



FAR & NEAR

FIRST QUARTER 2022

OUR VISION

Christ's transforming presence in healthcare and the nation through Christ-centered medical professionals.

Chairman's Letter

FEAR - THE INTIMIDATING GIANT

The story of David and Goliath is well known to almost all of us. Reading about it in 1 Samuel 17, or recollecting what we learned from our Sunday school days, may make us think of it as an impressive feat performed by a young lad with a sling, a small stone and a mighty faith in God. The young shepherd boy ended the giant's reign of fear and intimidation.

David's greatest defence was his inner shield of faith - not the external one which king Saul tried to put on him. It was not a simple matter of just one stone set in a sling. It required trust, dedication, discipline and skill. We need to remember that using the sling of faith and the stone of truth may be less cumbersome than wielding a sword, a club or a spear, but it requires just as much practice.

As medical people, dealing not only with the challenge of illness, but also the challenge of dealing with people, we can learn from David, the giant slayer. Our challenges can appear like Goliaths and grip us with fear. Indeed the fear itself can become the giant. Is this giant looming large on the horizon of our life at the moment?

Fear has many faces: fear of failure, fear of rejection, fear of meeting new people, new situations, fear of diagnostic or therapeutic dilemmas, fear of financial reversals, fear of future and so on. Fear is actually different from anxiety. Anxiety is vague and unspecified apprehension; fear usually has a specific object.

The first step to overcome unhealthy fear is to separate the real from the imaginary. A recent study published in the Journal of Behaviour Therapy showed that 91% of what we fear actually never comes true! Next, we need to resist all unbiblical routes taken to get rid of fear. No dressing up in Saul's Armour, denial of fear, over indulgent behaviour, gaming, entertainment etc which all lead to dead ends. No quick fix routes to escape.

We need to look at the real fears straight in the face. This is the way of God: complete open eyed honesty. No attempt to deceive the mind. Jesus said in Matthew 24:6 *"You will hear of wars... but see to it that you are not alarmed"*.

The psalmist declares *"He is my refuge and my fortress, my God whom I trust"* (Psalm 91:2). He makes His strength available for our needs. We only need to trust Him. Our trust is based on our relationship with Him.

One of Jesus' favourite phrases was *"Fear not"*. He could be free of fear because of His complete confidence in His Father who was on the throne, and knowledge that all His purposes were wise and good.

May our minds become more like His. Then we too like David can conquer the mighty giant of fear.

Susheel Tharien



Highlights from the Staff

KT PAUL: COORDINATOR – NORTH INDIA

KT could visit Aligarh, Kanpur, Lucknow, Meerut, Agra, Patna, Rishikesh, Chattarpur, Fatehpur and Herbertpur. He writes, "I thank God for the grace to travel and for using me for His purposes in all my visits. Thank you all for the prayer support. The Lord used me to bring His counsel to a soon-to-be married graduate and also to some stressful and struggling graduates doing their PG courses in Aligarh and Lucknow. I could be part of Pre-Christmas programs in Kanpur and Delhi. I returned from Kanpur sick and became very ill after reaching home but by the grace of God, He used me to bring His Word to a group of graduates at Chattarpur and to discuss issues with them. Drs Daniel and Jenifer were deputed from LCH, Mussoorie for a month to Chattarpur. We recollected our times of fellowship in Herbertpur and the importance of these graduate fellowships over a meal. They look forward to these personal times. I could visit Rishikesh for the first time though I was in touch with some graduates there and wanted to visit them for a long time. It was nice being with them and to hear how the Lord was using them there. Though it was hectic travel, it was a very purposeful and blessed one. All glory to God in Jesus.

