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*Being to
Wellbeing*
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47th

Biennial Conference

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WORLD.**
-MAHATMA GANDHI

CONTENTS

- 05 Editorial**
- 06 An Overview**
- 08 Nobel Realm of Healthcare, an extraordinary Opportunity**
Fr Dharma Kishore Lakra
- 10 Restoration of Wellbeing through Healing and Hope**
Rev Percis Peter
- 15 Abundance in Life in Gratitude, Contentment and Giving**
Rev Rainard Perason
- 19 General Secretary's Report**
Dr Priya John
- 23 Relevance of the Christian Medical Mission in India**
XVIIth Dr Jacob Chandy Oration 2023
Dr Mammen Chandy
- 27 How to thrive as a Christian Nurse**
VIth Mrs Aley Kuruvilla Oration 2023
Ms Manjula Ummareddy (Deenam)
- 30 Section's Report**
- 35 Dr D W Mategaonkar Awards 2023**
- 40 Young Medical Missionary Award 2023**
- 41 Nurses League Awards**
- 42 CMAI Office Bearers**
- 43 Churches, Where are your hospitals?**
Mr Sunny Kuruvilla

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PUBLISHER AND BUSINESS MANAGER: Dr Priya John
CONTENT: Mr. Christopher N. Peter LAYOUT: Ms Lata Anthony
SUBSCRIPTIONS: Ms Goukhanngai

EDITORIAL OFFICE:

Christian Medical Association of India, Plot No 2, A-3 Local Shopping Centre, Janakpuri, New Delhi 110 058. Tel: 2559 9991/2/3, 2552 1502, 41003490, 41064328
E-mail: cmai@cmai.org | Website: www.cmai.org

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LETTERS TO THE EDITOR

Dear Members and Readers,

I invite you on behalf of CMAI to share feedback and views and make the CMJI interactive, relevant and vibrant. As you read this edition and each issue of CMJI, we would like to know what comes to your mind?

Please share your thoughts to help guide the Editorial team. E-mail your responses to: communication@cmai.org

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Regards

Christopher N Peter

Lead - Communication Department

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- 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' Geoffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.
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- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
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- The decision of the Editor is final and binding.

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- 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.

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- Authors are requested to send the article in Microsoft Word format. Authors are encouraged to use UK English spellings.
- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged immediately on receipt with a reference number. Please quote this number when making enquiries.

ADDRESS FOR COMMUNICATION

Christian Medical Association of India,
Plot #2, A-3 Local Shopping Centre,
Janakpuri, New Delhi -110058.

Telephone: 011-41003490 /
41064328

cmai@cmai.org

EDITORIAL



Dear Esteemed Readers,

It is with immense pleasure and profound gratitude that we present to you the special edition of our publication, dedicated to the 47th Biennial Conference of the Christian Medical Association of India (CMAI). This year's conference, held under the theme "Being to Wellbeing," has left an indelible mark on all those who had the privilege to participate, presenting a rich tapestry of insights, discussions, and reflections on holistic health and wellbeing.

At the heart of the conference theme lies a profound acknowledgment of the interconnectedness between our state of being and our overall wellbeing. The journey from mere existence to true flourishing encompasses not only physical health but also mental, emotional, and spiritual wellness. Throughout the conference, participants delved into various aspects of this multifaceted journey, exploring

the role of faith, community, and compassionate care in promoting holistic wellbeing.

One of the defining features of this year's conference was bringing together healthcare professionals, researchers, theologians, and community leaders from across India. That too after a prolonged time gap caused by the pandemic. The exchange of ideas and perspectives that ensued fostered a rich tapestry of dialogue and learning, transcending disciplinary boundaries and enriching our collective understanding of health and healing.

As we reflect on the insights and experiences shared during the 47th Biennial Conference, we are reminded of the profound impact that the Christian Medical Association of India continues to have on the healthcare landscape of our nation. Through its unwavering commitment to excellence, integrity, and service,

CMAI embodies the timeless values of compassion, justice, and healing that lie at the heart of the medical profession.

We hope that this special edition of our publication serves as a lasting tribute to the profound insights and transformative experiences shared during the 47th Biennial Conference and inspires all of us to continue our journey towards being and wellbeing.

Dr. Christopher D. Moses
Editor - CMJI



47TH BIENNIAL CONFERENCE

An Overview

The Christian Medical Association of India's 47th Biennial Conference was held from November 21st to 23rd, 2023 at the prestigious venue of XIDAS, in Jabalpur, Madhya Pradesh. The conference continues to bring together members, leaders, healthcare professionals, researchers, and enthusiasts from across India, to promote knowledge exchange and fellowship. An encouraging gathering of over 400 participants attended the conference over the three days.

Day One: Tuesday, 21st November 2023

The conference began with a warm welcome as participants arrived and settled in after their travels.

Registration and room allotment were conducted smoothly. As the participants settled the programme committee had decided to conduct an informal session of meeting each other, engage in fun activities and a great time of praise and worship which was led Padhar Hospital. Participants had the opportunity to engage in shared learning and Thanksgiving service centred around the Biblical basis of Fellowship led by Fr Dr Dharam Kishore Lakra of XIDAS, Jabalpur who took the first devotion. The day concluded with a fellowship dinner and a prayer session before participants retired to their accommodations.

Day Two: Wednesday, 22nd November 2023

The second day began with a breakfast, followed by a heartfelt welcome. The morning devotions were led by Rev Persis Peter from Leonard Theological College, Jabalpur. Dr Priya John, the General Secretary of CMAI extended formal greetings and recognised all the stalwarts and the esteemed partners. The highlight of the morning was the XVIIth Dr Jacob Chandy Oration delivered by Dr Mammen Chandy, captivating the audience with his insights. After a brief tea break, the conference delved into the first Business sessions, tackling various organisational matters.

Post-lunch, the focus shifted to Praise & Worship, led by Dhamtari



Christian Hospital, and thought-provoking presentations on the Healing Ministry Theme 2023 by several Speakers namely Rev CB Samuel, Dr Shobha George, Dr Anupam Philip, Mrs Elsy John, Dr Rajeev Nathan & Rev Dr Roger Gaikwad. The session emphasized the characteristics of a healthy work environment, effective communication within organisations, and clarity of purpose at institutional and individual level. Additionally, Sectional AGMs and Student Nurture Session were conducted, providing valuable insights and guidance to budding healthcare professionals.

The evening saw the prestigious Dr D W Mategaonkar Awards and Young Medical Missionary Award ceremony, acknowledging outstanding contributions to the field of Healing Ministry and Medical Missions. Nursing education excellence was also celebrated with the Nursing Board of Nurses League Awards recognising the outstanding students, accompanied by the Mr Karunakaran Award for the Best MLT outgoing student. The day concluded with a Fellowship Dinner and a colourful Cultural event, fostering camaraderie among

attendees.

Day Three: Thursday, 23rd November 2023

Thursday began with a Communion service led by Rev Reinhart Pearson, setting a reflective tone for the day ahead. The VIth Ms Aley Kuruvilla Oration, delivered by Mrs Manjula Ummareddy, offered profound insights and inspiration. Presentations and Panels discussion followed, focusing on Solutions and Suggestions for various healthcare challenges. Success stories, educational initiatives, and community-based programs were shared, highlighting the innovative approaches adopted within the CMAI Member Institutions.

The Panellist included Dr Rajkumar, Dr John C Oommen, Dr Jyotsna, Dr Prabhu Joseph and Dr Blessy.

The afternoon featured reports from different Sectional meetings, alongside the Business Session-II where the attendees had the opportunity to engaged in discussions and deliberations, contributing to the advancement of the organisation's goals, and electing the Office bearers for 2023-2025. A Dedication Ceremony

thanked the outgoing members and welcomed the new General Body members for the 2023-2025 biennium. Participants also got to enjoy sightseeing activity, providing moments of relaxation and fellowship. The day concluded with a delightful dinner and informal cultural event.

Day Four: Friday, 24th November 2023

The final day commenced with a hearty breakfast as participants prepared for departure. A closing prayer and winding-up session encapsulated the essence of the conference, emphasizing gratitude and reflection. Transport arrangements were made for those departing from the airport or station, ensuring a smooth conclusion to the event.

Overall, the 47th CMAI Biennial Conference proved to be a success, fostering collaboration, innovation, and fellowship within the CMAI network. Participants departed with renewed inspiration and a sense of purpose, ready to apply the learnings and connections made during the event.



NOBEL REALM OF HEALTHCARE, AN EXTRAORDINARY OPPORTUNITY

Fr. Dharma Kishore Lakra

Esteemed dignitaries, ladies and gentlemen, and all healthcare workers and professionals, it is a profound honor to be among you. As we stand together as brothers and sisters in Jesus Christ, I am deeply grateful for this moment. Your presence, with its grace and blessing, enriches this institution, and for this, I offer my thanks to God.

When we speak of God, it transcends mere discussion or reading scriptures; it encompasses living our lives and engaging in our daily activities. I believe this is precisely what you, as doctors, nurses, professionals, and healthcare workers, have been doing throughout your lives. The theme "Being to Well-being" aligns perfectly with your profession. It

signifies that it's not merely about acquiring knowledge of God, but about embodying His teachings through our actions, our professions, and our way of life.

I will try to sum up your life as a healthcare professional through the spectrum of the healing ministry. God himself came to this world for mankind and that irrespective of cast, creed. This is meant purely for the humanity. And as healthcare professionals, we are supposed to witness his mission. We read in Saint Paul's epistles that through baptism, we wear Christ like clothes. Therefore, we become Him and we bear witness through our walks of life, our profession, our behaviors, our activities and so on and so forth. I would like to share some of

my experiences with you, who are doctors, nurses, health care workers and professionals. There are some of my family members who are doctors, nurses, healthcare professionals and I would always try to tell them that through their ministry, the ministry that we have received from God is to be an example through their profession and walk of life.

Maybe in today's context we need to be a very good human being in order to be a righteous person. Most of us understand that we are righteous and that we're able to witness God. Healing hands continuing His ministry in healthcare. In a noble realm of health care, Christian doctors, nurses and healthcare professionals have an extraordinary



opportunity to perpetuate the Healing ministry initiated by God. Beyond medical expertise of their daily activities, behaviors, interactions and expressions become powerful conduits for embodying God's compassion in the Life of those. The very first virtue I see in them is compassion in action. The heart of change where His ministry was compassion as we find in all the four gospels. And we found at least 61 times in the Gospels about healing by God. For healthcare professionals, this means more than clinical expertise. It's about treating patients as whole beings, acknowledging their pain, fears and emotional needs as we have just witnessed here in the active place. It's about being present, listening attentively and offering solace beyond the prescription pad. The next is modeling God's behavior. Following an example means more than administering treatments, but it is about how care is delivered. Embracing every patient with empathy, dignity and respect irrespective of societal status or condition. It is an advocating for the vulnerable and standing against discrimination and injustice within healthcare systems.

The next one is the healing power of words. Words possess immense

power, capable of either wounding or healing. For us as healthcare practitioners, words become instruments for offering comfort, charisma, and hope, instilling faith and resilience in those we serve.

Next is, the touch of healing. Touch when used with care and sensitivity can convey empathy and healing. Jesus' touch brought restoration and while professional boundaries are essential, so is a gentle touch of holding a hand which can also transmit reassurance and comfort in times of vulnerability. A warm smile has the potential to brighten even the darkest moments. Similarly, a healthcare professionals smile can be a beacon of hope and a gesture of reassurance which is a reminder of the genuine care and compassion they bring to their patients.

Next one is navigating challenges with Grace.

In the dividing world of healthcare, challenges are bound for long hours along with emotional strain and ethical dilemmas. However, in these times of challenges lie opportunities to embody God's ministry. Through perseverance, humility and a commitment to compassionate care, health care professionals can shine as beacons of hope for us

as doctors, nurses and healthcare workers as each day presents an opportunity to extend the healing Ministry beyond medical procedures and prescriptions. Their actions, behaviors, words and touch have the potential to be instruments of divine love and compassion. By embracing the holistic care that God has exemplified from attending to physical, emotional and spiritual need, they not only treat ailments, but also offer comfort, healing and hope to those in their care. In every interaction within every hospital ward or clinic, the continuation of Healing Ministry is palpable. A testament to the transformative power of compassionate healthcare practices with faith, love and unwavering commitment.

These characteristics are fundamental not only for healthcare workers but also for all of us as human beings and witnesses to our professions and ways of life.

Once again, I offer my prayers to God, asking for blessings to help you navigate the challenges and difficulties you may encounter, whether personal, political, social, or economic, enabling you to continue your noble mission.

God bless you all.



RESTORATION OF WELLBEING THROUGH HEALING AND HOPE

Rev Percis Peter

The theme being to well-being talks about well-being in totality. If I look in the dictionary for 'being' there are several meanings. It is a word which presents participle of the word 'be'. It is also used as non- finite clauses, where you are giving the reason for something. It also a countable noun, you can refer to any real or imaginary creature as a being. As believers, we believe that human existence is purely dependent on God's grace who has breathed his breath in our nostrils, the moment the breath is taken away from us, we do not exist and our existence is over. Same God who created us, who gave life to us, wants us to live the life in abundance through his son Jesus Christ. John 10:10, says "I came,

that you may have life and have it abundantly". While on the earth, He gave the fortes of his life through his teachings, through his miracles he performed, especially the healing and all other miracles as well.

