



THE KNOCK

A NEWSLETTER OF OPPORTUNITY
PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

A SERVICE OF THE UNITED METHODIST VOLUNTEERS IN MISSION

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

VOLUME XVIII

SUMMER, 2006

WORKING WITH A MEDICAL INTERPRETER

Tonya Johnson

When medical providers and patients do not speak each other's language, overseas medical teams and even providers in the United States are often confronted with the need for interpreters. In many cases whoever is available who 'speaks a little English' is recruited to interpret. However, poor interpretation can result in miscommunication leading to incorrect diagnosis and inappropriate treatment. Finding a trained interpreter or giving your ad-hoc interpreter a bit of instruction can greatly improve provider-patient communication and the resulting patient care and patient compliance with any treatment.

In the first part of this article, I will define the various types of interpretation. I will then describe how a medical provider might work with a trained or untrained interpreter.

Interpretation is the oral rendering of a message from one language, typically called the source language, to another language known as the target language. Translation is the rendering of written documents from one language to another. The typical modes of interpretation used in the medical field are Simultaneous, Consecutive and Sight.

Simultaneous interpretation is what we typically associate with the United Nations. An interpreter will listen to a speaker and 'simultaneously' render the message into the target language. This type of interpretation is generally thought to be more difficult than the other two modes. In UN-type settings, interpreters may work in pairs with each interpreter interpreting only from one language to another, for example from English into Spanish (one direction). However, in most medical scenarios a single interpreter will work in both directions. In medical settings simultaneous interpretation, with or without equipment, is generally used for group instruction or

patient conferences with large groups of providers or family members, although some interpreters will use simultaneous for every doctor-patient interaction.

In consecutive interpretation the interpreter will wait for a speaker to finish an idea (generally a few sentences) and then interpret the message. This type of interpretation is the most commonly used for provider-patient interactions.

In the final mode of interpretation, sight interpretation, the interpreter will render a written text that has not been previously translated into the target language. This may include patient intake forms, consent forms, post care instructions, or in the US, HIPAA forms.

In addition to modes of interpretation, interpreters will approximate the level of speech that the speaker is using. This is known as the register. For example, at one end of the spectrum, a doctor using educated speech and technical terminology would be using a high register. At the other end of the spectrum, a patient with a limited education making grammatical errors and using slang would be using a low register. A good interpreter will interpret using the same register as that of the speaker.

The primary role of an interpreter in any medical setting is to make the provider-patient interaction as fluid as possible, as if it were happening in a single language. Interpreters are trained to render speech from one language to another, and while they may be very familiar with medical procedures, they are not trained to give medical treatment. In medical situations their goal is to interpret everything that is said as accurately as possible allowing the provider to render a correct diagnosis and the most appropriate treatment possible. While in many field situations a trained interpreter may not be available, the following are some points to keep in mind when using a trained interpreter and some helpful hints for training a new interpreter.

The interpreter should use first person: Since the interpreter is facilitating communication between doctor and patient,

(Continued on page 4)

"The Board of Directors of the United Methodist Fellowship of Health Care Volunteers (UMF/HCV), the health care component of UMVIM, fully endorses the following UMVIM Guidelines. The Board also strongly recommends working in compliance with the local governmental health authority."

GUIDELINES for UMVIM Teams

An UMVIM team is one that serves locally, nationally, or internationally where it is invited, works in a ministry endorsed by the host Methodist church, partner church or agency, or Non-Government Organization (NGO), and serves in cooperation with the local host group. The intent of these guidelines is to insure that the presence of the team will not interfere with the authority and integrity of the church leadership, hereby strengthening and upholding the local church. The team will have an UMVIM trained leader who provides training for the team, insures completion of proper forms and insurance coverage and is in communication with annual conference and jurisdictional UMVIM leadership.

PRESIDENT’S LETTER

Are you frustrated by world events?
 What can we do for people afflicted by the effects of poverty, illness or oppression?
 What can **you** do?