GEORGE SUCHIANG: FIELD PARTNER – NORTH EAST OF INDIA

George could visit Jowai and Shillong and be part of the Christmas programs that were conducted online. He attended the engagement of one of the doctors from Bethany hospital, Shillong. He shared the word in a Christmas program conducted at a nursing home and also a community health centre (CHC) on the border of Bangladesh. He knew the doctor working at the CHC from his UG days and so George travelled to this remote place by motorcycle riding for eight hours. The doctor had invited other doctors from the nearby PHC's for this program and it was a blessed time. At Jowai, George could comfort a doctor who had lost his father. Since the Biennial North East Conference was conducted online, he was involved in organising this along with the doctors in the states contacting them and conducting preliminary meetings and inviting/motivating students to attend the same in February. He could meet a doctor working at a PHC in Mawrykneng and another lady doctor working in a remote PHC at Amlarem block. Though she had joined the PHC recently she was loved and welcomed by the community as she has stood up for these people in a way that her senior predecessors had not done. George writes, "When I visited her, she was surrounded by the children of that locality. I visited her to encourage her, but instead I was encouraged by the work she is doing there. I was invited for a dinner by another doctor and his family. He had recently completed his MBBS, from Assam Medical College, Dibrugarh. He used to assist me on my visits to Dibrugarh by introducing me to the students who needed fellowship and counselling. He would prepare a list of

students that I should meet when I visit Dibrugarh beforehand. His family were so happy that I mentored him and his father an elder of their church prayed for me before leaving their house. He blessed me and encouraged me to continue the good work. It was such an encouragement for me."

PRATIK SINDHU: FIELD PARTNER – MADHYA PRADESH & CHATTISGARH

Pratik visited fellowships in Bhopal, Raipur and Gwalior in the last few months. Though most of the fellowships are meeting online, some of them have begun meeting physically. There are some colleges where outsiders are not allowed to enter in, so he was not able to meet them personally. Yet he has been in touch with many on a personal level by phone calls and WhatsApp messages. At Bhopal, Pratik was part of the annual conference in December where Dr Vijaya Anand and his wife Anne were the resource people. The students were blessed by their sharing on missions and their life's journey and many could clarify their doubts on career and missions. At Jabalpur the fellowship conducted a physical Christmas program that was attended by around a hundred students. They had prepared hard and had been praying every day for this program and it was a blessed time for all who attended. Some came to Pratik for prayer and also wanted to meet with him later personally to share and discuss their doubts. Pray that these students will know the Lord in a more personal way in the coming days.

SOLOMON RAJU: FIELD PARTNER – AP & TELENGANA

Solomon writes, "I praise the Lord for all HIS grace and mercies upon EMFI and my family throughout the past year and enabling me to enter another year. This year the Lord has enabled me to continue the work entrusted to me. I am involved in the morning prayers, special three-hour prayers on the third Sunday of every month and the planning for the Institute of Medical Missions (IMM) for AP and TS students. I visited RIMS Ongole, and at Vellore, the Lord gave me opportunities to attend the 'Missions Interactive' fellowship in CMC. I met a few students from AP, visited Tiruvannamalai Medical college fellowship and shared the word. On Zoom I shared the word with the consultants at CMC Chittoor, ESIC Medical College, Apollo Medical College and AIIMS Hyderabad. I visited KMC Kurnool and interacted with PG and UG students. I engaged with PG aspirants and interns over phone and WhatsApp messages."

LINU ZACHARIA: FIELD PARTNER - TAMIL NADU

Linu visited Kanyakumari, Tirunelveli, Thoothukudi, Coimbatore, Salem, Trichy, Thanjavur and Oddanchatram (ODC) in the past months. He was part of the online retreat for the colleges of South Tamil Nadu where Dr Cijoy Kuriakose, Dr Anish Jacob and Mrs Hannah Alex spoke and the students were blessed. At ODC he met with the doctors to plan the Pachalur conference.

Highlights from the Staff

CHANDY ISSAC: ASSOCIATE STAFF – KARNATAKA

Chandy writes, "Our core team began the year 2022 with an online meeting with Dr Oliver Kaunds, who shared the experiences from Madhepura Christian Hospital. Over the subsequent weeks the Bangalore Fellowship Group has continued with the weekly online Bible studies from Genesis. Now with the steady return to normal classes and activities, we have been actively seeking opportunities to connect with the younger medical and dental students.

The new initiative by Dr Kuruvilla Varkey to engage online, with a few students on a monthly basis, has been very encouraging and it is heartening to see a 2nd year student from ADC actively involved with this group. After a pretty long while we had a small gathering of 4 ADC graduates in our home when we took a sneak peek at the book "East and West- saving Sonabadhra", which tells us how the Jivan Jyothi Christian Hospital was revived and transformed. The daily morning EMFI prayer-hour is a great blessing to many and God is using this platform to help us to reconnect with a few graduates. In a recent meeting in Bangalore with Dr Samuel Siddharth, Dr Spurgeon - Director, BBH, shared from Ephesians 1: 3-14. We had a fruitful time of discussion, about the current needs in the existing college fellowships, and a time of prayer.

