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HEALING BEYOND MISSION HOSPITALS

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EDITORIAL



LOOKING WITHIN, BEYOND AND ABOVE.

Once upon a time, mission hospitals were the only source of healthcare for the common man. There were almost no private players and government services were restricted to district hospitals and medical colleges. From there on as the other two players strengthened their services, it became necessary for mission hospitals also to move along and provide services beyond their own realms.

As a child, I remember we as a mission hospital were the major contributors to the family planning programs of Government of India and then also to blindness control programs. Jalna Mission Hospital had village level tubectomy as well as cataract surgery camps in innumerable villages. Later we moved onto laparoscopic tubectomies and IOL surgeries.

About 30 years ago, we took our sonography machines to Government primary health centres for high risk pregnancies in areas which had very poor maternal and infant health indices in Jalna district. This was reported by the Indian Express as Jalna pattern and tried out in other states also.

Today we've moved onto other complicated services like plastic surgery camps, providing help for cardiac surgeries for children after diagnosis and investigations in local mission hospital.

The stellar role played by all the mission hospitals in national immunisation program as well as pulse polio can never be matched by any agency

This edition is an effort, to help us see what all we need to do, as we look beyond ourselves. Beyond the Mission Hospitals. But just before that, let us pause for a moment, revisit our original plans, acknowledge the faithful partners and we will realise that even sky is not a limit to extend God's love to the poor and needy.

CMoses

Dr Christopher D Moses
Editor - CMJI



HE IS THE LORD OF HEALTHCARE, HEALING AND WHOLENESS

DR ARUL ANKETELL

“in whom(God the Father and Jesus Christ) are hidden all the treasures of wisdom and knowledge” Col 2:3

What a Savior! What a LORD!

1. Jesus Christ spent much time with the sick. Healing was a high priority to Him. If He visits any of our South Asian cities or towns or villages today, we think he would include in His itinerary, the local or district or provincial Hospital . So one aspect of our vision is, “Bringing our patients to Jesus.” This is well

illustrated in the beautiful story of the healing of the paralyzed man in Mark 2:1- 12.

In the last seven years or so God has been stirring deeply in the hearts of many healthcare workers. This vision is slowly gripping hearts and minds. In Him are hidden all the treasures of wisdom of knowledge. This means He is also the treasure keeper of all the hidden truths in Healthcare. Without Him we cannot adequately practice medicine, nursing, psychiatry, paediatrics, and other areas of healthcare.

2. More people pass through the hospitals of the world than through it's churches.

What an open door!

When we were called into ministry with HCF, this was one of the first promises that the Holy Spirit quickened to us. My wife Ranji and I would place our hands on this promise and claim it. We stand amazed at how He has opened doors to hearts, homes , hospitals , churches, cities and countries.

3. People are more receptive to spiritual realities during a time of sickness.

What a GOD given opportunity to care and share GOD's love!

A time of sickness could be a 'kairos time', an opportune, God given moment in the life of that person. A moment for him/her to consider spiritual realities. A moment where God's love could reach him/her. A beloved Doctor friend of mine who loves Rugby football, describes it this way. "In Rugby, an opening to run through sometimes comes and lasts for just a second or two. One must grasp that moment and go through. Or else the opening will close". In the same way, God gives us such openings to show care and compassion to our patients.

4. For many, the healthcare facility is the last stop before death and eternity.

What a sobering reality!

We are called to "rescue the perishing and care for the dying" Healthcare Staff have opportunities to comfort, console and care for dying patients. And we have the glorious possibility of showing them how to conquer death. It could be their special moment'. For many the Healthcare facility is the last stop before death and eternity "What a sobering reality" This is awesome! We, doctors and Healthcare Staff have no answer to death. Death is the last enemy and yet we read in the gospels that Jesus encountered death three times. As health workers, who have faced the issue of our own deaths, we don't need to deny or runaway from death or dying patients. We can move closer to them and minister hope and healing.

5. Healthcare facilities are always open in peace time, war time, or in times of disaster.

What a strategic moment!

The Good Samaritan, saw the wounded person, had compassion and took so much care of him. Disasters and wars and natural calamities are on the increase. The need for "Good Samaritans" is very very great. As we survey the last few years, we see an increase of natural disasters, of wars, of pestilences and of oppressive regimes. Yet even in such times, Health care facilities are open.

6. The church is the custodian of care and the dispenser of healing and wholeness to the community.

What a ministry!

This concept of "Congregations in Healthcare" is such a vital one. The healing ministry was so much a part of the ministry of the early church. Pastor Paul and Dr. Luke were a wonderful team together. (i.e. The Church, and the Healing Ministry.) We must bring them together again (Figuratively speaking) This winning combination of Pastor Paul and Dr. Luke must become strong again. And we could say 'What GOD hath put together (church and Healing ministry) let no man put asunder'. So HCF seeks to work closely with local churches.

7. Death is the gateway to life

What a principle!

"I tell you the truth, unless a kernel of wheat falls to the ground and dies, it remains

only a single seed. But if it dies, it produces many seeds" John 12:24.