Out of 37 miracles that He performed, 23 are of healing. 3 are raising from the dead and 9 miracles display his power over nature. These stories are being narrated in the Gospels, but surely and definitely, there may be end number of miracles which had taken place where He has healed because there are several words which goes on speaking about the fact that there were men and women who were lame, who were deaf. There were physically, mentally and spiritually challenged people,

who came to Jesus and they were healed. The number is not counted precisely, therefore only 37 stories have been narrated about the healing of Jesus Christ. But when we talk about His ministry of healing, the gospel has given much more space to the stories of healing rather than the other teachings of passion and resurrection. So, it is one of the biggest ministries that Jesus has performed and has done while He was on the face of this earth.

You all are the chosen ones to carry out that ministry through the calling which God has given to you in whatever capacity you are serving. But you are hence bringing forth healing to the lives of people. When Jesus healed people, He not just



healed them physically, but healed them mentally, emotionally and spiritually. Jesus restored them socially and He wanted human beings to live the life and to its fullest potential.

The verse which is being used as a theme, depicts John's greetings, where he wishes good health and this verse speaks clearly about both spiritual goodness or well-being or prosperity and also healing. The word says "believe it I pray that all may go well with you and that you may be in good health just as it is well, with your soul". It was written for Gaius. This name was very common of that time and has been mentioned three times in New Testament. Evers and Wilder says that the unreliable tradition identifies the present Gaius and the Gaius to whom John wrote the Third Epistle. He was the one who was perhaps the Bishop of Pargana. But no specific title of this office has been assigned to him in this Epistle. He walked in truth and had a strong testimony among the believers of Jesus Christ. His people,

his church members when they met John, they told how a faithful servant he was. What a good man he is, how truthfully he lives the life which Jesus Christ expects him to live. He is a truthful and a faithful man in his ministry, and that was a testimony given by his church members and other members to John. He comments that he is very happy for the ministry, that he is carrying out in his church. Some scholars comment that he is prospered spiritually, but despite of his ill health. He was spiritually a very strong person, he was faithful to God, but he was also facing some physical issues. Perhaps he was subjected to some illness and John wanted him to know that he is a strong spiritual man. I also want to wish and pray to God that He heal you physically as well, so that you enjoy the complete and total health. I also would like to add the mental and emotional health, which is equally important in human life. In today's world, mental health is being given much importance and heed that there are problems with

the people with regards to mental health issues.

Some of the miracle stories of Jesus Christ are:

The healing was initiated by Him. While healing people, he did not do this to show His power, who has the gift to heal others. But, whenever He saw people suffering in agony, disabled, helpless people, he was moved and the very first reason for healing the people was the compassion in his heart. He never wanted His father's beautiful creation to be disabled and this compassion led Jesus to heal many people. In the miracle stories that we have read about Jesus, we see several times words mentioning about how He was moved with compassion, or how He was moved with pity. He had pity on him and He therefore wanted to offer healing to such people. Sometimes He initiated healing, sometimes speak after hearing the miracles and people would come to Jesus for healing where He healed all. When people were hopeless, had no hope or chance of being healed,



when they heard the story of Jesus healing such kind of people who were born blind, deaf and lay, with disability right from the childhood, there was a flame of hope rekindled in the hearts and minds of the people that if He can heal him or her, Jesus can heal me as well. So, Jesus is healing, was able to rekindle hope and every sick person whoever he or she was will be healed.

In comparison to what Jesus used to display, it was a very disheartening to hear the negative views from one of the theologians who also happened to be a pastor. He said that if somebody is sick in the family then it is very unfortunate if they're not getting well, it's better for them to die. The logical reasoning to that will be because they rob the family money for their own treatment. But I said it can't be because every person who loves their family member, do not want, even if they are on the sick bed, they would want their loved ones to be with them. There were also taught that it is better for them to die because since we believe in the resurrected life of Jesus Christ, they should better leave this world and go away.

There were lot of discussion, ethical issues on euthanasia and as a Christian believer, we do not have the positive response to that. I realized that this person, he, being a pastor, and a theologian, the first thing what he did was to deny and not acknowledge that his God is the Almighty God, who has the power to heal people. Secondly, he was also denying the dignity and the value of the human life. I felt as a pastor and as a theologian, he set a negative perspective of hopelessness to the families who perhaps he may have visited then. In our case, we believe in a God who has created us and has the power to heal us. Miracles that Jesus has performed had really built hope in the lives of the people once upon a time, they thought that they will never get healed, but once they started coming closer to Jesus, not only for themselves but they began building, bringing their relatives and friends too. One of the beautiful examples to describe what I have spoken is of a paralytic man who was lowered from the terrace because there was no space to enter the house Jesus was in. It was through the faith that his friend had kept which was able to heal him

completely. So, not only people were talking about themselves, but also the friends and relatives, because everybody wanted the loved ones to be healed.

One of the hardening things of the miracle stories in the Bible is that, many of the people were sick for many years, not for a day or two, or a week or a month. One person was sick for nearly 38 years and he was still sitting by the pool of Bethesda, hoping that someday he may get in, be healed from the water. Never ever think that people give up their hope of living. They always have a hope that one day they will be healed and to never live in a hopeless condition. The day they give up hope is the day they go towards death. In some more instances, one was of the woman who was sick for 18 years, the other woman with hemorrhage was sick for 12 years. Many others were visually, physically challenged and disabled people were sick right from their childhood, from birth, but they all had hope in them. I always feel that the blind person, who was sitting on the road, when he heard that Jesus is going on that road and he called out, while others asked him to keep quiet, he called out "son

of David, have mercy on me, have mercy on me” and Jesus came and healed him. He had faith and knew that God is going to heal him one day or the other.

The moment patients see the doctors and nurses, they see with lot of hope of getting healed. You are playing the role of Jesus. You rekindle the hope that yes if the doctor has touched me, I'm going to be healed. I tell you that this hope is the biggest gift if for any of the patients and you're doing a miraculous work. As the heart starts believing that you're going with your knowledge, expertise, experience in the Medical Sciences, you're

going to feel that you are almost playing the role of Jesus Christ, who is giving hope to the people, that yes, there is a beginning and you are going to be healed. The moment that hope comes in, faith also automatically comes in. There is also the process of restoration of mental and emotional well-being. Because a sick person is not just sick physically, but he or she is also sick, mentally and spiritually. They are then grappling with spiritual issues, there they pose questions such as, “Whether God is angry with me? Or What I have done? What sins I have committed?”. There are so many things which happens in the life but you all are the people who brings that hope to lost people when you are going to heal them.

I remember my child when he was small and I suffered with my spinal cord issues. In 2019 I underwent the spinal surgery, and often suffered with severe pain when I used to bend, not being able to walk properly and I was quite disabled. I was just sitting and asked God, “what sin I have committed, please forgive me. Please forgive me for what I have done.” Then my son, who a small boy, sitting with me

said, “Mamma, you know Jesus is angry with you because you scold us. So, now onwards please don't scold us”. Therefore, everybody has an answer, it is a process and when we are sick, we go through that process physically and spiritually irrespective of the issues we are grappling towards. This also leads to affecting our mental health since we become prone to depression and our emotions becomes unstable. This is where you people bring in hope that we will be healed. There is also the possibility that people with physical illness is the consequence owing to mental and emotional sickness in case of psychosomatic disorders, and they were in the psychologist, the psychotherapist, the counselors, the chaplains initiate the process of healing. So, you will have to initiate the process of healing, and bring in the healing, then the physical illness is taken care of by the medical doctors. Together doctors, the paramedical staff, the counselors, physiotherapists and psycho therapist and psychologist initiate the process of healing together. People who are grappling with the spiritual issue, the chaplains take care of the spiritual help. Together, it's a collective effort of honor. It's a conglomerate merit of the whole medical professionals who are bringing healing to the humanity and I salute you for that that you're restoring just a simple being to a well-being.

Today I just want to take the case study of the woman who was sick for 12 years due to hemorrhage. We all know about this woman, but I want to revisit it again. As a woman I can understand what she has gone through. Even the five days become so difficult for many women. Some women find it difficult while for some it is bearable. It's not just about the

physical pain or discomfort but also the emotional and mental issues that we go through at that time of weakness. We often at times, get irritated, annoyed or agitated with even the smallest issue. We are talking about these emotions which happens for particular moment of about 5 days, but this woman had to go through that for 12 years and to imagine such a process for that many years becomes suitable for the realm of the unimaginable. If one tries to think about what she must have gone through physically, it must have been painful. Definitely she must be anemic, no doubt about it. Since being anemic, physically she must be very weak. She must have gone through so many emotions and also through so many spiritual questions. Perhaps if had she been married, then she must have been divorced as well because of this condition. In the Jewish context, such people who are having hemorrhage, they are supposed to be ceremonially unclean and they are separated from the family, socially ostracized. She may not have been receiving the word that is encouraging to her because she was never allowed to enter the temple of God. So socially she is ostracized from the family level. She had to live separately since nobody can touch her. During COVID when we were in isolation in one of the rooms, at least we had mobiles to speak to our family members, to our loved ones, we had messages to read. But to think that this woman did not have all the basic elements as we had. She was always confined to her own room. Some of the scholars and interpreters of Bible, in Masoretic texts of 7th of Greek named her as Veronica and other scholar named as Bernie's. Irrespective, whatever the name she had the fact that she was suffering and the Bible says in Mark

5:26 that she had suffered much under many physicians and had spent all that she had but it resulted in her condition getting much worse. Now Luke being a doctor deleted this verse, perhaps because as a doctor it is not a good verse for the doctors, but then she was suffering with some condition and she was not healed and then she hears about Bible.

Mark 5:37 lays down how she heard about Jesus and hearing about Him, rekindled hope within her. Initially she must have thought that since she represents something which is ceremonially unclean, she would not be able to go amongst the crowd of people. Therefore, to conceal her identity, she had to covered herself in hopes of not getting exposed and saving her sense of embarrassment. Perhaps people must have called her cursed, told her that she is bearing God's curse. There are times when people are going through sickness, they start evaluating the sin of their parents which might have made them suffer like this.

This is where the chaplains come in and say that Jesus is the healer who forgives everybody. This woman within all the embarrassment thinks that if she goes and touches the cloak of Jesus, she will be healed. Nobody even knows about it, and Matthew and Luke, expressed as "She went and touched the tassel, the fringe of His clothes". In Matthew and Luke, it is very explicit if they say actually that there is to be a cloak upon the Jewish people and the tassel there was a bunch of thread which was tied with the blue thread to each of the four corners of the outer garments, which is in Numbers 15:38-39 and Deuteronomy 22:12. It is said that cloak was used as a shawl and then at night it was used as a blanket for themselves wherever they are, they used to cover their bodies with that.

So then, with the small tassels which were there, she went and touched it and thinking that it was just hung loose and nobody will know about it, if the tassels have been touched. But then, as she touches it and she gets healed and Jesus comes out and He asked who has touched Him and the disciples say that there are many people who were throwing on Him. Then Jesus said no, the power from Him has gone and then she comes forward and he makes her to acknowledge that she has this condition and that she is healed immediately. That healing is not just a physical healing, but the joy that she must have had that she will be rejoining her family, the society, the temple services she will be part of the society once again. Her life has completely transformed and that is the complete healing which Jesus gives to his people and to think what she wanted to do secretly came out openly because of what Jesus had done for her, and this is the most beautiful example that when God heals, He gives us complete healing, the physical, mental, spiritual, and emotional healing. You as a unit together in different capacity, are bringing healing to the people's lives, for the services that you are rendering.

Some of our hospitals are struggling to survive. I, being a Methodist minister, I should confess that many of our Methodist hospitals are not running well as it should have been. The hospitals which started long back, especially for women, it is not run by church anymore. It has been given to somebody else. It is very disheartening that they are not able to manage the hospitals. But still the vocation, the calling for the Healing Ministry is still alive in our lives. If not, then we can do something and God will definitely do that. I just

want one initiation for you all people, especially the Director and the General Secretary, I want to bring in one thing after listening to the story of this woman. There are so many women like this in India as well, who are suffering with cervical cancer. Thankfully, this woman did not have cancer, she had bleeding and did not die so early, sustaining for 12 years. The statistics say that there are 4,53,000,000 women in India who are at risk of cervical cancer. Every year 96,922 women per year are diagnosed with cervical cancer and more than 60,000 women die every year of cervical cancer. 2018 report says 1,62,468 women are diagnosed with breast cancer every year and around 87,090 deaths per year because of the breast cancer. There are several women who do not even know because of the embarrassment that such concept carries and is propagated by the society. They end up not sharing the problems with the people they go into, continue with their sickness and they succumb to death.

Perhaps, as a Medical Association you can initiate some programs where regular checkups are done for the women through which we can save the lives of the people. I don't know the kind of resources and things which are needed. But I definitely know if God had sent Ida S. Scudder from abroad for the women in India to cater to the needs of the women to have safe deliveries and definitely God will raise among you, the doctors who will work for the women and the children.

