A Quarterly Journal of the
Christian Medical Association of India

VOLUME 30 NUMBER 1
JANUARY - MARCH 2015

CHRISTIAN MEDICAL JOURNAL OF INDIA

CMJI

Communicating Health
Since 1895

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Choose Life

Partners together in Healing Ministry

LETTERS TO THE EDITOR

Dear Sir,

Thank you for the *CMJI*, on "Information and Communication Technology". It is an eye opener for me working in a remote corner of the country about the possibilities of what technology can do to improve our quality of work.

Sometimes we don't realise how the situation around us changes so quickly. Today technology is the heart of civilization making our work more efficient.

I like the article by Mr Sandeep Jain and the devotion by Dr Nitin Joseph on how communication barriers can open up new innovations.

The write up on CMAI hospitals was also an inspiring of how an institution can grow and how important are the vision of the pioneers to the healing ministry.

Please continue to keep your good work.

Dr Jeyem Juliet

LETTERS / ARTICLES FOR CMJI

We invite your views and opinions to make the CMJI interactive and vibrant. As you go through this and each issue of CMJI, we would like to know what comes to your mind. Is it provoking your thoughts? The next issue is on the subject "Choose Life". Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: **sharathdavid@cmai.org** Articles of humour, cartoons etc. are welcome.

Guidelines for Contributors

SPECIAL ARTICLES

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

- Articles must be not more than 1500 words.
- All articles must preferably be submitted in soft copy format. The soft copy can be sent by e-mail; alternatively it can be sent on 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' Jeoffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.
- Articles submitted to the CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

LETTERS

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

GENERAL GUIDELINES

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

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EDITORIAL

CHOOSE THE *ZOE* LIFE

Dr Nitin Theodore Joseph

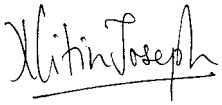
Moses gave his final instructions to the nation of Israel from Mount Ebal just before they crossed into the Promised Land. He says. "I have set before you life and death, blessings and cursing: therefore choose life, that both thou and thy seed may live" (Deut.30:19). Life is all about making choices. Choices of education, vocation, marriage, career, etc. The quality of our life directly depends on the choices we make and we have to continue to make choices as long as we sojourn on this planet. At times all of us are guilty of making the wrong choice and when that happens we will consider ourselves to be very lucky if we have an opportunity to rectify it. But often there is no second chance. And here Moses asks the people to CHOOSE LIFE.

Jesus at many places in the gospels told His disciples in different words why He had come to the earth. For example in Luke 19:10 He says that He came to "seek and to save that which was lost." But in John 10:10 He says that He had come so that we might have "abundant life." The Greek word used here for life is ***zoe***, and this refers to the principle of life in the spirit and soul, and must be distinguished from ***bios*** that refers to physical life. *Zoe* is the nobler word expressing all of the highest and best, and *zoe* is used in John 14:6 where Jesus says that He is the Life. In our lives it is tempting to be more concerned about our physical life, materialistic comforts and worldly status. We often give a lot of emphasis on this and forget the *zoe* life that is to be desired and is far more complete.

The theme for CMAI this year is "Choose Life: Partners together in the Healing Ministry." We usually equate healing ministry with the medical professionals. But then again by doing so we are identifying healing in only its physical realm which is of course very important. But health is far beyond physical health as the WHO definition of health reminds us. It encompasses also the mental, social and spiritual aspects that are often neglected. When Jesus taught of how He would separate the sheep from the goats at His return He says, "I was sick and you **visited** Me" (Matt.25:36). Interestingly He doesn't say "I was sick and you cured Me"!! The healing ministry is therefore a mandate to all believers and not to a select group of medical personnel.

In this issue we have tried to include articles that would help us to get a better understanding of choosing the *zoe* life and also how we all should actively participate in Jesus' healing ministry. God is *Jehovah Rapha* the Healer, Jesus is the Great Physician and we are His instruments to bring healing to people. The world today needs healing as never before and we must take on this mandate and become agents of healing and transformation. The choice is ours!

Your feedback is very important to us and we value it greatly. Do share your copy with a friend and help us to serve you better.



Dr Nitin Theodore Joseph

Free Will to Choose Life

The *divine-human connectedness* calls the human beings to choose a life which demands a constant and continuous relationship with God.

When several options are provided, making choices is one of the difficult tasks for human beings. It becomes even more difficult when the choice is to choose a pattern of life. The psychological, sociological, economic theories and philosophical concepts attempt to create space for human beings for choosing a healthy and justice-oriented life. But these theories are inadequate to empower the human beings to choose a life in which human persons will be able to understand the God-centred purpose and possibilities of life.

It is in this context the theme 'choose life' becomes very significant to us. The brief reflection on this theme is to remind us the possibilities that God has placed before human beings to choose.

In other words the theme can attempt to answer the questions such as 'what does God offer to human being when we choose life?' and 'what is life all about?' I have chosen two texts from the scripture which seem to be promoting two paradoxical calls from God.

Let us journey through these two texts, one is from Genesis 1:26-31 and the second is from St Mark 8:34-35

1. Choosing Life: 'Being Human'

The creation narrative in the book of Genesis sketches the beautiful possibilities for human life that God has provided. There are several truths, perceptions, and aspects of human lives, revealed in these creation narratives.

- *Divine-Human Connectedness:* The foremost significant truth of human life is that the human being is the creation of God, who made man in God's own image and likeness (V26a and V27). The basis for human unity and oneness is found in this truth. Further it also depicts that human beings are not independent of God, but they are *dependent of God.* The faith in God (some would call the faith in God as 'religion') is based on the 'dependent nature' of human beings. This basic awareness, i.e., *the divine-human connectedness* calls the human beings to choose a life which demands a constant and continuous relationship with God. Further, this thought reminds us the necessity of God in our lives. Being human

Rev A Israel David

In other words the theme can attempt to answer the questions such as 'what does God offer to human being when we choose life?' and 'what is the life all about?' I have chosen two texts from the scripture which seem to be promoting two paradoxical calls from God.

is, being connected with the Creator God

- *Human-Human Connectedness:* The second dimension of creation narrative brings a challenge to the God-created human beings that the gender-differentials have a common single source of creation i.e., God self (V 27). Though human persons have different gender identity, means female, male and the third gender, God becomes the unifying force for all the three sexes. Thus, *human-human connectedness* finds its meaning. This also compels the human that we are not only depending on God for our existence, our lives are in need of dependence on other human beings. Our distinctions as male, female and the third gender, after fall from the grace of God, reminds us that we need each other for our existence. Disdaining, ignoring, neglecting and paying no attention to this dimension of life is violating the very purpose of God's creation. Being human is connected with other human beings.

- *Interconnectedness Between and Among God's Creation:* The third aspect is to know the purpose of God for creating the human beings. V26b and V28-30 unfold the purpose and expectations of God from human beings. We understand a sense of responsibility that God expects from the human beings. The purpose is not to show the authority over other creations, but to be responsible towards their growth and well-being. This truth also proclaims to us the *interconnectedness between and among the God's creation*. Human persons are, in fact, depending on other creations and not the *vice versa*. Being human is connected with other creations of God.

The purpose is not to show the authority over other creations, but to be responsible towards their growth and well-being. This truth also proclaims to us the interconnectedness between and among the God's creation. Human persons are, in fact, depending on other creations and not the vice versa.

- *Being Human:* The fourth truth is derived from the above mentioned three facts, means human life is created by God *(interconnectedness between God and human),* the common source of human creation *(interconnectedness among male, female, and third gender),* the responsibility of human beings towards rest of the creation *(interconnectedness among all the creation of God).* The truth is human beings are created and called by God to be human. In other words choosing life simply means 'being human', *which is the intention of God. The intention of God is that human being will have a life in its fullness, an abundant life.*

- *Overcoming the Obstacles:* There seems to be obstacles in this realization of being human which was caused by the disobedience and fall of human beings in the Garden of Eden. While the purpose of God remains the same the process towards the purpose has become a difficult one for human beings, because there is a problem in *connectedness between God and human.* The result of this disobedience is the intended life that God has promised could not be realized by the human beings. The sin has entered and there is always a conflict within i.e., between the sinful nature and the intention to be good.

- *The Nature of Obstacles:* The problem of Eden has impacted, influenced and infected the human beings both as individuals and community. The problem originated from Eden, at present, has its presence in the form of unjust, oppressive, self-centred, unequal, gender-insensitive, discriminative and dehumanizing systems. These systems have found their places in the society, community, politics, religions, health care, and institutions. These obstacles have become stumbling blocks for individuals and communities to experience the God-intended life.

- *God Revealed in Jesus Christ:* It seems to be impossible for human persons to be restored back by themselves to the original status of 'being human.' This further affirms that the human beings are in need of God's intervention in the restoration process. In other words the healing of broken relationship with God and becoming human is possible only through the redemptive work of God who revealed himself in Jesus Christ, the saviour. **God is the source of our lives, which is imparted to human first by creation and then by redemption.** *God in Jesus Christ has restored the possibilities of living an abundant*

The church in general and the Christian movements, institutions and Christian mission health care systems are the partners in the mission of God in restoring back the humanity to be human.

life (John 10: 10). All the human beings, irrespective of their status have this possibility of becoming human as God intended to be.

Nevertheless, the question remains about 'how' to choose this abundant life. In other words what is the way of experiencing this 'made-possible' abundant life through Jesus Christ?

2. Choosing Life: Losing Life in Christ

In St Mark 8:35 there seems to be a paradoxical truth in experiencing this abundant life. Mark calls human beings to lose their life in order to gain life.

