor and never restricted himself to the field of general surgery but pitched in whenever he was needed, be it obstetrics and gynaecology,

paediatrics, general medicine, psychiatry or orthopaedics. He was also trained in laparoscopy and had a special interest in paediatric surgery.

He had a deep love for his wife Shyla and 1 year old daughter Naomi. A beloved son and brother, a true and sincere friend, respectful and obedient to elders, with a lovely smile and an infectious sense of humor. Music was in his heart and his songs will always be remembered. He had a love for football, his favourite team being Liverpool Football Club.

A man of few words, but words, which have uplifted the discouraged, comforted the sorrowful, influenced his peers, loved the unloved and cared for the sick. Words which showed CHRIST LIVED IN HIM.

The Young Medical Missionary Award has been instituted in his memory to recognize and record the valuable, outstanding service of young people who have opted to serve in a mission hospital in rural India for more than 10 years and who are below 40 years of age.

Dr. Roshine Mary Koshy has been working in mission hospitals since 2007. For the past five years, she has been with Makunda Christian Leprosy and General Hospital, Karimganj, Assam as a consultant physician and for the past two years leading the hospital as its medical superintendent. She graduated from CMC Vellore and received MD in General Medicine from the same institution. Earlier she had worked in Nav Jivan Hospital in Palamu District in Jharkhand.

Dr. Roshine has set an example to the staff in her hospital by showing excellence in medical care and management. She is deeply committed to her faith, trusting and obeying by investing her life in the mission field. She inspires young medical professionals to take up the faith journey to places where God leads them. Dr. Roshine Koshy has led the team in Makunda Hospital to get the NABH entry-level accreditation and planning for the next level of quality in the hospital.

Dr. Roshine Koshy has developed pro-poor protocols in care and management and published several research papers. Most recently, her paper on Thiamine Deficiency among Peri-partum Peripheral Neuropathy in Assam was published in the CHRISMED Journal of Health and Research. Her other research projects include Typhoid Prevalence, Peri-partum wet Beriberi, Heart Failure in Pregnancy with MaatHRI Project of Oxford University and Tele-ophthalmology with Carl Zeiss.

During the past five years with Makunda Christian Hospital, Dr. Roshine has translated institutional vision in day-to-day management. She is a role model for young Christian medical missionaries in India today.

CMAI is delighted to present Dr. Roshine Mary Koshy, the Young Medical Missionary Award 2019.



ADMINISTRATORS

The Administrators' Section Annual General Body Meeting was held at Leonia Holistic Destination, Hyderabad on 8th November 2019. The meeting started with an opening prayer by Ms. Elsy John, Secretary, Administrators' Section. Dr. Samuel N. J. David, Chairperson of the section welcomed the members. Members present were 74.

The members approved the previous Annual General Body Meeting minutes held on 6th Nov 2017 at LA Lawns, Bhubaneswar. The member also approved the minutes of the Executive Committee held on 1st Nov 2018 at Salvation Army Resort at Coonoor, Tamilnadu.

In her report, Mrs. Elsy John, Sectional Secretary, highlighted workshops and training programmes during the past year, the new courses started by CMAI and its affiliation. The section has currently 687 members.



The chairperson, Dr. Samuel N. J. David briefly explained the three-month certificate course, affiliated to Karunya University, It has a three-week contact classe and the fee is Rs.30,000. He added that the course will be a special offer to management students who wish to specialize in health domain.

Presentations made at the meeting:

- Christian Mission Hospitals and Administrative Challenges - Sr. Vijaya Sebastian
- Information Technology and Mission Hospital Challenges - Mrs. Rosy Marcel

- Effective informed Consent - Mr. Samuel Abraham
- Regional Representatives of the section for the new biennium:
- Barnabas Massey - UP & Uttarkhand
- Mr. Anto Ramesh - KA
- Mr. Vikas Sonwani - MP & Chattisgarh
- Mr. Sanjay Prasad - WB
- Abhijit Thorat – MH & Goa
- Niraj Benu – Orissa
- Mrs. Rosy Marcel - Kerala

Co-Opted:

- Dinesh Murmu - Jharkhand
- Mr. Stephen Levi - Delhi
- Mr. Vincent Wesley - AP

The next Executive Committee will meet during the next national conference or the biennial conference. The national conference is tentatively scheduled in October 2020 at Mercy Hospital, Kolkata.

Dr. D. W. Mategaonkar Award Presentation

selection Procedure: It was discussed that the regional section representatives from the 13 regions will identify eligible candidates from their regions according to the criteria set by CMAI to be presented to the nomination committee.

As a part of the initiation of new members, the chairperson stressed the need for good coordination and communication with the sectional secretary for improving the sectional work in the regions.