May God bless you all help you all to carry out the Ministry of Healing and once again and thank you for what you are doing for all of us for the whole humanity, God bless you.



ABUNDANCE IN LIFE IN GRATITUDE, CONTENTMENT AND GIVING

Rev Rainard Pearson

I was personally so excited when I came across this theme "Being to Wellbeing" and I'm so thrilled to have such a beautiful and powerful theme. I understand that so much of prayer must have gone into it before you made this as a theme for the particular biennial conference". In John 10:10, it says, "Thieves comes only to steal, kill and destroy, but I come that you may have life the life in abundance". It is very clear that the thief comes only to kill, steal and destroy which is his ultimate agenda and mission statement. Jesus said to remember that he wants to give not a mere, substandard, less quality

life but He has come that you will have life in abundance. But again, the word well-being depends on who interprets and who receives it. So, while defining this word well-being, we also need to be extremely careful about the false interpretation it may carry.

In Genesis 3:1-5, we see the serpent telling Adam & Eve that the life that they were experiencing is not good enough and that it is completely a false interpretation of well-being. They were naked but they were already clothed by the glory of God. In this scenario, the devil interprets it wrongly by asking them, that the

life that they were experiencing is not good enough. Why? Because they were not like God. The best thing to do is to go and eat the fruit from the forbidden tree. Therefore, sometimes we need to be extremely careful about the schemes of the devil. For example, while shopping we get coupons and when we keep it in our wallet and check it, it seems like the coupon smiles at you. Takes you over and over again to the same stores like we are hooked into this coupon. And just as how the devil came and gave false interpretation of well-being to Adam and Eve, we too are not able to realize it, making

us believe that the life that one has is not good enough.

The second thing is a false projection of the well-being. Sometimes the whole world knows we are not doing well, but we would never know that it is not doing well. That is the kind of a political scenario in the country today. When someone goes all over the world and tells you are doing well. Suddenly we are doing fantastic, we are so wonderful and are successful. There's no poverty in the country, there's no poor man in the country, there's equality in the country. All these are false projection of the well-being.

In second Samuel 12, in the story of King David. What did he do? He saw a woman bathing from a distance. It was an accident, but he didn't stop there. He brought the woman into his courts. He should have then sent her back as she was his servant warrior's wife. Instead, he sent Uryah to the battlefield, making sure that he was killed the very first day of the battle. Manipulation over

manipulation, David tried so hard to get what he wanted, to represent a false projection of well-being. But now God sends Nathan to David to tell him to stop pretending as if everything is alright in life. Having killed a person and done something is an abomination in the sight of God. When Nathan laid the same event of David using a parable of the rich and poor man, David was angered, saying that the rich better be killed for his sins. But when it was him, all he wanted was for God to have mercy upon him. For such false interpretation and projection of the well-being, we need God against all these kings of the devil.

The third one was most reportedly, the inability to acknowledge well-being. Have you ever acknowledged the blessing that we received from God? A little bit more, is the slogan of this day. I want little bit more. How much more? A little bit more. And we do all these, why? Because I want little bit more. II Kings 5, the passage which is well read to us, is a very sad

scenario of what happened in the life of Gehazi, who was experiencing life in fullness in the presence of Elisha. He did not lack anything. The most secure place that he could find himself in the presence of God, where all his needs were taken care and was well protected. But he just could not resist his craving, and greed for little bit more and fell into the prey of it. He could not acknowledge that he is doing well. On contrast there is a woman from Shoni, Elisha asks to enquire the need in their life and what she is facing in her life. In reply she said all is well with me, I dwelled among my people. What a powerful statement and witness, and an acknowledgement to hold.

Even as we strive to move from being good to great, to become normal, to experience well-being from just mere existence, it is very important that we also thank God for all that we have received, the kind of blessings that we already have. Just like David says, bless the Lord, oh,



my soul, all that is within me. Bless his holy name, bless all my soul and forget not all his benefits. In Tamil after prayer, we say this En Athmave Karthare Sthothiri, Avar seitha sagala ubakarangalyum maravadey.

We need to guard ourselves against false interpretation of well-being. We also have to make sure that we care to acknowledge what we have received from the hands of God. He is a good and faithful God. All that we have is purely by His grace. Now this is a personal understanding of well-being. What is the antidote for this kind of problems? I would rather say it's a gratitude, contentment and giving. Gratitude will lead us to contentment, contentment will make us people who will give and it is a cycle. The moment you become thankful; you will eventually be content. The person who is not thankful, he will never be content. The moment you become content; you cannot resist giving. Nobody can stop you from giving. Christian life is all about giving. To fight against the false projection and false interpretation and inability to acknowledge the blessings of God, are the best antidote. Let us be thankful to God for all what we have received. Let us be content, let us start giving. This is something that we all as an individual will have to experience.

Let us talk about the caregivers' and stakeholders' perspective. I believe all of us seated here, either now or in the near future will be providing or already providing spiritual care to people. In John 4:18, I want to bring in three things. What was the most powerful statement Jesus made to this Samaritan woman? Sometimes I just don't understand, I sit, think and meditate on this particular statement, that she will say not even understand the depth of what

He said, but at the end of the line, the Samaritan woman was able to understand what Jesus said. Jesus told, "You had five husbands and the man with whom you are living now, is not your husband. It is a very simple, but a powerful statement. The immediate response of this woman is "I see, you are a prophet." What is so special about this statement that made her see Him as prophet? What is so unique about this particular statement in the Bible? Any normal person's response should have been different. Anger, denial, you just name it, but no, this lady never met Jesus before. In case, you look at a woman who you never met before and you say this to the woman, you'll be slapped and the whole town will come against as well. But this is the most beautiful statement ever to me, as I meditate on how Jesus spoke this statement in a non-judgmental manner.

When we try to ensure well-being in a patient's life, they are vulnerable physically and economically and marginalized. The most painful moment as a chaplain back in CMC was when people come and fall at my feet. That is the most embarrassing moment in my ministry. Maybe culturally it is different in different parts of the country. But back home in Tamil Nadu, very elderly people, 80 years, 90 years, 70 years, when they come and fall at my feet, I feel so broken. They are so vulnerable and it is very important how we treat the vulnerable, how we treat the marginalized. Even the Samaritan woman, she was vulnerable and Jesus was very careful about it, He said, "You had five husbands, this present man is not your husband". It's a very powerful statement because Jesus could have said, "You are a woman with the loose character, I still forgive you." Isn't it same as other statement? It is. But this

statement to Him was very powerful because he was able to see 5 broken relationships. It is therefore crucial to see through the eyes of Jesus, the vulnerable population around us. God has made us accountable, responsible for people who are vulnerable. All we need to do is take the spectacles of Jesus, and see people through those glasses. And we will see how vulnerable they are and a non-judgmental approach to them ensures Well-Being in those lives. John, the gospel, apostle John was very particular to register this two times in John 4. Two times in the same chapter, the verse says, because the women told to come and see the man who told her everything and the Samaritans in the town believed Jesus. He recorded that twice. Her shame guilt and loneliness were taken away. The fear, the guilt that she had also went away. And this approach towards the vulnerable by adopting a non-judgmental manner, gives way to inclusion of well-being.

There are many people who played a key role in the Bible. They were not named just like the boy with the five bread and two fish. We also don't know the name of the four people carrying this pallet team and all the way to the top of the roof, we don't know their names, but they played a major role. Sometimes if we are not thanked for something we do, we won't sleep for the next four days. We go through such insecure feelings. Sometimes the small girl standing there as a servant and a slave, she wanted to make sure Norman is included in the healing process of God. He shouldn't deserve this look at my life, look at my brokenness, look at my separation. The parents, there's one man who is recently in all these things. This one man who did everything this to me in this man behind my goodness, this is

this man. Begin with brokenness. It is him. But he went and told if only your husband. Goes to Israel. The land where God is there healing is there.

The inclusion, as will be with other people, even in the corner of our thoughts and minds, who we think that they don't deserve. Most of the time we feel that there are some people who do not deserve what they have, but one should know that the gospel is inclusive and does not marginalize anyone. The third important dimension is in Acts 3:1-26 a very well-known passage again. We know about the lame person at the gate of the temple. We read that Peter and John were passing by. He looked at them, hoping that he would get something, but to his expectations instead, Peter said "I have no silver or gold, but what I do have I give you. In the name of Jesus Christ, the Nazarene, stand up and walk!". The Bible gives a clear description of what happened afterwards. The lame person was then seen to jump from his place, with joy and says that he clings onto Peter and John. Even in our case, as we provide and serve for the people, they will eventually also cling onto us because they will not be afraid but rather find warmth in us. Through our presence, they will have security and confidence to ask anything

Now I was sitting in my room some time ago. I initially thought I'm just guessing and imagining that I had heard somebody scream "kidney for sale, kidney for sale, kidney for sale". Being baffled by such shouts, I went outside my room to find out that there is this young man, walking through the corridors shouting "kidney for sale." So, I brought him into my room to ask what is happening, only for him to say that he was going through some financial crisis. He mentioned

that the only way out for him was to commit suicide if he does not sell the kidney today. I sat there and talked with him, trying to convince him for hours. The only thing that he did not ask me was to give him my kidney. Witnessing the well-being, he then left CMC campus as one who knows Christ Jesus as Healer.

It is also introspective to know that we should be involved in active witnessing. I would like to use the word active here, why because sometimes when it comes to witnessing, we play it on the safer end, as if it is a safe place and we play a safe role. However, gone are those times because God wants us to be bold witnesses for Christ Jesus and He is inviting the church of India to do the same. We can provide well-being by becoming witnesses and we can do so by including people to our fold, by being non-judgmental and opening the door so that people come to us. My friends, even as we spend three days talking about well-being, moving from being to well-being, from ordinary to great, and how important it is to let Christ do the rest while being available to Him all the time. Now the one thing one of the challenges that I struggle every day in CMC, is having worked as a Chaplain for about 16 to 17 years now. I find myself at times where I want to be extremely honest and emotionally completely numb. Because you listen to the same old stories and go to war. Go to bed, night after night repeating the same prayer, "Bless them, heal them, guide them, take care of them.". That becomes a mundane and stereotype which is prior to a chaplain. At times it is very important to introspect and to have a personal time with Christ Jesus and equip to have a closer walk with the Lord, a deeper fellowship. One should spend a lot of time reading the word of God

and growing in Him so that one will stand equipped because I cannot give what I don't have. I just cannot offer what I don't have. It will become only a mere advice, nothing else. We will probably be advising each other what we also are doing.

There was a time when I had to confront my mother, because whenever I had to be strict with my son, she would come in between. I would get annoyed at times because when she interferes, she tells me a story that whenever you're angry, you take a pumpkin, it's like hitting yourself. Hit the pumpkin. Now every time I beat my son, the pumpkin story comes. I thought I should bring this pumpkin story to her and I just asked her one question about Pumpkin. I asked "Amma", meaning mother, "when you raised me, where was the pumpkin? Whenever you're angry, whenever you're upset, I myself have become pumpkin honestly". But she was telling me to do something that she did not do. Sometimes it just happens to any of us. 16 years back, I was listening to Doctor George saying this in CMC, "The one and only profession where the money is made-up of pain is healthcare fraternity." I feel guilty, the only profession, the fraternity, where money is made-up of others pain.

May God help us. There will continue to be people who we ourselves will move from being great, being good to great.

We will all experience well-being and will also enrich people's lives



GENERAL SECRETARY'S REPORT

Dr Priya John

Individual - Total number of active individual members as of June 30th, 2022, are **11255**. Out of this we have about **29% as an inactive percentage** of individual members which is **4688**. While Nurses contribute to the individual membership with the highest numbers, they also contribute to about **74%** of the 4688 inactive members. Doctors are about 9.8% and other sections between 3.5 and 7.5% of the inactive members.

Institution - We have **274** institution members as of June 30th, 2022. A cumulative number of **120** institutions have come on to the closed institutions list from **the year 2005**. With Andhra Pradesh leading at 22 closed institutions. From the year 2018, we have added about **25 new members** but **35 have closed**.

Membership Update for last 2years broken up financial year wise

Financial Year 2022-23 Institutional members 275. Individual Members – 11000+

Regarding payment towards institutional membership in 2023 as on 27 th July 2023	
Total amount received from 86 institutions as annual membership fee	Rs. 618500
Total amount received as entrance and annual membership fee from 3 institutions	Rs. 10500
Total amount received in 2023 till date	Rs. 629000
Total amount Waived-off from 3 Institutions	Rs. 49500

Amount received in 2023 towards individual membership as on 27 th July 2023	
242 New life members (life and annual subscription)	Rs. 337400
140 Annual subscriptions from old members	Rs. 59800
317 Student membership fee	Rs. 47550
Total Amount (Rs.)	Rs. 444750

Challenges of membership engagement

- Membership drive mainly among the nurses.
- The percentage of inactive members needs to be brought down especially in nurses and doctors.
- Entrance fees/Life membership valid for 15 years of Rs 2000/1000 received for the financial year is around 4 lakhs and the annual subscription fees (as decided in Nov 2019 of Rs 300/Rs 600) received was only 1.2 lakhs.
- In 2021-22, 6.88 lakhs came in as institution membership fees and included student and associate membership fees. This came down to 6.29 Lakhs for the 2022-23 financial year.
- Financial challenges for the hospitals due to the pandemic led to decreased payments. In 2021-22, 106 out of 274 have paid their annual membership fees. Whereas in 2022-23, 86 institutions only paid their annual membership.
- Waste of hard copies of publications because change address is not informed.
- Response rate still around 23-25% only, with slight improvement.