MV RAO: FIELD PARTNER – AP & TELENGANA

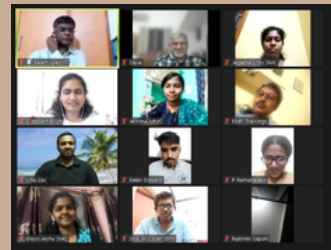
Open Homes:

A W Tozer said – "A physician who himself had never felt any pain surely could never sympathize with any ailing, suffering patient". Ignorance is rampant in the campuses and our fellow fraternity are joining in it. Is it not true that our friend with whom we chat with is slipping into an abyss and we don't realise it. For the past three months, I have visited few colleges and met many students. Often, I am superficial with a 'touch-me-not attitude' or I am drowning in isolation. Yet my mere presence elevated many from their evil oppression. We have 92 colleges (64 Medical & 28 Dental Colleges) and 24 new colleges have been announced in AP-TS. There are hardly five open homes in both the states. There are hundreds of students in these colleges. But who will care for and nurture them? Where is the heart for the students perishing in the campuses? Orphans, shepherd less, guideless pilgrims, wandering vagabonds – where are they all heading to? Do you know that these are the future medical missionaries of the Nation, hope of the hopeless, comfort to the crushed, deliverer of the bonded? Please open your home for these heroes of our Nation. There were few physical gatherings, camps and fellowships along with an IMM in the month of March where 35 students attended and took their stand for the master's cause.

ELIZABETH ELLIOT: FIELD PARTNER – TAMIL NADU

Elliot could organise a retreat ('DOWNLOAD') for Medical & Dental students online on the 26th of January, 2022. The theme was 'Challenges to being witnesses'.

The program included a Devotion by Dr Isaac Jebaraj, theme talk by Dr Balamugesh and a talk on 'The importance of Quiet time' by Bro Devakumar with a time of Question & Answers at the end. More than 80 participants attended, and were blessed. She could get the Dental graduates from Tamil Nadu to meet online on Friday evenings, where the needs of the mission hospitals are being presented to them. Along with Dr Jacintha, fellowship meetings for the faculty members of various medical colleges are being organized every week. Elliot writes, "We are thankful to the Lord for these meetings. Our prayer is that these meetings would be a source of encouragement and more graduates would come forward to support medical missions."



HERALD ADELAIDE: COORDINATOR – TAMIL NADU

Due to the third wave of COVID 19, the one-day retreat (DOWNLOAD) in January where Dr Balamugesh could answer questions/challenges that the students faced and the follow-up meeting for the Pachalur Missions conference where Dr Molly John addressed 46 students had to be conducted online. Herald helped in coordinating the North-East Biennial conference along with George by interacting with many of the doctors and students and connecting students across the country. The online MBBS classes by senior consultants could be restarted as colleges remained closed till February. He also helped compile 180 video lectures for the NEET coaching program 'JEEVAN'. The session with Dr Kuruvilla Varkey on a monthly basis has a good response from students across the states. He got Dr. Raja, an alumnus of MMC speak at their meetings where he shared about how EMFI had nurtured him through his student days and helped him to stay in missions for a long time. He coordinated an online discussion with doctors on the topic "If Jesus was a doctor in our days" based on the book Jesus M.D. Since fellowships have begun meeting physically now, Herald visited Thiruvannamalai Medical College, Government Vellore Medical College, UGs and PGs at CMC Vellore, MMC, PIMS, Stanley Medical College, JIPMER and Indhra Gandhi Medical and Dental college at Pondicherry. He attended the Life Revision Seminar (LRS) conducted by Dr. KO John online. He attended the wedding of Drs. Prabhu and Narmadham. Herald writes, "I was blessed and encouraged to listen to the testimony of these doctors at their wedding and the role played by EMFI in their lives." A mission trip for students from Chennai and Vellore is planned in May to visit Asha Kiran Hospital. The Pachalur Missions conference is scheduled to meet physically after 2 years in April. Please uphold these in your prayers.

