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CMJI

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A Quarterly Journal of the Christian Medical Association of India

43rd BIENNIUM



Inauguration



Devotion



Chief Guest- Mr Inderjit Khanna (IAS Retd.)



Release of Book of Report and Souvenir



Keynote Speaker - Dr Joyce Ponnaiya



Walk The Talk Session

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EDITORIAL WORKING GROUP:
Dr Nitin Joseph, Dr Bimal Charles,
Ms Jancy Johnson, Mr S Jacob Bernard,
Dr Ronald Lalthanmawia, Dr Abhijeet
Sangma, Mr S Paulraj, Rev Sharath C
David

EDITORIAL COORDINATOR:
Dr Ronald Lalthanmawia

LAYOUT & COVER DESIGN:
Ms Lata Anthony

SUBSCRIPTIONS:
Ms Goukhanngai

PUBLISHER AND BUSINESS MANAGER:
Dr Bimal Charles

EDITORIAL OFFICE:
Christian Medical Association of India,
Plot No 2, A-3 Local Shopping Centre,
Janakpuri, New Delhi 110 058
Tel: 2559 9991/2/3, 2552 1502
Fax: 2559 8150
E-mail: cmai@cmai.org
Website: www.cmai.org

BANGALORE OFFICE: HVS Court,
Third Floor, 21 Cunningham Road
Bangalore 560 052
Tel: 080 2220 5464, 2220 5837, 2220 5826
Fax: 080 2220 5826
E-mail: cmaibl@cmai.org

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OCTOBER - DECEMBER 2015

43rd Biennium

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LETTERS TO THE EDITOR

Respected Sir,

This is to inform you that CMJI is amazing and useful for me. I enjoy reading CMJI as it provide lots of productive information.

I saw the 2nd announcement in Volume 30.2 (April- June 2015) page no. 36, mandatory exercise to continue receiving cmji uninterrupted.

Yes, I would like to receive the magazine(CMJI) in the future. There

has been a change of address. Kindly consider and do the needful for the same.

Pratheeba S, Vellore

Dear Sir,

In the course of my unexpected visit to the institution of Publication Health Engineers, India, Saltlake, Kolkata. I had seen the CMJI in their library and found it very important and valuable for us. I would request you to send me copies regularly. I hope you will consider my case and oblige. May God Bless you

*Tanmay Bera, MBBS (WB)
Burdwan Medical College*

Dear Sir,

Greetings in Jesus name!

I am getting and reading CMJI regularly. It gives information on missions especially on Healing Ministry. As a Pastor I am most benefitted by this journal. Please keep sending it.

Thanking You,

Yours in His Service

Rev Dr S J Sudarsanam, Vellore

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 Healing Ministry theme "**Compassionate Care Towards Mental Health**". 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: ronald.l@cmaj.org.

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 in a CD by post. Authors may please mention the source of all references: for e.g. in case of journals: Binswanger, Hans and Shaidur Khandker (1995), 'The Impact of Formal Finance on the Rural Economy in India', Journal of Development Studies, 32(2), December. pp 234-62 and in case of Books; Rutherford, Stuart (1997): 'Informal Financial Services in Dhaka's Slums' Geoffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.

- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

LETTERS

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

GENERAL GUIDELINES

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

ADDRESS FOR COMMUNICATION

Head – Communication Dept.
CMAI
Plot No 2, A-3 Local Shopping Centre
Janakpuri, New Delhi 110 058
Tel: 011 2559 9991/2/3
Email: ronald.l@cmaj.org

EDITORIAL

ANOTHER BIENNIUM OF GOD'S GRACE



Dr Nitin Theodore Joseph

The 43rd Biennial Conference of our association was held at Jaipur from November 26-28 2015. We had a conference in the North after a long period, the last four venues being Coimbatore, Chennai, Aurangabad, Shillong and Bengaluru. The weather was extremely pleasant, coupled with a very comfortable stay in the Pink city that the delegates enjoyed. Though we had a fairly tight schedule many delegates found some time to go around the city which is so immersed in history, sight-seeing at tourist spots and also a bit of shopping.

In this issue we present in a nutshell all the episodes that occurred at the conference, including the orations, the key note address and the devotions that were awe-inspiring and enlightening. We were also very proud to present the Dr D W Mategaonkar awards to four members in recognition of their long and committed service to the cause of medical missions in India. We had two business sessions of our General Assembly in which we deliberated on matters of our association and took some very important decisions for the next Biennium. We bid adieu to Dr Sudhir Joseph who was our President since 2011 and warmly welcome Dr Ajit Singh who would take over the reins of the association now. The new General Body and the Board of Management were duly constituted. We welcome all the members who were elected on various committees and also sincerely thank all those who have completed their respective terms.

I request you all to remember CMAI in your prayers as we continue our endeavours to engage with the church, the government and various other health agencies to

help and assist them through our mandate of the healing ministry. The theme for the Healing Ministry week this year is *Compassionate Care towards Mental Health* and this will be our focus through this Biennium 2015-2017.

I would also appreciate article contributions and news items from your institutions and networks and we would be happy to publish them. Our readership is in excess of 14000 and your advertisements are welcome. We have a special rate schedule for Christian institutions. I wish you all a very blessed and enriching 2016.

A handwritten signature in dark ink, reading 'Nitin Theodore Joseph'.

Dr Nitin Theodore Joseph

43 B.C AT A GLANCE

The CMAI Biennial Conference is held in one of the 13 regions of CMAI every two years. This year, the selected region was North West comprising of the states of Rajasthan and Gujarat. The theme of the Conference was **'Choose Life'**- Partners together in the Healing Ministry.

The Biennial Conference is a very significant event for all CMAI member institutions as it offers an excellent time for fellowship, renewal and reflection. 427 participants registered for the conference and 69 institutions were represented, spanning all the regions of CMAI.

The conference began with praise and worship led by the AG church, Jaipur choir on the 26th of November, 2015 at 2:00pm. Rev Sharath, Secretary Chaplains Section conducted the service along with Rev Arulldhas, Bishop K G Daniel and Rev David. The devotion speaker, Mr Anand Pillai spoke on the qualities of the eagle and its relevance to us as Christians.

The 43rd Biennial of CMAI inaugural programme had the honour of having **Mr Inderjit Khanna IAS (Retd), Former Chief Secretary, Government of Rajasthan as the Chief Guest.** The other dignitaries on the dais included:

- Rev Dr Tomi Thomas, Director General, Catholic Health Association of India
- Dr Sudhir Joseph, President, CMAI & Director, St. Stephens Hospital
- Dr Bimal Charles, General Secretary, CMAI
- Dr Anurag Nelson, Member representative of CMAI, Gujarat & Rajasthan region.

Opening prayer was done by Rev Paul Pragasam, Chairperson Chaplains Section. Dr Bimal, CMAI General Secretary welcomed the participants and honoured the Chief Guest. The Chief Guest delivered a very encouraging speech which had Biblical values and mandates at its core. He emphasised the contribution of the Christian network in the area of education and health. It was the ideal speech to set the tone for the biennial.

Dr Sudhir Joseph gave his address as the President of CMAI. He highlighted the changing environment of health in the country and the need for the mission to be relevant. Dr Anurag Nelson delivered a fine vote of thanks which was inclusive of all who had contributed. Bishop K G Daniel closed the inauguration with prayer.

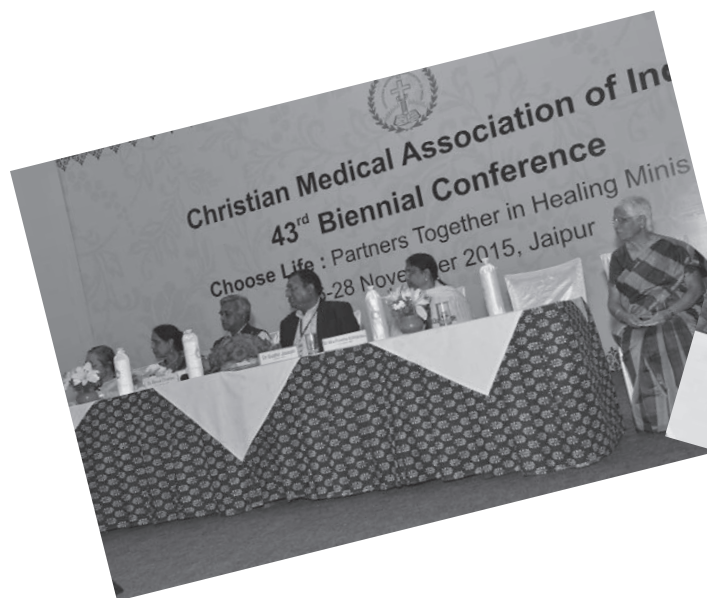
The Keynote address was delivered by Dr Joyce Ponnaiya, Ex Director of Christian Medical College Vellore and Professor of Pathology and Forensic Medicine. It was a brilliant and comprehensive look at the healing ministry theme for 2015 – **CHOOSE LIFE: Partners together in the Healing Ministry.** The word 'life' was defined from different perspectives and what choosing life means to individuals, families, communities and organisations was deliberated on. It was truly an inspiring talk.

The Walk the Talk session was an informal session held soon after the Keynote address. This session is to remind us of what is our "Talk" how is our "Walk" of this talk. As CMAI, we are a network of Christian healthcare professionals serving in different areas of the country. We also are in partnership with other likeminded organisations. What does this mean? Does it mean we have a set of criteria which defines us as Christian? Is there one specific language that we all speak? Does this common language translate into one common behavior pattern? Four panelists helped us to understand this topic better. They are:

1. Christian Mandate and mission - Dr Stanley Macaden
2. Relevance of the mission to the community - Dr. John Oommen
3. Sustainability of the Christian Healthcare network - Rev Dr Tomi Thomas
4. Importance of linkages - Ms Anuvinda Varkey

The questions were centred on two main areas. The areas and questions are given below.

1. *Importance of the Christian Healthcare network in India.*



- *What is our Christian Mandate and Mission? How much has the Christian mandate and mission been made visible through these years of Christian Healthcare?*
- *How has our involvement in the community made a difference/impact to the public health scene of the country?*
- *What are the real threats at present to the viability of Christian Healthcare network?*
- *How well is the Christian Healthcare known to the outside world/bureaucrats etc?*

2. Changing world, changing values, changing mission?

- In this environment of changing standards is our mandate threatened? How do we uphold the Christian mission?
- Has the community changed in their outlook of us as their only healthcare providers? Has our relevance changed? (Are we relevant to the poor and is serving the poor relevant for us?)
- What are the ways we can be sustainable without compromise on our Christian values.
- What are the strong linkages which will help us as the Christian Healthcare network to keep up with the change happening around us?

The discussions were good reminders of who we serve and why we continue to serve but solutions for the various challenges will need to be addressed in another forum with a structured agenda and relevant resource people.

The first day ended with **the cultural programme** which showcased the dancing, singing and acting talent of our member institutions. The programme was very enjoyable and entertaining.

The second day of the conference began with **praise and worship** led by the Assembly of God Church in Jaipur. Pastor Sam and his team sang meaningful worship songs. Mr Anand Pillai took the **devotion** and spoke on the advantages of good management systems and the relevance of the same in Christian Healthcare.

Devotion was followed by **the Dr Jacob Chandy Oration** which has been instituted in honour of the late Dr Jacob Chandy, a strong advocate of the Healing Ministry, pioneering Neurosurgeon and recipient of the Padma Bhushan. For the 43rd Biennial, Dr Daleep Mukarji OBE delivered the oration. Dr Daleep was the General Secretary of CMAI and was chair of the Board of Overseas Development Institute (ODI), UK's leading think tank on international development and humanitarian issues. The oration was titled "Poverty, Inequality and Justice: Challenges for the Healing Ministry in India. Dr Daleep brought to light the challenges of healthcare and also provided solutions in a very holistic manner.

The **Business Session I** was conducted smoothly with the presentation of the General Secretary's report, Treasurer's report and appointment of the nomination committee. The membership raised a few questions to the reports and the discussions were useful in formulating new areas where CMAI needs to get involved.

Dr Sunil Chandy, Director of Christian Medical College, Vellore gave a presentation on the key activities of CMC, Vellore which are relevant to the mission hospitals. He also highlighted the change in the general health scene of the country and the relevance of the Christian mission. He reminded us that Jesus is the only role model and how teamwork in healthcare delivery is essential in the building of God's kingdom here on earth. There was time given for questions from the

OVERVIEW

membership and Dr Chandy was able to encourage them with his commitment to the welfare and capacity building of the mission hospitals.

The **Sectional Meetings** were held soon after lunch. Each section reported their annual activities followed by relevant paper presentations. Elections for the Chairperson and Vice Chairperson for each section were conducted.

Mrs Aley Kuruvilla Oration – This has been instituted in honour of Ms Aley Kuruvilla, a pioneering nurse educator, administrator and leader, recipient of the National Nursing Personnel Award and the CMAI Dr D W Mategaonkar Award. She was the first Indian Dean of the College of Nursing, at Christian Medical College, Vellore and the first Nurse President of CMAI.

