

GETTING THE RIGHT STUFF

A Users Guide for Obtaining Supplies and Equipment for Health Care Mission

United Methodist Volunteers in Mission
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One of the most important tasks facing a team leader or individual volunteer preparing for health care mission is the selection and accumulation of supplies and equipment appropriate to the task. This process is never an easy one. **FAILURE TO DEVOTE CAREFUL PLANNING AND SUFFICIENT TIME TO THIS ASPECT OF PREPARATION CAN SERIOUSLY INTERFERE WITH THE SUCCESS OF A HEALTH CARE MISSION.**

Our intent is to provide the health care missionary with a concise, user friendly guide that

1. Represents the collective experience of the United Methodist Volunteer in Mission health care membership and the wisdom of experts working within the supply agency network
2. Uses a direct, how-to-do-it approach
3. Presents a way to cut short the frustrating, sometimes costly trials and errors that many of us have experienced in supplying our teams
4. Provides up to date information on supply sources and the means to contact them.

INTRODUCTION

There are obviously many ways to go about the necessary steps in the acquisition process. Each team and each situation is unique, and presents its own logistical challenges. All of us who work at organizing and assisting teams continually field a number of questions about supplies and equipment. Many experienced hands have a wealth of information and ideas about the acquisition process, about what works and what doesn't. However, on careful inquiry we were unable to find any organized written collection of information that dealt with the entire process. We hope that this guide will provide an effective, systematic way to answer questions and lead you through the necessary steps. We also hope that you will give us feedback about this effort so that we will be able to add to it all of your experience and expertise. We promise that this guide will be a continual work in progress.

We recommend that you use this manual in conjunction with the revised 2005 UVMIM Training Manual for Mission Volunteers, which contains detailed general instructions for teams, as well as a section that is devoted to health care teams.

GENERAL CONSIDERATIONS

A. SUGGESTED ACTION STEPS FOR THE ACQUISITION PROCESS

1. Select site
2. Choose leadership and recruit team
3. Research needs and conditions
4. Confer with site coordinators and health personnel
5. Develop lists of items needed or desirable, a tentative drug formulary, and a budget
6. Investigate and locate potential sources for these items
7. Plan for transport and packing
8. Allow plenty of time for the process

B. RECOMMENDATIONS

1. Start early. It will ALWAYS take more time than you think
2. Begin the procurement process as soon as you have decided on your site of service, and selected your leadership.
3. Large pieces of equipment and large quantities of supplies need to be shipped many weeks or even months in advance to ensure on time arrival.
4. Have a plan
 - a. Decide what supplies, equipment and medicines you need and how you will obtain them
 - b. Use checklists for each category
 - c. Develop a budget for purchases, shipping and handling costs. Fund raise if necessary
 - d. Establish supply priorities. Select alternatives in each category in case your first choice is not available
 - e. If you have a large team, it may be helpful to form a procurement committee, and assign specific tasks.
 - f. A time line is as helpful for the acquisition process as it is for the rest of your team planning.
5. A pharmacist, at least as a consulting member of the committee is invaluable. It is even better if he or she is a member of the team.

GET SOUND ADVICE

1. Reliable sources of information and advice will help you determine what you need and how much you need.
 2. Research area diseases and conditions. Consider CDC and WHO websites, tropical medicine texts, and relevant medical literature.
 3. Host country health professionals, particularly those with whom you will be working, and in-country coordinators are very important sources of information
 - a. Consultation with them cultivates a relationship, and mutual understanding and respect
 - b. It is wise to have their continued input as you plan your trip
 - c. They can describe the clinic, equipment, and supplies available, what is needed for your visit and conditions likely to be encountered, local treatment regimens, expected numbers, and mix of patients.
 - d. All of this information is crucial to estimating what you need to bring.
 - e. Never presume that you know better than local personnel about what supplies will be needed for your mission
 - f. Keep in mind that local health personnel may politely defer to your misconceptions out of a wish not to offend.
 4. Leaders and members of previous teams should be contacted for their input
 5. The supply agencies listed in the appendix often have experts who are available to discuss specific problems and issues with you
 6. Be sure to consider use preferences of team members in the selection process
- If you cannot obtain reliable information about the needs from in-country personnel or previous teams, a preliminary site visit may be indicated

