



QUARTERLY JOURNAL OF CMAI

CMJI

CHRISTIAN MEDICAL JOURNAL OF INDIA

Volume 37.1 | January - March 2022

Isaiah 41:10

FEAR *not.*

HOPE

So do not fear, for I am with you;
do not be dismayed, for I am your
God. I will strengthen you and help
you; I will uphold you with my
righteous right hand.

So do not fear, for I am with you;
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God. I will strengthen you and help
you; I will uphold you with my
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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

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- CMAI is the health arm of the National Council of Churches in India(NCCI).

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- Advocate for innovations, create evidence and promote policy change
- Work closely with the churches, civil society and the government
- Build alliances for health action on a national scale
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- Christian Medical Journal of India (Perspective)
- Life for All (Newsletter)
- Footsteps (Development) English & Hindi (A Tearfund publication distributed by CMAI)

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The core of CMAI is its members- individuals and institutions. Individual membership consists of five professional groups - Doctors, Nurses, Allied Health Professionals, Chaplains and Administrators. Each section comes together for conferences, workshops, a time of fellowship to learn from, to share with and to encourage each other spiritually and professionally.

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Building a just and healthy society

COME JOIN US AS MEMBERS

COME JOIN US AS MEMBERS

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LETTERS TO THE EDITOR



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

Guidelines for Contribu-

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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“FEAR NOT. HOPE”

The theme for the journal follows the theme of the Healing ministry Week this year: “Fear Not. Hope” (Isaiah 41:10) *God says to “fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand.”*

A sermon article by **Fr Dr Mathew Abraham** from CHAI, encourages us to believe in miracles and a promise of God that He will be with us till the end of days. At CMAI, I wish to appreciate our association with CHAI as a ministry partner for celebration of Healing Ministry. *Dr Nitin T. Joseph* in “**Faith Over Fear**” assures us how we find comfort and solace in the shelter of God’s word.

The devotional article by *Rev. David Ebenezer* focusses on how within the fabric of fear remains the thread of hope. “**Fear and Hope: Interchangeable**”, illustrates how both fear and hope is a pendulum in our lives. We invite you to write to him with your views and share with us how you have kept the flame of hope in your life alive. Another debut author for CMJI is from the editor of our Footsteps magazine. *Ms Jude Collins*, talks about “**Glimmers of Hope**” of how Science, Church, our Partners and Policymakers have continued to pave way for solutions despite the pandemic. The journal also has two articles from the archives on “**Nurses in new India**” and “**Relevance of Healing Ministry**”.

The editorial team interacted with *Dr Vathsala Sadan* from CMC Vellore along with her colleagues who have shared how “**Nursing is Healing**”. The nurses in this article said- “Every nurse is a Moses in action” to fulfil the role of healing ministry today. Another interesting article by *Rev Dr Arul Dhas T.*, is on “**Healing Ministry as Christian Mission**” and how to address the priority areas of Mental Health and Elderly today.

I am grateful to our authors for sharing their perspectives on the theme highlighting fear, hope and on both as well. Thank you. We have an article looking into the past CMJI editions of Healing Ministry titled- “**Healing Ministry Themes – Yesterday Once More**”.

We continue to pray that our readers will be inspired towards Hope. We look forward to reading your stories, feedback and prayers. Write to us at communication@cmai.org

In Him,



Dr. Christopher D. Moses



Editor

FEAR AND HOPE: INTERCHANGEABLE

Rev David Ebenezer



Each generation born into the world has a new set of fears thrust upon it. Though the Bible has told us that we don't need to fear, it's hard to believe the Bible when we are surrounded by personal problems and worldwide troubles. For instance, Covid 19 has significantly imprisoned humans to suffer an intercontinental pandemic with its various variants of the influenza virus. Therefore, fear dominates the life of individuals based on the experiences of the present and past, causes freezing and sometimes leads to pre-emptive aggression. The power of fear is vividly seen when we respond, it controls thinking from the cognitive to the emotional.

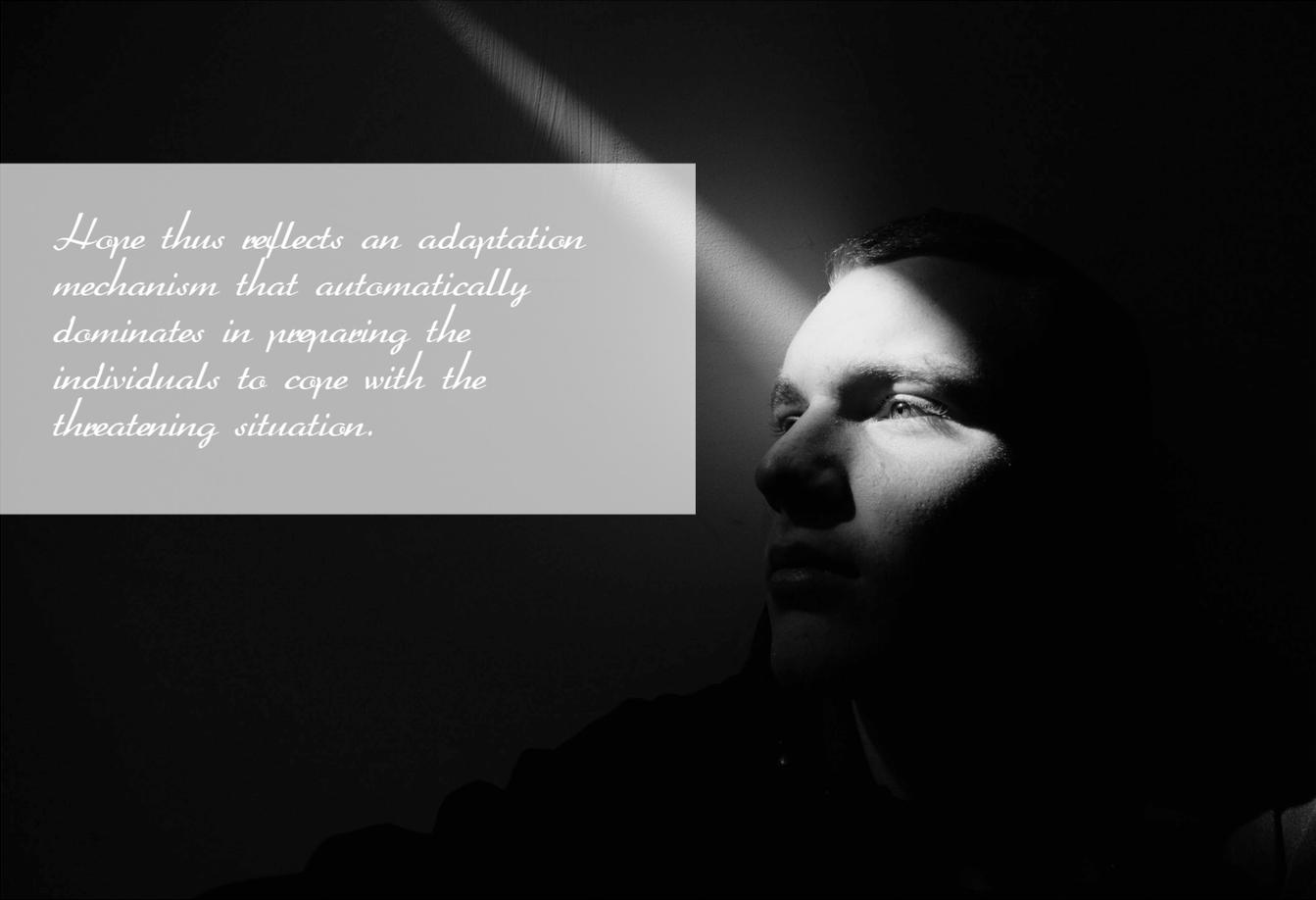
This article focuses to some extent on how fear and hope are a pendulum swing which creates coping mechanisms in different life crises as opportunities for growth and constructiveness.

Anatomy of Fear

Fear is a fundamental psychological reaction which is one of the kinds of simulations in human functioning. In essence, human fear constitutes a multifaceted phenomenon based on consciousness and unconsciousness related to changing demands of the environment or situation. People experience fear in

different ways and for different reasons. The major role of the fear is how he/she decodes the meaning of the stimulation when they encounter or respond. The reaction is based on our perception of an event or situation. If we view a situation negatively, the functioning of fear is spontaneous, fast, uncontrolled and unintentional which has been characterized as irrationality and destructiveness. We likely feel distressed, overwhelmed, oppressed or out of control. The other form, fear, results from a positive view of an event or situation which can be called good fear that functions as a mediator, the process of feeling, judgement, evaluation and decision making that may lead to rationale and construction.

From a Biblical perspective, fear has been viewed negatively because there is a traditional belief that fear has emerged from human sinfulness in the garden of Eden. For instance, in the storm case, Mark 4, in the Sea of Galilee, Jesus' disciples were afraid of drowning during a storm. As the disciples struggled to stabilize their boat, Jesus was sleeping in the cabin. Fear is evident in the disciple's expressions as they tried to wake Jesus. Mark wrote it as a complaint, 'Teacher, don't you care if we drown?' (Mark 4:38). After the waves hit their boat



Hope thus reflects an adaptation mechanism that automatically dominates in preparing the individuals to cope with the threatening situation.