As you read this issue of THE KNOCK, pray to God for guidance. Let the Holy Spirit work through you to serve others.

You can volunteer your medical skills and your compassion. As part of Volunteers in Mission, the United Methodist Fellowship of Health Care Volunteers (UMF/HCV) will enable you to serve others in parts of the world otherwise inaccessible to you.

The opportunity is yours.

Mike Sluss, President, UMF/HCV

CONSULTANT’S CORNER

Summer, 2006

I have just returned from the UMVIM, SEJ & Medical Fellowship Rally at Lake Junaluska, NC. The setting is incredibly beautiful, and the chance to renew friendships and network with others involved in mission health care is incomparable. Particularly striking to me this year were the remarkable advances in presentation technology. I am in awe of the skills of people like Joe Hamilton, Associate Director of UMVIM, SEJ, who presented a workshop on digital presentation possibilities for telling our mission story. Both the plenary sessions and workshops were full of DVD mini masterworks telling about places, persons, and experiences. We are really missing the boat if we don’t take full advantage of these valuable new tools. Even those of us who are digitally challenged need to give it our best try.

I also want to again encourage all of you to submit your articles to the KNOCK. They can be stories of your mission experiences, new ideas or innovations, bits and pieces of information, or even your **Page 2** philosophy of mission. Your submissions are

THE KNOCK

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Published by: **UM FELLOWSHIP of HEALTH CARE VOLUNTEERS**

STATEMENT OF PURPOSE

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

Our purpose is to invite and enable professionals and other interested individuals to nurture and witness to their Christian faith through ministries of healing of body, mind, and spirit, as servants of Christ, providing health care to a world in need.

Table of Contents

Subject	Page	Subject	
Medical Interpreters	1	Embracing AIDS	
President’s Letter	2	Orphans in Zimbabwe	6
Consultant’s Corner	2	Haiti Mission	8
Individual Volunteer needed!		Jamaica Journal	8
	3	Vitamin A Deficiency	10
		Where Women Have	
Kenyans in Mission	3	No Doctor	12
Med. Com. Organizing	3	Bits and Pieces	12
Christian Veterinary		Bulletin Board	13
Mission		Teams Planned	13
	5	Medical	
Book Review		Opportunities	15
5		Sources of Medical	
Vision Clinic		Supplies	
5		19	

the life-blood of this newsletter.

Yours in Mission, Roger Boe

INDIVIDUAL VOLUNTEER NEEDED NOW!!

Phil Plunk, DDS, coordinates medical volunteers in Guatemala at two clinics operated by the Salud y Paz program.

He has sent an immediate need for an Individual Volunteer to assist in the administration of the two clinics and to assist medical teams coming to these clinics in Guatemala. They will help him run the clinic, help orient the visiting teams, coordinate individual volunteers, oversee staff when he is out traveling, coordinate and manage donation of medicines and the pharmacies. Medical experience is helpful but not required. They need to have at least a working knowledge of Spanish. Would like a one-year commitment. Stipend is available. There is an application form that can be obtained from one of the two places listed below. This is an urgent need for us!

Room and board is provided. The placement begins in August 2006 with one year minimum.

To apply for placement as an UVMIM Individual Volunteer in this position, those who live in the nine southeastern states (SEJ), contact: Rev. Nick Elliott - Nick_Elliott@umvim.org 404-377-7424

If you live anywhere else, contact: Lorna Jost - umvim-ncj@brookings.net 605-692-3390

KENYANS IN MISSION

Kathie Mann

The planning began in January to take the staff of the Maua Methodist Hospital of Kenya and UVMIM members from the Texas Conference on a two-day bush clinic to the northern frontier. Permission was needed to travel into this Muslim area which meant that several from the hospital had to meet with the village elders, District Medical officer, and Muslim leadership. Schedules at the hospital had to be moved around so the staff doctors, nurses and interpreters could take two days off in June. The hospital and community joined in the mission by collecting huge quantities of food, clothing and medicines for the people of Kinna and Garba Tula.