The oration was delivered by Ms Mercy John, a Nurse Educator specialized in nursing and midwifery, reproductive and sexual health, training and capacity building of Auxiliary Nurse Midwives, etc. She possesses skills and understanding of key nursing educational issues, clinical needs and requirements – in hospital as well at village level. She further brings with her, an extensive experience of working on pertinent issues related to health, nursing care and service delivery mechanisms. In her oration she highlighted the faithfulness of God through her journey as a nurse in His service. Every achievement however big or small is His doing. Who we are or what we do does not matter. God will give us the strength and wisdom to push boundaries and see things differently. Acknowledging and respecting all those who touch our lives is an important part of our journey. She surmised by reminding us that God takes the ordinary to do the extraordinary.

Dr D W Mategaonkar award ceremony – Instituted in honour of Dr Mategaonkar in acknowledgement of his outstanding service and contribution to the Healing Ministry in India. Dr Mategaonkar was conferred the Paul Harrison Award in 1974 by CMC Vellore in recognition of his outstanding contribution to community health in the Bundelkhand region. Four members were awarded this honour during this biennium. The awardees are:

1. Mrs Lily Karunakaran - Nurses league (award accepted on her behalf by her granddaughter, Ms Sushma Manjunath)
2. Mrs Kamalam Mohan Raj - Nurses League
3. Dr Renuka Pushpa Singh - Doctors Section
4. Dr (Mrs) Elizabeth Anne Daniel - Doctors Section

Arogyavaram Medical Centre celebrated 100 years of service. Dr Bonam Wesley, the Director gave a presentation on the milestones of the centre and testified to the Lord's goodness and faithfulness. **Arogyavaram Medical Centre** earlier known as 'The Union Mission tuberculosis Sanatorium' was started to treat TB patients in an isolated area to prevent infection to others. This was the first sanatorium in South India. The first Post Graduate course in Tuberculosis (TDD) in India was started here and the Former Medical Superintendents were chosen as advisors in TB to the Government of India. This centre has been a pioneer in all the services related to Tuberculosis in the country. It was a privilege to have their journey presented at the CMAI Biennial. CMAI is grateful to the medical team from Arogyavaram Medical Centre who helped in the relief services in the Jammu and Kashmir flood.

The second day of the Biennial also showcased the amazing talents of our members through song and dance.



A very meaningful singing session led by our President Dr Sudhir Joseph saw all the participants coming together in a circle, holding hands and praising God for His goodness. It struck a beautiful note of togetherness and thankfulness in the CMAI family.

The third day of the biennial conference began with praise and worship led by the enthusiastic AG church team.

The award ceremony for the ANM and GNM students who had secured gold medals under the 2 CMAI boards was conducted by the Nurses League and the Board Secretaries, Ms Shimy Mathew and Ms Helena Joseph. The Anita Memorial Best teacher award was given to Mrs Madhu Walter from MIBE for her dedicated service in Nursing education. The student awards are as follows:

BNESIB:GNM

1. Mr. Yokesh, Gold Medal from CMC Vellore
2. Ms. Anu Jacob, Silver Medal from, CMC Vellore
3. Ms. Savitha, , Bronze Medal from, Bethesda Hospital, Ambur

ANM:

1. Ms. Monica.A, Gold Medal from CSI Hospital, Ikkadu
2. Ms. Ramya.A, Silver Medal from CFCHC, Ambilikkai
3. Ms. Iswariya, Bronze Medal from CFCHC, Ambilikkai

GNM 2011- 15 batch

MIBE:GNM

Gold Award- Ms. Mary Suman Ekka- Mandar

Silver Award - Ms. Priya Saroj Ignasia Tiru- Jamshedpur

Bronze Award- Ms. Upendra Mahto- Chhattarpur

ANM :

Gold Award- Sushma Kumari- Tvm Gurukul Son- Ranchi

Silver Award- Arti Minj- Satbarwa

Bronze Award- Archana Chouhan- Sendhwa

A clear and concise presentation on the Blood Bank Project Update was given by Dr Joy Mammen. It was very interesting to see the progress of the project and the achievements made so far. A great amount of expertise has gone into the training manuals and CMC, Vellore has contributed significantly to improving the quality of the Blood Transfusion services in the country. Soon after the presentation the participants assembled for the group photo.

Reports from Sectional Meetings were read out by a representative from each section. The Business Session II was conducted smoothly and the new President of CMAI was announced to be Dr Ajit Singh. The newly

elected officials were presented to the General Assembly and all the decisions were accepted unanimously.

Dedication and Holy Communion service was conducted with reverence as the outgoing office bearers, regional secretaries, Board of Management and General Body members were thanked and the incoming office bearers were welcomed. Rev David prayed for each of the office bearers and leaders of CMAI.

The team from Christian Broadcasting Network Foundation participated actively in the biennial. They interviewed some of the stalwarts in the Medical mission and captured the 43rd Biennium of CMAI on video. They also showcased some of their documentaries on CMAI member institutions. The films were very well done and informative.

CMAI initiatives were displayed in a stall to create awareness and interest in the ongoing activities. The Blood Bank project also displayed the progress and achievements through their stall. CMAI memorabilia was sold in a stall and was received with much appreciation from the members. Other stalls included CMC Vellore, CBN Foundation, Rajasthan Tourism, Wadhwani Foundation and many more.

We, as the CMAI family, are grateful to the good Lord for a successful 43rd CMAI biennium.



Dr Priya John
Sr Programme Coordinator,
Community Health Department (CHD)
CMAI

CHIEF GUEST ADDRESS



Dear Dr Bimal Charles,

It was a great experience for me to have attended the 43rd Biennial Conference of CMAI in the last week of November 2015 at Jaipur. Not only were the Oration, talks and lectures of very high quality but they, and the discussions following, provided an excellent opportunity for the CMAI leadership to introspect and ponder on its future course of action. Organizing a conference, where about 500 persons are participating, requires meticulous planning and effort for which you and all the CMAI staff need to be complimented.

CMAI, through its work over the last 110 years has established itself as one of the prominent healthcare networks in the country. That its members come from multi denominational churches and also professionals from across the wide spectrum of healthcare activities has ensured richness in its activities. This has also enabled CMAI to become a resource hub for Government in its efforts to improve the quality of healthcare facilities throughout the country.

CMAI's advocacy for equity in health care for access, quality and ethical practice provide the hallmark for all its activities particularly in terms of health services to the poor, the marginalized, women and children. It is encouraging to note that CMAI has acknowledged that times have changed, that it is not the same old India nor is it the same missionary agenda of the overseas churches. In this context challenges will always emerge and the excitement will come from addressing and overcoming such challenges.

I would conclude by sharing one of my favorite verses from the Bible with your readers – Matthew 5:16 which reads “Let your light shine before others, so that they may see your good works and give glory to your Father who is in heaven”.

*Mr Inderjit Khanna, IAS (Retd.)
Former Chief Secretary
Govt of Rajasthan*

CHOOSE LIFE

I am honoured to be chosen to give the keynote address at the 43rd Biennial Conference of the CMAI. During the preparation of this address, I have felt challenged to reflect afresh on the words of our theme, “Choose Life”, in the context of the world today

“Choose Life”. These words were spoken by Moses to the children of Israel at a significant point in their history. After forty years of traveling in the desert in search of the Promised Land, they were finally within sight of their goal. Moses then invites his people to renew their covenant with God, just before they enter the Promised Land. In Deut. 30: 19 & 20 we read, ***“This day I call heaven and earth as witnesses against you, that I have set before you life and death, blessings and curses. Now choose life so that you and your children may live and that you may love the Lord your God, listen to His voice and hold fast to Him. For the Lord is your life and He will give you many years in the land He swore to give to your fathers.”***

Are these words still relevant for us? What does it mean to choose life in the context of today?

For many years, as a teacher of Forensic Medicine in a medical college, I taught Thanatology or the study of death. I was intrigued that most textbooks of Forensic Medicine do not have a single, clear cut, stand-alone definition of death. The simplest definition of death is that it is the cessation of life. Similarly, life is described as the opposite of death. This is an example of **dualistic thinking** where we can understand concepts only by invoking their opposites. I hope to return to this concept a little later in this talk.

What is life?

Scientific Definition of Life: “The condition that distinguishes living organisms from dead organisms or inanimate objects, being manifested by growth through metabolism, reproduction, and the power of adaptation to the environment by changes originating internally”.

Death is usually defined as the state when all these processes cease. There are many levels of death that are listed, **clinical or somatic death**- when the body dies as a whole, or when respiration, heart beat and brain activity cease. This is important for certification where time of death must be recorded.

Molecular or cellular death is when individual cells die – often at different times in different tissues. **Biochemical death** is when metabolic processes shut down.

With the advent of cadaver organ transplantation, **brain and brain-stem death** have to be differentiated.

Scientifically, life and death are not events but processes – some would say that every living thing starts to die as soon as it is born! I soon realized that for the purpose of this address, none of these definitions was satisfactory! Therefore, I began to look for spiritual or Biblical definitions of life and death.

Biblical definition of life: The account of Creation in Genesis tells us that after He had fashioned the whole world and all other forms of life, God created man out of the dust of the earth and then breathed His spirit into him. That was the point at which man became a living being. Whether we believe this to be the literal or allegorical truth, what it tells us is that God is our Creator, the purpose of human life is to seek a deeper relationship with the Creator, and maintaining life is contingent upon sustaining that relationship. Therefore, we become spiritually alive when we receive God’s spirit and remain alive as long as we are sustained by that spirit; when we allow the spirit to depart from us, we die spiritually.

Today, I intend to reflect with you on the basis of these definitions, rather than the scientific definitions of life and death.

Choice is the ability to select from among two or more options. The act of choosing involves exercising one’s judgment and free will. It implies that one is aware of

KEYNOTE ADDRESS



the outcomes of each option. Life is about constantly making choices. How and what we choose will impact and change us as individuals, and also our families, our institutions, our nation and our world. Having the right to choose gives us tremendous power, and with it great responsibility. Therefore, we need to choose wisely.

In the study of ethics, we learn that there are two ways in which we make choices. **Deontological ethics** is based on what we innately believe is right, and this is conditioned by our upbringing, culture, faith and a sense of duty. **Consequentialist ethics** is when we make decisions after studying various options choosing what we perceive as the best or most desirable outcome. This reflects a pragmatic approach to life – choosing the best under the circumstances. Of course, we need to qualify this by defining whether it is best for oneself, for the largest number, for society at large.

The “**ethics of virtue**” is a school of ethical thought that says that when we first start making ethical decisions, we struggle to define what is virtuous or right; as we practice ethical decision making, we become virtuous and therefore, making right decisions becomes easier.

In the text from Deuteronomy, life and death are equated with blessings and curses. In other words, to choose life means to choose God and receive His blessings. This exhortation to choose life can be understood at different levels.

I recall reading a story about a preacher who needed to prepare a sermon for Sunday evening worship. He was so busy the whole week that he just couldn't find the time to choose a topic, let alone prepare a whole talk. He finally decided that on Sunday afternoon, he would closet himself in his study and prepare. Unfortunately, he

forgot that he had promised his wife that he would look after their little son as she had other plans. As he wondered what to do, he saw the Sunday paper. There was an advertisement for an airline that featured a full page spread of a map of the world. Quickly he cut out each country, leaving the frame, with empty spaces. He then mixed up the pieces and gave them to his son saying, “This is a jigsaw puzzle. If you can put this map of the world together, I'll give you a special prize”. He expected that he would have at least a couple of hours to finish his sermon. To his surprise, the little boy managed to complete the task in a few minutes. “How did you do that?” he asked the boy. “It was easy”, said the child, “I just put the pieces together to make the man.” The father realized then that on the reverse of the map,

there was a huge picture of a clown, and that was what the boy had assembled. Incidentally, he also discovered the topic for his sermon, “If you can set the man right, you can set the world right”.

So today, I thought we could look at the theme “Choose Life” in terms of what it means for the individual, our communities and organizations, our country and hopefully, the world.

To an individual what does it mean to choose life?

We are confronted with choices almost every minute that we live, but in the context of this conference we are asked to reflect on those choices which are based on our relationship with God and where the outcomes reflect His guidance and will for us. The choice of a career or profession, the setting in which we work, the choice of a partner, of lifestyle, friends, role models are some that will shape who we become. These are the choices where we need to seek to understand God's leading and what it means to choose life.

A few of us are blessed with a clear sense of being called by God through dramatic and life changing events. For most of us, we are led more indirectly, by the abilities and talents God gives us, by the wise advice of teachers, family and friends, and most importantly these days, by the opportunities that we encounter. However, once we make a choice, we need to constantly revisit and evaluate the principles on which we base our subsequent decisions. As this is the CMAI Biennial Conference, it is tempting for me to say that God calls all of us to work in mission hospitals. However, that would be to make God small and in my own image to restrict the kingdom of God to a very narrow field. Wherever we are placed, whether

in a Christian mission setting, or in the larger secular world, we are called to witness to His grace. This must be reflected in the quality of our service, by the integrity and ethics visible in our personal and professional lives and by our concern and compassion for all of God's creation.

We live in a world where injustice and inequality are still rife. To choose life means to make wise decisions about how we live. We are entrusted with stewardship of God's creation and the many resources that he has placed at our disposal. To choose life means to use these resources to meet our need, but not our greed. God expects each of us to leave this world a better place than the one we entered.