Scholarship Fund: In memory of the Late Mr. Augustine Ayyadurai, a proposal to institute a scholarship fund was unanimously accepted by the members. This fund will help

eligible students in pursuing management studies and subsequently commit their work in a mission hospital. A consent will be sought from Dr. Valsa, wife of late Mr. Augustine Ayyadurai's for instituting the fund. The proposal was accepted unianimously.

Ms. Elsy John
Secretary - Administrators Section

ALLIED HEALTH PROFESSIONALS

The Annual General Body Meeting of the AHP Section met on 8th November 2019 during the Biennial Conference at Leonia Holistic Center, Hyderabad for its AGM. Members participated: 40

The floor paused for a short prayer remembering the departed souls of Mr. Johnson Aruldas, Mrs. Padmavathy, Mr. William Premsagar and Mr. Gourav Singh/

There were two presentations at the Technical Session:

Time management in Health Records by Dr. Eben Roy from PIMS.

Communication in Leadership by Dr. Vilas Shende of Mure memorial Hospital, Nagpur.

Business Meeting

Minutes of the previous AGM and Executive Committee were received, discussed and approved.

Mr. Lyric Abraham, Secretary of AHP Section and the Chairperson Dr. Soundarajan felicitated the former AHP Secretary Mr. Paul Raj with a memento for his outstanding services to CMAI as he leaving the organization by the end of November 2019.

Dr. Suresh Carlton and Dr. Rev. Ramu Ranadev showered appreciation on Mr. Paul Raj for being the backbone to CMAI and his contributions to the AHP section. Mr. Paul Raj expressed thanks to CMAI and the sectional members.

Reports of the Secretary were received and discussed. In his report, Mr. Lyric mentioned about the AHP National Conference held at Goa in 2018 and the new initiative called Students Empowering and Enriching Directive (SEED) which was started for the student community and its three programmes in different regions.

The challenge for diploma courses recognition was also mentioned in the report. Dr. Suresh Calton suggested

the possibility of the State Paramedical Council for the recognition of the diploma courses. Dr. Vilas Shende proposed the approval of the report and the members accepted the same.

Office bearers for the next biennium:

- Mr. Vilas Shende - Chairperson:
- Mr. Paul Patric - Vice Chairperson
- Dr. Suresh Calton,
- Dr. Paul patric
- Mr. Amric Singh
- Dr. Riju Mathew
- Mr. Ebenroy

Mr. Vilas Shende thanked Dr. Sounderrajan and team for the work done under AHP section during his term as Chairperson of AHP section. He mentioned that the AHP



section will work towards better opportunities and scope in the days to come.

Mr. Lyric Abraham
Secretary - Allied Health Professionals

SECTION'S MEETING

CHAPLAINS

The Annual General Body of the Chaplains Section met on 8th November 2019 at the Biennial Conference Venue in Hyderabad. Rev. Fr George Varughese, Chairperson of Chaplains Section who chaired the meeting welcomed the members connecting with the theme 'Who Touched Me?'

Opening Prayer was offered by Emeritus Bishop KJ Daniel. Rev. Paul Pragasam offered a prayer for the departed souls who worked closely with chaplaincy section.

The members passed the minutes of the GB of Chaplains section which was read by Ms Imtinenla Aier. Ms Aier shared her experience about her Malacca-Malaysia trip and the meeting for which she was invited to present a paper.

Bishop Daniel spoke about the need and quality of theological education (Senate of Serampore). Responding to the matter on membership, Ms Aier quoted the new bylaw. *"Anyone who is having a recognised theological Degree is eligible for a full membership countable within NCCI."* For independent churches - their secular degree can also be considered. Anybody who has a DCPC can be a full time member of CMAI. Still serious concerns were raised about the recognition and acceptance of the basic requirement for a full membership.

The Minutes of the National Conference of Chaplaincy Section was also read and was approved. It was suggested that the theme should be sent well ahead so that the information reaches the partner organisations and churches in time for better involvement and participation.

The report of the chaplaincy section was read out by the Secretary. Ms. Onemela Imsong, Arul Raj and Rev. Fr George Varughese congratulated Ms. Imtinenla Aier for her contributions towards the section. The following regional secretaries read their reports: Rev Raju Abraham - North West region; Rev. Percy Hiram - Andhra region; Rev. Ashish Kumar - Orissa; Rev. David - TN & Pondicherry

CPE (Clinical Pastoral Education): The Healing Ministry Training committee will review the concerns of CPE. The committee will include Rev. Job Jeyaraj, Rev. Dr. Arul Dhas, Ms. Onelemla Imsong, Mr. Aktsung, Dr. Joseph George, Rev. George Varughese and Ms. Imtinenla Aier, who will be the convenor. The committee will work on the functioning of the CPE before the Board of CMAI in March.

