

# The Center for Medical Mission's *e-Pistle* September 2012

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Thanks so much for praying for our Medical Mission Summit. In the August *e-Pistle*, I asked you to let me know if you would like a representative from your mission to be invited to the Summit. We got a couple new organizations to participate because of your help. Thank you. I won't write too much here as Dave Stevens' article below tells all about it. I wish you could have been there to hear the reports of the various sending organizations as they shared what is happening with their medical ministries. I know you would have been encouraged. We are already working on identifying the dates for next year's meeting. If you or someone you know would like to be invited, please let me know. I hope to get started on a report from the meeting within the next couple of days.

We are gearing up for the [Global Missions Health Conference](#) which takes place each November in Louisville, Kentucky. If you are attending, please stop by our exhibit and introduce yourself. I almost never get away from the booth so I should be there when you stop by. The CMDA exhibit area is in the middle at the back of the main floor exhibit hall. You won't have trouble finding us as we have the largest exhibit area – a total of 10 booths.

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## **This month you'll find the following articles:**

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## **Cura Animarum – The Purpose of Pits**

by Rev. Stan Key

*“And they took [Joseph], and cast him into a pit” (Genesis 37:24, AKJV).*

Pits pose a problem for people who ponder. Is my pit a punishment for poor performance? Is this painful place perhaps the product of a pathological past? Will pits persist perpetually? Are people predestined to be put in pits?

Pits are profoundly puzzling. Perhaps those of you perusing this paragraph are presently passing through some painful and perplexing predicament. Do pits have a purpose?

Pits are part of providence. This is the primary point I am passionate to promote. Put precisely, pits are part of God's plan for people. Don't be paralyzed by pointlessly pondering whether he personally puts people in pits or perhaps permits them to be put in such a predicament. Probing such problems only produces perplexity and prohibits progress. Permit me to point to a more positive path.

Pits are places pregnant with a plethora of possibilities. When you perceive yourself in a pit, ponder these principles. Pits have the power to:

1. Puncture pride.
2. Prove the power of prayer.
3. Put away petty perspectives.
4. Produce perseverance.
5. Prompt praise.
6. Practice patience.
7. Promote peace.
8. Protect purity.
9. Publish the power of God's promises.
10. Prove providence.

Precisely! Pity the person who can't perceive the positive potential in pits.

Perhaps you perceive my *e-Pistle* article as pointless prattle, improper piety and proof of pastoral pathology! Please pause and ponder my purpose: to provoke and promote passion for the providence of God. People who put up with my personal peculiarities may profit from

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## **The Head Shed**

by David Stevens, MD

I just returned from CMDA's annual Medical Mission Executive Summit where 21 representatives from a wide range of mission organizations met for two days in Chicago to share their successes, problems and innovations, discuss strategies and dig into areas of mutual interest. You would be interested to know that the average mission organization with medical missions has about 8 to 10 percent of its missionaries involved in healthcare. SIM has more than 180 healthcare missionaries and continues to expand its outreach. They have increased their number of healthcare personnel by 20 percent in the last three years. The International Mission Board of the Southern Baptist Convention markedly reduced their institutional footprint and now runs only one hospital. They are still involved in community health and other non-institutional

missions. HCJB is expanding its health outreaches into other countries, particularly Africa, from its traditional focus in Ecuador.

There were many other factoids we picked up while we were together, but we focused the majority of our time on a number of areas where we previously set up task forces to work over the last year. One group worked on a richer theology of healthcare missions. This year, we went through some documents already created at the Lausanne Conference on Evangelism, looking at what is well articulated and what still needs to be addressed. The over-arching goal of this effort is to create a concise one to four page document, articulating succinctly why medical outreach is so essential to the missionary enterprise, that can be shared with missionary executives, churches and other supporting organizations as well as medical missionaries around the world.

Another task force focused on medical advocacy within mission organizations. It was clear to all participants that healthcare outreach is so complex and it is critical to have one or more people in the mission administration at the home office who specifically works with and for the medical outreaches. The unique and diverse needs of healthcare ministry justifies this, but only a few of the larger organizations have advocates in place.

It is helpful if those advocates have medical training, but it is not compulsory that they do.

Advocates take on many tasks. They not only recruit, but also more importantly walk with candidates through the courting, application, orientation and fundraising processes. This may be a long period of time if initial contact takes place early in training. That should happen more often. A representative from World Medical Missions revealed that out of the 20 doctors accepted into its two-year post residency program, all planned careers in missions but only three had, had any formal contact with a sending organization before graduation from their residency.

Advocates also help find funding sources. They can develop and maintain relationships with foundations, church mission committees and government organizations. They can solicit grants and handle burdensome reporting requirements. They can seek umbrella grants that will benefit more than one healthcare outreach. As they find and organize transport of gifts in kind, equipment and supplies, they can take a huge burden off missionaries on the field.