- *Lose to Gain:* To wish to save life is to lose it, means to lose it for Christ's sake is to save it. Alexander Maclaren brings more clarity to the understanding of the truth. For him the 'life of self' is death and the 'death of self' is the life of the true self. Caring for own well-being is dead and respectable selfishness will effectively kill the real life, self-surrender is saving life, i.e., life-giving. In other words self-denial leads to life. It is in losing, one masters the life. For A E Housman, a poet-scholar, losing life is not negative abandonment, but positive devotion to God in Jesus Christ. In addition it is not an act of desperation, but devotion. Human perspective will argue that the 'losing' leads to losing oneself, but from a divine perspective it is finding oneself. It is **finding oneself** to live for Him. In other words, it is investing in our lives. *Living an abundant life is possible because we choose a life to lose in Christ and for Christ.*
- *Partnership:* Enabling, *nurturing and empowering someone in this process of finding oneself, is a way of being partners in healing ministry.* The church in general and the Christian movements, institutions and Christian mission health care systems are the partners in the mission of God in restoring back the humanity to be human. Thus the partnership aims not to Christianization of humanity but engage in humanization of individuals and community. We are in the process of making people from the status of 'no people' as it is found I Peter 2.

Let us recollect and remind ourselves that…

- God is the ground of human being-God is the source of our 'being.' We are interconnected and dependent on God, with other human beings, and with the whole creation
- God has created us to live an abundant life-the purpose of creating human beings
- However, losing connection with God has made it difficult to experience the fullness of life, the abundant life
- God, in Jesus Christ through his death and resurrection made it possible to all the human to be healed and to experience the life which was lost in the garden of Eden
- All the human includes the sick and suffering of all forms and all aspects-the social, economic, physical, emotional, ecological, gender, ethical, political and religious
- Therefore, choosing life results in creating possibilities to live a restored life, a God-promised life in its fullness. To make this happen it is in losing one's life in Christ one gains to live
- We are in partnership with God in this act of restoring back people as 'being human' i.e., humanization

It is finding oneself i.e., ' we are human beings'

May the Living Lord empower us to proclaim the possibilities of living an abundant life which is made possible through Jesus Christ's death and resurrection

A Israel David is an ordained minister of CSI Rayalaseema Diocese since 1995, especially served as Chaplain of Arogyavaram Medical centre. Currently he is serving as Registrar and Assistant Professor of Calvin Institute of Theology, Hyderabad. He has a BD and MTh from United Theological College and submitted his doctoral dissertation to the Senate of Serampore. He has been associated with CMAI from 1995 in different ways.

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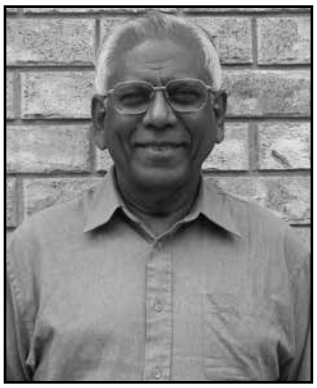
Partners Together in Healing Ministry

We find that at every step, God is interested in creating a community – through Abraham, He would make a nation (Gen.12:2) and through Jesus Christ, He would constitute the Church (Matt.16:18)



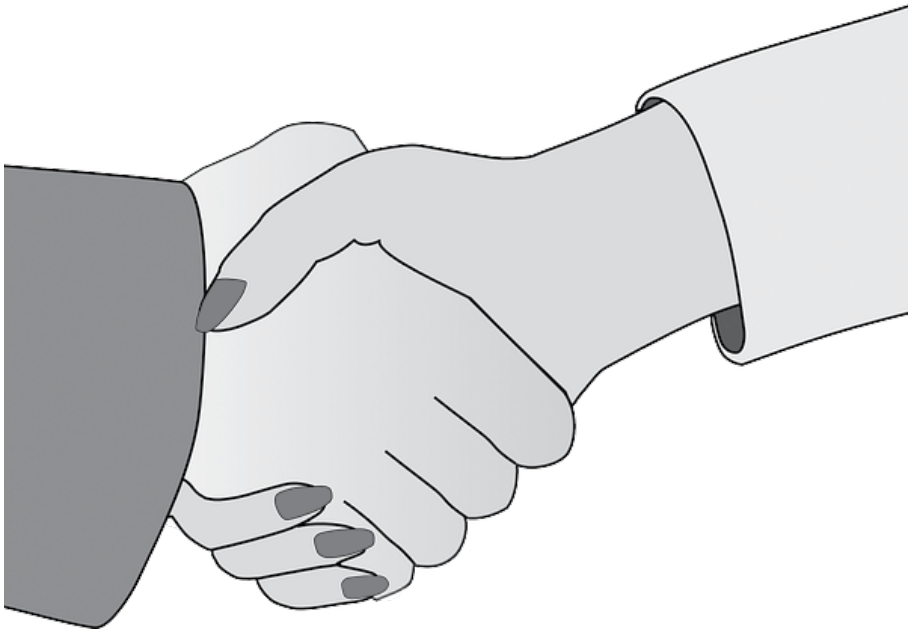
Mr L T Jeyachandran

We will not be realists if we do not take into account the tragedy of our rebellion against God *(Gen.3)* **disrupting the harmony in our relationships.**

I have been wondering why I have been called upon to write this article! For one, I am an Engineer, the very antithesis of being a doctor! But as I think back, there may be a good reason for my writing this article. I understand from my wife that my late father-in-law, Dr K Thirumalai, a former member of CMAI and the founding chairman of the Emmanuel Hospital Association (EHA), advised all his 3 daughters when they were students that, if they wanted to be doctors, they should either find doctors for their husbands or choose to remain single! This personal anecdote – you may call it a parable - kicks of this article because it highlights two points: (i) Even biologically, a woman and a man have to come together physically to create life; (ii) Togetherness in the ministry of healing is a sine qua non that needs to be carefully worked out.

When God created humankind, He made us man and woman (Gen.1:26,27). In the light of the New Testament, we can read into the Old Testament that in order to reflect the image of the Triune God, the husband and the wife had to exhibit the same oneness that exists in Him – Father and Son in the bond of the Holy Spirit constituting One God. As we scroll down the pages of the Scriptures, we find that at every step, God is interested in creating a community – through Abraham, He would make a nation (Gen.12:2) and through Jesus Christ, He would constitute the Church (Matt.16:18), which again is an illustration of the unity of the Trinity (John 17:20-22).

While this big picture is very attractive, we will not be realists if we do not take into account the tragedy of our rebellion against God (Gen.3) disrupting the harmony in our relationships. One of the sad but significant results of The Fall is our desire for control over one another; in Gen 3:16b, God tells Eve what is often overlooked – “Your desire will be for your husband, and he will rule over you.” In 21st century language, this would read, “You will use your feminine charm to control and manipulate your husband and the dumb macho man will respond by dominating you”. Parents of small children see the best example in their homes when the little one often tries to manipulate one parent against the other!



The diagnostic picture of the human condition painted above is peculiar to the Christian faith; so also is the Divine treatment. When this issue of CMJI reaches you, we will have remembered the Cross of Jesus Christ; have you looked at the Cross – the Cross has a thousand dimensions - as the place where God chooses to lose control over His creation and permit His creatures to crucify His Son? Satan's single-minded purpose is to disrupt togetherness; but the Cross baffles him. Good examples of his confusion are seen when he provokes Peter to tell Jesus not to go to the Cross – *Matt.16:21-23;* at the same time, he inspires Judas Iscariot to betray Jesus and send him to the Cross – *John 13:2.* The Cross faces Satan with the perfect Catch-22 situation from which there is no escape for him but victory for us.

How are the diagnosis and treatment outlined above work themselves out in the practical day-to-day life of the health-care professional and thus promote togetherness in our institutions? I outline a few examples below which, I hope, will foster a better working environment wherever we function:

1. One of the first things against a desire for control is to begin to treat one another as those made in the image of God; this was one of my early resolutions when I joined the service of the Government of India in Mumbai as a young engineer on the 4th of June 1965. We used to have a crazy joke in the Government – "Some people are indispensable but most people are unnecessary!" I have crafted a Christian response to it – "In God's sight, - in the CMAI, your local Church or Christian organisation - no one is indispensable, but everyone is important; there is no one who is so senior that he has nothing to receive; there is no one so young that she has nothing to offer!" We are a giving-receiving community. We are neither dependent nor independent but inter-dependent. The best example I can think of is the Operation Theatre where everyone is absolutely necessary for the success of the procedure.
2. The second point flows naturally from the first – we shall use the structures of the organisation to serve our fellow-workers and customers. We cannot exist without structures of administration and attempts to do that have badly failed. We need to realise that structures and rules are good servants but bad masters; if they are used as instruments of control and not to serve (and discipline) staff and be better servants of the outside world, what we will end up with is a structure with no life – and no togetherness. We may, in that case, have to constitute an EAS – the Evangelical Administrative Service – similar to the IAS!
3. We will also gradually come to realise that we constitute and organism, not just an organisation. It is an organism that has life; organisation has only structures. The growth of the organism – it can be our prayer for the CMAI – produces more life; and organisation becomes more and more complex and running it becomes a time-consuming, energy-sapping exercise.
4. How shall we accomplish this in this not-so-perfect world

We need to realise that structures and rules are good servants but bad masters; if they are used as instruments of control and not to serve (and discipline) staff and be better servants of the outside world, what we will end up with is a structure with no life – and no togetherness.

