

CHRISTIAN MEDICAL JOURNAL OF INDIA

CMJI



A Quarterly Journal of the Christian Medical Association of India

VOLUME 32 NUMBER 4 : OCTOBER - DECEMBER 2017

44TH BIENNIAL CONFERENCE



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- Partnering together in the Healing Ministry
- He Leads...We Do !!
- A Fifth Campus to the First Campus
- Serving with Passion: The Demand for Nursing Profession





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LETTERS TO THE EDITOR

Dear Sir,

As a life member of CMAI, I have been reading the journal for over 30 years. I was interested to see the article by Mr Vinay John, not simply because of the article's content and message, but because it is unusual for CMJI to publish research articles.

When staff undertakes outside-funded sophisticated research studies such as

randomised controlled trials, naturally they will want to publish results in peer-reviewed international or national scientific journals. However, smaller scale, simpler studies -particularly "operational research studies" which are often done without separate funding or additional personnel can also be very valuable and produce results applicable in other similar health care projects. A suitable channel to disseminate these findings is hard to find: if CMJI can reserve some space in each issue for one or two reports of such research done within member institutions, I think that would be a very appropriate use of the journal.

May I take this opportunity to commend to all reader the value of staff being trained to have enquiring minds, to apply their minds to questions like "how could we improve our outcomes?" and to utilise basic research techniques to systematically study their own work?

Yours sincerely,

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in Miraj and in Purulia)

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 "Hope in Distress". Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: cmai@cmai.org

Guidelines for 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.

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EDITORIAL

Spiralling from 44 BC ...



Ms Mercy John

Dear CMAI members, students and all other friends,

Greetings from CMAI & good wishes for a blessed New Year 2018!

44 BC! Wow, that sounds like over 2000 years ago! And yes, in this season, we do reach back to a 2000-year-old story, the basis of our faith. But this volume of CMJI is focusing on another 44 BC: The 44th Biennial Conference of CMAI, held during November 4-8, 2017 in Bhubaneswar, Odisha. There were about 500 participants including administrators, allied health professionals, chaplains, doctors, nurses and students. For those who were there, it was a lovely four days. So many "hi's, lovely seeing you's, meeting you after a long time's", etc. They ranged from CMAI-veterans to first timers, ladies in their finery to gentlemen in their suits, startled eyes absorbing events to small group discussions over tea, laughter to deeply thought out speeches, gastronomic Odia delights to (shh) runs to the loo, selfie pictures to drones, young missionary awards to lifetime awards, solos to group dances – what an experience !

For those of you who could not make it to the 44th BC, this issue of CMJI brings to you the essence of the conference. The Reports give a gist of what happened through the various sections and programmes of CMAI. The speech by Honourable Justice Kurian Joseph came to us in a simple, clear and straight-from-the-heart manner saying "Jesus Christ came to seek the lost, the last and the least - and so should we". Dr Suranjan Bhattacharji, in his brilliant keynote address, spoke about Partnering Together in the Healing Ministry - showing us examples of partnerships from cell levels to communities - all working for the furtherance of the Kingdom of God.

The two Orations by Dr V I Mathan and Ms Evelyn Kannan, were presentations of thought, suggestions and experience. Each sent out thoughts spiralling.

Spirals are fascinating! We see spirals all around us. Plants, sea creatures, animals, nature, humans – all show the ubiquitous nature of spirals. Consider a snail's shell – notice the tiny curves in the center, growing bigger to the outside. Think of a tendril – the wide spirals from the base to tiny curves towards the end; a pine cone, the horn of a ram or buffalo also curves, the arrangement of the cactus leaves, the DNA helix, our fingerprint, the spiral of a cyclone, etc. Spirals in nature have been linked with mathematic and geometric patterns, called Fibonacci.

Spirals are patterns; spirals are dynamic. I cannot help but think of our own journey, as children of God, members of CMAI and members of the health team. One either moves towards the middle or outward, but movement is sure. Coming nearer to each other or drifting away. We are spiralling together. But what is the direction - towards the Center ? Or away? Towards each other or away? Where are we spiralling to? As we go closer to the center, we naturally get closer to each other. I suggest that if we are not sure, we stop and check what is the direction of our spiral?

This is my first piece as Editor of CMAI; thank you for entrusting me with this responsibility. I live and work in a small village, far away from the hue and cry of the rat-race and media storms. As readers, you are scattered across the length and breadth of India. It would be great to hear your comments and perspectives. Please do write to us. Happy reading! God bless !!

A handwritten signature in dark ink, appearing to read 'Mercy John'.

Ms Mercy John

44TH B C AT A GLANCE



Dignitaries on the Dais: (L-R): Dr Ajit Singh, Rt Rev Suresh K Nanda, Honourable Mr Justice Kurian Joseph, Ms Franziska Hoffmann & Dr Bimal Charles

The 44th Biennial Conference of Christian Medical Association of India was held at LA Lawns, Patia, Bhubaneswar, Odisha from November 5 – 8, 2017. The theme of the Conference was “Partnering Together in the Healing Ministry of the Church”

There were 485 participants from all over India, Nepal and other countries for a time of fellowship, renewal and reflection. 95 institutions were represented.

The conference began with praise and worship and Thanksgiving Service led by Rev Sharath David, Secretary, Chaplains’ Section. Dr Samson Gandhi, the Devotion speaker, spoke on the theme of the conference.

The 44th Biennial of CMAI inaugural programme had the honour of having Honourable Mr Justice Kurian Joseph, Judge, Supreme Court of India as the Chief Guest. The other dignitaries on the dais included:

- Rt Rev Suresh K Nanda, Bishop of Diocese of Cuttack
- Ms Franziska Hoffmann, Bread for the World, Germany
- Dr Ajit Singh, President, CMAI & Consultant,

Evangelical Hospital, Khariar

- Dr Bimal Charles, General Secretary, CMAI

Rt Rev Suresh K Nanda opened with a word of prayer. Dr Bimal Charles, General Secretary, CMAI welcomed the participants and honoured the Chief Guest. Dr Ajit Singh gave the address as the President of CMAI. The Chief Guest delivered a very encouraging speech and acknowledges the contribution of Christians in the healthcare services of the country. Ms Franziska Hoffmann also brought her greetings from Bread for the World, partners of CMAI. Souvenir, CMAI Stamp, CMAI app, Book of Reports and Sunday School supplement materials were also released. Dr Santosh K Nag, Regional Secretary of Odisha delivered the vote of thanks and the inauguration function was closed with a prayer by Rev Fr George Varghese, Chairperson of Chaplains’ Section of CMAI. All rose for the National Anthem and concluded the Inaugural Function.

The Keynote address was delivered by Dr Suranjan Bhattacharji, Consultant, Christian Hospital, Bissamcuttack, Odisha. He emphasized the role of each



Participants at the Morning Devotion

one in "Partnering Together in the Healing Ministry of the Church".

After the Keynote address the **Exhibition Stalls** were inaugurated by Ms Franziska Hoffman. The participants visited the stalls.

The **Business Session** was held in which the reports of the General Secretary, Treasurer and Editor were presented and received by the Assembly.

The second day of the conference began with **Praise and Worship** led by St Stephen's Hospital, Delhi. Dr Samson Gandhi spoke at the **Devotion**.

This was followed by the **XIV 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 44th Biennial, Professor V I Mathan delivered the oration. Professor V I Mathan is a Gastroenterologist and former Director and Professor of CMC Vellore. His oration introduced the need for Christian Health Service for India.

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:

- Dr Jeyakumar Daniel, Administrators' Section
- Mr Duraisingh Samuel, Allied Health Professionals' Section
- Dr Richard David, Doctors' Section
- Dr Kuruvilla Varkey, Doctors' Section
- Mrs Pennamma Ranadive, Nurses' League

Young Medical Missionary Award Ceremony - The Award has been instituted by CMAI in memory of Dr Prerit Thomas Jacob, in recognition of his contribution to the Healing Ministry in rural India. The Young Medical Missionary Award has been instituted in his memory to recognize and record the valuable, outstanding service of young people who have opted to serve in a mission hospital in rural India for more than 10 years and who are below 40 years of age. Dr Prerit is the son of Dr Betty Chacko and Rev Ninan Chacko and the younger brother

of Mr Arpit Jacob. He completed his MBBS from CMC Ludhiana in 2009 and worked in Evangelical Hospital, Khariar, Odisha for 2 years before joining CMC Vellore in 2011 for his MS General Surgery. On completing his post-graduation, he served in Khariar till his fatal accident on January 29, 2017. The awardees are:

- Dr John Jacob, Christian Fellowship Hospital, Oddanchatram, Tamil Nadu
- Dr Nibedita Pramanik, Evangelical Hospital, Khariar, Odisha

Two Technical Sessions were held in the



Exhibition Stalls



afternoon. The first one is on the topic **of GST and its Implication to Healthcare**. Dr Sanjay Patra, from FMSF was the key resource person. The second session highlighted the Lessons from the project **Strengthening the Quality of Blood Bank** in the country presented by Dr Joy Mammen, Head and Professor, Transfusion Medicine, CMC Vellore.

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

The **Documentation** findings of the CMAI member institutions were presented. 216 out of 272 active institutions were documented and the initial findings were analysed and disseminated.

After dinner, **Cultural Programme** was held and the membership enjoyed the talent within the network. It was a joyous time to celebrate the fellowship. There was good participation from the students and there were representatives from all the regions.

On the third day, the praise and worship and devotion was followed by **Convocation** of students who have completed the Recognition of Prior Learning by Health Sector Skill Council of India. This coincided with celebration of **90 years of training under the Laboratory Training Committee of CMAI**. Dr Mary Jesudason, Convenor, LTC was felicitated for her contribution in training Laboratory Technician under the committee. Sr Gordian from Jubilee Mission Hospital, Thrissur was felicitated for her 50 years of service to the CMAI Laboratory Training Committee and immense support in conducting the first RPL assessment process very successfully.

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 Mrs Evelyn P Kannan, Secretary General, Trained Nurses Association of India, New Delhi.

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 Grace Kingston.

Reports from Sectional Meetings were read out by a representative from each section.

The next session was **Jal, Jungle, Jameen**. Mr Ranjan Panda from Water Initiative Odisha spoke on the health implications and need to take action to reserve water.

The afternoon was free for the participants and some went to Puri Beach.

The third day began with praise, worship and devotion.

The Second **Business Session** was conducted smoothly and the Officer Bearers of CMAI proposed by the nomination committee was accepted and approved by the Assembly. The Office Bearers of CMAI for the period of 2017 – 2019 are

- President: Dr Ajit Singh
- Vice President: Mrs Onenlemla Imsong
- Treasurer: Mr Thampy Mathews
- Editor: Mrs Mercy John

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 and dedicated with a word of prayer.



Dr Ronald Lalthanmawia
Head, Community Health Dept., CMAI

SEEKING THE LEAST, THE LOST AND THE LAST

Dear Friends,

I came prepared with a written address which is still with me that is all about medical ethics. I really wanted to address doctors and the institution of medical ethics. But I understand the mood is slightly different so will keep this for some different occasion. I will speak to you as the Holy Spirit leads me.

All of us are really concerned with the One Ministry; be it a paramedical or full medical or co-medical.

We are all partaking in one ministry that is of healing of Jesus Christ. I could understand this ministry as a layman in three ways; He healed the sick, He cast out the devil and He raised the dead. These were His public ministries. Through these three acts, He had something to achieve. These were not the means and ends by themselves. These were all to share with the people and invite people to the kingdom of God. He wanted to tell the people that they were under a bondage and that they didn't have an experience of God. So He urged them to experience God and then liberate themselves. He wanted them to come out of the clutches of the bondage or evil which had taken them away from God. So the most important emphasis of every ministry He exercised was to invite people to have a good experience announcing the kingdom of God and in different ways as I mentioned before.

I would like to focus on the Healing Ministry where Jesus had two thrust areas related to life. One, He respected the sanctity of life and two, the dignity of a person. These were the two important aspects as far as the healing ministry of Jesus is concerned because He knew how



Justice Kurian Joseph, Judge, Supreme Court of India

His Father created man. The image of God was about His Father, and He was also concerned about the humanity of Man. He didn't want any person to be in bondage either of poverty or of a sickness or of the evil or of death itself. He wanted to liberate people. We are called now as Christian Medical Association and working in India to partake in His ministry of healing by giving full respect to the sanctity of life and dignity of the human person.

In this process where do we go? We go to a section of people who understands either, rather than who understands neither. Most of us in the Christian Medical Association work in areas of villages where people do not know what is the sanctity of life or value of life and the dignity of a person? Even before the Universal Declaration of Human Rights in Geneva, it was shown by Jesus Christ. During His ministry, He was very concerned about the people who did not have human rights.

A couple of speakers I listened to earlier mentioned the 'oppressed, the marginalized and the weak'. I would say the people who are the least, the lost and the last. These are the three sections in the country that we are entrusted with to make them realize that they are created in the image of God and their life is so valuable because it is part of God. So to the least, the last and the lost; we go and make them realize that they not only have to be physically healed but they have to be saved as well. Take the story of the ten lepers. Nine of them got the physical healing but only one got the full healing. Nine went as

CHIEF GUEST ADDRESS

healed from leprosy but only one got complete healing by receiving the kingdom of God. He was liberated from the bondage of sin and got himself invited to participate the glory of salvation.

Consider this - when did Jesus perform His ministry at all? Which all places did He go? Who are all the people He healed? The answer is very simple. History says that He went only to the least, the last and the lost. The only place where we see Jesus felt compassion is where He saw a crowd without a shepherd, His heart was moved when He saw that they had no shepherd and they were hungry as well. One reason for the hunger of a man or hunger of the crowd is because they do not have a shepherd to protect them, to guide them, and to lead them.