The term “advocate” also denotes their role of representing the concerns and issues of medical missionaries on the field to the administration. Most mission leaders are largely made up of theologians/pastors or educators who have limited knowledge in growing medical outreaches, incorporating evangelism and discipleship into them or the unique needs of medical missionaries. The advocates can interpret, help set healthcare policies and provide medical oversight and consultation for all the organization’s missionaries if they have medical training.

At the same time, it is not necessary for an advocate to have executive oversight of a mission's healthcare outreaches. An advocate thus does not have to have high-level management and administrative skills. The advocate's job description can be tailored for their skill set. All the same, it is best to have advocates with overseas career missionary experience so they understand the needs of their healthcare personnel and can bring firsthand knowledge to the role. This increases their credibility with everyone they deal with.

If there are healthcare missionaries who have to return to the states for health, family or other reasons, they may find the role of advocate allows them continue to use their skills and still be involved in medical missions. Though this role is a full-time job, there are models where advocates work in healthcare up to two days a week to keep their skills current and supplement their support.

The third task force focused on the training new medical missionaries need before going to the field as well as for the first few years after they arrive. Of course, new healthcare missionaries should go through the same orientation as other missionaries on culture, interpersonal relationships, language acquisition, world religions and much more, but they have much more to learn to do well and serve for many years. For example, they need to understand how different religious beliefs affect their target population's view of health and disease. They need to learn how to apply ethical principles when they are working beyond their training in the face of overwhelming needs.

I wish you could have been there for this discussion. You would have gained and contributed much. Dr. Joshua Bogunjoko, a SIM missionary from Nigeria who will be the organization's new international director next summer, gave great insight on this topic. He said that we often state that our mission is to meet the healthcare and spiritual needs of the people. The problem is that the needs are unlimited, so you have a task that can never be accomplished and it often leads to burnout. He reminded the group that Christ didn't meet all the needs he saw, took time away from ministry and saw the importance of continually being in close fellowship with His Father. Therefore, our mission should not be focused on meeting needs but on being "good neighbors" to those God puts in our paths. Others chimed in and noted we are "to love our neighbor as ourselves." That doesn't mean love your neighbor more than yourself to the detriment of your physical, psychological and spiritual wellbeing.

What a liberating thought. The meeting was full of these thoughts. As we separated, we all found ourselves with a renewed and enhanced passion for medical missions. In the months and years ahead, I believe these meetings will expand medical mission outreach and also provide new tools and insights that will impact you as you serve. Please pray for this group.

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**Help Please!**

Many of you reading this *e-Pistle* have been training medical students and residents when they visit for an international rotation. Several sites have more applicants than they can handle. But people from even those sites can help me. Before the end of the year, I need to update our handbook which lists possible sites for these international rotations. If your site is not listed or you know of another site that could benefit from having students and residents visit, I would love to list them in the updated version. In order to do that, you need to let me know the name of the institution as well as the contact person so that I can send a questionnaire to gather the information for the handbook. If you have never seen the handbook, you can find it at [www.cmda.org/studenthandbook](http://www.cmda.org/studenthandbook). I will really appreciate your help in identifying potential new sites for international rotations. Respond to [susan.carter@cmda.org](mailto:susan.carter@cmda.org). Thanks so much!

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## Resources

### **21st Century Tent-Making Opportunity: Missionary-Minded Electronic Medical Record Trainers**

*Note from Susan: Missionary doctor Don Rumbaugh has a connection with EHR Total Healthcare Solutions and would like to share an income generating opportunity with other medical missionaries who might have some free time and would like to have some additional income while in the states.*

A fascinating tent-making opportunity has arisen. Having already hired 12 medical missionaries, EHR Total Healthcare Solutions is looking for 40 more part-time people to be trained to become a global and multilingual team of electronic medical record trainers. Pay is excellent, from \$20 to \$60 per hour plus prn per diem and travel expenses. Creative access doors are being opened by the job descriptions.

Hours are flexible but include traveling to civilian and military hospitals. Healthcare experience is preferred; integrity and initiative required. If you have some time during home ministry assignment, this might be a way to generate some income. Please contact Don Rumbaugh for more details at [dwrumbaughmd@gmail.com](mailto:dwrumbaughmd@gmail.com).

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## Panic Attacks

by Dr. Ron Koteskey

Bill was walking down the street near his home when his heart started pounding, it was hard to breathe, his chest tightened and he had pain in it. He was terrified and thought he was going to die of a heart attack. He went immediately to an urgent treatment center only 10 minutes away, but by then he felt much better. Tests there showed no sign of a heart attack or any other physical problem.

He had served in two countries where there were many reasons to be afraid, but he had never felt this kind of fear. How could it be that he had it here back in his peaceful passport country after serving for three years in a job he loved at headquarters? What caused it? Will it happen again? What can he do about it?

What is a panic attack?

Panic attacks occur when, without warning, individuals experience intense fear that occurs suddenly and for no apparent reason. It is one of the most unpleasant, terrifying and upsetting experiences individuals can have. Although the attack is usually over in a few minutes, it may take people days to fully get over it, and those individuals may fear having another one.

The American Psychological Association notes that, "Many people experience occasional panic attacks, and if you have had one or two such attacks, there probably isn't any reason to worry."