These powerful words were spoken by Jesus when the Greeks were trying to offer him a chair of philosophy in Athens in place of a cross at Jerusalem. He refused the offer and chose to die. For this vision to be implemented, God must raise people willing to "die" to self, personal ambition, fame, leisure, possessions, position and pride.

Pompeii the Roman Emperor was not happy because he could not control the Jewish people. He wanted to bring the Jewish God under his pantheon of gods. Thus he could control the Jews. So he stormed into the Holy of Holies in the Temple of Jerusalem. There was a rumor that inside the Holy of Holies, the Jewish God was the head of a donkey. He found nothing, except the wonderful ark of the covenant and the mercy seat. No visible God. It is said he came out angrily and said, "These are the impossible people with an impossible God".

Oh! May God raise such "impossible people with an impossible God" in the Health Fields of South Asia.

Dr Arul Anketell

Regional Promoter, Healthcare
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BEYOND MISSION HOSPITALS, MAKING IMPACT, EVERYDAY

DR JEYARAJ D PANDIAN

My journey in the medical field began when I graduated from Tirunelveli Medical College in Tamil Nadu in 1990. In 1991, I relocated to Ludhiana, and after a year, I embarked on my post-graduation in medicine in 1992, completing it in December 1994. Subsequently, I became a faculty member in internal medicine and spent nearly two years in that role. However, after six months in the internal medicine department, I transitioned to neurology, where my passion for the field

began to flourish.

My formal neurology education took me to Shree Chitra Tirunal for Medical Sciences and Technology in Trivandrum, a central government institution under the Ministry of Science and Technology, specifically the Department of Science and Technology. This institute holds the status of an autonomous institute of national importance. I pursued my neurology DMM training from 1997 to 1999. Upon completion, I joined CMC

Ludhiana in the Department of Neurology in January 2000. With the exception of a brief period from 2004 to the middle of 2008 when I was in Australia, I have been associated with the same department ever since.

Over the years, I have played a pivotal role in developing the neurology department at our institution. By the grace of God, we have gained international recognition. Notably, we recently received

recognition from the Indian Council of Medical Research as a Collaborating Center of Excellence for Stroke Research in the country. We take pride in being the first center in India to receive this prestigious award in the area of stroke, and our reputation extends beyond our national borders.

In addition to my clinical work and research, I hold the position of President Elect of the World Stroke Organization. In this role, I work closely with the WHO Southeast Asian Regional Office in New Delhi, contributing to the development of stroke programs in 11 countries. I also collaborate with various Indian organizations, including the Ministry of Health and Family Welfare, ICMR, the Department of Health Research, and several state governments, in advancing stroke-related initiatives in the country.

Could you please share how your journey with Mission Hospitals began?

My connection with Mission Hospitals started during my undergraduate training at Tirunelveli Medical College, a government medical college in Tamil Nadu. We had a prayer group within our college that organized the All India Christian Medical Students Conference, essentially a

missions conference for medical students. During this time, Dr. Victor Chowdhury, who was serving as the President of CMAI (Christian Medical Association of India) and had previously been the director of CMC Ludhiana, played a significant role.

Dr. Chowdhury visited our conference and delivered a keynote address. One evening, he gathered all the interns from across the country. About 130 students from various regions attended this three-day program. Dr. Vikram, as we addressed him, spoke to a group of 25 house surgeons or interns, including myself. He challenged us to consider coming to CMC Ludhiana for missions work and postgraduate training.

During that period, Punjab was grappling with terrorism and insurgency, and many CMC Ludhiana graduates were not staying in the region. There was a pressing need for Christian doctors. At the time, my plan was to work in a mission hospital in Tamil Nadu and secure sponsorship to pursue postgraduate studies at CMC Vellore. However, a few weeks later, during a quiet moment of reflection, I felt an inner voice prompting me to apply to CMC Ludhiana.

Without much contemplation, I submitted my application. Three weeks later, I received

a telegram from Dr. Vikram, informing me that I had been appointed in the pediatrics department. This was around August, and I was set to complete my internship by the end of that month. Until that point, I had been firm in my intentions to engage in mission work in Tamil Nadu and then apply for postgraduate studies. Nevertheless, I received a clear calling from the Lord to come to Ludhiana. I didn't know anyone in the city except for the director at the time.

When I arrived in Ludhiana, I stepped off the train and prayed, surrendering myself to the Lord's plan. I acknowledged that I didn't know the purpose for which I had been brought here but offered myself to be used for His intentions. This marked the humble beginning of my commitment. Throughout my career here, God has remained faithful, guiding me through numerous challenges and moments of doubt. On several occasions, including while we were in Australia, I contemplated resigning and leaving this place. But each time, God brought me back. It has been a remarkable journey filled with faith struggles, challenges, and, most importantly, rewards. These rewards have come in the form of interactions with medical students, junior faculty, spiritual and academic mentoring, and engagement in

EXCLUSIVE INTERVIEW

missions and research.

What about the process of healing within hospitals before the mission extends beyond?