In the healing ministry, we are called as Christian Medical Association to be shepherds in that ministry of those people who do not have a shepherd. It has become a very highly competitive field here which I would like to address. To all the old people sitting here, may I ask, during your younger days, have you ever seen a hospital advertising, having a public relation officer, have you ever heard of a hospital having a protocol officer, a print line manager? In today's world, we have regular advertisements, we have payables and many of you must be working in these hospitals. It goes further, to one stage above in advertising, that they invite people for treatment for special treatment for a specific ailment. I am only thinking aloud of the way medical profession has taken different dimensions altogether. Across the country, we find a lot of advertisements of hospitals, but I can be proud that the Christian medical institutions have never advertised, luring people for any specialized treatment.

These days it is not about the patient going to the doctor, but the doctor approaching a person making him a patient and inviting for treatment. This has become a norm. Seeing this advertisement of a hospital, I was tempted to think that I was also having a problem in my knee, though my knee was perfectly alright. While reading another advt, I felt something was wrong with my back. The way by which they explained to me or the pictures they had shown me, I was made to believe that there was something wrong with me. This is the second dangerous trend we see in medical professionalism. Medical tourism is also a dangerous thing. I want you to be aware of where our medical profession is heading so that you as members of the Christian Medical Association do not fall prey to these marketing messages. Because we, as Christians, stand for values, which revolve around only two values; one is the sanctity of life and second is the dignity of an individual. If you really stand by these values, then we don't have to advertise because we are

the advertisement. We are the living ambassadors for the healing ministry that we perform.

As far as Christian Medical Association of India is concerned, the major message in our work should be to announce the need for Jesus in whatever we do. This is a ministry; there is a difference between a service and a ministry. For service, to me, is time bound and you have a reward. But, in a ministry, there is no time limit and there is no reward in terms of money or position. So we are not serving in the medical profession; instead, we are partaking the healing ministry of Jesus Christ.

I am so happy and delighted to be with you. I really thank the organizers for inviting me to this conference and sharing my thoughts. Let me refer to Justice - which Dr. Ajit Singh was talking about. What is justice in treatment? Justice is one of the seven components of medical ethics. Justice relates to the autonomy of the patient, justice relates to the morality that we keep in the treatment process, justice relates to the moral court the institutions keep, as far as the protocols are concerned. Though I wanted to refer to all the seven I limited myself to three. Unless we are "Just" ourselves in these three protocols we can't say that we are part of a kingdom of God where justice prevails. If you want to be called a just man you have to be in these protocols.

The fourth protocol is that you may have to expose the devils in this field and this is where we fail. Consider this example: When somebody dies in a car accident, you finish it by calling a motor vehicle company inspector who gives a report for the purpose of the common session and the matter is closed. Whereas, if a plane crashes, there are stringent protocols. You search for a black box, you will search for the conversation, and the system follows several investigations. You may even amend the protocols for air safety. But have you ever heard of amending protocols for a car crash? Christian Medical Association is called to be leading 'plane crash' hospitals, not 'car crash' hospitals. If we go wrong, let us introspect where we have gone wrong. If somebody goes wrong in the medical profession expose him/her for what is done and we must stand for justice.

God be with you and all the best

Thank you

Jai Hind

(This is an edited transcript of the speech.)

Hon'ble Mr Justice Kurian Joseph
Judge, Supreme Court of India

PARTNERING TOGETHER IN THE HEALING MINISTRY OF THE CHURCH

Thank you for the undeserved privilege of sharing some insights this evening...my particular thanks are to Dr Ajit Singh, Dr Bimal Charles, Dr Priya and their team and to all of you who have bestowed this honour on me. I know that many others who have worked far longer, harder and more effectively in Odisha would, perhaps, have been a more deserving choice...I can only hope that my attempt to articulate our shared faith and understanding will do justice to our common cause.

Since we are in Odisha, please could we spend a minute remembering Graham Staines and his two young sons Philip and Timothy who were burnt to death in January 1999 and his brave wife Gladys and their daughter Esther who's exemplary willingness to forgive those who had killed their loved ones spoke louder and clearer about Jesus's message than any thing I can say this evening? May we have the courage to follow our Master as they did, through their lives and their deaths. Shall we also take a minute to remember and thank God for the many, many others, of the Christian faith and other faiths, particularly previous members of CMAI, who have generously given their lives for God's healing ministry? We have been blessed by their generous contributions and their selfless sacrifices. Some were working in hospitals and others in the community, some were Nurses, some Doctors, some Allied Health Professionals, some Chaplains, others

Administrators, some healing, others teaching and doing research, some just being with the sick and suffering,

sharing their pain... we owe them a debt of gratitude for paving the road on which we now walk. Let us, as a gathering of God's people, rededicate ourselves as we offer our lives to our Master to be used in His healing ministry, as they were. At this time let us also remember and express our solidarity for Dr Anil Henry and his



Dr Bimal Charles honouring Dr Suranjan Bhattacharji

family as they grapple with the injustices of our systems. May God give them the strength and the courage that they need as they walk through the valley and may He also grant them the un-extinguishable hope that truth and justice will prevail. May God give all of us the wisdom to know how we can help them and be part of the solution.

Much has been written, spoken and discussed about this topic: "Partnering together in the Healing Ministry of the Church", over the past year, so it's hard to add any thing new. What I have to share may be a repetition, but I pray that the Holy Spirit will infuse new meaning and new life into our collective thoughts as we grapple with the issues that emerge from our partnering together.

When I was younger, I wondered why God had called us to partnerships...because partnerships were difficult and distracting. It would seem that each person working as an individual could focus all his or her energies on the task and thus be more effective...take direct instructions

KEYNOTE ADDRESS

from God, so to speak, and not have to invest time and energy on developing and strengthening partnerships. This was particularly strong when I was in primary and middle school when the task seemed to be to understand and apply knowledge and skills. It was in High School that I had an 'aha' moment when I realised that the whole is much more than the sum of its parts and since then, the value as well as the power of partnerships have never ceased to inspire me.

Let me tell you a story: A mother, Mrs Mohanty, and her five children lived in a flat. Each of the occupants of the building had an allotment in the grounds nearby where they could grow a garden. Mrs Mohanty encouraged all her children to work in the garden and they each had a little patch. One of her neighbours, a horticulturist who was a really avid and talented gardener, had won many flower and vegetable growing competitions and had one of the most beautiful gardens. The disorganisation and anarchy of the Mohanty garden distressed him and one day when they met in the stairway he could hold himself back no longer. "Mrs Mohanty," he said, "your garden is an eyesore and a mess. Your children are growing the sweet peas with

the beans. The carrots are mixed up with the onions, the flowers with the vegetables. This won't do. You'll have to straighten things out." Mrs Mohanty, listened to him patiently and then explained, "You know Sir, I now understand that you think I'm growing a garden, like you are. But I'm not. You're growing a garden, I'm growing children..and their growing up requires them to make decisions and mistakes and learn from them...so the crooked lines of brinjals and ladies-fingers and the chaotic organisation are signs of their learning about gardening and about life, so from that perspective, my garden is as beautiful as yours is."

Partnerships are like that: messy; but if the point of our lives is the relationships we forge, then partnerships are the core and investing time and effort in developing them completely vital and valid. It is through relationships and

partnerships that we become whole ... the whole which is much more than the sum of its parts; and becoming whole is being healed. So, the first point I'd like to make is that instead of the title "Partnering together in the Healing Ministry of the Church" let us recognise that "Partnering together **is** the Healing Ministry of the Church". It is the coming together of the diverse members, the staying together and working together in partnerships, despite our diversity and differences, that demonstrates God's healing presence in our collective lives and we become the healing and healed community of God.

Examples of partnerships abound all around us in life and in nature. Symbiotic, parasitic and commensal relationships are taught in schools and of these relationships, it is the symbiotic relationships which are living partnerships all around us, that I would like us to focus on. In every

cell of our bodies, barring the mature Red Blood Cells, we have organelles called mitochondria. There are many differences between prokaryotic and eukaryotic cells... but one critical difference is that only eukaryotic cells have mitochondria. Prokaryotic cells have limited energy resources as they

can use only Glycolysis to produce ATP. Eukaryotic cells have much more energy resources because they use oxidative phosphorylation to produce vastly more ATP than would be possible through Glycolysis alone. This Oxidative phosphorylation occurs in the mitochondria which has its own circular DNA and which we inherit only from our mothers. In fact, mitochondria are probably prokaryotic cells in a symbiotic relationship with eukaryotic cells to provide energy through oxidative phosphorylation. Isn't it amazing that our lives are dependent on this amazing partnership between our cells and mitochondria. God's creation never ceases to produce awe, does it?

His amazing creation is replete with other examples of partnerships not only within each cell in our body but also all around us. We are not merely individual human beings, but walking eco systems of organisms, as unique to



ourselves as our own genome. Our Microbiome describes the collective genomes of all the microorganisms that reside on and in us and appear to be crucial for our immunologic, hormonal and metabolic homeostasis. In other words we are part of an ecological community of microorganisms which may be symbiotic, commensal or pathogenic. The symbiotic bacteria in our gut help us to digest our food; produce vitamins like B12, Thiamine, Riboflavine and Vitamin K, regulate our immune system and protect against pathogenic bacteria. Destroying the bacteria in our colon by use of antibiotics and disturbing this partnership has serious consequences and can lead to severe diarrhoea due to *Clostridium difficile* infection that can be treated effectively by restoring the normal colonic bacterial flora. The epidemic of obesity that we are seeing all around us may be related to our microbiome. It is possible that some autoimmune diseases are passed on in families not by DNA inheritance but by inheriting the family's microbiome!

We are surrounded by partnerships not only in the microscopic world but also in the macroscopic. Groups of people also come together and live in functional partnerships which are called communities. During the past four years, my time in Odisha has exposed me to some marvellous ancient tribal communities like the Dongria Kondh and Malkondh communities which are not divided by narrow domestic walls into a neighbourhood but functions as a living brotherhood; where there are no orphans or widows because the clan will take care of every individual member. There are no beggars either. Land is held in common and younger, fitter members are allotted plots that are higher on the hillside, whereas the older members are allotted plots that are more accessible. These communities dreamt of a future where there is food for all, education for all, social security for all and dignity for all its members about thirty years ago, long before the United Nations articulated its Millennium Development Goals. They have been working together in partnerships to actualise these dreams.

Similarly, CMAI too is a community and, according to my friend Dr Johnny Oommen, has four facets: for the Church, CMAI is part of the Healing Ministry, for the Health Professionals it is an Association of co-workers, for students undergoing CMAI courses it is like a University and for the Government it is a major NGO. In each of these relationships of CMAI, it is the quality of the partnerships which it can nurture that will define its effectiveness.

Generally when an organisation seeks partners to achieve an end, it is tempted to look for partners who are powerful and will bring resources like money, political muscle,

talent and influence and thus make it more powerful and more likely to achieve its goal. Over the years, however, I have met different groups who have challenged me by partnering with the weak, the broken, the sick and these partnerships have not only achieved group goals but have tried to avoid the pitfall of exploiting one group to benefit another. One example that comes to mind is Dr PK Sethi of the Jaipur foot fame who partnered with local artisans to develop a supple, waterproof prosthetic foot which was very effective in meeting the needs of rural amputees. He then partnered with the amputees themselves to produce Jaipur foot prostheses by the masses instead of merely mass production of the Jaipur foot. This was in the border camps of Cambodia where there were thousands of amputees injured by land mines. Different international agencies were requested to help with the provision of artificial limbs for these amputees and each of them was



Dr Ajit Singh presenting a gift to Dr Bhattacharji

allotted one camp. Dr Sethi discovered that in the camp allotted to him, most of the amputees could be taught to carve their own sockets in hollow bamboo pieces cut to the correct length. Jaipur feet were then attached to their handmade sockets and they taught themselves to walk with their self assembled prostheses. A year after the tasks had been allocated to different agencies, the amputees with the Jaipur feet had returned to their homes not only with their artificial limbs, but with the capacity to repair or replace their own sockets. None of the other agencies had made much progress because before they could even reach the people in the camps, they needed ports enlarged to dock their massive ships and roads widened to accommodate their large trucks so they could transport their equipment! What a contrast between working with the people and working for the people.

Closer to home, Dr Paul Brand showed in Vellore, how by

KEYNOTE ADDRESS



Dr Ajit Singh, Ms Anuvinda Varkey (CCHI), Dr Suranjeen Bhattacharji and Dr Bimal Charles

partnering with healed leprosy patients, it was possible to reach out to many more stigmatised, ignored leprosy patients and that by empowering them to become healers, they are transformed from being victims to becoming agents of change. Another example of course is that of Dr Mary Verghese who's presence in the ward and operation theatre in a wheel chair did more to inspire and encourage persons with disabilities than we would ever be able to do in many years of striving. Jesus himself partnered with unlettered fishermen instead of the erudite academics of his day. He lived and worked among publicans, prostitutes and beggars and even said it's harder for the rich man to enter the kingdom of heaven than for a camel to pass through the eye of a needle. Perhaps this is the kind of partnership Jesus was calling us to when he asked us to be salt and light in the Gospel of Matthew, chapter 5 verses 13-16. He called us to a transforming partnership where we like salt are willing to be changed, to lose our distinctive identity in order that the community we serve is transformed to become Christlike. He called us to be light so that we can illuminate not ourselves but everyone else, so that all may see God at work in our midst. I am aware that CMAI is already working with and through its partners in many outstanding, creative and empowering ways in different parts of the country in small and large community transforming programmes. Let us, during this Biennial, celebrate these exemplary individuals and relationships and discover how we can emulate them so

that CMAI continues to partner with the "least, the lonely and the lost" with Christlike humility, love and respect and a willingness to lose its identity to transform the whole.

