

INTERNATIONAL NURSING GUILD

Newsletter

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April 2012
National
Health
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The Ministry of Raphael



Serving the Body of Christ

INFORMATIVE!

PRACTICAL!

CONCISE!

Serving YOU with Education, Information, and Preparation for YOUR Health!

THE GREAT PHYSICIAN'S ANSWER TO SICKNESS

"Is any sick among you? 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; and the prayer of faith shall save the sick, and the Lord shall raise him up, and if he have committed sins, they shall be forgiven him" (James 5:14, 15).

This scripture declares to the sick what they have to do in order to be healed. Sickness and its results flourish in the world. It should be with great delight, then, that the Believer learns from the Word of God the way of healing for the sick! The Bible teaches us that it is the will of God to see His children in good health. The book of James records for the Believer, and states without hesitation that "the prayer of faith shall save the sick, and the Lord shall raise him up." Our earnest prayer, then, is for the Lord to teach us to hearken and to simply receive what His Word tells us!

Re: SUFFERING--First, James tells us that there is a difference between affliction (suffering) and sickness. He says (in vs. 13): "Is any among you afflicted? let him pray". He does not give any instructions for deliverance from suffering, nor does he say that deliverance from such shall be asked. Suffering, which may come from many exterior avenues, is the share of every Believer. So, let us first recognize, and then press to understand that the object of James' instruction is to lead the tried Believer to ask for deliverance only with a spirit of submission to the will of God, and, to ask for the patience which he considers to be the benefit of the Believer...See James 1:2-4; verse 12 and 5:7-8.

So, with these words, "Is any sick among you?" James comes back with a deliberate nudge to force the Believer onto another path. At this juncture he asserts with assurance that the sick one may ask for healing with confidence that he shall obtain it. Not only may he ASK, BUT, he may rest assured that THE LORD WILL HEAR HIM. So let us see difference between suffering and sickness. Jesus spoke of suffering as being necessary, as being willed and blessed of God; while He says of sickness that it ought to be cured. SUFFERING will cease when Jesus shall triumph over the sin and evil which are in the world. SICKNESS is



an evil in the body itself and ought to be healed as soon as the sick Believer receives, by faith, the working of the Holy Ghost.

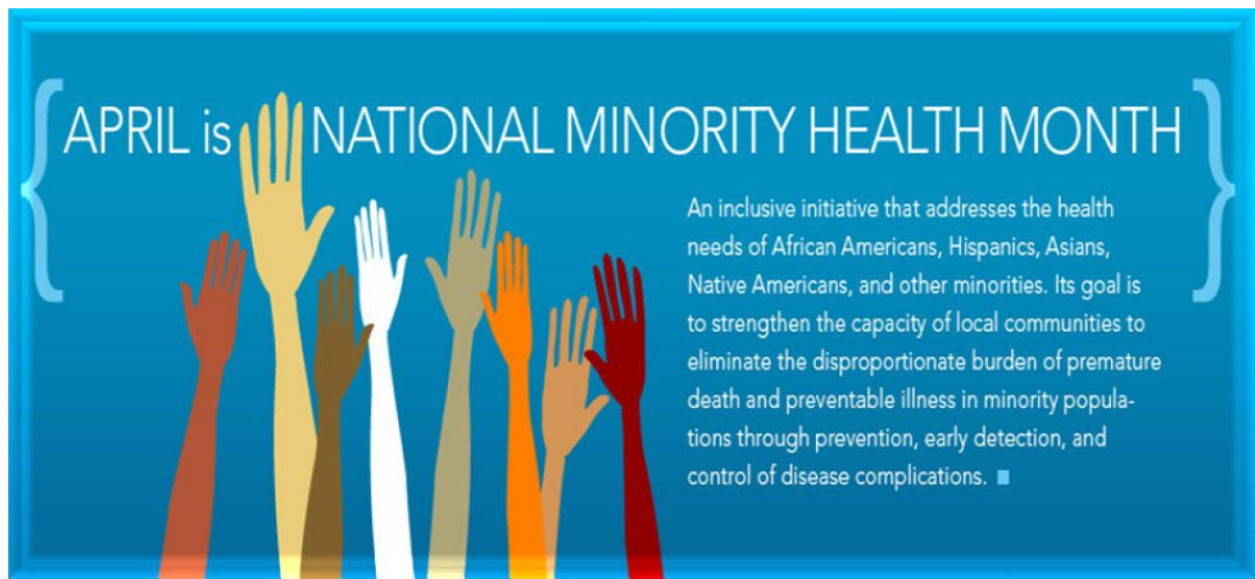
DIRECTIONS GIVEN TO THE SICK: Let him call for the elders of the church, **AND** let the elders pray for him. There were physicians in Bible times, but the sick Believer was not turned to them. Instead, they called for the elders: the pastors and leaders of the churches, who were called to the ministry, filled with the Holy Ghost, and well known for their holiness and their faith. Why them? These were they whose faith was firm and sure. The communion of Believers invited the Holy Ghost to act with power. It is to the elders of the Church that the healing of the sick is committed. (Note that the sick has his sins forgiven when this pattern is followed.)