USE TECHNOLOGY THAT IS APPROPRIATE, AFFORDABLE, AND SUSTAINABLE

1. Appropriate supplies, equipment and drugs
 - a. Fit the setting
 - b. Fill the diagnostic and therapeutic needs of the community
 - c. Will be used by the community after the visit.
2. Affordable equipment
 - a. Has a low operating and maintenance cost.
 - b. Is worth the money
 - c. Does not use funds that would be better spent in other areas.
3. Sustainable technology
 - a. Has low risk of breakdown

- b. Has spare parts available
 - c. Provides training programs suitable for local operators
 - d. Uses available energy sources
4. Local practitioners (as well as mission personnel) are sometimes enamored with technology for its own sake.
 - a. The latest gadget or medicine makes them feel up to date
 - b. They hope to be able to attract the wealthy elite as clients
 5. The missionary may feel that he or she is not giving the best care
 - a. Without the technology or latest wonder drug
 - b. Without a full service laboratory, a fully stocked pharmacy, and up to date functioning equipment
 6. This is a complex issue, and requires thorough discussion between the leader, the team, and local health professionals. A balance often has to be reached between the ideal, the possible, and the affordable.

SPACE AND BUDGET LIMITATIONS

1. The quantity of supplies and equipment that you can bring with you is quite limited.
2. Your budget may also be a limiting factor
3. Ask yourself the following questions.
 - a. Am I including everything that is absolutely needed?
 - b. Am I bringing the wrong (inappropriate) stuff?
 - c. Am I bringing too much stuff?
4. Don't bring stuff because you have it and it might come in handy. Space is too valuable
5. Never bring junk. It is expensive to transport, and may insult your host.
6. Particularly for short-term teams, always factor in the cost of transport, maintenance, repairs, and possible replacement of equipment.
7. It may be more cost effective to spend more for what is really needed, what will last longer, or require less maintenance and repairs
8. It may be better to purchase on site, particularly considering the costs of transport, possible duty fees, and risk of confiscation
9. Quality and reliability must always be considered.

TRANSPORTATION OF SUPPLIES AND EQUIPMENT

1. The easiest and cheapest way to transport your supplies and equipment is to carry it with you as part of your luggage.
2. Weight limits vary somewhat. Remember that if you have multiple legs on your flight, the limit will be the carrier with the lowest allowance
3. You sometimes will be able to negotiate in advance with the airline to carry excess baggage if you explain the nature of your trip and what you are carrying.
4. Shipping in advance is necessary for large equipment or large quantities of drugs and supplies, such as for a mission hospital or to completely outfit a clinic.
5. You can pack these larger items yourself and arrange for a carrier, clear customs, get approval from the appropriate authorities, and make sure that all documents are in order, and obey the import- export laws of both countries involved.
6. Any variation from protocol will result in delays and possible failure to arrive on time for use by the team.
7. It is suggested that unless you are familiar and experienced with the process that you leave this task to shipping professionals
8. Sea freight is the cheapest way to go, but may take three months or longer.
9. Air freight is quicker, but much more expensive, and there are size and content restrictions

10. The manual, *Portable Mission Dentistry*, has a very detailed set of instructions and caveats, particularly if you are planning to ship large containers.

11. A packing party to prepare your supplies and drugs for transport is a good idea. Samples need to be repackaged and labeled. (Include the expiration date) Space and weight are always at a premium, and priority decisions as to what and how much to take may need to be made. These get-togethers are usually a good chance to bond. You can also involve members of your church and community who would not otherwise have a chance to participate in mission.

SECURITY PRECAUTIONS

Getting your luggage through airports has become much more difficult since the events of Sept 11th. Any equipment or surgical/dental instruments that have any conceivable resemblance to weapons, such as scissors, knives, even forceps, will be confiscated. In contrast to our previous recommendations, this type of equipment will need to be sent in checked baggage, or shipped in advance.

GETTING THROUGH CUSTOMS

1. This task is often difficult for health care teams, particularly if they are carrying large amounts of expensive drugs, medical supplies and equipment
2. Have a detailed packing list available for customs, and an extra copy of each list
3. Obtain a notarized letter from a church official, preferably one of high rank, assuring that the medicines and supplies are not for sale, and will be used to treat the poor. Include in this letter a request that the containers be expedited through customs
4. It helps to be met at customs by someone from the local church or agency that has expertise in getting through customs and can explain the purpose and intent of your visit. Unfortunately, because of current security regulations, they usually will not be able to accompany you directly through customs
5. Do not have any outdated medicines, or you may risk confiscation of the entire lot
6. Bribery may be tempting in the short run, but in the long run it will set a bad precedent and cause trouble for future teams.