Finally we come to the last part of this discourse: we have looked at how partnering **is** the healing ministry, how while being aware of our connectedness with all living / sentient beings one needs to choose partners from the base rather than the apex of the pyramid and how this partnering should result in our dying to self in order that the whole may be transformed like salt and light transforms. Having spent a few minutes reflecting on the role of the CMAI, let us now spend a few minutes reflecting on our selves, the individual members of the organisation. The organisation will only be truly transformed if the individuals members are. We also need to discover the task within the task: Rev AC Oommen, one of the most outstanding spiritual leaders I have sat at the feet of, used to ask "What are we really doing when we are doing what we are doing?". Three people may be doing the same task...one is placing one brick over another building a wall, another is working to provide for his family a third is aware that he is helping Sir Christopher Wren build his cathedral. It is important for us to recognise the larger meaning of little things. However, this momentary recognition can sometimes fill us with a false assurance that we alone can see all things and that our work or our interpretation of life is the only truth. This certainty of the correctness of our position can so fill us with hubris that there is no room for the

Divine. Richard Rohr in his lovely book 'Falling upward' describes the "Two tasks of human life: The first half of life is about surviving successfully: establishing a home, a career, security...building a proper platform for our only life; building a strong container or identity. The second is to find the contents that the container was meant to hold. Many mistake the first as the purpose of our lives." Actually it is the second that is our true purpose and it is more encountered than sought and requires us to empty the container that we have so painstakingly built and filled. Our failure to empty ourselves and its consequence is beautifully expressed by Thomas Edward Brown, a nineteenth century English poet who wrote the poem:

Indwelling

"If thou could'st empty all thyself of self,
Like to a shell dishabited,
Then might He find thee on the ocean shelf,
And say, "This is not dead,"
And fill thee with Himself instead.

But thou art all replete with very thou
And hast such shrewd activity,
That when He comes He says, "This is enow
Unto itself - 'twere better let it be,
It is so small and full, there is no room for me."

Paul in his letter to the Philippians, chapter 2, verses 5-8, says something very similar: "In your relationships with one another, have the same mindset as Christ Jesus, who, being in very nature God, did not consider equality with God something to be used to his own advantage; rather, he made himself nothing by taking the very nature of a servant, being made in human likeness.

And being found in appearance as a man, he humbled himself by becoming obedient to death — even death on a cross!" It is only when we empty ourselves that we can be filled with a LIFE energy that draws, creates and connects to make groups productive, energetic and seeking integrity: purifying our intentions and encouraging a growing honesty about our motives. Our inability to empty ourselves results in the accumulation of a NEGATIVE death energy which repels, destroys and in groups encourages gossip, cynicism and mistrust.

You are probably familiar with William Holman Hunt's famous painting of Jesus knocking on the door. I used to think that this represented Jesus asking us to open the door of our hearts so that he could enter in. Rev AC Oommen taught me something quite the opposite...the picture represents Jesus knocking on the doors of our hearts, asking us to come out of the confines of our small selves into the wide world, with him...asking us to give up our pettiness and reach out to embrace the world.

"Reaching out" a wonderful, slim book on spirituality by Henri Nouwen, was published in 1975 - as a response to the question: what does it mean to live in the spirit of Jesus Christ? The book suggests that this way of living can be achieved, and that people must reach out to their fellow human beings and to God. The three movements he suggests are from hostility to hospitality; from a suffocating loneliness to a receptive solitude and from an illusion of immortality to prayer.

Our modern lives focused on self actualisation sees the other as competition.

A movement from hostility to hospitality results in a changing of our attitude from preoccupation with self to creating a safe space for strangers. The next movement, from a suffocating loneliness to a receptive solitude describes a transition from a fear filled, self-centred relationship to a trusting one and the third from an illusion of immortality to a child like hope, through prayer.

Let me conclude by reminding ourselves of another of Rev AC Oommen's insights. He said that the healing mission that we are a part of is not ours but God's. As it is His mission, we who are His servants need have no fear...God's mission will be fulfilled. Our responsibility is to stand in the gaps of service provision, looking out for the particularly vulnerable and the particularly marginalised. Our other responsibility is to share the pain of those we live and work with. We ourselves are broken and the work we do is to proclaim that God's healing which has been a reality in our own broken lives, is available for all.

I'd like to leave you with an image of brokenness and healing that you could carry in your heart to remind you of the healing and wholeness that is our life experience. If you look at the screen there is an image of an ancient Japanese art called Kintsugi in which a broken bowl is repaired with lacquer mixed or dusted with gold, silver or platinum powder. In other words, the broken ceramic is mended with gold to highlight the breaks and it is known as the art of precious scars. As a philosophy, it treats breakage and repair as part of the history of an object rather than something to disguise. What a wonderful metaphor for our own brokenness and the way God repairs us so that we are stronger and more beautiful than before...remember how Jesus' resurrected body still bore the scars of his crucifixion and his piercing. It is this broken bowl with precious scars that we are called to empty so that we may be filled with the Divine and radiate His love.

Dr Suranjan Bhattacharji
Christian Hospital, Bissamcuttack

HE LEADS...; WE DO !

Respected President and members of the General Assembly,

I am privileged to present the report for the period from April 1st 2015 to March 31st 2017. The report also highlights activities undertaken at the national, sub-national levels. The report includes issues identified at regional forums and conferences, and current challenges at the national level.

Health of the Nation and Poverty

India ranks 109 in the Global Poverty index. While we can boast of improvements in technology we have a large population facing poverty, hunger and decimation.

The Multi-Dimensional Poverty Index for 2016 was published by The Oxford Poverty and Human Development Initiative (OPHI). It includes 102 countries, covering 75 per cent of the world's population, and in India, nearly 30 per cent of people (1.6 billion) are identified as multi-dimensionally poor.

According to the 2016 Report, India has the highest multi-dimensional poverty after Afghanistan in South Asia. Nearly 54% of the Indian population is multi-dimensionally poor. The poorest region in South Asia is Bihar. There are more 'Multi-dimensional poor people (421 mn) in the eight poorest Indian states (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, and West Bengal) than in 26 poorest African countries combined (410 mn).

The poverty contributes significantly to health outcomes and the ability of people to buy services, even the public services as out of pocket expenditure contributes much.

Health of CMAI Network

The Church-owned institutions are struggling to keep afloat. The vicious cycle of the shortage of human resources (including leadership), poor revenue collection, and services volume makes it difficult for our institutions to function to the optimum level. Even large institutions in our network are finding it difficult to have adequate resources to fund capital expenses and attract well-trained staff. We have a presentation of the Mapping Exercise which will highlight some of the gaps identified.



Dr Bimal Charles, General Secretary CMAI

Sectional Activities:

Sections have seen changes in the past year with two of the section secretaries changed due to superannuation. The Allied Health Professional (AHP) section and the Hospital Administrators section have new secretaries and their activities have continued without much disruption.

The Administrators Section under the new secretary Ms Elsy John has continued its sectional activities with constructive guidance from its executive committee. The section organized the annual training workshops for hospital administrators. The CMAI curriculum for the 15-day Hospital Management has been reviewed and the course was redesigned. The selected faculty members are leaders in their field. The course is currently

conducted in collaboration with Tata Institute of Social Sciences. We are thankful to the Dept. of Management Studies of the Christian Medical College and Hospital (CMCH), Vellore for their support to this course and reviewing the curriculum. The section has organised Health Communication Workshop in Bangalore. This course addresses contemporary issues, and elicited extremely positive responses.

The Allied Health Professionals Section launched Health Sector Skill Council (HSSC) courses through an event organized in Chennai. The Health Secretary of Tamil Nadu launched the programme and the CSI Bishop in Chennai made the prayer of blessing. The Regional Secretary, Dr. Jayalal, the directors of CSI Kalyani Hospital and Scudder Memorial Hospitals participated. The Central Education Board (CEB) meeting of Conveners was organized and discussed on standardized administration systems and finance practice. The revised fee structure and the recommendations of the subcommittee for the new fee structure were shared with the Conveners and their feedback has been shared with the Finance Committee. The AHP section has recruited a full-time Secretary Mr Lyric Abraham, based in Delhi for working for the membership as well as with the government and national agencies. We are absolutely convinced about his leadership acumen that would take this section to higher levels in the immediate future.

The Doctors Section has to redesign the three-year CAMS (Christian Academy of Medical Sciences) programme which has been affecting CMAI revenue and is not being utilized by the CMAI membership in recent years. An unbiased external assessment is planned and the course will be redesigned to address the current needs. We will undertake this during the next financial year to look at review the relevance of this program as per the prevailing situation, requirements, and the impact.

The Nurses Section conducted Continuous Nursing Education (CNE) workshops for capacity building. The section plans for a membership drive and to reposition its role in CMAI fellowship. The Section has been exceedingly busy monitoring the project in Bihar. The project supported by Bill and Melinda Gates Foundation has trained Nurses and ANMs in 240 Primary Health Care Centers (PHCs) across 36 districts. On completion of this phase, the CMAI proposal for the new phase has been approved and will start in a couple of months. We are grateful for God's provision through this project. We look forward to taking on similar projects in other states as well, if partners are willing to support with reasonable investments. We have submitted a proposal for MP and

Odisha for similar projects. The Nurses League (NL) secretary Ms Jancy Johnson also visited Presbyterian Church in Canada to present CMAI and raise funds for the Graduate School of Nursing (GSN), Indore. The Church promised funding for Community Health activities in Bihar and a project has been approved and initiated with Duncan Hospital as of April 2017.

The Board of Nursing Education – South India Branch (BNESIB) and the Mid India Board of Education (MIBE) continue their exceptional work despite challenges from the external environment and reduction in their resources. The administrative and financial processes have been streamlined. GSN has been able to increase their student recruitment and is beginning to improve their operations and infrastructure. GSN has received additional support from the Presbyterian Church of Canada for building maintenance and infrastructure strengthening.

The Chaplains Section conducted the annual Training of Chaplains, this time in Delhi and it had participants from various states and one from Nepal. Over the last two years the Healing Ministry Sunday was celebrated with the themes "*Compassionate Care towards Mental Health*" and "*Partnering Together in the Healing Ministry of the Church*". The section is contributing to the curriculum for the Serampore University course on the Healing Ministry module. We have advertised for a new Chaplains Secretary as Rev. Sharath David will be retiring later this year.

We need to work out strategies to sustain sections as we do not get external support for sectional and regional activities. The onus is on Section Secretaries. They are innovating and experimenting strategies for organizing their conferences through the use of software technology. CMAI sections have to identify need-based programs and use them for promoting their sections. We are developing a volunteer panel for each section so that resources from the membership could be used for more activities in the field.

All Sections have conducted their conferences and executive meetings during the reporting period.

The International Christian Medical and Dental Association (ICMDA) Congress will be organized in Hyderabad during August 2018. CMAI has taken the lead in planning for the Congress along with the Evangelical Medical Fellowship of India (EMFI). The Doctors Section is involved in planning, along with other colleagues in CMAI. This requires intense preparation and prayers as we expect about 1500 guests from India and abroad. Dr. Nitin Joseph is the Organising Secretary and we are thankful for his guidance and leadership.

GENERAL SECRETARY'S REPORT

Community Health Department:

The department promotes Community Health projects, activities and advocates for policy change among our members and for the nation. The department, in partnership with the Centre for Bioethics, has developed a foundation level curriculum for Bioethics for all cadres of healthcare personnel.

The department also reviewed the policy on health. Along with the Christian Coalition for Health (CCH), CHD reviewed policies and bills of the government and involved staff and membership in discussion.

Projects implemented by the member institution are closely monitored by the department, one in Bihar and another in MP and the department mobilizes resources for community health work. Two proposals have been submitted to the USAID in the past year with the help of CHD. The department has also written proposals for skill development and other resource mobilization activities.

CMAI is playing a leadership role in the national platform named Alliance for Immunization and Health (AiH) that advocates for policies for immunization and health in India. Dr. Priya John is the President for this Alliance.

The Community Health Department along with the Doctors section is completing the documentation of CMAI institutional members. We have completed over 200 institutions. The study reveals that several institutions had been closed or changed ownership and a few are on the brink of closure. The department is implementing Bioethics training, Churches for Social Action programme, HIV and AIDS programme, Maternal and Child Health, and Palliative Care projects. The department has worked with external partners to mobilize funding for community health projects in Bihar. The department has also prepared the continuation grant proposal for the Bread for the World project for 2018 - 2021.

Communication Department:

The department has been active and is currently headed by Dr. Ronald Lalthanmawia (in the absence of a full-time Head). The *Life for All* quarterly newsletter has been redesigned. The response has been very good and the content has become very contemporary and useful. The editor has spent substantial time in improving the quality of the publications and the department in general. The department has completed two workshops on Professional Writing which were well attended.

The department continues to provide support for publications, social media communications, and printing requirements. We have improved our presence in the social media in the recent past. We are in discussion

with the World Council of Churches (WCC) for restarting *Contact*, the magazine which was instrumental in promoting Primary Health Care across nations. If WCC supports this, CMAI will coordinate the preparation of the magazine.

Resource Mobilization Unit:

The unit has taken initial steps to register CMAI on various websites such as Confederation of Indian Industries and Bombay Stock Exchange Sammaan for CSR resources. We have uploaded proposals on Free Cancer Treatment, Palliative care for the elderly and for skill development. Corporates can view CMAI profile on these websites and these projects will be implemented through our member institutions. We are waiting for support from individual donors and corporates for funding CMAI membership and the training.

