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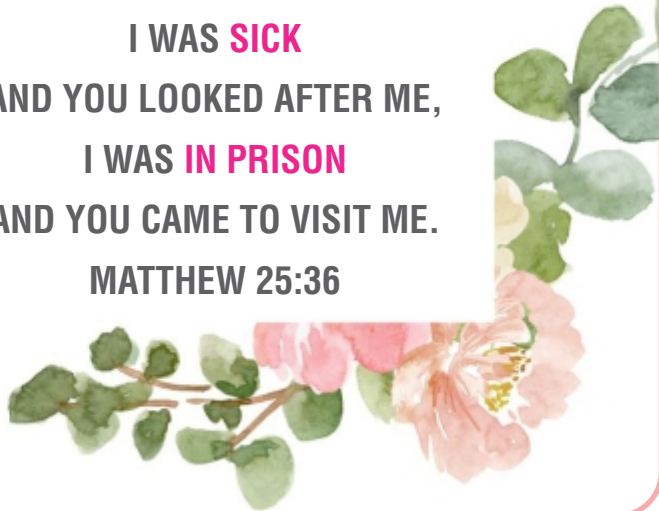
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A Journey of Faith





FOR I WAS **HUNGRY**
AND YOU GAVE ME
SOMETHING TO EAT,
I WAS **THIRSTY**
AND YOU GAVE ME
SOMETHING TO DRINK,
I WAS **A STRANGER**
AND YOU INVITED ME IN,
I **NEEDED CLOTHES**
AND YOU CLOTHED ME,
I WAS **SICK**
AND YOU LOOKED AFTER ME,
I WAS **IN PRISON**
AND YOU CAME TO VISIT ME.
MATTHEW 25:36



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Rev. Vijayesh Lal

The Mystery of Suffering and the Persistence of Faith

Divya was a young girl, around 19 years old. She passed away not of Covid, but of uterine cancer detected but four months ago. These were four months of anxiety, fear and suffering, made especially worse as she was alone, separated from her family. Even in her death, her relatives refused to have anything to do with her. It was her faith in Christ that had created this chasm that ties of blood could not bridge. It is not for us to judge, or to wonder if they wailed in mourning if at all they heard of her passing away. It will be harsh of us to say they would not feel for their own flesh

and blood. But that was how it was seen in the hospice, and in the small group that put her in her grave.

Divya and her siblings – a brother and a sister -- were living with an impoverished Christian in central India after they were thrown out of their home by their parents who opposed their allegiance to Christ. The parents too were under great pressure from the neighbours. Such societal pressure is almost the norm in these regions of India. Divya was the eldest of the three.

The siblings were on the street,

without a roof over their head, and without any source of livelihood. Divya was in ill health, but that did not move her parents. Forsake Jesus and you will be welcome. If not, suffer as you would. She, they made clear, was dead to them, and with her, her brother and sister too.

Someone else had a much larger heart. A poor Christian family, with meagre resources of their own, overlooked the pressures and took the siblings in to their home. They have been with that family for almost a year now, sharing in the limited circumstances. Occasionally, some relief came from people who helped when they heard of the plight of the children. But it was barely enough. And then Divya's condition began to get worse.

She was diagnosed with Uterine Cancer and the doctors scheduled a Hysterectomy. But they could not go ahead with it as Divya was too weak. They gave

her some time to build up her bodily reserves so that she would be able to withstand the surgery. It was not to be. She passed away before the surgery could be performed.

Just about the same time, another family heard that time had run out for their three-year-old child who had valiantly battled cancer for over a year. They had to make the brave decision to get him home, make him comfortable and make good memories with him till he goes away into the arms of God.

These passages break us from within. In the Covid pandemic's massed casualties, and in many other instances in hospital wards the world over, survivor families would wail Why it had to be, and why they were not granted even a moment to say a decent goodbye.

Psychologists, counsellors and pastors come across instances when people teeter on the verge of losing faith as they question why God who gives life and

sustains us, allows such devastation to happen. This is a primal reaction of anyone who feels forsaken by a parent.

In the midst of the grief and with the loss still raw, we need to remember that forsaking our faith in God will not help us to either understand suffering, or how to handle it.

In the face of the mystery of suffering there are no easy answers, and sometimes we may live out our entire lives without every getting an answer to the WHY question. Even Job, the righteous man who suffered because of his righteousness, never got to know why. And yet, because of his suffering, he acquired a greatness that has echoed through the ages and across the continents. We are comforted in his story.

It may help us to remember that God did not create a world with suffering in it as a core ingredient. Suffering and death came in because of the Fall. Our sin

brought it, Satan was behind it, but in essence it was our free will to put our trust in his devious ways, rather than in God. That is the truth, if not very comforting.

What will be comforting will be the understanding that God does not delight in our suffering but chooses to identify Himself with us as the suffering Saviour.

On the cross Jesus Christ cried, "My God, my God why have you forsaken me?" He too asked the WHY question.

And He alone was the one who was truly forsaken. Job was not truly forsaken even though he faced a very difficult test. God was constantly watching his back and did not allow Satan to harm him beyond a point.

God was also with Shadrach, Meshach and Abednego in their fiery furnace and Nebuchadnezzar saw a fourth person who looked like "a son of God".

The Bible tells us that Jesus chose that way for the joy that was set before Him – to make us right with God and to obtain our peace with Him. (Hebrews 12:2, Isa 53:11)

It is His resurrection now that gives us a new birth into what Peter calls "a living hope" (1 Peter 1:3). We end up as people of Hope – Easter people.

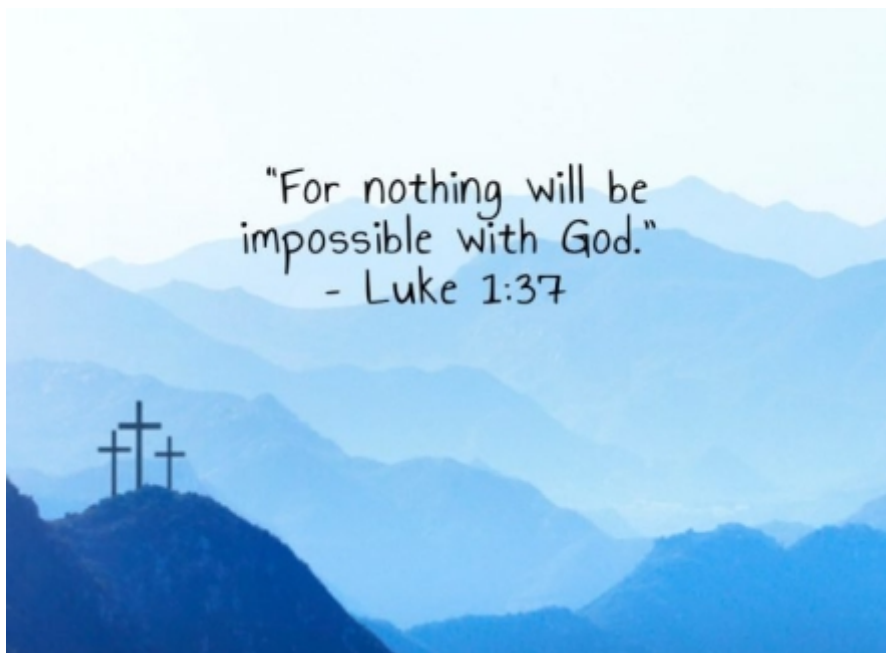
God does not mind our WHY questions. He is big enough to deal with them. If at all, he

commends the one asking the questions (Job) but condemns the ones that ostensibly had all the answers (his friends).

In fact, our WHY questions can serve us to bring us closer to Him. The mystery of suffering can draw God closer. Job did not get his answer, but God spoke to him and that was sufficient.

In our suffering, God draws closer. That is enough.

Rev. Vijayesh Lal





Covid-19 Response by our Mission Hospitals

Dr. Vijay Anand Ismavel

Churches across the world established schools and hospitals to meet the felt needs of their target communities, many of them excluded by poverty or other causes of marginalization. This expanded the scope and reach of the church and showed God's compassion and empathy by providing help where it was most needed. The cause of those who were excluded because of disease (leprosy) or disability (blindness) became special focus areas of different church-established programs.

When the Covid-19 pandemic struck, the mission hospital community in India was mobilized into action. The first wave was marked by surprise, poor-preparedness, poor knowledge of what we were facing and danger. The response

was like that of Nehemiah, understanding the threat, mobilizing available resources, repurposing people to face the enemy and carrying out actions that neutralized the present threat so that an analysis could lead to root causes and preparation for the next one. (1)

During the first wave, we quickly understood that Covid-19 was a fast-spreading respiratory virus that caused death in about 1% of those infected. One infected person would infect two others if unimpeded access was provided to a non-immune population. Those who died were mostly elderly with other pre-existing diseases. There was no vaccine available at the time, so the only protection was using personal protective equipment (PPEs). These were not available freely

and most hospitals quickly ran out of their stocks and were not able to replenish them. Almost all the mission hospitals made their own PPEs, using locally available materials and the labor of their staff/students. Hospitals became hot-zones for the virus, because sick patients went to them. Some state governments declared selected government hospitals (often medical colleges) as dedicated Covid hospitals so that the other hospitals (including the mission hospitals) would continue to treat non-Covid illnesses. This was very wise because Covid patients could infect non-Covid patients who had more chances of dying because they already had other diseases. Further, non-Covid people needed safe places to go for their treatment – especially for deliveries and medical/surgical emergencies. In some other states, the government passed orders converting some of the private hospitals (including mission hospitals) to Covid hospitals. They stopped treating non-Covid patients and used all their assets/staff to care for Covid patients.

There were risks involved. Many mission hospital staff were infected, and some died. Hospital finances collapsed and salaries were deferred or sometimes

withheld. Staff were unable to stay in their rented accommodation in some locations and had to be provided food/stay inside the hospital premises. Over a period of several months, the first wave abated and slowly our hospitals recovered and started seeing non-Covid patients again.

In March 2021, the second wave struck and even though our hospitals had some experience with the first wave, they were not prepared for its ferocity. We had a better understanding of the disease and how it should be managed. Scientific studies had proven that many drugs once thought useful were in-fact quite useless. The most important element in the management was oxygen for those who needed it. Most staff were now vaccinated, thanks to the Government of India which provided free vaccination on priority to all healthcare workers. Those vaccinated were not immune to re-infection but these 'breakthrough infections' resulted only in mild disease with a very low probability of dying. Many donor agencies poured in support to our hospitals, providing PPEs, oxygen, financial support and volunteers. Today, we are at the fag-end of the second wave and have learnt

more lessons with our struggle with Covid-19.

This disease must be attacked on two fronts simultaneously. The first one is to prevent transmission in the community. When a person is infected, he/she can transmit the disease to other non-immune individuals. To prevent this, they must stay in isolation, ideally in a room with attached toilet and their food and other needs should be met without contact with others in the household/community. This is almost impossible in most of our crowded villages and slums. Some of our hospitals established 'community isolation centers' where hospital trained community staff monitored the Covid positive people by checking their oxygen saturation and other parameters at periodic intervals, providing them food and keeping them comfortable till they were no longer a danger to others. If they became sick and needed referral, they were sent to government designated hospitals for further management. Of 100 people infected with Covid-19, 80 will either be asymptomatic or mildly symptomatic, not requiring oxygen. This means that the vast majority of Covid infected people can be effectively managed in these centers. 15 of the 100 will

need oxygen but not ICU care. These patients need to be referred to a center with oxygen using oxygen concentrators or cylinders where they are kept isolated from non-Covid patients and other non-immune people. 5 of the 100 will need ICU care and they should be referred to Covid hospitals with ICU facilities. These patients are very sick, will demand a lot of resources and expense, will spend a lot of time in the hospital, recover slowly and a large percentage will die.

Our hospitals should prepare a contingency plan for a possible third wave. Simple protocols to manage patients with just oxygen should be developed and teams of people trained so that if and when a third wave appears, these people can be mobilized and centers set-up in pre-designated locations (closed schools/colleges etc.). These centers should be able to manage patients who are asymptomatic as well as those who only require oxygen. Of the many horrible sights that we saw on media during the second wave, the worst were of people waiting in ambulances and dying without reaching the hospital. This situation could be averted if some of the patient loads were managed by these trained teams in Covid oxygen centers. The

worst-affected patients should be sent to Covid ICUs. Oxygen was in short supply during the second wave. We now have a much better understanding of oxygen supply/demand and some of our hospitals have made great innovations to use oxygen more efficiently. (2,3) Covid admission/discharge/palliation criteria should be constantly redefined depending on the supply/demand situation for Covid ICU beds. CMC Vellore and some of our other mission institutions have developed up-to-date and comprehensive guidelines to manage Covid. If we can follow these, we should be better prepared for a future wave.(4,5)

Covid-19 has also wreaked havoc on the economy of many of our target communities, many have become destitute. Schools and colleges have closed, disrupting the academic lives of huge numbers of students. The pandemic has created a large pool of child orphans. Many of our mission hospitals have community health and development projects which should be repurposed to help these people to recover and for orphans/widows to rebuild their lives.

Will there be a third wave? We do

not know, but many countries have experienced multiple waves. If most of the population are quickly vaccinated before major mutations occur that make vaccination ineffective, it is likely that the pandemic would be controlled. This appears to have happened in countries like Israel and the USA. Will India be able to ramp up vaccination to all quickly? Although it is the largest manufacturer of vaccines in the world, it will still be a challenge. Our mission hospitals should help if allowed to. When vaccination is open to all, it will be our target communities, the poor and the marginalized, who will be at the end of the queue. We should take up their cause and if allowed, we should vaccinate them so that the threat of Covid-mediated destitution does not add to all the other problems they already face.

What have we learnt from the Covid experience so far? It is a war-like scenario and we should treat it like a disaster. All the elements of disaster-preparedness should be brought into play so that we efficiently manage a wave, learn from it and get ready for the next one, if and when it comes. We should constantly take stock of our assets and constraints and modify our guidelines and

protocols so that our target populations get the best possible support that we can offer.

Our mission hospitals are God's provision to our target people. They must be supported by our churches and by all Christians. Many of them are sick and dying, mostly because of internal causes – often linked to poor management and governance. Just as we managed the Covid waves, we should diagnose the maladies that affect our hospitals and nurse them back to health. God being with us, we surely can. The hospital where I work, Makunda, was closed for 10 years but today it is a thriving institution, all because of God's grace and the work of hundreds of highly committed staff. (6) We should support our hospitals financially and otherwise; they extend the scope and reach of our Christian ministry. (7) Our sons and daughters should be sent to work in our mission hospitals so that they contribute at-least a part of their life to God's

ministry. If we can do all this, our hospitals will flourish and whatever new diseases come our way, with God's help we will make such an impact that all who receive our services will know that our God is real, because they would have received a healing touch from Him.