Student Nurture: The secretary highlighted and updated the activities among theological students and healthcare students. Theological students get two to four weeks of internships in CMAI. She also informed about the meeting of all the regional sectional secretaries to enhance the students nurture.

Membership Drive: Ms Imtinenla Aier encouraged all the committee members to make efforts at their own levels to mobilise CMAI.

The Executive Committee members for the next biennium were nominated and accepted.

- Rev. David Rajan - Chairperson
- Rev. Raju Abraham – Vice Chairperson
- Rev. Sanjay Kumar Samuel
- Mr. Aonuktsung Imchen
- Rev. Sandeep Parmath
- Rev. Raju David Abraham
- Dr. Joseph George, CEB Representative
- Ms. Raveena
- Ms. Saramma Kuruvilla
- Rev. Dr. Jayaraj
- Rev. Dr. Santanu K Patro
- Mr. Anish Joy

Ms Imtinenla Aier thanked the Chairperson and Vice chairperson and all the executive members for their commitment and contribution. She also welcomed all the new executive members and the office-bearers. The chairperson also thanked everyone particularly the EC members.

The meeting ended with prayer and benediction by Rev. David Rajan.

Ms. Imtinenla Aier
Secretary - Chaplains Section

DOCTORS



More than 100 Doctors from different parts of the country attended the 45th Biennial Conference held at Leonia Holistic Destination, Hyderabad from 7 – 9 November, 2019. On the 8th of November, the members of the Doctors Section met for the Annual General Meeting of the Section to discuss its Business, during the Biennial conference.

The meeting was chaired by Dr. Bonam Wesley, the Chairperson of the Section. The meeting had two segments, paper presentation and the business meeting. Three papers were presented. The details are as follows:

- Sharing experiences from Nireekshana ACET by Dr. Sujay Suneetha
- Clinical Ethics Committee for Mission Hospitals by Dr. Jameela George, TCB
- Experience from Makunda Christian Leprosy & General Hospital by Dr. Roshine Koshy

Dr. Abhijeet Sangma, Secretary of the Doctors' Section presented the minutes of previous AGM of Doctors Section held in Bangalore during the National Conference and minutes of the Executive committee of Doctors

Section held in Delhi. The Secretary of the Section also presented the report of the previous Biennium (2017-19).

The election of new office bearers for Doctors section was held, Dr. Nitin Joseph of NM Wadia Hospital, Pune was elected as the new Chairperson and Dr. Rajeev Nathan of TLM Hospital Sahadara was elected as the Vice Chairperson.

The Section placed on record and bid farewell to Dr. Bonam Wesley for his selfless service to the Section during the last two bienniums (2015-17, 2017-19) when he served as the Chairperson.

Dr. Abhijeet Sangma
Secretary - Doctors Section

SECTION'S MEETING

NURSES LEAGUE

The Annual General Body Meeting the Nurses League was held on 8th November 2019. Mrs Manjula Deenam, Chairperson of NL presided the meeting. A two-minute silence was observed in memory of the members who departed us to heaven. Mrs Mercy John offered a prayer.

The Nomination Committee recommended the following members for the Executive Committee of 2019-2021 and it was unanimously accepted by the General Assembly.

- Mrs Manjula Deenam - Chairperson
- Mrs Mercy Quila - Vice Chairperson
- Mr. Ashish Girishbhai Christian- Gujarat & Rajasthan
- Ms Khema Martin - Madhya Pradesh
- Ms Sangeeta Sane - Maharashtra & Goa
- Ms Arambam Thadoi chanu - North East
- Ms Neelam Fellows - Uttar Pradesh
- Ms Celestina Francis - North West
- Dr Angela Gnanadurai - Kerala
- Ms Anita R - West Bengal
- Ms Evelyn Kannan - TNAI, New Delhi

NL Secretary and two nursing board secretaries (BNE-SIB and MIBE) presented the reports for the year 2017-2019. The members contributed sum of Rs 25,700

towards the Manohari Sigamoni Scholarship Fund. The meeting ended with a special note of thanks to the outgoing executive members.

NL Highlights at CMAI Biennial Conference

During the 45th Biennial Conference was held from 7th – 9th November 2019 the Chief Guest was Mrs. Vivian Churness who had made rich contributions to the Nursing Education in India. Mrs Renuka Chauhan, Former Principal of the College of Nursing, St. Stephen's Hospitals, New Delhi delivered the Aley Kuruvilla Oration. Dr Pauline Brown from Presbyterian Church, Canada, who had served Jobat Christian Hospital, MP and Mid India Board of Education for many decades received the Dr. D. W Mategaonkar Award (Nurses League).

Mr. P. L. Verma, Retired Vice Principal, College of Nursing received the Best Teacher Award. Awards for academic excellence were presented to the students of MIBE, BNESIB and the Graduate School of Nursing, Indore. 126 nurses and 86 student nurses attended the conference.

