



QUARTERLY JOURNAL OF CMAI

# CMJI

CHRISTIAN MEDICAL JOURNAL OF INDIA

Volume 35.4 | October - December 2020





# Join Hands with us in the Healing Ministry

## CHRISTIAN MEDICAL ASSOCIATION OF INDIA

CMAI is a national network of health professionals and institutions promoting a just and healthy society for all irrespective of religion, caste, economic status, gender or language

- CMAI has over 10,000 Christian health care professionals and over 270 institutions representing various denominations.
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- CMAI is the health arm of the National Council of Churches in India(NCCI).

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- Build alliances for health action on a national scale
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## LETTERS TO THE EDITOR

Dear Dr. Aruldas

*The publications of CMAI are very informative & valuable, the authors of each articles in CMJI are well qualified people and well presented they are very useful & practical for us to follow.*

*Thanks for sending to us these copies*

*Regards*

*Sr. Lilly Chunkapura,*

*TRFEDA, Bangalore*

### 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? Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: [cmai@cmai.org](mailto:cmai@cmai.org)

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

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- 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' Geoffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.

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- The decision of the Editor is final and binding.

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## EDITORIAL

# GOD'S GOODNESS, LOVE & HEALING



*Rev. Arul Dhas T.*

What a joy it is to experience the hand of God in our land as we continue in the ministry of healing!

In the midst of the ongoing pandemic we see our institutions witnessing to Christ's love so faithfully. Of course, we do have challenges; but God's love is more powerful. We see our efforts are bringing fruits at personal levels and institutional levels. As followers of Christ, in the healing ministry we see many getting healed through our humble attempts. We thank God for God's goodness.

Christian Medical Association of India continues to unite the people of God in healing ministry. Even this issue of CMJI comes with prayers and best wishes to all those who are involved in showing Christ's love to the needy, suffering and sick.

It is our hope that the articles in this volume will be useful to all the readers. The devotion in this issue comes as lessons from the special disciples of the Lord – Joseph of Arimathea and Nicodemus.

The first article highlights the advance of technology as a new determinant of health. The research study about the Sahariya tribe of Baran District in Rajasthan serves as a case of inspiration to many contexts in our land. This has a special reference to environmental health and women empowerment.

In a context where good leadership is lacking even in Christian healthcare setting, the article on "Good Leadership" helps us to focus on the excellent characteristics of a good leader and leadership. This has a special note on the difference between boss and leader. A reflective note on the emerging viruses helps us to see the mysteries of nature and its creator God. "Christian response to Disasters" highlights the constant question many of us have "Why suffering?"

As we face more health challenges, leadership challenges and human resource challenges, we continue to depend on God as our provider, leader and inspirer. It is our prayer that Christ who rose from the dead will empower us to be fit instruments in His hands for the ministry. May the same attitude of Jesus be in us as we accomplish our task as God's calling.

I am grateful to all the contributors, CMAI staff and editorial team for all the hard work, time and commitment to bring this issue out.

A handwritten signature in blue ink, appearing to read "Arul Dhas T".

**Rev Dr Arul Dhas T**  
**Editor**



## DEVOTIONAL - SECRET DISCIPLES COMING TO THE LIGHT



The gospel narratives tell us about two secret disciples who followed Jesus.

### **Who are they?**

They are Joseph of Arimathea and Nicodemus.

We read about them in the Gospel of John chapter 19.

### **Secret Disciple - Joseph of Arimathea**

Jesus son of God, was buried. His body was placed in a tomb. A tomb that belonged to Joseph of Arimathea. He was a rich man and was an honored member of the Jewish high council. (Mk. 15:43)

***As evening approached, there came a rich man from Arimathea, named Joseph, who had himself become***

### ***a disciple of Jesus.***

Mathew 27:57 says, Joseph himself had become a disciple of Jesus. In the past he had been afraid to speak against the religious leaders who opposed Jesus; now he is bold, courageous to go to Pilate and ask for Jesus' body to be buried.

We see an interesting fact here:

The disciples who publically followed Jesus fled but a disciple who secretly followed Jesus came forward boldly to do something that was right.

He along with another secret disciple of Jesus - Nicodemus wrapped the body of Jesus in a clean linen cloth and laid

**When Nicodemus met Jesus for the first time, Jesus told him: “just as Moses lifted up the snake in the desert, so the Son of Man must be lifted up...(Jn. 3:14)**

the body in the tomb. Subsequently, a stone was placed in front of the tomb.

**Secret Disciple - Nicodemus**

Nicodemus had a long conversation with Jesus at the beginning of Jesus' ministry. (Jn. 3). Jesus spoke to him about the need to be born again.

When Nicodemus met Jesus for the first time, Jesus told him: “just as Moses lifted up the snake in the desert, so the Son of Man must be lifted up...(Jn. 3:14)

We find him again in Jn. 7:50 he was trying to question the decision of Jewish high council regarding Jesus. Although his opinion was not heard, he did not give up his association with Jesus.

Remember at both times Nicodemus chose to come at night. Probably this time, he was coming to the light. He was ready to receive God's free gift of salvation by faith in Christ.

**Reflection & Introspection**

We thank God for the ministry of Joseph and Nicodemus. They were willing to follow Jesus by: – and find the way the truth and the life in Jesus.

They gave their utmost respect and honor to Jesus. They gave themselves to Jesus.

Remember, the tomb of Joseph became the Open tomb for the world today.

And we see the light streaming from that tomb. The open tomb still leads many to the Light of Life.

---

**Rev. Dr. Finney Alexander, Sr. Chaplain,  
CMC Vellore**

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# INCREASED TECHNOLOGY ENVIRONMENT AS A NEW DETERMINANT OF HEALTH

In today's world, technology is all pervasive and has, in a way invaded all areas of our life including health. Thus, it is imperative that increased technology environment has to be added to the traditional list of health determinants.

Innovations in drug delivery systems, advances in diagnostic tools and other medical devices have been occurring with regularity over the years. And healthcare professionals are able to access these innovative technologies and cascade their benefits to the patients quite effectively. In the Indian context, in the past, only a small proportion of our population was able to access and afford these innovations and hence the impact of technology in diagnosis and treatment had been rather limited for most Indians especially in rural areas. Now the situation is changing with the penetration of technology into the farthest corners of the country. Wherever there is Wi Fi and wherever there are smart phones in use, the benefits afforded by technology have the potential to be a game changer in health care both at the prevention as well as at the treatment stage.

The good news is that access to mobile technology has already begun to be considered as a major determinant of health across the world and India will not be far behind. And it all starts with awareness.

In essence, there are the three "A"s to be considered for increased technology environment to be truly considered as a major determinant of health. These are Awareness, Accessibility and Affordability

Awareness is getting people to know what is available in the market, make them realize how technology can help them to make the right choices, live healthy and to take preventive action in order to be disease free. There are many Apps available for tracking and monitoring health parameters and anyone with a smart phone can access them in an instant. Social media campaigns can help in making people aware of what is available.



Benhur Rao

Accessibility to technology may be more challenging in places with poor connectivity and this can affect the outcomes. With the coming of the next generation of Wi Fi devices, a greatly improved mobile network across the country and with the introduction of vehicles with built in SIM cards, the situation is bound to change. Ambulances will now be able to transmit real time patient data from the moving vehicle to specialists in distant hospitals that can potentially be a life saver during the golden hour.

Affordability is always a critical factor while accessing technology. One solution could be telemedicine to bring down the cost and to give convenience. Also, in the wake of the Covid-19 pandemic, telemedicine in general has assumed greater prominence. ICU telemedicine can benefit both large hospital systems and smaller individual hospitals. In addition, telemedicine can deliver care asynchronously, remotely, and virtually unlike large-scale brick-and-mortar medical facilities that invest enormous capital in the delivery of synchronous, in-house, in-person care.