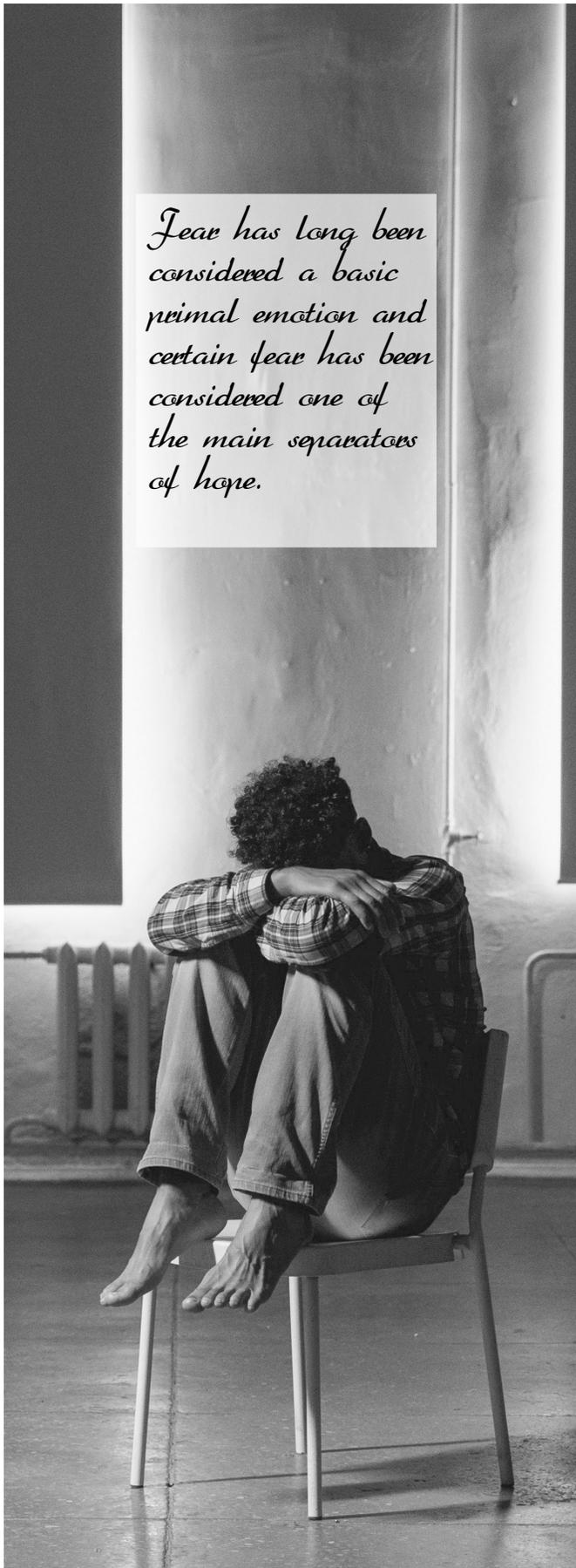
suddenly, the calm seawater became terrifying. The storm is a natural occurrence that is easily understood by fishermen in Galilee. Mark 4:39 says, 'And he arose, and rebuked the wind, and said to the waves, "quiet! Be still!'. And the wind ceased and there was a great calm. The disciples feared the storm initially, then after Jesus calmed the storm, even after that there was 'greater fear' (Mark 4:41) among the disciples when the wind and waves obeyed him. Here the functioning of the fear of the disciples' brain circuit leads to anxiety disorders and stressful behaviour with Jesus. Therefore, fear reacts both physically and mentally to changes, events and situations of human beings.

Anatomy of Hope

In every fear, we are trying to find hope in the accumulated knowledge of the spiritual emotions both consciously and unconsciously. Hope makes us see the possibility of effecting a positive change in the world. We need to believe that the world can be improved beyond compromise, that it is at least possible that no one has to fear, even if we recognize that the probability of ever realizing that vision is minuscule. Hope thus reflects an adaptation mechanism

that automatically dominates in preparing the individuals to cope with the threatening situation. The experience of hope also leads to an increase in the number of accessibilities of procedural knowledge of creativity that was effective in coping. But many individuals' adherence to the hopeful situations avoids risk and uncertainty that reduces their openness to new ideas and resistance to change. Hope also motivates defence and protection to go on hoping and working to make a difference instead of falling into fear.

As a Christian, Hope is not outdated since fear has always existed throughout human history. Hope is the best companion in every fear, though it is interpreted differently. Hope and fear unite the world and humanity in social, political, economic and cultural solidarity. The ultimate spiritual hope is the choice not to give up. Through Hope, humans depend only on God and supremacy is returned to transcendent matters and not to fear. However, The Christian life must be lived with the eschatological expectation that God is in control of our lives and the world. Such a hope will eventually lead us to live for Christ in all circumstances of life. Here, God



Fear has long been considered a basic primal emotion and certain fear has been considered one of the main separators of hope.

educates people about hope through fear for our faith. Essentially, fear and hope can bridge between human empirical experience and logical thinking in understanding God.

Fear and Hope - Interchangeable

There is not a clear division between fear and hope but rather that they are interchangeable, depending on the perspective that is taken. The one who gets to the extreme axis is more likely to look back at the opposite end of the axis and experience the opposite emotion. It is like a pendulum between hope and fear which goes beyond how they seem to operate and the question of their purpose as being motivators to either move toward or away from goals. Together with the fact that they seem to work very well with fear pushing and hope to pull us away from danger or towards success. Fear has long been considered a basic primal emotion and certain fear has been considered one of the main separators of hope. We have contended that fear and hope are to be properly understood and taught will infuse joy into our lives for the future regardless of prevailing circumstances. Still, it is needed to explore the full breadth and depth of fear and hope and its positive and negative aspects.

Conclusion

We need to further explore the being of fear and hope which is to be placed in perspective in understanding the promise of God as it pertains to humankind amid any circumstances. The omnipresence of God is related not only in space but also in a time when God is said to be eternal. There is therefore no moment before Him or after Him. That is why Jesus promised to be with his disciples till the end of the age (Matthew 28:20). God oversees the events of today as well as the events of tomorrow. So let us not stop fearing for the hope of life.

Rev Fr David Ebenezer
Secretary - Chaplains Section
CMAI

GLIMMERS OF HOPE

Jude Collins



‘**E**very cloud has a silver lining.’ This is a phrase that is commonly used in the UK. It means that however difficult a situation might be, very often some good comes out of it.

Although Covid-19 has been, and remains, a very dark cloud that has cast its shadow across every nation, there are many glimmers of hope. Scientists and policy makers have found new ways to collaborate leading to scientific and technological advances - not least the rapid development of effective vaccines. And in many places local organisations, governments, churches and communities are working together in new ways to enhance economic, emotional and spiritual wellbeing.

Technology

In response to long periods of lockdown, many churches and local organisations have embraced the use of technology to help keep people connected, supported and well informed.

In Bolivia, for example, Tearfund’s partner OESER is using podcasts to share information and stimulate conversations about issues caused by Covid-19 restrictions. The podcasts cover themes such as teenage pregnancy, wellbeing and healthy relationships.

Listeners say that this has been an excellent way to work with churches during the pandemic, and that the podcasts have led to many helpful conversations and discussions in their churches and communities.

In Malawi, local organisation Eagles is using radio

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broadcasts to share information. Towards the beginning of the pandemic they received a call from a community member who pointed out that people with sight loss had no access to any of the written information being shared by the government because it was not available in braille. Many were also unable to attend village meetings, so they were not receiving support such as hygiene supplies.

Eagles contacted local government officials who admitted that they had not considered the needs of people with sight loss when they were planning the response to Covid-19. Since then, Eagles has received government funding to produce leaflets in braille and is petitioning the government to provide more funding to organisations and district initiatives to support vulnerable groups in rural communities.

Challenging false information

The World Health Organization recognises that when faith leaders share health information, it is often more widely accepted than information from other sources ([ref](#)).

Early in 2021, the Evangelical Fellowship of Zambia (EFZ) became aware that false information was circulating about the Covid-19 vaccines. With Tearfund's support, EFZ gathered together denominational leaders with a respected theologian and a scientist experienced in vaccines. Together, they helped the leaders to understand that the common myths about the vaccine were untrue.

The denominational leaders prepared a joint statement on the Covid-19 vaccines and supported local churches to address misinformation. This unified position allowed EFZ to facilitate conversations between church leaders and the Minister of Health, enabling the church to influence the government's Covid-19 vaccination plans.

Participatory approach

Many of Tearfund's partners have found that when sharing information - and challenging misinformation - a participatory approach works best. This allows people to ask questions, discuss and share with each other the information that is most relevant for them.

As a trusted voice in the community, the Ethiopian Kale Heywet Church, together with Tearfund, launched a campaign in December 2021 to raise awareness about the Covid-19 vaccines. Nearly 2,000 people attended the three-day event.

After listening to scientific, practical and theological presentations, participants were asked to discuss in groups their thoughts about the Covid-19 vaccines. Representatives from each group were then invited to feed back their concerns and questions. They were

also asked to share their thoughts on why people might choose not to be vaccinated, and what could be done to help people overcome these barriers. As a result of these discussions, several hundred people took the opportunity to get vaccinated during the event.

Holding a participant-led campaign that included prayer, clear advice, time for discussion and the opportunity to be vaccinated proved to be a great success. One participant said, 'I used to be afraid. Today my children encouraged me and I finally came. Now that I am vaccinated, I want to tell my neighbours and my community that there is nothing to be scared of.'

Future hope

Mark Snelling, a counsellor and psychotherapist says, "We are always changed by adversity – sometimes positively and sometimes negatively. The challenge is understanding how we have changed. We can then work out how best to move forward, based on this knowledge.'

The impacts of the Covid-19 pandemic will be felt for many years to come, but we know that we can look forward with hope to a time when there will be no more sickness, mourning, suffering or tears (Revelation 21:1-4).

We can let this hope motivate how we live our lives today. As the body of Christ we are called to love God and love our neighbours (Mark 12:28-31), and we have been given the full armour of God to help us do this, even in the most difficult of times (Ephesians 6:10–20).

Find multiple resources for churches and communities at learn.tearfund.org including a [special edition of Footsteps on Covid-19](#).

Listen to Tearfund's 'How to build community' podcast for ideas and inspiration from around the world: tearfund.org/podcast

Jude Collins is the Editorial and Audience Inclusion Lead in the Communications for Development team at Tearfund. She is also the Editor of [Tearfund's Footsteps magazine](#), a publication for people working with their local communities to bring positive change.