Early on a June Monday morning the team loaded the bus and headed down the dusty, hot dirt road to Kinna. Creating an instant mini hospital in the District medical office building, each doctor had his/her area ready to receive patients very quickly. Hundreds of faces passed by our windows. Hundreds of little envelopes filled with pills were eagerly ac-

cepted. The people we served were 99.9% Muslim nomads and herders. They lived in temporary mud and grass huts. Having just survived a horrible drought and a late rainy season, the people waited patiently because the next nearest clinic was a six-hour walk away.

Packing up Monday evening, the team left for Garba Tula to sleep in an old Catholic convent. Setting up again on Tuesday morning, the team was ready to begin the second day clinic. People in traditional clothing, ladies with their faces veiled, babies wrapped tightly on their mother's backs, blind elderly people led by their grandchildren, were glimpses of the drama passing by our doors. Voices talking in 3-4 different dialects with concerns and problems we could only imagine.

In two days the team had seen 1500 patients! We dispensed hundreds of pills. The top needs were: malaria, cataracts, ear infections, tonsillitis, worms, dental needs and general infections. Many patients were referred to the hospital for cataract surgery and would receive treatment free. Others were given referrals for more tests, OB/GYN and pediatric concerns. We heard from many that they had gone to Isiolo hospital and waited for days without seeing a doctor. In despair they walked back to the village to this free clinic and received excellent care with a loving touch.

As the bus pulled out we sang Praise songs to let the village know that we were thankful for the opportunity to serve them and that our God was an "Awesome God". Muslims and Christians working together for the health of a community! It can be done with proper planning, prayer and patience.

Kathie Mann, Director of Missions, Texas Annual Conference, 5215 Main St., Houston, Tx. 77002, 713/521-9383 texaspm@methodists.net

MEDICAL COMMITTEE ORGANIZING IN SCJ

Kathie Mann

The South Central Jurisdiction is planning a Medical Conference and organizational meeting at Mount Sequoyah in October. The SCJ/UVMIM committee at their spring meeting requested that each Conference identify one person to sit around the table of this new committee. The design and purpose of the SCJ Medical Committee will be the responsibility of this newly created group. Hopefully, new medical projects will be designed as well as increased support of the current medical projects as we work in an open relationship throughout the Jurisdiction. For information on the October Conference, go to the **Page 3**

SCJ website and download the registration form and flyer.

Kathie Mann, Director of Missions, Texas Annual Conference, 5215 Main St., Houston, Tx. 77002, 713-521-9383 texaspim@methodists.net

MEDICAL INTERPRETER

(Continued from Page 1)

the interpreter should use the first person, or speak just as if he or she were the patient or doctor. For example, 'I had an accident and injured my eye' and not, 'He says that he hurt his eye.' By interpreting in this way, the interpreter removes him or herself from the interaction and encourages direct communication between the doctor and patient, allowing the provider to determine what is important in what the patient is telling him.

Speak directly to the patient: Talk to your patient and not to the interpreter. For example, say, "Mr. Sanchez, you have an eye infection." and not, "Tell Mr. Sanchez that he has an eye infection." Especially in cultures outside of the United States where actions are often more important than words, a patient will sense if you are paying more attention to the interpreter than to them and may withhold information. By communicating with the patient directly, you are encouraging the patient to have trust in you.

Pause Frequently: Even if your interpreter is taking good notes, there is a limit to the amount of information that he or she can remember. In addition many languages use more words to convey a thought than would be used in English. Spanish, for example, typically uses 25% more words than English. By pausing frequently, you ensure that the interpreter, trained or untrained, has ample time to accurately and completely render your message.

Ensure that only one person speaks at a time: Even a trained interpreter is unable to listen to and interpret for several people at once.

Simplify your vocabulary: Everything should be interpreted at the register of the original: If you are using complicated technical terminology, a trained interpreter will do the same. If you have an interpreter that is not trained, he or she may or may not understand your vocabulary and, because of your status as a doctor may not want to question you about it.