CMC Ludhiana serves as a beacon for North Indian missions, acting as a central hub for training and capacity building, not only in academic disciplines but also in the realm of missions. What I've come to realize is that, when it comes to patient care, the impact is profound. Hailing from the southern part of the country, I initially perceived a stark contrast in the backgrounds of the patients who sought my care. Patients come from across the nation and even globally, as the Punjabi diaspora extends to all corners of the world.

I've observed that my journey at CMC Ludhiana aligns with my early calling, which was to be a light for the Gentiles, much like the apostle Paul. This calling has materialized through my interactions with individuals of various faiths who come to me seeking medical care. It's heartening to note that a substantial majority, around 80%, express satisfaction with my approach. The feedback and testimonials from patients and their relatives reinforce the sense of calm and assurance they experience when they come to me.

Initially, my healing ministry

was closely intertwined with patient care within the hospital, especially during my residency when I actively shared the gospel. However, as I progressed in my career, the constraints of time limited my direct involvement with patients in the wards. Nonetheless, my interactions with patients and their families continue, whether in the wards or during outpatient consultations.

People travel from diverse regions in Northwest India, drawn by the reputation that CMC Ludhiana has for housing a skilled neurologist capable of addressing complex medical issues. The hospital attracts patients not only from Punjab and the surrounding North West Indian states but also from across the entire country. We receive a considerable number of patients from places like Uttar Pradesh and Bihar, many of whom undertake long train journeys to seek our expertise.

In this way, God's promise to be a light for the Gentiles is fulfilled nearly every day at CMC Ludhiana.

How do you respond to the idea of healing extending beyond mission hospitals?

This is one of my strengths. I would attribute it to my educational journey, which began at a state government medical college. Here, I gained insights into how such

institutions function. Later, when I joined CMC Ludhiana, I embraced the Christian perspective of healing and health. My training at the prestigious central government institution, Shree Chitra Tirunal Institute of Medical Sciences in Trivandrum, added a layer of knowledge and experience. This institution is internationally recognized for its numerous discoveries and contributions to the medical field.

Having been exposed to both state and central government healthcare systems, I've been able to leverage this experience to serve in various capacities. I've chaired several committees for the Indian Council of Medical Research (ICMR) within my area of expertise. Additionally, I've had the privilege of participating in numerous strategic advisory boards for the ICMR, where I've contributed to shaping policies and priorities. These boards convene regularly to discuss and set strategic priorities every two years.

My involvement extends to working with the National Health Authority under the Government of India. I chair a committee responsible for evaluating and determining the appropriate reimbursement for neurological diseases within the Ayushman Bharat scheme. This committee has conducted several meetings over the past three years, with the



most recent meeting aimed at revising the reimbursement package based on ground-level experiences and feedback.

One of my contributions to the government of India is also seen in my role as an expert in stroke. I've worked with the Ministry of Health and Family Welfare to revise and publish stroke guidelines last year. Furthermore, I collaborate with the World Health Organization (WHO) country office, where I represent the World Stroke Organization as the President Elect. I recently participated in a panel discussion in Delhi, which brought together non-communicable disease experts, state nodal officers,

project managers, and consultants from all states. This event was attended by high-level health policymakers, including health secretaries, the Director General of Health Services, and additional directors. During this interaction, we explored ways to enhance stroke care in the country, contributing to health policy advocacy.

God led me away from direct student ministry and guided me towards research and development, ultimately granting me international recognition. I've been involved in ground breaking work with significant impact, both within the country and on a global scale. I've pioneered several

models that the government has adopted, and I believe this journey reflects how God guides us through various stages of our Christian walk.

Since 2008, it's been akin to the experiences of Daniel and Joseph, as I've influenced the highest levels of the government sector. For any inquiries related to neurological diseases and stroke in the Indian context, the Indian Council of Medical Research turns to me as their first point of contact. This is not because of personal connections but because they have witnessed the dedication, sincerity, and hard work that I invest in my work.



The level of trust that God has enabled me to establish with policymakers, both nationally and internationally, is evident. I also work closely with the WHO and the World Stroke Organization. It's a source of pride that I am the first Asian to hold the position of President Elect in the World Stroke Organization. My research profile was even featured in *Lancet Neurology*, a prestigious medical journal, in February of the previous year.

These achievements, although not directly related to missions, have been blessings from God, and I firmly believe that I've been led and called into these areas.

How do mission hospitals,

outside the scope of mission networks, specifically within government and the professional networks in which you operate, tend to be perceived and understood?

Unfortunately, there exists a largely negative perception about missions, primarily because we haven't effectively communicated to the public or the government that our sole motive is to provide healthcare for all. We are here to care for people and deliver healthcare services, often at a lower cost. While there are some organizations doing commendable work, Christian medical missions like ours have yet to make a substantial positive impact on the government, except perhaps

at the regional or local levels where certain hospitals have achieved positive outcomes.