Choosing life is not a one off decision. It is something that is constantly being challenged by the world in which we live. We may imagine that if we make a choice to obey God's call, He will ensure that life will work out without failures or setbacks. Unfortunately, that is not the case. All we have is the assurance that God will walk with us through whatever circumstances we encounter. So we need to constantly re-evaluate our motives and actions in the light of what God calls us to do.

King Solomon, arguably the wisest man to live, chose God right at the start of his career. We read in the book of 2 Chronicles that as he made a right choice, he was assured by God that he would receive not only wisdom, but all the other blessings that he could have asked for instead. Despite this, we know that Solomon did make his share of wrong decisions, and in the later years of his life, he regretted many of the choices he had made. Even after we choose to obey and follow God, He does not take away our free will or our need to think and discern right from wrong.

So making a one time commitment to choose God – to choose life, is not enough. Reaffirming that choice and reinforcing it in the way we live is what we are called to do. We are enabled to do this through the study of God's word, by prayer and by rising up to the challenges that God sets before us.

For Communities: We are social beings and the community we live and serve in is an important part of our lives. However, we often, perceive our community as being the sole source of our identity and our security, and therefore we constantly try to protect it by putting up boundaries. We feel most secure

in the midst of people who look and think and talk like us, and therefore communities are at risk of isolating and insulating us from the rest of the world. When we make choices as communities, God requires us to think more inclusively. We need to be willing to listen to the concerns of others and to be more welcoming towards those who are different from us.

Non-dualistic thinking: I started this talk by saying human understanding is often based on dualistic thinking. When we define everything by absolutes, we think in black and white – good and evil, right and wrong, us and them. While knowing the absolutes is necessary to set standards, we need to be able to see and understand people and situations with greater tolerance and acceptance. We need to search for common ground where we can live and work in harmony. To the Christian mystics and mystics in other faiths, this is what is seen as **grace**. As God has accepted and loved us with our imperfections, we need to accept, respect and befriend others who are different from us.

Jesus, in the parable of the Good Samaritan teaches us that we can find support systems even outside of our own narrow groups. On one occasion Jesus was told that his mother and brothers were looking for Him, and He responded by asking, "Who is my mother? Who are my brothers?" He then answered his own questions saying, "Everyone who does the will of my Father is my brother and my mother" (Matt. 12:50). The family of God is centred around Him, but does not need to have an outer perimeter.

For most of my adult life I lived on the residential campuses of Christian institutions. I must say that I enjoyed my life there and I now appreciate the security, sense of belonging and even the ease of getting things done through systems and people who were available to me. But when the time came for me to move out and



KEYNOTE ADDRESS

settle in the real world, I was totally unprepared, and for some time I struggled with building a new support system; but today, I know that I am part of a supportive and caring community. There are good people everywhere and we experience this when we take the time and effort to get to know them. So for communities, choosing life, I believe, is in becoming more inclusive by giving up our prejudices and preconceived ideas about “them” as opposed to “us”. We are called by God, to be good neighbours to all people, and especially to those who are in need.

For institutions and organizations

As I said, I have spent most of my working life in Christian institutions. In addition, I have been closely associated with two major Christian organizations – The CMAI and The Leprosy Mission. Through these, I have had the opportunity to learn about Christian medical mission work not just in India, but around the world.

For many years now, we have been agonizing over the declining sphere of influence of Christian medical institutions. As corporate and other private institutions come up we seem to be losing our clientele, our income and our relevance. As the government services improve and expand, we seem to be losing even the poor who have traditionally been the ones we have served. In professional education, we still struggle for recognition, even though we are confident of the quality of our services. We claim to be the healing arm of the church, but often the relationship between the church and our institutions is fragile.

What are the choices we are called to make as organizations today if we are to remain relevant? I am sure that as we introspect during this biennial, we will identify and focus on these, but I would just like to place before you a couple of thoughts.

What distinguishes or should distinguish a Christian institution? If we look back into our history, there are a few lessons we can learn. Firstly, God has always led Christian medical work into areas of need – those areas where no one else was keen to work. The early work in leprosy is perhaps the most striking example. Serving people affected by leprosy and their families was a challenge, especially in the days before effective curative treatment for the disease became available. People with leprosy were often relegated to leprosy homes or colonies, cut off from their families and friends. However, God inspired and led some of the greatest souls into the work in the field of leprosy - Mahatma Gandhi, Baba Amte, Father Damien, Wellesley Bailey, Dr Paul Brand and Mother Teresa are some of those who felt called to

work in leprosy, and their lives and examples continue to inspire us today.

From CMAI's own history, our most effective ministry has been working in partnership with the government and others in areas of national need like Family Welfare and HIV /AIDS. Other areas where we have made significant contributions are nursing and allied health sciences education. Today, we need to ask God to lead us to those newer areas where we can enter and make a difference.

Secondly, the hallmark of Christian medical work has been a culture of compassion and care. In this, we take the life and example of Jesus as our benchmark. As medical care becomes more technologically advanced, we are in danger of losing the personal touch that should characterize the healing ministry. In our work, and more specifically in our training programmes, we need to focus more on building the skills needed to sustain interpersonal relationships. We need to teach skills in human resource management and conflict resolution. Compassion and care are values that are “caught” rather than “taught”, and therefore, we need to reflect on how we can demonstrate these more effectively in the ministry and witness in our institutions.

Thirdly, in Jesus' mission statement or the great commission as we know it, He articulated his concern for the less fortunate and the marginalized. In Christian medical work, we need to remember that this should be our main constituency. Often the poorest of the poor cannot access our institutions, even if we offer them subsidised or free care. We need to think creatively about how we can reach out to them. And we need to develop the financial strategies that will help us keep our programmes viable.

As the CMAI, we need to foster and nurture fellowship among our members, both individual and institutional. For me, the CMAI has provided a unique opportunity to feel at one with different sections of health care workers – nurses, administrators, allied health professionals and chaplains. This is not always possible in our individual workplaces. I believe this is an aspect of our ministry that we could strengthen and showcase better.

Choosing life for the world

In the past few months, we have witnessed a world in turmoil -natural disasters like the earthquake in Nepal, the recent floods in South India, communal tensions in different parts of the country, the war in the Middle East, terror attacks and threats or more in different parts of the world. There is a loss of trust between people based on differences in race, language, religion, nationality and

gender. We seem to be powerless to influence any of these events, and often we are reduced to praying only for our own safety and that of our own people. In our own small spheres of influence, how can we contribute to building a world that chooses life?

In our text from Deuteronomy chapter 30, Moses sets the choice between life and death before the children of Israel, just before they enter the Promised Land after 40 years of difficult, sometimes frustrating journey in the wilderness. The first 29 chapters of Deuteronomy set out all the do's and don'ts expected of the people to receive God's favour. When Jesus summarized these 29 chapters, he left us with just two commandments, "Love God" and "Love your neighbor as yourself". He, Himself is the example we are called to follow.

Richard Rohr, the Franciscan writer and teacher says that these are the testing time when we are challenged to live out the teachings of Jesus as given in the Beatitudes. The Beatitudes describe eight attitudes or characteristics that followers of Jesus are encouraged to develop, which work to restore peace, harmony and happiness in His creation. Sermons have been written on each of these, but today, I would just like to list them as I believe that knowing and understanding them is key to choosing life. Hopefully, we can then consider how we can practice these in our lives.

The eight beatitudes are:

- poverty of spirit - humility
- mourning - the ability to empathize with those in pain or sadness,
- meekness - gentleness, even in the face of aggression,
- hunger and thirst for righteousness - showing integrity even at a personal cost
- showing mercy- through forgiveness to those who have wronged us.
- purity of heart- freedom from selfish ambitions and desires
- being peacemakers - those who work for reconciliation.
- accepting persecution, for the sake of serving God.

In John 14:6, Jesus says, "I am the way, the truth and the life." This statement comes near the end of His earthly ministry, and is spoken to his disciples who have just been told that Jesus will be leaving them. They ask for directions on how to find the way to Him after He leaves, and Jesus answers, "I am the way, the truth and the life." Therefore, to choose life is to choose to follow Christ and what He has taught.

A few years ago, I heard a preacher describe how he chose to follow Christ. He was not born into a Christian home, but had seen images of Jesus on the cross. He had wondered at the foolishness of people who chose to believe in a god who was dead. Later, as circumstances in his life led him to Christ, he realized that Jesus had chosen to die, in order to bring life to many. As followers of Christ, this is the paradox that we are called to emulate. **To choose life is to choose death of self for the sake of life for others.**

This prayer by Dom Ralph Wright, an accomplished writer and poet and a Benedictine monk describes how that choice is made.

"Anoint the wounds of my spirit with the balm of forgiveness.

Pour the oil of your calm on the waters of my heart.

Take the squeal of frustration from the wheels of my passion

That the power of your tenderness may smooth the way I love.

That the tedium of giving, the risk of surrender

And the reaching out naked to a world that must wound

May be kindled afresh daily to a blaze of compassion

That the grain may fall gladly to burst in the ground

And the harvest abound."

God continues to invite us, as individuals, as communities, as institutions and organizations and as a world to choose life. May we be sensitive and obedient to His call.

Dr Joyce Ponnaiya

Honorary consultant in

The Schieffelin Institute of Health Research &

Training Centre, Karigiri. Ex Director of Christian

Medical College Vellore and Past CMAI President.

RENEW OUR STRENGTH LIKE THE EAGLES

Respected Members,

I am privileged to present the report of CMAI for the past two years. The biennium has brought much cheer and a great opportunity to meet and interact with the membership. A few new initiatives have taken off well thanks to His favour, hardworking staff and the faith of donors and partners. The budget proposals and finance bill offers the opportunity to tread new paths and projects - some could be pathbreaking, and some will go on to be game changers. Some challenges continue to remain, and these need to be addressed squarely.

Capacity Enhancement:

CMAI Short Courses Committee has met several times since November 2014 to design relevant courses that are skill oriented and certified by the Health Sector Skill Council of the National Skills Development Corporation. The committee has sub-committees for a variety of short courses ranging from 6 months to 12 months. Honorary convenors have been identified for 1) Medical records and insurance courses 2) Ophthalmic and Vision technicians course 3) Health Assistants 4) Diabetic and Podiatry 5) General duty medical assistants. There is much enthusiasm for these courses, and we are working on sturdy systems for certification, placements, screening, and recruitments. We are happy that the Health Sector Skill Council has given approval for five courses, and eight training centres have been approved to conduct training. HSSC will further review them. External examiners will conduct assessments, and successful candidates will receive certification from HSSC. The council is looking forward to greater contribution from CMAI to improve the quality and the scale up of these training courses. It is important to note that NABH accreditations in the future will require HSSC certified allied health care professionals.

We have started these courses from November 2015. The brochure is available for our institutions with all the required information.

CEB evaluation was conducted this year. There is much scope for improving our Training committees. There is a need for adopting newer methods of training in a changed digital environment. While theory can be delivered using blended methods, skill development requires more focus on practice and validation of

skills. It was necessary to centralise excess funds available with the training committees and release limited amounts to improve efficiency. The board has approved this and currently the excess funds are invested in fixed term deposits.

It is pertinent to note that the government is presenting an Allied Health Care Professionals Bill in the next session of the parliament with the intention to streamline AHP training in the country. While this is a welcome initiative to regulate AHP training, the CEB courses of CMAI will no longer be allowed. We have requested that certification be given to the past graduates of CMAI through a provision in the bill. We expect the Act to be in force in the next two years.

The nursing education continues to be in the forefront, and our nursing boards are doing well and are managed by competent staff.

Justice and Equity

CMAI continues to advocate for equity in health care for access, quality and ethical practice. Workshops have been conducted to educate the membership on the various policies related to health, FCRA and Clinical Establishment Act. CMAI works with the Christian Coalition for Health (CCH) to promote policy advocacy across the country. About 11 states have started state chapters of CCH. This strategic agency promoted by CMAI, CHAI, EHA and the two medical colleges in CMAI network has done significant advocacy work in the past year.

CMAI has provided inputs to the draft National Health Policy 2015 and has organised workshops to discuss and consolidate CMAI opinion. This review was shared with the government using multiple channels. This is a great opportunity to advocate policy change in the health sector. Besides this, CMAI has provided input to the amendment to Drugs and Cosmetics Act and the Clinical Establishment Act at the state levels. Very recently, we have provided input into the Allied Health Care Professionals Bill.

Innovations and evidence creation

Through special projects, innovative practices are created and demonstrated to the government. The blood transfusion quality improvement project has

demonstrated this effectively, and these innovations are available for scale up by the government.