However, people who continue to have them are diagnosed with panic disorder, about one in every 75 people. To get some indication of whether you have cause for concern, you may want to take the Panic Disorder Severity Scale. This is just a screening test, but if you score above 10, it is a good idea to look for professional help.

For some unknown reason, the sympathetic branch of the autonomic nervous system arouses the whole body during a panic attack. Its neurons are interconnected so it arouses glands and smooth muscles all over, including the adrenal glands. Adrenalin (epinephrine) from those glands flows throughout the body through the blood stream. The heart pounds, breathing increases, sweat glands secrete, pupils dilate, etc. All of this unexpected arousal is terrifying. It can occur even while asleep.

What are the symptoms of a panic attack?

As would be expected from what scientists know about the sympathetic nervous system, the symptoms are:

- Heart palpitations or racing heart
- Feeling sweaty or having chills
- Shortness of breath, hyperventilation or feeling of choking
- Chest pain or discomfort
- Dizziness, lightheaded or feeling faint
- Nausea or stomachache
- Trembling or shaking
- Numbness or tingling in hands and fingers
- Fear of losing control, going insane or dying

What does the Bible say about panic attacks?

The Bible has several references to panic. Some are about soldiers in battle panicking, deserting and running away. Others are about people terrified by disease or fire. Still others are about horses fleeing in fear. All of these have someone terrified of a known problem and getting away as fast as possible.

However, the Bible says nothing about panic attacks. Such attacks are internal rather than external. The persons experiencing them are keenly aware of the feelings of panic but often try not to express those feelings. Most people are embarrassed to show the signs of panic when no “reason” is apparent.

What will panic attacks do to one’s ministry?

The immediate effects of panic attacks on missionary ministry are obvious. Whether missionaries are teaching, preaching, counseling or interacting in any other way with people, their effectiveness will decrease when they experience the symptoms above. People interacting with the missionary will wonder what is wrong.

Later effects, after recovering from the attack, include the following.

- Avoidance. The missionary may quit doing anything, including ministry, which may trigger an attack.
- Anticipatory anxiety. The missionary may become anxious just thinking about having another attack.
- Agoraphobia. Afraid of having an attack when people are around, the missionary may avoid people and crowds, even to the extent of staying home nearly all the time.

How can panic attacks be treated?

The good news is that most (70 to 90 percent of people who have even frequent attacks) find relief. Just knowing about the nervous and hormonal basis of the attacks helps. Here are some things to do.

- Renew your commitment to God and ask Him to help you.
- Avoid caffeine and other habit forming drugs, especially stimulants.
- Get a half-hour of aerobic exercise daily.
- Learn stress management techniques, such as deep breathing.
- Learn relaxation techniques, such as breathing retraining and positive visualization.
- Remind yourself that attacks have a physical basis and decrease irrational thoughts.
- Gradually increase exposure to situations that have triggered attacks.
- Consult a physician about the possibility of anti-anxiety or anti-depressant drugs.

How can panic attacks be prevented?

The bad news is that attacks cannot be completely prevented. Remember that the American Psychological Association said that, "Many people experience occasional panic attacks." Sometimes the sympathetic branch of the autonomic nervous system just arouses the body.

The good news is that many of the things missionaries can do to treat it also can prevent it.

- Meditate on God's word and pray each day to maintain your relationship with him.
- Eat a healthy balanced diet while avoiding caffeine and other drugs.
- Exercise daily and get needed sleep.
- Minimize over-the-counter supplements and herbal remedies which may contain a variety of chemicals.
- Avoid stressful situations and manage stress when it does occur.

Can missionaries with panic attacks lead normal lives?

Of course, the good news is that they can lead normal, productive lives of service. Unfortunately, missionaries may feel shame or guilt thinking they lack the faith needed to keep the attacks away. They self-diagnose the problem as a spiritual one rather than a physical one. Their concern may increase the probability of more attacks.

Missionaries are unlikely to feel guilty if they have diabetes because of the pancreas secreting too little insulin. Just as there is no need to feel guilty if the pancreas is not aroused enough by the sympathetic nervous system, there is no need to feel guilty when the sympathetic nervous system and adrenal glands provide too much stimulation to organs all over the body.

Given that things may trigger the sympathetic branch at "random" times when missionaries do not expect it, these missionaries need a plan to calm that system. Here are some suggestions.

- When you feel one "symptom," do not let your anxiety about it bring on a full-blown attack. For example, if you notice that your breathing has changed, do not worry about it and bring on a full attack.
- Learn how to decrease or stop an attack if a full one does occur. Note the ways attacks can be treated above.
- Avoid triggers if possible, and respond to them immediately if they do occur.
- Replace negative thoughts, such as, "My faith is weak," with realistic, positive ways of viewing attacks.
- Join or begin a support group so you can share with others facing the same.

For a more complete treatment of this topic as well as other topics, please visit [www.missionarycare.com](http://www.missionarycare.com). Also please let your non-medical colleagues know about these free resources.

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