Institute of Medical Missions

Sceptical, lukewarm and shy are some words that could describe us as we entered the gates of Asha Kiran Hospital, Lamtaput, Odisha. Our time at the hospital were wholesome, jam-packed days of hearing the voice of God speaking to us. We were briefed about how we would be spending the next few days by Dr Samuel Sidhartha and Dr Fredrick explained about our visits to the nearby villages.

One team visited Dasaput village. We had to cross a river in a boat to reach this place. Asha aunty and Gokul uncle, who work for the AK society accommodated us in their home for two days. We felt such a deed was only possible if one had the love of God planted in their hearts. We cooked our own food, fetched water from a nearby pump, cleaned the dishes ourselves, all of which was different from our daily routines. We were taken to visit two patients with cerebral palsy and were also briefed about the palliative care program initiated by the Asha Kiran Society. One of the patients there, Reena, 40-year-old, welcomed us with her bright smile and loud laughter. We could see her glowing with joy on seeing Asha aunty who gave her physiotherapy sessions. Reena lives with her mother who is 70 years old. We came to know that Reena was found lying outside her home in her own stool and urine uncared for by her family. It was only after AKS approached the family that they learnt to take care of her. Care for those who cannot be cured is what we learnt that day. The next day we visited a model farm, also called the Aadarsh Bageecha. We understood that AKS did not just confine itself to health but had a wholistic approach in transforming the lives of the people. We were taught about the three-tier farming initiated by AKS, where the farmer was provided with saplings of forest trees, taught horticulture and millet farming which would both provide for his family needs and also give him/her a source of income.

The second team visited the Bondo Hills and were introduced to the Bondo culture and customs. This trip taught us how God can use a single person to bring salvation to many. How establishing a clinic with skills, at such a place could save many people. One thought that we pondered on that day was "What if we were born here?"

Institute of Medical Missions (IMM) is a one-week residential course on Medical missions conducted in a mission Hospital. This IMM was held at Asha Kiran Hospital, Lamtaput, Odisha from the 3rd - 9th of March 2022 and had 35 students from AP & TS attending. The Resource people were Dr Starlin Vijay (Makunda Christian Hospital), Dr Samuel Sidhartha, and doctors from Asha Kiran Hospital. Dr Christy and Dr Emmanuel also helped in taking some of the sessions and Dr Ramya, Dr Satya, Dr Vanaja (Bissamcuttak Mission Hospital) and MV Rao helped in conducting this IMM.



The remaining days were filled with sessions at Asha Kiran hospital. We learnt that serving in a place like this is GOD's mission and not ours. Manipulating us into working for HIM does not fit into God's character. Led by Dr Christy, we shared our quiet time thoughts and actually learnt how to spend quality time conversing with God. Mr Victor helped us to understand that though we would face pressure from the world to prove ourselves by showing off our talents, we need to withhold and overcome it. We spent the evenings with mentors assigned to us asking them our doubts about their decision to enter missions and their journey thus far. We also had an opportunity to bombard the four interns working at AKH with our questions about missions in one session. During the break we got to know the people working there and heard their wonderful testimonies. We learnt about the history of various mission hospitals in Andhra Pradesh and Telangana. We also had a practical session where we were asked to choose a city from the North India and were asked to identify the health problems in the city and come up with our own long-term plans to deal with them and reduce the Maternal Mortality Rate. We were introduced to the Biblical basis of Missions and were asked to question ourselves as to where Jesus would like to work if he had been a 21st century physician. There was deafening silence in the room in one of the sessions when Dr Vinod asked us, "How would you justify yourself working in the city, when a young pregnant lady in places like this has to walk 60km in her labour pains to get to a hospital just because of lack of doctors?"

We had the chance to listen to Mrs Hannah Alex, as she shared about how God worked His plan through late Dr Alex in the Bondo Hills, and all the struggles that they had to face along that journey.

We learnt many lessons, had many of our questions answered, and doubts clarified through this IMM trip of 2022. We left for Vishakhapatnam, being filled with the zeal to do God's will in our lives, and some of us have committed to serve in missions. We would like to thank God for this unforgettable experience and the staff of EMFI and Asha Kiran Hospital for this opportunity and their hospitality.