SUPPLY SOURCE AGENCIES

Mission organizations such as UVMIM are fortunate to have available a number of not-for-profit organizations, usually faith based, that have been formed for the purpose of providing the supplies and equipment that we need in order to do our work

1. They collect donated or gleaned materials through well established networks
2. They process, refurbish, repack, and furnish them to mission organizations.
3. They usually charge a small fraction of value to cover handling and shipping, and costs of operation
4. In general, they are experts at what they do, and save the team or individual valuable time and effort
5. They are listed in the appendix in alphabetical order, with contact information, what services they provide, and how to best utilize these services
6. Do not hesitate to contact the UVMIM Medical Consultant for specific advice and recommendations on who to contact.

SUPPLYING A MISSION HOSPITAL

Providing the appropriate supplies and equipment for a mission hospital is a complex ongoing task. Of course, many of the principles already discussed apply also to this situation. Having a close working relationship with the hospital administrator, medical director, and key people in each department is vitally important. The amount of material involved becomes a complex logistical problem in ordering and shipping, and often requires the use of a container.

SPECIFIC CONSIDERATIONS

MEDICAL AND DENTAL SUPPLIES

1. This includes hand instruments, and small non-electrical equipment
2. Village clinics and mission hospitals often lack basic medical and dental supplies that we would deem important or essential for our work
3. The list includes such items as hand instruments diagnostic tools, gloves, sutures, and even bandages.
4. They are generally very expensive to purchase, and are often not even available for purchase at the mission site.
5. Fortunately we have available through our hospitals and clinics an enormous quantity of medical supplies that are
 - a. Surplus or no longer being used.
 - b. Disposables that by law cannot be reprocessed and used in the US.
6. Hospitals and clinics usually have to pay for the disposal of this material
7. Institutions and personnel are glad to see these materials put to good use and usually make them available at no charge

According to a statement from Medical Bridges, "By reusing these supplies, which have already been paid for, we reduce hospital waste, improve staff morale, encourage efficiency in our system, provide more money to charities than would otherwise be available--- and benefit those in need around the developing world."

There are two ways to take advantage of this situation

1. The medical team or individual can collect, sort, and reprocess this material, i.e. glean.

On the negative side

- a. Gleaning is a very labor intensive, time consuming process that involves sorting, processing, and repacking
- b. Gleaning often does not produce the kinds or quantities of supplies that are needed
- c. Gleaning often accumulates many unusable items that will need to be discarded

On the other hand, gleaning

- a. Costs only in time and shipping
- b. Puts to good use what would otherwise be discarded.
- c. Is good PR both for your team and for the hospital.
- d. Provides participating hospitals and clinics a chance to take part in your mission

It is sometimes more effective to utilize the services of an agency formed for the purpose of collecting supplies. Several are particularly geared to handle medical supplies. They include IMA, Medical Bridges, MAP, and International Aid. World Dental Relief, the Dental Missions Warehouse, provides dental supplies

1. These agencies
 - a. Collect large quantities and varieties of useable supplies, organize and repack them.
 - b. Basically charge only for handling and shipping and basic cost of operation
 - c. Can usually either provide a prepackaged kit, or fill specific requests on an as available basis.
 - d. They do require ordering in advance. Allow 10 weeks or more.
2. They provide materials that are collected, sorted, reprocessed, and ready to use
3. They are more expensive than gleaning

A suggestion would be to do some local gleaning, then supplement by ordering from agencies. You may have to directly purchase some last minute needs and hard to find items.