The elders should:

1. Care for the flock as the Great Shepherd does
2. Exercise compassion with the sick one
3. Understand his trouble
4. Receive from God the necessary discernment to instruct him
5. Encourage him to persevere in faith

Finally, the direct promise—HEALING! It is the direct consequence of the prayer of faith. "The prayer of faith shall save the sick, and the Lord shall raise him up." This promise ought to kindle in every Believer the desire and expectation of healing.

May the Lord teach us to study His Word with the faith of a truly believing heart, and exercise the same. Amen!



National Minority Health Month

Article submitted by: Mr. Cameron Anderson, Dothan, Alabama

April is Minority Health Month. During this month different organizations gather together to bring attention to health disparities that exist in the minority population. Each year is a different theme. This year's focus is promoting healthy school lunches so that we can reduce our youths' chances of developing adult diseases. And, since students of color access school lunches in greater numbers and are disproportionately affected by diabetes, extreme weight gain, high blood pressure and high cholesterol levels, this type of focus is really important. According to the Centers for Disease Control and Prevention, 24 percent of

African-American girls ages 6 to 12 are overweight and 19 percent of African-American boys in the same age group are overweight. In terms of Black teenagers, the numbers are almost the same. In terms of obesity, 22.4 percent of African-American children ages 6 to 17 are obese. This is not just for African Americans but also the other minority groups in the United States alone. National Minority Health Month is an inclusive initiative that addresses the health needs of African Americans, Hispanics, Asians, Native Americans, and other groups classified as minorities. The goal is to strengthen the ability of local

communities to eliminate the disproportionate burden of premature death and preventable illness in minority populations through prevention, early detection, and control of disease complications.

Please feel free to contact the Office of Minority Health U.S. Department of Health and Human Services P.O. Box 37337 Washington, DC 20013-7337 (800) 444-6472 (240) 453-2883 Fax info@minorityhealth.hhs.gov <http://minorityhealth.hhs.gov/> Materials available Contact: Information Specialist

Sexual Assault Awareness Month

ARTICLE SUBMITTED BY: MISS ERICA FAISON, NORCROSS, GA

NATIONAL SEXUAL ASSAULT

1-800-656-HOPE



NATIONAL CHILD ABUSE

1-800-422-4453

The month of April has been designated Sexual Assault Awareness Month (SAAM) in the United States. The goal of SAAM is to raise public awareness about sexual violence and to educate communities and individuals on how to prevent sexual violence.

What is Sexual Assault - the act of forcing or manipulating someone into unwanted sexual activity which includes but not limited to molestation, rape, vulgar slurs and gestures.



Some *Tips* on How to *Protect* your *Child* from Sexual Abuse

- ✓ **If** you have young children between the ages of 2-6 years old teach your children proper names of the body. By teaching a child the proper names for their body parts, they will be in a position to name what's happening to them should someone touch them in an abusive way.
- ✓ **Speak** to your children about safe touch and unsafe touch. Good touch is touch that feels safe - or touch that makes us feel warm and make us smile. Its touch that makes us feel cared for. Try to explain to children that some good touch actually hurts i.e. cleaning a cut - but that it's good because it's making them better.
- ✓ **Teach** your children to say NO when appropriate. Obviously there are times that children are not permitted to say "no" and this is where the difficulty and confusion can occur. Make it clear to children that they have the right to say "no" to anyone who wants to touch their genital areas. Make it clear that they have the right to say "NO!" loudly even if this is an adult and that they will not get into trouble.