Interpreter should be transparent: If the interpreter does not understand a term, he should stop interpreting and say something like, 'The interpreter needs to clarify. Would the doctor please explain *torcicollis*.'

Page 4 An interpreter may also step out of role to

clarify or provide a cultural explanation. For example, a provider is treating a seriously ill patient. The patient states that she has been to the hospital several times, and the provider does not understand how the patient's condition could be so bad if she had been treated there. The interpreter may understand the miscommunication and say something like: "The interpreter would like to clarify that in rural areas 'hospital' may refer to any type of clinic, and the facility may only have a nurse available." The doctor may proceed and the interpreter should return to interpreting as quickly as possible.

Do not expect that your interpreter will be able to explain medical procedures or instructions. A medical interpreter with experience may know exactly what an MRI is used for or how amoxicillin should be taken; however, do not assume that they do. They are trained to render medical terminology into another language, but are not providers and should not be giving medical instructions. For example, you should not tell your interpreter to tell a patient, "Just tell him how to take this amoxicillin." A better way is to say "Mr. Sanchez, you need to take one pill every 4 hours until you have taken all of the medication." If you tell an unskilled interpreter to 'just give a patient instructions', you have no way of knowing if what the interpreter is saying is correct. A trained interpreter will respectfully say something like, 'The interpreter cannot give medical instructions, but would be happy to interpret your instructions'.

Avoid private, sidebar comments: Whatever the interpreter hears will be interpreted. Do not ask the interpreter to censor their interpretation.

Interpreters follow a code of ethics that requires impartiality and confidentiality with all assignment-related information. In the United States, interpretation is a profession and organizations such as the American Translators Association and the National Council on Interpretation in Health Care, provide and define standards of practice and a code of ethics for interpreters.

Interpretation requires more than simply knowledge of two languages. It requires the knowledge of two distinct cultures, the ability to listen and speak at the same time, and knowledge of specialized vocabulary. To get an idea of what it is like to interpret, turn on your local news station and begin to repeat after the broadcaster, word for word, trying to stay no more than two sentences behind.

A qualified interpreter will interpret everything you say exactly as you say it. They will add nothing, delete nothing, explain nothing, unless there is a misunderstanding due to culture. Interpreters will facilitate communication but not take control of it. As a result, providers will likely have more information with

which to give a diagnosis and patients may receive a better standard of care.

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CHRISTIAN VETERINARY MISSIONS (CVM)

A Brief History and Overview

Dr. Earle Goodman

The organization, Christian Veterinary Missions, that would come to be known as CVM was started in the early 1970s by Dr. A. L. Dorminy of Ocilla, GA and a number of other Southern veterinarians who had previously served on short-term volunteer veterinary mission tours in third world– developing countries.

The basic premise of the organization was that there seemed to be a great need for practical instruction of small farmers and those who assisted them in the basics of disease and parasitism prevention that could lead to the production of healthier animals.

Many involved in the early development of CVM had traveled in those areas in the military and for other reasons, and had seen many situations where they felt the talents of veterinarians with practical training and experience could be a big help to those who so needed assistance.

Also, it was felt that there were many other veterinarians with strong Christian convictions who had a feeling of having been richly blessed and who wanted to, or felt the call to, express their gratitude by serving others in developing countries. They would be willing to pay all of their expenses and donate their time for short-term (preferably for 2-4 weeks) involvement.

At that time there were very few ways for this to take place and often that took a longtime commitment. For that reason it was rather rare for veterinarians and agriculturists to be involved in mission activities using their expertise in developing countries.

In order to do what we felt called to do and had dreams of fulfilling, we felt it best to form our own organization. With no background in administering a missionary group, we went on faith and operated totally independently for several years out of our homes and offices. We had almost no overhead as everything was done by volunteers. Somehow we managed to send many short term volunteers to work with existing missionary groups who provided language assistance, lodging, transportation etc.