FAITH OVER FEAR

Dr Nitin Joseph



A simple description of what fear is would be “an unpleasant feeling triggered by the perception of danger” and this perception could be real or imaginary. No one is exempt from this feeling and if we can scan our minds without even going too far, I am pretty sure we will recall quite a few instances in our lives when we have felt fearful. As medical professionals we can experience fear for a variety of reasons. If we are in positions of leadership in institutions a very real fear is whether we will have enough funds to pay our staff at the end of the month and this concern is expedited due to the growing competition around which directly affects patient flow resulting in reduced revenue.

The pandemic brought most of our institutions to a standstill. Elective procedures could not be done and our hospitals had to be made available almost exclusively to patients of Covid, most of whom could not pay. Many institutions faced severe shortages of resources like

diminished oxygen supply, PPE kits and also shortage of personnel to care for the growing influx of patients of Covid. Many of us faced personal tragedies like the loss of a family member or a colleague. When the delta variant was rampant last year there was just no respite and there was fear and uncertainty everywhere. While everyone was working on overdrive with resources running out there was also pressure from the local authorities who had their own agendas and targets to reach and this only stretched an already depleted workforce.

I don't think anyone would have ever imagined in their wildest dreams what life would be during the lock down. Our national leadership initially gave us the optimistic view that a lock down for 8 days would be enough for this illness to pass and so many gleefully clapped and sounded their plates enthusiastically hoping that there was truth in this optimism. However, the cases went on increasing and the 24-hour coverage of the electronic

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media just added to the fear. The pandemic brought out the best and the worst in us. People went out of their way to set up Covid care centers at an unbelievable speed. Cutting across barriers of religion people willingly came forward to help others who were in need by providing food, medicines, counseling and also disposing the dead. Sadly, we also saw that some people used even this terrible situation to fill their coffers by hoarding essential medicines and selling them at soaring prices. When the rare vegetable vendor was sighted there was a scramble to buy whatever was possible, sometimes much more than what was necessary. This reminded me of the Israelites in the wilderness when they grabbed more of the *manna* than what they needed only to find that the excess that they gathered got spoilt. CMAI did great work during this difficult period of assisting hospitals in our network by making available equipment, funds, resource mobilization and information dissemination.

One more recent event that continues to make us concerned is the invasion of Ukraine by the Russian Federation and at the time of writing this article we are already in the 50th day of this conflict and the end is not yet in sight. Seeing the terrible images on television can make us cringe with fear. Thousands of ordinary citizens leaving their homes and walking towards some safe place or to a completely alien country in severely cold conditions, several elderly and handicapped persons who cannot make it to safety, innocent animals scampering around can bring tears to anyone's eyes. There seems to be no hope to these unfortunate people and we must not forget that the common people in Russia are also suffering due to growing isolation and economic sanctions. Although India seems to be far away from this conflict, we are certainly affected by it. Several of our students, most of whom were enrolled as medical students in Ukraine had to be airlifted and these young aspiring doctors have shattered dreams of what their future going to be. I wonder if CMAI can find out how many Christian students have returned from Ukraine and whether we can think of helping them in some way. This will require for us to think out of the box but perhaps there is an opportunity for us to take some

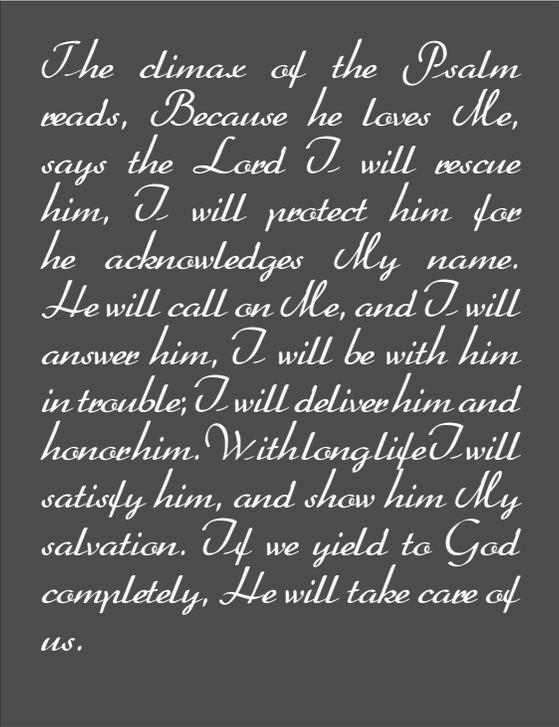
innovative steps to try and address this issue.

Irrational fear is another area of fear that many of us have to deal with. This can be described as feelings of fear that are not based on logical reasoning or clear thinking. They are a persistent, intense fear and are often referred to as *phobias*. Psychologists tell us that there can be an infinite gamut of phobias like fear of flying, fear of heights, fear of birds, fear of loneliness, fear of death etc. There are also of course rational fears and this particularly affects young individuals and this is on the rise with increasing globalization, economic recession, reduction of jobs and increasing competition. The hesitancy of people affected to seek medical opinion especially in countries like India due to the stigma attached only adds to the problem.

So then how do we face up to this growing fear, anxiety and uncertainty? As believers we find comfort and solace in the Bible. During the height of the pandemic a lot of

Biblical messages were being circulated in the social media but the most popular was Psalm 91 and I would not be wrong to call it the "Pandemic Psalm". This Psalm is generally attributed to Moses. It was a huge challenge for a reluctant octogenarian leader to lead over a million Jews through the wilderness for 40 years and though he had liberated them from a life of tough bondage there were several occasions when he had to deal with murmurings, complaints, doubts and rebellions not only from the multitude but also from his own siblings. I am sure that all his initial enthusiasm must have worn out. In this Psalm several dangers are enlisted- fowler, pestilence, plague, terror, arrow, lion, adder etc. Tradition

tells us that this Psalm was penned by Moses when he constructed the Tabernacle in the wilderness and the comfort he experienced when he entered it and felt the divine presence of God in the form of a cloud that enveloped it. The climax of the Psalm reads, ***Because he loves Me, says the Lord I will rescue him, I will protect him for he acknowledges My name. He will call on Me, and I will answer him, I will be with him in trouble; I will deliver him and honor him. With long life I will satisfy him, and show him My salvation.*** If we yield to God completely, He will take care of us.



The climax of the Psalm reads, Because he loves Me, says the Lord I will rescue him, I will protect him for he acknowledges My name. He will call on Me, and I will answer him, I will be with him in trouble; I will deliver him and honor him. With long life I will satisfy him, and show him My salvation. If we yield to God completely, He will take care of us.



Trials and tribulations bring a lot of sorrow to us to the extent that we feel that God has abandoned us but if we reflect on our lives, we will realize that such situations in our lives have made us more equipped and deepened our faith in God.

Another verse that is oft quoted to bring comfort is Romans 8:28, **And we know that in all things God works for the good of those who love Him, who have been called according to His purpose.** If we don't read this verse carefully, we may ask how can terrible situations, disease, accidents etc. work together for our good? This doubt can arise if we overlook the little word "in" and unfortunately the KJV omits it altogether. What the verse is saying is that God can use whichever negative situation that we may face to make us stronger and better if we love Him and keep His purpose foremost in our lives. Trials and tribulations bring a lot of sorrow to us to the extent that we feel that God has abandoned us but if we reflect on our lives, we will realize that such situations in our lives have

made us more equipped and deepened our faith in God. Someone correctly said that when the furnace is lit seven times over Jesus Himself stands besides us, a reference to the incident in Daniel chapter 2.

We read in Psalm 42:5, **Why, my soul are you downcast? Why so disturbed within me? Put your hope in God, for I will yet praise Him, my Savior and my God.** This is not a psalm of lament and if we read Psalms 42 and 43 together, we will notice the words of despair and complaints mingled with expressions of trust. After stopping to listen to his heart, the Psalmist goes on to encourage himself in the Lord who is the only source of true hope.

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The prophet Habakkuk foresees the destruction of Jerusalem by the invading Babylonian army and with fear uses words like “heart pounded, lips quivered, legs trembled” (Hab.3:16), and yet he immediately says, ***Though the fig tree does not bud and there are no grapes on the vines, though the olive crop fails and the fields produce no food, though there are no sheep in the sheepfold and no cattle in the stalls, yet I will rejoice in the Lord, I will be joyful in God my Savior*** (Hab.3:16,17).

Paul talks about “the thorn in his flesh” and testifies that in answer to his pleadings Jesus responded, ***My grace is sufficient for you, for my power is made perfect in weakness***, and therefore he could say that he delights in his weaknesses, insults, hardships, persecutions and difficulties because ***when I am weak, then I am strong*** (2Cor.12:8-10)

In these challenging times may we turn our focus on the mighty God whom we serve and be assured of His guidance and provision. ***And God is faithful; He will not let you be tempted (tested) beyond what you can bear. But when you are tempted (tested), He will also provide a way out so that you can endure it*** (1Cor.10:13). Jesus said, ***Seek first the kingdom of God and His righteousness, and all these things will be added to you*** (Matt.6:33)

Dr. Nitin T. Joseph is the Director & CEO of the Rural Gospel and Medical Missions of India, Nashik, Maharashtra and Chairperson of the Doctors Section of Christian Medical Association of India. He also served as the Editor of CMAI from 2013-2017.

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“DO NOT BE AFRAID, I AM WITH YOU TILL THE END OF TIMES”

Fr Dr Mathew Abraham C.Ss.P



Is there anyone in this world who has not experienced fear, or will not experience fear in the future? Fear is something all of us experience as human beings – man, woman, child, elderly, poor, rich, educated, illiterate, it doesn't matter; all of us experience fear.

Having worked in the field of healthcare, most of us are familiar with what happens to people affected with leprosy. Why do they lose their fingers and toes? They lose their ability to experience pain and gradually they lose their fingers. Pain is something very uncomfortable, and most of us would like to avoid pain. But if God had not given us the ability to experience pain, it will affect our very existence and survival, like what happens for people with leprosy.

Emotional pain is also something similar. It is an uncomfortable experience, but we need emotional pain for our existence and survival. That is the way, we are created. Fear is one of the strong emotional pains all of

us go through. So when we say, “do not be afraid, fear not”, are we trying to eliminate fear? If yes, we are trying to do something impossible, and may be even doing damage to the individual. Fear, is essential, it should not be eliminated.

