

**Multiplying Medical Mission**  
**Emmanuel Hospital Association (EHA)**  
**Evangelical Medical Fellowship of India (EMFI)**  
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In India about one thousand Christian doctors graduating each year from the medical colleges, only three or four of them end up joining medical missionary work. Low awareness of needs, lack of clear missionary teaching and lack of leadership development are some of the reasons for this phenomenon.

North India represents the neediest part of the country in terms of Health care. Today's medical/dental students have a lot to contribute in improving the health standards of this country in the days to come. This project has been targeted at the medical/dental students in the nine states of North and North- East India. It has been aimed at increasing the quality and number of medical missionary doctors/dentists in order to impact North India. It has challenged medical/dental graduates (from their student days) to consider the opportunity to serve in Medical missionary work in the area and thereby contribute to better health in the country. Most of all this has helped young medical/dental graduates to understand their calling.

The project envisioned

- Many non-Christian doctors and nurses coming to the Lord.
- An increase in Missionary awareness resulting in more number of applicants to missions.
- The number of missionary recruits increasing to twice the number within a year.
- The quality of leadership in the Medical Missionary Hospitals to improve.

This project has been a unique partnership and enterprise of two indigenous missions namely, Emmanuel Hospital Association (EHA) and Evangelical Medical Fellowship of India (EMFI). Both these organizations brought into this project their own unique strengths and areas of contribution to bring about an impact.

EHA's strength has been the network of hospitals located in some of the neediest areas of North and North-East India. These hospitals have been equipped with good leadership at the grass root level. EMFI brought in its strength of a network of fellowships that exist among the doctors and medical and dental students in various medical/dental schools and towns.

The partnership has ensured that ownership is enhanced at the local and regional level. The decentralized mode of functioning of these missions has also strengthened regional ownership.

The project recruited and placed staff workers in various areas of the project area. The staff worked among medical/dental students and strengthened prayer groups by encouraging local leaders. State level meetings were held once a year to bring students and doctors together for a time of intensive Bible Study and to challenge them about missions. Special Leadership seminars were conducted for those interested locally.

The whole vision was carried out on a relational basis. The project staff has been involved in the lives of the students and doctors at a personal level. This gave them the credibility to approach them as individuals and groups with Bible study and fellowship meetings. The project staff was able to give much needed pastoral care and also to share needs in mission fields and discuss ethical issues. This prepared graduates who were willing to consider medical missions in a wholistic manner – medical and spiritual. Interested people and groups were given opportunities to visit medical mission stations. This gave them openings to be involved in missions directly or indirectly. Some of them joined missions and others provided the much needed support and awareness.

This relationship model also fosters church planting as health is seen in a wholistic manner.

This project has seen

- a. The starting of MIGs (Mission Interest Groups) in different Medical Colleges.
- b. A dramatic rise in the number of doctors who have joined North Indian mission Hospitals. Over 35 medical and dental graduates have responded and **for the first time in many years EHA has reached an optimum number of junior doctors.**
- c. An increased awareness for Medical Missions among medical and dental students.
- d. A positive change in the attitude towards Medical Missions among the medical and dental students.

The partnership has catalyzed impact for medical missions in India. Many will consider missions with a long term commitment. Some are contemplating starting their own integral Medical Missions. We hope and pray that this will pave the way for a second wave in the history of Medical Missions in India. This will hopefully reach higher grounds than its predecessor- Western Medical Missions.

A main challenge has been the cost of the project. 40% of the total cost of the project of US \$ 74,752 is raised locally. The main expenditure being the salary of the staff workers, plans are underway to raise support for the staff from the local graduates. This has so far been successful in two regions and efforts are on to increase this coverage. The expenses towards Conferences and workshops have been covered by the participants and shortfall is covered by local contributions and general contributions.

Getting quality staff workers for a modest pay, persistence and long term vision needed in working among students, partnering with people who had to unlearn their strategies were some of the challenges that were encountered. Inability to have direct contact with student groups, inadequate reporting due to an intermediate partner were other obstacles we faced. We had to change programs at times to accommodate intermediate partnering group with different schedules.

This project also drew our attention to the need to work among the doctors who have finished post graduate courses and also the need of training in Medical Missions to equip the people to meet the challenges in Medical Missions. We are working on different models to take these concerns forward.

As I conclude, we want to emphasize that we have seen God working through us from the beginning and we want to go forward in the changing situation here, by equipping medical/dental graduates to fill those voids in order to build His Kingdom.