Dr. Vijay Anand Ismavel
and his wife Dr. Ann Miriam restarted the closed-down Makunda Christian Hospital in 1993 and continue to work there as consultant surgeon and anesthesiologist. He is interested in medical work in low-resource settings, strategic planning and promotion of mission hospitals and biodiversity documentation.

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Medical Missions

An Overview By a Non Medic

Pastor Michael Sundersingh

(Observations are as a non-medical from an organisation with a largely evangelistic focus)



Introduction

It is wonderful to see the adventurous beginnings of doctors who went as medical missionaries. Their history speaks volumes. The Lord God almighty used this medical mission to revolutionize health care across the globe. In our observation much has been done and much more is yet to be done for healthcare. Here I bring my humble observations as a non-medical fellow having worked largely with an evangelistic focus. These are my personal views largely from my experience.

I got the wonderful opportunity to relate and work with medical students and medical fraternity by my placement as UESI (Union of Evangelical Students of India) Staff at Ludhiana from June

1990. The CMC Ludhiana served as a great channel of blessing and healing to Punjab and to the neighbouring states from the time of its inception in 1881.

Biblical Basis for Medical Mission:

The Bible talks about the desire of God for the well-being of humankind. Suffering and death came as results of breaking God's commandment. Nevertheless, God promised healing, wellbeing and holistic & whole person healing in the Bible. The Lord Jesus is seen as a Master Healer (Jehovah Rapha). We know from His parable of the Good Samaritan (Luke 10: 25 – 37) how Christ emphasises about caring for our neighbour. Care for the man bleeding, dying, the

suffering; and the Good Samaritan poses this question: who is my neighbour?

Lord Jesus healed sickness of all kinds through His compassion. Christ's proclamation of care for the poor, sick and suffering is highlighted in His teachings. Such teachings show how the God of the Bible cares for human lives. The scars and stripes on the body of Christ Jesus are for our healing from sickness and diseases. (Isa 53: 3 -7; 1 Peter 2: 24)

History of Medical Mission

A. Global Medical Mission

Christian Medical Mission and sending of Medical Missionaries began in 1830. Dr. Peter Parker went to China, opening the door for more missionary doctors to land in China. Similarly, David Livingstone entered African land in 1841. These doctors influenced other medical students and doctors to consider medical missions in unreached places other than their native countries. The early pioneer James Hudson Taylor, who went to China in 1854, is another example.

B. Indian Medical Mission

We in India have the best-established medical institutions

through Christian Medical Missionaries like Dr. Ida Scudder and Dr. Edith Brown. In addition, at Miraj Wanless institution established by Dr. William Wanless. Both Roman Catholics Hospitals and Protestant Hospitals serve the nation through Christian Health Care/Medical Mission. We have history of many medical professionals from other countries establishing Christian Medical Mission in India, which serve the cause of alleviating sickness and suffering of people of India. These institutions have played a vital role in bringing the Gospel and Bible to India.

C. Rural Health Postings

CMC Medical Colleges at Vellore, Ludhiana, and St. John Medical College post their doctors in the rural hospitals. The medical mission brought the healthcare needs of communities and countries to the knowledge of the churches and mission agencies for further support and prayers. Doctors crossed their borders & hurdles, became cross-cultural and cross-country workers, and went to treat and heal people in the Spirit of Christ. They worked on people groups perishing without medical attention. Some people were so primitive at the

time of their medical outreach but they transformed their primitive unhealthy practices. Hence, Christian Medical Mission has a big history and legacy for transformation.

Challenges of Medical Missions and Medical work as means of Evangelism

During their medical school training, Medical Christian fellowship groups, and agencies HCF, EU, EMFI, CMAI, and like-minded NGOs teach values of serving humanity with the vision and mission. They are taught Medical Mission through various Christian events and Conferences. These facilitate taking the medical profession as a calling from God and “The Vocation” of the medical profession as an opportunity to show the love of Christ and healthcare as a medium to share the Gospel. Christian doctors go to mission hospitals year after year to serve society in needy areas.

Senior doctors play the role of mentors, teaching Scripture and guiding junior doctors to share the Gospel during their interaction with patients and relatives through prayers,

sharing the messages of hope and encouragement. Now the challenge arises of balancing medical practice with sharing the gospel. Healing the sick, transformation, and whole person healing need to go hand in hand in Mission Hospitals otherwise we cease to be mission doctors as even non-Christians also do the same.

Doctors have the advantage of being in close contact with another human being to make a difference. Doctors have proximity to humans than anyone else. The touch effect is possible in this profession. Christian Doctors serve as witnesses as salt and light, and get an opportunity to show the love of Lord Jesus Christ through care. I like the quote I learnt in “Saline Process” training by Francis Grimm: **“Every week, more people walk through the doors of our hospitals than through the doors of our churches.”**

Well this statement summarizes the reason for Christian Mission Doctors to display their care for sick and suffering, those who are uncared for in rural India. Our rural India still suffers from lack of medical care in the EAG (Empowered Action Group) states identified by Govt of India by the index of IMR & MMR.

Motivating Christian Doctors for Medical Mission:

From 2006, joining with EMFI (Evangelical Medical Fellowship of India) to work focused among Medical Colleges and Mission Hospitals gave me more opportunities to travel across various parts of India and mobilize and motivate the medics. I passed on the challenge of Medical Mission to medical students to consider Christian Medical Mission as an opportunity to spare few years as service to the poor, underprivileged, and neglected in rural India. Many have gone taking these challenges and are working for the needy. The cities and towns have more medical care and doctors and on the contrary, mission hospitals are on the verge of closures and many are closed. We even now need committed doctors.

Changing scenario of Health-Care and challenges of Medical Mission:

While going around talking about Christian Medical Mission, the medics asked me as to why I only persuade doctors and not other professional students into the mission! Well we do need all for

them missions. Other professional are needed to work along with doctors.

In our modern world, privatised and corporate multi-speciality hospitals with all medical technologies under one roof have taken the healthcare by storm. Mission hospitals, which are positioned in rural areas, are facing the competition; and the rural population too is in a rush to go to urban hospitals and to Govt hospital where the systems have been upgraded and far more developed with modern facilities. The poor too borrow or sell belongings to spend heavily without knowing future of socio and economic impacts. Hence, healthcare awareness and community care awareness need to be implemented. COVID took high toll in people's medical expenses and our mission hospitals too came under huge stress; and these brought us to new normals.

Calling for Christian Mission Hospital

Now coming to the “call for Medical Mission” is something the Christian doctors need to have clarity about. Most importantly, a doctor needs “A

Call to love the people in remote and unreachable places.” Call to work for long term and long hours in Mission Hospital needs preparedness. We are already facing shortage of doctors and specialists (The Govt regulations need certain specialities to run our hospitals). The workload sometimes is quite heavy; sudden surge of cases can happen as in the case of Covid19 Pandemic.

Doctors work with local communities at the Mission Field, who are not of your language and culture. Doctors in Mission Hospitals are Cross Cultural Missionaries. Their availability irrespective of junior, senior, male, or female doctor is most important. Doctors know emergencies and causalities keep surging day and night. Many a times some of our mission hospitals need more infrastructure and financial support as these hospital charge the minimum.

Nurturing the call for Mission

Christian mission hospital is a team- work in which “We treat, God Heals.” So all Medical Fraternity (Nurses, Paramedics, Allied Health Staff, Admin Staff,

Sanitary staff, Maintenance Staff, Security Guards and Christian Pastoral Care staff & others) all work for one goal: “healing the sick and suffering in the Spirit of the Healer God Lord Jesus Christ”.

Doctors need to know issues and problems, which are likely to arise: e.g. stress, Interpersonal relationship problem, not having all facilities and luxuries, etc. Therefore, a doctor at times needs to rise to handle administration, finance, human resources etc apart from medical work. So develop in-service skills through appraisals and self-equipping.

This is where the time of prayer, fellowship, and studying the Bible together during the morning chapel, evening care groups, cell groups etc can help the team to build relationships and rapport with one another for united work. The long timers (old staff) who have been working may feel insecure by new doctors being there or doctors may feel insecure by seeing the older staff there. So establish relationships and develop the community of Mission team in the unit in a more creative and entertaining ways.

Knowing the price of Mission Doctors

Doctors having spent time, money, and hectic academic study programmes for UG and PG NEET exams, they face criticism from their non-Christian colleagues and others not to go to Missions. Rather many strive hard for going abroad and keep studying for specialization in Medicine. Therefore coming to rural mission is paying a big price for giving up other aspirations at times.

Other challenges are medical professionals leave behind parents and kith and kin in far off places. Looking after own family (spouse and children) and giving time at the mission field are matters of concern. Sometimes the salary will not be attractive as you may get in cities.

Doctors and health-care professionals please be on guard with prayer. Corruption, bribery, unethical practices are the traps. God Almighty has to give presence of mind to avoid confrontations.

With all these challenges, mission doctors with personal integrity, honesty, modesty, and even morality will be a great

influence. They are under pressure of being exploited and taken advantage of the Christian love, Call, Conduct and Contribution. Christian mission doctor reflects Christ in the midst of the sick and suffering. Churches need to come forward and pray. And I have my appreciation for many such churches gave financial and infrastructure during this pandemic and sure these partnership will continue on.



Pastor Michael Sundersingh

is presently the Lead Pastor of South Delhi Congregation of Delhi Bible Fellowship – (SDC-DBF). He had worked with UESI (Union of Evangelical Students of India) Based at Ludhiana Punjab for 17 years and with EMFI (Evangelical Medical Fellowship of India) based at New Delhi for 13 years.



Emmanuel Hospital Association

Dr. Saira Paulose

The 1940s was the Golden period of Indian medical missions, as every third bed in the country was a mission hospital bed! EHA began in the minds of a few, at a time when mission institutions were losing expatriate medical staff to stringent visa regulations in the 1950s and 60s. Thus, arose the need to have ***an indigenous-run medical organization*** overseeing mission hospitals from various missions.

Though considered impossible during a major consultation in 1968, the Emmanuel Hospital Association was nevertheless registered in November of 1969, with no hospitals as yet under its banner! That several different

missions decided to 'throw their hats in the ring' and commit to the concept of an organization that had no track record to fall back on, is in itself a clear indication of the hand of God in the birth of EHA, as described by Rev. Dr. Thirumalai, a founding member, as ***"more than a miracle"***!

The nucleus of EHA formed around 6 hospitals in the early 70s, with high quality dedicated professionals, meticulous accounting systems, code of Christian work ethics and close fellowship, among other benefits. More hospitals joined the Association with time.

The first major community health initiative based out of 7 EHA

hospitals – ***the ambitious yet unique Master Plan*** - was launched in 1976, paving the way for the EHA model of comprehensive healthcare.

The 1980s ushered in a new model of community outreach in EHA which could best be described as ***stand-alone community programs***. These ran independent of hospitals for more efficient and effective management of these health initiatives and proved successful in providing good services as well as being good examples to emulate.

In an initial environment of far-flung locations, poor means of transportation and communication, difficulty in recruiting appropriate staff and uncertain funding, the associated hospitals necessarily had to fend for themselves, often dependent on an individual or a couple to ensure their survival in an uncertain climate. As the work of coordination progressed over the years and more institutions were added to the group, the potential of such an organization was

harnessed through a consultative process on the "Future Directions of EHA" in 1997. ***Clear vision and mission statements being prayerfully articulated***, along with the attendant values to guide EHA - that we would be a ***"FELLOWSHIP FOR TRANSFORMATION"*** with a deliberate focus on the poor and marginalized in rural North India.

Right from its inception, the founding members were clear that:

- EHA would be an on-going, self-propagating indigenous Christian medical society - the first of its kind in mission history!
- The organization would, besides facilitating fellowship, cooperation and coordination among hospitals, also resume full responsibility for the operation and management of the institutions and their related facilities.
- EHA would move from just the provision of curative services to the then-revolutionary paradigm of capacity building

of local communities towards holistic health and development, as per their felt needs.

With the articulation of Vision and Mission statements, the idea of thinking and moving strategically took root at both the central and unit levels, guided by the documented statements and ***non-negotiable values such as a commitment to fellowship, servant-leadership, teamwork, quality, focus on the poor and marginalized.*** Significant strides forward included the introduction of computerization in our hospitals, Human Resource management, financial systems and common reporting formats, that are progressively refined overtime.

Nevertheless, the single most important factor that has kept the organization going and growing has been the unwavering emphasis on spiritual nurture and fellowship centred around its God-given vision, setting EHA apart from most other service-oriented organizations.

It is part of the underlying ethos of EHA as an organization that ***no patient will be turned away for lack of finances,*** while deliberately focusing on the socio-economically weakest sections of communities served through integrated community health and development initiatives. The locations of most EHA units are intentionally in most of the backward, least-developed States, where a multi-pronged approach is most needed and effective.

The Emmanuel Hospital Association works across 9 States of central, north and north-east India through its hospitals and numerous community programs, is uniquely poised as an organization with the potential to offer comprehensive services to a region in such a manner as to address health and development holistically:

- Clinical services through 19 locations that benefit over 9,16,006 (2019-20) patients in mostly rural and semi-urban north and north-east India;

- Community health and development / empowerment initiatives that affect over 2 million people in rural communities;
 - Programs covering major thematic areas such as Palliative Care, Community Based Rehabilitation for the disabled, Mental health, HIV& TB and Non-communicable diseases;
 - Partnerships with government through implementation of schemes like the Pradhan Mantri Jan Arogya Yojana (PMJAY) Scheme and training / capacity-building government staff;
 - Partnership programs covering districts or States, such as Prison intervention for HIV testing and counseling in central jails of a couple of States;
 - Disaster Response, Risk Reduction and Institutional Safety training programs by the DMMU;
 - Training initiatives through nursing schools, laboratory technician courses and other government skill-based programs, Palliative care, etc;
 - Research initiatives in clinical and community areas;
- All initiatives are undergirded by faith and prayer, along with relationship-building with individuals, communities and officials, as we seek to implement the programs with integrity, transparency and accountability.
- Another focus that has taken root has been the pro-active move toward integration of services between the base hospitals and the community programs.
- Specialty services offered include dental, ophthalmic and ENT (Ear, nose and throat) services in many of the units, with surgical services including higher specialty treatment in orthopaedics, Physical Medicine and Rehabilitation, Paediatric and cancer surgery, often aided by visiting specialists.
- A significant development that has had a direct effect on the

clinical services offered through EHA hospitals has been the introduction of the "Ayushman Bharat", the Prime Minister's Health scheme aimed at financing in-patient care for those living below the poverty line to the tune of Rs. 5 lakhs a year. This is being effected through empaneled hospitals that are required to fulfill stringent criteria related to appropriately qualified personnel and attendant facilities, which present a set of new challenges in settings such as ours, in fulfilling the criteria, with less-than-desired remuneration packages. While the full scope and reach is being worked out, the scheme does present EHA with the opportunity to cater to the medical needs of the poorest sections of our society, thus contributing to nation building and closer ties with the government.