By the late 1970s there were very many veterinarians who wanted to participate in this work and

many requests from overseas for our services. Everything was growing at a fast pace and we also felt that there was a real need for sending long time missionaries to fill a need, especially to be affiliated with veterinary colleges and teaching veterinary technicians.

By then we realized that administrative requirements had outgrown our ability to continue to function in a totally volunteer capacity. We decided it was in the best interest of CVM, and the work, to affiliate with World Concern in Seattle, Washington to handle most of the administrative functions.

This has proven to be a mutually satisfactory arrangement and has led to the exceptional growth of CVM. One of the basic premises of CVM continues in the affiliation with World Concern and that is to operate with the lowest overhead possible, mainly with the continuing assistance of volunteers.

In just under 30 years CVM has become international in scope with a board of advisors, regional and state and veterinary college representatives and affiliates in many other countries.

Since its founding CVM has sent over 500 short term volunteers plus other agriculturists and technicians into over 50 countries. We have also sent 60 long time workers into over 20 countries and they have given over 200 years of service in the field.

CVM has been a pioneer in developing comprehensive self-help Educational Materials and has Books available on all of the farm animal species plus bees, fish, Zoonotic (conditions of animals that cause disease in Humans), animal medications and their use, and the much in demand book, "Where There Is No Veterinarian." All are free to organizations and educational institutions in developing countries.

Also CVM publishes the quarterly International Animal Health News which also has free subscriptions.

For other information contact Christian Veterinary Missions, 19303 Fremont Ave., North, Seattle WA 98133 cvm@cvmusa.org www.cvmusa.org 206-546-7269 or

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cvmvetdrdeg@ftc-i.net 843-659-2317 or

Dr. A. L. Dorminy, Founder CVM PO Box 526
Ocilla, GA 31774 missionvet@aol.com

(See "The Editor's Desk," Page 22, for additional information)

VISION CLINIC IN EL SALVADOR

Bill Stoval

In February 2006, I checked my e-mail. **Page 5**

There was a notice from VIM offering a training session on the Focometer. I had never heard of a Focometer. I was intrigued. A layman could learn to use this device to measure refractive errors and dispense eyeglasses. It sounded like something I would like to learn to do. So I signed up.

The training was held February 24 - 25, 2006, at Servants in Faith and Technology (SIFAT) in Alabama. A two-day class was given by the developer of the Focometer, Dr. Ian Berger (www.infocusonline.org). I learned to use the Focometer and how to conduct basic visual acuity testing and more. The Focometer does not require any power source and is very easy to transport. It is perfect for use in developing countries. I left hoping to find a way to use what I had learned.

I purchased a Focometer, two distance charts, and two different near vision testing cards. Next I contacted the Southeast Jurisdiction UMVIM Associate Director and he encouraged me to start calling mission teams to see if I could join one. George Walton of the Great Bridge United Methodist Church, Chesapeake, Virginia invited me to join his team. They were going to Ahuachapan, El Salvador in late June to conduct a Vacation Bible School, do church construction work, and now to conduct a "vision screening clinic."

My work began in earnest. Where do I obtain glasses and what prescriptions do I take? I went to the internet web site of Volunteer Optometric Services to Humanity (VOSH) www.vosh.org. The information there is extremely informative and practical. This information complemented the material Dr. Berger had covered.

I chose to take recycled glasses even though there can be problems issuing them - but they are free. The Lion's Club Recycling centers are excellent sources for glasses. All recycling centers do not package their glasses the same way. Two organized and sorted the glasses by prescription and one labeled the glasses but did not sort them.

VOSH led me to www.restoringvision.org, Partners Restoring Vision and Improving Lives (PRVAIL). PRVAIL provides reading glasses and sunglasses to mission teams for the cost of shipping. This worked out to less than nine cents per pair of glasses which were packaged and sorted.