Major Projects:

The CDC-funded the National project on improving the Quality of Blood Banking in the country and Improving the Quality of Lab Diagnostics in seven states are doing extremely well. We are well supported by the Department of Transfusion Medicine, CMC Vellore, Catholic Health Association of India (CHAI), National Health Resource Center and the Ministry of Health and Family Welfare, Government of India. We evaluated the Labs for Life (L4L) Project and the findings have recognized the need for good labs in every district hospital. We are working on a scale-up plan to help implement similar projects across the country. The plan will be presented for approval by the government to be implemented as a special scheme. The scale-up is underway as of now.

The projects have hired the best of professionals as staff and consultants and several are interested to join. CMAI has one of the best public health teams in the country as of now to execute large-scale projects. We are on the lookout for more resources and totally convinced about getting funds in the future.

Administration department:

The department has been occupied with the increased demands on HR, property and meeting the statutory requirements of the association. The staff service rules have been revised and printed and approved by the board. HR policies are reviewed and legal advice sought at regular intervals.

All properties are maintained and looked after well with all taxes and fees due to the government paid in time. The fee to be paid for land conversion of the Headquarters has received approval for a free-hold of one of the plots. The wall around the property in Nagpur has been completed.

GENERAL SECRETARY'S REPORT

The Charity Commission passed an order approving 11 officials as trustees of the CMAI Association on 16th March 2016. This is no mean achievement and I thank Ms. Elizabeth Mathew, CMAI Administrator for the follow-up. Following the Charity Commission's order, we have filed the new list of the trustees to the commissioner. We have given the list of properties to the registrar and the office has published the list of properties.

The Constitution Review is being undertaken as we need to incorporate the changes made since 1958 and will be submitted to the registrar. We have had four meetings and reviewed the constitution in view of the current context and needs. We have included the property committee and we propose a Personnel Committee to be included.

Finance Department:

The Finance department has been reorganized and systems streamlined by the new Finance manager Ms. Deepti Singh. We have brought in new staff and reduced our wastage and non-performing assets in the past two years. While building the capacity of the staff on an ongoing basis and internal control system of the organization is also being strengthened.

CMAI and project audits are completed in time. The quality of audits has improved and actions recommended are instituted to streamline the Central Education Board (CEB) training committees, Nursing Boards and GSN accounts to strengthen the systems to be transparent and accountable.

We have received the FCRA renewal communication for the next five years. I thank Ms. Deepti Singh for getting this done properly and ensuring all statutory requirements are compiled and submitted to the government in time.

Changes in legal requirements, guidelines on GST and orders like demonetization pose challenges to CMAI and staff being equipped to handle these issues. The department is working on the sustainability plans for the

core activities of CMAI.

Human Resource:

CMAI has 160 staff as of now and most of them are in projects. The core team has 30 staff and we are on the lookout for competent staff to strengthen our core team of professionals. Senior staff have retired in the past year after decades of service, and some of the retired have been retained as Consultants to continue our mission. As a national organization, we need competent staff in CMAI to promote and represent us. CMAI will be known and recognized by the strength of its network, staff capability and results!! We are also on the lookout for more resources and projects for the future.

Acknowledgements:

I owe my debt of gratitude to all staff, the past and present. I am grateful to the past Board Members, the GB and membership for their support.

I profusely thank our funding and technical partners for their generous support, advice and encouragement.

I hereby express my gratitude to the Government of India, various ministries and the executives for their support and collaborative engagement.

My family has always been very supportive with prayer and encouragement. I thank them for allowing me to travel and accommodating my extended absence due to exigencies in work.

Above all, I am grateful to God for HIS mercy and grace.

Respectfully submitted



Dr Bimal Charles
General Secretary, CMAI

A FIFTH CAMPUS TO THE FIRST CAMPUS

Padmabhushan Professor Doctor Jacob Chandy was an outstanding missionary who transformed many aspects of health care in India working at the Christian Medical College Vellore. I am sure you would be surprised that I describe Jacob Chandy, my teacher and mentor, as an outstanding MISSIONARY. Tall, dark, dynamic, outspoken and one who would not suffer fools but got things done, Dr. Chandy would appear to be a far cry from what we picture as meek preachers in solar toupees and shoes who we expect to turn the other cheek if they are slapped on one (they seldom did!).



Dr VI Mathan delivering Dr Jacob Chandy Oration

A missionary is one who heard a call and saw a vision sent from God, who then gave up what he had and pursued the vision he was called to. Jacob Chandy got the call through Aunt Ida, when he was at the threshold of a potentially brilliant career as a Neurosurgeon, mentored by the foremost pioneers in the field in America, Ted Rasmussen and Wilder Penfield. Aunt Ida offered him the challenge to give up a certain brilliant career in the US, come back to India and join her in building the Kingdom of God by developing the specialty of Neurology and Neurosurgery in India. She offered him no money or colleagues to work with and no facilities. Aunt Ida was following her vision to develop specialties at CMC Vellore as a way of financial self-sufficiency. God showed him the vision of serving the people of India by training many Neurologists and Neurosurgeons who in turn trained others and ultimately provided solace to many millions. Jacob Chandy was inspired by the vision and

spent the rest of his life working to create and transform neurology in India. Jacob Chandy's impact as a Teacher, Neurologist, Neurosurgeon, and Administrator has had far reaching influence not confined to Vellore. His forcible retirement from Vellore while he was on Sabbatical at the World Council of Churches in Geneva, in what is known

as Vellore's "Night of the long knives" enabled him to extend his activities as the Medical Secretary of his Church and transformed the healing ministry of his Diocese.

When I joined CMC Vellore as a student in 1955 Jacob Chandy was already a legend for the way he had developed the specialty of Neurology

and Neurosurgery starting with nothing. The N1 ward was a reality within 6 years of his arrival and the first ICU at Vellore was there for his patients after Surgery. The amazing thing for a student was that unlike all other surgeons who were primarily interested in cutting, he was first a neurologist who interpreted signs and symptoms to fully understand the problems of the patient and then plan the precise moves of the surgery he would do. This drive to know the basics made him develop a major research arm to the department and enabled him to recruit the best in the country, Bimal Bachawat, to head it. He was given the responsibility of the Medical Superintendent and then Principal of the College and his outstanding leadership in these areas were instrumental in what Arnold Desmond in his book called the "Years of Fame" for Vellore. The analytical mind of a neurologist stood him in good stead in all that he did as an administrator.

I am deeply honoured and humbled that the Christian Medical Association of India chose to invite me to give the Jacob Chandy Oration this year. My association with Jacob Chandy continued for many years after he retired from Vellore and settled down in my home town. Whenever I visited Kottayam on holiday I made it a point to spend an evening with him. There would only be two topics of discussion, he would first ask me to tell him the latest about Vellore and then succinctly dissect what I told him and give his critique in a constructive manner as suggestions that could be tried out. Once this topic was exhausted he would switch over to his assessment of the Christian health care scene in India. He was deeply concerned about the travails of the Mission Hospitals and felt that unless they got together and worked in co-operation the future was grim. He was afraid that individually we would gradually wither away. He was convinced that we should forget our individual priorities and come together to ask our Master to guide us how best we could serve His cause for this great country of ours. It was only through such a venture that we could bring healing to our Nation and its people, through a blessed future of service. He was particularly excited by the Bangalore Baptist Hospital experiment, initiated by Benjamin Pulimood, Rebekah Naylor and myself in 1988. He felt that this was the direction for the future. The outstanding success of the Bangalore Baptist Hospital today would have delighted Jacob Chandy.

My close association and discussions with Jacob Chandy had a profound influence on what I did as an administrator at my Alma Mater. I am grateful to CMAI for enabling me to pay a tribute to him through this Oration. I pray that the ideas I present would be acceptable or would at least stimulate a debate on the future of the Healing Ministry in India.

Where is Christian Health Care in India now?

In the seventy years from the Independence of our nation, the number of Christian Hospitals reportedly have come down from around a thousand to about three hundred and several of these are struggling due to lack of human resources, poor management, lack of vision on the direction to go and the proliferating regulatory issues which have been triggered by the corporate hospital culture. There are several 'Christian' medical colleges which are capitation fee colleges by another



Dr Bimal Charles honouring Dr V I Mathan

name. Regulations are going to increase and in a climate of hostility to the religious minorities, our activities are likely to be curtailed further. Regulations mandating Accreditation, qualified Pathologists, Blood Bank Officers, Imaging Specialists, Sonologists etc. are going to make the working conditions more and more difficult. Specialisation is now a mandated reality and you need at least a DGO to attend deliveries legally. I remember assisting my Father in law to close a perforated duodenal ulcer one night in the early 1960's. He was a superb surgeon but only an LMP, working in a Catholic Mission Hospital! Those days are gone for ever and we need to change, not with the times but in anticipation of the times.

We still have the two CMC's in Ludhiana and Vellore. They are beacons of inter-church co-operation and Ecumenism. However the mandated "Common Counselling" is an axe at their roots. We cannot continue to depend on 'friendly' State Governments for our survival. They can turn unfriendly at the next election or even earlier! We also have a few outstanding hospitals in urban and rural settings which are thriving because of their vision, size and reputation, but they also have problems. There are others, both rural and urban who are struggling. There are some groups of Christian hospitals with common strategies and management which are surviving even in far flung rural areas. Each church, organisation or even a diocese/parish sees their hospital primarily as a source of revenue and employment and a valuable possession. Very few of them realise that if lack of personnel and funds don't close hospitals, the proliferating regulations

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would do that job. How long can this situation continue? The Healing Ministry of the Church, to which each one of us is called, is on a slippery slope and gaining speed sliding down and approaching a precipice.

What would be Jacob Chandy's response if he confronted this situation?

It is at times like this that we wish that the giants on whose shoulders we stand were still here to guide us. Where are the Ida Scudder's, Jacob Chandy's, LBM Joseph's, Bishop Elia Peter's, MA Thangaraj's, and others to give visionary leadership in a crisis such as the one facing the Healing Ministry of Christ in India now? We love to take shelter in their shadow forgetting that they have elevated us on their shoulders and we have to see the way forward. We have to move out of the comfortable shadow, open our eyes and pray that God guides us by showing His plan for present day realities and lead us step by step. We have to realise the value of surrender and renunciation to strengthen the witness of His Kingdom.

As a result of my many discussions with Jacob Chandy I had suggested at a meeting of the Vellore Council in 1994 that a radical partnership and net-working of all the Christian Mission Hospitals in India as a single co-operating unit was essential if the witness of the Healing Ministry of Christ in India was to contribute significantly to the life of our great country. I had suggested a model based on the partnership between CMC Vellore and the Bangalore Baptist Hospital where the parent Church had nothing to do with the day to day administration of the Hospital. An independent Board, in which a representative of the parent Church serves, sets the policy and audits its implementation. A Director with a fixed term, supported

by an Administrative Committee consisting of other Administrators and some Senior Staff serving for fixed terms, are responsible for day to day management. The idea was to gradually build and strengthen a network of hospitals with a similar structure, which would ultimately have uniform service conditions, transfer of personnel if necessary and common supporting facilities. My ideas were not acceptable as no church was willing to give up their rights of ownership. There were over 400 Christian Hospitals then, almost a quarter century later we are down to around 300.

When this invitation honouring me to give the Jacob Chandy oration to the Biennial Conference of the CMAI was received, I felt God was calling me to share with you the ideas of 1994 developed during discussions with Jacob Chandy, updated for the current situation. I am very grateful to CMAI for giving me this opportunity to share my ideas.

The origin of the idea

The continued development of what CMC Vellore had initiated with the Bangalore Baptist Hospital and inspiration from John Chapter 6 v: 5-13, The Feeding of the Five Thousand, triggered Jacob Chandy and me to think of a possible direction for the Healing Ministry in India. We now have many separate Churches and Christian Organisations who are doing their mite for the Ministry in isolation. Each one of us feels that what we are doing is important and we protect it to the best of our abilities. We are like the boy who had five loaves and two fishes. His mother's love made her pack up the food for him and she would have given him strict instructions to take care of the package and eat it at the right time.

It was the willingness of the boy to surrender what his mother had asked him to protect and use for himself, which enabled the Miracle. The five thousand may not have been fed, if the little boy was unwilling to surrender his mite into the Masters hands for him to bless and distribute to all including the boy. I believe there is a lesson for the Indian Church here. Unless we are prepared to surrender our individual interests to the Master, He cannot bless them, magnify them many fold and distribute to the Nation, to satisfy the hunger for health of the disadvantaged millions of our land.

At a recent CMC Vellore Council meeting in the discussions following the report of the Associate Director Missions outlining the steps that they are taking to help and strengthen the Mission Hospitals, I expressed the opinion that CMC Vellore now has four Campuses but the initiative



to expand their interaction with the Mission Hospital is the beginning of the development of a fifth campus. I did not expect at that time that an opportunity would be given to me so soon to present the idea of networking all the Mission Hospitals in India (both the CMC's are also Mission Hospitals) before a group who could be challenged to rise to serve the health needs of our nation. I would submit that a net-work of Christian Health Service in India could be the First Campus of the Healing Ministry in India for the greater glory of God.

Christian Health Service for India (CHSI), The First Campus?

Objective: All Christian health work in India to come together as a Christ centered, vibrant, co-operative net-work, to bring affordable and high quality healing and health to the people of India, irrespective of creed, caste or economic circumstances, subsuming individual advantage for the greater glory of His Kingdom. The CHSI would have professional administration, uniform service conditions, professional support for smaller Institutions, potential transferability between institutions and support facilities.

The Catholic, Orthodox, Protestant, Evangelical and other Churches and groups like the Emmanuel Hospital Association, Inter-Ashram Fellowship, The Leprosy Mission and others and many Individuals are deeply involved in the Healing Ministry in India. Is it wise to try and bring them together? Am I exaggerating that individually we will fail, but together we will do great things for God? I am convinced that our survival depends on surrendering our personal loaves to the Master and going forward as he guides. The beginning would be small but if it is His will CHSI would grow. How do we begin? I will try and give below an outline action plan which could take us towards the goal of a CHSI. We should begin with the Churches, Groups and Individuals who are represented in the CMAI.