Monica (2017 Batch)
AMC, Vishakhapatnam

Virtual Reality

This article tries to engage with some of the questions and concerns that have risen in response to the current scenario with the Governments' ruling of admissions into Christian Medical College, Vellore. The ruling is as follows:

"The apex court refused to grant the relief and directed that the entire 100 percent PG seats for the academic session 2021-2022 are to be filled through the minority merit list prepared by Tamil Nadu.

In a significant order, the Supreme Court, said the Post Graduate medical seats in Christian Medical College Vellore for the academic session 2021-2022 would be filled from the minority merit list prepared by the Tamil Nadu government." - The Indian Express - 10th March 2022

In the light of the above ruling there was a discussion on the impact that this would have on the Mission Hospitals of the country that depend to a certain extent on students from CMC who go there to complete their bond period. The discussion had participation of the Executive heads of Emmanuel Hospital Association – Dr Saira Paulose, The Leprosy Mission Hospitals of India – Dr Famkima Darlong, General Secretary of EMFI – Dr Samuel Sidhartha and the field partners of EMFI.

Some concerns raised:

Why would a student/young doctor want to join a mission hospital?

The Mission Hospital is a good learning ground for young doctors to hone their skills and grow professionally and spiritually. There is wholistic development. It is a way of honouring God and there is plenty of scope for fellowship and learning from senior doctors. One gets to learn that treating a patient is more than just treating their physical ailments but treating the person wholistically (Whole Person Care). Mission Hospitals are also places where the poorest of the poor have access to medical facilities and this is very much in tune with what the bible says about caring for our fellow brothers and sisters. So, if a young doctor wants to serve people who are underprivileged, then mission hospitals are the right places for them to see it happening.

What is the impact of the CMC Verdict on Mission Hospitals?

Though the CMC verdict is disturbing, it should not trouble us, since NEET also caused a similar buzz for some time but in the end many students were ultimately benefitted from it. Besides, we need not be worried that the mission hospitals will suffer because of this verdict. Yes, it might cause a temporary dip in the number of doctors joining mission hospitals, but we need not be perturbed by this as it is ultimately the work of the Lord and He will definitely send the needed workers for his vineyard.

The mission hospitals in the country were not formed because of the CMC's but because of a need in the community and so God will raise up doctors to serve in missions anyway. The struggle of the poor is the same and the health care needs of the poor are also the same and so the Lord will bring in the needed doctors in His time. We only need to sensitize the doctors and medical students to the needs of the people around them and help them understand, what the mission of God is all about. That is the bigger challenge. Besides, there have always been doctors graduating from Government colleges serving in missions, so it is not just CMC that is providing doctors to missions. The mission hospitals were started to glorify God and if we Christians don't go to serve in such places, then who will go.

How can students be motivated to take up missions?

1. Conducting mission camps for students in mission hospitals

EHA/TLM hospitals are willing to conduct camps which the students can attend and also have a half a day tour of the community – some students from colleges have attended such camps/retreats in the past and have then come back to work in these hospitals. Exposure to missions there will influence them towards a positive response at some point in their lives. The hospital can take care of the stay for the students who attend such programs.

2. Institute of Medical Missions (IMM)

EMFI conducts a one-week training program for students of medicine and dentistry in a rural mission hospital. EHA and TLM are willing to host such programs in their respective hospitals.

3. Visiting Medical students in their colleges

Mission hospital staff and doctors could visit the neighbouring colleges periodically either on their own or along with an EMFI staff who can help in connecting doctors with students. This could pave the way to develop a relationship with the students first and then the response to missions will follow as a by-product of the relationship and time invested in young lives. EMFI can help in mapping colleges close to the mission hospitals and facilitating these visits.

4. Participation of doctors and staff of mission hospitals in camps and conferences

Doctors and staff from mission hospitals could participate in camps and conferences that EMFI conducts for students and transmit a burden for missions.

Some suggestions and concerns shared by EMFI staff members to the leaders of Missions

One of the main concerns shared was for the nurture of Junior Doctors in the Mission Hospitals. Wherever these young ones find an atmosphere of genuine concern and nurture, they seem to thrive and flourish and some of them will continue in missions for the long term.

Virtual Reality

Good role models and good administration in missions influence them positively. In places where they do not find such nurture, they are often disillusioned and develop negative attitudes towards missions.

One of the other suggestions was that it will help students to visit Mission Hospitals if the travel costs can be borne by the missions.