This means that there is a place for discipline not because someone has hurt my pride but because an error needs to be corrected and an offence is not repeated.

including the Christian world? One of the acted parables of Jesus that has impressed me profoundly is the washing of the feet of the disciples by Jesus – John 13. He thereafter tells the disciples that we should wash one-another's feet. Thus will the world see two imperfect people in a PERFECT relationship. For this to happen, one must recognise that the problem is two-fold: (i) I do not want to wash someone else's feet; (ii) I do not want anyone to wash my feet! The problem is reciprocal and inter-personal. To develop this attitude, one has to experience the cross of self-denial in one's life. This statement can be easily misunderstood; I do not mean that we should give up our responsibility to run the organisation; I mean that we should give up our right to stand up for our rights so that we earn the right to carry out our responsibilities – exactly what Jesus did during His life on earth. This means that there is a place for discipline not because someone has hurt my pride but because an error needs to be corrected and an offence is not repeated.

I am sure the Lord will bless the CMAI and other organisations that bear His name to exemplify His life by living and working under the shadow of the Cross!

Mr L T Jeyachandran has a (MTech) degree in Structural Engineering from the Indian Institute of Technology (IIT) in Madras (Chennai). He retired as a Chief Engineer of 13 states of India in the Eastern Zone.

He worked with Ravi Zacharias International Ministries (RZIM) in India from 1993 to 2000 as Director of Ministries and Executive Director of RZIM Asia-Pacific region.

He is also a member of the Steering Committee of the Theology of Work (TOW) Project; he is also a member of the TOW Board of Directors. He has now settled in Pune.

CMAI INVITES NOMINATIONS

for

DR D W MATEGAONKAR AWARDS

In 1990, CMAI instituted national awards to publicly recognise members who have made a significant contribution to the mission of the Church in India in the ministry of health, healing and wholeness. The awards (up to 5 per year) are presented during the Biennial Conference.

Members are requested to send suggestions/ nominations to the General Secretary, CMAI by 01 September 2015.

Life Journey– Emotional Essentials

"I have come in order that you might have life – life in all its fullness" (John 10:10)

The Greek word, Soteria means both salvation and healing. When we are born again in Jesus Christ, the Holy Spirit begins to sanctify us. In rebirth and in renewal, we are made whole. Jesus said, "I have come in order that you might have life – life in all its fullness" (John 10:10.) I believe, in all its wholeness.

When Jesus came, He ushered in the kingdom of heaven – the rule of heaven on earth. The Sermon on the Mount was the inaugural speech. I believe, it is a key to our emotional well-being, and consequently our physical well-being. What were the radical teachings that offered such a fullness of life?

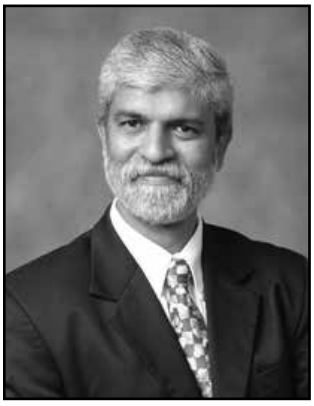
Emotional blocks lead to psychosomatic illnesses

Doctors tell us that more than 70 per cent of our diseases are psychosomatic – a physical illness that is a result of our psychological (emotional) condition. Psychologists tell us that we are troubled by three broad clusters of emotions. These are resentment, guilt and anxiety. We feel these emotions in many situations. If we don't resolve them quickly, they fester in our mind and conscience and disturb our physical balance leading to illnesses.

Resentment

Life is not a bed of roses. Things do not go the way we want them to. We make plans but fail to realize them. Often we fail to achieve our goals. Sometimes circumstances are not favourable but most times our goals are undermined by others. We resent our boss if s/he detains us for some work just when we are about to go home. It is worse if we had planned something that evening with the family. Reckless traffic can hinder our smooth ride. We feel angry, upset and irritated at all these times. This can affect our moods, thinking and behaviour. If anger and irritation sustains over a long time, it can affect our body. "Harbouring grudge", someone said, "is like taking a poisonous pill and hoping that the other person would die."

Whenever our goals are undermined or our progress hindered we can take a deep breath and consider the situation. Examine whether we can do anything about it or not. Check whether we have any control over it. If we can take any step, then we must. In the above situation, one can go to the boss and explain the plans for the evening and check if the work can be done the next day and offer to come early. Probably, you are



Dr Samson Gandhi

Psychologists tell us that we are troubled by three broad clusters of emotions. These are resentment, guilt and anxiety. We feel these emotions in many situations.

stuck in the traffic and cannot do anything about it. Then it is better to say a word of prayer for fast easing of traffic, inform anyone who needs to know that you will be delayed and then catch up with any calls you have to make or return. You can also catch up with SMS, Twitter, Facebook or emails. You will see you are relaxed and in better health.

Guilt

We must learn to distinguish false guilt from real. When we break God's commandment and sin against God and others, we would experience real or true guilt. But when we fall short of expectations – others' or ours' – we may feel guilty. It is false guilt. Parents put pressure on their children to perform. When children are unable to meet those expectations, they feel guilty. We sometimes place high expectation upon ourselves. If we are not able to rise to those challenges, we feel guilty. This is not true guilt. We must always set realistic goals and achieve them. When we are unable to achieve them then we need to seek fresh inputs to achieve them. Where we fail to keep appointments and social commitments, we must express regrets, make quick amends and move on.

But when we are guilty of breaking God's commandments, we must seek His forgiveness as quickly as possible. The Spirit of God would prompt us of our sin. We must heed those promptings, repent, turn from our sin and reconcile with God. No matter how many times we sin, God will forgive us. Nobody is beyond the grace of God. But if we do not come clean with God, our guilt can become a thorn in our flesh and become septic. When David did not confess his guilt before God, he said, "My bones grew old through my groaning all the day long . . . my vitality was turned into the drought of summer" (Psalm 32:3, 4.) But when David confessed his sin, repented of it and asked God's forgiveness he experienced peace and joy (Psalm 51.)

If we are not able to rise to those challenges, we feel guilty. This is not true guilt. We must always set realistic goals and achieve them. When we are unable to achieve them then we need to seek fresh inputs to achieve them.

Anxiety

We are an anxious generation. Hurry and worry are synonymous with our lifestyle. We feel anxious when our goals are uncertain. Whether it is about reaching office on time or getting that job – we feel anxious. We worry a lot about the future and most times what we fear would never happen. We are anxious for everything and nothing. Sustained anxiety takes a toll on our health. We must catch ourselves feeling anxious and take corrective steps.

Bible tells us, "Have no anxiety about anything but in everything by prayer and supplication let your requests be made known to God and the peace of God that passes all understanding will keep your hearts and mind in Christ Jesus" (Phil. 4:6, 7.) This verse has helped me countless times to pass on my worry to God and relax. Another promise that saw me through many uncertain times is: "You will keep him in perfect peace, whose mind is stayed on You, because he trusts in You" (Isaiah 26:3.) Prayer, thanksgiving and trust are sure practices for a peaceful life.

Emotional essentials for holistic well-being

We must not harbour resentment, silence our guilt or give in to anxiety. While these are emotions we must avoid, we must learn to cultivate emotions of security, self-worth and significance.

Security

We all long for emotional security. This comes from a sense of belonging. When we are completely and unconditionally accepted, with no fear of rejection, then we feel deeply secure. But very rarely we find such a security from others. The only place we can find it is in God. Only He is capable of giving it. He said, "I will never leave you nor forsake you" (Deut. 31:8.) One thing that separates us from God is sin. But even when we sin, He has made a provision and is ever merciful to forgive us. Such security is a fountain head of joy. As the Bible says, "The joy of the Lord is my strength" (Neh. 8:10.)

Self-worth

This is another emotional need all human beings experience. We long to be valued for who we are; not for what we can do but for just being us. We like to be held dear, appreciated as individuals. Like a parent would love and cherish even a mentally challenged child as much as a normal child or even more. Mother Theresa did that to the destitute of Kolkata. We all experience worth when we are treated with dignity and respect irrespective of our position or performance. Christ died for us while we were yet sinners (Romans 5:8.) We are the apple of His eye (Zech. 2:8.)

Significance

Another deep longing is to be significant. Life without a purpose is insignificant. Without a purpose, there is no meaning or sense of direction. Education and a career

give us a sense of direction but even they can become self-centred. True significance is experienced when we make a difference for good in the lives of others. In the sight of God, we are very important. What we can do can be vital in the scheme of God's grand design. Therefore, He said, "For I know the plans I have for you, plans to prosper you and not to harm you, plans to give you hope and future" (Jer. 29:11.) Someone said it well: "Even if you are the only person on this earth, Christ would have still come and died for you."

Spiritual postures for mental well-being

Happiness is a state of mind. But our state of mind is determined by the beliefs that we hold. We are often trapped in false beliefs. We believe that happiness is something that happens to us; something that is outside of us and something that we can work for. Thankfully that is not true. It is a gift that we receive from God as we develop godly attitudes.

In Matthew 5:3, we read, "Happy are those who know they are spiritually poor; the Kingdom of heaven belongs to them!" We know we are spiritually poor when we recognize how far we are from God. The publican recognized he was spiritually poor, acknowledged it and went away happy. But the Pharisee was full of himself and went away condemned.