Community Health Development and Empowerment

EHA has had years of community work experience – an outflow of the foresight the founding fathers of EHA had at its inception, that came into being as EHA became

established. Over time, it has progressed from a model of service delivery to development and empowerment, with many good examples of transformation in target areas.

The work in the various focus areas of Reproductive Child Health (RCH), Disability, Mental Health, non-communicable diseases (developing program), Prevention of Human Trafficking and Child abuse and Climate change and risk reduction has over 1.5 million direct beneficiaries, over 26,000 of those being People Living With Disabilities (PLWDs)!

Disaster Management and Mitigation Unit (DMMU)

This 3-member department has been involved in disaster response around the country since the 1990s, but in the last 10-12 years has become more focused, and most recently has gained in reach and stature, both in terms of response in disasters (coordination and on the ground interventions) and training for disaster preparedness, hospital safety and life support (Risk reduction).

Partnership Programs

Another aspect of EHA's sphere of influence is through partnering with larger governmental and non-governmental agencies in specific interventions. Over the last three years, EHA was contracted to plan and execute a Prison Intervention Program for HIV detection, counseling, and treatment linkage, in 15 central jails of Punjab, Haryana, Chandigarh and Assam.

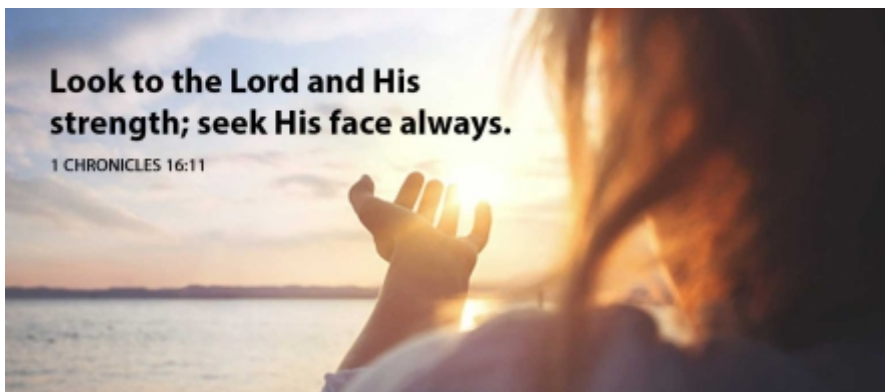
Palliative Care

This is another intervention of considerable impact, very aptly symbolizing what EHA service embodies. Though relatively small, the team has, through a meticulous approach, established a service that is gaining in prominence. In EHA,

14 units are now running a Palliative Care program to good effect, ministering to affected families. Harriet Benson Memorial Hospital, Lalitpur in Uttar Pradesh is an established nationally recognized training centre in the field. The emphasis has been on the capacity-building of the Palliative Care teams in symptom management.



Dr. Saira Paulose,
*Executive Director,
Emmanuel Hospital Association*





Health care missions and pandemic response

Dr. Mathew Santhosh Thomas

In Christian health care institutions, during the first wave of COVID19 pandemic, when it was about to hit, there was panic and fear of the unknown. But the lag period of a few weeks, gave adequate time to plan and set up systems of responses. Leadership, though with inadequate resources, stepped up to take the challenge head on. They lead with a dependence on God and each other, innovating, adapting and improving, and submitting to the context, but putting in steps for long-term response.¹

The second wave was different. It hit most institutions without much time to prepare. One head of an

institution in rural North India shared this. "During the second wave on day 1, we saw 4 patients with covid, ten on day 2, by day 3, our 40 bedded wards were full and overflowing. Over the next 3–4 weeks, patients were being referred out due to lack of beds. Now after 4 weeks, we have only 5 to 6 patients with Covid. It was almost like a Tsunami with large numbers of patients getting admitted in a short time."

The staff were did not panic because they knew what COVID19 was, but most institutions were overwhelmed by the magnitude of the wave. There was helplessness that came from an inability to stretch the

resources to match the overwhelming needs that they were suddenly hit with; whether it be oxygen, medical supplies, beds or manpower to take care of the large numbers. There was also the challenge of very sick young people coming in, many losing their life due to severity of the illness and this leading to emotions of helplessness, grief, and being overwhelmed.

Most of the institutions did well in responding. The responses were from big Christian urban health care and teaching institutions and small and medium sized Mission hospitals across the nation. Many doctors in their own small clinics and nursing homes, reached out to help. Doctors' groups came together as helplines. Health care professionals came together to set up care services in schools, churches and other locations.

That stretching was not without personal pain and struggles. The emotional toll on the health care providers in this second wave was unprecedented. Many young health care providers were in the

forefront, toiling day and night, taking decisions amidst resource constraints. Many of them were facing such a context for the first time in their life. Given below are conversations with a few young health care providers who were in the forefront during this season.

"I'm going through a mental breakdown. I don't know what to say seeing the suffering around. Just came from ICU after declaring poor prognosis." "I get up at night weeping uncontrollably, with no reason". "One Missionary passed away, just trying to arrange for coffin". "Heart breaking day, don't know what to say, had 4 deaths yesterday" "Now, when going for rounds, I don't know what to say, Mind has been clouded with such events. Magnitude of suffering I have never seen before. So many sick patients at one particular time..."

The care provided by these institutions was complicated in some locations by the not so supportive media or public, who themselves were overwhelmed by what was going around them.

Mob violence, media reports that were not too supportive, put some of the institutional leaders under undue stress and pressure. The state systems had differing responses in different states. In most locations, the state machinery saw the good work being done and came around to support. But in some locations, it took a while before this welcoming response started. There were institutions that were told to follow certain protocols, which was not ideal. At one location, the institutional leader shared this.

"A few days ago, I was told in a video conference with the state to only upload patients who were RAT or RTPCR +ve. RTPCR being available 120 kms away. For months, we were told not to test at all until they give permission, they told us to test only the severely ill." But soon this was changed, but the few weeks of struggling to manage amidst unreasonable protocols and expectations, added to the toll of stress.

Added to all this was the lack of

resources to ramp up services fast. Though there was much support from various quarters, there were no supplies available, be it oxygen, medicines, setting up oxygen plants or getting other systems in place. Institutions had to stretch their limited resources to care for the maximum number possible. Many patients were provided care at subsidized cost and no patient was turned away due to lack of finances, despite major cash flow issues.

But this was a season which saw an unprecedented support to institutions and health care workers. The larger networks reached out offering money, materials, technical inputs, partnerships for more effective engagement. The institutions supported each other by sharing technical inputs, resources, and manpower. Professional networks and groups came together to support in creating evidence and guiding each other to set up clinical care and administrative systems.

Funding agencies rose to the

occasion. Local churches in some locations provided volunteers. Corporate agencies looked out for institutions that were in remote areas reaching out to challenged communities and supported them. State systems created ways of providing faster access to required permissions.

In one sense it was a mixed experience – season of unprecedented challenges, but one where much support emerged. But what made this season fulfilling for these institutions, were stories like what is given below...

Story of a patient – V, a young man recently married, was brought to the hospital gasping for breath, with saturation less than 50%. He had been ill for about 10 days with severe Covid and had received hot iron branding on his abdomen as the treatment... A few days after his admission, we came to his bedside in the morning, to find him lovingly holding the NT to his heart. He had been reading it daily, and said to us, "I am

standing on the truth of this book. Jesus, the God of this book, will carry me through, and I am not afraid." ...We told him of our helplessness in the face of this terrible disease, but also told him that we believed that God could bring him through. Finally on the day that V was ready for discharge, he was tearful with emotion. He said, "Please thank all the people who prayed to God for me, people who are strangers to me. I am deeply indebted to them."

From a wife who lost her husband - "When he was diagnosed to have Covid with lung infections, I had no faith. But God extended five days of his life and brought us here. It was to prepare me for this day and make me stand as a witness. I initially thought, how will my daughter and I, live without him. But today, I am happy that God is going to take care of both of us. Yesterday was our anniversary, when I went to see my husband and wish him, he was nodding his head and listening to me. But today, there would have been a great welcome at Heaven. And here,

there is a great farewell happening for him in the hands of many God's people.....I received so much love and care..."

A lady hospital chaplain - "Every day we visited patients in covid wards and shared the Gospel and prayed. I experienced God's presence in our hospital and that made me to have a positive attitude. One day, I considered skipping prayers in the ward, but patients' relatives were waiting eagerly for prayer and that prompted me. Many patients were healed and went back with much gratitude. I am thankful to God that not only patients but many of our staff were blessed by prayer and morning devotions. Every day, God helped me to prepare devotions and to share it with courage. Through visiting patients in Covid wards, God strengthened my faith."

A junior medical officer - We have seen patients gasping for air, relatives wailing outside the closed confines of the covid ward and families being wiped out altogether. The scenes were

unreal. The plight of innocent people, patients being brought in with no recordable saturation levels, villagers who could not fathom the extent of damage their loved one's lungs had gone through. Who could imagine that an invisible virus would strike them so fast and so hard, in a matter of days? Perhaps, this was our moment of ultimate training as young doctors, to be thrown into the fire and expected to come out unscathed. Instead, we found ourselves like soldiers returning from battle, with the scars of war lingering on... During my shift, I would hold the ICU phone and feel miserable reading out the messages sent by an anxious wife, even at odd hours, who was longing for any sort of consolation, mostly in vain... I must admit that all these events and more led to an enormous amount of stress I never imagined myself to endure or to ever come out of. What followed were low moods, questions I asked myself, like what I was doing with my life and another big one being, what was stopping this virus from getting into me. The constant video calls after

work, laughing with my fellow colleagues during mealtimes or even someone just asking me how I was, all made a difference in that period of isolation. Then one day, while aimlessly scrolling through YouTube videos, I was led to the trailer of The Chosen series. I jumped in and binge watched all the episodes till date. I think it helped me reconnect with Jesus, accepting him not only as the Messiah, but now as my close friend."

This is health care missions – journeying with people in their pain, being and bringing the presence of Jesus into the lives of those who are struggling, amid their own personal pain and confusions, being transformed in the process of these mutual journeys...

- Priya John, Mathew S Thomas; –[Covid: leadership lessons from the frontline ICMDA Blogs.](#)

This article was written from listening to the experiences of health care providers across rural India. I want to acknowledge and thank each of them who shared from their life and experiences.



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Let all that you do
be done with
LOVE.

–1 Corinthians 16:14



Origin and Growth

St. Stephen's Hospital, Delhi is a 136 year old super-speciality hospital located in the Northern part of Delhi. It was established in 1885 by the Cambridge Mission to Delhi and the Society for the Propagation of the Gospel (SPG) in memory of an untrained but motivated lady, Mrs. Priscilla Winter, wife of an SPG Missionary, who started disbursing basic remedies from a chest of medicines to the women in purdah / burkha who had no access to medical care, as all doctors were male. Located in Chandni Chowk, this 20-bedded hospital was the first for women and children in Delhi.

In 1908, the Hospital moved to its

present site in the Tis Hazari area of Delhi. It grew steadily, and in 1976, was upgraded to a 300 bed General Hospital. The main hospital complex was built through generous grants from overseas agencies in West Germany and the Netherlands. In 1996, a new Mother and Child Block constructed through a generous grant from the British government was commissioned thus increasing the bed strength to 595. Since then, St. Stephen's Hospital has nursed North Delhi's teeming population, with special care for the economically weaker groups. The area around the hospital is among the oldest residential areas of Delhi. It is congested and over crowded with its attendant medical and environmental problems.

Vision

St. Stephen's Hospital, working in the Spirit of Christ, is dedicated to the building of a healthy, equitable society, thus contributing to the development of the nation.

Mission

St. Stephen's Hospital is committed to serving all sections of society in the Spirit of Christ, by providing quality, affordable healthcare as well as training healthcare professionals of excellence who would embody the Christian values of selfless service rendered with compassion and love.

The Hospital also has the mandate to undertake medical research towards the improvement of health outcomes.

Philosophy

- St. Stephen's Hospital is a Christian Institution in name, content and character.
- The purpose of the Institution is to provide comprehensive health care to all sections of society with special emphasis on the underprivileged, irrespective of caste, creed or social status.
- The Institution, which has

traditionally emphasized the practice of ethical medicine, believes in the relevance of the total ministry of healing in obedience to the example of the Lord Jesus Christ. Those who feel themselves called to this task are first and foremost men and women.

- Dedicated to this ministry, exercising it with love and compassion, integrity and skill and reverence for others whether they be patients, colleagues or members of staff.
- The Institution is committed to the total ministry of healing in which its doctors, nurses, paramedical, administrative and other staff have an indispensable part to play whether they belong to the Christian faith or to other faiths.
- The Institution seeks to achieve professional excellence with accent on responsible service, team work, a desire to alleviate pain and suffering and remove their cause, train personnel and undertake medical research.

Facilities at St. Stephen's Hospital

Today, St. Stephen's Hospital is a

595-bedded super-speciality tertiary care hospital with most of the major super-specialities. The Hospital also has 13 Operation Theatres, several Intensive Care Units (Medical, Surgical, Neonatal, Coronary and Neurosurgical), well-equipped Casualty and a Pediatric High Dependency Unit. We provide various preventive Health Check-up packages at affordable cost. Annually, we have around 3.5 lakhs out-patients, 26000 in-patients and 8,000 surgeries are conducted here.

The Hospital is an ISO 9001, ISO 14001 and OHSAS 18001 Certified Institution. It is also certified under Pre-accreditation Entry Level - Hospital (PEH) Programme of NABH. The Laboratory Diagnostic Services department is accredited by NABL.

Specialities

- Anaesthesiology
General Surgery
Psychiatry (incl. Inpatient care)
- Cardiology with Invasive Lab.
Nephrology & Dialysis Unit
Plastic Surgery
- Cardio Thoracic Surgery
Neurology

- Radiodiagnosis
- Dental
Neurosurgery
Reproductive Medicine & IVF Lab
- Dermatology
Obstetrics & Gynaecology
Respiratory Medicine
- Endocrinology
Ophthalmology
Rheumatology
- ENT
Orthopaedics
Urology
- Gastroenterology
Paediatrics & Neonatology
Laboratory & Blood Bank
- General Medicine
Paediatric Surgery
Physiotherapy
- Pharmacy

Today, St. Stephen's Hospital serves the needs of around 5,000,000 people residing in the walled city of Delhi. Of our patients, only 25% occupy the private beds and 75% use the general wards which are at subsidized rates. An overwhelming majority of our patients come from the low-income groups, the Hospital provides further concessional and free care to such needy patients.

As a non-profit organisation, with

the motto "In Love Serve One Another", patients are treated with highest quality and never turned away due to inability to afford the services.