At CMC, we have established a strong working relationship with the state government, and they hold us in high regard. I vividly recall a meeting with the health minister, who is now the current Chief Minister, concerning a mobile stroke unit project. During this meeting, a nun named Dr. Shirley, a family physician from BCH, joined us. As soon as the health minister saw her, he accorded her utmost respect and asked her to wait, even in the presence of experts from ICMR and Ludhiana who watched in amazement. This, in my view, is a result of the respect we have earned through years of

dedicated service. It's crucial for us to convey that we harbor no negative beliefs or prejudices.

We understand the importance of working with the government. Recently, during a program in Lucknow with a few neurologists from Medanta Hospital and a doctor from AIIMS Delhi, a senior neurologist, who had a connection with the Honorable Chief Minister of Uttar Pradesh, informed me, "Sir, I have secured an appointment with the Chief Minister, and we should capitalize on this opportunity to develop something in Uttar Pradesh." This opportunity came seemingly out of nowhere, underscoring how God can open unexpected doors.

Until then, we may not have the ability to exert influence, and it's imperative that they understand our mission better than they do corporate hospitals. We have a multitude of hospitals and numerous beds available at the secondary level, especially in second-tier cities, small towns, and interior areas. By sensitizing and influencing them effectively, we could potentially tap into various government schemes, such as the Partner Christian Hospitals program. These hospitals are reliant on these schemes for their operations.

This is an area where we

have some weaknesses, and it's crucial that we develop a clear strategy. This is where CMAI (Christian Medical Association of India) could play a significant role by bringing various missions together for a strategic meeting. Let us collectively convey our message to the government, to collaborate and make a meaningful impact.

Any final thoughts or closing remarks?

In conclusion, I believe that I have another three and a half years ahead of me here at CMC Ludhiana, God willing. What I've come to realize, especially for young individuals, is the importance of understanding one's calling. This calling may lead one to Christian medical missions, government service, or the private corporate sector. It's essential to remain open to these diverse paths.

I, for example, am working at CMC Ludhiana with a strong sense of calling. I previously served in the government sector, so I recognize that many individuals have their calling in government service. However, there's a significant need for more Christians in government roles. While there may be some IAS (Indian Administrative Service) officers in South India, there are very few Christians in the central government.

I've had interactions with

numerous IAS officers, but I've seldom come across Christians in these positions. I can think of only one Christian IAS officer in Punjab, who hails from Kerala and willingly chose to work in the Punjab Cadre. It's imperative that we encourage young Christians to strive for excellence and actively pursue careers in government sectors, whether as IAS officers, IPS officers, or in other higher-level positions, to ensure a meaningful Christian presence in these roles.

Dr Jeyaraj D Pandian

Professor & Head of Neurology and the Principal/Dean of Christian Medical College (CMC) Ludhiana

This article is created post an exclusive interaction of Dr Jeyaraj D Pandian and Mr Christopher Peter, Lead - CMAI Communication Department



PASSION FOR WORKING AT MISSION HOSPITALS IS UNWAVERING

MS LUCKYWARBAH

I am deeply grateful, Christopher, for granting me the opportunity to share my journey and experiences in the field of mission work and Mission Hospitals.

My name is Mrs. Lucky Warbah, and I reside with my husband, mother, and three children. I have a son who is married, and two daughters. My educational journey led me to complete my BSc in Nursing

at the Regional College of Nursing in Guwahati, Assam. Subsequently, I worked as a staff nurse at the Civil Hospital in Chennai, a government hospital, from 1991 to 1993, for a period of one year and five months.

Following that, I served as a sister tutor at the School of Nursing, which was originally known as KJPH Hospital and is now named Dr. H. Gordon

Roberts Hospital. I continued my work in the mission hospital, specifically in the school of nursing, from 1993 to 2000, serving as a sister tutor for a duration of seven years and four months.

In the year 2000, I was promoted to the role of Deputy Nursing Superintendent, where I dedicated five years and one month to my responsibilities. In 2005, I earned a promotion



to the position of Principal at the School of Nursing, Dr. H. Gordon Roberts Hospital in Shillong. Later, I also took up the role of Nursing Superintendent alongside my position as Principal from 2019 to 2021, for a period of one year and two months.

From 2021 to the present day, I have held the role of Principal cum Professor at the College of Nursing. This institution was formerly known as the School of Nursing but has since been upgraded. I've been serving as Principal cum Professor for one year.

During my journey, I pursued further studies from 2002 to 2004, specializing in NSC Nursing in Mental Health and Psychiatric Nursing at CMC

Vellore. This encapsulates my qualifications and the wealth of experience I have gathered throughout my career.

Could you please share your experience from when you were working at the government hospital, Civil Hospital? I'm curious to know whether it was in Shillong or Guwahati?

During my time working at the government hospital, it was at the very outset of my career. I primarily served as a staff nurse in the early days. What struck me most was the diverse range of patients I encountered. As I was often assigned to the general wards, I had the opportunity to interact with some of the most underprivileged patients.

The circumstances were often heart-wrenching, particularly when I came across patients who were unable to afford even basic medicines or injections, which were sometimes unavailable in the hospital's pharmacy. In such cases, I occasionally purchased these medications for the patients out of my own pocket. I couldn't help but notice that this was not a unique situation limited to Shillong but a prevalent issue in every corner of our country. Many people, especially those living in poverty, struggle to even secure a meal for themselves, let alone afford essential medicines, including those needed in emergencies.