As we come before God, the Spirit of God will show us how far away we are from Him. If we acknowledge our spiritual poverty and take a right spiritual posture, God is promising the Kingdom of heaven. See the table below:

Unfortunately, we take a wrong spiritual posture, and lose the Kingdom of heaven. We wrongly believe that there cannot be any losses as believers. But Jesus said that there will be losses but in those losses God will comfort us. When Job accepted his losses, he was restored twice as much (Job 42:10.) In this world, we wrongly believe that humility is a sure way to get humiliated. But Jesus proved otherwise. The greatest man ever humbled himself so completely that he was raised to the highest name that can ever be (Phil. 2:9.) We wrongly believe that it is impossible to be righteous. But if are eager to be righteous, God will satisfy us with His righteousness. The righteousness of Christ is now ours for the asking. We wrongly believe that people take advantage if we are merciful. They may. But God will be merciful to us even when we tend to take Him for granted. We deceive ourselves into hypocrisy. But when we do not wear masks but are true to ourselves, we will see God. We wrongly believe that to reach out to people in peace is a sign of our weakness. But Jesus said it is a sign of our godly heritage.

To top it all God is saying, just because you live such a spiritual life, there is no guarantee that people will treat you well; in fact they may persecute you. At such times, God will be your strength.

Conclusion

Have you removed the clogs from your emotional veins? Is your heart free from bitterness of resentment, burden of guilt and restlessness of anxiety? How secure, significant and valuable do you feel today? The answers to these questions can be a good measure of your psychosomatic health.

Holistic health happens when our spirit, soul (mind, feelings and behaviour) and body are in good health. St. Paul pronounced such a blessing as a benediction and a promise on the church at Thessalonica: "Now may the God of peace Himself sanctify you completely; and may your whole spirit, soul and body be preserved blameless at the coming of the Lord Jesus Christ.

He who calls you is faithful, who also will do it (1 Thess. 5: 23, 24.)

Let us bow our heads, spread our hands and receive it.

Our spiritual posture	God's promise
Those who mourn their losses	God will comfort
Those who humble themselves	God will give what He has promised
Those who hunger and thirst for righteousness	God will satisfy them fully
Those who are merciful	God will be merciful to them
Those who are pure in heart	God will reveal Himself to them
Those who work for peace	God will call them His children
Those who are persecuted for Christ's sake	Kingdom of heaven belongs to them

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HUMOUR

- When the lodge meeting broke up, John confided to a friend. “Mike, I’m in a terrible pickle! I’m strapped for cash and I haven’t the slightest idea where I’m going to get it from!” “I’m glad to hear that” answered Mike. “I was afraid you might have an idea you could borrow it from me!”
- As a first grade teacher, teacher often hear from her students things going on in their family. Harry’s mother was expecting, and naturally Harry was very excited about it. When one day Harry stopped talking about it the teacher was concerned and questioned him why. “Well”, Harry said, “my mother told me I could feel the baby moving in her stomach, ***I thing she ate*** it!”

Loving Our Neighbours with HIV - and Helping Them Love Their Neighbours Too!

The Jeevan Sahara Kendra Experience

Jeevan Sahara Kendra (a project of the Bethany Trust) began helping HIV positive people in Thane in 2002. Most of our Positive Friends at that time were dying of AIDS. We met them in their homes in their last days, nursed them, prayed with them and comforted the survivors. But even in those dark days we had a simple thought: no organization can ever fully care for people with HIV/AIDS – instead God has wonderfully prepared His body the Church to bless people with HIV.

Twelve years later we are still working out that simple idea. Twelve years on we have good news. HIV is no longer an 'untreatable disease.' God is answering prayers. So many people with HIV are living and thriving. The government is providing free Anti-Retroviral Medications. And most of all, the church in India today more opportunities than ever to bring life and hope to people living with HIV in our communities.

The bad news is that HIV is still a dreaded disease. For those who find out that they have HIV, there is still a wall of shame and fear. If I have HIV, I immediately wonder what will happen to me now? Will I live or die? Who can I tell about my condition? Most people with HIV do not tell others – because of a genuine fear of being rejected and shunned. Though the government offers free Anti-Retroviral Treatment – many do not access it because of the fear of being found out. Others post-pone starting till they are very sick. Others do not even know treatment exists – all they know is that AIDS is incurable, in their mind AIDS=Death. Sadly, for many this is still the truth – they die instead of living.

The Bible tells us to "rescue those being lead away to death" (Prov. 24.11). This is a command. For people living with HIV, unless they get treatment, they will die. And unless our HIV Positive Friends receive their ART treatment in a supportive community the drugs will be of no use to them. The ART won't work because without love and support and encouragement, our Positive Friends will not take their pills, or take them so intermittently that the medications just won't work. Pills that stay in a bottle don't give any benefit to the person who should be taking them.

People with HIV need a community, a family. Some of them have family

Dr Andreas & Sheba Eicher

Most people with HIV do not tell others – because of a genuine fear of being rejected and shunned. Though the government offers free Anti-Retroviral Treatment – many do not access it because of the fear of being found out.

members who are trying to look after them. Some have been rejected. All need more support. The Bible says that God 'puts the lonely in families' (Ps. 68.6). In the Indian context we know all about big families. We know the strength of love that exists. And we also know of the bitter fights and long-term hurts as well. Every local church has at its core the mandate to be a big new adoptive family – how much more so to people with HIV. God is calling us as His church to love. In deeds, not just in words.

So how do we make the church the centre of God's healing mission – especially with a disease as stigmatized as HIV? We don't have magic solutions, but here are five practical steps which churches can do – which we offer as lessons which we ourselves are learning through our experiences with Jeevan Sahara Kendra.

1. Visit Positive Friends in their Homes. Jesus told us to love our neighbours as ourselves. Visiting people in homes to pray is very much what every church should do for all its members and others in the community. We are a community which treasures hospitality. It is very natural for church members to go two-by-two to visit people and understand their situations. To listen. And to pray. To listen. And help in practical ways. And to listen. With free ART medications available from government ART centres, church members have wonderful opportunities to encourage our Positive Friends to take their ART medications regularly. So many of the reasons for people not being adherent to medications have to do with issues of the heart and relationships. All of us need encouragement – and people with HIV even more so. Home visits are low profile and high value expressions of God's love in action. We have seen many Positive Friends in our area transformed by the impact of church members meeting them regularly and walking along with them.

2. **Run HIV Testing and Counselling Camps.** Jeevan Sahara Kendra runs two such free HIV testing camps a month with local churches. The church chooses a venue (usually its sanctuary or a local school) and

publicizes the free camp in the area. Young people hand out leaflets and do street plays. Sometimes a local cable TV channel is called. And on the day free and confidential voluntary HIV counseling and testing is done. The Bible tells us that God desires truth in the inner places (Ps. 51.6) and that the truth will set us free (John 8.32). HIV testing is all about knowing the truth of one's status. The testing process allows the church to reach out to a wide variety of people in their neighbourhood community. Relationships are formed. Those who test negative (the vast majority) are given counseling in how to live Kingdom-value lifestyles – and opportunities to participate in the local meetings of the church. Those who test HIV positive (usually a very small number – if at all) are then followed up by the local church who take them for medical assessment to an HIV centre and care for the family through home visits. There is a church in Navi Mumbai which had only 30 members when they began conducting HIV testing camps. Today God has blessed them by increasing their number to almost 300 members.

Our colleagues at the Christian AIDS/HIV National Alliance are facilitating a programme in New Delhi, where 20 churches send volunteers to find pregnant women in their neighborhood and make sure they get enrolled for antenatal care and institutional deliveries at hospitals which have a Prevention of Parent to Child Transmission programme.

3. **Enroll all pregnant women in Ante-natal Care.** Today the mother-to-child transmission of HIV is almost completely preventable. No child should be born infected with HIV. We are grateful that HIV testing is now a routine part of antenatal care in all government hospitals. But the challenge is to find out which pregnant woman has the disease. Many women – even in urban areas – still have home-deliveries. Our colleagues at the Christian AIDS/HIV National Alliance are facilitating a programme in New Delhi,

where 20 churches send volunteers to find pregnant women in their neighborhood and make sure they get enrolled for antenatal care and institutional deliveries at hospitals which have a Prevention of Parent to Child Transmission programme. This allows women to get tested early – and if they are HIV positive, they are put on ART treatment and other steps are taken so that their unborn child does not contract the HIV. The programme also allows local churches to build strong links with their communities and help people be linked into the government health system.

One such church recently ran a special family camp a camp that they called "Samarpan" and mobilized 20 church members to minister to 55 men, women and children from affected families.

4. **Have special fellowship times for People with HIV** We don't believe that separate churches should be formed for people with HIV. God wants us all to be integrated into one body. He has destroyed the dividing wall between Greek and Jew, between male and female, between HIV positive and HIV negative (Eph. 2.14). But given the deep stigma most people with HIV face, there is value in having a 'safe space' where our Positive Friends can meet other people with HIV and share their sorrows and joys. We have found that having a monthly fellowship time for people with HIV helps deeply. Local churches also help run special family camps for HIV affected families. One such church recently ran such a camp that they called "Samarpan" and mobilized 20 church members to minister to 55 men, women and children from affected families. Not only were these families deeply blessed, but the church members who poured in their time and love came away deeply moved and excited with a greater zeal to serve.

5. **Encourage Positive Friends to take leadership in our churches People** with HIV are not just 'needy people who we should help.' Compassion is the first step – sadly many of our churches are still lacking in this – but we must not stop at 'giving gifts to poor people'. God wants people living with HIV to be a blessing to the church and to the nation. This will only happen when they themselves are given opportunities to minister. The best place to start is in our own fellowships. We can encourage people with HIV to share their testimonies and help out in the church. And then push them to serve as Sunday School teachers, cell group leaders, evangelists, and elders and pastors. Until we have openly HIV positive people serving as pastors – like in some of the Sub-Saharan African countries – we will not fully be preparing 'all God's people for acts of service' (Eph. 4.12). People with HIV are precious – and not just as eternal souls – but as God's image-bearers whom Jesus wants to use to bless our churches, our communities and our nation! We can spark this into being by our churches becoming nurseries and training grounds for service.