The Mobile Nurse Mentoring and Training Project in Bihar started in January 2015 and continues to offer hands-on training for PHC based nurses on childbirth, postnatal care and neonatal care. This project has scaled up over two years, and we have recruited 100 nurse trainers for this purpose. We are in negotiation for a comprehensive health system strengthening in Bihar wherein some of the current project activities can be combined for a better reach and impact. A synergised effort of capacity building, strengthening of blood banking services, diagnostic services and improved supply chain of resources will result in better quality, accessible healthcare and will reduce morbidity and mortality of women and children. The task is difficult, but it is possible to achieve the outcomes if we persist. We need to work with the church, institutions and agencies beyond our members to bring about changes in the health care delivery system. A recent article in the Lancet has critiqued on the reduced allocation of health care by the government and has cautioned on the impending disaster to the nation. The paper argues that compromising in health care investments is a security risk to India. CMAI members need to be aware of the changes in health care delivery systems especially with the private health care sector monopoly, the poor implementation of public health care systems and very minimal investments by the church into our institutions. We are yet to fix governance issues and to establish our presence as a force to reckon with health care service delivery in the country.

Equipping Churches:

It is important to work with churches. However, it is difficult to address governance issues of the church, and one wonders if health care is a priority of the church. It will be worthwhile to have consultations with church leaders. We have had several consultations in the past without much action oriented outcome. At present our involvement with the church is limited, and the involvement is mainly through our membership.

The participation of the church in the south is minimal, and attendance in our meetings is sparse. The leadership should understand the importance of the healing ministry and the contribution to the mission of the church. At the moment, the commitment of some of the churches to the healing mission is not demonstrated in action. It will be worthwhile to organise a consultation of the leaders from the church and healing ministry. CMAI is working towards organising this consultation.

Staff development of CMAI

We have taken much effort to identify and recruit competent staff for CMAI for its core work and projects. The Lord has been kind to us to bring in and retain staff of integrity, high commitment and competence. CMAI is looked upon as an agency for staff capability and leadership by the government and other NGOs. Staff have the opportunity to attend training, conferences and meetings to learn from others in a competitive environment. CMAI will continue to invest in future leaders and improve the quality of staff working for CMAI.

CMAI Finances:

The balance sheet is beginning to look up for the next financial year, and we would have fewer deficits with a realistic budget. We are projecting a higher turnover of 24 crores for the next year. The budget-making process has been streamlined, and we are much more in control of the finances now (which was unclear and nebulous till last year). The new finance manager and the team have instituted an audit to streamline the finance system and from next year we will have an internal audit system in place. Poor fiscal discipline and systems have not helped CMAI, and this is being addressed with careful and deliberate steps.

The FCRA renewal is an important requirement, and we have physically submitted the application for renewal of registration for the next five years. I want the members to pray for CMAI and our member institutions as we all undertake this process.

CDC project was audited by the US government - approved auditors, and we have finance consultants for the internal audit next year.

CMAI infrastructure and property

We have developed more office space in CMAI Headquarters and CNI Bhavan. We have invested about 30 lakhs, and almost 40 percent of this investment was met from project funds. These investments have generated significant amounts as occupational charges in the last two years. The CMAI commercial property continues to generate resources. We have to use our properties wisely to mobilise resources for sustaining the core and fellowship activities.

Membership

We have a new membership software. Currently we have about 10000 members but our membership needs to increase in number. We need to be creative in bringing more individuals into the fellowship. At present, the challenge is to find a common product or an issue relevant for fellowship activities. CMAI started as a fellowship

GENERAL SECRETARY'S REPORT

and as times have changed it is not the same old India nor is the missionary agenda of the overseas churches the same. The professional aspirations of health care workers, communication channels, government and private health care systems, medical education and continuing education have all changed. Indian missionaries have other options for fellowship and have other forums to improve their professional skills and knowledge base.

Future needs building together

Building Pyramids brought unity among the Egyptians as it was considered as building for their king who were looked upon as gods!! How much more important it is for us to build the mission together for the Kingdom of the one true God. Believing in building mission together will bring in the much-needed unity of the church in India. I find no other way of working together for Christ. If we believe that Christ is our king, let us start building together an excellent healing mission in India for the King.

I have experienced His loving hand guiding me in the past three years. We are finding more and more resources in India now. The Lord demonstrated that His hand was not shortened. He has added excellent staff to the CMAI team. CMAI has the best professional team in public health today among all the networking institutions. We are comparable to the best international teams working on public health in India. Our contribution to public health is increasing day by day. On the other hand, overseas funds require tangible outcomes which will be a challenge for us.

However, we are in the process of mobilising funds within India. The larger agenda is possible over a period as we are still seen as an ethical, professional and honest network of medical institutions. While we need to persist with the traditional values, we need to be contemporary for relevance and sustainability. I was fortunate to have an excellent board for the past two years. The president, Dr Sudhir Joseph has provided the much-required freedom, flexibility, understanding and advice to me and CMAI, a master class chair and a supportive leader. I thank him profusely for his valuable contribution, patience and tolerance of me as a person and GS. Dr Punitha has led us wonderfully as Vice Chair and has offered her advice and support when required and during the time of minor crisis. Thank you very much. The Editor, Dr Nitin has offered his time generously to CMAI and is always available to represent CMAI in various forums. I thank him for his time commitment and support. Mrs Vijayakumari has given the much-needed support as we transitioned the Finance leadership of the last century to the 21st.

We have changed our systems much, and we do have a realistic balance sheet now. Thank you very much.

I thank my staff for the excellent support offered for the past two years. The commitment and integrity are unquestionable. They have performed more than my expectation and will continue to do so in the coming years.

If I say everything is going to be fine and smooth, I will not be telling the truth. We have many challenges ahead of us. The Clinical Establishment Act, accreditation requirements, finance constraints, compliances, consumer expectations besides shortage of human capital and infrastructure are some of the challenges that we need to solve in the coming years. There is a need for greater networking, sharing of resources, expertise and support more than ever now.

As people called by God, we humble ourselves, seek his forgiveness for our failures and start believing that the Lord will build us a glorious future. The only limiting factor is our limited vision, wavering faith and inadequate willingness to seek His help and strength.

My gratitude to all the board members, General Body members and CMAI members, Regional Secretaries and leaders. We couldn't have sustained ourselves if not for your support and faith. There are so many challenges ahead of us, and if we stand together now, we will be building a beautiful mission for the Lord.

The word of God says those who wait upon the Lord will renew their strength like the eagles! Let us wait on Him at this forum, renew our strength and soar high as Kingdom people.

Respectfully submitted



Dr Bimal Charles
General Secretary

POVERTY, INEQUALITY AND JUSTICE: CHALLENGES FOR THE HEALING MINISTRY IN INDIA

1. Introduction

Mr President, the General Secretary, Ladies and Gentleman,

It is good to be back at a CMAI Biennial Conference and I want to thank the Association for the honour given to me to deliver the Dr Jacob Chandy Oration. I was present at the Oration given by Dr Chandy himself, in 1990, at our Anand Conference when he spoke on "The Concept of the Ministry of Healing: The Responsibility of the Congregation in the Healing Ministry of the Church". Dr Chandy was a well known and pioneering neurosurgeon, an outstanding medical educator, Principal of Christian Medical College (CMC) Vellore and a very committed Christian. Not many know in 1945, the then General Secretary of the CMAI, Dr Oliver, invited Dr Chandy, on behalf of the committee that was promoting the new co-educational medical college at Vellore, to return from USA to start the Dept of Neurosurgery. Also very few know of the links Dr Chandy had with the Christian Medical Commission of the World Council of Churches (WCC) where he was a Consultant for some time in the early 1970s and that he kept his interest in the healing ministry of the Church through his retirement in Kottayam.

Dr Chandy saw, in his time at Vellore, that doctors were not very keen to go to the rural areas of India and help the poor and marginalised. In his oration he said, "While a medical student is becoming very proficient in the study of diseases, he gets only elementary knowledge of health. Health Sciences has nothing to do with diseases and should be taught separately." He saw the need for a new health focused training and a more community based health care service both of which he developed for the CSI Madhya Kerala Diocese. He experimented on how the local congregation could support and be involved in health care. His study of the diocese, where his father and grandfather had served for many years, exposed him to the needs of dalits, tribals and the very poor, and he wanted the health service to be more accessible,

relevant and affordable. In this unique model he linked health care to women's empowerment and general social development of the community.

At CMC Vellore, where I was a medical student, I got to know him and when I was President of the Students Association I had discussions on many issues. In different conversations I experienced his commitment to students, to the community and to the healing ministry of the church. He wanted to make health and wellbeing a reality for the people of India especially for the poor and marginalised. He inspired me and became my mentor when I left college. He encouraged me at RUHSA when I came back to start the rural health and community development programme for KV Kuppam Block. He followed my career in CMAI where I would get hand written letters from him suggesting activities for the Association or sometimes even angry comments when I had not done something he thought important for India or the CMAI. During my visits to Kottayam I had meetings with him in his home and we kept in touch.

I am happy that the CMAI has kept this oration in the spirit and challenge of Dr Chandy to reflect on how the Church can promote the healing ministry in India and how we may make a difference in the health and social status of our people.



XIII Dr Jacob Chandy Oration

2. My Journey into Health and Development

It is in this context that I stand before you, as one of you, a life member of the Association and one who has been committed to the objectives and work of the CMAI over many years. I am proud of what this Association has achieved over the years particularly since our country's independence when CMAI responded to the needs of refugees after partition, initiated new models of medical, nursing, paramedical and chaplaincy training, kept alive the fellowship of Christian health professionals, supported the growth and development of the mission hospitals, served the many displaced people from the Bangladesh war in the early 1970s and helped promote and support family planning and community health services in India. There were members who pioneered new and innovative models of health care services in Bissamcuttack, Jamkhed, Oddanchattram, Padhar, Deenabandipuram etc. With others we helped establish the Voluntary Health Association of India (VHAI) and more recently have promoted the Christian Coalition for Health in India (CCH) which brings together the CHAI, the CMAI, our major medical colleges etc. The CMAI has been truly national, ecumenical, inter denominational, committed to its Christian roots and willing to work with others.

My time at CSI Medak Diocese, after graduating from Vellore, exposed me to problems of India I had not experienced. I was for a short time the Medical Superintendent of the Medak Hospital and Medical Officer of the Leprosy Hospital at Dichpalli where I saw poverty, inequality, discrimination and injustice that I did not believe existed in my country. Children died from preventable diseases, women were abused and had little or no status in the community and the rich land lords exploited the landless labour. I was shocked and angry. As an Indian, a Christian and a doctor I wanted to do something about this. This experience changed me and helped me make a choice of my career and priorities. I soon realised that health was a means and a measure of development. I was able to do post graduate studies in public health and social planning in the UK before I returned to India to start RUHSA at Vellore where I spent 8 happy years.

We were able to demonstrate there that we could make a difference at RUHSA. I visited it again in 2014 and saw how much more had changed over the years in the community and in the people's health status. We can tackle some of the problems of poverty and inequality and make real improvement and yet there is so much more to do. I have been blessed with opportunities at CMAI and later in various places overseas. Throughout I have kept

my involvement with the church and in issues of justice, social change and poverty eradication.

In all this I was able to put my faith into action and worked with others to promote, support and equip the churches in the mission for a better world in the perspective of the reign of God. I am grateful to God and to so many people who have helped me in my journey through life.

3. Poverty, Inequality and Justice

Tonight about a billion people will go to bed hungry, sadly most of them in India. Today 30,000 children will die somewhere in the world from a preventable cause and this is 1 in every 4 seconds. It is a scandal. About 65 million children will never go to school. Over 2m children die from hunger, malnutrition and poverty every year in the world. I could go on with such statistics but you probably know them too.

We live in a sick, unhealthy and broken world where the rich seem to get richer and the poor get worse. In spite of some real progress in certain parts of the world there is abject and relative poverty in many countries. The benefits of development are not reaching those at the bottom of the pyramid...the poor, the marginalised, and exploited are left out. Sadly many are denied a quality of life that some of us take for granted when they are unable to get proper shelter, enough food, safe and adequate water, minimum income and basic education. This is unfair, unjust and unacceptable. As Christians we can and must do something about it.

India is a growing super power whose economic growth is the envy of many. There has been much progress in the last few years and there are things we can be proud about too. We have an expanding middle class, with increasing purchasing capacity and a desire to better themselves. But our progress has not benefitted all.

India has about 50% of our population of 1.2 billion people living below the world's poverty line (less than \$1.25 per day). That is 500m people at least

In the UNDP Human Development Index, which measures Life Expectancy, Education and Income together, India ranks 136 out of 187 countries. India is below even the South Asian average!

A woman dies of child birth about every 5 minutes in India

Only five countries outside Africa have a lower female literacy rate than India (Afghanistan, Cambodia, Haiti, Myanmar and Pakistan).

Inequality measured by the Gini Index for India is 32.5 with the richest (20%) having more than 43.3% of national income.

Malnutrition is a severe problem still. More than half of children below 3 years are severely malnourished. 58% of children under 5 are stunted which is worse than all of Africa.

I could give you more data. We may dispute the exact figures, and I have taken mine from the UN or GOI data, but we can all agree that this is a shocking situation for India almost 70 years after independence. Let me quote what some have said about this in the last few years.