It was also felt that a good write up on the relevance of missions and the healthcare needs of the country will be handy to share with students who have queries about missions.

In conclusion

Ultimately, caring for the poor and the marginalised is the cry of the Lord and He will raise up a generation to serve these people in missions. We need not worry that the verdict on CMC admissions will affect the number of doctors coming to missions. Yes, there will be an impact to a certain extent but this could be a time of refining by fire, when only the ones who are really serious about serving who will actually come to work in mission hospitals without any expectation of a sponsorship for PG or other incentives.

"For the needy shall not always be forgotten, and the hope of the poor shall not perish forever." Psalm 9:18

Ground Realities - Where the tyre hits the road

I am Deevana, a junior doctor at Christian Mission Hospital, Chinchpada, Maharashtra. It's been four months since I joined. As a child I always wondered what it was to be medical missionary. After much anticipation and prayers about the next step, I decided to work in a mission hospital after my internship to experience the work in a resource poor setting.

Christian Mission hospital is in Nandurbar district of Maharashtra bordering Gujarat. It serves the unreached people in and around Chinchpada, especially the native tribes of the place. Poverty, illiteracy, witchcraft, alcoholism, quackery is evident in the lives of almost all the patients that come to the OPD. Patients with extensive tuberculosis are not a rare here. I still remember the face of a 20-year-old boy with diabetes gasp for his last breath, as we were left with no time to find that he was actually dying of extensive pulmonary tuberculosis. Though his memory makes me feel sad, I praise God for the hard work that hospital does in reaching out and helping the hundreds of poor patients to remain compliant to their medication. The miracles I witnessed are countless and I learnt to value life.

Poverty, sickness, caste, colour, gender, age do not give our dear patients their identity. They are the image bearers of God (Genesis: 3), they deserve dignity, love and justice including good health. To work in a resource poor setting where your qualification doesn't match the equipment available in the hospital is a real challenge. Underpaid, unrecognized work, life with lots of adjustment, are some things that come to mind when I think of a doctor working in such places. As I watch Dr. Deepak and Dr Ashitha leading this hospital day after day, I feel inspired. I have not seen them complain or being discontent with their life here in a village.

It is only here that I see patients being able to consult a specialist doctor with a fee of just Rs 20/-. The patient hardly understands the degrees of his consultant, but I am sure that he understands that he is dearly loved by them. Dr. Deepak and Dr. Ashitha serve these marginalized communities as they would serve their own with joy and this reminds me of the calling in Isaiah 6. The choices they made, the unspoken sacrifices, the countless sleepless nights for the past 7 years only reflect how much they love God and His people. It was just my 3rd week here, and as I struggled with my broken Hindi to understand the patient's complaints, I was feeling tired already. I asked Dr Ashitha how they managed to do so much all these years with such perseverance? I was humbled as she mentioned nothing about her strengths or struggles but chose to point me directly to the one who strengthens her. She said, "He is our anchor, our source and our destiny. When he is enthroned, all our weaknesses are inconsequential. It has meaning far beyond our understanding. Even with all our shortcomings he accepts us and uses us. There can be no greater joy than this!"

I understand, to be a medical missionary is to be Jesus' disciple, to follow in his footsteps, loving and serving His image bearers. Its God mission that His creation be healed of sin and its consequences and we become His co-workers as we align ourselves into His will.

My heart will rejoice despite the suffering I see as I know it is Christ that is working to set us free. Revelation 21: 3,4

Deevana

Chinchpada, Maharashtra



Reflections from the General Secretary

A NEW HISTORY

Each of us has a history. It is made up of the past and the present and includes dreams of the future. Some of the events in the past and the present may either be good or bad and the influence of these leave a mark on us, often influencing the future. Much of this history follows a predictable pattern. We begin with the concerns about our needs, described so well by Abraham Maslow. After some time, we become preoccupied with these needs of our children or our elderly parents. Sometimes we may also be involved with needs for our children's children. Somewhere in this course we die!

The writer of the book of the Ecclesiastes, reflecting on this, says, *'There is nothing new under the sun.'* The psalmist in the 103rd song says *'The life of mortals is like grass, they flourish like a flower of the field; the wind blows over it and it is gone, and its place remembers it no more.'* Some of our contributions may live beyond us but are soon likely to be superseded by new ones which will follow the same course too. The sobering issue is that we are likely to be not remembered by those around us anymore after our death.