In India, over 1.6 lac babies die each year due to the lack of CPAP (Continuous Positive Airway Pressure) therapy, as most premature babies are not born in high-end hospitals with access to an NICU (Neo-natal ICU). Now we have an Indian device, the Saans® the first CPAP system in the world that is completely infrastructure-independent. This is a life saver in places with erratic electric supply and a lack of highly trained personnel. Easy to use affordable innovations like these are the way forward if we have to harness technology and make it a health determinant in our country.

Artificial Intelligence (AI) based proactive alert systems for monitoring patients are coming into more frequent use and AI algorithms have saved hundreds of lives over the years. Systems now available in India such as the Dozee® monitor heart rate and its variability,





**If every phone that is sold is compulsorily enabled with an App that can provide first aid information on how to manage dehydration or snake bite, resuscitate a drowning victim and handle various other emergency situations, it could be a game changer to many of those affected.**

blood pressure, respiration rate, oxygen saturation, sleep stages, stress and recovery, snoring index and restlessness. Thus, AI systems act as a contactless health tracker and contactless remote patient monitoring for post discharge home patient monitoring, patient monitoring for chronic condition management and as a proactive health monitoring for geriatric care. Over time increased usage and economies of scale will make them affordable to most people in need of such care.

The current pandemic has brought with it a slew of contact tracing Apps like the Arogya Setu. Following their successful roll out we hope that governments and institutions are able to develop Apps for preventive and emergency health care. If every phone that is sold is compulsorily enabled with an App that can provide first aid information on how to manage dehydration or snake

bite, resuscitate a drowning victim and handle various other emergency situations, it could be a game changer to many of those affected.

The future is certain to see an exponential rise in access to mass media and new emerging technologies and with it health literacy and health care from primary to tertiary are going to ride the technology wave. Government, health organisations and companies will certainly propel the use of this technology and as a fall out of this, the increased technology environment will certainly make it a new determinant of health.

---

***Benhur Rao is a Corporate Trainer, a Leadership Coach at ACADELO, Mumbai, INDIA***

# FUEL EFFICIENT COOK STOVES, A MEANS TO TACKLING ISSUES OF DEFORESTATION, CLIMATE CHANGE, HEALTH ISSUES AND WOMEN EMPOWERMENT – A STUDY ON THE SAHARIYA TRIBE OF BARAN DISTRICT IN RAJASTHAN.

## Abstract

The use of biomass burning – i.e. firewood from forests, is the main source of cooking energy of the Sahariya community, a Particularly Vulnerable Tribal Group (PVTG), from Kishanganj block of Baran district in Rajasthan. The forests in the area have dwindled over the years, as per the Rajasthan state forest reports. The people's perception of the reasons for degradation of forest in the area, indicates the role of local people in deforestation, mainly for local construction and household cooking energy needs. The dwindling forests have aggravated the struggles of Sahariya women in fetching firewood from long distances. Emissions from traditional biomass burning for cooking energy, contributes to health issues and the issue of climate change.

This paper presents the study of Sahariya tribal households from Baran, who were provided with a fuel efficient cookstove, and the benefits assessed in terms of emission levels of particulates -  $PM_{10}$  and  $PM_{2.5}$ , methane ( $CH_4$ ) and Poly-aromatic hydrocarbons (PAHs). The results indicate that emission levels were reduced within the prescribed standards and households were able to significantly reduce their firewood requirement. This reduction in the household emissions and reduction in firewood requirement observed in Sahariya community, can be a pragmatic solution in the collective efforts of tackling the issue of deforestation and also a positive contribution towards reducing emissions of carbon particulates and GHGs from rural households. The co-benefits include reduced stress levels among women, as firewood requirement is reduced, and improvement in overall health of family members from improved indoor air quality.



Salmon Jacob

**Keywords:** Sahariya tribe, forest, air pollution, health issues, climate change, fuel efficient cook stoves.

## Introduction:

Air Pollution caused by open fires in traditional chulas (stoves) using biomass fuels, contribute significantly to the atmospheric concentrations of carbon particulates<sup>1</sup> and greenhouse gases leading to issues of global warming, climate change, along with causing health concerns related to respiratory infections particularly among children under 5 years and women. The World Health Organization estimates that indoor air pollution contributes to nearly 4.3 million deaths annually<sup>2</sup>.

According to the Census data of 2011, about 85% of the rural households in India, still use firewood and chips as cooking fuel<sup>3</sup>. The study published in Lancet Planetary Health journal estimates that 1.24 million deaths in India in 2017, which were 12.5% of the total deaths, were attributable to air pollution, including 0.67 million from ambient particulate matter pollution and 0.48 million from household air pollution<sup>4</sup>. Nearly, 39% of early neonatal stillbirths were attributed to cooking fumes (National Centre for Biotechnology Information)<sup>5</sup>. Furthermore, open fires using biomass fuels contribute significantly to global greenhouse gas emissions due to incomplete combustion.

There is consistent evidence that indoor air pollution causes acute lower respiratory infections (ALRI) in children under five, particularly pneumonia, and chronic obstructive pulmonary disease (COPD), chronic bronchitis and lung cancer among adults<sup>6</sup>. In addition to this, there is emerging evidence that links indoor air pollution to low birth weight<sup>7</sup> and prenatal mortality among

infants, due to carbon monoxide (CO) inhalation among pregnant women and young children, as well as ear and respiratory infections, tuberculosis, nasopharyngeal and laryngeal cancer, cataract (blindness) and cardiovascular disease.

According to the study report published in 'Swasti – Health Catalyst' (December 2018), titled, "Why the Sahariyas", it highlighted that the Sahariyas are the most frequent victims – in terms of infection rates and mortality - in the country, for Tuberculosis (TB)<sup>8</sup>. Ravi Prakash, (2016) from his study published in the Journal of Infection and Public Health, mentions that Tuberculosis (TB) is emerging as a serious public health concern in Sahariya tribe<sup>9</sup>.

Similarly long term exposure to methane (CH<sub>4</sub>) and poly aromatic hydrocarbons (PAHs) also affects child development, including harm to the developing heart, brain and nervous system<sup>10</sup>. It is also associated with episodes of headaches, coughs, shortness of breath, lung inflammation, decreased lung function, worsening of asthma and other respiratory diseases, cardiac arrhythmia, increased risk of heart disease, heart attacks, stroke and even cancer.

Children generally absorb proportionally higher doses of smoke pollutants which makes them particularly vulnerable to damaging health effects. Smoke pollution can cause permanent impairment of children's growing as well as organ and immune system development<sup>11</sup>. Thus, significant reductions of these diseases can be achieved, particularly among women and children, by reducing the indoor air pollution.

### Research Methodology:

The study was conducted in Kishanganj block of Baran district, in Rajasthan state, which has a high concentration of the Particularly Vulnerable Tribal Group (PVTG) – the Sahariyas. Out of the 181 revenue villages in Kishanganj Block, 136 villages are inhabited by Sahariya tribe. So 10 villages from among the 136 Sahariya villages was selected randomly for the study. The villages taken up for the study were Radhapuram, Barooni, Gopalpura, Rajkheda, Chandergarh, Bamandeh, Gordhanpura, Daulatapura, Phelu Ki Tapri, and Kagla Bamori.

Thirty Sahariya households from each of the 10 selected villages were selected randomly as sample units, and the data was accordingly collected from a total sample size of 300 households. The Sahariya community being a homogenous group, the sample size of 300 households provides a good representation of the community. A pre-structured schedule with open and closed end questions were used for the research. Secondly, indoor air quality

from 8 selected villages were tested through independent NABL accredited labs, with a total of 48 samples, before and after the introduction of the clean cookstoves in these villages.