When Jesus said, “do not be afraid; I am with you till the end of days”, was he trying to eliminate fear completely? All those people who followed Jesus during those days, and down the history till now, were they people who had never experienced fear? I don't think so.

Did Jesus himself experience fear? What was the feeling he was going through at the night of his arrest, while he struggled, sweated blood and looked for company, at Gethsemane? Wasn't it fear? Why did he withdraw when John the Baptist was arrested? Why did he refuse to go openly for the feast at the Jerusalem Temple, while the authorities were plotting against him? If he had not experienced fear, then what is the meaning of incarnation,



becoming human? As a human being, like all other human emotions, it is most likely that he would have experienced fear as well. However, even in the midst of fear, he still continued to focus on his mission, he continued to say what he had to say, he gave himself up to be arrested, to be led to the cross.

“Do not fear, I am with you till the end of days”. The second part of that statement is more crucial than the first part – “I am with you till the end of days”. Jesus is not promising a fearless life, nor elimination of fear. He is promising that he will be with us, in the midst of our fears, strengthening us, to continue our mission. Those who truly believe his words, will stay on, even in the midst of their fears.

Let me conclude with a personal note. Many people, consider me as a tall leader in Catholic healthcare, in India. I don't deny it. I have taken bold decisions, which shaped who I am today. As some of you are aware, even when I had the possibility of a choosing a wife and family of my own, I chose to remain unmarried, to be fully available for the mission with an undivided heart, being part of the larger family, the human family. I have taken up responsibilities bigger than me, sustained in them, even in the midst of feelings of inadequacies.

Did I make my choices and become what I am today, because I am fearless? Have I succeeded in eliminating my fears? I don't think so. I keep moving forward, keep taking decisions, in spite of my fears, with the confidence that God is there accompanying me till the end of my days. Even when a lot of people consider me a leader, when they look up to me for solutions, and guidance, I still experience fear – fear of failure, fear of being rejected, fear of the unknown, fear of suffering, and so on. Does it mean that I stop moving forward, take my hands off the plough? No. You keep moving. Because you believe that he is with you till the end of days.

I believe in miracles, but also I know that miracles are rare. Most of the time, God intervenes in natural ways. Supernatural interventions of God are rare. Therefore, most of the time, even though God is with us, we still have to experience our human frailty.

On a Passover feast, Jesus could have suddenly appeared as the son of God, jumped from the pinnacle of the temple, held by the angels and proclaimed the Kingdom of God to the people. That kind of a dramatic, miraculous appearance would have been easier for the people to believe, that he was the son of God. In fact,



But he chose a very natural way, a human way, to be conceived, remain in a womb for 9 months, to be utterly dependent for another few more years, grow in stature and wisdom, go through all the human experiences that we go through - including pain, rejection, misunderstanding, unjust criticism, denial, betrayal, abandonment, fear and so on.

that was precisely the temptation. But he chose a very natural way, a human way, to be conceived, remain in a womb for 9 months, to be utterly dependent for another few more years, grow in stature and wisdom, go through all the human experiences that we go through – including pain, rejection, misunderstanding, unjust criticism, denial, betrayal, abandonment, fear and so on. This is what gives us strength in the midst of our own fears, that the son of God himself has gone through all that I go through and still continued to focus on the mission, with an undivided heart.

Having done my post-graduation from CMC Vellore, I am aware of the Christian commitment and courage that those in the CMAI network have. On this day of prayer, on behalf of the Catholic Health Association of India (CHAI), I express our appreciation and love for all of you in the CMAI network, and look forward to continue the healing ministry of Jesus in a meaningful way, side by side, as brothers and sisters. May God continue to protect you, guide you and comfort you, in your journey along with the millions of sick and suffering in our country. Amen.

Fr Dr Mathew Abraham C.Ss.R
Director General
Catholic Health Association of India (CHAI).

NURSING IS HEALING

Dr Vathsala Sadan



We must agree that to heal patients is a central concern and objective of medicine. Despite that the role and understanding of nurses healing in the care ecosystem is underrated. The role of nursing and care as immediate healers is best understood and experienced when we speak with them. In order to facilitate this, we interacted with Dr Vathsala Sadan, Dean – College of Nursing at CMC Vellore and her team. An encouraging panel of deputy deans, professors, shared with us their values and reason of becoming a nurse, its role in the healing ministry, understanding need of innovations, the impact on healthcare, knowledge and skills and so on. This meeting was conducted online and the participants realised how the nursing community has continued to stretch beyond their limits. The interview was organised Dr Vathsala Sadan, Dean – College of Nursing at CMC Vellore, conducted by Mr Christopher Peter, Lead-Communication Department , CMAI. We hope that you witness how Nursing and Healing coexist making a huge impact on the entire healthcare ecosystem.

CMJI: We thank each and one of you to meet us for this interaction. We acknowledge your role as both Nurses and Teachers. As we begin, kindly share with us how CMC's expertise in Nursing has impacted healthcare?

Historically, when you look at nursing as a profession it has roots in Christian values and in the concept of healing ministry. Nursing professionals from The College of Nursing at Christian Medical College abide by the rich legacy and pioneering work of our founder Dr. Ida Sophia Scudder. Based on their vision for the medical profession in India, we can say that our expertise in nursing at CMC encircles on Christ-centered **Care**. Nursing is a caring profession, which includes caring with compassion giving much of importance to holistic care. In CMC as we implement or we educate our students or provide nursing care to our patients who are coming to us either in the hospital setup or in an outreach clinic or in a community set up, the two important core areas are Care and Compassionate care. So, in nursing both go together.

Apart from that our motto, vision, and mission statements with our expertise in education, research and service are the core, components of education at CMC.

One of the key areas where CMC stands out or is different from other areas is nurses' dependence on God. The nursing community as such feel that we cannot do anything by ourselves unless we are fully equipped by God, that's where we have these values like prayer in the morning. Patients and relatives are a part of that prayer in the morning. I think that brings a completely different environment of healing.

So, this is something which is unique and different may not fit into the word expertise, but it is something which is unique and different in terms of what CMC brings to the nation.

CMJI: Kindly share with us more on knowledge, skills, and experience. Do we need something else to compliment that and make nursing more relevant?

I think our expertise lies in the way we are nurtured from our days as students. Our teachers have gone through the same quality of nurturing, so they are so well trained and in turn are able to train the students. It is our heritage, passed on for generations. We do dual role of working as nurses in the clinical area and as teachers as well. So, we can impart the knowledge and skills which is very crucial to patient care. We don't limit to academic and education, but we try to demonstrate to students with lot of feelings making nursing unique in our country.

Unlike other professions, in nursing if you want to show your expertise, just knowledge and skills is not enough. We should have the genuine concern and compassion for a patient. We believe that can only come from the Spirit of Christ and that is what makes us different in CMC and we prepare our students likewise. When I joined as a first-year student, I remember the difficulty in relating sensitively to the needs of the patients. But as I became closer to God, I was able to give my knowledge and Skill in a more meaningful & compassionate manner to the patients. I also feel that being taught in this institution of putting service more than anything else and having a passion for our work and considering work as worship. I still remember my first-year teachers telling us about heritage, telling us that every work is not just simply done

for people or get recognitions however, we happily do it for God.

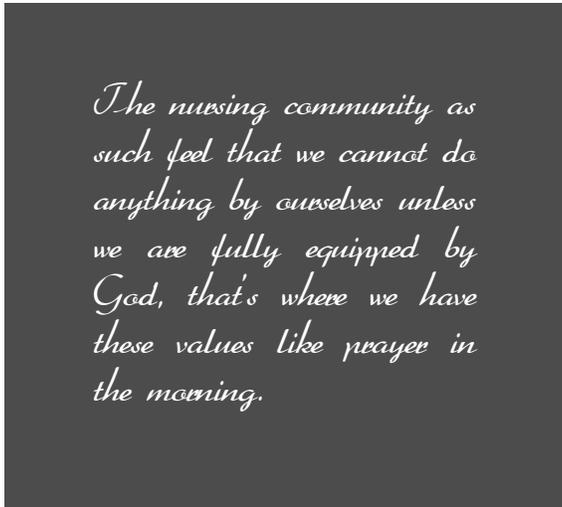
When you have this Christ like character in you then you gather that nursing is a call. Then as professional competence with compassion you also realize that communication becomes wise blessed with wisdom from God. This is an authentic experience. Next comes, integrity which is inculcated into our system. Nurses are known for their documentation which is truthful and authentic. It is because God prompts us to do things that are right and the Christ like character within us convicts us further.

CMJI: Nursing over the years has struggled to find its true worth. But now a lot has changed. In your views what do you think is the role of nursing now?

To ensure safety of patients when they are physically, emotionally, psychologically, and spiritually most vulnerable. This will never change. We believe that this is the whole reason why healing ministry exists. God

has entrusted us this responsibility. Our nurses are very passionate about sharing about healing ministry with the patients and relatives. They take every opportunity to do that something special as nurses. Caring is when you find that the symptoms have vanished. All other parameters have come back to normal and objectively one can measure with help of machines and apparatus. But healing can only be experienced, and it can also be shared. So, in nursing many times I've pondered over 1 Corinthians 13 where it talks about love. I think that can be replaced with an expression and act of nursing in the world today. We feel that as nurses we serve Christ because we care for those in need and that is what God also expects to do. With many minor tasks that we do, it makes a huge difference in the lives of the patients. In Matthew 25:36, God says beautifully that I was naked, You clothed me; I was sick, you visited me; I was in prison, and you came to see me. These words encouraged in our daily roles in the hospital.

Unless we are healed, we cannot help healing others. This is an internal change and a great deal of satisfaction, or the disposition of what God has done for us. In self-realization we experience, love, joy, and peace. We come across infertility, childbirths, from a sick mother to a sick





child, challenges in sexuality and the list are endless. But the common factor of being fruit of the spirit and unless you are healed you cannot heal others. Therefore, love, joy & peace is very important and with these aspects of nursing we can make a difference in the society.

CMJI: Do you nurses see beyond innovations and processes?