DENTAL SUPPLIES

The supply requirements for a dental team are quite different from a medical team. A list used by Dr Marvin Loyd, DDS, for a 10 day dental field setup is found in the appendix. For extensive information on dental supplies and dental equipment, refer to the Manual, Portable Mission Dentistry by Dr Ron Lamb. This is an excellent reference with detailed suggestions by a dentist who has spent a lifetime in mission service. World Dental Relief, the Dental Missions Warehouse, has dental supplies available

PHARMACEUTICALS

1. Selecting and accumulating the right medicines is an important responsibility for any medical team.
2. For a larger team or a team planning to serve in a hospital setting it is essential that a pharmacist be included on the team roster. Consultation from a pharmacist, particularly one with mission experience, is of value for any team
3. A most important first step is to develop a tentative formulary
 - a. Obtain all of the information you can from whomever you can about medical conditions likely to be encountered and projected numbers of patients, (see general considerations).
 - b. For chronic conditions requiring long-term treatment, consider availability and cost of long-term drug choices. Also consider prescribing practices of local health workers and of your team.
 - c. With this information, develop a tentative formulary or list of desired drugs. (See suggested basic clinic formulary in the appendix).

Consider the various sources that are available to fill your needs, such as gleaning samples, donations, acquiring from supply agencies, and purchases

1. Gleaning
 - a. Samples of medicines can be obtained from clinics and hospitals
 - b. They are free, but require a lot of work repackaging and labeling
 - c. They are not always what you want or in sufficient quantities to be useful.
 - d. They are often new drugs used to treat conditions less often seen in developing countries.
 - e. They are expensive to purchase if needed for long-term treatment
2. Donations from drug companies
 - a. Some companies are willing to donate supplies of their drugs to charitable causes.
 - b. Some have a department or person who handles this area.
 - c. You can request the specific drug you need and obtain it in quantity
 - d. Expect refusals, but this is a worthwhile way of obtaining what you need at no cost.
 - e. Prescription medicines must be requested by a physician
3. Non-profit agencies
 - a. A number of agencies, often faith based, collect donated and low cost drugs, process them, and provide them to teams and individual volunteers
 - b. They usually charge 6-12% of estimated value plus shipping to the team's point of origin
 - c. These drugs may be ordered from lists furnished by the agency, or on individual request.
 - d. Several companies have prepackaged boxes of WHO recommended basic drugs that are ready for air transport as baggage. The boxes contain no outdated drugs and are clearly labeled as to content. This is timesaving, and reasonable in cost, usually 6-15% of estimated value
 - e. These kits or packs include:

**The Travel Pack, from MAP
The Medicine Box, from IMA**

- f. Some teams find the choice of drugs in these packs somewhat limiting, and prefer to supplement with individual orders.
 - g. Many agencies listed in the appendix have drugs available by individual request. Those who have large stocks available include Blessings Int., IMA, MAP, and King Benevolent Fund
 - h. Most agencies require that drugs be ordered by a physician. However Blessings Int. accepts orders from all health professionals with prescribing privileges
 - i. The best approach is to contact the agency directly to obtain their latest inventory lists, costs, and instructions for ordering.
 - j. IMA and MAP also have extensive lists of European drugs that are available for purchase at relatively low cost. These have to be shipped directly to your mission site. They cannot be shipped to your US address.
 - k. Whoever orders drugs from these agencies usually is required to be responsible for the appropriate utilization, dispensing and safe storage of all drugs.
 - l. All drugs should be used only for the treatment of indigent patients, and may not be sold, exchanged, or transferred for money, property or services
 - m. A feedback letter is indicated to any company donating medicine or furnishing low cost drugs, as well as a letter thanking them for and acknowledging their services.
4. You may need to purchase certain key drugs, particularly injectables. It may be possible to negotiate price with your local supplier
 5. It is often possible to purchase medicines in your host country after you arrive. Prices are certainly cheaper. You do not need a prescription or a license. Some medicines, such as chloramphenicol, worm medicines, and anti-malarials are more available than in the US. Be sure of their availability and quality before counting on them. Unfortunately, there have been recent reports of counterfeit drugs being sold in local pharmacies, particularly in Africa. Be sure of your sources before ordering in country. It is safer and cheaper if you purchase locally, to do so from a wholesale company.
 6. A reminder again. NEVER take outdated or even very short dated medicine, even if you know that it is safe and useable. It is regarded as an insult by the host country, may risk confiscation of your entire stock of drugs, and jeopardize the success of your mission.