Charitable Services

The Community Health Department owned by St. Stephen's Hospital runs community outreach programme at its own expenses and is the only non-government Hospital of Delhi serving such a large population over 1 lakh people living in slums, resettlement colonies and villages in Sunder Nagari, East Delhi. Since 1983, the Community Health Department of St. Stephen's Hospital has been serving the underprivileged section of the society. Its programmes include regular clinics, home visits supported by computerized information system. The department provides Integrated Health Unit facilities, free anti-tubercular treatment (DOTS) under RNTCP, mental health, health awareness through mass public education. Other support programmes are Day Care Centres for children and elderly Child-to-Child Education

Programme, Women Empowerment etc. The department has vibrant partnership with NGOs, Government and the general public. This department believes in the WHO definition of health: "Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity". Research has widely undertaken on various issues like malnutrition, elderly, homeless, pregnant women, child education, tuberculosis etc. and papers have been published and presented in National and International Journals & Conferences. Students and Interns from various institutions come to our centre for training and experience in public health. St. Stephen's Hospital has provided affordable and quality medical care to the needy sections of the Society over a century. The Hospital conducts free eye camps, conducts free surgeries for correction of post-polio deformities and provides them free prosthetic and orthotic aids. The patients from the Missionaries of Charity homes and Antyodaya are given free treatment.

Educational Programmes

One of the objectives of the Hospital is, 'to train doctors, nurses, midwives and other allied health professionals and administrative personnel'. The Hospital conducts Post-graduate courses (DNB) of the National Board of Examination in 14 disciplines including some super specialities with an intake of 45 students annually. In 2014, the Hospital was awarded the prestigious 'excellence in Post Graduate Teaching and Assessment Award' by the NBE for the high quality of post-graduate training imparted to DNB students for the last 24 years.

Nursing Education in the Institution was started by Ms. Alice Wilkinson in the year 1908. She was the founder member of Trained Nurses Association of India (TNAI) and co – author of the constitution of Indian Nursing Council. Initially, the School of Nursing started 'B' Grade Nursing Programme which was later converted to Diploma in Nursing and in 2008 the School got upgraded to College of Nursing with the start of B.Sc.

(Hons.) Nursing Programme. The College is now a post graduate nursing institute offering M.Sc. Nursing along with its Diploma and Undergraduate Programmes which also includes Post Basic B.Sc. Nursing. The Nursing Programmes are recognized by the Indian Nursing Council, Delhi Nursing Council and is affiliated to Guru Gobind Singh Indraprastha University. The College of Nursing is ranked 'A' Grade by the Joint Assessment Committee of the University and Government of NCT of Delhi.

The Allied Health courses are offered in 8 disciplines such as Radiodiagnosis, Laboratory, Medical Records, Anesthesia etc. conducted by Christian Medical Association of India (CMAI), Indian Medical Association.

The Hospital is recognized for conducting internship for MBBS, BPT, PG Diploma in Dietetics and Diploma in Pharmacy. Medical students from foreign countries can opt to do an Elective in our Hospital.

The Hospital is also a centre for CMC Vellore's distance

education M.Med Programme in Family Medicine.

Managing COVID Pandemic

During the first wave in 2020, the Hospital had developed a 169-bed isolation facility with oxygen support for COVID-19 patients. 8 ICU beds including 4 ventilators were earmarked for COVID patients.

During the second wave in 2021, the Hospital designated a 200-bed isolation facility for COVID-19 patients with generous support from Sonalika Tractors, other donors through the Patients Welfare Society, C.N.I Churches of Diocese of Delhi, etc. In response to COVID surge, the Hospital increased the bed capacity to 304 non-ICU beds and 32 ICU beds – including 8 ventilated beds. All the beds were with oxygen supply.

Compared to other private hospitals, our charges are very affordable. Needless to say, we are facing a lot of difficulties in procuring supplies for patient-care and PPE for staff since items are either not available or are in

limited quantities at high cost. The oxygen consumption, especially, has increased manifold, due to the critical need of most patients. This is an added large, daily cost that we have to bear.

COVID Vaccination Centre –

In partnership with the Government our Hospital as a COVID Vaccination centre provided COVID Vaccination (Covishield) to the staff, students of the institution & general public.

Online Psychological Consultation for COVID stress-

Mental Health experts provided online counseling to patients for dealing with COVID associated mental stress and illness.



Dr. Sudhir C. Joseph
Director St. Stephen's Hospital

Medical Missions in the new Millennium

Dr. Shantanu Dutta



Medical ministry of the church and the Christian faith are so intertwined in India that the only encounter with Christians in most parts of the country, most people may have had (excepting schools) is likely to be Christian mission hospitals. Even those who have never been treated in mission hospitals have in all probability come across the stellar work of institutions like CMC Vellore and St John's in Bangalore. But the larger significance of medical missions in India lies in the fact that they were the only responders to health needs, big and small, in all places outside of the larger cities - at least till the time of independence. In fact, Christian

medical mission may be actually termed, the first example of private public partnership going back to the colonial era.

Those days, outside of the major cities, there were very little medical facilities made available by the government directly. What would happen is that the government would provide land on which christian missions could build property and raise infrastructure; bring in their staff and run hospitals and clinics - both rich and poor availed the services, as there was nothing available for the rich either. But it was not just a matter of no other facility being available. It was also that the professionals in the

mission facility had built up a formidable reputation, not just because of their professional skills and clinical acumen but also for the quality of care that they provided. Those days there were no private players and the mission hospitals had a near monopoly, but that monopoly was never used exploitatively to reap benefits. Although, the hope was that people coming to these hospitals would also eventually come to know and follow Christ, this has hardly happened on any scale, in spite of the allegation often made that these were mere tools of proselytisation.

Of course, in a way those were the golden days of missionary endeavour. Missionaries (nearly all while) could come and go at will with visas easily available and mission bodies would often subsidise the running of the hospitals, making it possible for treatment to be provided at cost or free. Managing the balance sheet month after month was usually not an issue. Today of course, the scenario has changed. With the development in roads and infrastructure all

around, even in remote areas, one would often find private players in direct competition to mission hospitals. These are usually run with a commercial motive and the facilities are expected to turn in a profit.

For mission entities, apart from the political climate having changed drastically, western missionaries paid for by their sending mission agencies, are rarely available and neither are the funds that kept the hospital machinery well oiled. Staff have to be recruited and paid locally and the revenue for this generated locally too, usually through user fees which have to be kept low enough to be affordable to the poor and high enough for the ship to stay afloat. It is indeed a very tight balancing act as even staff are hard to get, as many Christian staff are also opting not to work in classical mission settings and opting instead to be work place missionaries in corporate entities.

What has not changed though is the healing mission that Jesus entrusted to His church. The

mission hospital is still important as a paradigm and model, at a time when the health care profession is generally perceived to have become more or less completely commercialised and amoral. Jesus called for His disciples to heal the sick and serve the poor. He also indissolubly linked his preaching and healing, including the casting out of demons. 'He re-established the association between medicine and religion at a new and profound level.

The simple fact that Jesus healed, clearly indicates that to him salvation had an unquestionable bodily dimension. In his ministry, healing became a legitimate corporeal aspect of salvation, albeit he never equated healing with salvation (see Mark 2:1-12). We also notice that numerous people were healed by Jesus or drawn to Jesus on account of his healings without becoming his disciples (Matt. 4:23-25; Mark 3:7; Luke 6:18-19; see also Acts 9:42). Impressive as they were, Jesus' healings evoked appreciation and fear, sometimes leading to awe,

sometimes to rejection (Matt. 8:34; Mark 5:17). However, in Jesus' ministry, salvation was always accompanied by healing. No one who was sick or diseased was sent away without being restored to health fully. Jesus, thereby, showed that healing is characteristic of the reign of God (see Rev. 21:4; 22:2).

In fact, the modern missionary movement began with medical missions. Dr. John Thomas was born in 1757. He grew up to become a ship's surgeon in the British Navy. At age 27 he became a Christian, and he wanted to become a preacher. A small Baptist church called him to be their pastor, but his friends discouraged it. Instead, he sailed for the second time to India, and near Calcutta, he became a missionary. He learned the Bengali language and began to preach. In 1792, he went back to England to raise support. William Carey, the father of modern missions, was just facing the Baptists Missionary Society. When they met John Thomas, they were sold on him as the first missionary they wanted to

support. So, a doctor became the first Baptist missionary from England. Carey went with him to India and reported on the many lives he saved by his medical knowledge.

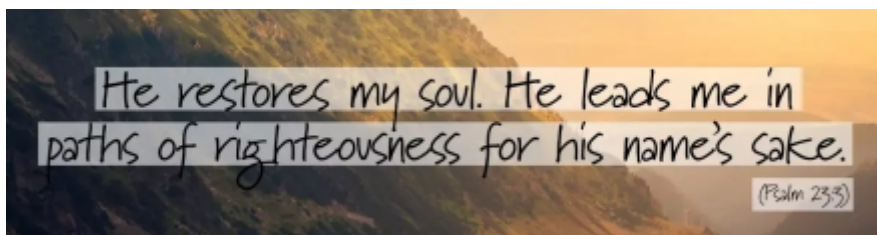
The world has definitely changed a lot since those days but in these days of gross commercialisation of the healing professions, people are yearning for the human touch that has become a rare commodity. The typical mission facility may not boast of the fanciest of equipment or the most trendy specialities or techniques but that in any case is not what most people would need. Instead of luxurious decor, impersonal staff and opaque billing, what most people desire are hygienic facilities with essentials, caring and concerned staff and transparent and rational billing. Christian medical missions if they step into this yawning gap, will not

only infuse the healthcare professions with the healing balm of Jesus but also become socially relevant at a time when the charitable healthcare sector of which medical missions is a subset is struggling to retain its distinctiveness and character.



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Three Scriptures connect receiving the mark of the Beast which the book of Revelation talks about with receiving something you receive on your forehead and hands (Rev. 14:9; Rev. 13:11,16,17; Rev. 20:4). Since, the corona vaccine done is sent into one's hands, the speculation has been rife that receiving the vaccine shot equals to receiving the mark of the beast/the antichrist. These well-meaning folks passionately argue this way: 'If C equals 3, being the third letter in the English alphabet, O equals to 15, R equals to 18, O equals to 15, N equals to 14, and A equals to 1, the total comes to 66. And there are 6 letters in the English word, Corona. So, there you have it – Corona has something to do with

666, the mark of the Antichrist!' Does this interpretation of Revelation hold water? Let's see.

The SETTING to the Book of Revelation

There is a background, a setting, a context to every New Testament letter. For example, we know that Apostle Paul wrote to the believers at the church in Corinth to instruct them on how to handle a believer who was sleeping with own mother (I Cor. 5). This was one of the different reasons. In the same way, Apostle John wrote the Book of Revelation to seven specific church believers in Asia Minor who faced the specific problem being sucked into and swept away from what was called the 'imperial cult'. The Book of

Revelation mentions that John wrote to an actual bunch of Asian churches, very clearly (see Rev. 1:4,11). So, as we see the book of Corinthians in its context, we must see the book of Revelation in its context.

If someone says, 'Sunny', we immediately ask, 'Sunny Gavaskar, the cricketer or Sunny the weather, or Sunny Leone, the porn star or Nissan Sunny, the car?', don't we? In the same way, we must look at everything mentioned in the Bible keeping in mind the context. Or else, the meaning of that text will get assassinated!

When the book of Revelation was being written the believers were faced with the temptation of joining what was called the Roman Imperial Cult. The Caesars of those days wanted the people to worship them or face trouble for not doing so. Bible Scholars of repute assert, the book of Revelation was written during the rule of one these two emperors – Nero and Domitian. One killed his own mother and the Christians. The other praised a palace steward, showered him with courtesies before killing him, the next day. Because of this kind

of erratic, eccentric, emotional behavior, these emperors were popularly called 'beasts' (of course in whispers).

So, when Apostle John wrote about the beast and his mark, the early church believers instantly knew who he was talking about. They knew he was talking about the 'beast' who was also the Caesar of the land, the emperor of the land, the same way, a cricket fan instantly knows Rahul Dravid is being talked about when someone mentions 'The Wall' or an action movie addict knows Jean-Claude Van Damme is being spoken of when someone quips, 'Muscles from Brussels'!

So, when the book of Revelation talks about the mark of the beast being received in the hand, it cannot be talking about the Corona Vaccine, I believe! When you keep the context of the book in mind, you simply cannot come to that conclusion!

The SYMBOLISM of the Beast's Number

Both the Hebrew people and Greek people assigned numeric to their language's alphabets. If

one spelt "Nero Caesar" in Hebrew letters (like assigning A equals to 1... Z equals 26 in English alphabets), the total came to 666 (you just have to Google this, and you will know).

So, the number 666 mentioned in the book of Revelation was speaking about Nero Caesar using a code language which was familiar to the original readers of the book of Revelation. The book of Revelation was clearly understood by its original readers as Romans and Corinthians was by its original readers! The writer of Revelation did not want the church believers he wrote to, to get into trouble for possessing a letter with direct references to an evil emperor like Nero Caesar who was out to capture them and throw them to the lions. So, he used code language like '666', 'the beast', etc. to refer to the evil rulers of their time who persecuted them for their faith in Christ and their rejection of him as their Lord!

The SHOPPING-SELLING ban which Revelation talks about

Revelation 13:17 which reads this way has intrigued a lot of people: 'so that could not buy or

sell unless they had the mark, which is the name of the beast or the number of its name' (NIV). What was this shopping-selling ban on those who refuse the beast's mark all about? The Caesars of those days had their images conformed to the images of the popular deities in the coins people used for daily business transactions, day-to-day shopping and selling in the markets. In the public square, a gigantic image of the Caesar was placed so that people would worship him as god. The very helpful NIV Cultural Backgrounds Study Bible observes this: In AD 89/90, maybe five or six years before the book of Revelation arrived in the churches of Asia, Ephesus issued a coin that conformed Domitian to the image of the chief deity Zeus. Domitian also dedicated an imperial statue of nearly 25 feet (eight meters) high in the imperial temple in Ephesus. Individuals faced social pressure to participate in public cults, but unless they were accused of disloyalty, no one would hunt down nonparticipants to ensure their participation' (page 2247). If you did not worship Caesar, you would not be easily granted access to the market, he controlled symbolized

by the coins that bore his god-like image. You would be accused of sedition. You would be accused of hating your land. So, the book of Revelation was calling the believers to 'endure' and not participate in the emperor cult. Revelation 2:10 called for endurance directly: 'Do not fear any of those things which you are about to suffer. Indeed, the devil is about to throw some of you into prison, that you may be tested, and you will have tribulation ten days. Be faithful until death, and I will give you the crown of life' (NKJV). And passages like Revelation 14:9-10 (burning sulfur for recipients of beast's mark) called for the very same thing indirectly: using the 'mark of the beast'/666 imagery! So, the writer of the book of Revelation was not talking about receiving a literal mark on the forehead or hands, but warning his congregation against possible Caesar-worship – thanks to social pressure! 'Be ready to lose your business, or a prominent spot for your shop in the Caesar-controlled market because you will rub Caesar the wrong way by not worshipping him. But if you do, and do so stubbornly, you will lose a lot more. You will land up in ever-burning hell!' – that was the

message of the writer of the book of Revelation. There is nothing in the book of Revelation that is not clearly taught in the first 65 books of the Bible – this I believe. In the letter to the Hebrews, the writer challenges the readers to even accept prison terms and property confiscation by the State, joyfully, for refusing to compromise their faith amidst of a similar-to-the-Book-of-Revelation situation of political persecution because of their faith in Jesus who alone was the Lord (Heb. 10:34).