### Results and Discussion:

Kishanganj block in Baran district of Rajasthan, historically had a good presence of forests, and over the years it is seen that the quality of the forests have dwindled due to various reasons. According to the Rajasthan state forest Reports in 2001<sup>12</sup>, the dense forest area in Baran district was 226 sq. km., while in 2003<sup>13</sup> the data was differentiated into Very Dense Forest (VDF) and Moderate Dense Forest (MDF) area. As per the 2003 data, it is seen that there is 0 sq. km. of VDF, 136 sq.km of MDF and a total forest area of 1140 sq. km. Similarly in the year 2017, it is seen that the total forest area is 1013 sq. Km.<sup>14</sup> indicating a reduction of more than 125 sq. Km. of forest land in the district. This is an indication of the forest degradation issue in the district.

The field observations have indicated that 99% of the households in the study villages of Kishanganj block, use firewood as their energy sources for meeting the household cooking energy needs. The local perception of the reasons for the dwindling of the forests, were estimated based on the response from 300 households from 10 villages taken up for the study – inhabited by the Sahariya community-, wherein the major reasons for the forest depletion that were reported included timber merchants, clearing of forests for agriculture, firewood etc., as shown in figure no.1. It is interesting to note, that most number of people felt that the major reason for the degradation of the forest, was the felling of trees for local construction needs as well as firewood requirements for household energy needs.

The degradation of the forests have made the task of fetching firewood, even more difficult for the Sahariyas, as they need to travel longer distances away from their habitation areas, to fetch the needed firewood. The respondents were asked a comparison of the distances they needed to travel fetch firewood from the forest 30 years back and the distance they travel at present to fetch the firewood. The results are presented in figure no. 2. The graph in figure no. 2 indicates that 30 years back 37% of the households were able to get the required firewood from within 100 meters from their house. Also overall 86% of the households were able to get their required firewood from within 1 km distance from their homes, 30 years back. This gives an indication of the green cover and the healthy forests that existed in that area, and supported the needs of the people. On the contrary, at present 78% of the households collect their



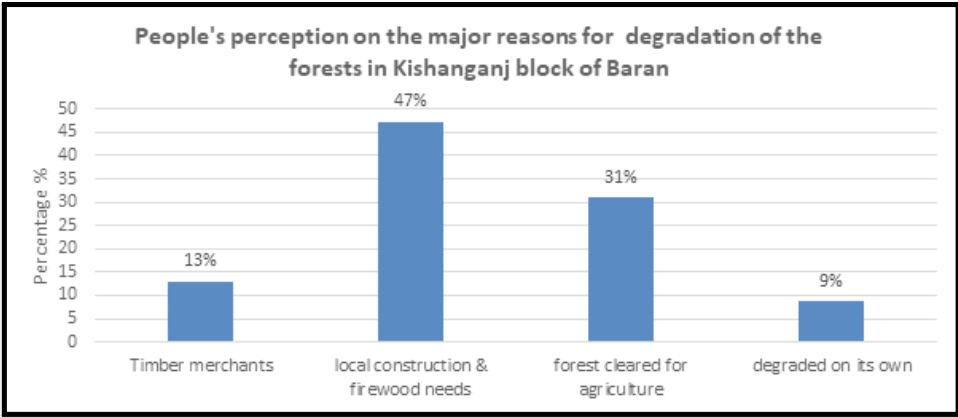


Fig no. 1: People's perception of the major reasons for degradation of the forests in Kishanganj block of Baran district.

firewood from a distance of minimum 2 km to 4km away from their homes, and out of this group of people 37% of the households got their firewood from a distance of about 3 to 4km away from their homes. This is an indication of the degradation of the forest resources of the area, over a period of 30 years.

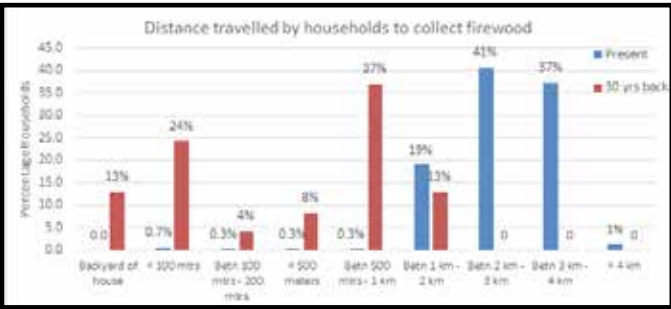


Fig No. 2: Distance travelled by households to fetch firewood – 30 years back and at present

World Vision India, working among the Sahariya tribal community, made an effort as part of its developmental programme, to provide fuel efficient woodstoves in some of the Sahariya inhabited villages of Kishanganj block of Baran, towards tackling some of the issues related to environmental degradation, women empowerment as well as improve the health of the community, during the years 2014-15. The fuel efficient woodstoves are designed to improve the combustion efficiency of the woodstoves and thereby significantly reduce the firewood requirement as well as reduce the smoke emitted from these woodstoves. These stoves require only dry twigs, which usually fall off from trees, as against the bigger blocks of wood used in the traditional open stoves.

According to the graphs shown in figure no. 3 & 4, it is observed that 95% of the users of the fuel efficient stoves have found it beneficial in terms of the reduced

smoke emissions, reduced firewood requirement and the comfort of cooking. About 73% of the households felt that the firewood requirement for a day's cooking reduced by 50% - 60% as shown in the graph above.

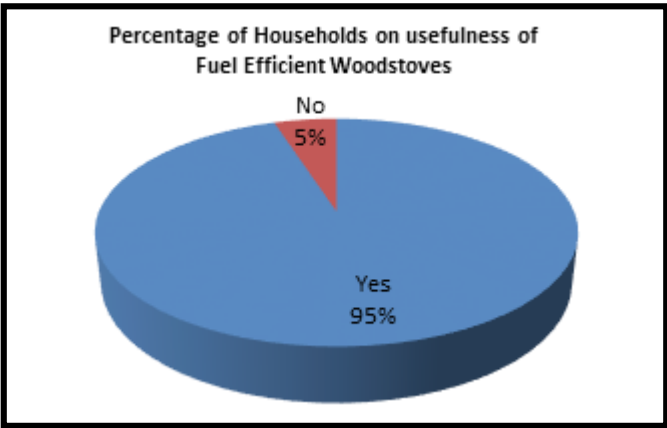


Fig no. 3: Percentage of households regarding usefulness of the fuel efficient woodstoves



Fig no. 4: People's perception of the reduction in firewood requirement in fuel efficient woodstove

Table No. 1: Concentrations of for  $PM_{10}$ ,  $PM_{2.5}$ ,  $CH_4$ , and PAHs in Sahariya Households

| Villages      | $PM_{10}$ conc. ( $\mu\text{g}/\text{m}^3$ ) |       | $PM_{2.5}$ conc. ( $\mu\text{g}/\text{m}^3$ ) |       | $CH_4$ conc. (ppm) |       | PAHs conc. (ppm) |       |
|---------------|--|-------|---|-------|--------------------|-------|------------------|-------|
|               | Before                                       | After | Before  | After | Before             | After | Before           | After |
| Chandragarh   | 268  | 81    | 165   | 37.68 | 20                 | 16.95 | 0.99             | 0.94  |
| Felu Ki Tapri | 235  | 82.03 | 152.5   | 42    | 25.5               | 2.2   | 2.1              | 1.42  |
| Kagla Bamori  | 200  | 82.19 | 124   | 38.01 | 6.2                | 1.25  | 1.48             | 0.31  |
| Gopalpura     | 203.67                                       | 84.02 | 126   | 41.95 | 6.3                | 3.3   | 3.82             | 1.26  |
| Daulatpura    | 200.67                                       | 81.60 | 112.67  | 39.92 | 4.43               | 1.91  | 2.23             | 1.40  |
| Gordhanpura   | 196.5  | 81.53 | 119.5   | 40.16 | 4.7                | 1.2   | 2.02             | 0.79  |
| Radhapura     | 188  | 82.63 | 107.5   | 41.72 | 4.4                | 0.88  | 2.9              | 1.10  |
| Barooni       | 195.33                                       | 79.62 | 121.33  | 39.06 | 5.47               | 5.03  | 2.07             | 1.43  |

The indoor air quality levels were tested for  $PM_{10}$ ,  $PM_{2.5}$ ,  $CH_4$ , and PAHs from 8 of the operational villages before and after the introduction of the fuel efficient stoves on various parameters, and the results are as shown in table no. 1.