MEDICAL AND DENTAL EQUIPMENT CONSIDERATIONS

1. Developing a functional medical or dental clinic or hospital unit requires careful planning for and selection of appropriate equipment. Issues to be considered are
 - a. Staff experience and training in operation and maintenance
 - b. Space available
 - c. Climatic and environmental conditions
 - d. Available power supply, variations in output
 - e. Water requirements
 - f. Support and repair services
 - g. Availability of spare parts
2. Used and refurbished medical and dental equipment can be a valuable resource, and can put to good use what would otherwise be discarded
3. Mission sites experience many problems with equipment that is
 - a. Often not suitable for the site
 - b. Breaks down and cannot be replaced or repaired.
 - c. Often discarded, creating equipment graveyards at mission sites

It is estimated that 70% of medical equipment currently in the mission field is non-functional

4. Large equipment is expensive and time consuming to ship. Duties and taxes may be imposed
5. Before any larger medical or dental equipment is shipped it should be determined that the item
 - a. Is appropriate to the site and has a high priority of need.
 - b. Fits the diagnostic and therapeutic needs of the community
 - c. Is compatible with equipment already in place and with the local power source
 - d. Is familiar to the potential operator or the operation can be easily taught and learned
 - e. Is easy and cost effective to maintain and repair
 - f. Has instructions and service manuals available in a language understood by operator and technicians
 - g. Has spare parts and necessary supplies available.
 - h. If disassembled for shipment, can be easily reassembled, and exact instruction for this process is furnished.
6. If equipment is used or refurbished it should be
 - a. In good working order and properly calibrated. Consider the possible effects of transport
 - b. Preferably certified by a medical bio-technician. If this is not feasible, have it checked by someone familiar with its use
 - c. Accompanied by a users manual and spare parts
7. Several agencies have developed a special interest and ability in handling used medical equipment
8. These agencies
 - a. Refurbish and calibrate used and donated equipment
 - b. Have a staff of bio-technicians
 - c. Can respond to individual requests from qualifying missions

International Aid handles a variety of medical and dental equipment

Chosen, in Erie PA, works primarily with sterilizers and large hospital and operating room type items

UMBRELLA ORGANIZATIONS

Two organizations have been formed in an effort to join together agencies that provide supplies and equipment, and those that participate in health care mission.

TECH, the Technical Exchange for Christian Healthcare, is designed to "Promote the Gospel by helping to improve the efficiency and quality of care provided by medical mission groups and agencies worldwide." TECH provides a networking capability through a list serve, consultation on technical problems, in particular with medical equipment, and opportunities for information sharing throughout the membership. The Website is www.techmd.org.

AERDO, the Association of Evangelical Relief and Development Organizations, is formed to promote biblically sound standards and principles of practice. They have developed a set of Gifts in Kind Standards, and provide opportunities for member organizations to network and exchange information. Their website is <http://www.aerdo.org>.

DONATED MEDICAL AND DENTAL EQUIPMENT

Donations in kind of medical and dental equipment, although critically important, have been a continued source of problems for both donors and recipients.

1. Donors do not wish to discard items of potential use
2. Genuinely want to support mission effort
3. Often benefit from tax write-off

4. Often do not realize the expense involved in refurbishing and transporting such equipment, and possible duties and fees
5. Often are not aware of the real needs or what is appropriate for mission sites
6. Recipients do not wish to offend and jeopardize future donations and relationships
7. However they do not want to receive junk
8. Recipients want what is useable, appropriate, and needed

There have been several notable efforts to resolve these issues and develop workable agreements.

POSSIBLE SOLUTIONS

1. Donor and recipient need forthright open communication
2. Meet together as equal partners
3. Donor provides
 - a. Comprehensive description
 - b. Ensures that equipment is fully functional
 - c. Furnishes spare parts, and manuals
 - d. Ensures proper packing and shipping
 - d. Provides training in maintenance and repair
4. Recipient provides
 - a. A request for the types of equipment preferred
 - b. Communicates import regulations
5. Recipient needs the right to politely refuse the donation.
6. Recipient has the final decision on acceptance and the opportunity to suggest alternatives
7. Donor needs to clearly respect the needs and preferences of the recipient
8. Donor needs to recognize that at times a financial contribution for local purchase may be far more appropriate
9. Both parties need to co-develop an agreement which is mutually satisfactory