A suggestion for immediate action

If an out of the box strategy is necessary to strengthen the healing Ministry in India, buy-in by key stakeholders and data is essential to begin to develop an action plan. The following would appear to be the minimum necessary first steps.

1. Contact the leaders of all the Non-Catholic Churches and the Christian groups in the health field, and explore their attitude towards the formation of a co-operative, participatory and mutually supportive net-work of Christian Hospitals and individual health professionals. In the new set up, the role of the Church leadership would be to establish policy and review how it is being

implemented, without executive or financial control. The preliminary agreement of several Churches and groups would be necessary for the survey outlined below to begin.

2. We talk of around 1000 hospitals at Independence, more than 400 hospitals 20 years ago and around 300 hospitals now. To act we should know the exact situation. A survey to identify all Church related and other Christian Hospitals of say at least 50 beds with a Health professional there, closed church related Hospitals which have infrastructure in the form of land and buildings still available, the budgets of the functioning Hospitals, their assets and liabilities and the potential for meaningful service in that locality etc. (Possibly between CMAI and the two CMC's much of this data is already available as a starting point).

Who would undertake these initiatives? I am presenting this challenge to CMAI as the largest group of Christian Health Professionals in our country. I would submit that if you accept that this is a strategy worth pursuing CMAI should make an appropriate decision in the General Body meeting. I would also put a challenge to CMC Vellore and CMC Ludhiana that they work with CMAI in quickly gathering this data and contacting potential key stakeholders to decide the viability of the initiative. A core group or an individual must take up this responsibility and do the initial work to get a buy in to the idea from the leaders of the Churches and other key groups in Christian Health services in India.

The real work would start once it is determined that there is sufficient buy in for establishing the Christian Health Service for India. At the risk of being considered prescriptive, let me give an outline which could be the framework for those of you who would work to make this a reality. God's Guidance and collective wisdom would change this into an action plan.

An outline for a Christian Health Service for India

Are we prepared to surrender our individual advantages and perspectives and pool our resources in a common Christian Health Service for India?

The first step is acceptance of the idea by CMAI and an individual or a small core group who accept the challenge as a Vision, and commit to do the preliminary hard work. Where would the money for this initial action come? Suggest that CMAI and the two CMC's share the expenses equally.

The core group would have to decide about the viability of carrying this idea forward based on the responses of the health leadership and the data on the reality on the ground.

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Assuming that the CHSI is a potentially viable idea:

The Core Group should plan to register a CHSI Association and prepare a draft Constitution and Bye Laws. Necessary legal advice would have to be taken at this point. It would be essential in drafting the Constitution and Bye laws to ensure that the Church and large organisation leadership sets the agenda and policy and also audits its implementation but has no executive authority over Individual Institutions. An Administrative Committee of the staff should help the Director to transform policy to vibrant reality on the ground. Audit by the Association and constructive suggestions for change where indicated should ensure that the net-work is on track.

A technical group should monitor regulatory directives from statutory authorities and advise the Hospitals about compliance. The focus of this group would especially be on how modern communication technology can be used to fulfil regulatory requirements eg. How do we share the expertise of pathologists and imaging specialists between hospitals?

Common purchase of supplies would reduce costs because of purchasing power. This would apply to Hospital supplies, Medicines, equipment, outsourced services etc.

Common service conditions and staff appeal mechanisms would have to be developed. A realistic salary structure is essential to ensure that we do not discourage young graduates and post-graduates from joining the CHSI. While long term commitment to CHSI by individuals is essential, they should also be encouraged to select an Institution to which they could make a lifetime commitment. The challenge to serve should be the motivating factor and the opportunity should be there for junior professionals to move from one Institution to another to find a permanent niche. It would also be necessary to provide for transfer of senior professionals for a variety of reasons and it may be necessary to provide for the maintenance of two establishments by such individuals.

Group health Insurance may be a way to provide for Tertiary and higher levels of care for all staff of the CHSI. How we use the idea of health insurance for the immediate community we serve is a challenge.

Referral pathways for patients to larger urban facilities and to the two CMC's would have to be established. Ways and means to finance such referrals would be another challenge.

Good educational facilities for the children of professional staff are essential to ensure that they are able to work in remote locations where the need is high. An idea: Would

CMC Vellore consider establishing a good residential school on the Kannigapuram campus with appropriate guest house facilities for parents to visit their children periodically?

The key issue of making the service of CHSI viable is availability of health care for all. What is affordable to the indigent is only free care. Somebody has to pay for it. Working out appropriate mechanisms would be essential. The approach could be you pay for the level of comfort you want, we assure the quality of care to all. This was the core of Aunt Ida's call for the development of specialities at CMC Vellore. This has worked successfully there, but is always balanced on a knife edge. How can this be transferred and modified to suit CHSI?

Conclusion

I could add much more to the brief outline I have given above. Like Moses in sight of the Promised Land I am unlikely to be around to work on such an initiative and therefore I have tried to be indicative rather than prescriptive. I have provided the kernel of a challenge, it is for others to carry forward as our Master would guide.

As we approach the third decade of the Twenty First Century, much of the enthusiasm, energy and expectations of Y2K are being replaced by the philosophy of "it will all be the same a Hundred years from now". The right wing wants to turn the clock back and turn much of democracy, which is based on Christ's principles, back to the dark ages. It is appropriate for us as Christian Health Professionals, called to the Healing Ministry by our Master, to ask for His guidance on the way forward. Contemporary happenings around us point to the need of a new direction for the Healing Ministry.

I am grateful to the CMAI for giving me an opportunity to share some of the ideas I had discussed with my mentor Jacob Chandy. If this is according to God's will, He will prosper our endeavour.

Thank you and God bless you.

Professor V I Mathan
Retired Director, CMC Vellore

SERVING WITH PASSION: THE DEMAND OF THE NURSING PROFESSION

Nursing: Embarking a Selfless Journey

It is an honor to be invited to deliver the 3rd Miss Aley Kuruvilla Oration at the 44th biennial conference of the Christian Medical Association of India (CMAI). I am grateful to God and the CMAI for this opportunity. I had the privilege of being her student, and her actions made lasting impressions on me that I still fall back on them. I will share some of my experiences with Ms Kuruvilla and how it shaped my career and life.



Mrs Evelyn P Kannan delivering the Aley Kuruvilla

My earliest memory with Ms Kuruvilla was in 1982 when as a second-year nursing student I was standing outside the principal room and crying. It all started two days prior to that when I was posted in the private ward for a night duty. It was 2:30 am and the ward was silent with

no immediate work requirement. So, I decided to go to the nearby maternity ward where one of my teachers delivered her baby. I saw the baby through the window and returned to the private ward. It would have taken about 10 minutes.

In the morning, Ms M T Mariama, principal, asked me to meet her. I was clueless as to why I was asked to meet her. She is known as a strict disciplinarian. When I met her, Ms Mariama asked me how many patients were

present in my ward the previous night. "46 patients", I immediately replied. She then asked me where I was around 2:30 a.m., I told her I went to visit my teacher. She questioned my professionalism and asked me how could I leave 46 patients alone. She lashed out at me and said that I was not fit to be a nurse. This was followed by an ultimatum. I could either choose to repeat the year or go back home. Despite my repeated pleadings, Ms. Mariama didn't move an inch.

A day after that I was standing outside the principal's office and crying, and Ms Kuruvilla noticed me. Ms Kuruvilla had joined as nursing director on that day. When I narrated the entire incident to her, she sympathized with me and requested Ms Mariama to forgive me. I was given another chance by

Ms Kuruvilla even as Ms Mariama left the nursing school without forgiving me. Ms Kuruvilla's act of kindness touched me at a stage when I lost all hope.

Ms Kuruvilla had the uncanny ability to recognize potential in every person. She was a gifted leader born to inspire and motivate others around. She would often passionately

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tell me, “Evelyn, you should become a Community Health Nurse, I will even support you financially if that is required, but you must do it.” In years to come, Community Health turned out to be my area of expertise. I pursued my post certificate Diploma in Community Health Nursing from CMC Vellore and went back to Oddanchatram (in Tamil Nadu) to be the youngest tutor there. In retrospect, I believe it was mainly due to Ms Kuruvilla’s motivation.

She could identify where my potential lies and encouraged me to pursue that. That choice shaped who I am today.

Her ability to spot talent was a special gift. And she did this by encouraging us to actively participate in extracurricular activities. At that time, there were no place to showcase the talents of nursing students. She addressed this problem and initiated the construction of an open auditorium which is now called the Jubilee Auditorium. This is one of the many changes she brought to the School of Nursing. One could hardly see in her office, she was mostly on the move. She often moved from one ward to another, supervising students. Even when she had a femur fracture and walked around with the support, she walked faster than the rest of us. We had to run behind her.

In all that she did there was an underlying emphasis: making us all proud to be a nurse. It has been my

mission too to spread this message. Healthcare could transform if nursing community feel proud of what they do, and go beyond what was required. I am witness to transformation in many of her students, who come into nursing college with indifference but graduated with pride and excitement. And to top it all, Ms Kuruvilla kept in touch with her students in an era where making a phone call was expensive. It was only natural when she wrote a handwritten letter when I took up the post of Secretary General at the Trained Nurses Association of India (TNAI).

Another incident that changed the way I look at nursing took place a few months after in 1981. An event that is still fresh in my memory, even after 36 years. I was in first year into General Nursing and to be honest, I didn’t have the proper attitude at that point of time. My ward-in-charge had told me to push a stretcher with a patient to Intensive Care Unit (ICU). I thought it was below my dignity to push the stretcher and refused it by giving some excuse. The in-charge complained to the principal regarding this act and I was called to meet her. There were no words to describe the anxiety that ran through my spine that minute, my inner self knew that it was dereliction of duty and the consequences could be far-reaching. I was sure, it would be unpalatable to my dad, a man of principles would not tolerate. After reaching the principal’s office, I



Dr Ajit Singh, Dr Selva Titus, Ms Evelyn P Kannan and Dr Bimal Chales

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was quite surprised at her calmness as she politely asked me to sit down. She just asked me one question, “Evelyn, if your mother was there on that stretcher, would you refuse it as you did this time?” That question continued to haunt me long after, and was rather deepened because three months later my mother passed away in operation theatre due to hypovolemic shock and as any naïve teenager I did ask myself what if someone else refused to push the stretcher like I did. This one incident changed my perspective about nursing upside down and taught me how selfless we need to be to stay in this profession.

As shared through my interactions, Ms Kuruvilla was kind, identified and nurtured talents, motivated students and gave individual attention that influenced people. Her behaviour is Christ in deeds, not just in words.

I will now delve into how our belief can help us in our profession. I will go back to my student days. I was not among the bright students while pursuing my General Nursing. However, two Bible verses offered me clue on what nursing means. The first one was Jeremiah (29:11) “For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” I obviously never knew he was orchestrating such beautiful future for me. Moreover, I clearly did not have the brains that most of my friends had but God taught me to trust Him and work hard. He gave me yet another word to hold onto from James 1:5 “If any of you lacks wisdom, you should ask God, who gives generously to all without finding fault, and it will be given to you”. Even after three decades of prayer to seek for wisdom remains true again and again as I can witness.

I have always believed that nursing is a privileged profession because it gives you a first-hand experience of being Christ like. The way you care for your patients, tender to their needs, and talk to them are all opportunities of exhibiting God’s love through your lives. Moreover, I feel there is a close connection between your walk with the Lord and nursing as a profession, the common ground being serving the people.

At times, the journey may be painful, yet filled with content that words cannot describe with no two days going to be the same. Obstacles definitely mount up as you take up various positions in discharge of your professional chores but in the process, your will to carry on becomes stronger and this is exactly what God expects in your walk with Him as well and completely bank on His word when He says in Romans 8:28 “And we know that all things work together for good to them that love God, to them who are called according to his purpose.”

There’s a famous saying that “God does not call the qualified but qualifies the called”, and this saying

completely fits me as I look back when I started my nursing career as a volunteer. It is indeed a matter of delight to have come such a long way but my heart truly lies within the priceless lessons I learnt and I have still to learn during this journey called life.

Even today after being at TNAI for last 14 years, I still ask God to retain my attitude when I first learned the lessons three decades back – depend on God for wisdom and serving others with humility. Truly I have lost count, on how many problems were solved just with that attitude. Hence, my belief strengthens that the heart and mind of a nurse is a God-given weapon that helps you fight battles at personal, professional and spiritual levels on daily basis.

Combining our humility with the thought process of “What would Jesus Do?” Would definitely propel your career to great heights and also help tide over the odds you face. So it is no small task being a nurse, it is in fact a privileged responsibility. To back me up in turbulent moments, I had the Word of God by my side, teaching me to work diligently with complete honesty no matter how big the storm was and it completely worked in my favour.

In my wide interaction with nursing students and nurses from all states, I have observed a recurring pattern. Majority of students opt for this profession purely because of job opportunity, it offers them a possibility to go abroad and earn well. While for some of them it may be a forced choice and for the rest the lack of enthusiasm for the profession owes its existence overloaded work. I feel we as nurses are called to make a difference and treat this as a God given blessing to us. All my role models have been nurses and the attributes being common to all of them were: Love for the Lord, diligence and perseverance. Having these attributes would leave no stone unturned in converting your job into your passion. Nursing profession demands empathy, proactive care, and a selfless attitude. It is my vision that all of us rededicate ourselves to this beautiful calling and do our best to honour our profession by falling love in love with it and bringing many smiles along the way.