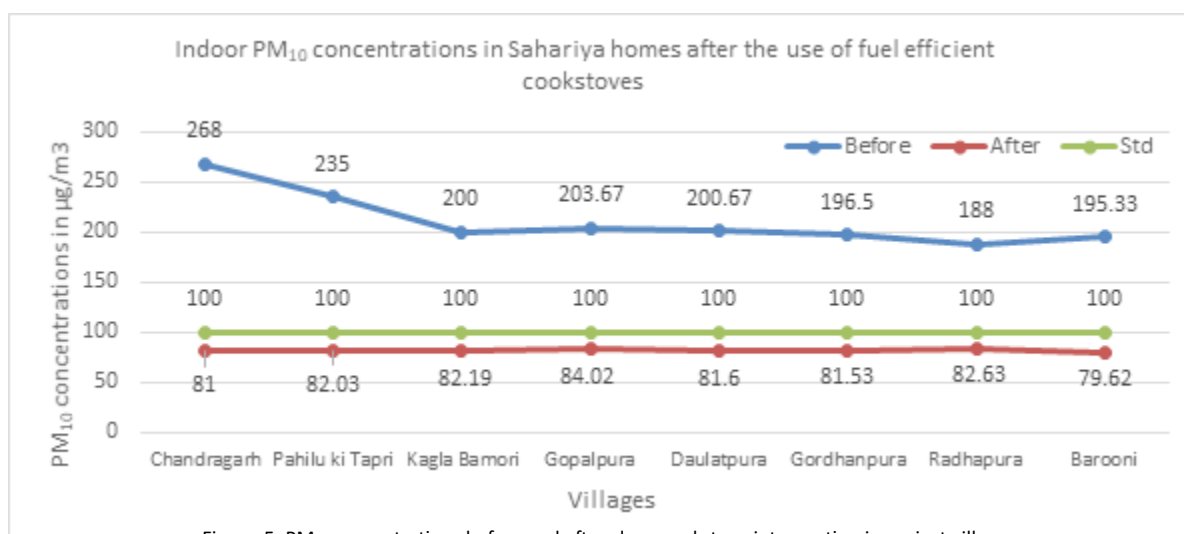
The figure no. 5 to figure no. 8, shows the comparative graph of each of the parameters, before and after the introduction of the fuel efficient cookstoves. It was observed, that the indoor concentrations of  $PM_{2.5}$  and  $PM_{10}$  levels inside the house were found to have reduced much below the prescribed indoor air quality standards, through the use of cleaner cooking practices. Similarly, the concentrations of methane ( $CH_4$ ) and poly aromatic hydrocarbons (PAHs) were also found to have reduced well within permissible limits.

In India, as there is no separate standards for the indoor air quality, the results of the air quality recorded are compared with the ambient air quality standards prescribed by the Central Pollution Control Board of India.

The standard limits for  $PM_{10}$  is  $100 \mu\text{g}/\text{m}^3$  and  $PM_{2.5}$  is  $60 \mu\text{g}/\text{m}^3$ .

The emission of methane gas from the traditional chulas though in low levels also contribute to the outdoor air pollution and has a high potential in contributing to global warming issues. The graph above indicates, that the use of clean cookstoves has decreased the methane concentrations in the indoor air, in comparison to the air quality while using the traditional open chulas.

Polycyclic aromatic hydrocarbons (PAHs) are a large group of organic compounds with two or more fused aromatic rings. There are several hundred PAHs; the best known are benzo[a]pyrene (BaP), Anthracene, Coronene etc. In the household context, PAHs are formed during incomplete combustion of fire wood, cowdung cakes and other biomass burning. These are carcinogenic in nature and in combination with higher particulate matter concentrations, they further increase the cancer risk and other respiratory illness<sup>15</sup>. Though there is no prescribed

Fig no. 5:  $PM_{10}$  concentrations before and after clean cookstove intervention in project villages

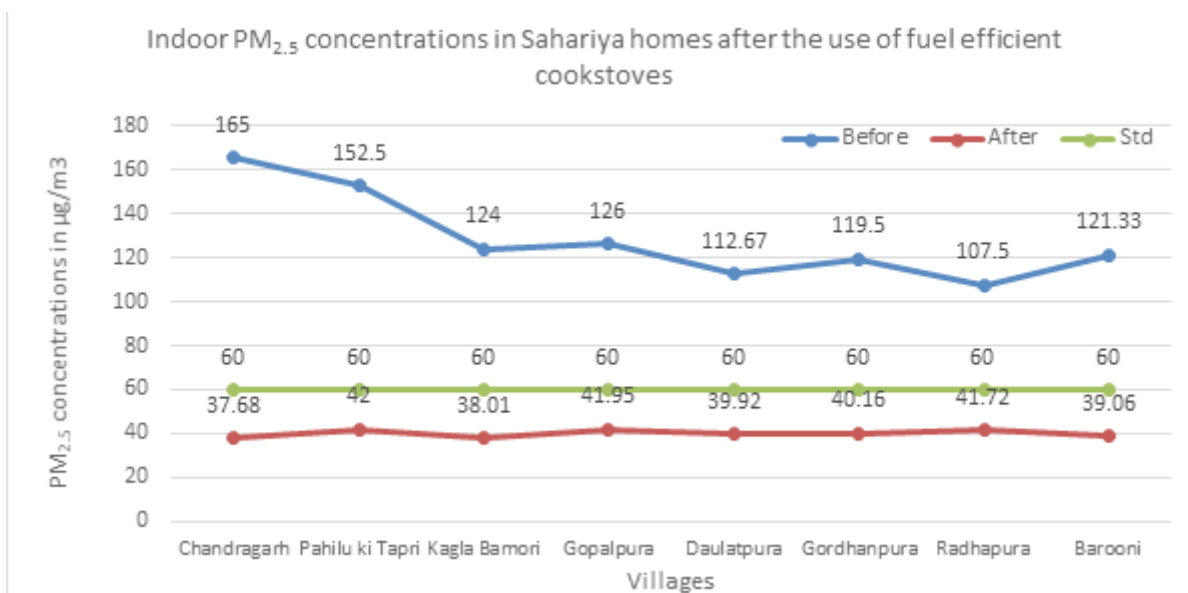


Fig no. 6: PM<sub>2.5</sub> concentrations before and after clean cookstove intervention in project villages

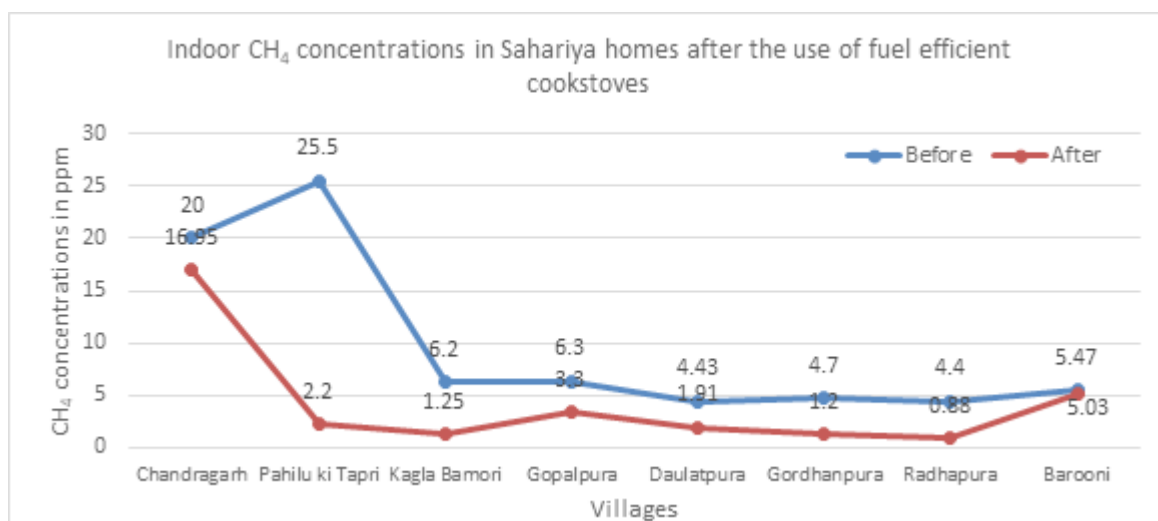


Fig no. 7: CH<sub>4</sub> concentrations before and after clean cookstove intervention in project villages