Emotional affects on children that have been sexually abused.

- emotional isolation
- betrayed trust
- fits of rage and anger



- a. **Don't** blame yourself -If you were raped or sexually abused as a child, the first thing you should know is that it is not your fault, you did not cause it, and you are not to blame in any way, despite what you may have been told.
- b. **Seek** counseling – there are many opportunities to seek help within your local cities. You can check with your local police station and/or library for specific locations of where these sessions may be held.
- c. **Maintain** Hope – Once you have sought counseling be in touch with supportive family members and friends who can offer a shoulder to lean on when needed.

Challenges for adults that have been sexually abused

- 👤 Addictive, compulsive , and suicidal behaviors
- 👤 Unable to form platonic relationships
- 👤 Experiencing triggers
- 👤 Anger / Depression
- 👤 Fear / Anxiety

If you know anyone that has been sexually abused whether it is an adult or child please encourage them to seek help from a pastor or professional counselor.

References

<http://www.pandys.org/articles/protectyourchild.html>

http://www.nsvrc.org/sites/default/files/SAAM_2012_Tips-for-health-care-professionals.pdf

<http://www.safekidsmo.org/waystostopsexualabuse.html>

RAPE-RELATED POSTTRAUMATIC STRESS DISORDER

Article made available in its entirety by the *National Center for Victims of Crime*; Submitted by: Mrs. B. Elaine Page

- [Overview](#)
- [Four Major Symptoms of Rape-related Posttraumatic Stress Disorder](#)
- [Works Cited](#)
- [Bibliography](#)
- [Additional information](#)

OVERVIEW

Traumatic events such as rape cause both short-term and long-term stress reactions. Many people who experience long-term stress reactions continue to function at optimal levels. Those who are unable to function at a normal range or have difficulties in one or more areas may have Posttraumatic Stress Disorder (PTSD). This bulletin discusses Rape-related Posttraumatic Stress Disorder (RR-PTSD), a form of PTSD suffered by sexual assault and rape victims. For more information on PTSD, please refer to the bulletin "[Posttraumatic Stress Disorder](#)."

The four major symptoms of Rape-related Posttraumatic Stress Disorder are:

1- RE-EXPERIENCING THE TRAUMA

Rape victims may experience uncontrollable intrusive thoughts about the rape, essentially unable to stop remembering the incident. Many rape victims have realistic nightmares and dreams about the actual rape. In addition, victims may relive the event through flashbacks, during which victims experience the traumatic event as if it was happening now. Additionally, victims are distressed by any event that symbolizes the trauma of rape. Victims avoid talking about the event and will avoid any stimuli or situations which remind them of the rape.

2-SOCIAL WITHDRAWAL

The second major RR-PTSD symptom for rape survivors is social withdrawal. It has been described as psychic numbing, denial and a feeling of being emotionally dead. They do not experience feelings of any kind. One way it shows up in the lives of survivors is a diminished interest in living. It is not that they are suicidal, but they have no interest in their children, in their jobs, and what feelings they do experience have a very narrow range. Victims experiencing RR-PTSD may not feel joy, pain, or really much of anything; many experience a kind of amnesia. In addition, victims with RR-PTSD may not remember the details of what happened to them.

3-AVOIDANCE BEHAVIORS AND ACTIONS

The third set of symptoms of RR-PTSD is avoidance behaviors and actions. Victims may experience a general tendency to avoid any thoughts, feelings, or cues which could bring up the catastrophic and most traumatizing elements of the rape. This may be characterized by refusing to drive near the spot where the rape occurred.

4-INCREASED PHYSIOLOGICAL AROUSAL CHARACTERISTICS

There may be an exaggerated startle response -- hyper-alertness and hyper-vigilance -- which requires that the victim pay attention to every sound and sight in their environment. Many experience sleep disorders which result in poor sleep patterns for chronic RR-PTSD victims, such as trouble falling or staying asleep. In addition, memory may be impaired, and many victims have difficulties concentrating, which affects tasks that must be completed in their daily lives. Victims may exhibit a kind of irritability, hostility, rage and anger that produce further isolation.

Some disturbing new research indicates that certain physiological changes in the brain may be permanent conditions. Some survivors with RR-PTSD are unable to accurately gauge the passage of time. Consequently, they are likely to show up for appointments late, early, or not at all. Another possible permanent side effect is a kind of tunnel vision. Victims may be unable to see the "big picture" which results in difficulty distinguishing between a little crisis and a big crisis. Therefore, all events in their lives are viewed as crises.