Solutions: -

- More focused membership drive for all sections
- More focused engagement with individual members – this is a gap.
- Promotion of the CMAI membership app and payment gateways to be made easy.
- Instead of nil payment from the hospitals due to financial crunches, request that the General Secretary be allowed to use discretion and collect at least 50% of pending dues and waive off the rest to bring all the payments up to date.

CMAI – Are we on point? And what are the plus points?

1. Membership Strengthening

Membership drive mainly among the

nurses.

The role of CMAI as force aggregators needs to be understood with much discernment. We as an umbrella organisation see many different healthcare service delivery models across the regions which span 28 (States and UTs) across our country.

One size does not fit all, and we are cognisant of that fact. One success story will not suit all. One new initiative will not take off in another place and so on. While it is important to acknowledge the success stories and achievements it is also important to learn from history and **put checks and balances in place to catch any red flags as soon as possible.**

Getting advice from the network is important and using that advice needs prayer and wisdom.

All of us are here for a short period of time and it is imperative that we make prayerful decisions that will not impact the organisation and leadership 5-10 years down the line.

More importantly we cannot make small tweaks now that will eventually take us away from the missional mandate of serving the poor, marginalised and vulnerable parts of society.

We must find the places where we step in the gap and be relevant in any area, for the building of not for profit, ethical, wholistic services and values.

2. Education

This is the CMAI legacy, the gap we filled 118 years ago. In all disciplines of healthcare education, we took the lead. Nursing, Allied Health and Hospital Administration taking centre stage. The curricula are Gold Standard, and we need to maintain the quality in its roll out and expansion. Chaplains and Doctors also pioneered in niche areas like counselling for the sick, suffering and terminally ill, HIV/AIDS, TB, Malaria, Leprosy and Palliative Care.

Education is the product that has brought in the most income not only for CMAI offices but also for our member

institutions conducting these courses.

Nurses League Boards, Allied Health Central Education Board and Administrators Section are the main contributors. Land purchase in Shoolagiri, Sadduperi and Fettri were possible because of this investment in education systems.

We also promote and subsidise excellent, relevant courses with Universities (NLSIU), with other national organisations like The Centre for Bioethics, Indian Association for Palliative Care (reworking the MoU with IPM), Distance Education Dept of CMC Vellore, and international organisations like ICMDA, CCIH, WCC.

3. Leadership Development

This is an area which needs to be constantly addressed. Many dynamic, consistent programmes which involve many different strategies are already in place. CMAI engages in this area through different ways: -

SEED Initiative – Student Enrichment and Empowerment Directive
Call Initiative – To encourage young professionals to join the mission by creating awareness.

Connecting with all levels of leadership to build capacity professionally, spiritually, and emotionally.

Interacting with different partners who are like minded in developing leadership and human resources for mission hospital. Eg – EMFI, ENFI, HCFI, CMC Vellore Mission Dept, Centre for Leadership Change, ICMDA, Travel Fellowship, Tribal Health Initiative, etc. Community Health Department takes the lead at the secretariat level to engage and mentor the young regional coordinators.

4. Evidence Generation and Policy Engagement

Christian Coalition for Health is our main partner to engage with the government at all levels to influence policy in healthcare systems and education. CCH has shown tremendous progress with the setting up of 8 Technical Advisory

Committees to address the following areas:

- Allied Health Sciences
- Medical Education
- Nursing
- Telehealth
- Policy Advocacy and research
- Clinical Establishment Act

- Ayushmann Bharat
National Board of Education
Each of these TACS have 3-5 priority areas to work on for the given situation. CMAI section Secretaries, CHD Head and Admin support staff are all giving time and expertise to the activities of CCH.

What are the pain points?

Pain Points	What is CMAI doing about it?
Statutory compliances	CMAI reports to the Charity Commission in Nagpur. Filing in the Change reports is very challenging. Ensuring we recruit the right personnel to help and advice on this. Regular webinars on statutory compliances for NGOs. Handholding at the institution level is also being done.
Local funding not adequate and dependance on overseas funding	Making efforts to raise local funding and more for capital expenditure. Ethical branding strategies are being explored. We will create a committee to assist us in fund raising.
Human resource struggle across all regions	Creating awareness on the missional mandate through SEED and Call. Interacting with like-minded organisations to expand the reach and go beyond mission hospital compounds. Dialoging about and bringing in the culture of mentorship and leadership development to address the significant gap in this area.

Pain Points	What is CMAI doing about it?
Graduate School of Nursing Indore update	CMAI MIBE-GSN had to close and shut down all activities. Unable to continue due to Madhya Pradesh State Nursing Council new regulations. Christian Hospital Indore will continue its GNM programme and apply for a BSc soon and use the GSN infrastructure. CMAI will continue to support Christian Hospital Indore for technical assistance as they start BSc. Furniture will be shifted to Nagpur. CMAI MIBE handed over the property of GSN to Christian Hospital Indore through due process as suggested by a legal advisor. The legacy of GSN-MIBE will continue in Fetri and God willing we will have a new one to build.
CMAI Nursing Boards candidates' registration at State Council Enrollment of the NL boards in the new NNMC	<ul style="list-style-type: none"> • Writing to and meeting regularly with INC requesting letters to be sent to the State Councils. • Meeting with the Nursing advisor to the Ministry requesting for a place for our boards under the new NNMC. • Requesting the member institutions to get together and represent MIBE/BNESIB at the state level. Complete support of all documents and physical presence as required by both the Board Secretaries to all our institutions. • Bringing nurse experts and influencers together under the Technical Advisory Committee of the Christian Coalition for Health.

Pain Points	What is CMAI doing about it?
CMAI Central Education Board Allied Health Courses Recognition. Students not being recognised at state level and no job prospects. CMAI-CEB place in National Commission for Allied and Healthcare Professions Act 2021.	<ul style="list-style-type: none"> • Meeting regularly with the Ministry of Health and Family Welfare, Medical Education Dept – AHP additional secretaries. • Meeting with the Interim Council of the NCAHP 2021 Chairperson, Meeting with the State councils. Meeting with the committees appointed under the council. • Sending CVs of our experts to represent on these committees. • Constant follow up at centre and state to ensure CMAI is on their radar when the rules and regulations are implemented. • Continuing the Training Partner role with the HSSC • Meeting with Niti Aayog to request their support. • Preparing the groundwork to register CEB as a separate entity with a physical structure in Saduperi, Vellore to encourage quicker recognition. • Promoting lateral entry of our diplomas into BSc programmes. • Affiliation with Universities abroad and locally is another step taken. • Promoting the recognition given by other countries, mainly Kuwait embassy, for CMAI as a National Professional Body of Allied Health Professionals. • Bringing allied health experts and influencers together under the Technical Advisory Committee of the Christian Coalition for Health.

What are the high points?

A. Cross cutting themes: Fund Raising and Communications

- Communication Advisory Committee meetings with the new Communications Lead and the communication team bought in amny changes in visibility, revamping of website and social media presence. The new initiatives to keep the member institutions in focus, improve quality and showcase the legacy of CMAI. There is an invigorated connection with our membership and key stakeholders.
- Admin has helped to get the CMAI acronym trademarked and registered. We are now trying for the CMAI Logo too.
- New ideas in promoting the healing ministry week celebration will go a long way in helping the hospital and church interact better.
- The Administrators Section, Allied Health Section, Administration Department have taken the lead in bringing in funds for CMAI. The support of finance and communications department has been invaluable.
- The ability to raise local funds as donations for CMAI conferences has been very successful this year and credit goes to individual staff especially the regional coordinators.
- Communication has improved with our members. The main channels are:
 - Regional Coordinators building relationships with the institutions and maintaining it with visits, emails, WhatsApp and phone calls.
 - Membership desk – engaging with all individual members and institutions on a regular basis.
 - General Secretary Section maintaining a consistent communication protocol to engage with all stakeholders.
 - The communication department is evolving in different innovative ways to highlight member achievements and showcasing the practical mission across the regions.



b. Property developments

There are 3 properties that are being developed, one in Saduperi, Vellore and one in Fetri, Nagpur. This is the first time CMAI has engaged in construction, and we need prayer and wisdom to take this forward. The Shoolagiri, TN property construction plan is at present on hold, but a compound wall and guard room has been built.

c. New projects

The Community Health Department takes the lead in community-based projects. Sections are also taking the lead in specific new initiatives. CMAI is looking for strategic funding to invest in building foundation blocks for our new initiatives and main activities that we need to take forward.

d. External Evaluation done.

This is a much need activity as this point in time to assess CMAI, its mandate, contribution to focus areas and relevance in a changing environment. The report is due in December 2023.

e. Systems – Finance and Administration

CMAI admin and finance systems have greatly improved functioning to keep up with the demanding compliances. General and HR policies have all been revised. Workload analysis with the help of CIM done and gave better insight for staff roles and performance.

Main Priority Areas going forward. Where do we need to make a point?

For CMAI as an organisation

- Filing the new amendments and byelaws with the Charity Commission
- FCRA renewal and compliances
- CMAI Training and Research Institute – showcasing Central Education Board as a separate entity.
- Nursing Board challenges at the State level

Region Focus Activities

- Rapid Response teams and mechanism to be built.
- Strong city forum platforms/ fellowship
- Interacting with students and young professionals – SEED, Call.
- New Initiatives with the church – School health, Green initiatives, addressing emerging needs like Geriatric care, Palliative care, Mental health, Substance abuse, Home Based care, Disability.
- Fund Raising for institutional members:
 - Project proposals, Networking through CMAI conferences, Promotion of hospital services conferences, Promotion of hospital services.

Main initiatives for CMAI to take forward:

-Strategic partnerships to address: -

Human Resource challenges

- Research initiatives
- Policy engagement
- Legal issues and compliances
- Fund raising for CMAI core activities and focus areas. Branding and promotional activities.
- Governance issues
-

Distance Education Department

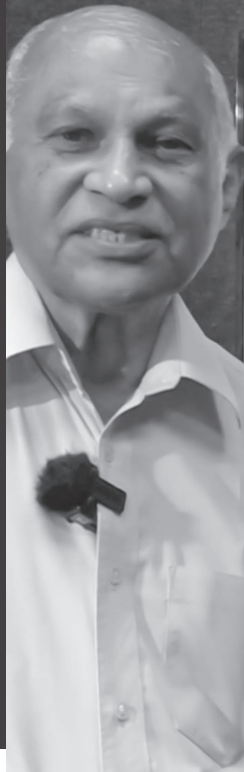
- Training Desk for all our training programmes

Strong communication protocols with our members.

Good to Great - Good is the enemy of Great

The Healing Ministry theme for 2023, Being to Well Being. 3 John 2 has inspired us to change in many ways. The book by Jim Collins 'Good to Great' gives important practical ways to ensure good organisations slowly transform to great organisations.

Combination of God's purpose for us as individuals and families along with a God given understanding of our own abilities can help to create a culture of discipline – disciplined people, disciplined thought and disciplined action. Every day striving to be better versions of ourselves and translating that into our workplace.



CMAI CONFERENCE- JABALPUR, MP

Dr Jacob Chandy Oration
21-24 November 2023

“The relevance of Christian Medical Mission in India - 2023”

Dr Mammen Chandy



THE RELEVANCE OF THE CHRISTIAN MEDICAL MISSION IN INDIA IN 2023

XVII Dr Jacob Chandy Oration by Dr Mammen Chandy

It is my privilege and honour today to deliver the 2023 Jacob Chandy Oration. I am grateful to the CMAI and particularly to Dr. Priya John for having asked me to do this. The topic that I have chosen is the relevance of the Christian mission in India in 2023, and I think that this is something that the CMAI needs to think about as we look at our role and our vision for what we are going to do as a Christian mission in India.

My own association with Dr. Jacob Chandy was when I joined CMC in 1967 as a medical student, and Dr. Chandy was the principal and it was his voice which announced the results. Number 7, Number 12, Number 22. And your heart

sank when it came to 23 and you were 23 and wondered whether you were in. But I did get in and Dr. Chandy was the principal. He left CMC and I continued on and many years later, when I was the head of the Hematology department, I got a note from the medical superintendent saying, Dr. Chandy wants to see you. I wondered what it was. I went to the office and there was Dr. Chandy and he looked at me and he said, What is all this about hematology? You have to think big, big, really big. And I want you to think of an institute of Blood Diseases, which will be the best in CMC, in India and possibly the world. So that was his vision for what CMC should be. And I

believe that it is said that he remarked that if there is anything, any technology, any advancement in medicine that is there in any part of the world at some time, CMC should have it.