MEDICAL REFERENCE BOOKS FOR MISSION SETTINGS

1. Medical and nursing textbooks and manuals are usually in very short supply, and desperately needed by local health professionals
2. Do not have to be the latest edition, but should be current enough to be relevant to setting and scope of practice
3. Specialty texts are indicated for hospital settings
4. English language texts are usually acceptable, particularly since editions in the local language are often not available
5. For local health workers in a village setting, Where There is no Doctor is a standard work, written in simple terms with many illustrations. It is available in a number of languages
6. A similar, but much more comprehensive book also written with the layman in mind is Village Medical Manual, A Layman's Guide to Health Care in Developing Countries, by Mary Vanderkooi, MD. It contains many invaluable resources useful for any health professional practicing in a village clinic setting.
7. Other valuable references for teams that can be useful for local health professionals are the Merck manual, the Harriett Lane Handbook (for pediatrics) and the Physicians Desk Reference.
8. If you plan to teach, plan to bring your own resources and teaching aids

APPENDIX

RECOMMENDED MINIMUM EQUIPMENT AND SUPPLY LIST FOR EMERGENCY DENTAL TREATMENT, 10-DAY MISSION TRIP, FIELD SETUP

Forceps: #1, 88R, 88L, 150AB, 151AB, 17, 23, root
 Rongours
 Straight elevators: small, medium, large
 Periosteal elevator
 Bone file
 Tissue retractors
 Curettes
 Needle holders
 Suture scissors
 Mirrors
 Scalers
 Cotton pliers
 3-anesthetic syringes
 8-cans Lidocaine (50s)
 2-boxes 30 gauge short needles (100s)
 2-boxes 27 gauge long needles (100s)
 15-packages gauze, 2 X 2s (200s)
 25 Facemasks
 1-dozen #15 scalpels
 1-dozen #11 scalpels
 3-dozen absorbable sutures
 3-boxes Glutaraldehyde cold sterilization solution (use highly concentrated)
 4-bottles waterless hand cleanser (Hibistat, Cida-rinse, etc.)
 1-tub alcohol wipes
 2-roll paper towels
 1-box Kleenex
 1-Flashlight (Army style), extra batteries
 1-dozen ammonia ampules
 2-drug envelopes
 1000-Penicillin VK 500mg tablets
 100-Fiorinal, Tylenol #3 capsules
 Assorted aspirin, Tylenol, APCs, etc.
 1-jar Nu gauze/eugenol (dry sockets)
 1-package IRM temporary cement, mixing pad, spatula, instrument
 1-package Ketac cement (intermediate temporary filling)
 1-package dental floss
 Latex, vinyl gloves: small, medium, large
 1-dozen plastic covered padded table covers
 1-dozen conical cups (funnels for saving sterilizing solution)
 2-plastic storage jugs (sterilizing solution storage)
 1-bottle liquid soap
 1-bottle Clorox
 1-jar topical anesthetic
 3-packages cotton tipped applicators
 3-Tupperware plastic tubs (instrument transporting, wash, sterilize, rinse)
 Instrument scrub brush
 Hand scrub brush
 1-jug water (purified)
 Other items according to personal preference and available space.

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2. World Health Organization. www.who.int.
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4. Lamb, Ron, Portable Mission Dentistry, PO Box 747, Broken Arrow, OK, 74103-0747.
5. Loyd, Marvin, DDS, Donated Medical Equipment, Personal Communication
6. Loyd, Marvin DDS, Dental Clinic Initial Setup Package, Personal
7. Training Manual for Mission Volunteers, Rev 2005. GBGM, 475 Riverside DR RM330, New York, NY 10015
8. Warner, David. Where There is no Doctor, Hesperian Foundation, Box 1692, Palo Alto, CA 94302
9. Wolf, C. Palmer D. Handbook of Medicine in Developing Countries, 2nd edition. CMDA Bristol TN, 37621.

MEDICAL AND DENTAL SUPPLY SOURCES

BLESSINGS INTERNATIONAL

Contact person: Harold C. Harder PhD
 Email BlessingsInt@compuserve.com
 Phone 918 250 8101
 Fax 918 250 1281
 Address 5881 South Garnett Rd
 Tulsa OK 74146
 Website www.Blessing.org

Offers a wide selection of prescription and over the counter medicines, including vitamins. Also have medical supplies, small equipment items such as thermometers, stethoscopes, sphygmomanometers, ophthalmoscopes, nebulizers. Dental needles and medicines, but no dental supplies or equipment. Dr Harder, the director, is a pharmacologist, and can advise on drug selection and therapeutic choices. Contact them for an application form and current lists of available drugs and supplies. Prescription drugs can be ordered by any health professional with US prescribing privileges.