Ms. Jancy Johnson
Secretary - Nurses League

COLLEGE OF NURSING CHRISTIAN MEDICAL COLLEGE

VELLORE - 632004, TAMILNADU, INDIA
(Five star rating by NAAC)

Website: <http://admissions.cmcvellore.ac.in/>

Applications are invited for the following Postgraduate, Post Basic Degree and Diploma Programmes in Nursing commencing in September 2020.

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

Dates:

Applications can be accessed online:
3rd week of November 2019

Last date for submission of online application:
2nd week of March 2020

Entrance examination:
2nd week of May 2020

Final selection for the programmes:
4th week of June 2020

Registration for the programme:
4th week of September 2020

Browse the above mentioned website in 3rd week of November 2019 for more details.

Dr. Vathsala Sadan
Dean, College of Nursing
C.M.C., Vellore - 4

OFFICE BEARERS



Dr. Jeyakumar Daniel
 Consultant
 Hospital Administration & Finance
President

Dr. Jeyakumar Daniel is a seasoned veteran, following God's call in his life in the development sector. Having started his career in healthcare with administration and finance in rural Bihar, India with The Leprosy Mission-India, he served in different capacities before retiring as the Director for South Asia - The Leprosy Mission International almost four decades later. With a formal education that spanned from Hospital Administration in India to the UK, his real education spanned from the frontlines of grassroots work to national and international-level project

and organisational management. As a hands-on leader, his expertise was valued both within The Leprosy Mission, Woodstock School, Jesus Calls, SEESHA and Karunya University where he mostly fulfilled executive functions but was also invited on boards of numerous national and international educational, advocacy, healthcare, Christian, religious and social organisations in various capacities. The Dr. D. W. Mategaonkar National award was presented to Dr. Jeyakumar Daniel by CMAI in the 44th Biennial Conference held in 2017 for his outstanding service to the Ministry of Healing.

Doctor of Divinity (honoris causa) was awarded by the Madras Theological Seminary & College in recognition of his contribution to community development, social service and Christian ministry. He is also currently serving on the following Boards: SIHRLC, Karigiri, Tamil Nadu - Chairman of the Board and St. Stephen's Hospital, Delhi - Member of the Board & Finance Committee



Mrs. Onenlemla Imsong
 Chaplain cum Supervisor at
 Bangalore Baptist Hospital
Vice President

Mrs. Onenlemla Imsong born in 1970 originally from Nagaland and currently working as a hospital Chaplain

cum Supervisor at Bangalore Baptist Hospital since 2001. She graduated from the Senate of Serampore in 1993 as a Bachelor of Theology (B.Th). She completed her Diploma in Healing Ministry from CMCH, Vellore in 1997. She also had an intensive training in CPE Supervision from CMCH, Vellore.

She worked as Missionary Teacher from 1993 to 1997 and as a Hospital Chaplain in CMCH, Vellore from 1999 till 2001.



Mr. Thampy Mathew
 Finance Officer
 St. Stephens Hospital
 New Delhi
Treasurer

Mr. Thampy Mathews, presently the Finance Officer at St Stephen's Hospital, Delhi, is a management and finance expert, with more than 40 years of experience in this field. He was instrumental in reviving a number of sick industrial units while serving in the Industrial Investment Bank of India.

He is presently on the Board of Miraj Medical Centre, Miraj and on the Finance Committee of Emmanuel Health Association (EHA).



Rev. Arul Dhas T.
 Chaplain
 Christian Medical College, Vellore
Editor

Rev. Arul Dhas T, is an ordained minister of the Church of South India. He has done his studies in Zoology from Madurai Kamaraj University, Theology from Serampore University (UTC, Bangalore), New Testament from University of Edinburgh and Bioethics from Manipal University. He has been working as a chaplain in Christian Medical College, Vellore since 1989 and presently the head of Chaplaincy. He is a supervisor in clinical pastoral education. He teaches Bioethics in CMC, Vellore.



CHRISTIAN MEDICAL COLLEGE

IDA SCUDDER ROAD, VELLORE -4

TAMIL NADU

Office of the Nursing Superintendent invites applications for the post of **Staff Nurse (BSc Nursing/GNM)**. Age limit – 30 years. Female candidates preferred. Candidate will have to undergo three months “Competency Based Training”. Appointment will be offered based on theory and practical scores at the end of the training. Registration with Tamil Nadu Nursing Council is mandatory.

For more details log on to

<https://www.cmch-vellore.edu/Sites/Vacancies/AimsofCBT.pdf>

and download the application, duly fill it and submit the application (hard copy only) to

the Nursing Superintendent’s office,

CMC, Vellore -4 (by hand/post).



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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:

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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



**Christian Medical Association of India
45th Biennial Conference**

7-9 November 2019
Leonia Holistic Destination, Hyderabad