So such was the greatness of the man whom I am honouring today in this oration. Now as we look at the vision of what Christians should do in the Healing ministry, one wonders when you look at the volume that is available in the country, whether we have a relevance. There are 700 medical schools which produce more than a lakh of doctors every year. The government sector has 24,000 primary health centers and 157,000 sub-centers. So is there a

role for us as Christians in the Healing ministry? Now, if you look at this data, it shows that surely there is, and this is NHA and NSSO data on the gap in the availability of health care workers in this country with a projection of 2022. And you can see here that the shortfall for projected numbers in 2030 is more than a million health workers who are required. So there is particularly in the realm of manpower, but I would say much more than that. This is the data on the census of India 2011, which shows that Christians make up only 2.3% of the total population of this country.

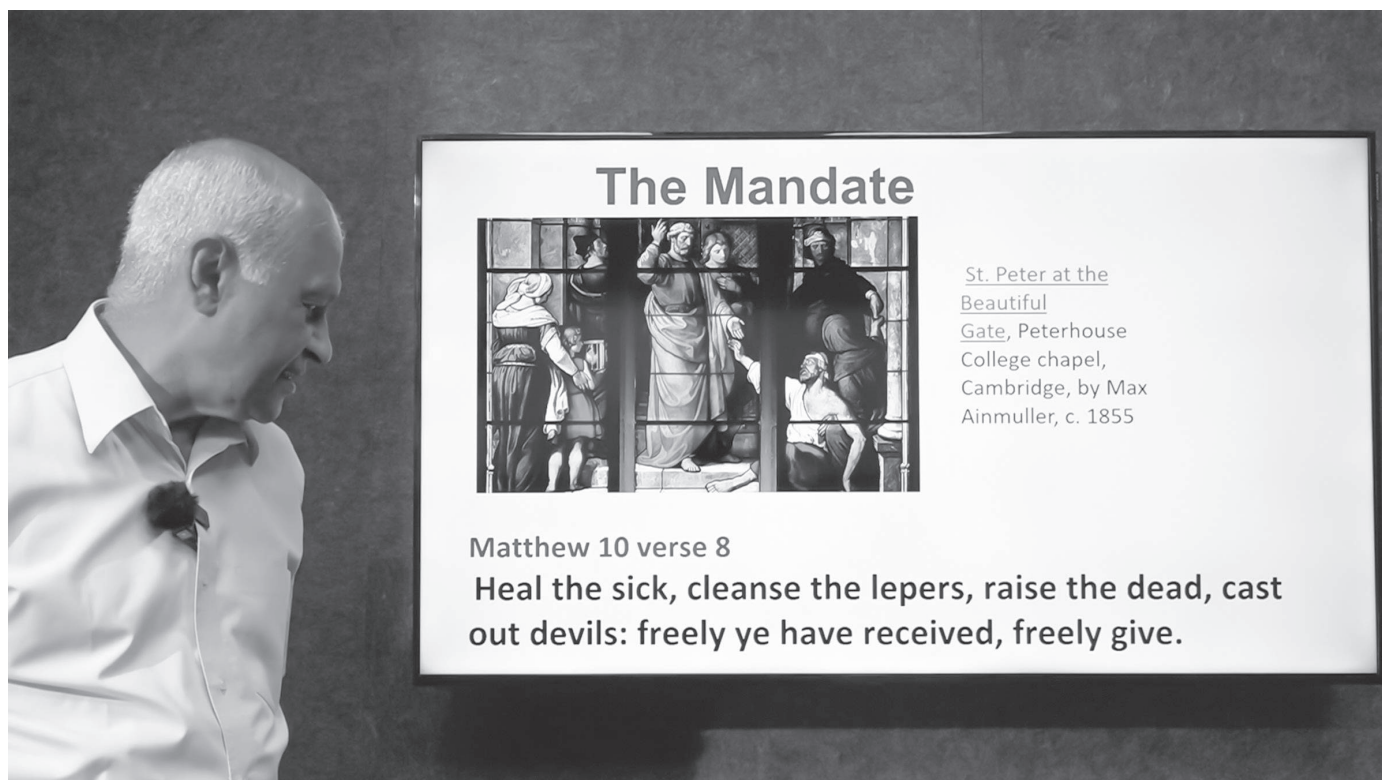
So if we ask what can 2.3% do in a population of 130 million. If we remind ourselves of what is said in Matthew 5:13-16, you are the salt of the earth. But if the salt has lost its saltiness, wherewith shall it be salty? It is henceforth good for nothing but to be cast out and to be trodden under the foot of men. You are the light of the world. A city that is set on a hill cannot be hid. Neither do men light a candle and put it under a bushel. But a candlestick giveth light to all in the house. You are the light of the world. Let your light be seen so that your good works will glorify God. So our mandate is very clear.

This is a picture of St Peter at the Golden Gate and in Matthew 10:8 it says, Heal the sick, cleanse the lepers, raise the dead, cast out devils; freely ye have received, freely give. So our mandate to heal is from our master Himself. Now, if you look at healthcare in India as an industry, it's valued at \$372 billion in 2022. I'm not going to go through these stats, but even the E-healthcare market is estimated as 10.6 billion by 2025. So there's a lot of money to be made in healthcare. But this is an article in the International Journal of Health Policy and Management, and it says there is an erosion of trust in the medical profession in India.


And time for doctors to act. Doctors across the country have been exposed and indicted on counts of corruption, professional negligence, taking kickbacks and illegal dual practice both in the court and in society at large. So we need to produce a paradigm shift in the way health care is delivered and charged for in this country. So I believe that the question is answered that there is a need for the Christian ministry in India. This is the outpatient on a busy weekday in CMC VELLORE and you can see that the numbers are staggering. Another view of the same. So why do so many

people still come to Christian institutions for their health care needs when there are any number of private hospitals, where there is the government sector which provides low cost care? Why do they still flock in large numbers to our institutions? This is the new campus in Ranipet, and you can see that already the crowds there have increased to a huge level. So I believe that the reason why Christians institutions still attract a large number of patients is one trust, two competence and three compassion. People still believe that if you come to a Christian institution will you will not be operated.

If you don't need this surgery, you will not receive treatment just because the doctor or the institution is going to get a cut out of the costs. Secondly, competence. And I believe that that is the core, they will not continue to trust if you are no longer competent and delivering the highest quality of care with the available resources. And that mandate is not there in the corporate sector. Thirdly, compassion. And I believe that this will be the trump card if trust and competence are there, then the patient comes because he would like care with compassion. And these are the reasons why I believe that Christian



The Mandate



St. Peter at the Beautiful Gate, Peterhouse College chapel, Cambridge, by Max Ainmuller, c. 1855

Matthew 10 verse 8
Heal the sick, cleanse the lepers, raise the dead, cast out devils: freely ye have received, freely give.



institutions have a place in the India of 2023. Firstly, I would like to look at our training institutions, our medical schools. Secondly, are tertiary level hospitals, secondary level hospitals and community based care. All these three are relevant in the India of 2023. Firstly, considering our medical schools and our training institutions. When I was in Oddanchatram, we had two doctors who had come from Kerala from the medical college system. We had a patient in the ICU who was hypotensive, BP unrecordable. He had come in with Diarrhea and vomiting.

Now both the doctors wrote up a fluid order and we are leaving the ICU. I was there and I thought, My God, something is wrong here. My training in CMC would have told me that you cannot leave till his blood pressure comes back and he is stabilized. So it was not that they were not concerned or caring, it was just that the training didn't tell them. I have seen my professor of surgery 2:00 in the night being with the patient when we had ICU's which were only in the ward and not specialized use. So are we providing institutions where the concept of care goes beyond the basic? This is something that we must ask

ourselves and whether we are teaching compassion. Now compassion cannot be taught.

It has to be learnt from individuals who are practicing it and where the student sees it. We cannot be hypocritical about this. I also believe that excellence must be the underlying motive in our training institutions and they should be the best in the country. Now, if you look at what motivates a medical student to take up medicine, there are three factors over there.

One is science, two is society and three is humanitarian. And it's interesting that in high income countries you can see that in fact all three are pretty close in terms of why a doctor chooses to go, a student chooses to take up medicine. We must maintain these three components as we take them through their medical education. This is the Christian Medical College, and I believe its success is because of what I've quoted here.

The success of a great institution depends on how many people who live and work in it have imbibed its spirit, its legends and its history, and therefore make a commitment that is beyond themselves. If 20% of our students do

not consider that continuing in CMC or in a Christian medical institution would be a satisfying thing for their lives, then we may lose support. So we must aim to see that the legends of these institutions are communicated, imbibed and become the basis on which that individual lives and works. This is Gwenda Lewis. She was Professor of Anaesthesia at CMC Vellore and one day I was called by Dr. Koshi to take her from the director's house, to take her to see Dr. Koshi. I came to the big bungalow and here was this lady on a wheelchair and I had a Maruti 800. So taking her and putting her in the wheelchair to the Maruti 800 was a task. But this lady was paraplegic and on her face I could see the joy of life, which meant that despite becoming a paraplegic after giving mouth to mouth anaesthesia for a patient who had arrested, this lady was still continuing to live life in all its fullness. And that legend was something I will never, ever forget. Compassion is something we must communicate, and the science of compassion being an essential component of medical training and medical work is something that the Christian institutions must emphasize throughout the career of a student. The COVID crisis showed us

that the health industry in India could rise up to the occasion and provide compassionate care at considerable risk to their own lives. And I believe the Christian institutions played their part in no small measure for this. So I believe that we should teach communication because communication is the vehicle of compassion. How often do we teach doctors to respect all members of the health care team and to consider nurses, technicians, housekeeping all as equally important in our health care mission? And I believe that that are two words which they must know. One is sorry, and the other is thank you. And these are the oil of human relationships. What makes the engine move smoothly? Now, when I finished in CMC, I was asked by Dr. Denshaw to join the Tata Medical Center in Calcutta. I kept saying no. Finally, she said, Come and meet Mr. Krishna Kumar in Bombay. So I went there and here was this honcho of the industry who had turned around Tata tea into a massive international empire.

He looks at me and says, talks to me for about 15 minutes about religion. And then I said, Sir, I am willing to join as a haematologist, but not as the director of TMC. He said, "Then we don't want you". So I said, Why do you want me as director? And amazingly, what he said was, "We want you to bring something of Christian Medical College to this institution". And you can do that only if you're at the helm of affairs as director. So if you want to join us, you join us as director and nothing else. So for a person in the industry to recognize this value in a Christian institution was totally amazing for me. Now, if you look at healthcare based, faith based healthcare in India, this is data from 2021. You can see that this is the CMAI, and I don't have to tell you, 270 member institutions, 9,000 health professionals and all the rest. And you can see that it's scattered all over India. This is the Emmanuel Hospital Association. I couldn't get data on the numbers, but you can see that their work is focused mainly in North India, and this is the Catholic Health Care Association.

And you can see that there are 70,000 beds. I didn't realize that it was so large

with 3,500 clinical establishments, 21 million patients. Amazing numbers to see what Catholic institutions are doing in India. Can there be any doubt about the relevance of the Christian mission in India in 2023? But as we look at our mission hospitals and wonder why many of them are closing. We need to look at whether they are addressing the challenges of governance, of financing, of service delivery and human resources. I believe where we don't do this using all the wisdom that God has provided us, we will not succeed in our mission to remain relevant in the India of 2023. This is the Ranipet campus of the Christian Medical College, and I believe that our tertiary level institutions must be the best that there is in the country. If we are not better in terms of competence, in terms of infrastructure, in terms of compassion, then we will lose out to the healthcare industry, which is coming up in a big way in India. Our secondary level institutions and an example of an institution which is surviving and thriving and growing is the Christian Fellowship Hospital in Oddanchatram. I picked this one up mainly because I worked there for two years and I could understand what it was to make an institution survive. And what it has done is remarkable. But we also have a space in community health and this is exemplified by the Comprehensive Rural Health Project in Jamkhed, which looks at all aspects because health is only in point of education, of nutrition, sanitation, of family planning. Health cannot be seen in isolation. And if rural incomes are not increased, health cannot increase. This is my own classmate Dr. Nand Kumar Menon and his wife Shayla. And what they've done in the tribal population of Gudalur is absolutely amazing. So it is possible in the community health space for Christian institutions to be an example. Now this is the new campus of CMC in Chittoor. Now we want to start a new medical school there.

I believe that we have to think out of the box. We don't need to produce another 100 doctors in the 100,000 that are being produced every year. We need to think out of the box. And I believe what should be done in the Chittoor

campus is to develop an absolutely new program of an MBA in rural health management. A doctor cannot be expected to have competence in paediatrics and OG and in medicine, and at the same time look at incomes of agriculture, sanitation, working in rural communities. And I believe this would be a unique contribution to India if we can do this. Now, one of the things I believe that we need to imbibe from our master is the concept of Servant Leadership. And this is a book which is written by two authors in the BMJ, and it says one style of leadership that is inherently compassionate and other oriented is Servant Leadership. And Jesus taught us that this is the way we must lead. I want to quote with a quote from somebody from All India Institute of Medical Sciences. So we must never, ever believe that compassion and caring and competence is confined to our Christian mission.

It is there everywhere, but we must have it more than anywhere. India's medical professionals should realize that beyond the lures of pharmaceutical industry and tons of capital lies and unexplored horizon of hope to evolve as social physicians of Bhore, along with the science of healing, we need to learn the art of compassion. In the words of Hippocrates, the father of medicine, where ever the art of medicine is loved, it is also a love of humanity.