If yes then what do we find?

The field of medicine requires innovations. No matter what happens our responsibility is to give care to our patients. However, much beyond all of that what really matters is the touch of our nurses. Their interaction and offering their time and making presence felt at the tight time and next to the right bed. Every crying patient needs a pat on the shoulder or a hand to hold. Nurses are forever prepared to do that. Nothing great can ever replace the purpose of an MRI machine or a CT scan or PET scan. However great the instrument is but a patient needs somebody to stand nearby holding their hand and speak words of comfort. Wherever we maybe and whatever innovations we come up with, the two most important aspects in nursing and caring are; words of comfort and the gentle touch which patients require in their times of crisis.

CMJI: Do you have an example of an innovation?

A brief description would suffice.

Once in the clinical area there was need for a safe feeding of patience, hence, a threat of confusion in using an Ivy set or a feeding tube. So the expert and experienced nurses came together with the idea to custom make the tube. Today the same is devised by an organisation and is being used all over CMC as a feeding tube now for patients. Such innovations are prevalent in the corridors of our hospitals.

CMJI: Please share with us real life stories where the value of nursing is best illustrated.

Also highlight the response and experiences of the patients?

Story 01: In 2002, I was posted in the labor room and a mother was high risk patient due to several abortions and miscarriages. The mother was in complete second stage of Labor and was about to deliver. They realized there was a complication, and the mother must be immediately rushed to the theatre. All throughout that the mother was continuously crying. One of my nursing students took the mother's hands and helped her feel the heartbeat of the child. That made her calm down and peacefully she delivered the baby. After her discharge, she came to the labor room in search of that student nurse just to thank

her. Everybody was concentrating on a physical healing, there was someone who addressed the emotional wellbeing and that was none other than a nurse.

Story 02: I still remember we had a child in our ward may be a few years ago. This child was diagnosed with a chronic lung disease, and she was not getting healed. The parents were so upset because the child was about to die they sat away. I used to pay visits, gently touch her hand, read scripture passages, and pray. A day came when she passed away but I remained broken and disturbed for few days until God told me that He remembers the simple tasks I completed out of love which healed my heart and I accepted the outcomes of the child's sickness.

Story 03: I can tell you a story of a family who had come to surgical ICU two years ago at the beginning of the pandemic. Father was a laborer with wife and their three daughters, and because of the pandemic he lost his livelihood and as a family they decided to commit suicide. All five of them consumed poison, it so happened that the youngest one died and all the other four did not die, and they were brought to the hospital. The father and the mother were ok. One of the girls was in the ICU with our nurse counselor when she was talking to the mother and the family that she realized that the mother's idea. She believed that the child died because of her mother. Our counselor shared with her about forgiveness and with a few sessions she was able to embrace both forgiveness and love giving up the idea of suicide.

Story 04: Many years ago, as a junior nurse I was caring for a 3-year old child suffering with Leukemia. My task mainly with this child was to deliver basic nursing care, bathing, cold applications over the forehead and keep the bed clean from fallen hair. On day the child's mother came closer, held my hands with tears rolling by she thanked me for everything. She was comforted in times of struggle to watch a clean bed for her baby and how we carefully and lovingly gave bath and medicines.

CMJI: The Healing Ministry theme for this year is Fear not. Hope. When you were in the hospital during

Covid, what did you do and what were your fears and struggles?

Please share those experiences.

I was in the surgical ICU where we were actually having patients right in the beginning, whom had all the symptoms of COVID, but were not diagnosed with COVID because at that time we really didn't do a test for those patients over there, and I remember my nurses were so scared because many of them had small children and literally

I had to sit with two or three of them who were crying their hearts out because their families were asking them to resign their jobs and get back home.

At that time, we took some decisions like asking them to wear a PPE. That is personal protective equipment that was before it had become a protocol in the ICU. Of course, that sort of gave little bit of a fear to the medical personnel and all the others because relatives were asking is this a COVID patient. Our nurses, were scared that they would be affected. We made provision to get them some warm milk with turmeric and pepper to have during the break time. When we had meals together that is in the beginning, but we didn't have all those

restrictions like my staff asked me, "Ma'am don't you have the fear of dying?" so I was able to share my faith. We should acknowledge that we all for every day have a gift from God. Ao these little conversations and matters that came up from junior staff were in small ways. To allow a conversation and listen intently, sitting with them sharing, talking. These brief interactions, we remember today boosted our confidence for a daily battle.

Dr. Vathsala mentioned that the contribution, experience, and stories of her colleagues for this article is very important. They have thousands of stories to share. Covid time was a personal challenge for her as both daughters were in the hospital during the first wave. From treatment to what investigations to implement was unclear. Her elder daughter came to hospital sick and not prepared however with support of colleagues the medical superintendent immediately ensured that the right person took correct assessment and immediate action. She gave

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credit to for putting her second daughter in the same room with the elder sister. It was not a coincidence. This way she was regularly informed of her loved ones while she took care of many others who were away from family and friends.

How did you all continue to support each other during the covid days?

We used to pray in the PA system for the students and I have lot of personal numbers of my students who had their struggles. Every night I used to pray with them via video calls. My dean's offices colleagues were helpful. Through video call they use to pray for every person in the campus. Anybody would want any support our nurses were present round the clock. Everybody was online available anytime to pray with the staff. God knows who they are in this profession like Moses who had their call and the burning Bush. Whether you like it or not they remove their shoes. They're standing on the solid ground because He's a rock, and many of them remove their shoes. Maybe it is like their break time they sacrifice because that's a student who needs their help, or sometimes a patient was being crying. It might be about time for them to leave, but they stay back.

Any last words for our readers?

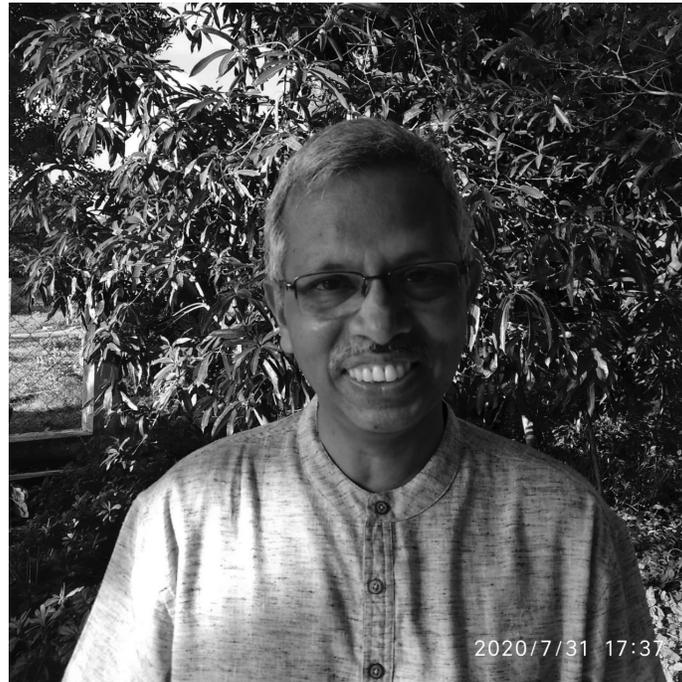
Each one of us here are because it is a call so it is out sultry to respond to that call. That's is how Moses was obliged to it, and because of that we are able to stand. Every nurse in this institution and outside is able with not only the compassion they have but they do have the confidence, competence, commitment, without which we cannot proceed to give a complete care for our patients. So all these aspects put together form the role of a nurse.

So for us every Nurse is a Moses here in action.

Thank you.

HEALING MINISTRY AS CHRISTIAN MISSION

Rev Dr Arul Dhas J.



Healing and wholeness is understood as the central part of Christ's threefold ministry (Preaching, Teaching and Healing). Jesus preached about the Kingdom of God mainly through parables. He *taught* through his sermons and his life example how we should live in view of Kingdom values with one another, with the creation and with God. He also *healed* many people who were sick and suffering, wounded and broken. He did this through the healing miracles and signs.

Shalom in Hebrew means total wellbeing, healing and wholeness. Both in the Hebrew Scriptures and in the New Testament 'Shalom' is considered as the important goal of one's life. Other scriptural expressions like 'salvation' also have the similar manifestations in the life together. In this paper, I would like to argue that Christian Mission has healing and wholeness as its objective. This is true both in Indian context and in other contexts. Restoration of the broken relationships and the bodies comes under the healing ministry that Jesus did during his earthly sojourn.

Healing as the Nature of Mission

In the Hebrew Scriptures, God is understood as the

healer. In the place of Marah, when God made a statute and an ordinance He said "...I am the Lord who heals you" Exodus 15:26. Paul Tillich understood that we human beings are alienated from God. We have a broken relationship with our creator, with one another and with the nature. We are broken and wounded for different reasons. Some times our physical body is broken. In other occasions, our mind or the soul are broken.

The good news of *shalom* promised and proclaimed in the Biblical pages by all means is a good news to all. Shalom, as we know, is not 'peace' as it is written in English. It includes total wellbeing, healing, wholeness or completeness. Definitely, it includes physical, mental, social and spiritual dimensions. Even, salvation from the New Testament may be understood as the part of shalom. Therefore, if the Scripture has to set a goal for the creation or for the human beings, it is *shalom*. When we talk about the mission of God, it is towards shalom, towards healing. In this sense, goal of mission is wholeness and healing of the whole creation.

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Witnessing as the Method of Mission

How do we participate in the mission of God? Over the centuries different methods have been proposed. Some methods were even violent compromising the value of God's creation. Describing them as mission is faulty and unhelpful. This may be because of the faulty understanding of mission. Many Christians are of the opinion that more converts they produce during their life journey, the more rewards they will receive for accomplishing God's mission.

We can observe the links with the commands of Jesus in Matthew 28: 16-20 and its interpretation which has been influential for this kind of thinking. Often John 20: 19-23 and its reasonable interpretation is neglected conveniently in our whole discussion. The method of God's mission which Christ asked us to be part of is what we see in Christ himself. The Nazereth Manifesto in Luke 4: 18-19 should wake us up to see the larger picture.