This experience deeply resonated with me, and I strongly believe that much

more needs to be done to reach out to this section of society. In another aspect, working in a government hospital, I sensed that healing ministry could often be an individualistic approach.

Not everyone in the hospital shared the same perspective towards patient care.

In contrast, in a mission hospital, it feels like a family approach. We all share the same objective, mission, and vision, creating a united and familial atmosphere when it comes to caring for patients through the healing ministry.

Could you share any valuable lessons or memorable stories from your time working in the Mission Hospital? Specifically, if there's an experience where a junior, senior, or peer imparted something profoundly valuable to you, and it continues to hold a special place in your heart to this day?

During my time at the Mission Hospital, I had the privilege of interacting with some senior sisters who were members of the MC, Evangelical Nursing Fellowship of India. One of these sisters played a significant role as a mentor in my life. We developed a close and mutually supportive relationship. We often gathered for weekly prayer meetings, and this environment had

a profound impact on our approach to patient care.

These prayer meetings were not just limited to us but also involved other young nurses and even some older, more experienced ones. Together, we worked as a united team, committed to reaching out to our patients through the healing ministry. This collaborative and spiritually enriched environment greatly influenced our approach towards patient care.

What are your thoughts on the presence of Christian manpower, encompassing doctors, nurses, and various professionals? Why do you believe this phenomenon occurs, and what is your personal perspective on the matter?

I believe that when individuals lack a deep commitment and dedication to the mission, they may be drawn by the allure of financial benefits, which can lead them to seek greener pastures elsewhere. However, in my personal experience, when you genuinely feel a calling, nothing can divert you from the passion you hold for the mission.

Passion for working in a mission hospital is unwavering, and you are resolute in your commitment. This is a faith-driven endeavor, and you anticipate the blessings that

come with it, even if you don't seek them actively.

These blessings are experienced firsthand and become a powerful motivator to stay dedicated.

In recent times, I've observed that some individuals, including nurses and healthcare professionals, may join a mission hospital due to a lack of opportunities elsewhere or merely for gaining experience. However, once they come across better prospects, they tend to leave without having the deep calling, dedication, or commitment to the ministry that would anchor them in the mission.

Ms Lucky Warbah,

Dr H Roberts Hospital, Shillong,
Meghalaya



CARE BEYOND MISSION HOSPITAL: HOLISTIC CARE BY CHRISTIANS IN PRIVATE HEALTHCARE

PRAVIN SIMMONS

Mission Hospitals evoke a powerful image of selfless care, a collective effort by doctors, nurses, paramedics, and every individual within the Mission Hospital ecosystem. These institutions serve as a physical manifestation of God's boundless love, extending a hand of healing, loving care, and restoration through medical treatment and empathy. The roots of Mission Hospitals can be traced back to the time of Basil of Caesarea,

who established the first Christian/Mission hospital around the end of the 4th century during the Byzantine Empire.

India, as an ancient civilization, already had its own system of medicine and treatment in the form of Ayurveda, dating back centuries. Interestingly, the first hospital in India was the Madras General Hospital, founded in 1664 by the British East India Company. The first Mission Hospital in India, The

American Madurai Mission (AMM), was established in 1834 under the leadership of Dr. John Steele. While AMM initially served missionaries and those associated with the mission, Dr. Steele's compassionate nature led him to recognize the needs of the local population in and around Madurai.

In a pivotal decision, he opened the doors of AMM to all, particularly during cholera outbreaks when lives were



at stake. Through this act, Dr. John Steele unknowingly embarked on fulfilling the primary duty of a mission hospital—representing God’s love through healing, compassionate care, prompt treatment, and empathy.

As Christians, we are designated as God’s Ambassadors to the World. In Matthew 5:13, Jesus describes us as the “Salt of the Earth,” and in verse 14, He proclaims that we are the “Light of the World.” This concept transcends beyond missionaries and mission hospitals. It applies to each one of us, including those engaged in private medical practice. In various parts of the world,

private hospitals and individual doctors diligently carry the torch of Christ by ensuring that every patient, regardless of their economic status, receives top-notch medical services, compassionate care, timely treatment, and heartfelt empathy.

I have been immensely blessed to be a part of the Evangelical Medical Fellowship of India (EMFI), where I’ve had the privilege of interacting with dedicated and professional doctors who have committed their lives to the service of humanity. These individuals, like Dr. Raju Abraham, Dr. Vinod Shah, Dr. S. P. Mathew, and Dr. Manoj Jacob, are shining examples of God’s

love reaching out to mankind through their unwavering dedication to the field of medicine. Of course, there are countless more medical professionals in the private sector who, through their work, become living testimonies of God’s love in action.

The concept of mission hospitals transcends mere geographical boundaries; it encompasses a broader perspective of service, compassion, and a Christ-like attitude, which is not confined to specific institutions. It is a way of life, an approach to healthcare, and a commitment to serve humanity. Regardless of whether one is part of a mission hospital, a private

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medical practice, or any healthcare setting, the core values of healing, loving care, timely treatment, and empathy remain the same.