In Rape in America: A Report to the Nation, a widely-cited study by the National Center for Victims of Crime and the Crime Victims Research and Treatment Center, 13 percent of American women surveyed had been raped and 31 percent of these rape victims developed RR-PTSD. The study showed that with 683,000 women raped each year in this country, approximately 211,000 will develop RR-PTSD each year. In their attempts to cope with RR-PTSD symptoms, many victims may develop major depression. Rape victims are three times more likely than non-victims of crime to have a major depression episode. Rape victims are 4.1 times more likely than non-crime victims to contemplate suicide. In fact, 13 percent of all rape victims actually attempt suicide, which confirms the devastating and potentially life threatening mental health impact of rape.

In attempting to cope with the above symptoms, drug and alcohol consumption are likely to be companions in the victim's attempt to gain relief from these symptoms. RIA found that, compared to non-victims of crime, rape victims are:

- 13.4 times more likely to have two or more major alcohol problems; and
- Twenty-six times more likely to have two or more major serious drug abuse problems.

With a growing body of knowledge about RR-PTSD, help is available through most rape crisis and trauma centers. Support groups have been established where survivors can meet regularly to share experiences to help relieve the symptoms of RR-PTSD. For some survivors, medication prescribed along with therapy is the best combination to relieve the pain. Just as in the treatment of any other illness, at the first opportunity, the individual should be encouraged to talk about the traumatic experience. This ventilating provides a chance to receive needed support and comforting as well as an opportunity to begin to make sense of the experience (Allen). "To diminish symptoms of PTSD,

you must work on two fronts- coming to terms with the past and alleviating stress in the present (Allen)." In addition, violence-related trauma affects not only direct victims, but those who care deeply about them.

WORKS CITED

National Center for Victims of Crime & Crime Victims Research and Treatment Center. (1992). Rape in American: A Report to the Nation. Arlington, VA: National Center for Victims of Crime.

Ringel, Cheryl. (1997). Criminal Victimization...Washington, DC: Bureau of Justice Statistics, US Department of Justice.

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Allen, Jon. (1995). Coping with Trauma: A Guide to Self-Understanding. Washington, DC: American Psychiatric Press.

Figley, Charles R. (1992). "Post-traumatic Stress Disorder, Part 1." Violence Update, 2(7): 1, p.8-9.

Harvey, Mary & Judith Herman. (1992). "The Trauma of Sexual Victimization: Feminist Contributions to Theory, Research, and Practice." PTSD Research Quarterly, 3(3): 1-3.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

National Crime Victims Research and Treatment Center

Department of Psychiatry & Behavioral Sciences

Medical University of South Carolina

165 Cannon Street, MSC852

Charleston, SC 29425-0742

Administrative Phone: (843) 792-2945

Clinic Phone: (843) 792-8209

Center for Women's Policy Studies

1776 Massachusetts Avenue, NW, #450

Washington, D.C. 20036

Phone: (202) 872-1770

Website: <http://www.centerwomenpolicy.org/>

RAINN

Rape Abuse & Incest National Network

24 Hour hotline: 1-800-656-HOPE

E-mail: info@rainn.org

Website: <http://www.rainn.org/>

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ADDITIONAL OBSERVANCES IN APRIL

Alcohol Awareness Month

National Council on Alcoholism and Drug Dependence, Inc. 244 East 58th Street, 4th Floor New York, NY 10022 (800) NCA-CALL (622-2255) (24-hour helpline) (212) 269-7797 (212) 269-7510 Fax national@ncadd.org <http://www.ncadd.org> Materials available Contact: None designated

Irritable Bowel Syndrome Awareness Month

International Foundation for Functional Gastrointestinal Disorders P.O. Box 170864 Milwaukee, WI 53217-8076 (888) 964-2001 (414) 964-1799 (414) 964-7176 Fax iffgd@iffgd.org <http://www.aboutibs.org/site/about-ibs/april-ibs-awareness-month> Materials available Contact: Nancy Norton