Andi and Sheba Eicher have been serving with Jeevan Sahara Kendra since the Thane-based HIV care programme was started in 2002. Sheba is a doctor trained in Family Medicine and Andi is a social worker with training in public health and forestry. They have two children Asha (14) and Enoch (12) and worship in a house-church in Thane where Andi serves as an elder.

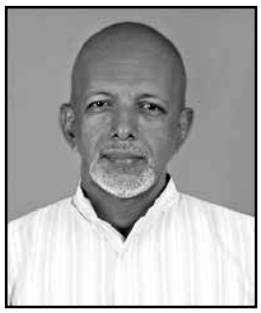
Theological Education – Relevance for Life

This is a challenge not only for theological institutions but for the Indian churches also.

To the question "Why ministry to the theological students?" many replied "To serve God, God's people, and society." Four years after, just before their graduation, during the "exit interview" when the question is posed about their preparedness for ministry, many of them replied, describing their future plans for higher studies or ministry posting rather than their readiness for ministry! The purpose of the exit interview was to assess and evaluate how the graduating students were able to integrate their learning in the classroom/library and in the field with their own life experiences for theological, pastoral, and personal preparation to serve their respective churches in different parts of India. Most of the students give emphasis to the "knowing" (academic) and "doing" (praxis) dimensions of training but seldom pay attention to the dimension of "being" (personal and spiritual formation). In the theological institution in South India where I currently teach, applicants are personally interviewed for admission to the BD programme.

Theological education is understood as participation in ministry and as a witness to the Gospel of Jesus Christ in the Indian context. However, there is a widening gap between theological education and pastoral ministry. Are the Bible/theological institutions in India give adequate attention to the personal and spiritual formation of candidates who graduate from these institutions to serve the churches in India and elsewhere? This essay puts forward the argument that along with the academic and praxis oriented training, personal and spiritual formation of the theological students should be given adequate attention during their theological training. This is a challenge not only for theological institutions but for the Indian churches also.

There are two traditional models of theological training. The first one is the scientific-university model which focuses on academic preparation of the candidates. According to K C Abraham, an eminent Indian Christian Theologian, this model considers theology as a "science" which involves scientific, critical, and systematic study like any other discipline. He quotes C Duraisingh, "Theology becomes a generic term for a cluster of relatively independent studies; it becomes a term like law, medicine or liberal arts." In spite of its



Rev Dr George Varughese

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limitations of compartmentalization and uncritical dependence of scientific knowledge, the scientific-university model has helped the Churches in India to defend its faith, to construct theological formulas, to interact and to have dialogue with philosophical treatise of living faiths in India other than Christianity. The research programmes of universities like Serampore at the masters and doctoral levels have introduced interdisciplinary approach to address the limitations of this model.

The second model is what is described by Edward. Farley as the "clerical paradigm" which is the "doing" aspect of ministerial training. It focuses on the ecclesial needs of the Christian congregation. The emphasis is on what the minister does namely, preaching, teaching, healing, sacraments, and administration. This model gives a framework to the disciplines such as Christian Ministry (Christian Education, Pastoral Care and Counselling, Homiletics, and Worship and Liturgy) and Communication .This model governs the ministerial training given in denominational and ecumenical theological institutions across India. While these models prepare the theological candidate to be an effective minister, and an enabler and facilitator, it seldom helps in his/her personal and spiritual formation.

Both these models are heavily dependent on Western academia. For instance, a majority of the literature (both theory and application) in the field of Pastoral Care and Counselling is authored by Westerners and published in the West. Even analytical and critical studies are Eurocentric and they make inordinate claims of universality and applicability. Moreover, the theological and ministerial frameworks that are developed in India assume that they are relevant to tribal, rural, urban and semi-urban/semi-rural contexts. It is a positive sign that theological institutions in India today continue to reexamine the relevance of the

urban middle class oriented ministry to the rural, tribal, and other contexts.

K C Abraham is highly critical of these two models discussed above. He suggests an alternative paradigm of theological education which is "people empowering". He quotes a feminist theologian Kwok Pui-Lan who wrote that "Theological education should be a process of mutual empowerment". Reflecting further on the "people empowerment" model, K C Abraham identifies three aspects namely context, methodology, and community as crucial for theological education. First, critical awareness and analysis of the contextual realities such as extreme poverty, commercialization and politicization of religion, and ecological issues are essential to theological education. Second, theological education is a "process" and curriculum and courses are "tools for enabling students to initiate in the process of empowering the people of God". K C Abraham states that the alternative model is a "holistic model" of knowing in which the knower participates and be moved for action. He calls this methods of knowing "praxis" which is "thought emerging in deed and deed evoking thought." Third is community building. According to Abraham, theological education is a "community endeavour".

The community of educators (teachers and Gurus) and students (shishyas) become agents of empowerment and they in turn are empowered by the larger community. In a community fragmented and divided based on caste, gender, race, tribe, and other factors, building a mutually empowering community is a Herculean task. It is a major challenge that all theological and church related institutions in India such as the CMAI face today. This years' Healing Ministry Celebration theme is "Choose Life: Partners Together in Healing Ministry" motivates us to rethink our models of education, curriculum, leadership styles, and work ethics in the theological, healthcare, and other church related institutions like the CMAI engaged in training women and men for the ministry of healing.

There is no question that the alternative model suggested by K C Abraham is very relevant to the current Indian contexts. However, it emphasizes the "praxis" or "doing" dimension at the expense of "being" (personal and spiritual formation) which is another important dimension of theological education.

Although many denominational seminaries, through various programmes, attempt to address this dimension 'being', it is given the least priority in many ecumenical liberal theological institutions.

"Being" includes a sense of identity of who one is, ones' calling, and personal relationship with God and the creation. Although many denominational seminaries, through various programmes, attempt to address this dimension, it is given the least priority in many ecumenical liberal theological institutions.

While discussing the rediscovery of pastoral care Alistair Campbell has used three images which are helpful to reflect on the "being" dimension of theological education. They are courageous shepherd, wounded healer, and wise folly.

In the biblical understanding, the Shepherd is skilful, shows tenderness towards the flock, and ready for self sacrifice (Is. 40:11; Ps. 23: 2; Zech 12: 10). The New Testament testifies to Jesus care for the despised. Seward Hiltner, an eminent American Pastoral Theologian, understands shepherding as a "perspective" which is "an attitude or feeling" "an attitude of tender solicitous concern" for others and not something artificial. Jesus' courage is for others. There is courage in Jesus' words, actions, suffering, and life. Ministers cannot empower others unless they experience the power of the Spirit in themselves which moulds them into courageous shepherds not only to challenge the oppressive structures of the society but also to be models of courage through their words, actions, their suffering and exemplary lives.

The image of the wounded healer is rooted in the wounded Christ. Campbell writes that the wounded healer, through the language of wounds, increases our awareness of our vulnerability and the transcendence of the loss. The wounded healer heals because of his/her encounter with the losses and ability to experience hope in them. Paul's statement in Galatians 6: 17 that he bears "the marks of Jesus" on his body affirm that the wounded body of Jesus is the source of healing. Today's theological education should motivate students to integrate their own woundedness into their ministry so that it will be authentic and meaningful.

Wise folly is a powerful image in personal and spiritual formation. The Minster becomes a fool (Acts. 17: 18). Apostle Paul writes about Christ's followers as fools for Christ's sake (1 Cor. 4: 10) Folly is double edged. First, it mocks at good and bad alike provoking cruel laughter at times. Second, it uses humour and

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ridicule to evoke love and concern. Jurodivej or holy fool is esteemed high in the Russian Orthodox Spiritual Tradition. They are fools for Christ's sake who challenge the oppressive structures and persons in power to uplift justice.

The incarnation (God stooping down to come in a human form and suffer) is a dynamic symbol of God being a fool. Fools for Christ's sake through simplicity (exposing the insincerity and self deception of the society: Lk 18: 17), loyalty (taking up one's cross and following Christ :Mk. 3: 14), and prophecy (foretelling and forthtelling: 2 Sam. 12: 7) voluntarily accepted humiliation and deprivation as Christ went through. The current theological education in India especially in liberal theological institutions emphasize the prophetic tasks without attention to the cost of one's life it demands It is a sad reality that the latter is often downplayed in theological training. The prophetic and the willingness to take risks for Christ's sake that goes along with it is yet to find their appropriate place in theological education in India.

A critical reflection of these three images and their appropriation into the theological education will challenge theological students to be "reflective partners". The goal of theological education in India is not to produce professional armchair theologians who remain out of touch with peoples pain and raw realities, or social activists who motivate others without demonstrating a lifestyle that matches their activism and commitment, but as "reflective practitioners" who feel people's pain, learn form their own and others life stories, raises insightful questions, and be open to receive God's grace and lead others to that experience. The "knowing", "doing", and "being" need equal attention if theological education is to be dynamic and vibrant to produce theologians and ministers who become living witness to the Gospel of Christ in India. The Christian Medical Association of India's educational/ training programmes in collaboration with the church and theological institutions in India like the Serampore University is a positive step along this line. Much more needs to be done. It is possible when we, the called out community-the Church- affirm each other as "Partners Together in Healing Ministry" of Christ Jesus.