So in conclusion, I believe that, yes, there is a place for the Christian mission more than ever in the India of 2023, where value systems are breaking down.

Thank you very much.



HOW TO THRIVE AS A CHRISTIAN NURSE

Vlth Mrs Aley Kuruvilla Oration by Ms Manjula Ummareddy (Deenam)

'The uniqueness of Christ-inspired nursing lies in its emphasis on caring for the whole person as embodied, respecting each person as created in the image of God. It is both a science and an art, primarily a response to God's grace and a reflection of his character'. Shelley and Miller

Without a doubt, nursing is a profession of service to others. It can be an expression of the Christian faith. Christian nurses who centre their faith in their role can help others while honouring their beliefs and serving God.

One way to thrive as a Christian nurse is to seek those who will empower you to answer the needs of your patients and

fulfill the spirit of service.

You can find this support in a community of faith, in a hospital or health delivery setting that centres on Christian precepts, or in an academic environment that promotes a Christ-centred educational philosophy.

Knowing the origins of nursing can be an inspirational way to become or stay connected to the profession as well.

When speaking of the importance of actively caring for others, the Bible says:

"If one of you says to them, 'Go in peace; keep warm and well fed,' but does nothing about their physical needs,

what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead." —James 2:14-17

This is a clear call to actively do the work that God has summoned you to do. If you feel called to nursing, then you are blessed to work in a field that has a history of compassion.

In the earliest days of the Christian Church, women and men cared for the sick as a duty that Jesus set for his followers. In the mid-to-late-19th century, the term "deaconsess" was developed to describe women who performed charitable services to the poor and unwell.

According to an article on the subject,

"They were Christian women workers whose aim at its core was religious but who also met the needs of the poor through providing for the body: food, clothing, medical care, and education."

Around the same time, nursing was established as a modern practice by Florence Nightingale.

Nightingale not only brought scientific methodology to the field but viewed nursing as a way to "serve both God and humankind" and to "reduce human suffering" after she received several "calls from God." However, she was initially deterred from nursing — despite her educational and religious upbringing, as well as having tended to sick relatives—due to her family's stature in society and desire that she follow more typical paths for women of that time.

Eventually, Nightingale pursued her calling and sought training with deaconesses which became the foundation for her nursing skills. She also valued the importance of patient observation and hospital organization, which helped during the Crimean war. Nightingale became well-known through letters from soldiers and the press for her hard work in improving conditions at the military hospital in Scutari. She was so devoted that she also tended to patients during the night, which earned her the nickname "Lady with the Lamp." This experience and recognition helped her establish the first scientifically based nursing school, The Nightingale School of Nursing at St. Thomas' Hospital, and also coordinate training for midwives and nurses of poorhouses.

The history behind being a Christian nurse has evolved from terms such as "deaconess" to modern-day practices, shaped by Nightingale and fuelled by faith to aid others.

Over time, nursing has established a vivid tradition of serving the vulnerable and sick. Many feel a strong calling to do God's work in this field, connecting their faith to their vocation.

The World Health Organization reports that, along with midwives, nurses make up more than half of the world's healthcare workforce, and as many as 9 million additional nurses will be needed worldwide by 2030.

Of all the professions, nursing has one of the strongest claims of being rooted almost uniquely in the gospel of Jesus Christ. Yet, modern nursing today is very much distanced in its language, theory and philosophy from Christianity. Likewise, most churches do not seem to have space for nursing as a ministry or as an expression of the mission of the church to proclaim the Good News to the whole of creation (Mark 16:15). This was not always the case. But how can nursing, as a profession, be a ministry of the church? And how can we carry out Christian ministry in our hospital, clinic or community practice?

Jesus made it clear that to be his disciples we need to be engaged with the pain and suffering of a fallen, sinful creation. It is not enough to sit back and watch, we are called to get involved, to get our hands dirty helping the suffering and the lost. In Matthew 25:31-46, Jesus judges those who call on his name based on the care they show to people in need - the poor, the stranger, the sick and the imprisoned. More than that, to care for people in need was to care for Jesus himself - it was an act of Christian worship (see also Galatians 6:10). We are all made in the image of God (Genesis 1:27). Therefore - regardless of any other factors, such as age, race, gender, sexuality or social class - we are all worthy of the same respect and care. God has given us all value and dignity, but we are also all sinners in need of God's grace and forgiveness. No one is ultimately any better or worse than any other. So then, we are also called not to judge others, but to first recognize our own sinfulness and need of forgiveness (Luke 6:37).

Each person we encounter has been made for a relationship with God - a

relationship that has been broken by human sin, but that can be made right and reconciled through Jesus' death on the cross. In other words, despite the fallen nature and sin of our patients and colleagues (and our own), each one of us has a longing for God (because that is what we were designed for), but which we can't satisfy apart from Jesus. So, part of our role is to present Christ to others, in action and words. We care not just for our patients' bodies (although this isn't unimportant, 1 Corinthians 15); not for just their minds or social situations (though both are of great importance as well); but we also care about their spiritual needs, their need for meaning and significance, purpose, reconciliation and forgiveness - which is found only in Jesus Christ.

Care and compassion are a direct outworking of God's character. This was lived out by Jesus. Through sending Jesus, God himself became human. He experienced the same things we do - Jesus wept, experienced thirst, hunger, and tiredness, and can sympathize with our weakness. Ultimately, he became a servant, taking the punishment we deserve through his death on the cross (Philippians 2:5-11). When confronted with people in need (spiritual or physical), Jesus was moved to compassion (Mark 8:1-8; Luke 7:11-15). In each case his compassion led to action that transformed the situation. On the cross, Jesus showed compassion in its most selfless form: he chose to lay down his life for our salvation.

Furthermore, we need to remember that God made us and has given us everything we have. Therefore, all aspects of our lives, including our gifts, skills and work belong to him. So whether we work for a church or a secular employer, Paul reminds us that 'whatever you do, work at it with all your heart, as working for the Lord, not for human masters' (Colossians 3:23). We should be seeking to serve God by working to the best of our ability in whatever we're doing.



In living out the Good News of Jesus in our work, it is not just what we do and how we do it that matters. It also the sort of person that we are as a result of our relationship with Jesus. It is about our character, which as Christians should be one marked by the fruit of the Spirit - love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control (Galatians 5:22).

Finally, we work not in isolation, but as part of a body (1 Corinthians 12:27). Jesus does not just save us as individuals, but the Father has adopted us into his family (Romans 8:14-17). We are there to encourage one another, equip one another, point one another to Jesus in our lives, correct one another, and together reflect Jesus to the whole world (John 13:35; 1 Thessalonians 5:11).

How does this work out in practice?

1. Caring as worship - caring for our patients as if physically caring for Jesus himself. Our nursing practice grows out of, and in direct response to, our relationship with God. Keeping our spiritual lives healthy is a vital part of our nursing practice.
2. Caring as service - laying down power and privilege to serve sinful humanity as Jesus did (Philippians 2:5-11). We seek to serve others, out of the same sense of service-

as-worship, going beyond the basic requirements of our job description and professional codes to give Christ-like service to those in our care.

3. Unconditional, patient-centered care - because as Christians we believe that every human being is made in the image of God, we know that each individual has value and dignity. This applies to how we relate to and work with our colleagues as well as how we care for our patients and their families.
4. Caring for the whole person - caring for bodily, psychosocial and spiritual needs of each patient as needed, in recognition that Christ values our physical, mental and spiritual wellbeing.
5. Caring in community (or for one another) - both the relationships with our secular colleagues and with fellow Christians. With our non-Christian colleagues, we need to show care, support and professional accountability of the highest order. So that we are 'doing what is right in the eyes of everyone. If it is possible, as far as it depends on you, live in peace with everyone. With our Christian colleagues, we need to recognize

our dependence on God in prayer, reading Scripture, and reflecting on God's word with others. We need a Godly community around us to help us live out our faith in the workplace every day, whatever that community might look like.

Conclusion:

Christian values are important in nursing because they guide individuals and the profession. Christian values are based on the teachings of Jesus including Love, Compassion and Respect

Christian nurses are called to have and reflect God's love and compassion for those with whom they interact. They should care for the whole patient, which encompasses emotional health, physical health, and spiritual health. Incorporating spiritual care into nursing practice is an important step in acknowledging a patient's unique needs.

Mrs. Aley Kuruvilla exhibited Christian values throughout her life and trained many nurses for the country with Christian values. She was a pioneering nurse educator, administrator, and leader. Do we have a Christian value to demonstrate, influence and guide someone who need our help??



ADMINISTRATOR'S SECTION REPORT

Ms Elsy John

The Administrators Section's Annual General Meeting convened on November 22, 2023, at XIDAS Jabalpur. Mr. Sunny Kuruvilla extended a warm welcome, emphasizing the importance of peer review and sustainable hospital missions.

Attendees:

A total of 33 members were present at the meeting.

Key Highlights

1. A detailed presentation was made, covering various aspects including
 - Membership expansion- NABH standards compliance
 - Fundraising initiatives
 - Regional activities
 - Institutional visits

2. Training Program Effectiveness: A suggestion was made to evaluate the effectiveness of training programs, emphasizing continuous improvement.
3. Sustainability Challenges: Mr. Sunny Kuruvilla discussed challenges related to sustainability in healthcare administration.

Election of Office Bearers:

The 2023-2025 office bearers were elected during the meeting.

Future Plans:

1. Next National Conference: The proposal for the next national conference was made, suggesting it to be held in May 2024 at Manali.

Conclusion:

The Administrators Section's Annual General Meeting served as a platform for insightful discussions and planning for the future of healthcare administration. With a focus on peer review, sustainability, and professional development, the meeting laid the foundation for continued growth and excellence.



ALLIED HEALTH PROFESSIONALS SECTION REPORT

Mr Lyrice Abraham

Allied Health Section of CMAI conducted its annual AGM along with the 47th Biennial Conference held at XIDAS, Jabalpur, Madhya Pradesh on 22nd November 2023. 42 members were present for the AGM. AHP chairperson Dr Vilas Shende welcomed all participants. The agenda was approved and a nomination committee of 5 members was formed to identify the Chairperson and Vice Chairperson.

There were two technical sessions during the sectional meeting. The first session was by Dr. Riju Mathew on "Advanced Quality Tools in Artificial Intelligence" and second by Mr. Paul Patrick Brown on "Climate Change Adaptations" from a Disaster management point of view.

The last AGM minutes were circulated and confirmed. AHP Secretary

presented the report. He mentioned the recognition efforts, the progress in the AHP registration, and the membership drive programs. The Kerala, Tamil Nadu, and Gujarat region presented their regional reports.

The nomination committee suggested Mr. Paul Patrick Brown for the position of the new Chairperson of the AHP section and Mr. Jaideep Masih as Vice Chairperson. The Members accepted the nominations. Below members were selected to the AHP executive for the year 2023-25:

Mr Paul Patric Brown - Chairperson
Mr Jaideep Masih - Vice-Chairperson
Ms. Ancy Ben Zacharia - Regional Sectional Secretary - Kerala
Mr E Selwyn Jeba Singh - Regional Sectional Secretary - Karnataka

Mr. Shiv Chand - Regional Sectional Secretary - Bihar & Jharkhand
Ms. Aradhana Upadhyay - Regional Sectional Secretary - Maharashtra & Goa
Ms. Ciinhoikim - Regional Sectional Secretary - North east
Mr. Vinu Thomas - Regional Sectional Secretary - North West
Mr. S. Abraham Mason - Co-opted Member
Mr. Ashwin Macwan - Co-opted Member
Mrs. Mary Papade - Co-opted Member
Dr Riju Mathew - Co-opted Member

The section secretary thanked the outgoing executive members and welcomed the new executive members. The focus of the section for the coming year will be the Recognition of CMAI Allied courses and Membership drive. The meeting closed with prayer and benediction by Rev Soundarajan.



CHAPLAIN'S SECTION REPORT

Rev David Ebenezer

The 47th Biennial Conference held at XIDAS, Jabalpur, proved to be a spiritually enriching and thought-provoking event, setting the tone for stimulating exploration of the conference theme, 'Being to Wellbeing.'

Highlights:

1. **Thanksgiving Service (21st Nov):** The Thanksgiving devotion on 21st November featured Fr Dr Dharam Kishore Lakra, who delivered a sermon on how Jesus exemplifies compassion towards the sick. The participants were moved by the message, encouraging medical professionals to emulate Jesus' compassion in their practice.
2. **Being to Wellbeing from a Social Perspective (22nd Nov):** Rev Percis Peter took the stage on the second day, shedding light on the healing ministry of Jesus from a social perspective. Rev Percis Peters'

insights vibrated well with the audience.

3. **Holy Communion Service (23rd Nov):** On the final day, Rev Rainard Pearson preached on the theme, "Being to Wellbeing is the Witness of the Healing Ministry." The Holy Communion Service and Dedication Ceremony for GB members of 2023 – 2025 provided an appropriate conclusion to the devotional series as well as the conference.
4. **Order of Worship:** The Order of Worship was prepared for each day, and it was displayed on the screen.
5. **Praise & Worship:** The Praise & Worship was expertly facilitated by Padhar, Dhamtari and St Stephen's Hospitals.
6. **Dedication Service:** Newly elected GB members 2023 - 2025 were dedicated on the final day of

conference.