In El Salvador the "Eye Screening Clinic" was held in the Methodist Medical Clinic in Ahuachapan. Dr. Bonilla is the doctor there and he was very cooperative. The Clinic had scheduled appointments from 9am to noon and from 2pm to 5pm. One day we conducted our clinic at the New Jerusalem Methodist **Page 6** Church in Ahuachapan.

Our team consisted of a clinic employee, our translator, Kristy DiGeronimo, a nurse from Virginia, and me. There was no vision testing material at the clinic so we used the charts and cards I brought. We quickly became acquainted, organized ourselves and started to work.

We decided that we would minister to the people by the way we welcomed them, by the way we assisted them, and by the way we concluded the session with them. We were blessed beyond our expectations with the gratitude of people whose lives were improved by the glasses that they received. There were many smiles and prayers of thanksgiving.

One man stands out in my memory. He is the welder at the church construction site. He came in after he had completed work. His complaint was that he could not see his tape measure clearly and close welding was difficult for him. After putting on his new glasses he opened his back pack and took out his Bible. He had a huge smile on his face as he read his Bible. Our little team was moved and we just looked at each other and shared his joy.

The eye screening clinic ran six and a half days. In all we screened 129 adults and children, issued 92 near vision glasses, 29 distance vision glasses, and 34 pairs of sunglasses. The Focometer was used 29 times. Seventy per cent of the people we saw had problems with near vision that was improved by giving them reading glasses. The vision of all we saw, with a few exceptions, was greatly improved by the glasses we gave them. We referred a few people to the medical clinic.

Before we left Dr. Bonilla thanked us for the help we had given to his patients. He began an eye screening clinic one day a week, and one day a month a traveling eye screening clinic will go to three rural stations that he supervises. The clinics will be conducted by the employee that we trained and she will use the materials and glasses that we left.

I am very thankful for the opportunity that I had on this trip. The team from Great Bridge UMC accepted me immediately and we became close friends. It seems that so much was done with so little. I have a lot to reflect on and learn from my experience. I enjoyed helping people to see better. I am looking for the opportunity to go on another mission trip.

Bill Stovall, 1727 Barrington Circle, Marietta, GA
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EMBRACING AIDS ORPHANS IN ZIMBABWE

Julie Warren, RN

Over the last several years, developing a ministry

to Africa has been on the heart of members of First United Methodist Church in Mansfield, TX. However, it took a series of events to bring this ministry to life. In 2003, Joyce Muchechetere, a Zimbabwean staying locally with her daughter, began worshipping at our church and sharing stories about the plight of children orphaned in her homeland. She deeply connected with her Sunday School class and through her love inspired them to support individual orphans sheltered by her extended family back home. Teresa Sherwood, Director of Missions, was concerned about the viability of our church effectively reaching out to a country as remote as Zimbabwe. Then last year, Teresa took the plunge and at a week's notice joined a Texas team going to Zimbabwe as part of ZOE (Zimbabwe Orphans Endeavor), an advance special of the North Carolina Conference that works through the United Methodist Church in Zimbabwe. A major component of ZOE's work is supporting feeding programs for AIDS orphans, many of whom have little or no resources. As a result, FUMC, Mansfield partnered with ZOE and entered into a covenant relationship with Mafarikwa Primary School, a remote school in the Eastern highlands with 1145 school children.

Our Church committed to subsidizing a daily feeding program at the school, but felt that it could meet other needs, especially medical, as that was glaringly lacking for most Zimbabweans. We began planning for a July, 2006 trip enrolling 14 members. The team consisted of a pediatrician, five RNs and eight non-medical personnel.

So, with God guiding our way, we left for Zimbabwe, not quite knowing what was ahead of us – what we found was Christ at work in the lives of all we met. Zimbabwe is a land gripped by the AIDS crisis, drought, and economic strife, with the number of AIDS orphans approaching 1 million. It appears that every Zimbabwean family has been touched by this disease; children care for siblings, or live with extended family. A local Zimbabwean physician worked with our team once on the ground. We soon discovered how essential it is to have a mixture of both medical and non-medical personnel on a team with everyone performing vital roles to ensure the success of the mission.