“High economic growth achieved for India has not translated into better quality of life for the vast majority of its citizens...India suffers from basic policy and structural failures.” (Hindu Editorial 10.11.11)

“Malnutrition in India, especially for children was a national shame and was putting the health of the nation in jeopardy.” (PM Manmohan Singh in 2012)

“India’s recent experiences includes spectacular success as well as massive failure...this growth has not translated into better living conditions for the vast majority of the Indian people....improvement (is) slower than even Nepal and Bangladesh” (Amartya Sen 2011, Noble Prize winner in 1998 and Bharat Ratna award in 1999)

Poverty and inequality is not only a reality in India. In Britain, where I now live, about 13.5m people live in relative poverty (1 in 5) and this includes 3.5m children. It is expected to get much worse by 2020. Over half a million people are reliant on food banks and food aid run by churches and charities. This is sad being the seventh richest nation in the world.

In USA 1 out every 7 lives are in poverty and this is particularly bad for blacks, Latinos and those who live in the inner city areas. Severe poverty and inequality are realities in China, Russia, much of South America and in many parts of Sub Saharan Africa.

We are living in an unequal and divided world where the rich and powerful seem to benefit at the expense of the poor and marginalised.

But poverty is much more than statistics and numbers. It is about people...all with names, faces, stories, fears, hopes and expectations. All such people are children of God and are made in God’s image. They are our neighbours and we are reminded we need to love and serve our neighbours. We have to do something about the problems of extreme poverty and study the root causes of this so that we can help eradicate it from the world. Poverty dehumanises, disempowers, denies basic human rights and denies people’s essential security.

Poverty is about hunger, not being able to take care of your child, unable to visit a health centre when your child

is sick and watching your child die and sadly unable to do much about it. Poverty is not having a job, not even part time, with no income for a long time and hence a fear of the future, living one day at a time and having little influence on the decisions and policies other people make for you. You feel rejected, despised, powerless and inferior. Poverty is perpetuated by an active process that emerges out of an unequal and unjust power relationship in society. In India it is aggravated by poor governance at various levels, corruption, illiteracy and our cultural and social systems that contribute to keeping people poor. People and nations are, in the final analysis, made poor and therefore we can do something about it.

4. The Christian Response to Poverty & Inequality: A Ministry of Healing in the context of the Kingdom of God

As Christians we are called to be agents of change, of the Kingdom. From the very start of his ministry Jesus proclaimed and spoke about the Kingdom, “The time is fulfilled and the Kingdom of God is here.” (Jesus in Mark 1:15). We need to affirm another world is possible; a new society where relationships are healed and where there is justice, inclusion and equality for all. We need to make real abundant life promised by Jesus for all and this includes a better quality of life in this world, here and now. Our faith expects that we do something about injustice, poverty and the exclusion of women, tribals, dalits and strangers. We cannot only provide charity and welfare services but need to look at the root causes of such problems and to challenge structures and systems that keep people poor and marginalised. If we are to truly love our neighbours and show mercy and kindness to the victims of such exploitation and oppression then we should get involved, speak out, take action and challenge powers and principalities.

What does the Lord require of you, “*to do justice, to love kindness and to walk humbly with your God.*” (Micah 6:8) Jesus attacks those who spend time on trivial matters while ignoring more important issues like justice, mercy and faithfulness. (Matthew 23:23) And we are challenged to “*Speak out for those who cannot speak, for the rights of all the destitute. Speak out, judge righteously, and defend the rights of the poor and needy.*”(Proverbs 31:8-9)

We have to ask ourselves what kind of India (or world) do we want to leave for our children and grandchildren. Poverty and Inequality are not just moral and ethical issues for us but matters we must deal with soon for our own enlightened self interest. Poverty can destroy sections of our nation because it alienates, makes people feel insecure and could contribute to civil and communal strife.

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God is also just. He upholds the cause of the oppressed and defends the fatherless, the widow and the refugee. In the Old and New Testament we read again and again, God's preferential option for the poor and his desire to have his followers do good for them.

In Jesus' first public meeting in the synagogue he announces the thrust of his ministry. "*The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free*" (Luke 4:18-19). This message of good news to the poor is evidence of his messiahship when the disciples of John ask if he was the one who is to come (Luke 7:22). Jesus calls and sends all his disciples with power and authority to "*proclaim the Kingdom of God and to heal*" (Luke 9:1-2). Finally after his resurrection he says to his disciples "As the Father has sent me so send I you" (John 20:20).

Today the whole Church, every Christian and all local congregations are called and sent to "proclaim the Kingdom of God and to heal". No church exists without mission; it is essential to the Christian calling. We need to remind people that a new community, a New Earth, is what God wants for this world where people will live in harmony, peace and justice and all are treated with dignity and respect whatever their faith, gender, caste, ethnicity and economic status. This is our vision of the Kingdom....a world where there is equity, fairness, health, inclusion and sustainable development for all.

Thus this world is in need of healing, where healthy relationships are built up between humans and God, amongst human beings themselves and between humankind and all of God's creation. This is a foretaste of the Kingdom here and now.

Commitment to the ministry of healing and reconciliation, integral to God's mission, is not optional to us Christians if we are to be faithful disciples. Participation in God's mission and the proclamation of the Kingdom are at the heart of Jesus' message and has to be central to our lives too. Thus the ministry of healing is about justice, righteousness and well-being for people and communities.

There is a vital place for health care services, good hospitals, the prevention of disease and the promotion of health. Yet the healing ministry is more than all this and I want to focus on the justice and equality side of it, given our understanding of the vision and values of the Kingdom. We seek a world transformed by the love of God's love where God reigns and people live in harmony and goodwill for each other and creation.

5. Challenges and Opportunities for the CMAI Today

What could this mean to the CMAI today which claims its goal is, "to equip, assist and encourage the Church in its ministry of healing". We can build on our great track record of serving the Church and the nation in enabling people to reach out to areas and communities often neglected by the state and the powerful. Essentially the work of CMAI will be measured by the impact it has on the health and well being of the nation. Yet what should be your priorities and agenda for this decade in the 21st century?

In September 2015, world leaders met at the UN in New York to review progress in the Millennium Development Goals (MDGs) agreed in 2000 that aimed to halve hunger and extreme poverty in the world. Some achievements were acknowledged yet the leaders recognised the opportunity now to make real inclusive, sustainable and resilient development. The Sustainable Development Goals were approved; they go much further than the MDGs addressing the root causes of poverty and the universal desire for development that works for all people. Prime Minister Narendra Modi was there when he and others agreed to end poverty, hunger and inequality by 2030. He said, "If our shared vision is that of a just world then this will never be possible as long as there is poverty." What can we all do together to banish extreme poverty and hunger from India and the world?

Could I make some suggestions?

1. Continue to emphasise that your calling and purpose is to promote and support the church in India in its healing ministry and thus reminding Christians that all are called to be involved in this.

The ministry of healing cannot be only for Christian health professionals or about the survival of Christian hospitals. You are to focus on the wider mission of the church. The Church's mission derives from God's mission in sending his Son to speak of a new community and to heal the world of its brokenness. In this ministry of healing, remember we speak about Jesus Christ and the good news of the Kingdom of God...a place where God's will is done on earth as it is in heaven. We are to witness to the possibility and the hope that a better life is possible for all God's people.

In serving the church it is not just church leaders (bishops and senior administrators) who are important; the church is more than them. Let us get to the members, the people of God, in local congregations and especially the young and future leaders.

2. In your work, your plans and in your teachings emphasise that reaching the very needy and the weaker sections of society is an essential component of God's mission for his people.

When we help the vulnerable we are serving our Lord Jesus. *"Just as you did it to one of the least of these members of my family you did it to me."* (Matthew 25:40, in the story about reaching the hungry, the thirsty, the stranger, the naked and the prisoner). But our service must be more than social welfare and short term solutions. We are to work in the long run for justice and equality for all. This also means empowering the poor and excluded to be able to fight for and claim their rights.

Let us also recognise we are not going to change the health status of India on our own. We will need to work with others...Governments (both Central and state levels), people of other faiths or none and citizens of all backgrounds. Together, in a movement for social change, we can build a more inclusive, just and healthy India.

3. Whatever we do in Christ's name let us do well...effectively, efficiently and in an accountable manner. We are stewards of the resources and talents entrusted to us by God and so let us use these to serve his people.

This requires we run our institutes and training programmes well and with integrity, and that eventually we benefit people. We are not to build our own kingdoms, projects and institutes but the Kingdom of God.

When our work is done and our task accomplished I hope we can hear from God, *"Well done my good and faithful servant, you have been trustworthy in a few things now I will put you in charge of many things"* (Matthew 25:23).

4. The strength of the Church, the CMAI and our institutes will be its people. Invest in building people of calibre who inspire, have a calling and are willing to dedicate their lives to serve God in and through the service of humanity.

We want for the church and the nation people who are spiritually alive, professionally competent and socially relevant in what they do and achieve. Remember that this passion for justice, change and service is not really taught, it is caught. We need leaders, teachers and elders who inspire, are mentors and who will give time to build the people.

This is what I learnt from Dr Jacob Chandy in that he built present and future leaders of the medical college and India.

5. Be prepared to change

Our Association and many of our hospitals are well over 100 years old. We have to ask what is appropriate for

today in the healing ministry. It may mean we change ourselves individually or collectively so that the attitudes and focus we have are different. We cannot change the world if we are not prepared to change ourselves. We can be the change we desire.

In all my years I have learnt that change is the one constant in life and work. Yet so many of us resist change in our lives, in our institutions and in our churches. We want to change others but not ourselves. Be bold, be brave and after careful thought and prayer, with God's guidance, seek what is best for you and your work at this time.

Conclusion

There are real challenges in India today for the country, the church and the CMAI. There were challenges for the early church too. Jesus left a motley group of disciples with little training, structure, funds or preparation to take forward his mission and build his church. These early Christians had to face persecution, opposition and infighting. They had a passion for mission and in sharing their resources and working together, their movement grew. They spread the good news of Jesus and of the Kingdom.

To these simple people, his loyal followers, Jesus said, *"You will receive power when the Holy Spirit has come upon you and you will be my witnesses"* (Acts 1:8). This completely changed the disciples; it empowered them and gave new meaning and purpose in their lives as they followed Christ. Yet thanks to them over the years the church has grown and served people all over the world.

We too are called, empowered and sent, by our Lord, into the world. We are here to help build a better world in the perspective of the Kingdom.....a world of justice, equality and where all people experience life in all its fullness. For many this is a matter of life and death.

May God guide and bless the CMAI, its leaders, staff, members and participating institutes as they serve the church and people of India in the ministry of healing.

May our prayers be answered....Your Kingdom come. Your will be done on earth as it is in heaven. Amen.

Thank you

Dr Daleep Mukarji OBE

He was the General Secretary of CMAI and was chair of the Board of Overseas Development Institute (ODI).

BEING A NURSE: REFLECTIONS FROM THE JOURNEY

It is with great honour and overwhelming trepidation that I begin the 2nd Aley Kuruvilla Oration of the Christian Medical Association of India. I am not worthy.

Ms Kuruvilla, as we all know her, is a legend. I can imagine her sitting in her home now in Eraviperoor, Kerala and reading these words; aged 94 and going strong. In her lifetime, she has seen it all; from the days of British-

ruled India, to the idealism of independent India and the confusion and potential of today's India. I was born a few years too late to be her student ; but her students were my teachers. And of course, I have met her, and also heard the stories of her life and impact on people and the profession of nursing in India. May I begin with this tribute to Ms Kuruvilla. She joined nursing at a time when

the profession was ill-defined and looked down on. She came from a family of many possibilities and opportunities – but chose Nursing as her vocation. In doing so, she and others like her, transformed the image of nursing itself. Over the many decades of her career, she has dedicated her entire life to the building of this profession in India – and especially of the idea of the Christian Nurse and Educationist, demonstrating all she believed through her life and work. Discipline, dedication, competence, dignity – all she wanted in her students and graduates, she lived out herself. And even at her advanced age, she holds the candle for all to see. It is my undeserved honour and privilege to deliver this oration, in honour of a pioneer nurse, a faithful Christian and a good human being. In the Indian tradition, we touch the feet of our teachers to seek their blessings. Growing up in the westernized atmosphere of Bangalore and Chennai and Vellore, I never got used to the idea. But my students in Odisha are offended by my discomfort, and so I am learning to bless them with grace. And so Ms Kuruvilla Ma'am, we the Nurses League of CMAI, touch your feet (though thousands of kilometers away!). Namaskar.

May I begin by stating clearly and upfront that I am not an orator. I am not a scholarly scientist ; I have neither scientific articles nor a bibliography. I cannot live up to the normal



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requirements of a great oration such as this. All I have is myself – my journey and the lessons learnt from looking out of the window on the train of life. So this is what I would like to share with you today – life's experiences, lessons learnt and reflections emerging, in the hope that they may be generic pointers for all of us in the Healing Ministry.

It is now 32 years since I joined the nursing profession and the health care sector as a nursing student at College of Nursing, CMC, Vellore in 1983. It is 22 years since we as a family moved from the defined security and stability of Vellore to the unpredictable excitement of life in Bissamcuttack in south Odisha in 1993. The journey has many segments and aspects, and so I will tell you something about various facets, and share some lessons learnt from each, in the hope that it will help us to think and learn together.

A. Life - in General (Warning : Dynamite comes in small packages)

I was born over 50 years ago (believe it or not) with a birth weight of 1.2 Kg ; premature and low birth weight, in an age of high mortality and low child survival. Statistically speaking, I have no business being alive. But I am – and not just surviving, but living it up, thanks to the love and care of my parents, family and friends – and most of all the grace of God. All I am, all I have and all I share today is a product of the grace of God. So if I am too short to be seen by the people at the back, that is okay; in fact, that's the whole idea ! Just see the sponsor – God Himself.