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FROM OUR ARCHIVES

The Journal of the Christian Medical Association of India, Burma and Ceylon

Vol XV No. 1 - 1940

'There are three definite and indispensable elements in hospital work that is really "an integral part of the missionary enterprise":

Efficient medical treatment, including good nursing;

The spirit of Christ throughout; and

The simple, verbal explanation that this is Christian, that He is our strength and that He is to be praised and thanked rather than we.'

Also there are three classes of people to be planned for in achieving a healthful spiritual impact--the hospital workers, the patients, and the Christian Church.

For the employees nothing can be substituted for our loving, considerate Christian attitude in all our relations with them, our care for their health and welfare in every way, our thought for their wives and children especially when they are ill, and our provision for their old age. The first item in efficiency is *Personality,* and we shall usually get the best service from the helpers we have trained ourselves. I believe in the unique value of beginning each day's work with a half-hour chapel service which all attend. In the course of several years all will accumulate treasures of thought and stores of knowledge that will influence their lives permanently. This morning chapel service has been a feature of our hospital's work from the beginning, and it has grown on us with the years.

For the stream of patients flowing through the hospital, there must be a planned system of constantly informing and explaining to them what our Christ and Christianity are and stand for. This is a department of a mission hospital as essential as the nursing, and requires someone with as much skill. A regular schedule of Bible readings and talks chosen with care, must be carried out with devotion, not by doctors and nurses in the odds and ends of their time, but by workers trained for it and with definite leisure for it. As soon as suitable workers are available, the hospital's religious teacher should be a national, and a member of the hospital force……..

For the growing Christian Church also the medical work has the duty of helping it include healing in its thinking and its plans. We can arrange the work of our employees so as to enable them to attend the Church's services and must be loyal members ourselves. Outside members of the church should be brought in to lead our chapel service occasionally, and Hospital Sunday should be observed annually in the Church. For the week of Prayer, the Meshed Church has for years taken charge of the hospital chapel service, providing the programme and leaders for the week.

FROM OUR ARCHIVES

The Journal of the Christian Medical Association of India, Burma and Ceylon
Vol XL - No 1, January 1965

We must look at this work from two points of view. If I may be permitted to carry out the military analogy, there is the strategic viewpoint and the tactical viewpoint. The first relates to the overall purpose or ideology of Christian medical work, and the second has to do with the practical means whereby that purpose is implemented in any given situation.

It is my impression that there is a great deal of confusion at present on both levels. Those engaged in Christian medical work often appear to be demoralized at worst, and anxious about the future at best. Critical comments charging them with 'being engaged in trench warfare', 'immobilized' 'imprisoned in outmoded structures' and in 'irrelevant patterns of institutional work' are being thrown at them all sides. It is very easy to see that a patient is sick, but much more difficult to diagnose the ailment and prescribe treatment.

It seems to me that the root cause of the present anxiety is the failure to arrive at any consensus on the strategic level. Or perhaps it would be more accurate to put it negatively. The trouble arises because of a widely held conception of the purpose of Christian medical work which is a false one. The prevailing view seems to be that reflected in the following observation made by Dr Schlunk (a theologian):

"The more firmly the principles of our civilization are established and the more the state accepts moral functions, thereby assuming responsibility for the socio-hygienic welfare of all its citizens, the more missions must limit themselves to the real task of the proclamation of the Gospel'.

Here we find a new twist to the old idea of devolution: as Government medical work increases, Christian Medical work must decrease. Christian medical work is here defined, by implication, as something quite distinct from 'the real task of the proclamation of the Gospel'. If this position is accepted, and even many medical professionals themselves seem to accept it, then the future of Christian medical work is non-existent--save for the period of grace between now and the time when the Government is able to provide adequate health services for all the people. And should not the fact that we do not have the resources to provide such comprehensive service lead us to pray that day will be hastened?

Draft National Health Policy 2015 – A Response

Introduction

The Draft National Health Policy 2015 (NHP) is the Declaration of the Government of India to leverage economic growth to achieve health outcomes. It further acknowledgement that better health contributes immensely to improved productivity as well as equity in the country. In the past 30 years the government has come out with two health policies one in 1983 and the latest one in 2002. The content of the National Health Policy has changed over the years and the current policy is aimed at attaining the Millennium Development (Health) Goals 2015 of maternal and child health, infectious diseases and non-communicable diseases.

Over the last decade or so we have seen a robust healthcare industry growing 15% compound annual growth rate (CAGR), twice the rate of growth in all service and thrice the national economic growth rate. However we have also witnessed that growing expenditure due to heath care cost leading to poverty.

We also witnessed the previous Health Policy responding to the contextual changes with universal access to affordable healthcare services in an assured mode.

Aim of the draft National Health Policy

Aim of the draft National Health Policy is to inform, clarify, strengthen and prioritize the role of government in shaping health systems in all its dimensions be it Investment in health through CSR, insurance etc, organization and financing of healthcare services through the private public partnership models. It outlines the government's interest in the prevention of disease and promotion of good health through cross sectoral action, access to technologies and developing human resources. It has looked at encouraging medical pluralism by expanding the role of AYUSH as a possible mode of providing universal health coverage. The policy also envisions building knowledge base required for better health, financial protection strategies, regulation and legislation for health would go a long way in building a robust mechanism to deliver the dream of universal health coverage.

It outlines the government's interest in the prevention of disease and promotion of good health through cross sectoral action, access to technologies and developing human resources.

Situation Analysis

Burden of Disease

The almost exclusive focus of policy and implementation often masks the fact that all the disease conditions for which national programmes provide universal coverage account for less than 10% of all mortalities and only for about 15% of all morbidities. Over 75% of communicable diseases are not part of existing national programmes.

Overall, communicable diseases contribute to 24. 4% of the entire disease burden while maternal and neonatal ailments contribute to 13.8%. Non-communicable diseases (39.1%) and injuries (11.8%) now constitute the bulk of the country's disease burden.

Cost of Care

Over 63 million persons are faced with poverty every year due to healthcare costs alone. In 2011 – 12 share of out of pocket expenditure on healthcare as a proportion of total household monthly per capita expenditure was 6.9% in rural and 5.5% in urban areas

Role of Private Sector in Health

The role of Private Sector in health has been significant. It should be understood that private sector includes, corporate hospitals (who cater to a relatively small number of people in the scheme of things), the not for profit hospitals, the small private clinics and the quacks. 80% of outpatient care and about 60% of inpatient care are attributed private sector. Healthcare Education is now in the hands of private players some of whose standards are highly questionable. A small but high profile group of corporate hospitals are catering to Healthcare tourism. There has also been a spurt in the Indian Systems of Medicine and Homeopathy (AYUSH) which are experiencing a major push by the present government. There has been a significant involvement of the private sector to assist the government in the implementation of its various schemes under NRHM like the Janani Suraksha Yojana (Maternity, Janani Shishu Suraksha Karyakaram (Newborn and infant care). and various Disease Control Programmes like RNTCP, malaria control etc. The Rashtriya Swasthya Bima Yojana (RSBY) have improved utilization of hospital services especially in private sector and among the poorest 20% of households and SC/ST households however the problem of low awareness about the entitlement and how and when to use RSBY card has been noticed. The problem of perverse incentives like the denial of services by private hospitals for many categories of illnesses and over supply of some services has been a grave problem with the scheme.

The Christian Coalition believes in the principle of justice and equity and that healthcare for all should be affordable, rational, ethical, relevant and compassionate. The coalition would like to extend their appreciation in the draft document of the National Health Policy 2015.

Achievement of the Millennium Development Goals

Indicators	Target	1990	2012	2015 (Estimate)
Maternal Mortality Ratio (MMR)	140	560	178	141
Under 5 Mortality Rate (U5MR)	42	126	52	42

Inequities in Health Outcomes

Indicators	India			
	Total	Rural	Urban	% differential
TFR (2012)	2.4	2.6	1.8	44% difference
IMR (2012)	40	44	27	63% difference

Inputs to the National Health Policy 2015 by the Christian Coalition for Health

The process

The Christian healthcare networks of CHAI, CMAI and EHA were requested to send out the draft NHP 2015 to their members asking for their responses. CMAI and CCH held consultations in Delhi, Chennai and Guwahati where CHAI and EHA members attended to study the said draft NHP and compile the inputs. A final consultation was held in Delhi where the various inputs were studied, discussed and deliberated. The final document was sent to member organisations to study and upload/email or post their inputs to the government.

Recommendations to the government on the Draft NHP 2015, by the Christian Coalition for Health

To reiterate, the Christian Coalition for Health (CCH) is a coalition of the Christian Medical Association of India (CMAI), Catholic Health Association of India (CHAI) and Emmanuel Hospital Association (EHA) and CMC Ludhiana and Vellore. The coalition represents over 3500 clinical establishments with over 75000 inpatient beds, more than 18000 of which are in rural and priority districts of the country. The coalition has also contributed towards healthcare education from reputed institutions like Christian Medical College, Vellore and Ludhiana and St. John's Medical College, Bangalore, Nursing Boards under the Indian Nursing council and various discipline of the Allied Health Sciences in the country.

The Christian Coalition believes in the principle of justice and equity and that healthcare for all should be affordable, rational, ethical, relevant and

compassionate. The coalition would like to extend their appreciation in the draft document of the National Health Policy 2015. We are pleased to contribute towards the document as requested.

The Draft NHP 2015 has acknowledged the significant contribution of the private healthcare sector is and has documented the importance of the role of the private sector towards attaining the Health goals of the country.