CHOSEN MISSION PROJECT

Contact person: Jay Sterling or Rich Thomas
 Email chosen4jay@aol.com
 Phone 814 833 3023
 Fax 814 833 4091
 Address 3638 West 26th St.
 Erie, PA 16506
 Website <http://chosen.gosee.net>

Provides refurbished medical equipment, technical assistance, manuals and medical supplies to medical missionaries and indigenous health care workers. Deals with large medical equipment, particularly sterilizers and steam boilers, and hospital equipment such as operating room tables and lights. Charge 12% of fair market value, plus shipping.

CHRISTIAN DENTAL SOCIETY

Email cdssent@sbt.net
 Phone 800 CDS SENT
 Fax 800 CDS SENT
 Address PO Box 296 Sumner, IA 50674
 Website www.christiandental.org

Has portable dental equipment that can be rented

CROSSLINK INTERNATIONAL

Info@crosslinkinternational.net
www.crosslinkinternational.net
 703 534 5465

Supplies medical mission teams, mission hospitals and clinics with medicines, medical supplies/equipment and recycled eyeglasses to reduce suffering among the world's neediest.

4 HIM---HIS HEALING HELPING HANDS INTERNATIONAL MINISTRIES

Sandy Orchard RN, sandyo@4-him.net
 1425 S. Santa Fe, Suite D
 Edmond, OK, 73003
 Website www.4-Him.net

4 HIM currently operates a small warehouse for the collection of in kind donations of medical supplies of all types and other resources that enable teams to meet the needs of local and global communities

HAMPTON RESEARCH & ENGINEERING, INC

Dr William Harris, President hampdent@swbell.net
 2670 W. Interstate 40
 Oklahoma City OK 73108
 Phone 405 232 5103
 Fax 405 232 5104

Source of portable dental equipment at a discount. They work very closely with developing specialized portable dental equipment for Dr Ron Lamb and his World Dental Missions Warehouse, and with the Christian Dental Society

INTERCHURCH MEDICAL ASSISTANCE, INC. (IMA World Health)

Contact person Patty Pickett
 Email Pattypickett@interchurch.org
 Phone 410 635 8720
 Fax 410 635 8726
 Address PO Box 429 New Windsor, MD 21776
 Web site www.interchurch.org

Have stocks of donated and purchased drugs and medical supplies.

These can be ordered by an MD with a DEA number. Contact IMA, request a current list of available drugs and supplies and an application form. IMA also has available their Medicine Box, which is a prepackaged, ready to transport unit of WHO recommended drugs with one year or more dating, available to medical service teams. IMA can also handle larger sized and container shipments on request

INTERNATIONAL AID

Email ia@internationalaid.org
 Phone 616 846 7490
 Fax 616 846 3842

Address 17011 W. Hickory, Spring Lake MI 49456-9712
 Web site www.internationalaid.org

Major source of medical equipment. Have a staff of trained biotechnicians who refurbish and check out medical and dental equipment. Will take orders, then contact when equipment becomes available and has been refurbished. Provide technical training for operators and repair technicians, both on site and overseas. Contact them for further information. Have donated medical and dental supplies, some prepackaged kits, limited pharmaceuticals. Contact them for list and ordering information. Has a Mission Resource Center, which allows missionaries to order personal care items, medicines and medical supplies via walk-in or mail order. Also have Lab in a Suitcase, a battery or solar powered self-contained complete laboratory, including microscope, centrifuge. Can do basic chemistries, hematology. Contact them for description and pricing

KING BENEVOLENT FUND INC (Now Kingsway Charities)

Contact person Art Yannucciello, Operations Manager
 Phone 540 466 3014 or 800 321 9234
 Fax 540 466 0955
 Address 1119 Commonwealth Ave, Bristol, VA 24201
www.kingbf.org.

Provides a variety of pharmaceuticals, both prescription and OTC, from many sources for distribution by missionaries. Drugs must be ordered by an MD/DO. A Mission Supply Request Form must be obtained from Roger Boe MD, 208 234 4159, boeroger@cableone.net. or from sejumvim@compuserve.com, and filled out and sent to King at least 2-3 months before trip. An inventory list and details of the ordering process will then be sent to you.