7. **Chaplains Section AGM:** The Chaplains Section Secretary presented a detailed report of the activities and achievements during November 2022-23 in the sectional meeting.

Overall Feedback:

Despite the challenges, the devotional sessions and sectional meeting were well-received by participants especially the speakers, Fr Dr Dharam Kishore Lakra, Rev Percis Peters, and Rev Rainard Pearson effectively conveyed the conference theme, and their messages resonated with the participants.

In conclusion, the 47th Biennial Conference at XIDAS, Jabalpur, succeeded in fostering a spiritually enriching environment through its sessions.



DOCTOR'S SECTION REPORT

Dr Abhijeet Sangma

The Doctors' Section of the Christian Medical Association of India (CMAI) convened its Annual General Meeting (AGM) on November 22, 2023, at XIDAS, Jabalpur, Madhya Pradesh, during the 47th Biennial Conference. The meeting commenced at 5 PM with an opening prayer and introductions. Over 40 doctors from across the country participated in the AGM.

After a roll call and acknowledgement of apologies, Dr Abhijeet Sangma was appointed as the recording secretary. The proposed agenda was reviewed and approved by the members, who then formed a Nominations Committee to oversee the upcoming officer elections. The committee was chaired by Dr Nitin Joseph the outgoing Chairperson. A moment of silence was held to honour the memory of section members who passed away in 2022 and 2023. Dr

John C. Oommen offered prayers for the departed.

The meeting then progressed through reports and discussions. The minutes of the previous Executive Committee meeting (held on November 21, 2023) and the previous AGM (held on November 12, 2022) were received and confirmed, respectively. The Doctors' Section Secretary presented a report summarizing the section's activities and achievements over the past year.

Following this, members had the opportunity to raise any matters arising from the reports.

The AGM then proceeded to the nomination and election of new office bearers. Dr Rajeev Nathan was elected as the new Chairperson, and Dr Anurag Nelson assumed the role of Vice Chair.

After concluding the elections, the floor

was opened for any other business items.

As Dr Nitin Joseph's term as Chairperson concluded, the AGM expressed its sincere appreciation for his leadership, support, and guidance throughout his tenure. Dr Nitin Joseph delivered closing remarks, followed by a vote of thanks to everyone who contributed to the AGM's success. In a final gesture, Dr Nitin Joseph offered the closing prayer, dedicating the newly elected officers and the Executive Committee as they embarked on their new roles.

Following the conclusion of the Business meeting, the technical paper presentation commenced with a discussion.



NURSES LEAGUE REPORT

Ms Shimy Mathew

The Annual General Meeting of the Nurses League was held during the 47th CMAI National Biennial conference at Jabalpur on 22nd Nov 2023.

It started with a scientific session on "Introduction to Nursing Informatics" by Mrs. Reena George, Professor from CMC Vellore. She highlighted the importance of nurses learning about information technology and its application in various areas of nursing. She stressed that nurses should get involved from the designing phase to make it effective for patient care.

The Annual General Assembly meeting started after the session. Reports of the Nurses League and both the Boards were presented.

The concerns regarding the future of the Boards, challenges faced in Central India, and the way forward were discussed. The Secretary highlighted the plans of NL like the

skill development workshops, short courses, and leadership and mentorship program. The Nomination Committee was appointed by the Assembly and office bearers of NL and Members of the Executive Committee were elected.

Members of the Nomination Committee:

1. Mrs. Suja Baby- Kerala
2. Ms. Dorcas Lepcha – Bihar
3. Mrs. Regina Xavier – Tamilnadu
4. Dr. Shini Godwin – MP
5. Ms. Eba Basumatary- Assam

Members of the NL EC elected at the assembly:-

1. Chairperson – Mrs. Mercy Quila
2. Vice-Chairperson – Mrs. Rekha John
- Members (Regional Sectional Secretaries on Rotation)
3. Gujarat & Rajasthan – Mr. Vivek Khristi
4. Kerala – Maj. Beena Antony
5. Odisha – Mrs. Manisha Nayak
6. UP & UK – Mr. Shailendra Ghosh
7. Northeast – Mrs. Grace Lyndoh

Coopted Members

8. Mrs. Leila Caleb- Delhi
9. Mrs. Sumathy Deodhar – Nagpur
10. Dr. Vinitha Ravindran – CMC Vellore

TNAI Representative

11. Mrs Evelyn Khannan
- Ex- Officio Members
12. General Secretary, CMAI – Dr. Priya John
13. President CMAI – Dr. Santhosh Mathew
14. Secretary, BNESIB- Mrs. Gnancy Starlet
15. Secretary, MIBE – Mrs. Sulekha V.K
16. Secretary, NL – Mrs. Shimy Mathew



a representative receiving the award

DR D W MATEGAONKAR AWARD 2023

Sr Dr Joan Chunkapura

Sr Dr Joan Chunkapura is the recipient of the Dr D W Mategaonkar Award for 2023. She studied Nursing at Rajkumari Amrit Kaur College of Nursing under University of Delhi, in 1970. MA in Clinical Psychology in 1980 and six years later a Ph.D. in Psychology with a specialisation in Addiction Therapy. Born in 1946, Sr Joan is a living legend who has treated and helped more than 9,000 addicts and their families through conscientisation, treatment, counselling since 1987. Rehabilitated more than 300 addicts, placing them back in jobs, settling them in family life, helping students in continuing their education etc. Educated nearly 16,650 students, counsellors, social workers etc. and has specifically trained more than 5,750 students to work in the field of counselling and de-addiction treatment. After receiving Doctorate in Psychology from Delhi University and getting trained in Chemical Dependency Counselling from Hazelden, Minnesota, USA returned



All Kerala Joint Christian Temperance Movement which started in 1963 as an ecumenical programme giving awareness against alcoholism. In 1987 TRADA De-addiction Cum Rehabilitation Centre was started at Kottayam District in Kerala under her leadership and since last 36 years she is actively working for the cause of the addicts and their families, irrespective of caste and creed, through prevention, treatment and rehabilitation and leading the

Institution as its Secretary and Principal of TRADA Institute of Social Sciences. For the outstanding work in the field of Prevention of Alcohol and drug addiction under her leadership, TRADA IRCA has received the National Award 2014 for the Best Integrated Rehabilitation Centre for Addicts from the President of India. Sr. Dr. Joan Chunkapura is the first woman crusader in Kerala and one of the few women in India who was bold enough to launch a frontal attack on Alcoholism, Drug Addiction, Crime related to women and family and lately on AIDS. Sr Joan is a person of great virtues and values. She considers her colleagues and co-workers as equals and extend all support and guidance to them. A deserving champion of healing ministry that is reaching out to the underserved population of our nation. CMAI is honoured to recognize Sr Dr Joan Chunkapura with the highly esteemed Dr D W Mategaonkar Award for the year 2023.



DR D W MATEGAONKAR AWARD 2023

Dr Alexander Thomas

Dr Alexander Thomas is the recipient of the Dr D W Mategaonkar Award for 2023.

Dr Thomas, began his journey of compassionate care with a B.Sc degree from St. Berchaman's college Changanerry in 1959 followed by serving as a Social Welfare Officer in a Leprosy Sanatorium at Manamadurai in Tamil Nadu. Two years later, his true calling led him to Christian Medical College in Vellore, Tamil Nadu for an MBBS degree and a blessing as he was accepted as sponsored student. It was here that he met Dr Paul Brand, the world famous leprosy reconstructive surgeon as his Principal. It was in these days of mentorship and a strong influence with God-given guidance, Dr Alexander Thomas finally responded to his calling of taking up leprosy as a vocation. Post serving the sponsorship in 1968, he joined the Mission to Lepers Organisation. Today, it is widely known as The Leprosy Mission International.

Dr Alexander Thomas has served in different capacities in SLRTC, Karigari Chevayur Leprosy Hospital, Calicut, TLM hospital Vadathorasalur with Rao Bahadur Dr PJ Chandy and many such stalwarts. In 1972, CMC Vellore gave him a wonderful opportunity to pursue MD in Internal Medicine and thus equipping him for serving hansen patients with the best available tools and equipments. During this time, he met Dr Robert Cochran, Dr Ernest Fritschi, Dr ABA Karat, Dr CK Jacob which are the pioneers in the field of leprosy.

Dr Thomas is privileged to bring down the prevalence of Leprosy from 5-10/10,000 to less than 0.5/10,000 within a span of 15-20 years of MDT treatment in all the Districts where he has served. A truly remarkable healthcare professional who has surrendered himself to bring care to the needy and glory to God. In 2021, Dr Thomas along with his wife Dr Rebecca Alexander together received the prestigious Paul

Harrison Award from CMC Vellore for outstanding and selfless contribution in the field of healthcare.

A deserving champion of healing ministry that is reaching out to the under served population of our nation. CMAL is honoured to recognize Dr Alexander Thomas with the highly esteemed Dr D W Mategaonkar Award for the year 2023.



DR D W MATEGAONKAR AWARD 2023

Rev Dr Arul Dhas T

Rev Dr Arul Dhas T, is the recipient of the Dr DW Mategaonkar Award for 2023.

Rev. Arul Dhas, is an ordained minister of the Church of South India. He has done his studies in Zoology from Madurai Kamaraj University, Theology from Serampore University (UTC, Bangalore), New Testament from University of Edinburgh and Bioethics from Manipal University. He has served as a chaplain in Christian Medical College, Vellore for over 35 years.

Rev. Arul Dhas has supervised in clinical pastoral education and also taught Bioethics in CMC, Vellore.

His role and scholarly support to CMAI as a former Editor for Christian Medical Journal of India is greatly valued. He continues to guide the communication department of CMAI regularly and a part of the communication advisory committee as well.

Rev Arul Dhas' outstanding contributions to the ministry of health, healing & wholeness, clinical training, department administration, counselling services, and mentoring with highest levels of personal integrity in faith is exemplary.

During his service at CMC Vellore, he has managed multiple tasks quite efficiently. Providing training, counselling services, and leadership in the worship services in the College and the Hospital is noteworthy efforts.

CMAI acknowledges that Rev Dr Arul Dhas T, has made a significant contribution to the mission of the church in India in the ministry of health, healing and wholeness.

We believe there are he has have served faithfully with a sense of dedication, commitment and purpose.

A deserving champion of healing ministry, CMAI is honoured to recognize

Rev Dr Arul Dhas T., with the highly esteemed Dr D W Mategaonkar Award for the year 2023.



a representative receiving the award

DR D W MATEGAONKAR AWARD 2023

Ms Mary Jerome Paul

Ms Mary Jerome Paul is the recipient of the Dr DW Mategaonkar Award for 2023. When Ms Mary joined The Leprosy Mission (TLM) as a GNM in 1968, times were challenging. Most of the TLM hospitals were looking to strengthen surgery as a service, especially reconstructive surgery. Ms Mary at that time was instrumental in helping TLM hospitals to set up operation theatres, equipping them with necessary supplies and most importantly training nurses to develop their skills and knowledge in operation theatre nursing and basic nursing standards. She was an important member of the team that worked tirelessly on reviving operation theatres and contributing to the complex yet numerous successful reconstructive surgeries. She retired from TLM after 34 years of a life of service, transforming Salur, then a hospice, into a reputed surgical and training centre.



Ms Mary's life has been an example of teaching and uplifting countless people around her. Besides being trained as a GNM, she also received in Operation Theatre Nursing from a college in Nellore, Ophthalmic Nursing from CMC Vellore, and Nursing Administration from Rajkumari Amrit Kaur College of Nursing in Delhi. Ms Mary Jerome Paul has continued to

expand her horizon of experience and skills by engaging herself in developing and sustaining community programs that helped people with Leprosy to resettle and integrate back into their communities. Her excellent interpersonal communication and ability to connect with the patients to encourage them to open up about their concerns remains a skill her students will always remember. Ms Mary believes in equipping her nursing colleagues and other team members with skills, knowledge and understanding that are crucial for providing quality nursing care to people affected by Leprosy. A deserving champion of healing ministry that is reaching out to the undeserved population of our nation. CMAL is honoured to recognize Ms Mary Jerome Paul with the highly esteemed Dr D W Mategaonkar Award for the year 2023



a representative receiving the award

DR D W MATEGAONKAR AWARD 2023

Dr Chikkala Nathaniel Frederick

Dr Chikkala Nathaniel Frederick is the recipient of the Dr D W Mategaonkar Award for 2023.

Dr Frederick is a motivated and devoted servant of God who has dedicated 60 years to the work of mission schools and hospitals. A missionary with a servant attitude who glorifies God with his actions and keeps God first in every step. He is presently working at the Baer Christian Hospital, Chirala in Andhra Pradesh as CEO. His visionary and strong organizational skills are the result of how the hospital has witnessed an overall revival in providing healthcare to the communities. He has also been instrumental in starting Baer Capstone Bible Veda Patasala (Diploma in Theology) Affiliated to Capstone Ministries USA.