The SEALING of the Saved, which the book of Revelation Speaks About

The book of Revelation talks about 144,000 from the 12 tribes of Israel who were 'sealed on the forehead' by the living God (Rev. 7:2-8). Just like the beast imagery, the 666 imagery, the numbers in the book of Revelation, I believe, have a symbolic meaning. What Revelation 5:9 ('persons from every tribe and language and people and nation' will be saved by the blood of Jesus) teaches directly, Revelation 7:2-8 teaches using indirectly, using symbols! 12 x 12 x 1000 (a large number) is one way we can write 144,000.

So, the message of Revelation 7:2-8 is this: "people from Old Testament (symbolized by the first 12) and people from the New Testament (symbolized by second 12) will be saved in large numbers (symbolized by the 1000) in the final day by the blood of Jesus! They will be saved if they have a mark of the blood of Jesus! Since Revelation 5:9 and Revelation 7:2-8 seems to be talking about the same thing (how the blood of Jesus 'seals' believers from various background across the globe, across various time periods), the sealing of Revelation 7:2-8 can be seen as symbolic. So, the sealing of the mark of the beast mentioned elsewhere in Revelation (Rev. 13:11,16,17; 14:9; 20:4) can also be logically seen as symbolic. Through symbols, these passages teach this: "If you allow the evil anti-Biblical, anti-Jesus policies of your political ruler or even your work-place boss to impact your head, you are receiving the mark of the beast on your head. If you allow the evil anti-Biblical policies of your political ruler or work-place boss to impact your actions, you are receiving the mark of the beast on your hands!"

Elsewhere in Ezekiel 9, the word 'mark on the foreheads' seems to have been used symbolically as well. A man clothed in linen was assigned by the Lord to go throughout the city of Jerusalem putting a mark on those in the city of Jerusalem who mourn and grieve over the detestable things done there (Ezek. 9:3-4). Such people so marked were spared from the judgement of God, apparently (see Ezek. 9:10-11). So, the message is simple: those who turn from the popular-among-people sinful ways of the city they live in – be it porn-watching, be it pride, be it foul-language use, etc., enabled by the Grace of God, cleansed by the Blood of Jesus – they are 'marked on the foreheads' (spiritually speaking) and they will be saved from the soon-coming wrath of God and hell-punishment!

So, when there are clear indications that the 'mark' in Revelation 7 and Ezekiel 9 are symbolic, the mark of the beast can also be a symbolic thing. The message woven around this symbolism is what rest of the Bible has underlined all through: "Even if costs your life, do not

compromise your faith in Christ, despite mounting political pressure or unbearable peer pressure!" (Hebrew 12:4; Acts 20:24; Acts 21:13). The mark of the beast has nothing to do with an injection, I believe! It has got everything to do rejection of the spirit of compromise with sin promoted by celebs and politically powerful, prevalent in our time and age (my opinion)!

So, in CONCLUSION, I would like to say this: if you are standing in a vaccination queue and the nurse says, "You will agree to worship t h e P r i m e Minister/President/Chancellor/Chief Minister/the Mayor when you receive this vaccine and if you don't agree these terms and conditions, then we can't vaccinate you!" then you DON'T have to get vaccinated. But to the best of my knowledge, that is not what is being done now anywhere in the world! So, we all

get vaccinated against the corona pandemic! Let not a bizarre way of interpreting Revelation, violating self-evident sound Bible interpretation principles, prevent us from taking the corona vaccination!



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WHERE'S YOUR CROSS?

Rev. Kuruvilla Chandy

Wearing a cross as an ornament isn't carrying the cross in the way Jesus said that it should be borne by disciples of His. For Nadia Eweida it was. British Airways suspended her without pay for refusing to cover up the cross she was wearing while in uniform on duty. She won the battle for herself and others after five years of legal battles.

Until that happened, I had always said that wearing a cross as an ornament did not constitute carrying the cross. Yes, when people display the cross to identify themselves as Christians, especially in the face of hostility, it ceases to be an ornament, and becomes a symbol of Christian witness.

Similarly, when Christian athletes and sports persons drop to their knees in sports arenas to cross themselves, they publicly declare that they are followers of Jesus.

In India, fanatical and militant Hindus have torn down crosses from Christian worship places. Their aggression shows that they see the cross as a symbol of those who follow Jesus.

What the Cross is Not

While this form of Christian witness has a legitimate place, some other claims of bearing a cross need to be examined in the light of what Jesus actually said.

Some Christians who suffer from chronic ills and woes say that it is

the cross that they have to bear in life. No, they are ills and woes, which is why we periodically try to get relief from them through remedies and palliatives as and when they are discovered. When we hear of a new medication or procedure that could get us healing, we go for it, hoping it will work. If our ills and woes are really our crosses, as Christians we have no business trying to lay them down. That is not what a disciple should do. He or she should keep on carrying the cross daily.

Some who have loved ones who suffer from chronic or serious illness say that the illness of their loved ones is their cross. Wrong. Loved ones are never crosses. They are loved ones who have health issues, and we just have to take care of them without viewing them as crosses. What they need is tender loving care and when you see them as burdens and crosses, they know that that is how you regard them, and it hurts them.

Then, there are those who excuse their so-called "minor sins" by describing them as crosses. Bad temper, for

instance, is often called a cross. It's a way to excuse ourselves for being bad-tempered and at the same time subtly hint that you have no intentions of changing and giving up your bad behaviour. When a man told the preacher that his bad temper was his cross, the preacher's response was, "Man, that's not your cross, but your wife's cross." True, our sinfulness is a cross for those who have to bear the brunt of our abuse. But for us, our misconduct is nothing less than sin that is an affront to the sovereignty and majesty of God.

What the Cross Is

During the times of the Roman Empire, the cross was the instrument of capital punishment for insurgents and revolutionaries. In order to discourage rebellion, the Romans chose this cruel death by prolonged agonizing suffering. Jesus was portrayed as a rival to the Roman Empire bent on setting up a kingdom and that is why He was crucified.

From a Jewish religious point of view, it was a shameful death, because it was considered to be cursed to be hung on a tree (Deut.

21:22–23). From either perspective, crucifixion was a shameful death.

We have modern translations of the Bible for a better understanding of God's Word. Maybe, we need to have a modern translation of the cross to comprehend its real meaning. Instead of a cross, should we have pictures and carvings of gallows and a hangman's rope?

To get the true significance of the cross, we need to see it as what is conferred on us for identifying ourselves as followers of Jesus. It is awarded as a badge of dishonour. The world that is hostile to the Christian says, "If you insist on following Jesus, then you must carry this cross of shame and/or persecution."

Once, while a college student, I was reading through Philippians in the New International Version. The wording of chapter 1, verse 29 struck me and I underlined the words "Not only to believe". Until then, I had focused merely on getting my beliefs in line with scriptural teaching. I thought that that was all that mattered—to have all the right doctrines.

Seeing that being a believer is "not only to believe" made me think a lot about whether I was truly a Christian. In the years that followed, I studied Philippians more and more, along with 1 Peter—the two epistles that are quintessentially about Christians witnessing in the face of hostility.

Paul categorically said that all who are godly will be persecuted—without exception (2 Tim. 3:12). Have you had any persecution in your life?

Persecution

Christians, pastors and evangelists in parts of the Hindi belt of the country, and in states under BJP rule have experienced persecution many times. They are victimized, harassed, tortured and murdered with impunity. Often the law keepers themselves aid and abet the persecutors.

I, myself have not faced that kind of persecution. Is there no cross in my life then? Hostility and persecution for me has come from within the religious establishment. Taking advantage of my commitment to not go to court against churches and

Christians, because that is what the Word of God teaches (1 Cor. 6:1-11), I have been denied a pension.

Power structures are never under Christ. They are oppressive just because they have the power and enjoy abusing it. I once made the remark about a new bishop, "How soon they forget that they were once preachers at the receiving end of oppression!" It's true. The once-oppressed turn into the new oppressors. Power has that effect.

Jesus did say that even those of a household will often persecute and think that they do God a favour by persecuting their brethren (Jn. 16:2). When a person wants to serve the Lord, and faces opposition from family or ostracism of friends, those are forms of persecution.

Denial of Self

But what if you have none of that? Are you then a Christian without a cross? The answer lies in the formula given by Jesus:

1. Deny your self/ego
2. Take up the cross—daily

Denial of self and taking up the

cross go together. Without denial there's no cross. Denying self is the first aspect of cross-bearing.

Most Christians when they think "self-denial", think that during certain periods they need to deny themselves things they like. Thus, self-denial during Lent or similar seasons involve giving up meat, fish and eggs, or movies, or chocolates and ice cream. While there is some value to such spiritual disciplines, it is not the denial Jesus was talking about.

Selflessness for Jesus involved laying aside His glory, becoming human, being a slave and of dying shamefully (Phil. 2:5-8). Paul said that we are to have "this mind which was in Christ" (v.5). He said that in the context of saying that we are to put others ahead of ourselves:

...being like-minded, having the same love, being one in spirit and of one mind. Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others (vv.2-4)

What the New Testament writers

say is completely in line with what Jesus Himself said. He said that His disciples will not be like those in the world who put themselves ahead of others. His disciples will put others first. His disciples will not want others to serve them, but be those who serve – who take the lower position, the role of a servant in every relationship:

You know that those who are regarded as rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be slave of all. For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many (Mk. 10:42-45).

Have you noticed how those who hold high positions always say they want to serve, but they never say that they don't want people to serve them? Saying they want to serve is the politically correct thing to say from positions of authority and power. They mean nothing more. Having said it, they want others to do all the serving and in particular to serve them.

Jesus connected serving with

sacrifice. If you don't serve you will never sacrifice. When you serve, you sacrifice a bit of your self, your ego. That kind of service is a proclamation that you will not hesitate to go the full length and sacrifice. That is exactly what Jesus did. Before He died on the cross, He served His disciples as their servant (Jn. 13:1-17)

Suffering in Fellowship

Paul also talked of "the fellowship of His sufferings":

My goal is to know Him and the power of His resurrection and the fellowship of His sufferings, being conformed to His death (Phil. 4:10, HCSB).

Notice the order in which Paul said it: first, the power of resurrection and then, the fellowship of sufferings. Though the crucifixion occurred first, and then the resurrection, Paul said that Christians should experience suffering after experiencing the resurrection. We are beneficiaries of the resurrection of our Lord. We can tap into the power that was released. By the tremendous power of the resurrection, we must join others in suffering so that there is a fellowship of people who suffer. We "rejoice

with those who rejoice, weep with those who weep" (Rom. 12:15).

Instead of being members of a fellowship of Christ's sufferings, today's televangelists preach a prosperity gospel. They say that if God blesses people, they would be just prosperous. Such preachers have left the Master who became the servant of His disciples. They've left the one who didn't hold on to glory, but laid it aside. And their fans follow them, because they love this gospel instead of the gospel of carrying a cross daily.

One cannot read the Bible and advocate a gospel of health and wealth. That is simply another gospel, and it is accursed (Gal. 1:6-9). Those who preach it, serve only themselves, not the Lord. They grow rich by extracting money from their listeners, who are fooled into thinking that if they give to televangelists (who project themselves as prophets and servants of God), they will reap a blessing that is a hundred or a thousand times more. Their listeners are, of course, not guiltless because more than the televangelists fooling them, they are driven by their own lust for prosperity.

Even in the Early Church there were people who were profiteering from preaching the gospel. Paul referred to them in Philippians (see 1:15, 17). He said that many are "enemies of the cross" (3:18). By itself, without reference to the context, one could get the impression that enemies of the cross are those who are opponents of the community of faith. Not so. Unbelievers are not enemies of the cross. They are simply the unsaved in need of the gospel of our Lord. Think, disciples of the cross vs. enemies of the cross. Instead of walking as disciples, they walk as enemies. The enemies are from within. They are disciples who don't want the cross in their lives.

Only those who identify themselves as Christians can be enemies of the cross, because they claim to follow Christ but don't want to take up the cross. "Their god is the belly, they exult in their shame, and they think about earthly things" (v. 19). It is not the advancement of the gospel and the Kingdom of God that they seek, but their own profit and prosperity.

Paul identified them as those "whose god is their belly" (v.19).

Their mind is set on earthly things. That is, they do not deny themselves. They are not willing to pay the cost of discipleship. They love themselves and indulge themselves. They are willing to compromise. Not only that, in pursuit of their selfish agendas, they work against the Kingdom and its goals. They're enemies.

At the Cross

Jesus was very clear: "If any of you want to walk My path, you're going to have to deny yourself. You'll have to take up your cross every day and follow Me" (Lk. 9:23, Voice). While The Message (by Eugene Peterson) is a paraphrase, the elaboration is worth paying heed to: "Anyone who intends to come with me has to let me lead. You're not in the driver's seat—I am. Don't run from suffering; embrace it. Follow me and I'll show you how. Self-help is no help at all. Self-sacrifice is the way, my way, to finding yourself, your true self."

Right at the beginning of His ministry, our Lord pronounced a blessing on those who are persecuted in His Name. He said that they are in the company of the prophets and have heaven waiting for them (Matt. 5: 12-13).

In the end, the heritage that Jesus left His followers was, "In the world you will have tribulation, but be of good cheer: I have overcome the world" (Jn. 16:33).


Peter, who didn't want Jesus to go to the cross because he knew would have to follow as a disciple (Matt. 16:21-24), embraced suffering. After experiencing the power of Christ's resurrection, he wrote that suffering was the normal in a Christian's life (1 Pet. 4:12). You are participating in Christ's sufferings (v.13) and the blessing of God's Spirit is on you (v. 14; cf. 3:14).

Christians are followers of Christ. He didn't make prosperity His goal in life, but the cross of suffering and shame. If we follow Jesus, can we end up anywhere other than at the foot of the cross?