Jesus witnessed to the love of God and the kingdom of God through his life, teachings, suffering, and even death. He invited his disciples to follow him. Binding up the broken-hearted and recovering sight to the blind was understood by Jesus as part of his mission. In the whole life of Jesus, we see love of God and Kingdom of God being witnessed in unmistakable terms.

Church as the Centre of Mission

The congregation or the faithful community is the context in which healing miracles were performed by Jesus. By and large, congregation or the faithful community forms the base for the mission. When hospices were started as an initiative of the church in early centuries, this dimension was very clear. In the beautiful parable of Jesus in Matthew 25:36, Jesus commends on those who did their mission well during their lives. He put the words in the mouth of the king saying "I was sick and you looked after me". When hospice or hospital does the ministry of healing, the community is doing the mission as is described by Jesus.

As christians what is our calling and mission? Should we focus our attention to define the centre of God's love demonstrated in Christ? Or should we spend our time, energy and resources to define the boundaries of christian faith? What is the mission of the church in a world of brokenness and woundedness? Could

there be a church without a membership register where God's invitation to be part of the fellowship is extended to everyone? In fact, we do see in the New Testament the traces of such an open church whose mandate is to heal the brokenhearted. In such a church, baptism is used as a welcoming ritual rather than a discriminating ritual. Eucharist is celebrated as the foretaste of God's love and sacrifice rather than to exclude people from the fellowship.

Whither Healing Ministry? (Challenges)

Of course, from the beginning of Christian faith, ministry of healing had a special place in the church. Particularly when the hospice became the mission of the church, the body of Christ demonstrated the compassion in an

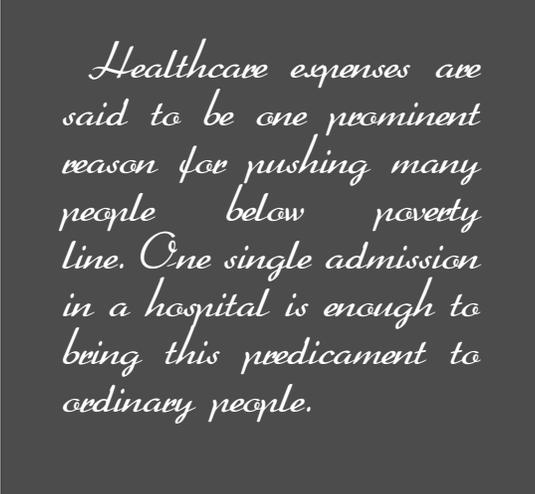
unmistakable term. However, it is important to look at the scenario today. If healing is part of the mission of God, are we as the followers of Christ continuing that spirit in us today? How do we fulfil the burden of Matthew 25:36 "I was sick, you looked after me"?

When Dr. Ida Sophia Scudder built the Christian Medical College, Vellore, she told 'we are not building a medical school, but the Kingdom of God'. In the early part of the twentieth century, mission was understood well in this broad sense. How is it in the

mission hospitals today.

In the context of western medicine, we need to look at the setting of pharmaceutical industry and medical equipment industry. Much of the healthcare research are undertaken by the pharmaceutical companies with conflicts of interest. Medicines for some common illnesses are not accessible to common people since they are made very expensive. Healthcare expenses are said to be one prominent reason for pushing many people below poverty line. One single admission in a hospital is enough to bring this predicament to ordinary people.

Another problem is that the native medicinal practices are disregarded by the modern medical practitioners. All the wisdom and experience we have in the Ayurveda, Unani, Siddha and Homeopathic systems are not at all recognised by the western medicine. Sometimes it makes us think whether this has anything to do with the christian mission practices and its in-built arrogance. If this is part of God's mission to bring forth healing and wholeness, why don't we include native wisdom?



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One more aspect could be traced in the medical mission. This is to do with the lifestyle of the healthcare professionals/missionaries. Normally this is not reflecting the simplicity which we see in the life of Jesus Christ. Therefore the disparities between community members are intensified. Some of us get confused whether healthcare mission is a means to an end.

Priority areas of Church's mission today:

- a) **People living with HIV/AIDS:** People with incurable illnesses are facing multiple challenges in their lives. Particularly those with HIV/AIDS need to face the additional challenge of moral and religious ostracisms and condemnations. Therefore, the church and the related organisations should come forward with their programmes and projects to support such people.
- b) **Women health:** In our society, inspite of growth in different sectors women are still in a neglected position. Anything connected to women gets low priority. A christian should pay close attention in this area to rectify the mistakes.
- c) **Community health:** Much of the health care professionals make their dwelling in the towns and cities where they could earn good money. The church needs to take a different route focussing on the villages and ordinary communities. It is not to say that we need to ignore the needs of the urban communities. The church needs to be there where it is most needed.

That is its mission.

- d) **Mental health:** Mental health is another area the church and the christian health professionals need to focus. Probably the reason why this is neglected is that the outcome is not so pronounced as the other areas of health fields.
- e) **Elderly:** The elderly normally do not have much power. Therefore, it is the objective of the church to side with the powerless to bring forth health and wholeness.
- f) **Dying with Dignity:** Palliative care is a recently developing field where God's mission should find an expression clearly since others who are money minded will not go for it.

*This article is taken from a paper for the Mission Theology in the Anglican Communion Conference in ECC Bangalore, 16th - 21st October 2016.

Rev Arul Dhas T.
 Head - Chaplaincy Dept
 Christian Medical College & Hospital,
 Vellore, Tamil Nadu

HEALING MINISTRY THEMES: YESTERDAY ONCE MORE

Christopher Nathaniel Peter



Healing Ministry is an important ministry of Jesus. It works in areas of life where all hope is lost, thus, has tremendous power. With present circumstances brought out by the pandemic and the prevailing challenges for the healthcare community, we ought to anchor ourselves in the authority that God has entrusted to us. That is to look at holistic health which is beyond healthcare.

At Christian Medical Association of India, we have realised year after year that healing ministry relying on the truth in God's word, has unlocked this potential and transformed into stories, miracles, testimonials, doubts, questions and articles. It is of great privilege for us to inform that these in turn got featured in Christian Medical Journal of India (CMJI).

Over decades, CMJI has invested in building a community of editors, authors, communicators and writers. The authorship has belonged to doctors, nurses, teachers, head of organisations and thinkers. This has helped the readers who are members across India to get an

appreciation of the diverse challenges in India and relish the great variety of experiences. The authors through each writing have tried in many ways how to create an understanding of what God is really saying about healing and healthcare. Interestingly, a new year also brings a renewed theme for the Healing Ministry.

During a recent travel to the North-East of India, one early morning I was in warm company of freshly brewed coffee, pleasant rain and a song playing on the radio – *Yesterday Once More* by The Carpenters. Those words reminded me of the great privilege that we enjoy because of the work completed by our leaders in the past and the legacy they have left for the future. So as I was compiling the present edition of CMJI, devoted a few hours gazing at the archives of healing ministry editions.

In turn, that one morning experience gave birth to this article, where we have made an attempt to demonstrate the richness and wealth of wisdom that has been published in the last editions of Healing Ministry. It is

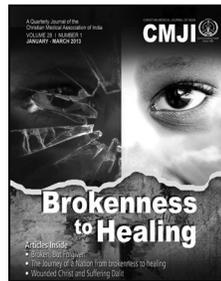
critically important to acknowledge the endeavour of CMJI Editors, who remained motivated to the mission of the journal and completed the wonderful journey from drafting to publishing.

We thank our ministry partners, organisations, mission hospitals for celebrating healing ministry and our subscribers as well.

We dedicate this article especially to all our members for their continued interest and encouragement.

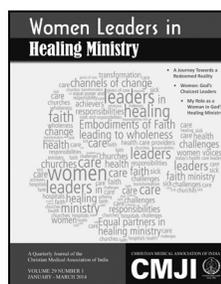
“Brokenness to Healing”

This edition addressed the journey from brokenness to healing and that of restoration as well. We witnessed how the authors shared reflections from their personal lives and experiences. Rev K Vasudevan in his article “Broken, but forgiven”, emphasised the importance of forgiveness. “Institutional Brokenness - A Paradox or a Reality” by Dr Sujith Varghese Thomas’ was based on his days at the “Broadwell Christian Hospital” in Fatehpur. Rev Sunil Raj Philip shed light on the difficulties faced by Dalits and suggests a Christian response in his article “Wounded Christ and suffering Dalits”. Dr Daryl Hackland gave us an exhaustive, insightful account of the agony and the ecstasy of the people in South Africa in his article “The journey of a Nation from Brokenness to Healing”.



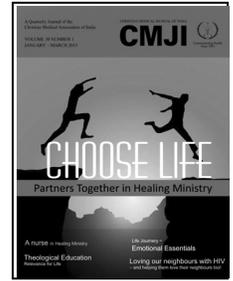
“Women Leaders in Healing Ministry”

This issue weaved together the role and ground-breaking involvement of women as leaders especially in the healing ministry. As we read the articles, an effort to present the undisputable and important role of a woman in society in general and the healing ministry in particular stood vibrantly. Embellished with an effort to give a Biblical perspective, examples of women leaders in the Bible were also shared. An article on legal issues on sexual exploitation and strategies to empower women at the grass roots were relevant, informative and paved the right way to give women their rightful place in the society. The first Aley Kuruvilla oration that was presented at the Coimbatore Conference was published in this edition.



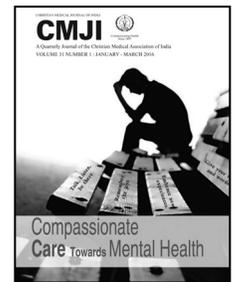
“Choose Life: Partners together in the Healing Ministry”

This edition was an attempt to include articles helping readers to get a better understanding of choosing the zoe life and also how we all should actively participate in Jesus’ healing ministry. God is Jehovah Rapha the Healer, Jesus is the Great Physician and we are His instruments to bring healing to people. The world today needs healing as never before and we must take on this mandate and become agents of healing and transformation.