God took me – a vulnerable, fragile, little girl – and used me for work that is far bigger than me. I am still vulnerable and fragile, but with an Apgar of 9 and 10 at 51 years of age. He turned my life upside down, placed me in situations I could never have imagined, provided me opportunities and resources I did not deserve; and through it all, much more has happened than I could have ever planned or manipulated through some career guidance program.

So Lesson No 1 :

It is not me or you that matters. Put your 1.2 Kg (or multiples thereof) in God's hands, and miracles happen; not necessarily suddenly or dramatically; but gradually and quietly. We do not belong to ourselves. All we are, all we have, is a gift from God. Seek first the Kingdom of Heaven, the good of others, service, truth, love..., and all the rest will fall in line. Don't worry – it is actually true.

We stand only on the grace of God.

As the popular song says, He lifts me up.....

B. Student Days : Training to be a Nurse :

I trained at the College of Nursing, CMC, Vellore : BSc in Nursing from 1983 to 1987, and MSc from 1991 to 1993. I enjoyed my student days immensely; learnt a lot; made lifelong friends ; grew through all the curricular procedures (!) and the extra-curricular opportunities. I got to be the President of the Student Nurses Association and a member of the National Committee of the Student Christian Movement of India. To the students here I would like to say: enjoy it while it lasts. Use every opportunity to learn, to experience, to grow; somebody's life will depend on you soon. Nursing at its core is a caring profession – it is hands-on and skill-based. We learn from our patients. We become nurses because of teachers and patients who share their competence and their vulnerability with us.

So Lesson 2 :

Always respect and thank God for those who teach you or allow you to learn from them – your patients, communities and teachers. And for all of us who think our student days are long over, think again. Never Stop Learning. There's so much more out there.

C. The Work : Being a Nurse :

Let me tell you something of the place and the context in which I work.

Odisha is a beautiful state, blessed with great natural resources and good people, but also carrying much need, vulnerability and challenges. We sometimes refer to the region as the M Area - where M stands for Mountains and Minerals, Mining and Multi-Nationals, Maoists and Militancy, Malaria and Malnutrition, Maternal Mortality and Much More ! A good place to live and work.

Bissamcuttack is a small village-town of 9000 people ; with a predominantly adivasi and dalit population forming 62 % and 17 % of our Block respectively.

Christian Hospital, Bissamcuttack is a mission hospital of the JEL Church, started in 1954 by a Danish lady doctor, Lis Madsen. It was nurtured and led over subsequent decades by Dr VK Henry and Mrs Nancy Henry, Dr Padmashree Sahu and now, Dr Hemaprabha Mohanty.

In 1978, a School of Nursing was started to train ANMs. In 1986, an English medium school; in 1998, a tribal school. So CHB today is much more than a hospital, growing and responding to the need as it comes our way.

When I joined CHB in 1993 soon after my MSc Nursing, there had never been a BSc nurse working in CHB before, and maybe even in the district. But there was an excellent nursing service and ANM School, built and led by Mrs

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Henry with strong foundations of quality and respect for Nursing. The mandate given to us was to prepare CHB and the School of Nursing to start the GNM training program. This we were able to do in 1996.

Today, CHB is a busy, literally overflowing 200-bedded mission hospital, with patients and relatives everywhere, as the nearest referral centres are over 200 km away.

In 2014-15, we had an average Bed Occupancy rate of 105%, did over 15 surgeries per day, 365 days of the year, conducted about 8 deliveries daily. On an average we have about 250 patients in the OPD six days a week, and over 200 admitted patients, each with large numbers of family members picnicking all over campus ; a daily mela.

The role of a Nurse here then is very different from anything in USA or Vellore, Delhi or Kerala. We do all sorts of things. Classical nursing tasks are only a part of what we do. We are the link between the doctors and the gardeners, the cleaning staff and the administrators, the finance people and the patient care. Isn't this true of so many nurses from all over the country, sitting here today ? Nobody understands our role fully; everybody blames us for all that goes wrong anywhere; and yet we go on – for the cause of our patients and the vision. Doctors may be the bricks in the wall of health care, but Nurses are the Cement ; we fill the gaps; we hold the system together.

Over the years, I have been very lucky and privileged. I teach students and design courses; I have got opportunities to also design buildings and supervise their construction; do patient care and advise Governments. Opportunities abound in small places.

Lesson 3 :

Do not limit yourself to the job description; let that be the common minimum program. Don't let it define or limit you. Let go, and taste the seemingly impossible. God calls us as persons; our training and qualifications are just an additional tool in God's hands, not a constraining limitation.

D. Stretching Boundaries and Seeing Differently :

In 2009, the Faculty of our little School of Nursing decided to dream of what can be. We were blessed with valuable Human Resources, but locked inside formal training programs. All around was great need, both in the tribal and dalit villages around, and in the field of nursing education – with mushrooming of nursing training institutes in central India, many of which were of rather poor quality. In this context, what was God calling us to Be and to Do?

Out of this visioning-missioning process came two ideas that we have been offering over the last 5 years :

- a. Roshni: A week-long residential program for village girls at the CHB School of Nursing, where adolescent girls and young women can come and learn survival skills in health, before they leave their parental homes to some new place in marriage. We have had 444 girls undertake this program so far, all managed by our nurses and faculty. The process has inspired us with the joy of working with young women, born into difficult circumstances, but budding with potential. The course includes Reproductive health and child care, malaria and diarrhoea, gender issues and dignity.
- b. Nursing Education Resource Unit (NERU): We offer technical workshops for Nursing Tutors, Educationists and Practicing Nurses with Skill Development Labs and seminars for continuing nursing education. Whereas it was originally planned for Odisha and neighbouring states, we have had participants from as far as Assam and Uttar Pradesh too. These workshops aim to give back to the profession something of the abundance with which we have been undeservedly blessed.

Lesson 4 :

What you see depends on where you look from ; your viewing point or perspective. Just because we work in a backward area, we don't have to take on a "backward" attitude. Choose to see positive. Choose Life. There is no setting where we cannot be and do differently. Choose to see with God's eyes.

E. Nursing Education:

Our CHB School of Nursing inherited a unique philosophy and ethos from our founders, Dr Madsen and Dr and Mrs Henry. Let me share some of these unusual aspects.

- a. From Odisha – For Odisha: We take in only students who have done their tenth and 12th grade in Odisha ; and we train them with a vision to return to their districts and serve the needy people of the state. And even within the state, we give weightage to those from the most needy districts. Over the 38 years since inception, about 75 % of the girls trained have been from the KBK+ (Koraput-Bolangir-Kalahandi, Kandhamal and Gajapati- which are the most backward) districts. And about 95 % of our graduates continue to serve within the state of Odisha.
- b. Approach to Finance: No student should be denied a chance to study for lack of money. We therefore



subsidise the fees heavily, and provide education loans and scholarships to make this happen.

- c. Quality of Education: We aim for two seemingly contradictory goals in nursing education – Situational Excellence and Social Relevance. Is this the best we can do for our students ? Is this what they will really need to make a difference to their patients, especially the poor ?

I am lucky to live and work in an institution that allows and encourages all this to happen.

To those of us who have the privilege of being teachers and trainers, may I remind ourselves of the critical role and responsibility we have. Whether we realise it or not, our students may become like us. All our lecturing on values is useless if they do not see them in us and our behavior, attitudes and relationships.

There is a story of an old man walking to the weekly market to sell his produce. Balanced on his shoulder was a wooden pole with two baskets hanging at either end. One, a covered basket, contained chickens. The other, an open basket, contained crabs. A young man on the way, stopped him and asked – “Chacha, why are

the crabs open, but the chickens closed ?”. The old man said – “Beta, they are different. If I leave the chicken basket open, they will fly away. With the crabs, there is no problem. Everytime a crab tries to rise up and climb out, the others will catch it’s legs and pull it down !”

Isn’t this so true of us as individuals and communities? Doesn’t our crab mentality overtake us from time to time? Negativity and cynicism are contagious. And in teachers, they become heredity diseases too – we pass them on to our students.

Lesson 5 :

Dear Teachers of nursing and other health professions, we have to ‘become the change we want to see’, as Gandhiji taught us : excellence and relevance ; competence and caring; professional and personal.

And Christian educational institutions cannot be just another ‘degree factory’, churning out plastic professionals, in an environment of rising numbers and crashing quality. The responsibility on us is far greater. From them to whom much has been given, much is expected. We have to answer, both to the Accrediting Council and to God. Our contribution to India, can and

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should be in the production of competent and caring, excellent and relevant, value-based, dedicated health professionals.

F. The Personal and the Spiritual:

In my 32 years thus far in the nursing line, there have been good times and very difficult times ; times when an unexpected kindness from an unprecedented source suddenly lights up your day and makes roses bloom in your head ; and also some times when one is hurt deeply, especially by the people you trust the most, and have gone out of your way to help.

But God has been good.

The metaphor that has captured my imagination over the years is of flowing water. A stream flowing through an arid land, bringing greenery and colourful flowers to a brown, dusty landscape. Sometimes the stream dips underground and the water is no longer visible. But there is a tell-tale patch of grass all around, and you know the stream is there - unseen, unacknowledged but transforming the soil.

Nursing is not an easy profession. It is probably most comparable to joining the army- in more ways than one: stripes, uniforms, hierarchy, discipline, orders etc. If you take this profession only for the money (!), it can be a totally irrational and frustrating lifetime.

But if it is a Vocation, a Calling, our Worship Offering, for God and for the people we serve – patients, communities, students, then suddenly it is different. We and the work are transformed; our water becomes wine.

So to my colleagues in Nursing and in other health professions, may I share an idea from one of my favourite authors – Mary O'Brien, a professional nurse and a catholic nun from the USA.

Lesson No 6 :

God spoke to Moses out of the burning bush, “take off your sandals, for the place where you are standing is holy ground.” People come to us in times of illness and pain. Every patient’s bedside becomes holy ground, every classroom becomes holy ground. Where there is pain, God is there; where there is anxiety God is there. God is present, sharing their pain. We are on holy ground. We must take off our mental chappals as we care for them, for we may actually touch God’s hands while caring for our patients.

Yes, Nursing is a noble profession, but it is also a Holy Vocation. And while we fight for space and respect, as we battle the double prejudice of gender and hierarchy, and stretch the boundaries of the profession, let us not lose

the sense of awe and humility. This is not just our job. This is our worship.

As I have reflected over the years on Jesus our Lord and our Guru, the source of truth and embodiment of love, it struck me; Jesus was trained and grew up as a carpenter, but look at the content of His years of ministry. It’s all Nursing. He cared; He touched ; He healed; He hugged the children; He taught; he washed feet ; He shared the pain of the woman with menorrhagia, and comforted the woman singled out on adultery charges; He stood true in times of unjust accusations ; He took the blame for others faults; He lived and died for others. They call Him the Great Physician; I call Him the Great Nurse. He is our role model and our inspiration.

And so ladies and gentlemen, we the Christian Nurses of India, need to be proud of our calling and our vocation; and humble to accept our faults and correct our deficiencies. We need to be conscious that the visible and the immediate is only one part of the story. We are directly appointed in His service. We are part of something much bigger than us; so listen to His music and dance to his tune.

In closing, may I reiterate ; I am just a very ordinary person with lots of faults and shortcomings. But I have been allowed to be part of so much good, because God is more gracious than our selection systems and professional assessments.

Lesson 7 :

God takes the ordinary to do the extraordinary. Ordinary bread, broken in His hands, becomes His body. Ordinary wine, blessed by Him, becomes His blood. That is our calling; to be broken and poured out, for the needs of the people of our country, and in this lies our joy, our purpose and our fulfillment.

Thank you CMAI for this honour. Thank you, my dear family, friends and colleagues, for making all this possible. And thank you, God – for everything.

God bless us all.

Mrs Mercy John

*Principal of the School of Nursing and Head of Nursing Department, Christian Hospital, Bissam Cuttack.
Mercy is a Nurse Educator specialized in nursing and midwifery, reproductive and sexual health training.*



About **Dr D W Mategaonkar Award**

The prestigious Dr D W Mategaonkar Award has been instituted by CMAI in memory of Dr D W Mategaonkar, in acknowledgment of his outstanding service and contribution to the Healing Ministry in India.

Dr D W Mategaonkar, born on 30 December 1928 at Pune, graduated in medicine from the Christian Medical College at Vellore in 1957. Immediately after passing out from Vellore, he opted to work at the Christian Hospital at Chhatarpur in Madhya Pradesh and continued to work in different mission hospitals till 1987.

Dr Mategaonkar was conferred the Paul Harrison Award in 1974 by CMC Vellore in recognition of his outstanding contribution to community health in the Bundelkhand region. He was the President of the Madhya Pradesh Voluntary Health Association, a founder member of the Emmanuel Hospital Association and held important positions in the Church and health bodies. Active till the last, he died of cardiac arrest at a Youth Camp where he was the main speaker.