MAP INTERNATIONAL

Contact person Customer services
 Email CUSTSRVC@MAP.ORG
 Phone 912 265 6010
 Fax 912 265 6170
 Address PO Box 215000
 Brunswick, GA 31521-5000
 Website www.map.org

Have pharmaceuticals and medical supplies by individual request. Must be ordered by an MD/DO. Contact MAP for an order form and instructions
 Also have the TRAVEL PACK, a prepackaged unit of WHO listed essential drugs ready for transport. Check the website or contact them for the latest contents and pricing. 800 225 8550, or prepack@map.org.

Also have an extensive list of European generics, which can be ordered through them from the manufacturers, but can only be sent to your mission site. They cannot be shipped to your US address.

MAP can also handle large volume shipments of supplies and pharmaceuticals

MEDICAL BRIDGES INC

Contact person Patricia Brock MD, pres, CP Hodges Director
 Email cphodges@medicalbridges.org
 Phone 713 748 8131
 Fax 713 748 0118
 Address PO Box 300245
 Houston TX 77230-0245
 Web site www.medicalbridges.org

Collect and distribute a wide variety of medical supplies and small medical-surgical equipment. No dental supplies. Can supply both clinics and hospitals. Can handle large container size shipments. Contact them with your needs.

PROJECT 20/20

Contact person Emmanuel UMC
2404 Kirby Rd. Memphis TN 38111
Phone 901 754 6548
Website www.project2020.org.

Receives discarded eyeglasses & sunglasses, label with prescription, provides to optometry teams

ROTARY CLUB MORNING FOUNDATION

Kerrville Texas Rotary Club
Morning Foundation
Jack A Thurmond, M>D>
206 Spring Mill Dr
Kerrville TX 78028
830 896 0226

Medical eye equipment loan program for mission projects. The following equipment is available by application

- Nikon Retinomax auto refractor
- Clement-Clark slit lamp (portable)
- Keeler magnifying surgical loupe
- Perkins applanation tonometer
- Hand-held Heine slit lamp
- A-scan

Various smaller hand-held items

No fee charged for short term missions except shipping costs.

WORLD DENTAL RELIEF, DENTAL MISSIONS WAREHOUSE

Contact person Dr Ron Lamb, pres
Email wrldddnlrf@aol.com
Phone 918 251 2612
Fax 918 251 6326

Dental supplies and equipment

Usually charge 15% of value plus shipping, occasionally just shipping charge for some items

BASIC PHARMACEUTICALS

This list is derived from WHO recommendations. In addition, representative drugs are added, based on collective UMWIM experience. The WHO based travel packs (MAP), and Medicine Boxes (IMA), may form a basic drug supply, but often do not meet many of the needs encountered in a medical clinic or mission hospital setting. Each team needs to decide its own formulary, based on projected needs and number of patients expected. Aim for treating basic conditions. You can't bring Walgreen's with you. DO NOT TAKE OUT OF DATE OR VERY SHORT DATED DRUGS. LABEL ALL DRUGS.

ANALGESICS	Acetaminophen
	Ibuprofen
	Aspirin
ANTIBIOTICS	Amoxicillin, caps and liquid

	Keflex
	Cipro
	Doxycycline
	Metronidazole
	Trimethoprim-sulfa, pills and liquid
	Rocephin for IV or IM use
ANTHELMINTHICS	Mebendazole-Vermox
ANTIDIARRHEAL	Loperimide--Imodium
ANTIHISTAMINE	Diphehydramine---Benadryl
ANTI HYPERTENSIVE	pick one that can be obtained locally, for chronic use
ANTIMALARIALS	Chloroquine
	Mefloquine---Lariam
	Primaquine
	Quinine or quinidine
ANTIASTHMATICS	Theophylline
	Albuterol pills, liquid, inhaler
DIURETICS	
H2 BLOCKERS	Zantac
	Pepcid
TOPICALS	Antifungal,
	Antibiotic
	Antiinflammatory
MISCELLANEOUS	Oral rehydration packets
	Multivitamins, prenatal, adult, children
	Ophthalmic antibiotic ointment
	Lindane or Permethrin, for lice, scabies
	Ferrous sulfate
	Epinephrine
	Dephenylhydantoin
	Phenobarbital (if you can bring it into the country)