We would like to highlight some areas in the document that could provide clarity towards its definition and approaches

1. Acknowledge the presence of Profit and Not-for-Profit Private Healthcare Sectors in the country. This is in the nature of the registration itself that some private institutions are registered as Charitable Societies and others as Company. It is recommended that in the draft document when the term “private” is used, it should be defined as both Profit and not-for-profit healthcare providers.
2. The term ‘Healthcare Industry’ does not comprehensively justify the healthcare of the country. Even though there has been increase in healthcare tourism in the recent past, healthcare services in rural and priority areas are still being provided free or minimal charges primarily from Charitable Societies (not-for-profit sector). The coalition would recommend that the sector be referred to as the “healthcare sector” or “healthcare services” and not “healthcare industry” as it has connotations of being profit driven instead of being driven by the principles of ethical and compassionate care.
3. The policy seems to be biased in favour of the profit motive and the creation of jobs. Though these motives per se may be acceptable in terms of commerce and industry, the central focus of the health policy needs to be on universal healthcare.
4. The underlying dependence on private funding and insurance is a cause for concern. Government should find the financing within the system to provide for universal healthcare and not go the insurance way.
5. Acknowledging the fact that quality in healthcare is an important part of the National Health Policy, there has to be consideration in the standards of some of the reputed older institutions in priority and rural areas which may not be able to abide by certain human resources and infrastructure standards that even the government institutions in rural areas are unable to comply with. Skilled, competent personnel with experience may be allowed to practise in rural and priority districts, with an underlying principle of access to minimum uniform standards of qualified appropriate care are available to the rural population of the country. There should be a special consideration for “priority” districts that acknowledges the realities of their context and determines the minimum requirements accordingly.
6. Healthcare financing has to be based on various quality standards by the government. Introducing Accreditation system towards eligibility of healthcare financing is a matter of concern. It is felt that regulation on standards should be sufficient qualification to avail the schemes in order to ensure health for all. It

It is recommended that the not-for-profit private health providers in rural areas be invited onto government committees for a balance of profit and not-for-profit point of view to be represented on policy making.

is therefore recommended that for all collaborations with the government either for government schemes or for reimbursement schemes should be based on compliance with the regulatory framework (minimum standards) as envisioned by law and not on accreditation.

7. The regulatory standards demanded from private health providers should be extended to government clinical establishments as well.
8. Integration of data of the private (profit and not-for-profit) for better analysis and understanding of the health of the people. It is recommended that the not-for-profit private health providers in rural areas be invited onto government committees for a balance of profit and not-for-profit point of view to be represented on policy making. The private (profit and not-for-profit) healthcare institutions should also contribute to disease surveillance especially in rural India.
9. There is no time frame as to the various initiatives that would be required to be taken up for the implementation of the policy. It is recommended that to make this document robust a timeframe be defined in the document.

Conclusion

The consultative process that the government has put into place is creditable. It is however important that there be a fair representation of the Coalition partners in the finalisation of the draft National Health Policy 2015 of the Government. With a significant amount of health provision being provided by the private not for profit sector it is imperative that there be proportionate representation by our members.

Contributed by

Dr Santhosh Mathew, Dr Ronald Lalthanmawia, Dr Priya John, Dr Abhijeet Sangma, Ms Anuvinda Varkey and Ms Saharsha Jacob with inputs from member institutions of the Christian Coalition for Health (CHAI, EHA and CMAI).

THIRUMALAI MISSION HOSPITAL

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Ph: 04172 – 244520, 244521, 244523

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Reflections on Ethical Living

The Other: "us versus them"

Dr K S Jacob

The **"Other"** is a concept that refers to people who differ from us. Very often, it is applied to people, whom we do not understand and whose language, customs and culture we are not familiar with. It also refers to the act of emphasizing the perceived weaknesses of marginalized groups as a way of stressing our own alleged strength. "Us" and "them" categorizations can occur with any racial, ethnic, linguistic, caste, religious, or geographically defined category of people or can be based on other traits and differences between individuals (e.g. gender, socio-economic class, sexuality, etc.).

Historically, those in power have often used the rhetoric of "the other" to sway public opinion and to direct attention away from their own undesirable or unethical behavior. Such attempts to demonize "the other" in the name of protecting power and self-interest is unacceptable.

Building a conceptual framework around a notion of "us" versus "them" allows us to pretend that there are natural and fundamental differences between the two categories; we like to think that "our" values, culture, and civilization are known and accepted, while "theirs" is different and strange. In fact, the "us and them" framework is problematic, as it negatively influences our relations with other people, communities, cultures and nations.

Jesus in the parable of "The Good Samaritan" refused to go down the usual route of demonizing the other (Luke 10:25-37). He was able to see the humanity of the Samaritan, who belonged to a group despised by the Jews. He was also able to see the wickedness among his own people. He refused to think of people as "us" and "them".

Historically, those in power have often used the rhetoric of "the other" to sway public opinion and to direct attention away from their own undesirable or unethical behavior.

Do we categorize people as "others" by focusing on our differences? Or are we able to see people's humanity, the similarity of our struggles, hopes and aspirations? Are we prejudiced about people who do not share our worldview?

Points for reflection:

1. Do we categorize our colleagues and others we know into "us" and "them"?
2. How can we see the humanity of diverse kinds of people and not emphasize differences?

Very often religious teachings, which exhort us to live ethical lives, become frozen in dogma and orthodoxy. We need to address everyday issues based on ethical principles we hold. This reflection is part of a series, which attempts to discuss such issues that focus on ethical living.

Contributed by K S Jacob, Professor of Psychiatry, Christian Medical College, Vellore, Tamil Nadu 632002 India. Email: ksjacob@cmcvellore.ac.in

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A Nurse in Healing Ministry

As Nurses we are in a crucial position to help our patients make choices. We can and should be in a position to support them in choices they make especially during the end of life care.

One of the greatest gifts the Lord has given us is the power to choose. In fact, every day, we are faced with hundreds of decisions. Life is about making choices, be it good or bad / positive or negative.

According to Joyce Meyer, "It's important to understand that every choice we make is a seed we sow, and those seeds produce fruit in our life – either for life or death. So if we want to have the life Jesus died to give us – an abundant life full of peace and joy – then we need to make wise choices. Using wisdom in our choices means living deeper than what we want, what we think, and what we feel."

As nurses we are in a crucial position to help our patients make choices. We can and should be in a position to support them in choices they make especially during the end of life care. To tell them the truth calmly and not give false promises. When a patient is diagnosed with a serious illness or if the prognosis is going to be bad, they undergo stages of grief like denial, anger, bargain, depression and acceptance (and these need not always be in the same order). As nurses we need to understand and help them go through these stages successfully and to move on in life, which is yet another major responsibility.

To understand the meaning of suffering and to make choices after a natural disaster becomes very difficult. Many people feel that such things happen in order that they should learn valuable lessons in life. I had the opportunity to visit some of the Tsunami affected villages in Nagapattinam district of Tamil Nadu one and half years after Tsunami hit this region. When I was walking through a street, a group of people were working together to make a road. One man commented "Sister one and half years back one could not even think of us working together like this. We used to be rivals against our own neighbors. We didn't love and respect them. We have realized all this wealth and power is nothing".

I visited some of the widows who lost their husbands in Tsunami. Many of them were confined to their houses, staying in dark rooms still pondering over the incident and were not being able to cope with life and responsibilities. I had the privilege of helping to establish self support groups. They came together for meetings. Sometimes they laughed;

Ms Shimy Mathew

We used to be rivals against our own neighbors. We didn't love and respect them. We have realized all this wealth and power is nothing".

we should never feel that we are their savior. We need to understand that they are also children of God. We should respect the choices they make regarding the health of themselves and their community.

sometimes they cried and shared what they were going through within themselves, their families, and in the community. At the end of it all, they were willing to make choices for their life to live with dignity and support themselves and their families.

One of my mentors always emphasized this point to us - when we work with a marginalized community, we should never feel that we are their savior. We need to understand that they are also children of God. We should respect the choices they make regarding the health of themselves and their community. We have sat together to discuss the spiritual meaning of our work as a community health team. To come to a common understanding of the spiritual nature and meaning of our work as a team is very important especially when our team is multi cultural or multi religious.