To summarize nursing profession in a nutshell, I would say it is a selfless journey where you learn to give rather than receive. I sometimes think that without having the ‘giving spirit’, one is not entitled to stay in the nursing profession.

Mrs Evelyn P Kannan
Secretary General, The Trained Nurses
Association of India, New Delhi

DR D W MATEGAONKAR AWARDEES, 2017

Dr JEYAKUMAR DANIEL

Born in 1949, Dr Jeyakumar Daniel is currently working as Top Executive providing leadership and management of three organizations. He holds a Bachelor degree in Teaching, Diploma in Hospital Administration and Doctorate of Divinity (Honoris Causa). He is a performance-driven healthcare, development and finance professional with extensive experience in



Dr Jeyakumar Daniel (middle)

multi-cultural environments; has developed and executed strategies that have transformed the growth and reach of Indian and International NGOs; has restructured operations which resulted in burgeoning increase in revenue and strong reduction in cost of the organization.

With a dynamic career spanning over 41 years of pioneering successful service in areas of Project Management, Hospital Management, Health Development and Strategy Planning objectives in many national and international forums and NGOs. Dr Jeyakumar Daniel is an expert in managing hospitals and health initiatives with a key focus on holistic community development and various sustainable social engagement programs across India.

He was honored with Doctorate Degree from Madras Theological Seminary for his contribution in the field of Social Development. He has travelled widely to over 28 countries and has vast international exposure in the field of health, community development, education etc. Dr Jeyakumar Daniel has hands-on and rich experience in Holistic Health Development, Alternate Livelihood, Hospital Management, HIV, Disability Rehabilitation, Stakeholder/Human Resource Management, Recruitment, Partnership Development, Global Fundraising, Liaison and Coordination in unique Health and Healthcare initiatives of both National and International organizations. He is currently a board member of 5 organizations and has served as board member in several other organizations in the past.

For his work as a hospital administrator, his willingness to help others and his leadership and witness in the healing ministry, CMAI is pleased to award Dr Jeyakumar Daniel with the Dr D W Mategaonkar award in recognition of outstanding service to the Healing Ministry.

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 acknowledgement 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 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 recognize 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 AWARDEES, 2017

Prof (Mrs) PENNAMMA RANADIVE

Born in 1950, Prof (Mrs) Pennamma Ranadive, Nee Varghese, hailed from Kaipattoor, Pathanamthitta District, Kerala. After passing SSLC exam from her hometown, she joined Christian Medical College and Hospital (CMC & H), School Of Nursing for GNM training in 1967 and graduated in 1971. She was sponsored by the institution for Post Basic B.Sc Nursing at Post Graduate Institute (PGI) Chandigarh in 1976. She further obtained Master of Nursing from Rajkumari Amrit Kaur (RAK) College of Nursing, Delhi. After completing her studies, she went back to CMC, Ludhiana as a Lecturer cum Clinical Supervisor. Further in 1993, she was raised to the post of an Associate Professor while simultaneously shouldering the responsibility of Nursing Superintendent till 1998. Then she was elevated to the post of Professor and Principal of College of Nursing, CMC & H, Ludhiana.

Besides being a Nursing Educator, Administrator and Researcher, Prof (Mrs) Pennamma Ranadive was fully involved in various committees of Baba Farid University of Health Sciences (BFUHS), Faridkot, Punjab. She is also a member of Board of Nursing Studies in Punjab University and contributed much to Nursing education, training, research and service. She has presented various scientific papers in different forums and contributed as a resource person at the national and international conferences,

workshops and seminars organized by TNAI, Nurses League of CMAI, Evangelical Nurses Fellowship of India (ENFI) and Nurses Christian Fellowship International (NCFI). She also served as the Vice-Chair Person and Chair Person of the Nurses League of the CMAI and a member of education committee of the same at the national level and as a President of the Nurses League of CMAI Ludhiana branch.



Prof. Pennamma Ranadive (third from the left)

For her work as a Nurse, her willingness to help others and her leadership and witness in the healing ministry, CMAI is pleased to award Prof. (Mrs.) Pennamma Ranadive with the Dr D W Mategaonkar award in recognition of outstanding service to the Healing Ministry.

Dr KURUVILLA VARKEY

Dr Kuruvilla Varkey was born in Kerala and attended a village school in Ranny. In the 10th standard, he got the 3rd rank in the state. He did his MBBS at the Trivandrum Medical College, graduating in 1963. During his medical student days, their Bible study group later grew to become the CMF (Christian Medical Fellowship) and he started the CMF Kerala in 1961. It was here that Dr Kuruvilla first heard about Christian Fellowship Hospital, Oddanchatram through Dr A K Tharien.

As a medical student he felt God calling him to serve there. After graduating from medical college, he transferred to a central government bond and worked in Laccadives Island for three



Dr Kuruvilla Varkey (Middle)

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years. In February of 1968, Dr Kuruvilla married Dr Susan and together, they joined CFH, Oddanchatram which was 13 years old at the time.

Dr Kuruvilla completed his MD General Medicine from CMC Vellore in 1973. He returned to CFH soon after and was the only physician there from 1973 to 1978. In 1982, Dr Susan, after her post-graduation, set up the department of Dermatology. Many of the doctors mentored by Dr Kuruvilla and Dr Susan have later joined rural mission hospitals. He started the DNB program in general medicine, which was another important milestone for CFH. Dr Kuruvilla is blessed with extraordinary clinical skills in diagnosis and

many have benefited from this. Dr Kuruvilla served as chairman of EMFI and EHA as well as of CMC, Vellore for five years. He is presently the president of the Inter - Ashram Fellowship. Over the last 46 years of their service, the hospital has grown into a 350 bed hospital with 110 doctors and 1300-1500 out patients a day. Dr Kuruvilla and Susan's life can be summarized in 4 words – Belovedness, Givenness, Sentness, Blessedness. They believe that "It is all given not accomplished and now strive to " To Understand The Times And Reach Out To The Young Future Generation With The Gospel Of Christ For His Kingdom.

Dr RICHARD DAVID

Born in 1948, Dr Richard David graduated from JLN Medical College Rajasthan in 1971 and post-graduation in Anesthesia in 1974 from CMC Ludhiana. He joined Methodist Hospital Mathura (Jaisinghpura) as a full time Anesthetist from January 1975 till September 1976. In association with VHA and with Ms. Mary Macnabe, he started the nurse anesthesia technician program. The course was a great success in training staff nurses to give safe anesthesia in Mission hospitals.

In 1976, Dr Richard David joined Frances Newton Hospital, Firozpur as a full time anesthetist and continued to train about 250 - 300 staff nurses. He was promoted to the post of Deputy Medical Superintendent 1980 and later, took over as Director Medical Superintendent of Frances Newton Hospital. He continued in the same capacity till July 2014.

He has been a member of the Executive committee of Christian Fellowship Society, Property Committee of Christian Medical College Ludhiana, Executive Committee of St. Stephens Hospital, Delhi and



Dr David Richard (Middle)

member of Governing Body & Society of Christian Hospital, Jagadhri and Philadelphia Hospital, Ambala. He was Patron & pioneer of starting the Annual Revival meetings.

For his work as a Doctor, his willingness to help others and his leadership and witness in the healing ministry, CMAI is pleased to award Dr Richard David with the Dr D W Mategaonkar award in recognition of outstanding service to the Healing Ministry.

Mr D DURAISINGH SAMUEL

Born in 1952, Mr. D. Duraisingh Samuel hailed from a Christian family at Nazareth, Thoothukudi District in Tamil Nadu. He studied up to SLC at the Margoschis Hr. Secondary School, Nazareth. After completion of his school education, He worked as a Lab. Assistant at St. Luke's Hospital, Nazareth for one year where he found the passion to become a Lab. Technician. He joined the Central Leprosy Teaching & Research

Institute, Chingleput and after completion of the course, joined at St Luke's Leprosarium in Peikulam, a small village in South of Tamil Nadu occupied by one of the largest number of leprosy affected people in Tamil Nadu. Nearly three of the total population of the village was affected with leprosy, but the number has been reduced by one per ten thousand in the recent years.

Even though his primary responsibility is a Lab. Technician, he took care of the institution with many

additional responsibilities. He functioned as Hon. PRO, taking care of visitors, looking after rehabilitation, overseeing construction, maintaining kitchen etc. He never availed extra leave to compensate for the extra-work he performed and he dedicated his entire life to the cause of leprosy patients. His wife Mrs. Iyrin also served in the same hospital as a Leprosy Nurse and retired after 35 years of service. He has a son and a daughter who both work in a college as an Assistant Professor and a Lecturer respectively.

He actively participated in Conferences and Workshops of Christian Medical Association of India and has also served as CMAI - Tamil Nadu Regional Secretary for Allied Health Professional Section for 4 years.

For his 42 years of uninterrupted service in a Leprosy Hospital, his willingness to help others and his leadership and witness in the healing ministry, CMAI is pleased to award Mr D Duraisingh Samuel with the Dr



Mr D Duraisingh Samuel (Middle)

D W Mategaonkar award in recognition of outstanding service to the Healing Ministry.

COLLEGE OF NURSING CHRISTIAN MEDICAL COLLEGE, VELLORE - 632004, TAMILNADU

(Five star rating by NAAC)
Website: <http://admissions.cmcvellore.ac.in/>

Applications are invited for the following Postgraduate, Post Basic Degree and Diploma Programmes in Nursing commencing in September 2018.

1. M.Sc. Nursing - specialities - Medical Surgical, Paediatric, Obstetrics and Gynaecology, Community Health and Psychiatric Nursing
2. Post Basic B.Sc. Nursing
3. Post Basic Diploma Programmes in Nursing - Cardiothoracic, Critical Care, Emergency & Disaster, Neonatal, Neurology, Oncology, Operation Room, Orthopedic & Rehabilitation, Psychiatry, Geriatric, Renal and Burns Nursing.
4. Fellowship in Nursing - Family Nurse Practice, Haematology, Respiratory Paediatric and Critical Care Nursing

Dates:

Applications can be accessed online - 1st week of December 2017
Last date for submission of online application - 3rd week of January 2018
Entrance examination - 2nd week of March 2018
Final selection for the programmes - 1st week of June 2018
Registration for the programme - September 2018

YOUNG MEDICAL MISSIONARY AWARDEES 2017

Dr NIBEDITA PRAMANIK

Dr Nibedita Pramanik is from Rourkela, Odisha and belongs to MBBS Batch of 2001 from CMC Vellore. She has been associated with Evangelical Hospital, Khariar hospital for the past 10 years. The initial 2 years of her challenging posting after MBBS in this hospital sensitized her heart and mind to the needs of the poor in the remote district of Nuapada. She felt the calling of God to commit herself to the service of this poverty stricken community. She underwent post graduate training in CMC Vellore in General Surgery in 2009 and returned to Khariar in 2012 and started the laparoscopic unit. This became the first center in the whole of Nuapada and surrounding 4-5 districts and to date more than 200 laparoscopic surgeries have been performed. Majority of the patients belong to the marginalized community with heavy financial constraints.

She has performed a substantial number of oncology surgeries and provided cost effective chemotherapy to poor patients who could not afford an oncologist. She felt the closeness of God and the healing that flows through her faith and dedication. This has been reflected in her work. She has been serving joyfully in the Lord and looks forward to serving Him for His glory. It

is her dream to make Khariar, not a surviving mission hospital, but a thriving mission hospital. Like in the "Torch of Life", a biography of Dr Ida Scudder, Dr Nibedita too expects great things from God. She is attempting

great things for God. There will be pain, anxiety, disappointment, but she believes in her dream and hopes to be surprised by joy.

For her 10 years of committed service to the Healing Ministry in rural India, CMAI is pleased to award Dr Nibedita Pramanik with the Young Medical Missionary award.



About The Young Medical Missionary Award



The Young Medical Missionary Award has been instituted by CMAI in memory of Dr Prerit Thomas Jacob, in recognition of his contribution to the Healing Ministry in rural India.

Dr Prerit is the son of Dr Betty Chacko and Rev Ninan Chacko and the younger brother of Mr Arpit Jacob. He completed his MBBS from CMC Ludhiana in 2009 and worked in Evangelical Hospital, Khariar, Odisha for 2 years before joining CMC Vellore in 2011 for his MS General Surgery. On completing his post-graduation, he served in Khariar till his fatal accident on January 29, 2017. He was a versatile missionary doctor and never restricted himself to the field of general surgery but pitched in whenever he was needed, be it obstetrics and gynaecology, paediatrics, general medicine, psychiatry or orthopaedics. He was also trained in laparoscopy and had a special interest in paediatric surgery.

He had a deep love for his wife Shyla and 1 year old daughter Naomi. A beloved son and brother, a true and sincere friend, respectful and obedient to elders, with a lovely smile and an infectious sense of humor. Music was in his heart and his songs will always be remembered. He had a love for football, his favourite team being Liverpool Football Club.

A man of few words, but words, which have uplifted the discouraged, comforted the sorrowful, influenced his peers, loved the unloved and cared for the sick. Words which showed CHRIST LIVED IN HIM.

The Young Medical Missionary Award has been instituted in his memory to recognize and record the valuable, outstanding service of young people who have opted to serve in a mission hospital in rural India for more than 10 years and who are below 40 years of age.

YOUNG MEDICAL MISSIONARY AWARDEES 2017

Dr JOHN JACOB

Dr John Jacob is described as a consistent hard working doctor. Born in 1976, he is the son of Mr Jacob Varghese. John did his schooling in Bangalore and later in Telangana. He then completed his MBBS in the year 2000 from TD Medical College, Alappuzha, Kerala. He joined as a junior doctor in Christian Fellowship Hospital, Oddanchatram in 2001 and later served at Lakhnadon Christian Hospital in Madhya Pradesh. He was deputed to various mission hospitals over the next 6 years. He completed his post-graduation in DNB Family Medicine in Christian Fellowship Hospital, Oddanchatram from 2003-2006. He also trained in the basics of anaesthesia and OT management. In 2009, he did a certificate course in Palliative Care. From 2009-13 he worked with the Family Medicine Department and the Community Health department in CFH. He did a course in epidemiology in CMC, Vellore, and helped the residents publish their thesis work.