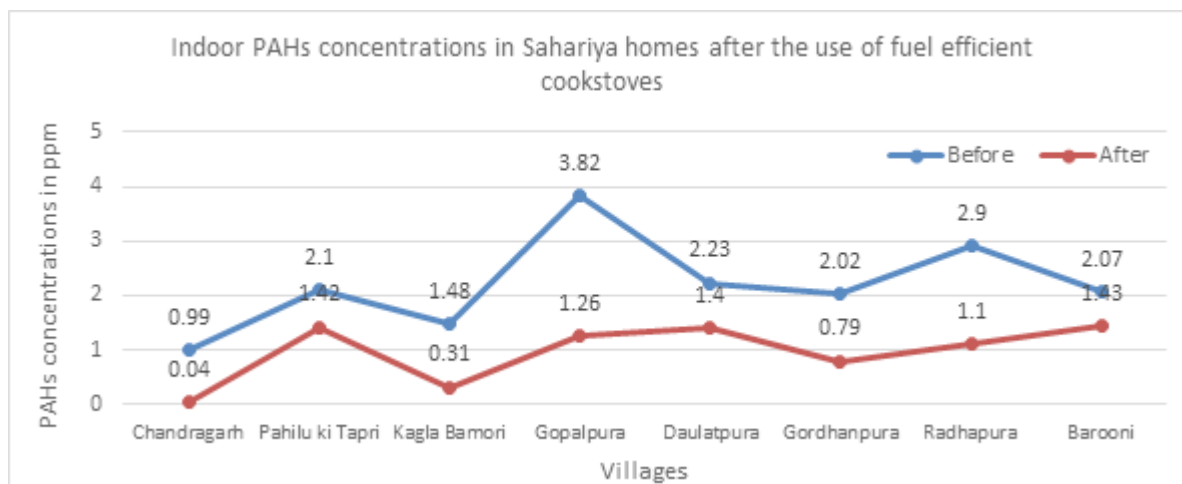


Fig no. 8: PAHs concentrations before and after clean cookstove intervention in project villages



standard available, for PAH exposure levels, the above comparative graph shows that the use of fuel efficient cookstoves have reduced the indoor PAH levels, thereby reducing the vulnerability of the household to health issues.

It was observed that out of the 300 respondents, 89% of the households expressed that there is an improvement in the overall health of the family members, with regards to issues of eye irritations, headaches, cough etc., on account of the improvement in the indoor air quality. There was however, no in-depth study on the health aspects, which is a potential for further research.

### Conclusion:

A large section of the Sahariya tribal community, still depend on firewood, as their source of cooking energy – exposing themselves (particularly the children) to carbon particulates and other polluting gases coming from the smoke emitted from the chulas, leading to various health issues and also putting stress on the adjoining forest resources. In this context, it is important to look at pragmatic solutions to tackle these challenges, to ensure an environmentally sustainable and equitable development approach.

The Government of India, as part of its initiatives to tackle this issue, has launched the ‘Pradhan Mantri Ujjwala Yojana’<sup>16</sup>, in May 2016, which provides free

LPG connections to BPL families in India. It is expected to spread the reach of LPG as cooking energy across the country. The concerted efforts to strengthen this programme in terms of the scale and sustainability of usage by the community, will be critical to ensure its success.

The present study on the Sahariya tribe and their dependence on the forest resources – particularly with reference to the cooking energy needs, as well as their vulnerability to various health issues due to exposure to smoke from the traditional chulas, demonstrates a pragmatic & environmentally sustainable solution. The results observed regarding the use of fuel efficient cook stoves for Sahariya households, show a very positive way forward in terms of tackling not only air pollution [in terms of concentrations of PM<sub>2.5</sub>, PM<sub>10</sub>, CH<sub>4</sub>, PAHs], forest degradation, stress involved in firewood collection and associated health concerns, but also positively contributing towards addressing the issues of global warming and climate change.

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**Salmon Jacob, Head - Climate Change and DRR.  
World Vision India**

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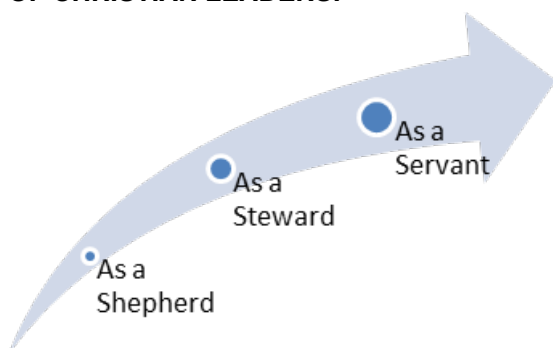
# GOOD CHRISTIAN LEADERSHIP

President Theodore Roosevelt once said, “The leader leads, and the boss drives.” The boss often plays the Boss card. They force obedience, strictly because of their position and status. But, as author and expert John Maxwell says, “Leadership is not about titles, positions or flow charts.. It’s about one life influencing another.”

We still suffer from leadership deficiency- in our nation, workplaces, churches and homes.

We have too many leaders who believe their position mandates their influence, rather than their influence enabling them to be effective in their position.

## TYPES OF CHRISTIAN LEADERS:



### A good leader seeks God’s direction:

- Is there anything more important than he or she seeking God’s direction?
- Proverbs 16: 1 says “The plans of the heart belong to man, but the answer of the tongue is from the Lord.”
- Commit your work to the Lord, and your plans will be established
- The heart of man plans his way, but the Lord establishes his steps.” A good leader seeks the Lord, commits his way to the Lord, and the Lord establishes the next steps.

### A good leader is Modest, not arrogant:

- We have all encountered the “know-it-all” leader, the “submit-or-else” type of leader.
- Proverbs 16:5 says, “ everyone who is arrogant in



Mrs. Balqis Victor

heart is an abomination to the Lord; be assured, he will not go unpunished.” I don’t know about you, but I definitely don’t want to be referred to as an abomination to the Lord.

### A good leader is a Pacemaker:

- Proverbs 16:7 says, “ when a man’s please the Lord, he makes even his enemies to be at peace with him.” Yet so many leaders aren’t interested in examining an opposing viewpoint or other ideas. We’ve lost the ability to empathize with others, and compromise has become a bad word. There is something to be said of sticking to principles.

- I believe God calls us to be steadfast. He doesn’t however, call us to be jerks. And, when our “boldness” is interpreted as “ coldness”, we are not doing it right.

### A good leader is fair and just:

- “Better is a little with righteousness than great revenues with injustice” (Proverbs 16:8)
- I believe in goals, and working hard to achieve them. But, the end always justifying the means is simply not true.
- A good leader is more interested in doing things the right way.