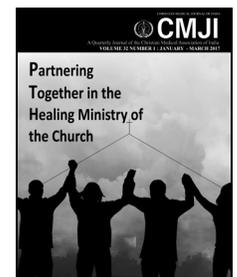
“Compassionate Care towards Mental Health”

This edition of the Healing Ministry was on compassion and the lessons learnt from our great teacher – Jesus Christ. The editor shared how Jesus performed most of his miracles and did most of his teaching not in the synagogues or in the temple but in the market places and in the areas of real need. Likewise, the effort was to make the readers aware of how and why like Jesus we too must reach out beyond the secure walls of our churches and institutions. Paul writes, “For God has not given us the spirit of fear, but of power and of love, and a sound mind” (2Tim.1:7, KJV). Going through the journal, we could feel the impulsive need to together address the issue of Mental Health, which is both relevant and urgent even today.



“Partnering together in the Healing Ministry of the Church”

The role of acting together and huge advantages in participation for building the healing ministry was evident from reading this edition. The articles emphasised on the kingdom of God and that the health professionals play a responsible role in the proclamation of the same. The theme enabled to bring back the focus on the mutual strengths and responsibilities of the Church and its institutions. The issue contained articles that bring out this idea of Partnership and if our Churches and Health Institutions can internalize this there can be

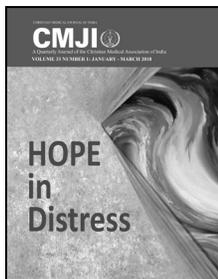


FEATURE

an exponential effect in our witness and service.

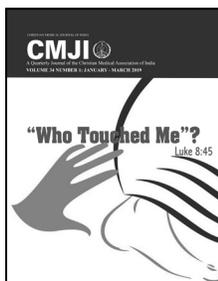
“Hope in Distress”

In this edition of CMJI, the devotion focussed on a sermon that was preached on the celebration of Healing Ministry Sunday at Christian Hospital at Bissamcuttack in Odisha. Interestingly, an outlook on fetal distress & obstetric responses as an allegory for human distress and divine intervention was also the highlight of the edition. Dr MC Mathew and Dr Leila Caleb shared reflections on hope as an attitude and orientation of life. Real life experiences and testimonies of people on Hope and Life in the midst of distress and difficulty brought a personal flavour to the edition.



“Who Touched Me”

The theme of the edition was chosen and inspired from the gospel of Luke. The articles emphasised on touch and eventually leading to healing. This experience of getting healed was the focus for the healing ministry edition. Touch as a powerful tool in human interaction, its positives, negatives, were looked at from a range of angles.



“Let us Consider”

The plan for this edition of CMJI was to focus on exploring the theme from different sections and representations of CMAI's national network. Due to the prevalence of the pandemic it was evident that the edition would feature related articles. Hence, the editorial team made efforts to depict the quality of 'spurring each other' in circumstances of Covid-19, both urgent and important, that too from a variety of perspectives.

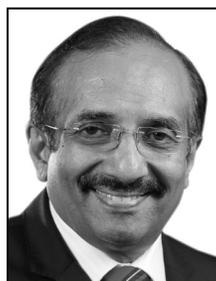


“Renew & Restore”

Editor's letter depicted recommitting for the ministry of renewal and restoration in healing ministry. Articles on the healing ministry of the churches in India, responsibilities of the church & the society in healing ministry, major characteristic of compassion as the central force in healing ministry featured in the edition. A special mention of NCCI's celebration of Healing Ministry Week along with a special dimension of the artistic expressions of the healing ministry were observed.



Thanks to our Editors



Prof. Dr. George M Chandy



Dr. Nitin Joseph



Ms Mercy John



Rev. Dr. Arul Dhas T

FROM OUR ARCHIVES

NURSING NEWS

Nurses' Auxiliary of the Christian Medical Association of India, Burma and Ceylon

No. 97| July - September, 1947



NURSES IN "NEW INDIA"

The day of India's Independence is here. In these times we hear much of 'Free India' or 'New India'. What does that mean? I like to think of it as 'New India' and trust that it will really be a New India where real freedom is to be found. Freedom from fear, from want, from disease, freedom for every man, woman and child to develop to the full to do that work which he wants to do and to have the fullest satisfaction that life can give, and freedom to worship God as he sees fit. I trust we shall each one recognize that real freedom involves controls, that it is something very different from license. Each and every one of us must accept the fact that we are under authority, first under the supreme authority of God, secondly under national and provincial governmental authority and then under many lesser authorities in our home life, our school life, our work life, our professional life. If we ignore this authority in whole or in part, if we scorn it and reject it we shall find ourselves on the downward path and inevitably as individuals and as a nation we shall live to regret it.

This coming of Independence means many things, more than we can write of here. In general we can say it means more and greater privileges, we hope for every individual not for a favoured few; freedom to develop individually and nationally as the people of India see fit and desirable, and above all tremendous responsibilities in every area of life, personal, national and international. In this development we shall find we have obligations to so develop the nation that we move ever forward and upward in harmony with the best traditions of our peoples, our religion, our honour and as the best in our society and other free nations of the world expect and demand. We shall do this and do it well and India will fulfil our hopes if we are prepared to see, to search our strengths and our weakness, to admit our weaknesses honestly and honestly strive under God to become strong where we are weak.

Let us think for a little of the responsibility of nurses in New India. What does Indian society expect of us? Are we ready and willing to fulfil our obligations to accept our responsibilities? In the first place surely India can expect nurses to take a fair share of responsibility in seeing to it that India has a sufficient number of well-qualified nurses to meet India's needs. Any nurse knows that this alone is a tremendous task, but that is not all. We must also see to it that the quality as well as the quantity is satisfactory. In this we have yet a long way to go. India also has a right to expect that each nurse will do her utmost to care for the sick, to teach health, promote it in every possible way and fulfil the broadest duties of citizenship, and surely as individual nurses we have a real responsibility to our profession and professional organizations. It is for us through those organizations to set standards for nursing education and nursing service and for professional conduct, to encourage the development of good schools of nursing, better nursing service in the hospital and the homes and to secure the support of government in the care of the sick and the conservation and promotion of health.

What, if anything in our nurses, in our schools of nursing, in our hospitals, in our public health nursing services in government or private agencies hinders or prevents the optimum development needed? Our philosophy of nursing is a basic thing and if it is not right we start with a handicap. What is our philosophy in this? How do we feel and think about nursing? Do we, who are nurses, feel that we are members of a most honoured profession, do we feel privileged to be entrusted with the care of the sick, do we feel that every service we need to render to the sick is honourable, good and worthy work which we can do with pride, dignity and satisfaction? Do we deem it a privilege to give comfort and healing and teaching to the sick and to those without health? Or are we among the minority who feel that caring for the sick, giving good nursing care is students' work and beneath the dignity of a graduate nurse?

ARCHIVES

Are we among the few or many (which is it?) who think that graduation marks the great day of completion of learning who know everything and have nothing more to learn, who feel that any supervision of their work is an insult and that without experience or special preparation they are ready to supervise others. It is unfortunate that there are some nurses in India who have the latter philosophy of nursing and concept of the place and work of a graduate nurse. So long as there are any such the fulfilment of our task will be hampered.

Only when we realize and admit that graduate nurses must be ready to nurse as graduate teachers are ready to teach; only when we accept the fact that the patient is entitled to a considerable amount of graduate professional nursing care instead of 100 per cent student care; only when nurses and those who employ nurses realize that teachers, supervisors and administrators in nursing and nursing education need experience in graduate nursing and special preparation as do teachers, supervisors and administrators in other fields of work and other professions, shall we, nurses be ready to make real progress in the field of nursing and in our service to society.

Now that we see and admit some of the weaknesses shall we see if we can find the cause. In the first place there is no doubt that the idea that graduate nurses should not be expected to give nursing care to patients has developed over many years when the acute shortage of nurses made it possible for every nurse on graduating to secure a staff nurse's post at least and often a supervising or teaching post. We are just beginning to get past this stage and the transition is difficult because it seems undesirable. Is it undesirable because neither equal position or salary is given to those graduate nurses who are employed as bedside nurses and the so-called staff nurse? If this is the case and I am sure that in many cases it is then we should do something about it. In addition to improving status and salary I believe we must institute in the undergraduate course a real programme of education, on this point. Surely it should not be difficult to instill into nurses a desire to nurse and also reasonable concepts of teaching, supervision and administration and the qualities, experience and preparation necessary for such work.

Next why do the graduate nurses resent supervision? Is it true that the more recent graduates do more than older graduates? If so is this merely a reaction to the discipline and supervision of student days or simply undesirable attitudes? Is it because both student and graduates have an entirely wrong concept of supervision? Is it perhaps because the philosophy, purpose and concept

of supervision held by the supervisors is also wrong? Is it because the quality of supervision is poor? As we look at this whole question, whether we be students, new graduates, supervisors, teachers or administrators we must be prepared to honestly and completely study and analyze with open minds and accept what we find. So only shall we discover the underlying reasons and the weaknesses, and solve our problems in this area.

In order to do a good job of study, analysis and diagnosis we should first formulate a good philosophy and concept of supervision, and then learn something of the techniques of supervision. I sometimes think it is necessary to continually remind ourselves of the ultimate aim and goal of all our efforts. That is something about which there is no difference of opinion. Our goal is better nursing care for all the sick, adequate health teaching to all who need it and healthful environment so that all may have optimum health. Everything we do should make its contribution to the achievement of this goal, whether it be administration, supervision or teaching or anything else. The objective in our supervision and teaching is the fullest development of all the students and graduates in our schools and hospitals to the end that they may be better nurses and that the members of our society may have the best possible nursing care and health teaching. Here let us consider briefly what good supervision is and what is involved in it. For a fuller consideration of the techniques of supervision the reader is referred to *The Art of Leadership* by Ordway Tead. One writer has said that good supervision means 'rendering expert professional service to those who are supervised, in response to their felt needs, which directly or indirectly furthers their professional growth'. Another writer says it should improve the service through individual development. Whatever definition of supervision you accept may it be one which emphasizes the importance of those supervised rather than the importance of the supervisor and one which emphasizes the importance of the growth and development of those supervised as a primary purpose and the improvement of service as a secondary purpose.