Being a competent and confident doctor, he took on various responsibilities in Christian Fellowship Hospital like planning training programmes for the residents, teaching, supervising in Casualty department, implementing community programmes for adolescents, the elderly and for women. Presently he is part of the Anaesthesia department at CFH. In his capacity as Deputy Medical Superintendent of CFH, he has liaised with the Municipality to clean up the town. He is a humble person with a deep trust and devotion to Jesus Christ. His hobbies include travelling, reading and photography. For his 16 years of committed service in the mission hospitals, his willingness to help others and in recognition of his outstanding service to the Healing Ministry, CMAI is pleased to award Dr John Jacob with the Young Medical Missionary Award.



Dr John Jacob (second from the left) and Dr Nibedita Pramanik (third) receiving the Young Medical Missionary Award from Dr Ajit Singh (left) and Dr Bimal Charles (right)

ADMINISTRATORS

As we are coming closer to the end of 2017, Let us thank our Lord for His guidance to each one of us and for the sectional activities. More excellent work is yet to come, that is His Promise.

God Bless this year in which love overcomes.

Merry Christmas and a Happy New year.

We had 38 administrators who wanted to make a difference to their institutions attend the 44th Biennial Conference at Bhubaneswar from 5th to 8th November 2017.

There were 4 technical presentations namely:

A comparative study on various tools for organizational culture and retention- Selecting the Best by Dr Samuel N J David.

-Culture as a lens through which an organisation can be understood and interpreted. A positive culture can make an average individual perform and achieve brilliantly and retain them in the organization whereas a negative and weak culture may demotivate an outstanding employee to underperform and end up with no achievement and force them to leave the organization Kandula (2006).

- This study is intended to identify the best tool among the various tools available to capture organization culture and choosing the best.

b. Growing challenges confronting voluntary hospitals in India - by Mr Peniel Malakar

- Increasing trend of disaster events and adequate preparedness measures can help reduce impacts & prevent losses.
- The world is coming together in many forms-geographically and professionally.
- Proactive collaboration can fetch many benefits-sharing technical expertise, resources, legal issues, policy advocacy/influence.
- Mapping existing emergency responses' capabilities of hospitals increase quality response and save *more savable lives*.

c. Model to make quality health care affordable and accessible by Dr David Glocal Health care group.

d. Making Health a Reality & Access to Medicine at affordable price by Mr Chakraborty

New Office Bearers of the Section were elected



The section welcomes the representatives for the period 2017-2019.

1	Dr Samuel N.J David,	Chairperson
2	Mr Peniel Malakar,	Vice Chairperson
3	Mr Issac Oommen	Regional Sectional Secretary North East
4	Maj. Gurnam Masih	Regional Sectional Secretary North west
5	Mr Anto Ramesh Delvi D	Regional Sectional Secretary - Karnataka
6	Mr Vikas Sonwani	Regional Sectional Secretary - (M.P & Chaattisgargh)
7	Mr Nitin Piarejee	Regional Sectional Secretary – (Maharashtra & Goa)
8	Mr Dinesh Murmu	Regional Sectional Secretary- Bihar & Jharkhand
9	Mr. Barnabas Massey	Regional Sectional Secretary – UP &Uttarhand
10	Mr Sanjay Prasad,	Co-opted
11	Mr Aby Ittyavira	Co-opted
12	Mr A Samuel	Co-opted

Ms Elsy John

Secretary - Administrator Section, CMAI
ejohn@cmai.org

ALLIED HEALTH PROFESSIONALS

The members of the AHP Section met on the second day of CMAI's 44th Biennial conference conducted from 5th to 8th November 2017 held at LA Lawns, Patia, Bhubaneswar for its AGM.

There were 35 AHP professionals from different parts of the country representing several Mission Hospitals.

We started with a word of prayer by Dr Soundarajan.

Dr Bimal Charles, General Secretary CMAI, introduced and welcomed the new AHP Secretary.

He also shared recent updates of the HSSC and RPL process and its importance.

In the technical session we had a presentation on Gender Rights by Dr Vilas Shinde.

Rev Dr Ramu Ranadeve shared some valuable advice and his experience as AHP secretary in the initial stages of his career. He also shared his life journey and his quest for education that brought him up the ladder. He suggested distributing the August India Scholarship along with the biennial next time. It was an inspiring talk indeed.

Mr Saroj Kumar Sahu from Khariar hospital, Odisha suggested having a common AHP day in the hospitals throughout India.

Business Meeting

The minutes of the previous AGM and Executive Committee were received, discussed and approved.

The new AHP Secretary gave a brief self-introduction and urged the members to utilize the RPL for all our CMAI Diploma holders to be accredited by the government.

The reports of the Secretary were received and discussed.

Nominations came from the floors which were accepted unanimously.

The new Executive Committee was finalised for the year 2017-2019



Dr SoundarRajan, SIHRLC-Karigari, TN – Chairperson (2nd Term)

Dr Vilas Shinde, Mure Memorial Hospital, Nagpur, Maharashtra – Vice Chairperson

The new Executive committee were welcomed and dedicated

1. Regional Sectional Secretary – South: Mr M. Packiaraj, Catherine Booth Hospital, Nagercoil.
2. Regional Sectional Secretary –North : Mr. Vinu Thomas, St. Stephen's Hospital, Delhi
3. Regional Sectional Secretary–West : Mr. Nilesh Mecwan, DDMM Institute of Cardiology, Mission Road, Nadiad, Gujarat.
4. Regional Sectional Secretary– East : Mr Saroj Kumar Sahu, Khariar Hospital, Odisha.
5. Regional Sectional Secretary – N.East : Mrs Edaurale, CIHSR ,Dimapur, Nagaland

The vote of thanks was given by Mr Paul Raj

The meeting was closed with a prayer by Mrs Santhosha Mark.

With warm regards,

Mr Lyric Abraham

Secretary- Allied Health Professionals Section, CMAI

CHAPLAINS

Report of the chaplains meeting at the 44th Biennial conference of the Christian Medical Association of India at Bhubaneswar Odisha from 5th to 8th November 2017.

There are about thirty Chaplains and pastors who are members of the section. The opening thanks giving and closing Holy Communion service were led by

the section and the morning devotions were by Samson Gandhi from Haggai Training institute in Hyderabad, India.

The Annual General Body Meeting of the section happened on 6th November. We had 27 sectional members sign for the meeting. A paper was presented by Rev T Aruldas on the "Dimension of Spirituality – Perspectives for Chaplain". The paper explained about the spiritual expectations from ministers and pastors as spiritual care-givers by the people.

The AGM opened with a prayer by Rev Job Jeyaraj from CSI Karnataka Central Diocese followed by the welcome by Rev Fr George Varughese, Chairperson of the section. We remembered the departed souls who were important to the section and paid respect to Rt. Rev. Samuel Amirtham, the departed leader for whom the Vice Chairperson Rev Devadoss prayed on behalf of the section. Rev M P Immanuel Vonstuck was unanimously requested to be the recording secretary of the meeting.

Following this the minutes of the previous AGBM at Sneha Deepam, Vellore was presented. The minutes were accepted followed by the report of the sectional secretary, Rev Sharath David. There was a discussion on the report and issues facing the section. It was suggested to invite the Senate of Serampore, Registrar for the sectional Executive committee. A criterion for



membership to the section was reemphasized as those who have minimum one year formal theological education and those who are involved and interested in the healing ministry of the Church.

The election of the office bearers for 2017-2019 was held. The following leaders were elected:

Chairperson Fr Dr George Varughese
Vice Chairperson - Rev T Devadoss
Rev T Augustine
Rev Dr Ezeckiel Shanthakumar
Rev Percy K V Hiram
Mrs Somini Shaji
Rev J D David Rajan
Rev Jared Isaac
Rev Paul Ravi Kumar
Rev Ashish Dukhi
Rev Dr T Arul Dhas CEB Representative

The meeting came to a close with a prayer and a special gratitude towards Rev. Sharath David for his thirty years of service to CMAI, and the section at various levels as he retires from Service.

Rev Sharath David
Secretary - Chaplains Section, CMAI

DOCTORS

The members of the Doctors Section of CMAI met 6 November for its AGM. There were over 40 doctors from different parts of the country representing several Mission Hospitals. We started with a word of prayer and a time of introduction.

We remembered those whose lives were lost during this biennium and prayed for their departed souls and families. The AGM was divided in two parts-Technical Presentation and Business meeting. The Technical Session saw several presentation

- Use of Mobile technology (Medic Mobile) in a community project – Dr Satyajit Jiwanmall, EMH Tilda
- Are we listening (Palliative Care) – Dr Stanley Macaden
- HEAL Network to respond to Disaster better – Mr Peniel Malakar, EHA
- Use of Biological Dressing in Burns – Dr Deepak Kamle, Miraj Medical Center, Miraj
- Litigation in Medical Practice – Dr MK Nanda, Christian Hospital Berhampur.

During the Business Meeting, a Nominations committee was formed for the new Executive Committee of the Section for the next Biennium (2017-2019)

Minutes of the previous AGM and Executive Committee were received, discussed and confirmed. Report of the Secretary and the report from the CAMS Coordinator were received.

Since it was a good opportunity, where doctors from various parts came together, we took time to discuss issues which were common in all regions.

Some of the issues which emerged were: Human Resource, Statutory Issues, Legal Issues, Managerial Issues, Vision question

The new Executive committee were welcomed and dedicated for the year 2017-19

S No	Membership Status	2017-2019
1	Chairperson	Dr Bonam Wesley AMC, Arogyavaram, AP
2	Vice Chairperson	Dr Nitin Joseph NM Wadia Hospital, Pune, Maharashtra
3	President, CMAI Ex-Officio	Dr Ajit Singh EMH Khariar, Odisha



4	General Secretary CMAI Ex-Officio	Dr Bimal Charles
5	Secretary Doctors Section	Dr Abhijeet Sangma
6	Member, Regional Secretary, Andhra Pradesh Region	Dr Ashish Chauhan Apollo Jubilee Hills, Hyderabad
7	Member, Regional Secretary, Bihar & Jharkhand Region	Dr Manjula Tudu Mohulpahari Christian Hospital
8	Member, Regional Secretary, Kerala Region	Dr John Abraham Believers Church Medical College
9	Member, Regional Secretary, North East Region	Dr Nirmal K Tudu Dr H Gordon Roberts Hospital, Shillong
10	Member, Regional Secretary, UP & Uttarakhand Region	Dr Neha Sonali Massey St Catherine's Hospital
11	Member, Regional Secretary, West Bengal Region	<i>Meeting to be held</i>
12	Member representing 4 areas of CMAI -1 (West)	Dr Philemon Pawar Daund, Maharashtra
13	Member representing 4 areas of CMAI -2 (South)	Dr J Jayanth CSI Kalyani Superspeciality Hospital, Chennai, TN
14	Member representing 4 areas of CMAI -3 (North)	Dr Rajeev Joy Nathan, TLM Sahadra, Delhi
15	Member representing 4 areas of CMAI -4 (East)	Dr M K Nanda, Christian Hospital Berhampur, Odisha
16	Invitee-Coordinator CAMS	Dr Deepak Kamle, Miraj

The meeting closed with prayer.

Dr Abhijeet Sangma
Secretary - Doctors Section, CMAI

SECTION'S MEETING

NURSES LEAGUE

Nurses League (NL) Chairperson Dr Selva Titus Chacko called the meeting. A total of 139 delegates attended the meeting. The minutes of the last AGM meeting held on 17th October 2016 was read by Nurses League (NL) Secretary and the matters were discussed.

Nomination Committee was constituted for the selection of Executive committee members for the next Biennium. The members of the Nomination committee are the following:-

- Mrs Evelyn Kannan, Secretary General, TNAI, New Delhi
- Mrs Rekha John, Principal, SON, Christian Hospital, Chhatarpur, MP
- Mrs Asha Noble, Scudder Memorial Hospital Ranipet, Tamilnadu
- Mrs Celestin Francis, North West Region
- Mr Albert Ansuman Dani, TLM Hospital, Naini
- Mrs Jancy Johnson, Secretary, Nurses League – Convenor
- Obituary: Two minutes silence was observed in respect of the following members who had been called home and Mrs Mercy John offered a prayer.
- Ms. Ramola Das, Tutor, Christian Hospital, Indore
- Ms Rachel Dongardive, Tutor, Christian Hospital, Indore
- Ms Asha Emmanuel, Tutor, CMCH Ludhiana
- Ms Amala Rajan, Professor, CMC Vellore
- Mr Jacob Raj, male nurse Scudder Memorial Hospital, Tamilnadu
- Ms Sarojini, Principal, SON Bangalore Baptist Hospital, Bangalore
- Mr Laxman Waidande, Retd Deptt. Supervisor
- Mr Vasant Chopade Retd. Ward Supervisor

NL Secretary and two board secretaries presented the reports for the year 2016-2017. Mrs Sara Emmanuel from College of Nursing CMC Vellore did a presentation on Airborne infection control followed by a panel discussion.

The Nomination Committee recommended the following members for the Executive Committee of 2017-2019 and it was unanimously accepted by the General Assembly.