Our mission team traveled under the umbrella of ZOE and UVMIM. We had a two-part focus – to witness Christ's love to the children and also to provide some basic medical care. The school has a United Methodist pastor involved with the children, so we were able to reinforce the foundation laid by his work, and we set up a rudimentary clinic in one of the classrooms with the support of the headmaster and teachers.

Systematically we saw the children using teachers and a couple of our non-medical team members to collect data, and weigh and measure each child. Once into the clinic area each child was assessed and medications dispensed as needed. Assessment was a challenge and we soon discovered much commonality in illnesses. The AIDS pandemic was evident amongst the population with many children symptomatic. Without the availability of diagnostic equipment we treated symptoms as best we could. Most children were suffering from coughs and colds with crusty noses and pharyngitis – since we were in the middle of the Zimbabwean winter and thus flu season. Many children had conjunctivitis, others itchy, sore eyes as a result of exposure to wood fires, and other allergens. Still more had tinea capitis, tinea corporis, impetigo, dyspepsia, and diarrhea with and without blood and worms. A few had scabies, difficult to treat without the rest of the family being involved. An alarming number had schistosomiasis which unfortunately we had not prepared for, so were unable to treat since we didn't have a supply of Praziquantel.

The school serves communities within a 5-mile radius and water supplies vary (bore holes, covered wells, open wells, and streams), each with its own contamination risk factor. The water supply for the school is a bore hole situated about 1/3 mile away which presents quite a challenge in preparing the lunchtime porridge for the children. About 20 buckets of water are needed for each batch and to feed 1145 children this has to be completed in two shifts, the youngest being fed first.

Most children were undersized for their age and probably the most distressing symptoms were hunger related – some did not eat when not in school due to food shortages. We pushed ahead and tried to make a difference as much as we could with what we had brought with us – eye and ear drops, oral and topical antibiotics, analgesics, antihistamines, cough syrups, and human touch. We remained focused on primarily seeing the children, the teachers and a few of the sickest adults. This was a hard task in itself for as members of the community heard there was a medical clinic at the school a trickle of people started. Pictures of malnourished children are permanently etched in my head with their swollen bellies, stick thin legs with no muscle mass, and the gnawing pain of infrequent meals.

One child in particular I will remember. A fifteen-year-old boy brought his brother in to see us. Their background was typical – living with their grandmother, struggling to survive. The brother was in the crèche and I happened to assess him and after consultation with our pediatrician sent him

around to collect medications for the usual tinea capitis, diarrhea and cough; the fifteen-year-old never mentioned that he needed anything; he was more concerned for his brother. While in our pharmacy area the fifteen-year-old was asked if he needed to be seen and was placed back in line. He came to be assessed and as he unbuttoned his shirt he exposed severe burns from his abdomen to half way down his thighs. When asked what had happened he explained that a week before he was carrying boiling water in a tub to the bath and spilled it down himself. The burns were healing quite well; however, I cannot imagine how he was able to bear the pain for the first few days. We treated the burns with silverdene cream and dressed them, he was given a prescription for analgesics and not once did he wince or complain, he just sat there with a flat affect. I don't know how he had the strength.

On our final day we were met with a sea of hundreds of people from the surrounding areas, some of whom had walked 20 miles to get to us. This was perhaps the hardest thing to deal with as we had to turn so many away without their having been seen; medicines and time ran out. With the help of the ZOE field officer Farai Mashonganyika and ZOE funds, we are providing each school day a nutritious drink - mahewu and fortified porridge for lunch. While on site we purchased blankets, plates, cups, spoons and school supplies for the AIDS orphans and the children identified as disadvantaged. I believe, however, that the most valuable thing we offered to the children was hope through Christ and the sense that they are not forgotten. Our team learnt the lesson of flexibility with regards to our schedule and our roles as team members.