The legacy of Dr. John Steele, who extended the healing hands of AMM to the local population, reflects the essence of mission hospitals—a beacon of God's love, drawing people in with the promise of compassionate care. The story of AMM reminds us that serving God and humanity goes beyond the confines of an organization; it's a calling that can impact lives far beyond its original purpose.

Mission hospitals are a testament to God's love in action. They are living proof that His love and care extend to all, regardless of their circumstances. Every person who walks through their doors, whether rich or poor, finds themselves in the embrace of Christ's love. This principle resonates not only in the mission hospitals but also in the hearts and actions of medical professionals in the private sector. They, too, become vessels of God's love, ensuring that every patient is treated with the same love, care, and compassion that Christ exemplified.

In the end, mission hospitals are not just physical entities; they are embodiments of Christ's message of love, care,

and healing. They represent the hands and feet of Christ on earth, and their impact transcends boundaries and institutions, leaving a lasting legacy of God's love reaching out to mankind. Whether in a mission hospital, private practice, or any healthcare setting, the mission remains the same—to be the Salt of the Earth and the Light of the World, representing God's love through our actions, service, and unwavering commitment to humanity.

Dr. Sherekar's Hospital stands as a Center of Excellence, delivering cutting-edge medical services with a blend of international and indigenous expertise. We take pride in fostering an atmosphere characterized by transparency, openness, and an unwavering commitment to ethics, integrity, and the best medical practices.

Our core focus lies in providing quality care that embraces a holistic approach. Every detail, from the ambiance to the furnishings, equipment, and our dedicated staff, has been meticulously crafted to transform this center into a haven of well-being and warmth. You, our valued patients, are the very heart of our mission.

Introducing a pioneering concept in India, we are proud to present our ISO 9001:2008 Certified Natural Birth Center.

Here, we offer a comprehensive Midwifery module of care under the expert guidance of international Midwives, ensuring the highest standard of care and support during the birthing process.

Mr Pravin Simons, Managing Partner
(Daimaas Natural Birth & Wellness
Centre) and Founder (The Good
Health Clinics)



CHRISTIAN MEDICAL SERVICES IN INDIA

DR EBE SUNDER RAJ

We thank the Lord for the Christian medical professionals across India for the very noble and sacrificial service they render and more specifically their contribution during the years of the Corona pandemic. The following small points are for our prayer, reflection and action.

1 Religious workers, the first health care givers.

For the first 3 centuries after Christ, both the health care service and divine healing were

done in the same precincts of the Church. Later the health care gradually emerged as an independent profession. Still the manpower for the public health care service came mainly from the church workers. That is why the nurses were called as 'Sisters'.

Till the year 1939, all the nurses in India were Christians; all the 200 Leprasariums were run by Christian missions. Thus, health care is considered as a part of the sacred service.

Keep it so.

2 Divine healing versus Medical service.

The two are complementary in nature. They both act as per the singular physio ethical cosmic law called as the 'Word of God' in the scriptural parlance. Divine healing or enhancing happens only within the above common cosmic law, the part of law yet to be discovered by the medical scientists. God is no erratic magician. God uses his transcending wisdom and

discretionary power within this common physio ethical cosmic law, what man calls as the 'Sovereign act of God'.

Let me illustrate. Till the age of 64 I was very healthy. Then I was diagnosed to have advanced stage of Renal Cell Carcinoma. My right kidney was removed at the CMC Vellore. In the review after 6 months the malignancy was found to have spread to the

liver. It was considered as terminal stage. God saw that I have not completed some small home works he gave me and therefore extended grace time to complete them. Now at 83, I am still enabled to work 30 office hours a week to complete my small home works, without taking any treatment for the last 19 years. Divine healing and medical service are complementary.

Do not feel down when some of your treatments are not fully successful. God is sovereign.

3 Christian health care service in a corporate medical world

Is Christian health care service still needed today? Yes, in order to show God's love for the poor. The above divine wholistic redemptive objective is executed mostly among



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the redeemable unredeemed, the most poor and the needy around the world. Secondly, Christian health care is relevant to present the wholistic gospel for the body, mind and spirit. My wife received divine light only by the exceptional love and care of the Methodist mission hospital in Kolar, Karnataka, during her long period of inpatient treatment as a child for her bone disease.

Thirdly, Christian health care service is relevant in the context of the limited health care service rendered by the State. Most third world nations spend less than one percent of their national income (GDP) on health care but spend much higher amounts on their “defense” budget. But most of their mortality are due to malnutrition and avoidable communicable diseases and not by the “offence” of their perceived hostile nations. India spent 1.35 percent of its GDP on health care in 2017-18 as per NHA report. Sweden spent 10.9 percent. The ratio of Christian health care service to our nation may be small even with its 45,000 health care staff but it is the quality of Christian service that impacts the values of our nation as salt and light. Keep shining.