Mrs Manjula Deenam

- Chairperson

Mrs Sangeeta Sane

- Vice Chairperson

Five Regional Secretaries

1. Ms G Pauline - Andhra Pradesh
2. Ms Thankam - Karnataka
3. Ms Shiny Thomas - Kerala
4. Ms Premlata Prakash - North West

Three co-opted members:

1. Mrs Sangeeta Manki - Bihar/Jharkhand,
2. Ms Ophelia - North East
3. Mrs Mariamma Joseph - West Bengal.

Rs 12,380 was collected towards Manohari Shigamony Scholarship Fund.

Nurses League secretary appreciated and thanked Dr Selva Titus Chacko for her contribution and support towards Nurses League for the last two Biennium. She has also expressed her sincere gratitude to all the outgoing Executive committee members for their support.

Jancy Johnson

Secretary, Nurses League



Dr AJIT GURBACHAN SINGH

MBBS, MS(Gen Surgery), FICS, FACS,
FAIS FCAMS

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.



Mrs. ONENLEMLA IMSONG

*Chaplain cum Supervisor at
Bangalore Baptist Hospital*

Vice President

Mrs Onenlemla Imsong born in 1970 originally from Nagaland and currently working as a hospital Chaplain

cum Supervisor at Bangalore Baptist Hospital since 2001. She graduated from the Senate of Serampore in 1993 as a Bachelor of Theology (B.Th). She completed her Diploma in Healing Ministry from CMCH, Vellore in 1997. She also had an intensive training in CPE Supervision from CMCH, Vellore.

She worked as Missionary Teacher from 1993 to 1997 and as a Hospital Chaplain in CMCH, Vellore from 1999 till 2001. She had been elected as the Vice President of CMAI at the 44th Biennial Conference of CMAI in Bhubaneswar in November 2017.



Mr Thampy Mathew

**St. Stephens Hospital,
New Delhi**

Treasurer

Mr Thampy Mathews, presently the Finance Officer at St Stephen's Hospital, Delhi, is a management and finance expert, with more than 40 years of experience in this field. He was instrumental in reviving a number of sick industrial units while serving in the Industrial Investment Bank of India.

He is presently on the Board of Miraj Medical Centre, Miraj and on the Finance Committee of Emmanuel Health Association (EHA).

OFFICE BEARERS



Mrs MERCY JOHN

*Head, Nursing Department,
Christian Hospital,
Bissamcuttack, Odisha
Editor*

Mercy John grew up in Chennai and Bangalore and completed her undergraduate and post graduate studies at College of Nursing, CMC, Vellore. She is presently working in one of the most backward and vulnerable areas of our country Bissamcuttack. Rayagada District of South Orissa. Having joined Christian Hospital Bissamcuttack in 1993, she has been the Principal of School of Nursing since 1995, and was given the additional responsibility of Head of Nursing Department since 2002. Today there are 120 students of nursing under her leadership, a busy 200 bedded hospital with over 100 staff nurses and the ancillary support staff – all within the nursing department.

She has taken on various responsibilities in CMAI:

- Curriculum committee Chairperson MIBE from 1998 – 2010
- Vice Chairperson of the Nurses League, CMAI between 2002 and 2006
- Chairperson of the Nurses League, CMAI from 2006 – 2010
- Ag Secretary, Nurses League, CMAI between March

and August 2008

- Secretary, MIBE for six months between June and November 2012
- Principal, Graduate School for Nurses, Indore during the same time
- Chairperson, MIBE from the year 2013 - 2017
- Curriculum committee Chairperson MIBE from 2017 onwards

She has just completed a six year assignment with the Technical Management Support Team as a nurse consultant to the Health Dept of the Govt. of Orissa. One of the highlights during this tenure was the formation of the Directorate of Nursing Odisha, the first of its kind in India.

She has also been Inspector for the MIBE and ad hoc Inspector for the Indian Nursing Council on many occasions. She is ex-officio Board member on Christian Hospital, Bissamcuttack, Board member of Mid India Board of Education of NL of CMAI, Nagpur, and Swasthya Swaraj, Bhawanipatna.

Her husband, Dr John Oommen heads the Community Health Dept and is Deputy Medical Supt at Christian Hospital Bissamcuttack. Her son Ashish John, having done BA journalism at the Madras Christian College, Chennai, is currently pursuing BEd studies in Vishakapatnam, wanting to become a teacher.

WANLESS HOSPITAL MIRAJ MEDICALCENTRE, MIRAJ 416 410.

REQUIRES

CHAPLAIN

Eligibility: B.A., B.Th. or M.Th. plus Three years experience preferably in hospital Chaplaincy.

Salary: As per hospital scale and commensurate with experience.

ASSISTANT CHAPLAIN

Eligibility: B.A., B.Th. or M.Th. plus Two years experience preferably in hospital Chaplaincy.

Salary: As per hospital scale and commensurate with experience.

P.F., Gratuity, Medical facility etc. according to rules.

Accommodation will be provided. Spouse could be absorbed in hospital services, if eligible.

Apply to: Dr. Nathaniel S. Sase, Director
Ph. No.: (0233)2222548, Fax: (0233) 2223413
e-mail: wanlesshospital@dataone.in.
wanlesshospital@rediffmail.com

LTC Completes 90 years

Report of the Laboratory Training Committee (LTC) to the Central Education Board (CEB) of the Christian Medical Association of India (CMAI), at their Meeting in Vellore on 12th August, 2017, for the Period of 1st April 2015 to 31st March 2017.

INTRODUCTION:

The LTC of CMAI is completing ninety years of service under CMAI in 2017 and has contributed a great deal to provide laboratory training of a very high standard. It started as a six months' certificate course, was upgraded to a one year course and then a two year course; and then 6 months of internship was added. All this was and is to keep pace with the advancement in laboratory technology.

RECOGNISED TRAINING CENTRES (2014 – 2015):

2 YEAR DMLT COURSE

1. CSI Hospital, Bangalore, Karnataka
2. St. Joseph's Hospital, Kothamangalam, Kerala
3. St. Thomas Mission Hospital, Kattanam, Kerala
4. Lisie Hospital, Ernakulam, Kochi, Kerala
5. ETCM Hospital, Kolar, Karnataka
6. MOSCMM Medical College Hospital, Kolencherry, Kerala
7. Nirmala Hospital, Calicut, Kerala
8. CSI Rainy Hospital, Chennai, Tamil Nadu
9. Christian Fellowship Hospital, Oddanchatram, Tamil Nadu
10. Samaritan Hospital, Kizhakambalam, Kerala
11. Scudder Memorial Hospital, Ranipet, Tamil Nadu
12. Jubilee Mission Medical College Hospital, Trichur, Kerala
13. CSI Kalyani Hospital, Chennai, Tamil Nadu
14. San Joe Hospital, Perumbavoor, Kerala
15. SIH-R&LC, Karigiri, Tamil Nadu
16. Lourdes Hospital, Kochi, Kerala
17. Duncan Hospital, Raxaul, Bihar
18. Mary Queen Hospital, Kanjirapally, Kerala
19. Christian Institute of Health Sciences, Dimapur
20. CMC – Institute of Chittoor Campus - Chittoor

1 year PG Diploma in Histopathology :

CMC, Vellore, Tamil Nadu

2 year PG Diploma in Medical Microbiology :

- CMC, Vellore, Tamil Nadu
- Baptist Hospital, Bangalore

1 year Diploma in Dermatology Technician's Course :

1. CMC, Vellore, Tamil Nadu

LAB TRAINING COMMITTEE FOR 2015 – 2017 :

1. Dr Bimal Charles, General Secretary, CMAI, New Delhi
2. AHP Secretary, CMAI, Bangalore
3. Dr Hughbert Dkar, Shillong
4. Mr J Sumanth, ETCM Hospital, Kolar, Controller of Examinations
5. Sr Serena, Samaritan Hospital
6. Sr Gordian, Jubilee Mission Hospital, Thrissur
7. Dr Dhaya Selvakumar
8. Mrs Justina, CSI Hospital, Bangalore.
9. Mrs Gladys, CSI Kalyani Hospital, Chennai.
10. Dr Rani – CMCH, Vellore, Principals nominee
11. Dr Mary V Jesudason, Convener – Secretary

EXAM MATTERS :

The pooled centres for DMLT theory exam were :

- Lisie Hospital, Kochi
- Samaritan Hospital, Pazhanganad
- SIH-R&LC, Karigiri
- CMAI office New Delhi
- CIHS – Dimapur

I am grateful to the Medical Superintendents and Lab Tutors at these pooled centres for agreeing to conduct the exams. I also thank the invigilators for agreeing to shoulder this responsibility, and doing such a good job of it. The LTC is very appreciative of their contribution towards the smooth conduct of exams. Thank you.

WORKSHOP 2015:

A Tutor's Workshop was conducted on September 4th and 5th at Don Bosco Center, Bangalore. There were update sessions:-

- New Exogenous Sources of Hospital Infection & Newer concepts of Sterilisation – Dr. Mary Jesudason.
- Ethics for AHS Students – Ms. Ashley, CMAI.
- Biomedical Waste Segregation – Dr. Hughbert Dkar
- Influenza Viruses & Swine Flu – Dr. Mary Jesudason

A Tutor's General Body Meeting discussed the present practical exam format. Spotters were made uniform for all centres. All Workshop decisions were ratified by the LTC at its meeting and are in effect. Dr. Bimal Charles

updated us on three ongoing CMAI projects related to Laboratory medicine.

WORKSHOP 2016:

A Tutor's Workshop was conducted on September 23rd and 24th at Don Bosco Center, Bangalore.

There were update sessions:-

- Immune Hemolytic Anemias.
- Ethics relevant to a lab technologist: Symposium
- Inborn errors of metabolism.
- MSDS

A Tutor's General Body Meeting discussed the present practical exam format. Spotters were made uniform for all centres. All Workshop decisions were ratified by the LTC at its meeting and are in effect. After a very useful symposium, it was decided to print a booklet on "Ethics relevant to an AHP". Dr. Mary was requested to compile this. It will be in simple language and aimed at the "Plus Two" technician student who subsequently becomes a lab technician.

Since 1996, the LTC has been distributing prizes for the rank holders of the 2 year DMLT course. This year the rank students were:

Sl.No.	Name	Hall Ticket No.	Percentage	Rank	Hospital Name
1	ANU. P.J	3798	89.5	I	Jubilee, Thrissur
2	JAINY. T.G	3801	87.65	II	Jubilee, Thrissur
3	DEEPTHY. M.P	3788	86.95	III	Amala, Thrissur

Our congratulations to these students, and to Sr. Gordian and Sr. Elizabeth their tutors at the Jubilee Mission Hospital and Amala Institute of Medical Sciences, Thrissur, Kerala. As is our tradition they celebrated by giving us all ice cream!!

The Rules and Regulations Booklet is available for purchase at a cost of Rs.25/-. All centers have been given a complimentary copy.

PG diploma in Medical Microbiology – The course is now available in two centres. A meeting was convened at the LTC office, Vellore by Dr. Mary with representatives from both centres. The syllabus has been enhanced i.e. basic molecular methods included. The exam pattern has been changed as well. This is in effect from the 2016 batch of students.

STUDENTS' NURTURE PROGRAMME :

The Students' Nurture Programme 2016 for all Kerala training centers took place on 12th & 13th January, hosted by Sr. Jyotsna at the Lourde Hospital, Ernakulam.

2nd year DMLT students from all the Kerala centers were present with their tutors (88 in all). There were interactive sessions, a quiz and a picnic during these two days.

FUTURE PLANS :

The following on-going programmes will continue in 2015 also :

1. 2 year DMLT course with six months internship
2. Bridge course
3. Tutor course (Distance Education Programme) ??
4. Tutor evaluation programme for BSc MLTs to be called as Tutors
5. 1 year PG Diploma in Histopathology course
6. 2 year PG Diploma in Medical Microbiology including 6 months internship
7. 1 year Diploma in Dermatology Technician Course
8. Refresher course cum workshop in needy areas (on an annual basis) provided funds can be made available for this. Resource persons and material will be from the LTC. A "package" for this is available with the Convener. As decided in a previous CEB meeting, fee from Non CMAI member institutions can be used as subsidy for this. However, there have been NO requests since 2007; perhaps the AHP Secretary can help? When he travels to our member hospitals, he can announce this possibility?
9. Workshop 2017. The Tutor's Workshop took place on 15th & 16th September, 2017. There was continuing education programme as usual; LTC had a time of thanksgiving and fellowship during this time to mark 90 years of service of the CMAI, in lab technician training. This was on 15th September at 5.30 pm. Dr. Mary invited members of the CEB to please be present for this if, in Bangalore. Office bearers of CMAI, both past and present graced the occasion with their presence.

I thank God and the CEB for giving me this opportunity to serve HIM in this way. It is only with God's guidance and with the continued support of all my colleagues in the LTC as well as in the various centers of the Lab training programme that I am able to continue to carry out this task satisfactorily.

Respectfully Submitted,

Prof Mary Jesudason, DCP.,MD.,FAMS.,
Convener - LTC

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In our endeavor to strengthen our regional activities, we plan to hire and work with Regional Representatives (RRs) in each of the designated CMAI regions, who will be catalysts in rejuvenating the region. We intend for the RRs to **Respond** to need, through the **Identification** of gaps, as well as **Strengthen** and **Expand** the regional activities. The CMAI designated regions are 1) North West 2) North East 3) Gujarat+Rajasthan 4) UP + UK 5) West Bengal 6) Odisha 7) Chattisgarh + MP 8) Maharashtra + Goa 9) Kerala 10) Karnataka 11) Tamil Nadu + Pondicherry, 12) AP + Telangana 13) Bihar + Jharkhand. The RRs will belong to and work from the region primarily. They should be fluent in the local language of the region and in English.

The screening of applications will be followed by rigorous interviews in the first and second weeks of March.

Send your CV to: Dr Sunita Abraham, by email: chd@cmαι.org before February 25, 2018



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