Dr Frederick completed M.Sc. Zoology BITS Pilani 1954 to 1956. Ph.D. in Immunology from Cleveland State University, USA from 1982 to 1987. As an effective administrator the staff and leaders are inspired with him being a motivational leader who delegates responsibilities to develop second line leadership.

A deserving champion of healing ministry, CMAI is honoured to recognize Dr Chikkala Nathaniel Frederick, with the highly esteemed Dr D W Mategaonkar Award for the year 2023.



YOUNG MEDICAL MISSIONARY AWARD 2023

Dr Biju Islary

In recognition of outstanding contribution to the Healing Ministry in rural India, CMAI presents Dr Biju Islary the Young Medical Missionary Award for the year 2023.

Born in 1982, Dr Biju's objective has always been to serve the sick and especially the poorest of the community. This calling shaped his decision to pursue medicine and led him to the Guwahati Medical College in Medical College in Assam for an MBBS in 2008. Following this, for the over two years he served as a Rural Medical Officer in Amguri State Dispensary under NRHM, Assam.

Dr Biju joined Crofts Memorial Hospital in June 2011, and has continued to serve there till date. In 2015, responding to his service and commitment, the hospital sponsored Dr Biju's pursuance

of specialisation in General Surgery from Bangalore Medical College & Research Institute. The result of which, currently he is working there as Consultant Surgeon. He is also a Fellow of Indian Association of Gastrointestinal Endo Surgeons (FIAGES).

With a heart full of commitment and dedication, and as surgeon, he has been serving the community as full time doctor through this remotely located mission hospital, managing all the OPDs, IPDs, Emergencies, Surgeries, etc. day and night. Being the only surgeon in this hospital, he is working hard to manage all the cases- be it medical, surgical, gynaecological & obstetrical, ortho or pediatrics.

Sound Surgical skills, knowledge for

basic and advanced laparoscopic surgeries, managing emergency cases, knowledge of medicines and ability to establish a good doctor-patient relationship are a few from his countless skills as a young doctor in the mission hospital.

CMAI is grateful to Dr Biju Islary. He is a living example for the younger healthcare professionals, as he continues to serve the mission hospitals in the healing ministry.

NURSES LEAGUE AWARDS



OFFICE BEARERS



Dr. Mathew Santhosh
Thomas, Consultant
Hospital Administration
& Finance
President

Dr Santhosh currently lives in Delhi and works part time as a Consultant Physician and with International Christian Medical and Dental Association as Training in-charge and Regional Secretary South Asia. He previously worked with Emmanuel Hospital Association in various leadership roles. He has been associated with various Health and Development organizations as a board member.



Dr Vathsala Sadan
Dean, College of Nursing,
CMC Vellore
Vice President

Dr Vathsala Sadan is the Dean of College of Nursing at Christian Medical College at Vellore. She has a PhD in Nursing and is Professor & Head of Department in Community Health Nursing at CMC Vellore. Dr Vathsala is an expert in the field of Nursing Education and Community Health in India. She is engaged with many strategic committees at national level. Dr Vathsala's field of expertise is in Nursing Research and to her credit are several national and international studies. Dr Vathsala Sadan resides with her husband and daughters in Vellore.



Mr. Albo Jason
Director Finance &
Administration
EFICOR, New Delhi
Treasurer

Mr Albo Jason Wilson is working with The Evangelical Fellowship of India Commission on Relief as Director-Finance & Administration. For nearly four decades he has displayed noteworthy leadership qualities in finance, audit, tax, general administration, and management. Mr Albo has completed Chartered Accountancy article ship in Tamil Nadu and BCom from Madurai Kamaraj University. In addition to his leadership and varied experience, Mr Albo is invited by many organizations for wisdom on financial guidance and compliances. He presently resides in New Delhi with his family.



Dr. Christopher D Moses
Medical Superintendent,
Jalna Mission Hospital, MH
Editor

Dr Christopher David Moses is presently working with Jalna Mission Hospital in Jalna (Maharashtra) since 1982. He is known as Dr Jalna by his colleagues since his MBBS days in CMC Vellore. He completed his MS General Surgery at Christian Medical College Vellore. He completed his MPhil from BITS Pilani with Tulane University USA, Business Administration and Taxation diplomas from Marathwada University and Diploma in Medico-legal Systems from Symbiosis Institute in Pune. Dr Christopher has helped pioneer various surgeries in Jalna. He is passionate about serving communities through medicine and other social service avenues like Rotary and IMA. The mission statement of Jalna Mission Hospital reads "Serve with Consistency, Credibility and Continuity in Christ's love". Dr Christopher lives with his wife Shobha (consultant gynaecologist and Haggai institute alumnus) at Jalna and his children are settled in different parts of the country.



CHURCHES, WHERE ARE YOUR HOSPITALS?

Mr Sunny Kuruvilla

"How can we reopen our hospital?" This question arose during a recent healthcare leadership meeting, led by a delegation representing the top leadership of a prominent church. The church sought to investigate viable strategies and establish effective networking partnerships to facilitate the reopening of its closed-down hospital. Although not a new concern, it warrants revisiting due to the closure or declining status of many mission hospitals.

Remarkably, several non-mainstream churches have ventured into establishing hospitals and healthcare initiatives in recent years. Furthermore, several NGOs and local congregations/parishes have initiated healthcare programs and startups as part of their community service efforts.

The need of the hour is for closed hospitals to be reopened and for those in decline to be revitalized. The leadership of churches can make renewed efforts to revive existing hospitals or consider establishing new healthcare initiatives. Healthcare stands as one of the most pertinent avenues to connect with the community, a truth underscored by the lessons of the Covid era.

The community relies on us, trusting in our ability to provide genuine, ethical care without embellishments. This integrity serves as our USP (unique service proposition), widely acknowledged as evident in the words of the renowned journalist and writer, Kushwant Singh. He observed, "A great majority of English-speaking Indians have at some stage of their lives been

to missionary schools or colleges or a hospital managed by missionaries, and nobody has ever tried to convert these Indians there." He also noted, "To this day, Christian missionaries run the best schools, colleges and hospitals in our country. They are inexpensive and free of corruption."

However, despite their historical significance, many of our esteemed mission hospitals now struggle to survive or have already closed their doors. Even we, when facing our own or our loved ones' health issues, often opt for quality care provided by other private entities. Thus, it becomes imperative for churches and other governing bodies responsible for hospital governance to adopt a reflective stance. The following points can guide such entities in

deliberating over potential involvement in new healthcare initiatives.

Revisit the 'Mission Philosophy'!

Our identity is deeply rooted in our mission. We proudly label ourselves as 'mission hospitals,' signifying our unwavering commitment to this cause. In the past, our focus primarily lay on fulfilling our role as healthcare providers, often prioritizing our service delivery over the expectations of the consumers. Back then, receiving what we offered was deemed acceptable, as there were hardly any alternatives within a considerable radius.

However, times have changed drastically. Today, consumers have a plethora of choices at their disposal (except in remote areas). Their experiences, commonly referred to as the 'patient experience,' have become paramount. Consequently, the patient experience must now constitute a significant component of our mission. Patients are no longer mere recipients of our services; they are active stakeholders in their healthcare journey. Attracting and retaining them has become imperative, as they are invaluable resources for us.

Mission hospitals situated in semi-urban and urban areas are compelled to enhance their overall patient experience due to the presence of other healthcare providers nearby. The revenue generated from patient care services serves as the primary resource to cover the day-to-day operational costs of these hospitals.

Therefore, mission hospitals must prioritize delivering the utmost "patient experience," which should be ingrained in the mission because the hospital needs to remain relevant to the community's needs. This becomes even more critical considering that patient income is our primary 'resource,' particularly in times like these when external support, such as donations, is not as common as before.

The Church has a Role!

Medical missions hold undeniable significance within the church's endeavours. Beyond preaching and teaching, healing constitutes the 'third mandate' (Matt 4.23). In the aftermath of the post-COVID era, the significance of the 'healing ministry' is heightened, underscoring healthcare's crucial role in the community.

At times, we interchangeably use terms like 'healing ministry' or 'medical mission' within our context. However, it's crucial to recognize that the patients in the local community require comprehensive healthcare, addressing not just physical ailments but also encompassing whole-person care. The church must contemplate the practical application of the 'third mandate,' 'healing' in its practice. This could be as straightforward as discussing how to reopen a closed hospital, revitalize a struggling one, or even establish a new hospital or initiative. The exploration of this mandate should be a topic of discussion in various forums to assess its feasibility.

To evaluate the current state of a church's medical ministry, it's crucial to ponder the following questions:

- Has the church initiated any new medical missions recently?
- Have failing mission hospitals affiliated with the church been revived?
- How many healthcare-related training programs has the church initiated?
- How many individuals from the church have been trained as healthcare professionals?





The church's resources, including premises, local support, and finances, can be invaluable in this endeavour. Leveraging the networking support of local hospitals or other interested churches in the area, if available, would provide an added advantage.

The church must be mindful!

Three critical aspects of a mission hospital that demand careful attention are:

- Foundational Purpose
- Governance
- Operations

While the church sets the foundational purpose, it must also ensure the preservation of the original vision. The church must gracefully hand over the professional leadership of the hospital to healthcare professionals and management experts. A well-defined governance system that protects and supports the vision and purpose is vital for this. The church should allow sufficient autonomy to facilitate an effective governance system and efficient day-to-day operations. The organizational structure should be designed to ensure this autonomy. A robust healthcare system should drive the mission hospital towards growth and development. Such institutions can overcome sustainability challenges

through the collective wisdom and collaborative efforts of healthcare leaders and their committed staff.

Healthcare is a dynamic field that demands innovative and creative leadership. The development of infrastructure relies on dynamic healthcare professionals who lead the way forward. Therefore, while the church must ensure alignment of its purpose and objectives, it should entrust effective governance and operations to capable leadership.

Leadership for Transformation

Leadership plays a key role in driving change, particularly in fostering creativity and innovation. Leaders must be empowered to adapt and evolve with the times, while also identifying and nurturing successors for continuity. To effectively steer institutions forward, leaders must develop a comprehensive master plan. This plan, documented with clear milestones, ensures that the big picture remains in order, facilitating a smooth transition of leadership to the next generation. By avoiding isolated accomplishments, the institution can maintain a trajectory of sustained progress.

Establishing defined terms for leadership roles, and tenures and providing continuous professional development

are essential components. A manual outlining operational procedures serves not only as a guiding framework but also as a tool for regular assessment and gap analysis, enabling the organization to refine its strategies over time.

Embracing change is non-negotiable for effective leadership. Leaders should extend their focus beyond the confines of hospitals and healthcare, acting as catalysts for broader community transformation. This includes initiatives such as promoting training, research, empowerment programs, and community development, as well as advocating for the rights and inclusion of vulnerable populations.

Conclusion

The church should reassess its current medical missions and redefine its role within the community. Our healthcare services hold significant credibility and serve as a powerful strategy for community engagement. The church needs to consider implementing a robust governance model to establish, operate, and revitalize hospitals or other healthcare initiatives.

Additionally, existing healthcare facilities should reconsider their approach to patient experience, exploring avenues beyond traditional healthcare delivery.

Join Hands with us in the Healing Ministry

CHRISTIAN MEDICAL ASSOCIATION OF INDIA

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

- CMAI has over 10,000 Christian health care professionals and over 270 institutions representing various denominations.
- CMAI builds individuals to be technically sound, spiritually alive, and socially relevant, in fellowship and with a Christian perspective on health and development.
- CMAI is the health arm of the National Council of Churches in India(NCCI).

WHAT DO WE DO ?

- Build capacity to respond to the current and future health care needs
- 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
- CMAI influences other networks and alliances on thinking change in health systems practices in India. We partner with national and international agencies to promote this objective.

OUR PUBLICATIONS

- Christian Medical Journal of India (Perspective)
- Life for All (Newsletter)
- Footsteps (Development) English & Hindi (A Tearfund publication distributed by CMAI)

COME JOIN US

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.

General Secretary

CMAI, Plot No.2,A-3 Local Shopping Centre

Janakpuri, New Delhi -110058 India

Tel: + 91(0) 11 25599991/2/3

Email: cmai@cmai.org

FOR MORE INFORMATION AND TO BECOME A MEMBER PLEASE VISIT OUR WEBSITE:

www.cmai.org or write to: cmai@cmai.org

Facebook: CHRISTIAN MEDICAL ASSOCIATION OF INDIA



Building a just and healthy society

COME JOIN US AS MEMBERS

COME JOIN US AS MEMBERS

"Perfect Peace"
Ephesians 2:14



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CMAI Focus Areas:



**MEMBERSHIP
STRENGTHENING**



**NETWORK
& EXPANDING**



**LEADERSHIP
DEVELOPMENT**



EDUCATION



**CHURCH
PARTNERSHIP**



**POLICY ENGAGEMENT
& RESEARCH**

CMAI Comms

CMAI is a membership organization bringing Christian healthcare professionals and institutions involved in health, healing and wholeness on a common platform. Our services, which include training, education, and access to ethical, affordable and quality healthcare, are available to all. CMAI's membership is divided into five sections for focussed and strategic growth;

Administrators | Allied Health Professionals | Chaplains | Doctors | Nurses League.



Christian Medical Association of India

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