Another important thing to remember in relation to supervision is that it is a co-operative enterprise, a programme worked out by the supervisor and supervised in consultation. It is not something imposed without explanation or question. A third thing to keep in mind is the necessity for right attitudes towards supervision, supervisor and supervised. On the part of both supervised and supervisor and lastly let us think of the qualities, experience and preparation necessary in a good supervisor. Many of these you will know yourself. Think

about them and these other matters concerning supervision, and finally together let us do something about it. There is need for each and every one (1) to find out what good supervision is and its purposes; (2) to develop desirable attitudes towards supervision; (3) to accept the fact that those who supervise must develop certain personal qualities such as loyalty, tact, sense of humour, patience, initiative, resourcefulness, kindness, sympathy understanding, gentleness of manner, integrity, self-control, self-discipline, ability to gain confidence and co-operation of others; (4) accept the fact that supervisors need special experience and preparation and see that they have opportunity to get it; (5) see to it that those already in supervisory positions have opportunity for 'in-service' training for the work and as early as possible study leave

for adequate preparation.

Just now when India is coming into full free nationhood, when we are all looking and hoping for a truly New India is a time for all of us to examine ourselves and our profession. If we do this faithfully we shall surely discover our strengths and weaknesses. Let us realize that only as we do this and give ourselves fully and sacrificially and unselfishly to the service of our people and the development of nursing can we do our part in making this new India. F.T.

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FROM OUR ARCHIVES

The Journal of the Christian Medical Association of India

Vol XLVIII - January 1973 Number 1



THE RELEVANCE OF THE HEALING MINISTRY OF THE CHURCH IN CONTEMPORARY INDIA

DR BENJAMIN ISAAC, M.S. F.A.C.S., M.S. (THOR.)

The Church has always had some difficulty in discovering how it should respond precisely to its Lord's command to heal. The other mandates— namely to preach, to teach and to baptise presented hardly any difficulty to the Church, but the imperative to heal has always led to some confusion.

The New Testament is replete with innumerable instances of healing of various ailments by Jesus and subsequently by his disciples. With the turn of the century following the ministry of Jesus, the Church seems to have lost this art, though from time to time we do come across specific instances of healing miracles like the Lady of Lourdes or as in the case of India the Lady of Velangani. However in the historical context it may not be true to maintain that the mandate to heal has been completely relegated to the background. We find that the Church's attempt to found special Orders or Societies for the purpose of healing is an expression of their belief that there is a unique healing power in the sacraments of Grace. And the majority of these orders, and in the case of the Protestant churches as reflected in their respective home boards, they have expressed this in the form of establishing hospitals, clinics etc.

In the latter part of the nineteenth century a concerted effort was made by the Women's Division of the Methodist Mission Society in London, to establish medical work for women, while a similar attempt was made by the CEZMS and the Basel Missions. The main reason for this kind of a diversified activity in the Mission's venture in the field was understandable in that the preaching and teaching engaged by the Church had no meaning to a community whose physical situation was appalling. When

we announced from the pulpit that 'Jesus came, so that we could have life and that too, life in abundance' we find that this message could not be translated into a reality when one saw the ravages of illness around, poverty and ignorance in abundance.

Therefore the Church employed every method that was available and utilised its resources to establish hospitals, schools, boarding homes and etc. No doubt the Church's resources were meagre, and therefore it could only touch the fringe of the problem. However we find today that the Church's efforts are completely overshadowed by various secular efforts to establish hospitals, schools, and implement schemes to eradicate poverty. The slogan for establishing a social order is an attempt by these secular agencies at the national level to do what the church had attempted in a limited way at a purely local level. It is said that in Taiwan where the Mission had established one hospital, the Government today can boast of forty such Institutions.

Furthermore, it is increasingly realised by the Church-related organisations that the cost of care is mounting higher and higher every year, so that it does not seem to keep on parity with the Gross National Product (GNP). The gap between the two seems to be widening gradually. In the face of this reality, where secular agencies have engaged in better health care activities, the Church has graciously withdrawn as in the Western countries, while in certain situations in developing countries the churches' role in running healing centres may be purely an attempt to fulfil a felt need in a particular area.

At the same time it must be realised that medical care as prevalent three decades back is very different from what is now practiced. With the increasing use of bio-technical methods in hospitals, we find that the hospitals are moving more and more into centres of specialisation so that attempts at integrating the Church with of the Church related medical work becomes impossible except

maybeat certain administrative levels.

In the context of these rapid changes, especially in the past two or three decades, we in the church are increasingly concerned about the problem and are trying to study it in depth. Everywhere the question is being asked 'What is the relevancy of the Church's healing ministry today and especially with reference to our Indian surroundings ?

The first of these deliberations which tried to shed some light on this problem was the conference at Tubingen in 1964, when, at the gathering of several ecclesiastical and medical mission workers, three affirmatives were proclaimed.

All Healing is of God and is an expression of His creative activity here and now.

Christians have a special insight into the meaning of Health.

The Church is the healing community.

All Healing is of God and is an expression of His creative activity here and now

The affirmative is easily understandable, because healing is three dimensional and man lives in three dimensions. He lives in relationship to his creator, which is the vertical dimension of his relationship. Then he lives in relationship to himself as a person and lastly he lives in horizontal relationship with his neighbours. Therefore if healing must be in its totality, then we must utilise all the resources provided by God. These resources include a glass of milk to a malnourished child; it may mean a sick visit by a pastor; it may even be a shot of penicillin, complicated open heart surgery; or it may be a simple reassurance and giving a faith which becomes meaningful to his existence.

'Healing thus becomes directed all dimensions of man's existence. In other words it is man rather than his parts which becomes the object of healing. Even Socrates understood this truth in his time. He was one day asked as to why medicine in a neighbouring province was more successful than in their own. He replied, 'Because there they heal the person and thus heal his parts'.

Christians have a special insight into the meaning of Health

Health is not merely lack of illness, it is something more dynamic. Are we, by this affirmative, trying to assume that health is a Christian prerogative or is there truly a special significance for us ? Health may be looked at from various angles. It may be considered simply as the absence of impairment of function, or as a positive capacity to engage in and enjoy function and so on. But the

definition that seems to suit our point of view is the one which views health as an 'enabling' value. It is the base value necessary to some extent for all other values to rest upon. Health neither competes with love, justice, wisdom, peace and creativity, nor does it guarantee them. It is no substitute for them. But we all know that the pursuit of them to a large extent is dependent on some degree of health. For a person who is restored from illness or cured from pain of cancer, this restoration which comes from effective treatment is not an end in itself. It simply enables him to get on with the other values which give meaning to his existence. Thus to a Christian, health has a special insight, as much as death, which is part of health and which has a unique meaning to a Christian.

The Church is the Healing Community

For a long time this affirmation seemed to be irrelevant in the context in which the healing ministry was practiced. One could not envisage how the community or the congregation would participate in healing which had become now such a specialised art. We are also reminded that the Lord had called all his disciples to exercise a healing ministry. He was not just addressing the graduating class of a medical school when He said, 'Go heal'. He was talking to a group of non-professionals. But over the years, this dimension of the church's life has to a great extent been lost by relegating it to those who were professionally trained. How then can we as a church rediscover this relationship ? The answer seems to have come to us only just recently. It has become very obvious to us who run hospitals that unless we re-orientate our work and take medicine into the community our attempts at improving health care are not of much avail. This opens up a new vast field which can be grouped under the title, 'Comprehensive Health Programmes'.

The moment we step out to re-orientate our medical practices along lines of comprehensive health programmes, we immediately realise that it is not merely preventive inoculations from infections that is our task, but that there are a host of problems confronting us, of which we were hardly aware as we worked in our little ivory towers which we called as hospitals.

There was the big problem of the environment in which the community lived and of which man was a part and which seemed to shape his total existence. This new phenomenon of environment or ecology has now become a science of survival for man; so that man has to wage a war in order to save the earth from man himself. By curbing disease and death, modern medicine has started a surge of human overpopulation that threatens to overwhelm the earth's resources. At the same

time technological man is bewitched by the dangerous illusion that he can build bigger and bigger industrial societies with scant regard for the iron laws of nature. There is water pollution, air pollution and it is estimated that the United States spends 2.8 billion dollars to collect its garbage. This is the modern phenomenon of our society. Environment therefore shapes man in this new setting. And this phenomenon is fast creeping into our society in India. As society, hitherto placid, has suddenly found that it has become urbanised, old values are lost and new values added. We are bewildered as to how to react to this new environment. We are faced in this country with the nightmare of overpopulation, so that in our attempts to sell the idea of family planning, we have also made sex an open topic. The juvenile mind, seeing posters and literature, is often egged on by an unhealthy curiosity, which is kept alive by the celluloid trade in producing pictures which appeal to this kindled curiosity.

This is the dilemma in which we are placed. Health is not merely the absence of illness. Medical men alone cannot tackle the problem. The community must participate and our immediate community seems to our congregation. Therefore, the hospital must now function

as a community of disciplines which include not only the medical specialists, but pastoral care, psychology, social work etc. These disciplines must work together. When the various professions become humble enough to admit the need of other insights, skill and knowledge and when each commands the respect of the others, there is hope that man may be treated in adequate terms and that he may be healed in his totality.

Health is indeed an enabler. It enables man to live fully in all dimensions. It is only the healed church that can really help man to achieve this.

In India we have over one thousand Christian hospitals related to one denomination or other. These Institutions have done good work but the practice has been to merely wait for the patient when he becomes sick. We need to reorientate these institutions along the lines of taking care of the people in their own surroundings. The task is to have community orientated health programmes, so that the church has a significant role to play as a true partner. Thus the concept 'Church is Healing' can be realised right in India.

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Write to us:
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cmai@cmai.org

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CHANGE
YOU WANT TO SEE IN THIS
WORLD.**
-MAHATMA GANDHI