### A good leader surrounds himself with honest, trustworthy counselors... then listens to them.

- Righteous lips are the delight of a king, and he loves him who speaks what is right” (Proverbs 16:13).
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## LEADER IN THE MAKING QUALITIES

- Servant leadership: This kind of leadership, I believe is what God desires of us.
- Letting Go of Bossiness – This type of leadership gets us nowhere. God is ultimately



- Take Care of yourself as a Leader- Meaning...Take care of yourself spiritually and physically.
- Managing Stress & Emotions as a Leader – No doubt, this is a tough one, especially for women in leadership.

#### **A good leader is a good learner:**

- Proverbs 16:16 says, “How much better to get wisdom than gold! To get understanding is to be chosen rather than silver.”
- A good leader should always be learning, growing and improving.

#### **A good leader is humble:**

- We’ve seen countless prominent examples of Proverbs 16:18: “Pride goes before destruction, and a haughty spirit before a fall.” From politicians and celebrities to CEOs and pastors, many have grabbed headlines as their empires have fallen.
- “It is better to be of a lowly spirit with the poor than to divide the spoil with the proud” (Proverbs 16:19).

#### **A good leader is sensible and kind:**

- “Good sense is a fountain of life to him who has it, but the instruction of fools is folly. The heart of the wise makes his speech judicious and adds persuasiveness to his lips” (Proverbs 16:22-23).

Being smart and sensible makes a good leader more persuasive and effective.

#### **A good leader is slow to anger:**

- We’ve all seen the in movies and television of the angry boss; the person who yells for no reason, barks orders and berates and demoralizes the staff.
- Perhaps you’ve even worked for such a person. The Bible says that “Whoever is slow to anger is better than the mighty, and he who rules his spirit than he who takes a city.”

#### **PERSONAL QUALITIES OF A GOOD CHRISTIAN LEADER:**

- Above reproach (1 Timothy 3: 2, Titus 1: 6)
- Faithful to his wife (1 Timothy 3: 2, Titus 1: 6)
- Temperate (1 Timothy 3: 2).
- Self-controlled (1 Timothy 3: 2, 3:8, Titus 1: 8).
- Respectable (1 Timothy 3: 2).
- Free from the love of money (1 Timothy 3: 3).
- One who manages his own household well (1 Timothy 3:4, Titus 1: 6).
- Not a new convert (1 Timothy 3: 6).
- A good reputation with outside (1 Timothy 3:7).
- Not pursuing dishonest gain (1 Timothy 3:8, Titus 1: 7)



| BOSS                   | LEADER               |
|------------------------|----------------------|
| Demands                | Coaches              |
| Relies on authority    | Relies on goodwill   |
| Issues ultimatums      | Generates enthusiasm |
| Says "I"               | Says "we"            |
| Uses people            | Develops people      |
| Takes credits          | Gives credits        |
| Places the blame       | Accepts blame        |
| Says to "go"           | Says "Let's go"      |
| My way is the only way | Strength in unity    |

- Not quick-tempered (Titus 1: 7).
- Not violent (Titus 1: 7).
- Loving what is good (Titus 1: 8). "
- Upright (Titus 1: 8).
- Holy (Titus 1: 8).
- Disciplined (Titus 1: 8)

According to Lao Tzu, "A leader is best when people barely know that he exist " not so good when people

obey and acclaim him, worst of all when they despise him. " fail to honor, people they fail to honor you". But of a good leader who talks little when his work is done, his aim fulfilled, they will all say, "we did it ourselves".

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## PREM SEWA CLINIC

Society Reg. Nr. 159, 1-150925, Dt. 22.10.2007 Nr. 2223-2007-2008  
Office Address: P.O. Rupaidiha, Dist Bahraich, U.P. 271881

**for an outpatients clinic in Rupaidiha, Bahraich Dist. U.P.**

### **Urgently Required: Committed Christian Doctor (MBBS)**

**Experience:** Fresher and up to retired licensed physician welcome.

**Salary:** Up to 75,000 RS per month (basic salary based on the qualification and experience plus additional bonus)

**We provide:** Free accommodation for doctor and family, English medium school up to class 12 **nearby.**

**Job description:** Leading a motivated team 6 days/week for basic medical diagnostics and treatment. No night duties.

**Facilities:** Basic Laboratory, Ultrasound, ECG, Pharmacy, X Ray.

### **Urgently Required: 2 Nurse Practitioners or Nurses (M/F)**

**Qualification:** Nurses training (at least ANM), if possible Nurse practitioner training,

**Salary:** Generous salary depending on experience and degree

**We provide:** individual training comparable to Nurse Practitioners Training,

Free accommodation, English medium school up to class 12 nearby

**Job description:** assessing patient's needs, basic diagnostics and treatment under guidance of an experienced doctor

**Contact:** Superintendent, Mr. and Mrs. Anand, Tel: 09679459268, 07602932353,

Email: premsewa2019@protonmail.com

# DID GOD SEND THE PANDEMIC?

## CHRISTIAN RESPONSE TO DISASTERS

The year 2020 has been full of unknowns, new fears, and disruptions we never imagined. Why is the COVID-19 (coronavirus) pandemic killing millions across the globe? Some of us wonder how God can allow such painful experiences. Others assert that God does indeed send calamities to punish or to test people. For most of us in India, COVID-19 is the first experience of a serious pandemic with such a devastating impact on our lives. This viral disease seems to dwarf SARS, H1N1, and HIV. When large scale epidemics occurred in India in the past, there were Christians of extraordinary courage and compassion who responded by helping others. A look at their circumstances and actions can help us appreciate their work and provide a perspective on what we face today.

The story of one outstanding woman, Dr. Mary Rajanayagam, reveals steadfast faith in the face of devastating disease. Mary was an early graduate of the Madras Medical College in 1894, sponsored by the American Arcot Mission. While she was serving in Madanapalle the bubonic plague hit the area in 1903. Fearing for their safety, she sent her two young sons to stay with her sister while she cared for people—people of all faiths—stricken by the dreaded disease. Sadly, she too became infected and succumbed to the plague in March 1904. She was so loved by everyone that people of all religions and backgrounds joined her burial procession for a mile, braving the highly contagious disease. Like Mary Rajanayagam, the plague that broke out in 1897 took the life of a celebrated Indian woman, Savitribai Phule, and her son. Jotirao and Savitribai Phule were influenced by the teachings of Jesus and were pioneers in the fight against caste and racial discrimination. They worked to empower the oppressed, and educated girls and women.

Their choices lead us to some all-important questions: What do we believe about God and suffering? Did God send this pandemic as punishment, as well as other disasters, such as the tsunami of 2004? What alternative



**P. Dayanandan**

explanations can we look to? How is this pandemic changing our beloved church as an organization? What priorities are revealed by the history of Christians in our area when they faced a frightening health situation, even as we face today?

### GOD and SUFFERING

Does God punish people with natural disasters and pestilence? - Some Christians are quick to declare that God punishes people with natural disasters and plagues because of our sinfulness. In the midst of the current pandemic as it kills millions of people, fundamentalist preachers scold and warn their flocks to repent. Some have accelerated their prophecy talks on end times, found on online platforms at all social levels. This worldview needs the presence of sinners amongst us so that 'the saints' can rejoice at the apocalypse. But the authoritative statement of Jesus tells us otherwise. When he was confronted by the question: "Rabbi, who sinned, this man or his parents, that he was born blind?" (John 9:2-3) Jesus declared "Neither this man nor his parents sinned."



**Anne Dayanandan**

Did the tsunami kill sinners? - The day after Christmas in 2004 a devastating tsunami killed nearly a quarter million people and left tens of thousands suffering. Originating off the coast of Indonesia, it was the deadliest tsunami in recorded history. The response of many fundamental believers around the world was to declare that it was sent by God as punishment and as a warning against their evil deeds. The devastation and deaths were seen as God's curse and his vengeful act against human rebellion. Others believed that the tsunami was sent for a greater good of bringing people closer to God, while some saw a clear sign of the last days of the world.