“To serve and not to be served” was always the guiding thought for Dr Mategaonkar. His exemplary life, matched by his humility and determination, was a source of inspiration to many, both in the Church and in hospitals. His obedience to the call, his strong faith and hope, enabled him to serve the Lord in many different and creative ways.

The Dr D W Mategaonkar Award has been instituted in his memory to recognise and record the valuable and outstanding service of people who have contributed to the Healing Ministry in India in the spirit of Christ.

DR D W MATEGAONKAR AWARDS, 2015



In recognition of
outstanding service
to the Healing
Ministry,
CMAI presents
Dr Renuka Pushpa
Singh the
Dr D W Mategaonkar
Award

Dr Renuka Pushpa Singh graduated in 1968 from Christian Medical College Ludhiana. She then continued in Ludhiana as Senior House surgeon in Medicine for six months. While fulfilling her service obligation in Mungeli (MP) and Khariar (Odisha) she gained valuable experience in practicing rural medicine and surgery. In 1974 she joined for Diploma in Obstetrics and Gynaecology in CMC Ludhiana and went on to complete her MD in 1978.

She went back to Evangelical Mission Hospital, Khariar in Odisha in 1978. Khariar is located in the heart of Nuapada district which is considered as one of the most backward districts in India. She works in Khariar till date and has contributed tremendously to the growth of the hospital. The hospital is a 120 bedded facility with a well developed surgical and laboratory service. Dr Pushpa was instrumental in getting the hospital recognised for Diplomate of National Board in Obstetrics and Gynaecology .

In 1985, she underwent specialized training in obstetrics and Gynaecology ultrasonography from CMC Vellore and established the first ultrasound unit in Western Odisha.

Dr Pushpa is a Fellow of the International College of Surgeons, Fellow of the Association of Indian Surgeons including Fellow of Christian Academy of Medical Sciences. Apart from being a doctor, she has keen interest in social issues and is actively involved in managing a home and hostel for underprivileged girls. She is passionate about children's education and serves in the Committee of the Khariar Mission School.

She is actively involved in Church activities and is a member of the Pastorate committee of the Muktimarg Church, Khariar under the Church of North India. In the past she also held the position of Treasurer and served as President of Mahila Sabha (Women's Fellowship) of Muktimarg Church, Khariar, Diocese of Sambalpur, Church of North India.

She has been recognised by CMC Ludhiana for her effort and contribution in the field of teaching, clinical acumen and high quality care to the community and was honoured with the Lifetime Achievement Award.

CMAI is proud to present her the Dr D W Mategaonkar Award for Outstanding Services in the Ministry of Healing.

In recognition of
outstanding service
to the Healing
Ministry,
CMAI presents
Dr (Mrs) Elizabeth
Anne Daniel the
Dr D W Mategaonkar
Award



Dr (Mrs) Elizabeth Anne Daniel completed her MBBS in 1965 from Christian Medical College Ludhiana, following which she joined as a House Surgeon in Obstetrics and Gynaecology for a year and then in Pediatrics for another year. She then pursued Diploma in Child Health from CMC Ludhiana and completed it in 1969.

With the Diploma in Child Health, she joined Christian Hospital, Chhatarpur in Madhya Pradesh as In-Charge of Pediatrics and Obstetrics and Gynaecology where she started the Ante-Natal, Children and Village Clinics. She conducted several C-Sections and minor surgeries and also assisted the Surgeons in Major Surgeries. She served with great commitment in Chhatarpur till 1972.

From 1972 to 1981, Dr Elizabeth worked in Christian Hospital Hanamkonda in Andhra Pradesh, where she was in charge of Pediatrics and Obstetrics and Gynaecology. She helped start the Community Health Centers and went on to become the Medical Superintendent. She then moved to CSI Mission Hospital Parkal in Andhra Pradesh from 1981 to 1983, where she managed Community Health Programmes and also started a hospital.

From 1983 onwards, she joined the CSI East Kerala Diocese Medical Mission and started medical work in the Diocese with dispensaries at Melukavumattom, Mancompu & Maniyarankudy. She supervised several Community Health Centres in the tribal areas in the forest. During her time in the Diocese she started a Hospital in Chelachuvadu. She was Medical Superintendent & Medical Board Secretary for 9 years.

She moved to Delhi along with her husband Rt Rev Dr K G Daniel and worked in St Francis School for 8 years as a Doctor for the school children. After her husband was consecrated as Bishop of East Kerala Diocese, she became President of Diocese Women's Fellowship. She started pre-marital counselling program in the diocese with the vision of equipping couples for healthy marriages. She has conducted 76 such batches till date. As President of the Women's Fellowship, she engaged with Pastors, Lawyers, Doctors, Police officers and Women to create awareness about the importance of women's health. As a couple they support a mission field in their Diocese. She still conducts medical check ups for the children in the hostels and the mission fields in the hard to reach remote areas.

CMAI is proud to present her the Dr D W Mategaonkar Award for Outstanding Services in the Ministry of Healing.

DR D W MATEGAONKAR AWARDS, 2015



In recognition of
outstanding service
to the Healing
Ministry,
CMAI presents
Mrs Kamalam
Mohan Raj the
Dr D W Mategaonkar
Award

Mrs Kamalam Mohan Raj born on July 1, 1937, did her schooling in Andhra Pradesh and was a very religious and God fearing child from her school days. She secured first class in All India Scripture Examination under the purview of India's Sunday School Union.

In 1956, she began her professional training with Diploma in Nursing in Scudder Memorial Hospital Ranipet, followed by Midwifery in 1959. After this she continued as a staff nurse and then did a Post graduate course in Teaching and Supervision at the College of Nursing, CMC&H, Vellore. She also went on to do a Special course in Public Health Nursing and Teaching. For her outstanding academic performance she was awarded a Certificate of merit for General proficiency by the college in April 1964.

She joined as a Nursing Tutor in Scudder Memorial Hospital in June 1964 and was a pioneer in Community Health Nursing. She rendered continuous and exemplary services to the hospital and the community in Ranipet till 1975. She moved back to Vellore to do Post Basic BSc Nursing for Trained nurses. Her research study during this time was awarded the Edwina Mountbatten Memorial Scholarship by the Indian Red Cross Society. She then joined as the Nursing Superintendent of Scudder Memorial Hospital in 1980. During the same year, she was awarded the certificate of merit by the Tamil Nadu Nurses & Midwives Council. Later that year she was promoted to Dean of School of Nursing by Ranipet Vellore Diocese.

She became a life member of CMAI in 1984 and was very active in contributing to the Nurses League. In recognition of her services in Ranipet, she was awarded the Distinguished Service award by the rotary club of Ranipet. She retired as Dean from Scudder Memorial Hospital in 1997. Her zeal to continue her services led her to become the founder principal for School of Nursing, Bethesda Hospital, Ambur in 1998. She continued her services in Ambur till 2005.

Her contributions to CMAI as vice president for The Board of Nursing Education South India Board and later as its President for nearly 10 years is well etched in the annals of CMAI history. A pioneer, leader, mentor and inspiration to many nurses during her 45 years of service as a nurse.

CMAI is proud to present her the Dr. D.W. Mategaonkar Award for Outstanding Services in the Ministry of Healing.

In recognition of outstanding service to the Healing Ministry, CMAI presents the Dr D W Mategaonkar Award to the grand daughter on behalf of Mrs. Lily Karunakaran



Mrs. Lily Karunakaran joined BSc Nursing Program in 1951 and the midwifery course in 1956 at the College of Nursing, Christian Medical College, Vellore. She then joined the Community Health Nursing Department, where she worked for three years as a field supervisor in both rural and urban areas. She made a significant contribution to the Community Health Nursing Department, ensuring high standards of practice in all the areas she worked.

She then joined MLL Hospital at Madanapalle as Tutor and spent the next one and a half years training & teaching nursing students both in the wards and the classrooms. Later, she moved to Mysore and for the next 30 years from December 1961 to October 1991, she worked in Holdsworth Memorial Hospital. She joined as a tutor and her teaching skills and love for students enabled her to effectively mentor many students. Her expertise in administration and problem solving paved the way for her to become the Principal of the School of Nursing. Her long stint in the Nursing School & Hospital helped her to ensure, that the high standards expected from the Board of Nursing Education, SIB.NL.CMAI were not only maintained but also exceeded expectations. Even after her retirement in 1991, she was requested to continue as the Principal of the School of Nursing for another 5 years.

During her tenure as the Principal of School of Nursing, Holdsworth Memorial Hospital, Mysore, she also served the BNESIB actively as an Executive member and member of various committees. She was the Chairman of the BNESIB NL CMAI, for one full term from 1991 to 1993. Her contribution to the BNESIB and the Nursing School in Karnataka has been substantial. She was instrumental in developing the three years Diploma Nursing Program. Through her dedication and commitment, she ensured that the School of Nursing affiliated to the BNESIB NL CMAI produced excellent nurses who are prepared to devote their skills not only to improve nursing care but also to enhance nursing education. Her penchant for discipline, diligence and sincerity uplifted the standard of nursing education, not only in Karnataka but also in the other South Indian states.

CMAI is proud to present her the Dr. D.W. Mategaonkar Award for Outstanding Services in the Ministry of Healing.

ADMINISTRATORS



The Sectional meeting of the Administrators section was held during the 43rd Biennial conference at Jaipur on 27 November 2015. Mr. Innocent Xess, Chairperson of the section chaired the meeting. There were 30 participants. Dr. Samuel N. J. David, Sr. Manager & Head Dept of Hospital Management Studies & Staff training from CMC Vellore offered the opening prayer and Mr. Innocent welcomed the participants. After the roll call Prof. Edwin Rajakumar from Madurai was appointed as the Recording secretary. The minutes of the previous Annual General Body meeting of the section held at Kovalam, Kerala on 15 November 2014 during the sections National conference was approved as well as the minutes of the executive committee of the section held at Jaipur on 25 November 2015. The secretary presented his report for the period November 2014 to October 2015. He highlighted the important points to the members. He requested the members to invite more members to the section and also communicate any specific needs, suggestions etc as it will help in planning the future activities of the section. The members appreciated the activities carried out by the section.

Paper Presentations:

Four papers were presented and they are as follows.

- **Human Resource Crisis in Health Care Institutions** by Dr. Samuel N J David, Sr. Manager & Head Dept of Hospital Management Studies & Staff training from CMC Vellore
- **Disaster Management** by Mr. Peniel Malakar, EHA Delhi

- **Precautions suggested for Hospitals to avoid litigation** by Mr. Samuel Abraham, Sr. Legal consultant, CMC Vellore.
- **The achievement of Ms. Marjonie Thomas, Founder, Professional Nursing Practice in medicine** by Prof. Edwin Rajakumar, CSI Jayaraj Annapackiam College of Nursing and Allied Sciences

There was a brief discussion on the papers presented and they were appreciated by the members.

Election of office bearers of the section.

The following were elected unanimously for the next biennium 2015- 2017 Mr. Samuel Abraham was requested to conduct the election.

- Mr. Innocent Xess was re-elected as the chairperson of the section for one more term.
- Dr. Samuel N J David was elected as vice chairperson of the section.

They were congratulated by the members, after which Mr. Innocent thanked the members for their participation and contribution to the section following which Mr. Khoshla member of the executive committee who offered the closing prayer.

In general, we had a purposeful sectional meeting and I sincerely thank our Dear Lord for His guidance and blessings over the section.

*Mr. S. Jacob Bernard
Secretary Administrators Section*

ALLIED HEALTH PROFESSIONALS



Immunofixation, the CMC
Ludhiana Experience -
Mr. Amik Massey

Wadhvani foundation presented a report on Short Term Course curriculum

The minutes of AGBM held on 18 October 2014 were circulated and accepted. The AHP secretary's report was presented in the book of reports, Mr. Asher presented the report on Short term Course and Dr. Sukant Singh briefed the purpose of starting the Short term Course. Mr. Paulraj clarified the doubts raised by the members.

Election of the office bearers for the biennium 2015 to 2017:

The AHP Annual General Body meeting was held on 27th with 39 participants. Dr Madan Lal chaired the meeting and the agenda was circulated. Members accepted the agenda of the AGBM and requested the chairperson to take up the Scientific Paper presentation

The following scientific papers were presented:

- Assessment of knowledge, attitude and practice of Hand Hygiene - Dr. Madan Lal
- Development and health, role of AHP - Mr. Vilas Shinde
- Can you Imagine your life in darkness - Mr. Anil Robin Singh.
- Development and Health Applications of

Chairperson: Mr. Sounderajan was unanimously elected as a chairperson.

Vice-Chairperson: Mr Samuel Sudesh was unanimously elected as vice-chairperson. The committee has authorized the Chairperson, Vice chairperson and AHP Secretary to select the AHP Executive Committee members as per the AHP bye-laws.

The meeting came to a close by Rev Ramu Ranadive leading in the closing prayer.

Mr. S. Paulraj
Secretary, AHP Section

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CHAPLAINS



Chaplain Section Meeting was held at the 43rd Biennial Conference at Hotel Clark Amer from 26-28 November 2015. There were 21 participants representing the section. The Section organized and led the opening Thanksgiving Service, Devotions and the Holy Communion and Dedication Service. Mr Anand Pillai was the devotion speaker and Rev Paul Pragasam gave the message at the closing Holy Communion Service.