National Autism Awareness Month

The Autism Society 4340 East West Highway, Suite 350 Bethesda, MD 20814-3067 (800) 3-AUTISM (328-8476) (301) 657-0881 (301) 657-0869 Fax info@autism-society.org <http://www.autism-society.org/about-us/national-autism-awareness-month> Materials available Contact: Jennifer Repella

National Distracted Driving Awareness Month

FocusDriven P. O. Box 7001 River Forest, IL 60305 (603) 775-2405 info@focusdriven.org <http://www.focusdriven.org/index.aspx> Materials available Contact: None designated

National Donate Life Month

Division of Transplantation, Healthcare Systems Bureau Health Resources and Services Administration U.S. Department of Health and Human Services Parklawn Building, Room 12C-05 5600 Fishers Lane Rockville, MD 20857 (888) 275-4772 (703) 821-2098 Fax ask@hrsa.gov <http://www.organdonor.gov> Materials available Contact: Division of Transplantation Staff

National Facial Protection Month

American Association of Oral and Maxillofacial Surgeons American Academy of Pediatric Dentistry American Association of Orthodontists 9700 West Bryn Mawr Avenue Rosemont, IL 60018 (847) 678-6200 inquiries@aaoms.org <http://www.aaoms.org> Materials available Contact: AAOMS Communications
APRIL (continued)

National Sarcoidosis Awareness Month

National Sarcoidosis Society National Sarcoidosis Foundation Mercy Hospital & Medical Center 2525 South Michigan Avenue, Lower Area - Media Area Chicago, IL 60616 (312) 567-6626 (312) 567-6144 Fax sarcoidosis3@gmail.com <http://www.nationalsarcoidosisfriends.org> Materials available Contact: Glenda Fulton

Sports Eye Safety Awareness Month

American Academy of Ophthalmology P.O. Box 7424 San Francisco, CA 94120-7424 (415) 561-8500 (415) 561-8533 Fax eyemd@aao.org <http://www.geteyesmart.org/eyesmart/injuries/index.cfm> Materials available Contact: Georgia Alward

STI Awareness Month

American Social Health P. O. Box 13827 Research Triangle Park, NC 27709-3827 (919) 361-8400 (919) 361-8425 Fax info@ashastd.org <http://www.ashastd.org/stiawarenessmonth.cfm> Materials available Contact: ASHA Media Relations Office

Women's Eye Health and Safety Month

Prevent Blindness America 211 West Wacker Drive, Suite 1700 Chicago, IL 60606 (800) 331-2020 (312) 363-6001 (312) 363-6052 Fax info@preventblindness.org <http://www.preventblindness.org> Materials available Contact: PBA Consumer and Patient Hotline

ATTENTION LOCAL CHURCH NURSING GUILD PRESIDENT and NURSING GUILD MEMBERS

We want to “SHOWCASE” YOUR LOCAL NURSING GUILD

Here your opportunity to introduce yourselves. Submit a group photograph and a 150-300 word summary of something you have done, will do, or plan to do THIS YEAR. Include the names of your NG members and how they contribute to the Guild and the local assembly (positions, education, etc), and any special honors received. Don't forget to list the name your pastor's and church.

*When: Submit information by **May 15, 2012** to the International Nursing Guild's physical mailing address or via email.*

We will include YOU in the 6th Edition of ING Newsletter.

THE RAPHAEL WELLNESS CENTER is yet a vision waiting for its manifestation. We want to recall this vision in every issue of the ING Newsletter. The International Nursing Guild spearheads this project, as we have been given the responsibility of causing the vision to come to pass. It WILL come to pass—with much work and perseverance. Our commitment and work will be rewarded at its (RWC's) appearing. Commitment to the work is key. Personal insistence upon pressing through the early struggles will result in **Victory**: the building and its contents, the staff to manage and to maintain it, service to the Saints by the Spirit of Raphael—The Lord That Healeth Thee.

Knowing this, go from strength to strength, from faith to faith, and from glory to glory!
Every Round is going Higher and Higher!
The Move Continues!
We can do it!

“I will seek to learn, for learning is the basis for growth, and growing is the key to living. I will seek first to understand, for understanding is the key to finding value, and value is the basis for respect, decisions, and action. This should be my first act ...” Anonymous

This is a publication of the International Nursing Guild; S. D. James Evangelistic Association, Inc.
Serving the Body of Christ,

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Vice President: Missionary Sharon Duhart

Secretary: Sister Hattie Glee

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