Did God send the Tsunami? - The damning declaration that God sent the tsunami was very confusing for Christians who believe in a loving God. How can an omniscient, omnipotent, and omnibenevolent God make people suffer? We tend to ask this question when we



### Mary Rajanayagam & Savitribai Phule

suffer from serious illness, impending death, disaster, and misfortune. Theologians refer to this problem as theodicy. After the 2004 tsunami many young Christians struggled to understand this issue of theodicy - could God have permitted a tsunami that killed 230,000 people? Were sinners punished, as some fundamental people were saying? Student Christian Movement of India (SCMI) organized a public program on 4 February 2005: "Students for Science and Spirituality". We suggested that the question should be rephrased to: 'Did the Son of God send the Tsunami?' (see People's Reporter, Feb-March 10, 2005 and CSI Life, March 2005).

Did the Son of God send the tsunami? - The answer lies in the following set of questions: Would one who promised to offer life abundant cause death? How can one who ignored the stirring of the pool and healed the man by the poolside send a sea storm? Can he, who calmed the sea and walked on placid waters, rejoice in sending killer waves? How can one who healed and gave sight to people send disease and afflictions? Would he who multiplied the fish, bread and wine cause famine and thirst? Is it conceivable that he who made the nets burst with fish stop people from fishing? Would he who chose

fishermen to be fishers of men, kill them by waves? Can Eternal Light bring darkness to the lives of the coastal people? Would he who loved the children and hugged them make orphans out of them? How can he impose burden after calling the heavy-laden to come to him for rest? Did he not want people to go free and not get caught in bondage? Can a shepherd who showed the way be a source of confusion? Did the Son of God who said that he came to save, not to judge and who was a loving friend of the sinners and adulterers, send the tsunami to punish people? Could he who came to give love and hope bring suffering and hopelessness? Could the Son of God bring hell after bringing the Kingdom of God on Earth?

No, God did not send the tsunami. God did not send the COVID-19 either.

The COVID-19 Pandemic is not an Act of God - Due to the COVID pandemic once again 'Sin' is in focus. Some preachers continue to say how wicked and sinful people are. They add, subtract and manipulate numbers in the Bible to predict an imminent Second Coming! Creating more fear in the hearts of people when they are already agitated due to the pandemic is an effective means of mind control. Many are guilty of profiting off this fear.



The Cross does cause suffering - There is only one kind of suffering that should be associated with religion. We will face hardships when standing up for justice, to help liberate the oppressed from every form of tyranny. The powerful exploiters, racists, and casteists will hurt people who dare to stand with the enslaved. One does not have to be a Christian to experience this pain. Thousands of non-Christians in India suffer for demanding justice, equality, and fairness. Christians associate this agony with the cross. "If anyone wishes to come after me, he must deny himself and take up his cross daily and follow me" (Luke 9:23). One of Bishop Masilamani Azariah's favourite verses of meditation was on this kind of suffering; real suffering made lighter because Jesus was sharing the yoke. "Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble of heart; and you will find rest. For my yoke is easy, and my burden is light." (Matthew 11:25-30).

#### OUR CHURCH: THEN and NOW

What is the essence of a church? – The corona virus pandemic is a wake-up call to learn what a church is all about. Churches have been shut as if the holy places have no power to stop the ultramicroscopic virus from entering. People cannot meet fellow Christians and sing together heartily in their familiar places of worship. Have we become lesser Christians because for months together we did not participate in the Lord's Supper in a church? Friends are eager to share youtube sites of any number of admonitions by televangelists. What will it take to re-establish the church we know with a hierarchy of elders, evangelists, deacons, committees, pastors and bishops? Many have wondered what really is the relevance of such a church. Churches must justify their existence as large bodies, restate what they have accomplished and what they plan to accomplish. As family members conduct worship at home do we understand anew 'the priesthood of all believers'? Do we see a deeper meaning in "For where two or three gather in my name, there am I with them"? (Matthew 18:20). Is this the time that Jesus was telling the Samaritan woman about: "believe me, a time is coming when you will worship the Father neither on this mountain nor in Jerusalem."? (John 4:21). As we join in worship online or in-person, how does it change our connectedness to God, to our church buildings, and to each other?

Some are content to be free from the organization of our large churches with structures dominated by people who enjoy power to control the lives of fellow Christians. Our imposing churches with altars and pulpits are often exclusively for the ritually privileged. Ritual hierarchy

can be antithetical to the loving good news of Jesus. An artificial sanctity has been devised to hold on to power, to administer communion, or baptize a child. The lockdown measures to prevent the spread of infection have hopefully helped to open our minds and hearts to the essence of belief. Jesus "emptied himself, by taking the form of a servant, being born in the likeness of men." (Philippians 2:7). Jesus can be invited and seen anywhere, under a tree or in a courtyard. It is reassuring to learn about the early Christians: "Every day they continued to meet together in the temple courts. They broke bread in their homes and ate together with glad and sincere hearts" (Acts 2:46).

Courage born of Love - The COVID pandemic is a time for us to remember how Christian love motivated people to act during famine and outbreaks of smallpox, plague, cholera, and other life-threatening events. Christian compassion has been available to all people at all times, especially in times of suffering and need, without any motives of conversion. Maybe you know elders in your community who can recall previous disasters when neighbouring Christians took action. Their stories need to be remembered and recorded even as we witness the present COVID-19 crisis. Today Christians continue to serve their neighbours along with their non-Christian friends who share the core values of humanity, compassion, and love for all.

So, 'Did God send the Pandemic?' We needed to address this question because unfortunately, many people are preoccupied with such "end-time" issues rather than live in the present and address the everyday challenges of poverty, illness, inequality and injustice. There is a lesson to learn from the 100 year old stories of Dr. Mary Jothinayagam and the Phules who were influenced by Christian values. As a body their concern was healing the sick, caring for the abandoned, and consoling the bereaved— not questioning who sent the pandemics!

Excerpted from an article that can be requested from: [p.dayanandan@gmail.com](mailto:p.dayanandan@gmail.com)

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# EMERGING VIRUSES: SARS COV- 2 CAUSING COVID-19



\*Images Courtesy: World Wild Life and Scripps Institute.

Since, the beginning of life on earth, viruses have played an important role in shaping our evolution and have often threatened our existence. A virus, in the simplest term can be defined as a small life form that can infect every other life form. Since viruses have adapted to a life of extreme parasitism they always look for hosts (like humans, bats and dog etc.) to propagate itself. The current pandemic COVID -19 caused by SARS CoV-2 virus is a classic example of what viruses are capable of. Now, the question on everyone's mind is what human activity could have contributed to this biological disaster? One is the consumption of exotic animals or game meat. This gives a chance for previously unknown animal viruses to jump into human population. This is what could have happened in the case of COVID-19. An animal virus from bats and a virus from pangolins (a form of ant eater) recombined into this novel coronavirus and jumped into human population by exotic animal trade in Wuhan, China. This has resulted in a global health crisis of an unprecedented scale that could have been easily averted.

Scientists are working on a cure (a drug or a vaccine) and public health experts are trying to contain the spread of this virus through quarantine, isolation, lock-downs, travel restrictions, social distancing and trade embargos. It is time for us to think how we can resolve the current pandemic and how we could prevent the next outbreak. Viruses will keep emerging and re- emerging unless we take concrete steps in disease control. Avoiding exotic animal meat from open wet-markets is one great step in that direction. De-skinning and de-furring these animals poses the greatest threat to the market vendors and their customers. Micro-cuts and abrasions sustained during the process can result in the transmission of these viruses from animals to humans. Similarly, meat obtained by hunting also holds a great element of risk; hence game meat could be avoided. Always consume meat from refrigerated sources or chain of stores connected with the processing industry. Many safety measures and checks ensure the products are devoid of such dangerous viruses. Food hygiene is an important measure in mitigating such outbreaks. This pandemic clearly outlines the consequences of contamination of the food chain. The butchering of the pangolins in the Hunan wet-market was the major reason an animal virus spilled-over to us. The vendors were the first to be infected, then their clients, the city and the whole world. This lesson comes to us with the stiff price of countless lives, economic loss and endless human misery. A virus that had no name, living in the bats and pangolins of China, has suddenly become a household name synonymous with death and destruction. It is time we wake up to the looming threat of emerging viruses.