During the conference we also had the Annual General Body of the section in which we elected our Executive Committee for the Biennium 2015 - 2017. Rev George Varughese, Lecturer at Gurukul Theology Seminary was elected as the Chairperson of the section for the biennium. Rev Devadas, Chaplain at SLRTC Karigiri, as the Vice Chairperson. Following are the members of the executive of the section, Dr Ezekiel Shanthakumar, Rev. T. Augustine, Mr Bharat Keleng, Rev Ashish Kumar Dukhi, Mr Michael Sundersing, Rev David Paramanandhan, Rev Mathias, and Rev Percy K.V. Hirms. Rev T. Aruldas will be representing the section at CEB.

We also had a paper presentation on the topic, "The Motto of a Mission Hospital and the Role of a Chaplain in materialising it" by Rev Dr Arul Dhas T, Chaplain, Christian Medical College, Vellore. A common concern shared was the lack of women representation from the

section. A recommendation was made to make special effort to invite them in the forthcoming Biennial and National Conference of the section.

Obituary

Rev A.C. Oommen, one of our oldest members and an architect and founder member of the Chaplains Section of CMAI went to be with the Lord. Rev A.C. Oommen after his retirement from CMC Vellore served in CMAI as the consultant chaplain of the Section. He illustrated through his life the importance of a chaplain/pastor as an important member of the health team. We in CMAI fondly remember his contribution to the healing ministry of the church, inspiring CMAI through his retreats, inspiring messages and training workshops in the Healing ministry.

Submitted by

Rev Sharath C. David
Secretary, Chaplains Section

DOCTORS



The Annual General Body Meeting of the Doctors Section was held during the 43rd Biennial Conference in Jaipur on the 27 November 2015.

A total of 55 Doctors registered for the conference out of which 45 were members of the section.

The meeting had two segments, Business meeting and Technical Session. It started with Business meeting followed by the technical session. The Business meeting was Chaired by Dr Deepak Kamle, the Chairperson of the Section. Dr Nitin started the meeting with prayer, Dr Deepak welcomed all the participants. A round of introduction was carried out.

The Agenda of the meeting was circulated and it was approved without any changes. The minutes of the previous AGM held during the National Conference at Goa in October 2014 was confirmed and the minutes of the Executive meeting held in July 2015 were received and discussed.

The Secretary of the Section, Dr Abhijeet Sangma presented his report to the General Body, the report was received and discussed and accepted.

The Nominations Committee was formed to Elect the new Office Bearers of the Section for the next Biennium 2015-2017.

The Technical Session had series of Paper presentations, a total of 6 papers received were as follows:

- Mission Hospitals and Standards Compliant

Healthcare Information Technology (HIT) - **Pramod Jacob**

- The Saline Process - Sharing the Love and Reality of Jesus Patient-by-patient - **Latha Mathew**
- Hospital Disaster Preparedness & Medical Emergency Response- EHA initiative - **Peniel Malakar**
- Diabetic Foot Infection - **Deepak Kamle**
- Comparative study of Pterigium - **Milind Suryawanshi**
- Oral Cancers - **Deepak Kamle**

Due to paucity of time, only few presenters were able to present their paper. We deeply regret and apologise to those who were not able to present.

The new Office Bearers of the Doctors Section for the Biennium 2015-2017 are:

- Dr Bonam Wesley of Arogyavaram Medical Centre as Chairperson and
- Dr Cecil Harrison of Christian Hospital Jagadri as Vice Chairperson.

The newly formed Executive Committee for the year 2015-2017 were welcomed and dedicated in prayer by Dr Ajit Singh and the meeting was adjourned.

Submitted by

Dr Abhijeet Sangma
Secretary, Doctors Section

NURSES LEAGUE



The General assembly of the Nurses League of CMAI was held on 27 November 2015.

Dr Selva Titus Chacko called the meeting with prayer. The highlights of the meeting in the Minutes of the General assembly meeting held on October 2014 was read and the key matters were addressed.

Reports of the Nurses League Secretary and the report of the BNESIB & MIBE were presented and accepted.

The Nomination committee brought in nominations and the following office bearers were elected for the Biennium 2015 – 2017.

- Dr Selva Titus Chacko - Chairperson
- Mrs Sangeeta Sane - Vice Chairperson
- Mrs Madhu Walter - Community Health Representative

Five Regional Sectional Secretaries for Bihar, Gujarat, Maharashtra & Goa, Tamilnadu and West Bengal were elected to be part of the Executive Committee of the Nurses League of CMAI.

Three co-opted members from 3 regions were elected for the Executive of the Nurses League.



Mrs Lucky Warbah	-	North East
Mrs Alka Prasad	-	Madhya Pradesh & Chhattisgarh
Mr Albert Ansuman	-	Uttar Pradesh

An impressive and encouraging presentation on the Mobile Nurse Mentoring project was done by Ms. Amelia Christmas and her team.

The meeting concluded with prayer.

Submitted by

Ms Jancy Johnson
Secretary, Nurses League

**DR AJIT GURBACHAN SINGH***President*

Dr Ajit Gurbachan Singh began his illustrious career from his school days in Christ Church Boy's School, Jabalpur where he was awarded the Treshem Shield for honor, reliability and courtesy.

He graduated from CMC Vellore as MBBS Batch of 1963. He began his services as a doctor in Evangelical Hospital, Khariar in January 1971. After 3 years of service he joined for his post-graduation in General Surgery in CMC, Ludhiana.

He then continued serving the communities around Evangelical Hospital, Khariar and was appointed as its Medical Superintendent and Additional Director. He was then promoted to Director and was instrumental in the growth of the Evangelical Hospital from a 25 bed facility in 1971 to a 180 bed secondary level health care institution. His service has been exemplary for the last 45 years in the Evangelical Hospital. Dr Ajit Singh has strengthened

community health in the villages nearby the hospital. He has adapted sophisticated surgical technologies to rural practice and helped the poor immensely. Khariar became the first non-teaching institution in Orissa and Eastern Madhya Pradesh to offer endoscopy facilities.

He was awarded the Paul Harrison award in 1992 for his meritorious service and was also given a certificate of merit for rural services in 2002 by Christian Medical College, Vellore. He is a Fellow of the Royal American College of Surgeons, International College of Surgeons and Royal Academy of Medicine of Ireland.

He has been associated with CMAI for the last 35 years in various capacities including Chairperson of Doctors Section. He is a valuable member of the Governing Council of CMC Vellore and Ludhiana. He serves as Secretary and Treasurer of the Governing body of Eastern Regional Board of Health Services and Secretary of the West Utkal Management Committee of the Church of North India (CNI). He is also Vice Chairman of the Synodical Board of Health Services, CNI.

He is married to Dr Renuka Pushpa Singh who has also been serving in Khariar for the last 45 years as an Obstetrician & Gynaecologist. He is blessed with 3 children and they all are doctors serving in the mission.

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OFFICE BEARERS



DR PUNITHA EZHILARASU
Vice President

Dr Punitha Ezhilarasu is an undergraduate and postgraduate of College of Nursing, CMC, Vellore. She was awarded Ph D in 2000, the first PhD in nursing from the TN Dr MGR Medical University, Chennai. She has obtained her Diploma in Health Management & Leadership from Georgia State University, USA; started her professional career as clinical instructor in the College of Nursing, CMC, Vellore, continued to work in the same institution in different capacities and has been the Dean of the same college for a term (2000-2005). She is currently holding the designation as Professor & Head, Dept. of Medical Surgical Nursing and Dept. of Continuing Nursing Education & Research

Dr Punitha has 35 years of teaching experience, and has guided Ph.D students; and has research interests in Value Based Education, Problem Based Learning, and Learning & Teaching styles. Besides holding the post of Head of Medical and Surgical Nursing, CNE and Research, she is the Additional Dy Dean, Dean & Director of WHO Collaborating centre, College of Nursing and Dy Nursing Supdt of CMC Hospital and currently the Chairperson of the Nurses League and SIBE.

Dr Punitha has attended WHO Consultation meetings at Glasgow, Johannesburg & Bangkok, Served as a member of expert committees for the Government of India (GOI) and INC (GOI-Planning development of nursing services in 10th, 11th & 12th five year plans, INC – Curriculum revision, Nurse practitioner programme, Inspection, Equivalency committee, Continuing Nursing Education, GFATM, PhD consortium, and at the University level- Senate member, Member of PhD regulations framing expert committee, examination committee, PhD screening committee, Inspection). She is currently a member of the Education Committee and Equivalency Committee of INC.

She is the Editor in Chief of a Indian Journal of Continuing Nursing Education and published 34 papers at national and international journals, and presented several papers at regional, national and international conferences, seminars and workshops.

She has authored a chapter in a book 'Role of nurses in Emergencies', published by INC and is authoring a book on 'Educational Technology: Integrating innovations in Nursing Education', to be published by Lippincott.

Dr Punitha is the recipient of Norris Prize for community Health Nursing – BSc Nursing final year; Dr Sulakshni Immanuel PhD award; Best Teacher award by Tamil Nadu Dr MGR Medical University, Chennai, India; Best Nurse leader by Education Today - Achievement Award and Member of Sigma Theta Tau International Honor Society of Nursing.

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MS VIJAYA KUMARI

Treasurer

Ms K Vijaya Kumari, is a post graduate in Commerce from Nagarjuna University and BEd from Chennai. Since 1997 Ms Vijaya Kumari has been working in Mure Memorial Hospital, Nagpur in different capacities – beginning as Accountant, Admin Asst., finance and from 2009 the Administrative Officer.

At present along with responsibility of Hospital Administration, she has an additional responsibility of monitoring the finance department work. This work includes Preparing Annual Budget, monitoring daily cash inflow, daily income and expenditure and disbursement of salaries to all staff.

While working in Mure Memorial Hospital, Ms Kumari did her **Diploma in Hospital Administration in 2009** and **Diploma in Labour Law with Administrative Law in 2013** from Annamalai University through a correspondence Course.

Previously Ms Vijaya Kumari worked in the Indian Air Force, Halwara AD, Ludhiana, Punjab as an Accountant (as a civilian employee) for 4 ½ year from 1991 to 1996. Her husband ,J K Poovazhagan is an Ex-serviceman who had served the Indian Air Force for 20 years (1982 – 2002). They are blessed with a son, Samuel Sunder Singh, who is currently studying MBBS in CMC Vellore.



DR NITIN JOSEPH

Editor

Dr Nitin Theodore Joseph continues as Editor for the second term. He did his initial education at St.Xaviers' School and Wilson College, Mumbai. He completed MBBS and MS(General Surgery) from Government Medical College and Wanless Hospital, Miraj and later did MCh in Plastic Surgery from Grant Medical College & Sir J.J. Group of Hospitals, Mumbai. He joined Wanless Hospital as a Consultant and then went on to become a Professor and the Head of the department of Burns & Plastic Surgery. In 2004 he was invited to take over as the Medical Superintendent of the N.M.Wadia Mission Hospital in Pune, a position he continues to hold. He also has done Bachelors in Christian Studies from Serampore University and has a Postgraduate Diploma in Hospital Management. An international alumnus of the Haggai Institute for Christian Leadership, he is a faculty of the Person to Person Institute for Christian Counseling and also is a regular contributor to CNI's daily devotional book, *United to Witness*. He also is a member of the Board of Governors of Pandita Ramabai Mukti Mission at

Kedgaon. He was instrumental in starting the Business as Mission initiative, Pune chapter and is an active member of the Gideons' International, Pune Central Camp.

He has a long association with CMAI having served on its Board of Management for 11 years as the Regional Secretary for Maharashtra & Goa from 1998-2003, Chairperson of Doctors' Section from 2009-2013 & Editor from 2013-2015. He has also been entrusted with the responsibility to head the Task Force of Networking & Fellowship in the CMAI. He has been appointed as Organising Secretary of the 16th World Congress of the International Christian Medical & Dental Association to be held at Hyderabad in 2018.

He worships at St Mary's CNI Church, Pune serving in its Pastorate Committee and facilitates a Cottage Bible Study since 2007. His wife Manisha is a senior teacher. He has 2 daughters- Natasha is a Clinical Psychologist & Namita is pursuing her post graduation in Economics.

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Work Experience: 15-20 Years

Annual Salary Range: Rs. 20-30 lakhs commensurate with qualifications and experience. Benefits include free, partially furnished accommodation.

2. NURSING SUPERINTENDENT:

Responsible For:

Nursing administration, Management and Supervision, Nursing liaison, Patient care, Staff development and welfare and Nursing Education and Research.

Leadership Profile:

Should be between age group of 40-55 years

Should be M.Sc (n), ***Must be a professing Christian representing the Lordship of Jesus Christ through his/her life.***

Work Experience: 15-20 Years

Annual Salary Range: Rs.15-18 Lakhs commensurate qualifications and experiences.

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Jacob Chandy Oration
Dr Daleep Mukarji



Mategaonkar Awardees



Mrs Aley Kuruvilla Oration
Mrs Mercy John



Thanksgiving Service



Cultural Programme



Cultural Programme



Christian Medical Association of India 43rd Biennial Conference

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