4 Community health care vs tertiary medical market

Historically, the medical profession worked equally for the public health care as well as for disease treatment. It rendered both preventive and curative services. Today

the corporate market has polarized these two. Unlike in the Scandinavia, the corporate medical enterprise is becoming a highly rich dividend maker in the poor nations today. When the COVID shook the world violently in the recent past, some corporate hospitals checked the patient's purse first, before they checked his failing pulse. In contrast the Christian hospitals won the hearts of our nations by showing their Christian values during that painful period. We salute especially those medical professionals who died in rendering that most sacrificial service.

Similarly, our Christian medical colleges by their criteria for admission, modest fees and mode of training inculcate in their graduates strong sense of service to the poor in our nation. This is in direct contrast to the corporate medical colleges (and tuition institutes) in India who charge a fortune for admission and produce mostly Dwiji (Indo European) doctors many of whom migrate to serve Europe.

This raises the logical question why the faith based (and all nonprofit) hospitals and medical colleges not be aided by the State, as is done for the faith based Educational institution where their staff salary is paid by the State. Because these NPOs are doing that part of nation building service which the State is unable to do alone. CMAI, CHAI and all national

federations of NPOs can move this idea forward.

5 Financial Survival of Christian health services

Ten years ago, Christian Institute of Management initiated research on this need but could not make progress owing to various limiting factors including the recent Pandemic. CIM is now intent on pursuing that study at Doctoral level Management Research by a multi disciplinary team of scholars and practitioners. Because international funding for Indian mission hospitals will be extinct sooner than later. Even for our Government, the international health care funding today stands at only 0.5 percent of its total health care spending.

On the other hand, Indian churches and many mission hospitals have huge under utilized properties which can be developed into sustainable income generators for the mission hospitals. This will also eliminate the land grabbers and property litigations in courts. Let us build a comprehensive research team for doing this.

Secondly, mission hospitals need to be financed increasingly by the Indian Church. The adage is that ‘money goes where the TV camera goes.’ The mission hospitals need to improve their visibility by mass communication and stronger public relations. Design and disseminate to the masses not just financial appeal, but materials on issues that affect



our national health like public health, alcohol, drugs, abortion, divorce, sexual health etc. The nation waits to hear from very responsible Christian medical and behavioral professionals besides our nonmedical TV preachers. Become visible and audible to our nation.

6 Governance of Christian hospitals by non professionals

One of the highly demotivating factors for the medicos serving in the mission hospitals has been to be governed by non medical leaders of the Church. Today every professional service or enterprise is governed by leaders from the same profession. But the Constitutions of some churches are nearly a hundred years old and do not permit such professionalism. All those Constitutions need to be amended immediately.

CIM recommends review of all NPO constitutions every 20 years. This will also eliminate nepotism, bribe, corruption and court cases. CIM renders this constitution review service.

7 Mutual accountability lines

To reach the above mentioned goals all the stake holders need to do their part to establish stronger mutual accountability lines. There is now a move to form a national level judicial service body to prevent, avert, reverse Court litigations and to enhance internal accountability in the Indian Church and its missions.

“Therefore my beloved brothers and sisters, be steadfast, immovable, always abounding in the work of the Lord, knowing that your labour in the Lord is not in vain.” The result for your labour today may be visible or invisible, immediate or very slow coming, recognized

by others or unrecognized, tangible or intangible, seen in your life time or during your descendants (either biological or professional) or in eternity. But your labour is never in vain. You will be rewarded. I Cor 15:58

Dr Ebe Sunder Raj
Founder, Christian Institute of Management



SENIOR CARE FIRST

TRAVANCORE FOUNDATION

Many things look different when you step into Mission Valley, India's first platinum status assisted senior living facility, run by Travancore Foundation (TF). Nestled deep inside Karukachal -- a sleepy village far-off Kottayam, it feels more like a resort than a care home, with its exotic location, tasteful modern infrastructure and state-of-the-art facilities. Inside, there is a huge army of caregivers to take care of the anticipated needs of its residents. The vibe, however,

remains less of a dreary old age home and more a private member's club.

A pioneer in India's senior care sector, TF embodies service at its best, based on innovation and research-based best practices- a more scientific based care. Caregiving to seniors includes a spectrum of arrangements rather than just offering a shelter, food and scheduled activities. "These arrangements include carefully designed independent living, assisted living, memory care,

skilled nursing care and continuum of care." says Jiji Philip, Chief Executive Officer of the organization. "We represent the collective strive to achieve the optimum physical, mental, emotional and spiritual wellbeing of our residents and everyone is keen to go that extra mile to ensure that this vision becomes a reality. It's a journey that never ends".

#The beginning

TF had a rather humble beginning as an organization



on 17th September 2009 with Mathew Chandy Matteethra, Jiji Philip and Philip K John as its founder Trustees. The first two among them left their lucrative corporate career trajectory and the third man, was a youngster who was passionate about serving elders.

Three men joined hands and pursued their passion and made it a reality- hence TF was formed.