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The Holy Spirit: Sent from Heaven (1Peter 1:12)

N. HEALING

Rev. Richard Masih

There is no doubt that God does heal his people. He is called 'Jehovah-Rophe' ('I am the Lord who heals you'). "If you will diligently listen to the voice of the LORD your God, and do that which is right in his eyes, and give ear to his commandments and keep all his statutes, I will put none of the diseases on you that I put on the Egyptians, for I am the LORD, your healer" (Exodus 15:26). He promises, "And the LORD will take away from you all sickness, and none of the evil diseases of Egypt, which you knew, will he inflict on you, but he will lay them on all who hate you" (Deuteronomy 7:15). This is the testimony of the Scripture, "...who forgives all your iniquity, who heals all your diseases"

(Psalm 103:3). Again, this also is the testimony of the Scripture, "He sent out his word and healed them, and delivered them from their destruction" (Psalm 107:20). It says about our Lord, "He took our illnesses and bore our diseases" (Matthew 8:17). It's also said that "He himself bore our sins in his body on the tree, that we might die to sin and live to righteousness. By his wounds you have been healed" (1Peter 2:24).

But not all are healed of their sicknesses and diseases. The Scripture gives us ample examples. Elisha the prophet died of sickness. "Now when Elisha had fallen sick with the illness of which he was to die..."

(2Kings 13:14). It's written, "So Elisha died, and they buried him" (2Kings 13:20). Elisha was a mighty man of miracles. Even in his burial, there was a miracle. "And as a man was being buried, behold, a marauding band was seen and the man was thrown into the grave of Elisha, and as soon as the man touched the bones of Elisha, he revived and stood on his feet" (v.21). Yet, Elisha himself died of sickness.

Apostle Paul was instrumental in many people's healing and deliverance from demonic possession. Yet, he suffered from some kind of thorn in his flesh. He says, "So to keep me from becoming conceited because of the surpassing greatness of the revelations, a thorn was given me in the flesh, a messenger of Satan to harass me, to keep me from becoming conceited" (2Corinthians 12:7). Some say that he might have suffered some kind of severe eye-disease. They base their assumption on what Apostle Paul says, "What then has become of your blessedness? For I testify to you that, if possible, you would have gouged out your eyes and given them to me" (Galatians 4:15).

Maybe he had weak eyes as is evident from what he says, "See with what large letters I am writing to you with my own hand" (Galatians 6:11). We read large print Bible when our eyes become dim and weak, maybe due to Old age.

Apostle Paul pleaded for his healing three times. He says, "Three times I pleaded with the Lord about this, that it should leave me. But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness. Therefore, I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me" (2Corinthians 12:8,9). He humbly accepted God's verdict on his healing. At times, we pray for ours or others' healing but never stop to listen what God is saying. We pray so much 'in faith' that we don't give God any other option except to do what we are telling him to do. He may give us what we are asking for but we might have to bear some evil consequences. We read, "he gave them what they asked, but sent a wasting disease among them" (Psalm 106:15).

Timothy was a godly and God-fearing young man. He had known the holy Scriptures since his childhood days. We read, "...and how from childhood you have been acquainted with the sacred writings, which are able to make you wise for salvation through faith in Christ Jesus" (2Timothy 3:15). In him the Christian faith was pulsating with life. It wasn't a dead faith. Apostle Paul says of him, "I am reminded of your sincere faith, a faith that dwelt first in your grandmother Lois and your mother Eunice and now, I am sure, dwells in you as well" (2Timothy 1:5). So his faith was sincere and living. He was also in Pastoral ministry in Ephesus, left there by none other than Apostle Paul himself. We read, "As I urged you when I was going to Macedonia, remain at Ephesus so that you may charge certain persons not to teach any different doctrine...." (1Timothy 1:3).

Yet, he was a sickly young man. He was frequently sick. He was probably more in hospital than at home. So Apostle Paul's suggestion to him was, "No longer drink only water, but use a little wine for the sake of your

stomach and your frequent ailments" (1Timothy 5:23). People have come out with different interpretation. However, the question is why Apostle Paul who was instrumental in others' healing could not lay his hand on Timothy and heal him from his stomach and frequent ailments? We don't know. Similarly, why did Apostle Paul leave Trophimus sick in Miletus? He says, "Erastus remained at Corinth, and I left Trophimus, who was ill, at Miletus" (2Timothy 4:20). Why did he not exercise his healing gift for his healing? Again, no answer.

We should not immediately accuse a person of having no faith or living in some sin if he/she is not healed. It is like adding insult to an injury or sprinkling salt on wounds. It may be that the so-called healer himself has no faith, or is not rightly related to God. Or, God's will for the sick person may be different. A servant of God went to another more mature and experienced servant of God than him to be prayed for healing. The senior servant of God said that he will pray for his healing. But he should keep three things in mind: 1. Have faith in God for healing; 2. If you don't see immediate

healing, continue to hope in God for healing that one day or the other God will heal; 3. Love God-healing or no healing. Don't make healing a condition to love God. Thus, this senior servant of God brought faith, hope and love together beautifully. "So now faith, hope, and love abide, these three; but the greatest of these is love" (1Corinthians 13:13).

We should also beware of giving glory to a man through whose instrumentality, the healing takes place. We should not put him on a pedestal and glorify him. Also, neither he nor we should think that it is the preacher's piety that has brought healing to the sick person. The Apostles were careful to emphasize this fact. "And when Peter saw it, he addressed the people: "Men of Israel, why do you wonder at this, or why do you stare at us, as though by our own power or piety, we have made him walk" (Acts 3:12)? We should give all glory to God.

We should also not hesitate to use medicines. Cf. the examples of using means in the Bible for healing; 1. "And he cried to the LORD, and the LORD showed him a log, and he threw it into the

water, and the water became sweet" (Exodus 15:25); 2. "Then he went to the spring of water and threw salt in it and said, "Thus says the LORD, I have healed this water; from now on neither death nor miscarriage shall come from it." So the water has been healed to this day, according to the word that Elisha spoke" (2Kings 2:21,22); "And they poured out some for the men to eat. But while they were eating of the stew, they cried out, "O man of God, there is death in the pot!" And they could not eat it. He said, "Then bring flour." And he threw it into the pot and said, "Pour some out for the men, that they may eat." And there was no harm in the pot" (2Kings 4:39-41); "And Isaiah said, "Bring a cake of figs. And let them take and lay it on the boil, that he may recover" (2Kings 20:7); "No longer drink only water, but use a little wine for the sake of your stomach and your frequent ailments" (1Timothy 5:23).

Of course, our trust is not so much in Doctors and medicines as much as it is in God. Let's take warning from the example of King Asa, "In the thirty-ninth year of his reign, Asa was diseased in his feet, and his disease became

severe. Yet, even in his disease, he did not seek the LORD, but sought help from physicians" (2Chronicles 16:12). When we are sick we should call the Church elders for prayer. "Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord" (James 5:14,15).

We should take care not to give false promises and assurances of healing, thus raising the hopes of the sick person. We should encourage the sick to trust in God's goodness, grace and mercy. We should also beware of drawing the crowd after ourselves by narrating the stories in our preaching of healing and deliverance by our means.



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*“Worship the Lord your
God, and his blessing will
be on your food and
water. I will take away
sickness from among you.”*

- Exodus 23:25

Glorifying God through grief

Ms. Sabrina Howell Philip

How do I glorify God through something so painful? Why should I when He allows me to hurt? As our world and country reels under Covid 19, it is important to acknowledge the grief in so many hearts and turn to His word to know how to process it.

Let us begin by acknowledging the importance of grieving. Paul in 1 Thessalonians 4:13 tells us to grieve but to do it with hope. "Brother and sisters, we don't want you to be uninformed about those who sleep in death so that you do not grieve like the rest of mankind who have no hope."

Grief is real. The pain and sorrow are real and hence so is the grief.

It is not a sign of unbelief. Job is praised not because he didn't grieve but because he worshipped God while grieving. Paul doesn't tell us not to grieve or cry; he simply tells us to do it with hope. As Christians, we grieve, but we do so without despair overpowering us. We are filled with sorrow, but we are not defeated. We are sad, but we are not without hope. We grieve hopefully because we know that it is temporarily. As my husband and I lost our baby this January, we grieved differently. Men and women hurt and process the pain in different ways. It is important to acknowledge that and to not be quick to judge.

We are called to eat the fruit of

sorrow. All are not chosen to walk the path of pain. The fruit of sorrow is bitter, but it has been given to us for a reason and for a specific season of our lives. Martin Luther said that God teaches us deep things about himself through oratio and meditatio, which is Latin for prayer and meditation, and tentatio, which means trials and testing. Psalm 119:67 "Before I was afflicted, I went astray, but now I keep your word." Verse 71, "It was good for me that I might learn your statutes." We can learn lessons as we walk through this season of suffering that will strengthen the bones of our faith.

Speak to your thoughts. Psalm 42:3 "My tears have been my food day and night, while they say to me all day long, where is your God?" All kinds of thoughts crowd our mind as we grieve. We must preach to our heart and mind. Verse 45 says, "Why are you cast down o my Soul? And why are you in turmoil within me? Hope in God, for I shall again praise Him my salvation and my God." We must challenge our thoughts when we feel them drift away from the promise of God's

everlasting presence with us.

Savour the nearness of the Lord. It is difficult to comprehend the why behind our suffering; let us rest in knowing that we are not alone as we hurt. The Bible has a unique promise for those who suffer. His living word tells us that He is near the brokenhearted. Grief is very personal; while the support of our loved ones is a blessing, it is a road we walk collectively and individually. It often feels like the pain will never go away. Yet, the Lord meets us right where we need Him, and He comforts our heart. We worship a living God who is the Father of all compassion and a God of all comfort. Let us find our peace in Him in the midst of this storm.

God heals wounds. A friend prayed for me that the name of my son Rehmat would only bring me joy. I stared at her in disbelief because I thought it was impossible. Six months later, my heart rejoices as I think of our son. There are tears, but there is hope in my heart. We know our son is with His Saviour and maker. He has gone to his eternal home. Don't rush the process. It

takes time, but it will happen, and it won't in any way be dishonouring to the Lord.

Joy will come again. Psalm 30:5 - Weeping may stay for the night, but joy comes in the morning. Everyone moves at different paces, but God uses time and grace to take away the sense of the impossibility of life. My prayer for us is that as we grieve, may it

be an experience of bittersweet communion with God our maker. Amen.



MS. Sabrina Howell Philip

URGENTLY REQUIRED DOCTORS

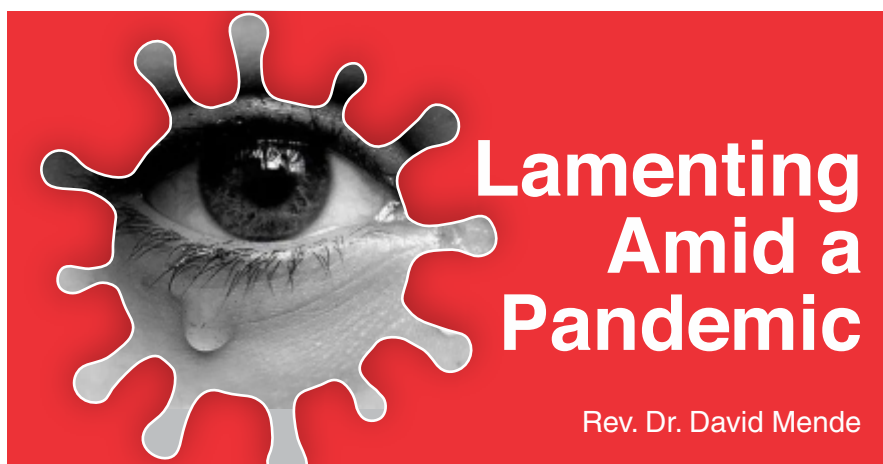
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Introduction

As we face the second wave of this pandemic, there is pain and suffering everywhere. Praise God as the number of COVID cases is reducing every day. Still, we are hearing of so many deaths around us. A few weeks back, I received painful news about one of my classmates and church mates during my childhood. He was admitted to a hospital due to COVID. Later, he was discharged and came home. But since he had some complications, he had to be admitted to a hospital again. But his condition worsened and eventually, he went to be with the Lord. He left behind his wife and children. The painful part was that his body was kept in the hospital and was released only after

paying four lakh rupees. I was told that he would have survived if he had enough money and got proper treatment. But he died.

How can we deal with such tragedies? How can we respond? In the last issue of AIM, we've seen that one of the ways to respond to the present crisis is that we must not fear, but have faith in the Lord. How else can we respond? As we suffer due to this pandemic, we can express our anguish and pain by lamenting before the Lord. That's exactly what David did in the text we are going to study. In this article, we are going to do a brief meditation of Psalm 57:1-11.

The book of psalms has different types of psalms. One of those is

lament psalms or complaint psalms. Psalms of lament make up about one-third of the book. They are the largest category of psalms in the Book of Psalms. These laments express human struggles and express the psalmists' sorrow, grief, and pain. Many of us feel hesitant or uncomfortable to lament. But lament is a normal and even a spiritual response to grief. There is a time to be joyful and a time to lament. Today, we can use these lament psalms as we navigate our suffering and pain.

Psalms 57 is an individual lament psalm. This psalm can be divided into two sections. Each section ends with the refrain or chorus (vv. 5, 11). In the first section, David laments before God and he is confident even in danger. In the second section, he anticipates victory and vindication. This psalm begins with a lament (vv. 1-5) and ends with praise (vv. 6-11). This psalm refers to God 21 times. In this passage, we see that David laments about his suffering before God but he praises God for his steadfast love and faithfulness. As we face the current pandemic, we can learn two lessons from this psalm.

Please turn to Psalm 57 in your Bible as you read this article.

1. When We Suffer, We Can Lament about Our Pain before God (Psalm 57:1-5).

As many of us know, David was anointed to be king by Samuel. But King Saul was jealous of David and sought to kill him on several occasions. So, eventually, David fled from Saul and lived in the wilderness. David penned this psalm when he was in a cave either at Adullam (1 Sam. 22:1) or En Gedi (1 Sam. 24:3). Right now, due to the current pandemic, we are also in a sort of a cave, in our homes, hiding from our enemy, coronavirus.

In verse 1, David cries out to God, "Be merciful to me, O God." It's a humble plea to God to show mercy and to grant relief from his sufferings. The repetition of the phrase "be merciful" demonstrates David's urgency. Though David was in a cave, he knew that the cave didn't offer him refuge. He knew that ultimate refuge is in God alone. "The shadow of your wings" is a picture of God's protection (Exod. 19:4). A young bird instinctively seeks protection under its mother's

wings. Just as birds protect their children from the heat and predators by spreading their wings over their children, God protects his people under his wings. Even Jesus uses this metaphor for Jerusalem (Lk. 13:34). David knew that the "storms of destruction" will pass by one day. He takes refuge in God until the disaster is over.