But we have the Good News! We, the believers of the Lord Jesus Christ, have a New History. It comprises a new past, a new future and a new present. The apostle Peter writes about this in the first chapter of his first epistle, in verses 3-5.

A new past - the new birth

The apostle Peter says the God has *'Begotten us again to a living hope through the resurrection of Jesus Christ from the dead'*. Again in 1 Peter 1:23 he states, *'Having been born again, not of corruptible seed but incorruptible, through the Word of God which lives and abides forever.'* Our Lord said *'Most assuredly I say to you, unless one is born again, he cannot see the kingdom of God'*. Many of us would say that we are born again. How deep is this conviction? Is it deep enough to make us accept this new event in our history? Is it deep enough to help me begin to live it? Is it deep enough to challenge and destroy a caste-based

identity which stratifies Indians on the basis of their birth as born into so called upper, middle, lower or untouchable castes?

A new future

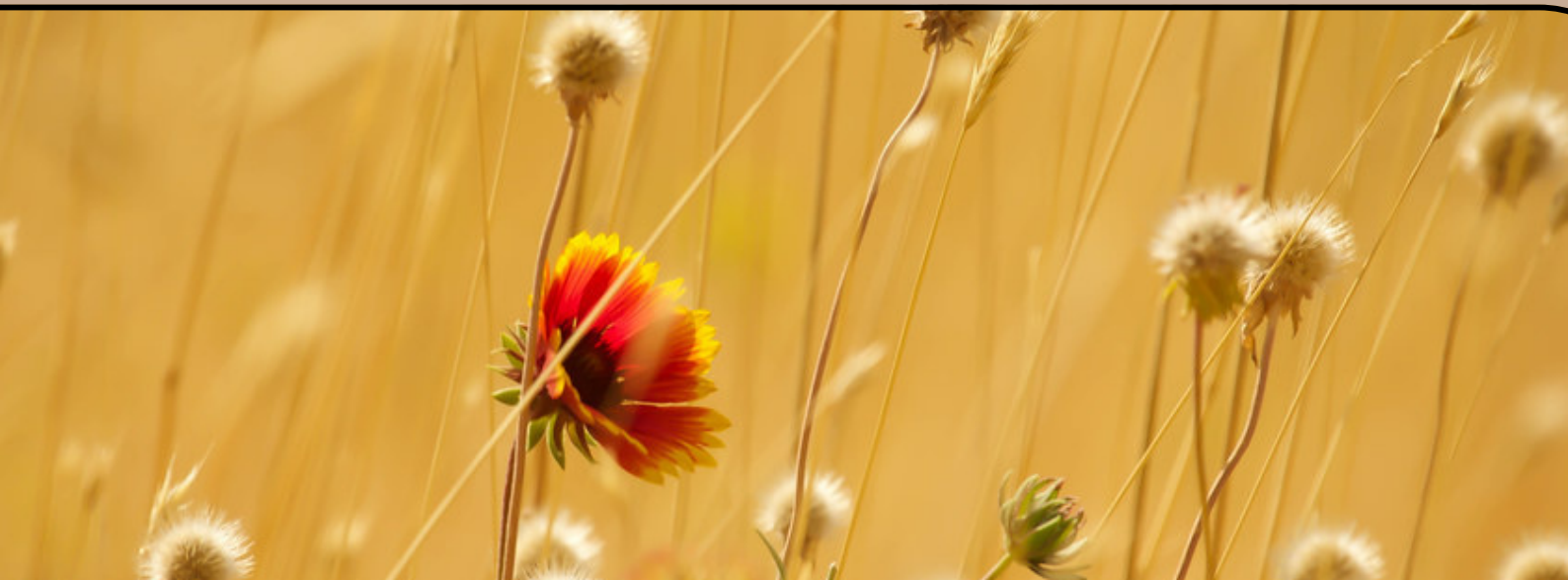
Our future dreams are often about an improved condition in this world. However, we know fully well about the perishable nature of these future things, leave alone our own perishability. The Apostle tells us about our future inheritance. It is an inheritance that is incorruptible and undefiled and one that does not fade away. While our properties and accomplishment will perish, the new future with a glorious inheritance does not perish, spoil or fade. Such is our new future! How does the surety of a glorious imperishable inheritance influence the pursuit and engagement with 'inheritances' that will surely perish?