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**Dr. Gify Immanuel, Virologist & Medical  
Superintendent of CSI Hospital, Bangalore  
virologist@rediffmail.com**

## **AROYAVARAM MEDICAL CENTRE**

Arogyavaram - 517326, Chittoor Dist. Andhra Pradesh

Arogyavaram Medical Centre formerly known as Union Mission Tuberculosis Sanatorium is a pioneering Institution serving the poor and needy Tuberculosis Patients for the past 108 years. It is a charitable Institution with 300 acres campus serving as a general hospital at present with attached College of Nursing, Paramedical courses and Research Programs.

### **Wanted Immediately**

- |                      |                |
|----------------------|----------------|
| 1. Junior Doctors    | : MBBS         |
| 2. Chest Specialists | : M.D. or DTCD |
| 3. Gynecologist      | : DGO/M.D.     |

|                      |                     |
|----------------------|---------------------|
| <b>Salary</b>        | <b>: Negotiable</b> |
| <b>Accommodation</b> | <b>: Free</b>       |

### **Apply immediately to:**

The Director, Arogyavaram Medical Centre, Arogyavaram - 517326, Chittoor Dist. Andhra Pradesh



## **Christian Medical College, Vellore**

*Serving the nation in the spirit of Christ since 1900*

Applications are invited for the post of Junior Medical Officers at the Christian Medical College Vellore, Chittoor Campus. The Chittoor Campus is located 30km away from Vellore, and is a busy 130 bed high-secondary level hospital with an average OPD attendance of 750 patients per day, 5 busy operation theatres, all broad specialties, and an active community health program.

**Eligibility:** MBBS from any recognized College/University. Institutional accommodation provided. Salary as per current institutional rules of CMC Vellore. For further information, please contact Dr Kenny David, Associate Director, CMC Vellore Chittoor Campus. Ph: 89033 10415; email: [kenny@cmcvellore.ac.in](mailto:kenny@cmcvellore.ac.in)

## INTERVIEW



CMJI in this edition has engaged with an artist to create the Cover design. *This work of art will add visual value to the theme. The original art piece will be available for purchase by an individual member or a member institution. For this edition, we spoke with Shiny Singh who created this painting on Environment & Health Conservation.*

**CMJI: Dear Ms Shiny Singh, thank you for the beautiful art work. Please tell us about yourself?**

I am an economist by profession and an artist by passion. I have dual eye towards societal needs and aesthetics. I experience tranquility while exploring God's creation. I love to challenge myself to try new things.

**CMJI: What inspires you?**

Nature, mostly flowers inspire me. It is marvellous to see the discipline and beauty in nature.

**CMJI: The artists love the beauty of Canvas and colors. It has its own space and yet the digital world embraces and promotes art more effectively today. Your thoughts please?**

I believe art is an emotion expressed on a tangible material. But sometimes, it becomes quite difficult to express it on canvas. Even the colours, an artist chooses, has an emotion or a feeling that the artist is going through. So, the digital world embraces and promotes such emotions because it provides a variety of options readily available. It is easier to express the accuracy of an emotion.

**CMJI: So looking at the painting you've created for the cover page, tell us what came to your mind?**

I was given a theme of 'plastic and environment'. I was

guided by Chris bhaiya to make plastic bottles and leaves and flowers. So I positioned all of them in such a way that the plastic bottle is in the environment but separated by thorns.

I made thorns around the plastic bottle to depict the divergence between plastic and the blooming flowers

**CMJI: CMAI is trying to promote artists through this publication. What would you like to tell your fellow Artists?**

Join me in creating awareness through art

**CMJI: What does your process involve? Does the work evolve or you start with an idea and take it to the finish?**

The process starts with a vague idea in my mind, mostly influenced by my mood. Then it gradually evolves. I constantly take a step back and see if the overall art is coming together or not. So it does evolve.

**CMJI: Where can we find more about your work?**

You may check my instagram page - @shiny.art.world

*Note: Those interested in buying the art work kindly write to us at [cmai@cmai.org](mailto:cmai@cmai.org)*



# e-CMJl on CMAI Website

Dear Members,

CMJl as a quarterly journal and an official publication for Christian Medical Association of India, with its online presence today, brings a much wider reach, diversity, and a global reach. The print run of CMJl, for recent editions, due to the pandemic was held up by the editorial team and the leadership. We regret the inconvenience and wish to inform that we are working to provide our members with the printed copies of the editions.

## Access to e-CMJl

In order to read and download e-CMJl on website, we have initiated a simple process. We require a Simple form to be filled up with Name and Email address, thereafter, you enter the Download Center.

### Please fill below form to download CMJl

Full Name

E-mail

Membership Number (Optional)

## Authorship

We accept primarily original articles authored by those who are closely involved with the theme of every edition. So, we also encourage you to come forward and contribute with an article for CMJl.

## Advertisements

We invite institutional members to advertise in CMJl and other publications. Please write to us at [cmai@cmai.org](mailto:cmai@cmai.org) and we will contact you within two working days.

## Past 5-Year Editions

We are excited as you view both new and old editions (2015-2020) of CMJl. In case you require older editions please send an email to [communication@cmai.org](mailto:communication@cmai.org)

We on behalf of CMAI editorial team, thank you for being our support and helping us in building a just and healthy society.

Regards

**Editor - CMJl**

**Head Communications - CMAI**



## **WE ARE LOOKING FOR SECRETARY - NURSES LEAGUE**

The Christian Medical Association of India (CMAI) a national Christian NGO and fellowship of 273 plus Christian Hospitals and 10,000 Christian Healthcare Professionals in India, has an immediate opening for a Senior staff to head its Nurses League (NL) Section.

**Name of the Post:**

Secretary, Nurses League (NL) - CMAI

**Post open:** One

**Last Date for Application:** 1st May 2021

**Nature of the Job:** Full time; to coordinate the activities of the Nurses' Section; requires extensive travel all over India. Shall be responsible to the General Body of CMAI and shall report to the General Secretary (CEO) - CMAI.

**Age:** 40- 50 years

**Period of Appointment:** Five years with first year as probation.

**FOR FULL DETAILS KINDLY VISIT  
{ [www.CMAI.org/Vacancy](http://www.CMAI.org/Vacancy) }**

## *Are you looking for an opening in a mission hospital?*

*Advertise in the Classified Section in the CMAI newsletter – LIFE FOR ALL,  
and on our CMAI website: [www.cmai.org](http://www.cmai.org)*

Take bold steps for change. This is what Mahatma Gandhi taught us. Christian Medical Association of India, established in 1905, was one such bold step taken by the missionary doctors who dared to serve this country. Even today, young doctors, nurses, allied health professionals, administrators and chaplains have followed the trodden path of the missionary movement which was started 115 years ago.

One cannot do it alone. But together, we can. If you are a medical or nursing graduate, if you are a professional in the health sector or a theology graduate, you need fertile ground to sprout and bloom.

CMAI is a large Christian membership organisation in the Indian health sector. We offer training programmes, platforms for sharing knowledge, opportunities for leadership building, and avenues to excel in your career.

If you haven't become a member, become one today.

CMAI member institutions work in the remotest parts. You will see a different geography of India where people suffer due to lack of proper medical care, children die of malnutrition and young mothers who need education in rearing children.

Dare to reach out to the place where people with commitment such as yours are needed to make a change.

**YES,**  
It possible! You are needed indeed.

**Write to us:**  
Christian Medical Association of India  
[cmai@cmai.org](mailto:cmai@cmai.org)