David is in a cave. But he reminds himself that he is crying out to "God Most High" (v. 2). We don't pray to a lifeless god. We cry out to the Most High God who is exalted over all created things. As a military person, David knew the strategic importance of taking the high ground in a battle. David's help came from God Most High, who is in heaven, the highest ground of all! David cries out to God as he has the confidence that God will fulfill his purpose for him. If you are going through a storm, remember that God will fulfill his purposes for your life. If we truly submit to him, he will not waste our suffering. He will use our suffering for his glory and our good.

God sends his steadfast love and faithfulness (steadfast love and

faithfulness are personified here) as his messengers to save David (v. 3). David believes that God will put to shame those who trample on him. "Selah" is probably a musical pause.

Some think there were some lions in the region that David lived. David portrays his enemies as wild animals (v. 4). He is like a sheep who lies down "amid fiery beasts" who seek to kill him. Their teeth are "spears and arrows." Their tongues are like "sharp swords." Our tongues can be as destructive as fire (Jas 3:1-12). Proverbs 18:21 says that "Death and life are in the power of the tongue." In Ephesians 4:29, apostle Paul writes, "Let no corrupting talk come out of your mouths, but only such as is good for building up, as fits the occasion, that it may give grace to those who hear." Let's ask God to use our tongue to bless people instead of hurting them.

Also, when we are criticized by others, we must not respond with hateful words. We never see David complaining and grumbling about Saul or any of his enemies to people. Like David, we must share our

anguish with the Lord. Commenting on this verse, the Life Application Bible says, "In times of great suffering, don't turn inward to self-pity or outward to revenge, but upward to God."

David praises God despite his painful circumstances (v. 5). Even in his sufferings, he wants God to be glorified. God is already exalted (Ps. 113:4; 138:6). We can't change that fact in any way. But David is praying that people will acknowledge and see God's glory. He wants all the earth to see God's glory. In this context, "glory" probably refers to God's steadfast love and faithfulness. Like David, even when we go through sufferings, we can look beyond our troubles and glorify God.

We too can lament when we go through sufferings. Prayers of lament are not a sign of spiritual weakness. We live in a broken world. Life is not as it should be on this earth. These laments express our longing for the other side of eternity. Laments are cries of a person who knows who God is but cannot reconcile the fact of God's goodness with the pain in his or her life. We cannot

comprehend how a good God can allow so much evil in this world. But as we lament, we are waiting for the restoration of all things in the coming kingdom. We must be people of celebration and lamentation. When we suffer, we can lament about our pain before God.

2. We Can Praise God Even in Our Pain (Psalm 57:6-11).

When we read verse 6, it seems that David is still complaining to the Lord. But the second line of verse 6 reveals that God has reversed the schemes of David's enemies. Here, David uses the imagery of men laying a trap for an animal. David's enemies set a net for him. But they fell into their own pit.

Just as David pleads for God's mercy twice in verse 1, here, he affirms twice that his heart is steadfast (v. 7). In Hebrew understanding, the heart is the seat of the will, not emotions. Despite becoming a refugee, David chooses to trust God and sing his praises rather than being depressed about his condition. His steadfast heart led to a singing heart. But we must understand that this didn't

happen overnight. David probably wrote this psalm after a lot of wrestling and questioning.

David expects the dawn of his deliverance (cf. Isa. 51:9, 17; 52:1). In verse 8, the word "glory" probably refers to his whole being. Probably, this term refers to a person's noble faculties. David tells his "glory" to give the right response to God's glory (cf. vv. 5, 11). He awakes his soul and instruments to praise the Lord. David goes on to say that he will arise before dawn, awake dawn (dawn is personified here), and give thanks to the Lord. He is excited to sing God's praises!

Even in the cave, David visualizes his praises reaching to the peoples of different nations (v. 9). David desires that his praises must reach all the peoples, not just God's chosen people (cf. Gen. 12:3). God didn't immediately act and rescue David. He doesn't always work that way. Sometimes, he doesn't take away our problems but grants us his sweet presence. When we suffer, like David, let's take refuge in God. And like David, let's begin to praise God even in our pain.

David praises the Lord because his steadfast love extends to the heavens and his faithfulness extends to the clouds (v. 10). There is no limit to God's steadfast love and faithfulness! David desires that God should be glorified in the heavens and all over the earth (v. 11). To be sure, David's circumstances didn't change. He was still in the cave. Yet, he exalts and glorifies God. The Westminster Shorter Catechism has a question: What is the chief end of man? The answer to that question is: Man's chief end is to glorify God, and to enjoy him forever. When you go through pain, lament. And even as you lament, praise and glorify God even in your pain.

Conclusion

The main message of this article is: **As we suffer, let's lament before God and praise him in our pain.**

As we face this pandemic, may I encourage you to pray the lament psalms. When you go through suffering, you can articulate your own laments by writing them down. Even as our nation is under the second wave of COVID, let's lament before our God. He is

willing to listen to our cry and complaints. Even as we lament, let's praise God even in our pain. I'm reminded of the wonderful song written by Don Moen:

*Lord, You seem so far away
A million miles or more,
It feels today
And though I haven't lost my
faith
I must confess right now
That it's hard for me to pray
But I don't know what to say
And I don't know where to start
But as You give the grace
With all that's in my heart*

*I will sing,
I will praise,
Even in my darkest hour
Through the sorrow and the pain
I will sing,
I will praise,
Lift my hands to honor You
Because Your word is true,
I will sing*

As we suffer, let's lament before God and praise him in our pain.



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DEAL WITH ANXIETY

Rev. Ashish Hirday



We don't need to look far to see that youth are hurting. Anxiety in particular, is on the rise, dominating the ways young people talk about their generation. Lately, the EFI National Youth Commission conducted a survey on "Youth Voices Matter" where young people aging between 15 to 35 participated from across India. Some of the findings were not that encouraging though.

- 64% of respondents are ***anxious*** about their future.
- 13% of respondents have *thought* about ***suicide*** one or more times in the last month
- 47% of respondents have anxiety ***due*** to their *friend's stress*
- 40% of respondents have ***no***

mentor or elder they can *safely* express their feelings to.

Everyone feels anxious or nervous at some point in their lives. From a big presentation to having to tell someone bad news, there are often situations in everyday life that can cause temporary uneasiness and worry. Levels of anxiety can fall anywhere on a broad spectrum, from momentary nervousness to paralyzing disorders that interfere with normal life functions. No matter where our anxiety lies on that spectrum, there are a variety of ways to help deal with anxiety.

Today many of us are becoming more aware of these problems,

but often aren't sure how to respond. Hence, we want to dedicate this small or brief resource for the glory of our God to the Youth, parents, pastors, and Youth ministry leaders of our country.

UNDERSTAND ANXIETY

Anxiety is described as a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. For millions of people, coping with anxiety is part of everyday life. The frequency of anxiousness, how you cope with it and any related mental or physical issues may indicate if medical attention is needed.

Anxiety is a constant fearful state, accompanied by a feeling of unrest, dread, or worry, but the youth may not be aware of what is creating the feeling of fear. Anxiety triggers can vary from person to person. Typically, anxiety begins in childhood, adolescence or early adulthood and occurs more often in women than men. Anxiety is usually a result of a variety of contributing factors, which could be related to:

- Stress at school, college, work

or other potentially high pressure situation.

- Difficult relationship with a significant other, friend or family member.
- Big life changing decisions
- Dealing with abuse, violence
- Stressful events such as violence, abuse, or emotional trauma
- A side effect of medication and drugs
- Financial problems
- Related issues such as depression, substance abuse, physical problems, trauma or bereavement etc.

TYPES OF ANXIETY DISORDER

Dealing with anxiety doesn't necessarily mean that you have an anxiety disorder. Anxiety comes in many forms and can warrant professional help, even if it doesn't cross over into an actual disorder. There are four main types of anxiety: generalized anxiety disorder, panic disorder, social anxiety disorder and phobias. If you feel anxious often or think you may have a disorder, seek professional help.

Generalized Anxiety Disorder **Symptoms:**

Intense, excessive anxiety about everyday situations, Unable to

relax. Often accompanied by headaches, sweating, trembling, difficulty swallowing and similar physical symptoms. Excessive worry about everyday problems consistently for at least 6 months or more.

Panic Disorder Symptoms

Terror that strikes suddenly and repeatedly with no warning. Sweating, chest pain, palpitations and a feeling of choking, which may make the person think they are having a heart attack or "going crazy." Feeling out of control. Interferes with everyday activities and often leads to a specific fear of a place or situation such as fear of elevators, etc.

Social Anxiety Disorder Symptoms

Overwhelming worry and self-consciousness about everyday social situations. Worry often canters on a fear of being judged by others, or behaving in a way that might cause embarrassment or lead to ridicule. Difficulty making friends and having a hard time talking to others. Feeling nauseous or sick around others.

Specific Phobia Symptoms

An intense fear of a specific

object or situation, such as spiders, heights or flying, for example. The level of fear is usually inappropriate to the situation. Fear causes avoiding common, everyday situations.

DEAL WITH ANXIETY (For Youth)

From understanding why you get anxious to finding healthy ways to manage anxiety, it's key to find things that work for you as you cope with anxiety. Below are few helpful possible steps to deal with anxiety:

Change Your Thought Patterns

It is important to confront negative thoughts and irrational belief and focus on what is real. God has people who care about you and who can help keep you safe. Become familiar with Scripture verses, such as Philippians 4:6-7 and 1 Peter 5:7, that will remind you God's provision of comfort and peace.

Focus on God

Try to move your focus from to the character of God (Ps. 32:10; Prov. 18:10; Eph. 1:18-21). God wants you to entrust your fear to him and to trust his people to help you. That doesn't mean your fears will

suddenly vanish, but in God and the church you can find wisdom and strength to face your fears.

Watch for Triggers

If you aren't sure what triggers your anxiety, try writing a journal for when you feel anxious to see if there are any specific triggers or patter. Learn to identify recurring triggers and try to minimize activities and input that induce anxiety.

De-Stress Often

Enjoy your hobbies and relaxing activities, especially at times when you're more likely to be stressed and anxious. Try calming activities like meditation, prayer, listening to music, going on a hike or other stress-free, enjoyable hobbies.

Take Care of Your Whole Self

Eat healthy food*, exercise regularly, learn how to unplug and relax and get plenty of sleep. Also, avoid caffeine and alcohol, which can aggravate your anxiety.

Develop Healthy Relationships

It is important for you to develop supportive, positive relationship. Find a friend, family member, teacher, pastor or counsellor you

can trust to talk about you anxiety and what triggers it.

Move Forward

Consider setback learning experience and resolve to continue to face your fears. Be willing to take risk as you work on ability to face and anxiety. When you are feeling afraid, try to move your thoughts to the external world and others rather than on the internal feelings of anxiety. Keep your attention on the solution, letting God help you with your fears and not on the problem.

Seek Medical Help

Don't hesitate to seek help if you are struggling with anxiety. There are thousands of great counsellors, therapists and doctors who are specially trained to help with anxiety and stress.

Be Patient

The more you commit yourself to relying on God and not dwelling on your fears, the more progress you will make. God is working to help you overcome the anxiety that is keeping you from living life to the fullest.

Live One Day at A Time

Probably 98 percent of the things

you are anxious about or worry about never happen. Learning to live one day at a time is an art that can be cultivated.

HELPING YOUTH TO DEAL WITH ANXIETY

Be a Source of Encouragement
E v e r y o n e n e e d s encouragement, especially when dealing with anxiety and contributing factors. Write a thoughtful note, make a small gift, write down positive quotes or do something special for the youth who is suffering with anxiety to let her/him know you are for them. Encourage them to be intentional in his/her efforts to be positive and to have confidence that they will be able to overcome their anxiety or fears.

Plan Calming, Stress-Free Activities

Dealing with anxiety can feel lonely so try planning activities that are cycling, swimming, calming, like hiking, getting a pedicure or painting pottery, just to name a few. Encourage the youth to do something when he/she feels anxiety coming on, rather than acting as a victim of present emotions.

Keep in Contact

In any situation, it's important to have a friend that you can trust and confide in. Give your friend a call every few days or so to say, "Hi.", and see how they are doing. In our survey, we found that 70% of respondents would share their feelings with a trusted mentor or elder. Hence, you have major role to play in youth's life.

Avoid Pat or Simplistic Answers

It is important to avoid pat or simplistic answers like, "just trust God" or "just pray" and get away from the real issue. In one way, these are the right convictions, but sometimes they don't solve the problem. It is not that we undermine the sovereignty of God. But sometimes, such statements don't address the profound and complex issues that your youth are experiencing. Hence, if you are not able to help a youth who is struggling with anxiety or if you suspect she may be clinically diagnosed with an anxiety disorder refer him/her to a professional.

FINAL WORDS

Life can be busy, stressful and

complicated. If you're dealing with anxiety and feel sad, hopeless or scared, please know you aren't alone. There are many effective ways to deal with and overcome anxiety so you can experience life without the weight of constant fear and nervousness. It's important to get help and encouragement from friends, family, pastor, youth leaders, counsellors and others who can help.

No matter what problems or issues you're dealing with, know that God loves you no matter what and you are valued and worthy in His eyes. God has a plan for God has a plan for your life beyond what you can even imagine. The Bible says that Jesus came to earth and died so everyone can have **"real and eternal life, more and better life than they ever dreamed of..."**[John 10:10 The Message].

God has a unique plan for your life and knows you by name! You are loved and accepted, regardless of what has happened in your past or your current

struggles. God cares about you and what you are going through. God wants to have a real, personal relationship with you and to help you discover your true self-worth and identity in Him. He wants you to trade your fear for freedom and replace anxiety with peace that can be found in Him.



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In 1967, American psychiatrist Thomas Harris published a self-help book with the title *I'm OK, You're OK*. The psychological method at the back of the book was Transactional Analysis (TA). I'm no expert in psychology or TA. Here, I am just borrowing from that title to reflect on the issue of judgementalism among believers.

You may have seen video clips of a tiny fish called piranha. In 1978, a movie was made about the fish, depicting them as travelling in schools, attacking and feeding on any creature that is bleeding into the water. In videos, they are shown to go into a feeding frenzy when a school of them encounter a mass of flesh, and within

minutes the whole thing is gone and a bare-bones skeleton is all that is left.

When the one-time American President Theodore Roosevelt visited Brazil in 1913, he went on a hunting expedition through the Amazon Rainforest. While standing on the bank of the Amazon River, local fishermen put on a show for him. They had blocked off part of the river and starved the trapped piranhas for several days. With Roosevelt watching, they pushed a cow into the water, where, within minutes, it was devoured by the piranhas leaving only a skeleton. Roosevelt recounted what he witnessed in his book, *Through the Brazilian Wilderness* (1914), describing piranhas as vicious.