A new present

We often live in the past or strive towards the future. Both these affect the present which is often filled with anxious thoughts and worries about studies, finance, health, relationship issues etc. The Apostle brings words that strengthen us in the present. He says that we are kept by the power of God. In another translation it says that we are shielded by God. What a joy it is to know that we are not alone in this pilgrimage and that in all our trials and griefs, He is with us as a shield. We are encouraged to go through this transient life secure that in every situation He is our shield. Do I let this blessed truth shield me in the anxieties, worries and hurts that I face each day of this pilgrimage?

In a disorienting world of pandemics, wars and intolerance, let us not live out our lives from the Old History. Let us walk about in the New and glorious History given to us in the death and resurrection of our Blessed Lord Jesus Christ. Let us proclaim it with gladness in our work and word. Amen.

Samuel Sidhartha



Opportunities

VAN ALLEN HOSPITAL - KODAIKANAL, TAMIL NADU

Van Allen Hospital was established in 1913 by a group of Christian missionaries as a place where people could receive quality medical attention in a picturesque setting of comfort and care. Located in Kodaikanal, Tamilnadu, at an altitude of about 7000 ft in the Western Ghats, we are nearly 100 kms away from the nearest available tertiary referral centre. Building upon our 100-year foundation, we continue, in the spirit of Christian service to provide the best in medical services to all who walk through our doors. We currently offer acute medical care, mother and child care and orthopaedic and fracture care.

A vacancy has arisen to commence immediately to provide obstetric and general medical care. While this is a long

term vacancy, candidates who are interested in short term positions can also apply. Salary will be decided upon qualification and experience. Free accommodation will be provided. Kodaikanal International School offers a considerable scholarship for children of doctors working at the Van Allen Hospital.

The Hospital requires:

1. Obstetrician
2. Physician

Interested candidates can contact:

Senthil Kumar Ganesan - 6374042759

E-mail: vanallenkodi@gmail.com

Family News

MOVEMENTS

- Dr Amos from Madhepura Christian Hospital has joined MD Geriatrics at CMC, Vellore
- Dr Augustine from Madhepura Christian Hospital has joined MD Anaesthesia at CMC, Vellore
- Dr William has joined MD Community medicine at CMC, Vellore
- Dr Katrina from Chennai has joined MD in PMR at CMC, Vellore

- Dr Deepa from Scudder Memorial Hospital has joined MD Community medicine at CMC, Vellore
- Dr Pamela from Scudder Memorial Hospital, Ranipet has joined MD Physiology at CMC, Vellore

EMFI congratulates each one of these doctors and wishes them the Lords blessings and guidance as they pursue their studies at CMC, Vellore

Treasurer's Note

Dear Friends & Partners,

The Lord has been merciful and gracious in providing the needs of EMFI in all the initiatives. We thank you for your active engagement in the Lord's work and for being a channel of blessing. Please continue to uphold EMFI in your prayers and support as the Lord leads.

The Income and Expense statements for the months of Dec'21- Feb'22 are furnished below for your perusal.

Regards,

Sukumar Chitturi.

FINANCIAL UPDATE

Month	Income	Expenditure
December	1693053	815014
January	1132818	747140
February	754321	991378

SCAN & PAY



UPI ID: EMFIHQ@SBI

Those wishing to contribute can send your cheques/DDs in favour of:

'Evangelical Medical Fellowship of India' to the address given below

Or make an **Electronic/Bank transfer to:**

State Bank of India

Current A/c No: 35465591006

(Branch Code: 2288, IFSC: SBIN0002288)

HDFC Bank

Savings A/c No: 04921000009885

(Branch Code: 492, IFSC: HDFC0000492)

You can also make direct online payment by visiting our website www.emfi.in and clicking on the **DONATE NOW** button <https://emfi.in/donate/>

EMFI is charged 2.5% service charge for every transaction

IMPORTANT: We can only receive contributions from Indian passport holders.

Please call/Text/Email us after you make the transaction.

9176215489/90, emfihq@gmail.com

Published on behalf of EMFI by Dr. Samuel Sidhartha Swamidoss – General Secretary

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