Designed with a focus on elder friendly infra structure (wheelchair accessibility, wide ramps, passages, grab bars, anti-skid floors, elevators, well-lit interior and exteriors), the Centre has 62 elegantly furnished in-suite units, each with an area of about 400 sq.ft and with additional facilities including intercoms and Wi-Fi. The unit is also equipped with an automatic generator set which ensures 100% backup

power and is also under CCTV Surveillance, round – the-clock. The green space and the courtyard garden adorned with flowers and a cool breeze is a refreshing treat to everyone who walks in. “The idea was to create an age-friendly centre that offers a safe and enjoyable space for residents to age in place”, explained Mr. Philip.

One significant facet of its operational excellence, which makes TF unique from all other

assisted living facilities in the country, is the comprehensive assessment and care planning process each resident on admission. A culturally relevant and internationally accepted Resident Assessment Format (RAF) is utilized to assess each resident comprehensively which triggers the areas for care. A person-centered, intervention focused plan of care with measurable goals is formulated for each resident. Assessments are updated every quarter and each goal is evaluated for outcomes. An interdisciplinary team comprising of experts in disciplines such as, Physician, Nursing, Social Work, Dietary, Activities, Rehabilitation etc. partake in the assessment and care planning process. This process further raises the bar in terms of evidence-based person-centered approach to care.

TF has a vibrant continuous quality improvement (CQI) department under which various committees are employed for ongoing monitoring of quality indicators namely, falls, pressure ulcer, bowel and bladder incontinence etc. The aim is to maintain a safe environment for residents free of falls, injuries and restraints to prevent any deterioration in mental or cognitive status.

#Future of Eldercare

The shortage of long-term care workforce to care for a rapidly ageing population,

and increasing number of families wanting their seniors to receive assistive care, etc., has prompted TF to spearhead geriatric training programs to address the challenges tied to the future of elderly care in India.

Accordingly, the organisation has floated its research and training arm –Travancore Foundation Education and Research Centre on Aging (TF ERCA), which has devised a unique service-academic collaboration for the first time in India to create career pathways to sustain the sector.

TF has implemented a simulation-based learning (SBL) lab in 2023 for experiential learning opportunities for its employees. SBL offers geriatric care skills using mannequins, task trainers, hands-on skill training with pre briefing and post briefing segments. "SBL equips staff to practice and learn on real world scenarios prior to actually taking care of residents" says Dr. Varughese, while enthusiastically demonstrating features of the simulation-based learning lab. This is the first SBL lab.

Having carved a niche in geriatric care, TF is now pursuing an ambitious plan to extend its footprints to locations beyond Kerala. It has already kick started the preliminary works to open swanky senior care facilities at Coimbatore and Mysore. Inside the state, it will be establishing an elderly

care home at Vattappara in Thiruvananthapuram and developing another one on a prime property in Kakkanad, Kochi.

For more information, please visit www.travancorefoundation.com



A BEACON OF COMPASSION AND EXCELLENCE IN HEALTHCARE

BELIEVERS CHURCH MEDICAL COLLEGE HOSPITAL

Our Vision and Mission:

At Believers Church Medical College Hospital, our vision is to bring hope and healing with the love of Christ. We aspire to be a beacon of compassion and excellence in healthcare, where every life is touched by the transformative power of faith, care, and cutting-edge medical expertise.

Our mission is to be a centre of caring and scholarship, combining unwavering dedication to the well-being of

our patients with a commitment to advancing medical knowledge.

We believe in partnering with other like-minded healthcare providers to support and extend the medical mission.

Our advocacy mission involves active engagement in policy advocacy to influence positive changes in the healthcare landscape.

About Us:

Believers Church Medical

College Hospital, in alignment with our vision and mission, is dedicated to providing high-quality healthcare services and holistic care that is both compassionate and cost-effective. We are driven by the spirit of Christ and uphold a commitment to healing.

Our Journey:

Founded in 2014, Believers Church Medical College Hospital serves as the healing arm of the Believers Eastern Church.

Over the years, we've grown to become a 750-bedded hospital accredited by NABH.

Our Services:

We offer a wide range of healthcare services to cater to the needs of the community. Our primary and secondary care services include Internal Medicine, Family Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, ENT, Ophthalmology, Psychiatry, Anesthesiology, Pulmonary Medicine, Orthopedics, Dentistry, and Dermatology.

In addition to primary and secondary care, we specialize in tertiary care services. These

include Cardiology, Neurology, Nephrology, Gastroenterology, Endocrinology, Neonatology, Neurosurgery, Adult and Pediatric Cardiac Surgery, Plastic Surgery, Oncology, Oral and maxillofacial Surgery, Pediatric Surgery, Gastrointestinal and hepatobiliary Surgery, Clinical Hematology, Rheumatology, and Urology.

Supporting Facilities:

Our clinical services are bolstered by advanced laboratory and radiodiagnosis departments. We have well-equipped Intensive Care Units (ICU, CCU, NICU, PICU) for

complex clinical requirements. State-of-the-art operating theatres and a dedicated surgical team cater to all surgical needs. The labour room is equipped for normal and high-risk pregnancies, and we provide endoscopy facilities to gastroenterologists, pulmonologists, and urologists.

For more information, please visit www.bcmch.org





**Christian
Medical
Association of
India**