Some recent events have made me think that when it comes to being judgemental, Christians are like piranhas. We go into a feeding frenzy and pick everything clean, except that it's not clean. It is just plain ugly.

Don't Be Judgemental

Our Lord told His disciples to not judge others (Matt. 7:1-5). The first thing He said was that if we don't want to be judged, we should not judge others. This fits in with what is referred to as the Golden Rule: "Do to others whatever you would like them to do to you. This is the essence of all that is taught in the law and the prophets" (v.12, NLT), and the commandment about loving neighbour as yourself (12:31).

Jesus then warned that whatever measure or standard we use to judge others is what we ourselves will be judged by. People are very good at maintaining double standards. This is especially true of those who have power over others – like parents over children, elders over younger people, bosses over subordinates and government officials over the public. Haven't you read news reports of politicians behaving as though

the rules that apply to common people don't apply to them? They are not the only ones who behave that way. Many in positions of authority and power do the same sort of thing.

Christ Jesus also said that there's more wrong with us than the one whom we judge. What the other person has is a tiny speck in his eye, while we have a whole log in our eye, when we tell him or her let me take that bit of dirt out for you. How is that even possible? After all, the other person may be a flagrant sinner.

While the other person's wickedness is on display before all the world, in our case, there is so much that is hidden from public view. But we know ourselves, and we know ourselves better than we know others. We know our secret sins. We know what we harbour in our hearts. That is why Jesus says to His followers, "You have a log in your eye, while the other chap has only a speck" meaning, "Your own spiritual problem and failure is greater than the other person's." Before you try to fix the other person, take care of yourself.

Judge Yourself

This is why Paul described himself as the chief of sinners (1 Tim. 1:15), and no one should think that the place of chief sinner is already taken. I am the chief of sinners when I look at myself. When you look into your heart, you too need to echo what Paul said of himself. When we stand before God, each of us is the worst. When I stand before the Lord God, I stand alone. No other humans are standing beside me when God is judging me. I stand alone and I cannot tell God that I am better than the thief, the rapist, the paedophile, the murderer, the genocidal tyrant. I cannot claim to be better than anyone else. God is Himself the standard for righteousness and holiness, and God is comparing me with Himself when judging me. I don't measure up. I am the worst sinner before God.

Paul had something to say about people who judge others: "You, therefore, have no excuse, you who pass judgment on someone else, for at whatever point you judge another, you are condemning yourself, because you who pass judgment do the same things. Now we know that God's judgment against those

who do such things is based on truth. So when you, a mere human being, pass judgment on them and yet do the same things, do you think you will escape God's judgment? Or do you show contempt for the riches of his kindness, forbearance and patience, not realising that God's kindness is intended to lead you to repentance? ...you, then, who teach others, do you not teach yourself? ...You who boast in the law, do you dishonour God by breaking the law? As it is written: 'God's name is blasphemed among the Gentiles because of you'." (Rom.2:1-4.21-24).

In line with Jesus, Peter too emphasises the necessity to judge ourselves first. Peter said that judgement must begin in the house of God (1 Pet.4:17).

Slandering people is judgementalism, according to James. He said that when we judge people, we judge the Law of God. The Law says we are to love our neighbour, and instead of that we judge God's Law to be deficient in judging our neighbour and take it on ourselves to be the judge, whereas God alone is the judge (Jas. 4:11-12). "How could you think for a moment that you

have the right to judge another person's servant? Each servant answers to his own Master, and he will either stand or fall in His presence. The good news is that he will stand because the Master is able to make it so" (Rom. 14:4, Voice).

Writing to the church at Corinth, Paul said, "So don't make judgments about anyone ahead of time—before the Lord returns. For He will bring our darkest secrets to light and will reveal our private motives. Then God will give to each one whatever praise is due" (1 Cor. 4:5).

Guard Against Wolves

However, while we are not to be judgemental, as followers of Christ, we must exercise discernment or judgement. Right after telling His disciples to not be judgemental, Jesus told His disciples to not give what is sacred to dogs or cast their pearls before swine (Matt. 7:6). That calls for people to distinguish between those who are like dogs and swine and those who are not. Jesus was saying that the sacred things of the Kingdom are to be safeguarded from those who would commit sacrilege and work

against the Kingdom. He went on to say that there will be wolves in sheep's clothing who will want to capture souls from the Kingdom. We can discern who these false intruders are by the fruit of their lives. They will take the name of Jesus and claim that they work for Him, but they do not, and in the end the Lord will banish them (vv.15-23).

Churches need to be alert and guard against the entry of whatever is contrary to the teaching of Jesus. That is not being judgemental, but showing discernment in a world where Satan poses as an angel of light (2 Cor. 11:14).

While I was pastor in Lucknow, when I found out that Jehovah's Witnesses (who don't believe in the Trinity) had joined the Lucknow Christian Burial Board to bury their dead in Christian cemeteries, I declared war on them and had them thrown out. A young man known to me brought two men who were new to the city to get me to help them launch their work. The men said that they didn't belong to any group. I asked them who their leader was. They said that Jesus was their leader. From their

strategy and secretiveness, I suspected that they belonged to the cult Children of God. I asked the two men to give me some of their literature. They said that they didn't have any. When I insisted that without being able to read and study something I would not be able to help them, they finally admitted that their teacher wrote letters and they had a small pocket book of the letters. They gave me Mo Letters authored by the leader David Moses Berg. Bingo! Berg was the founder of the Children of God. I didn't let on that I had recognised the name. They left Mo Letters with me so that I could read them overnight. I was able to see for myself that the cult taught heresy and encouraged immorality. I sent letters to all the pastors in Lucknow to not let them gain entry into churches under any pretext.

No, I was not being mean and uncharitable when I opposed both these groups that pretended to be Christian. I was simply following in the footsteps of the apostles who safeguarded against heresy.

Peter questioned and judged Ananias and Sapphira about their

duplicity in joining the line of those who were giving all their possessions to the Church, while they were withholding a portion for themselves. Their dishonesty would have hurt the newborn Church and corrupted it, and so the judgement of God fell on them immediately (Acts 5:1-11).

The first false teaching that the Early Church had to confront was that of some Jewish Christians saying that Gentiles needed to embrace Jewish practices first to become Christians. In the early days, Jews were in the majority and all of the apostolic leadership was made up of those who were Jews before becoming followers of Jesus. So, it was easy for these Jewish Christians to confuse Gentile seekers and converts.

Even though he had been an out and out advocate of Judaism and a virulent and vicious persecutor of Christians, as soon as Paul confronted this teaching in the Gentile lands where he was preaching the gospel, he took issue with it and vehemently opposed it by taking the matter to Jerusalem where the apostles were headquartered (Acts 15). Later on, when he heard that the teaching had made inroads in the

church in Galatia, Paul categorically declared that there could be no other gospel than the one that had been preached at first. A different gospel is no gospel at all (Gal. 1:6-9). So, when Peter compromised by siding with the Judaisers, he didn't let it go, but confronted him (2:11-15).

In the book of Revelation, we find the Lord commending churches for not allowing false doctrines to be taught in the Church, and (2:2) and condemning those churches that allowed false teaching and immorality (vv.14-16, 20-23).

Yes, we have to guard against

wolves in sheep's clothing that are out to destroy the flock the Christ. However, among brothers and sisters in Christ, let's not be judgemental. Like us, they are sinners saved by the grace of our Lord Jesus, and they're OK.



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For details and application forms, please contact the Dean of Admissions:

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Intercessory Prayer Points



July 2021

1 THURSDAY National Doctor's Day. Thank God for the new month with new opportunity to serve Him. Pray for the medical fraternity today. Thank God for their tireless service during the pandemic. Pray for protection, good health and joy as they serve the sick.

2 FRIDAY Pray for Bible Bhavan Christian Fellowship. BBCF is a community of believers who strive to bring God glory through the preaching of God's Word, prayer, music and loving God and one another. Pray that many lives may be transformed through their ministry.

3 SATURDAY Pray for Tearfund-India. Tearfund-India works with communities to help them develop secure and productive livelihoods. Pray that the Lord would continually lead, guide and show them different ways to address issues such as human trafficking, poverty, natural disaster, etc. Pray that the Lord's name would be lifted high through their work.

4 SUNDAY Pray for the children of God's servants that they would encounter God personally and grow in

holiness. Pray that they would pursue and value personal relationship with God.

5 MONDAY Pray for India Missions Association (IMA), Hyderabad. Pray for God's guidance and leading in all the things they do. Pray for all the staff to be equipped and guided by the Holy Spirit.

6 TUESDAY Pray for school/college children as they return after summer break. Pray that they would adjust well to the new normal as they pursue their studies online. Pray for children who are economically weaker that God would provide for their needs.

7 WEDNESDAY Pray for Indian Evangelical Mission (IEM), Bangalore. IEM is a multifaceted ministry with the goal of building and equipping people to fulfill the Great Commission. Pray for all the missionaries working with IEM as they share the Gospel of Christ boldly.

8 THURSDAY Pray for Disha Foundation, New Delhi. Disha Foundation works with a vision to encourage and empower the economically weaker sections of the

Indian society, particularly girls and women. Pray for courage, strength and guidance for those involved in this ministry. Pray for God's blessings upon them.

9 FRIDAY Pray for those who are struggling with health issues especially Covid19. Pray that the Lord would provide comfort and healing. Pray that they would hear God's voice personally in their struggles.

10 SATURDAY Pray for all the EFI staff based in different parts of the country. Pray that they may serve the need of the churches, institutions and individuals with their best capacity that would glorify God.

11 SUNDAY Continue to pray for your pastor and his family. Pray that the Lord would strengthen them and use them effectively in His vineyard.

12 MONDAY Pray for Delhi International Christian Fellowship. Pray that God would work in the hearts and minds of the congregation members who are from different and diverse backgrounds that God would bring the joy of being united in Christ.

13 TUESDAY Pray for the political leaders of our country. Pray that they may be able to pursue and accomplish goals that would bring growth to the country and peace with neighbouring countries.

14 WEDNESDAY Pray for Covid19 patients. Pray that God would have mercy on them and bring healing to them. Pray also that God would bring an end to this pandemic soon.

15 THURSDAY World Youth Skills Day. Pray scripturally for the youth groups in your churches and neighborhood. Pray that they may remember their Creator in the days of their youth. Pray for them that they would use their time, energy & skills effectively for God's glory.

16 FRIDAY Pray that we may recommit our lives and services to God. Pray for more opportunities to serve God in the coming months.

17 SATURDAY World Day for International Justice. Pray that justice systems in our country will be strengthened and effective.

18 SUNDAY Pray for your church to be an ambassador of reconciliation. Pray that many broken lives be mended and healed. Pray that relationships to God and man are restored.

19 MONDAY Pray for Bible Centered Ministries International – India (BCM-India) based in Chennai. Pray for the 52 BCM Tamil Nadu full time staff, families and their needs. Pray that the Lord would provide all their needs so that they would fulfill their callings.

20 TUESDAY Pray for the ministry of Interserve India at Pune, Maharashtra. Interserve is a cross-cultural, inter-denomination evangelical fellowship of Christians committed to each other in partnership and in service to the people in the field of education, medical services, community & spiritual development in India. Pray for God's protection. Pray that Christ's love may be displayed to the world with their works.

21 WEDNESDAY Pray for Jesus Bless Ministries, Odisha. Pray for integrity and excellence in their service to God through this ministry. Pray for the Holy Spirit to come along with them in their challenges and

22 THURSDAY Pray for North East India Committee on Relief and Development (NEICORD), Meghalaya. NEICORD renders assistance, love, care, relief & rehabilitation to disaster affected people. They also assist in leadership development and capacity building of the communities and help the needy and the poor achieve self-reliance through project initiatives.

23 FRIDAY Pray for Ashish Foundation, a school for differently abled children. Pray for innovative and creative ideas as they teach the children. May God bless the ministry abundantly.

24 SATURDAY Pray for St. Stephen's Hospital. Pray that the hospital would continue to serve the sick and the needy with their motto "In Love Serve One Another". Pray that it would continue to serve and treat patients with best facilities.

25 SUNDAY Pray for your daily personal quiet time. Pray that you would be able to spend quiet time with the Lord despite the loud outside world. Pray that you would grow in loving the Lord Jesus Christ and re-commit your life to Him.

26 MONDAY Pray for Emmanuel Hospital Association. The Emmanuel Hospital Association works across 9 States of central, north and north-east

India through its hospitals and numerous community programs. Pray that every opportunity they get would be God honouring.

27 TUESDAY Pray for Evangelical Fellowship of India Commission on Relief (EFICOR), New Delhi. EFICOR is engaged in Development, Advocacy, Disaster Response and Training, serving the poor, socially excluded and the marginalized in situations of poverty, injustice and disaster irrespective of caste, creed or ethnicity.

28 WEDNESDAY Pray for Evangelical Financial Accountability Council (EFAC), an initiative of EFI. Pray that God may use EFAC to strengthen His Church in India as they provide accreditation and capacity building services and promoting transparency, accountability and excellence in governance.

29 THURSDAY Pray for CANA-India, New Delhi. Pray that as they minister to HIV/AIDS affected people, they would be filled with compassion. Pray that their services would bring changes in people's lives and glorify the Lord through their services.

30 FRIDAY International Day of Friendship. Give thanks to God for all friendships that you have built so far. Pray that you would be a friend in need and a guide to those who are seeking to meet God.

31 SATURDAY Thank God for the fruitful month. Continue to pray for God's protection for you and your family.

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Evangelical
Fellowship of
India



One in God; Together for Good.

Introduction

Evangelical Fellowship of India, founded in 1951, is the national alliance of Evangelicals in India. As a central network of evangelicals and a service organization, it is the custodian of Evangelical faith, movement and values in India, representing the Evangelical voice, building capacity and promoting participation in nation building.

EFI is a charter member of the World Evangelical Alliance. Its membership includes over 65,000 Churches, over 150 Church related mission agencies and organisations and thousands of individual members.

Our Vision

To see evangelical Churches, institutions and individuals effectively witnessing the good news of Jesus Christ in word, deed and transforming nation.

Our Mission

As an evangelical alliance, serve churches, institutions and individuals through strategic initiatives, capacity building and forging solidarity, thus facilitating the mission of witnessing to the good news of Jesus Christ in word and deed, and nation building.

Networks

- CEEFI (Chetan Education Department of EFI)
- EFI Publication & Media
- EFI National Centre for Urban Transformation
- EFI Children @ Risk
- Evangelical Trust Association of North India
- EFI Micro Enterprise Development
- Evangelical Financial Accountability Council (EFAC)

Commissions

- EFI Women Commission
- EFI Theological Commission
- EFI Youth Commission
- EFI Religious Liberty Commission
- EFI Commission on Relief (EFICOR)

EFI is a Charter Member of the World Evangelical Alliance
An NGO in special consultative Status with the Economic & Social Council of the United Nations

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