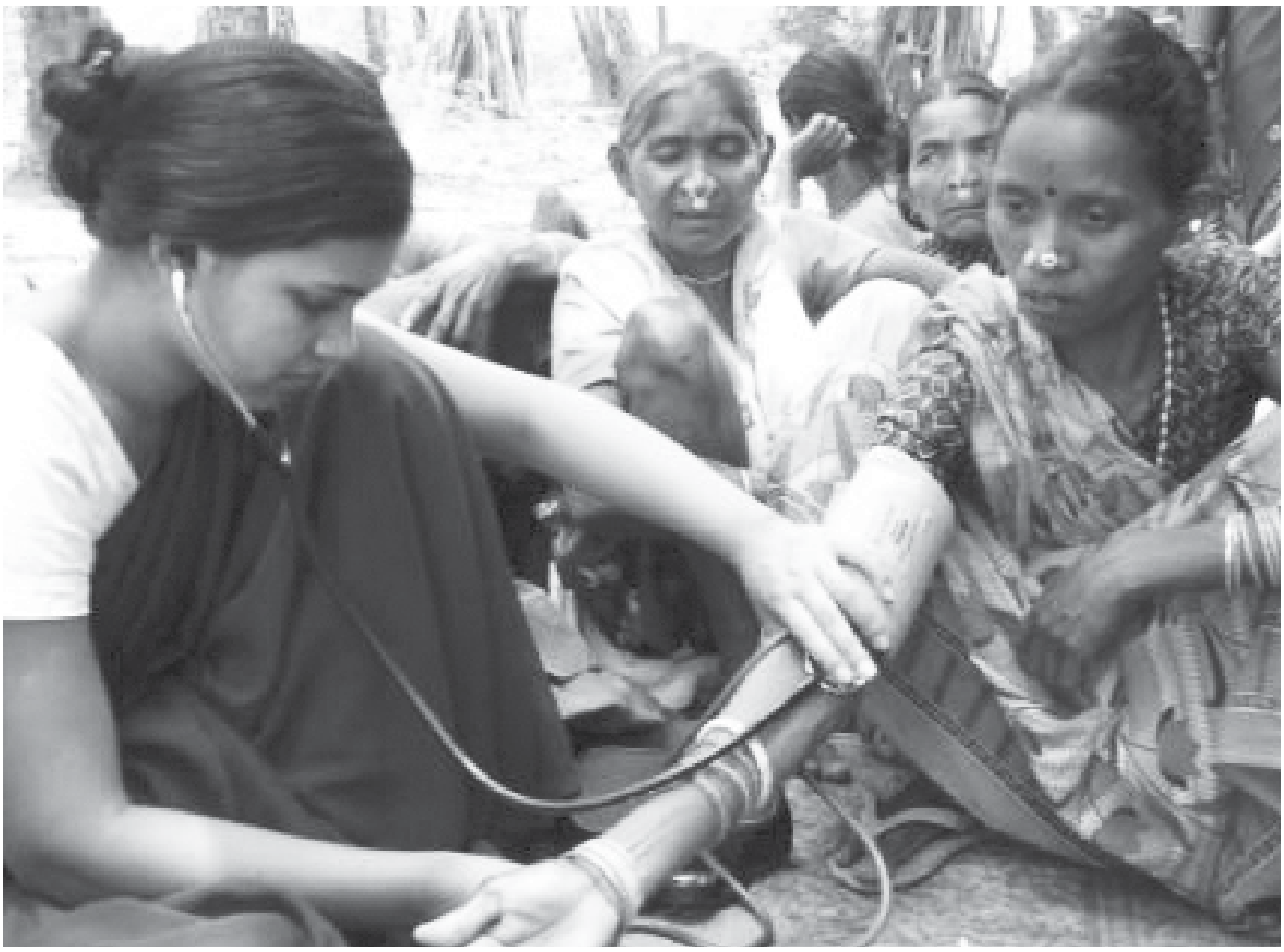
Once while in a train, I happened to overhear a conversation among a group of people. The development Consultant of a big firm was so critical about the choices made by a tribal community. He said that they rejected development because they wanted to stay back in their own hills- their home and their life. Having worked in that area and aware of the sentiments regarding their hills, I could understand the reason behind the choices made by those people. I felt being an outsider and planning programs for a community is very different from being a part of the community. This is one of the major mistakes we as health teams make while planning programs. Some of the Community Health programs that are successful today are because social workers identify themselves with the community and have become part of the community they serve.

How do we respond when individuals and communities who are dependent on us make a choice to become independent? Our team leader always reminded us that we need to be bridges and ladders allowing people to walk and climb over us to reach to a level of independence. This is applicable as teachers or mentors to rejoice and appreciate when young people entrusted under our care - bloom into better individuals, taking up better responsibilities and get into better position than us.

As teachers and mentors we have a greater responsibility in helping our students make wise decisions both in their career and in their life. Our students come to us when they are still in their adolescence – when their counterparts are enjoying their life without taking any major responsibilities. Suddenly these children are expected to not only be responsible for their own selves but also for their patients, which becomes a major burden on them. Students who are guided mentally and spiritually in this process become responsible and mature individuals and nurses. Sometimes we are so keen on disciplining them, that we forget to get to the root cause of the problem. Major disciplinary issues among our students today are a reminder that they are incapable of making wise choices in their life.

The story of Nehemiah teaches us a great lesson. Today we witness people around us in the political system, bureaucracy, and even in our churches living in their high comfort zones hardly able to identify with the needs and problems of the common man. We need to be willing to move out of our comfort zones, cross the boundaries and live in a zone of less comfort to identify with the needs of the people and the community we serve and think of relevant strategies to uplift them.

Centuries earlier, Moses had stood with the children of Israel at the brink of crossing into the Promised Land and had challenged them to “choose life”. Anticipating his own death, Moses instructed the Israelites in the choices that would bring them life and prosperity in a new land. Moses invited the people to “choose life so that you and your descendents



may live, loving the Lord your God , obeying him and holding fast to him; for that means life to you and length of days".

According to Christine Pohl, "a vibrant relationship with God holds the promise of flourishing, prosperity and long life. By contrast, the future Jesus' offers seem hard - to follow him we must live as if we are anticipating crucifixation. Is it possible to choose life and pick up the cross? Somehow both invitations are part of Christian discipleship.

Choosing life is not necessarily about what feels good or makes us happy. And only in a very distant way is it about self- fulfillment. Short lived enthusiasm lacks staying power. When we count the cost and still choose the path of life and discipleship"

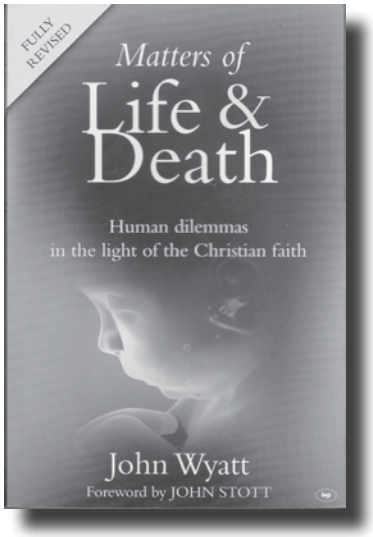
We are called to be the salt and light of communities we serve, to become part of them and add flavor and life in them. When we choose to live a life like this – it is not going to be easy. We need to take risks, face oppositions and criticisms positively and move on in our mission. "Where I was born and where and how I have lived is unimportant. It is what I have done with where I have been that should be of interest." - DL Moody.

Helping people to make Choices for a positive living is not only the responsibility of the church leaders and counselors, as people of God and partners in healing ministry we are called to play an active role in helping the people - young and old, in our work place, in our community and church to a road of positive living especially during a time when there are lots of negativity, role confusion, inability to decide what is right and wrong in the minds of young people.

"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and the strong. Because someday in life you will have been all of these." - George Washington

Shimy Mathew,Secretary
Mid India Board of Education of NL of CMAI, Nagpur

Matters of Life & Death



By Dr John Wyatt, MD
Published by Christian Medical Fellowship
1998, 302 pp.

Dr John Wyatt is an eminent neonatologist and an academic researcher in the prevention of brain injury for 25 years and is now Professor of Ethics and Perinatology at University College London. He was one of the keynote speakers at the 15th World Congress of the ICMDA at Rotterdam in The Netherlands, which I was privileged to attend last year.

In his well written book, "Matters of Life & Death…. Human dilemmas in the light of the Christian faith" Dr Wyatt tackles several difficult ethical questions. He does so by applying Biblical principles to these issues. One of the intriguing cases he reports is that of a lady from London with an incurable neurological disorder, progressive supranuclear palsy. This being progressive, the lady was gradually unable to take care of herself. It was then that she considered assisted suicide. Since this was legal in Switzerland she travelled to a clinic in Zurich with her children. The family chatted together, sang songs and then the lady drank the lethal mixture of barbiturates that led to her death within minutes. This makes us ask several questions. Does a patient with an "incurable" disease have the choice to die? Is medically assisted suicide here to stay?

Another issue he touches is that of "Saviour siblings". He tells of a couple whose fourth child was born with a serious congenital blood disorder called beta thalassaemia major that requires frequent blood transfusions. The child's best chance of survival was the transplant of bone marrow cells from a donor with a matching tissue type and sadly none of his siblings had a suitable tissue match. His parents decided to have another child in the hope that he/she would be a suitable donor. Sadly prenatal genetic testing showed that the fifth child had a risk of thalassaemia and was thus aborted and most unfortunately the sixth child was normal but was not a suitable match. Was the decision of the couple justified considering the abortion that had to be done?

When should intensive treatment be withdrawn? Dr Wyatt tells of a case where an infant was on life support for eight months and showed no signs of any improvement. The parents pleaded several times that the life support be disconnected but this couldn't be done for "legal and ethical reasons". One day the father entered the ICU with a gun. Holding the nurses at bay he disconnected the life support equipment and cradled his son until he was sure that he was dead. On surrendering to the police he was charged with murder. Was the father at fault? What would we have done in such a situation?

These are three out of several real stories that Dr Wyatt quotes in his book. We may feel that these situations are foreign to us. But I am sure health professionals will have to face such situations here in India in the not too distant future. The theology of suffering is a very vast topic. Paul writes, "I consider that our present sufferings are not worth comparing with the glory that will be revealed to us" (Rom.8:18). What should be our response as Christians and care givers to people who suffer.

This book with a foreword by John Stott, suggests to the reader that the Biblical view of our humanness points a way forward. The writer suggests how Christian health professionals, churches and individuals can respond to today's challenges and opportunities."

Reviewed by Dr Nitin Joseph, MS, MCh, BCS, PGDHHM, is Medical Superintendent, N M Wadia Hospital in Pune & Editor of CMAI

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