Zimbabweans are a people who demonstrate perseverance and have an unwavering faith in God. At the conclusion of our trip we left behind many new friends and an old one – Joyce, whom I mentioned at the beginning of this article. Joyce is staying behind to care for orphans in her own home. We return to give voice to the children who, up to now, have been silent at the world's table. Rev. Greg Jenks is the Director of ZOE and I encourage you to visit the ZOE website at zoeministry.org to see ways that you can support the suffering children of Zimbabwe.

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**OUANAMINTHE, HAITI
MEDICAL/DENTAL/OPTICAL TEAM**

Dr. Nicholas Jurich

Page 8

From May 29-June 3, a 28-member medical-dental-optical team led by Dr. Nicholas and Sheryl Jurich treated over 3000 patients at the Univers Medical Centre and approximately 1000 students at the Institution Univers for a total of over 4000 patients in five days.

The team was sponsored by East Kentucky Missions, Inc. in conjunction with Mayo United Methodist Church of Paintsville, Kentucky. The team was composed of three physicians, two physicians assistants, one optician, one dentist, one dental assistant, one dental hygienist, one psychologist, four registered nurses, one pharmacist and other talented and contributing team members. Although the team consisted of mostly members from Kentucky, we also had team members from Tennessee and Florida.

Over 500 patients were evaluated by the optical team. Special thanks goes to Kendall Optometry Ministry, Inc. of Louisville, a 501-3c non-profit organization for providing optical equipment and training to Christian mission teams traveling all over the world.

The team was able to offer care in Ouanaminthe, Haiti, a town of over 100,000 residents. Various agencies were involved in this mission endeavor including UVMIM, C.O.C.I.N.A, Map International and Blessings International and Kendall Optometry.

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JAMAICA JOURNAL

Dianna Carpenter

Monday, May 8, 2006, 2:45 AM

The alarm went off. It was the beginning of another trip to Jamaica with a mission team. A group of 19 would be serving in Falmouth, Jamaica, at the Methodist Clinic. Some would fly from Omaha, some from Kansas City. We would join together in the Montego Bay Airport around 1:00 PM.

This team would be very different for me because my husband, Dr. Wally Carpenter, was staying home to work in a nearby county with a recent doctor shortage. We have worked together in the Falmouth Clinic on about 35-40 trips over the past 16 years.

Our travel day was uneventful. We arrived in Falmouth, unpacked boxes and prepared the clinic for our first work day.

Tuesday, May 9, 2006, 8:00 AM

After a good sleep we were ready for "opening day" at the clinic. Everything went smoothly. A mixture of student nurses, non-medical team members, and experienced nurses and doctors examined and treated around 100 people. As always, I was lifted by

the eagerness and enthusiasm of the team, especially those here for the first time.

Some of the team went to the Place of Safety for a few hours to teach and provide some medical care. This is a home for girls 6-19 who have been abused or neglected. Some are in trouble with the law. All are in need of love and attention. We were thrilled to see an improvement in the environment and "spirit" of the place. When we met the new director, Mrs. Eunice Scott, we knew the reason for the changes. She was a cheerful, strong leader full of love for the girls.

Thursday, May 11, 2006, 8:00 AM

We are at the halfway point of our four day clinic time. The biggest problem we've had is a lack of water. It was off most of yesterday. When it was on there wasn't enough pressure to take it up to the 2nd floor where we sleep. Showers weren't possible yesterday but we were refreshed by a swim in the sea at Silver Sands. Toilets were flushed with big pans of water carried upstairs by some of the men of our group. This morning, still no water. Everyone is handling it well. I'm so proud of this team. I had been harboring thoughts of going to a hotel for a night so we could all get clean and comfortable. We are encouraged by the news that Friday water will be normal again.

Today I must deliver a box of clothes to a lady in Clarkstown. The March team met her and gathered a big box full of clothes, shoes, and personal items. With the help of Uriah and his van we headed to Clarkstown. I had misplaced the woman's name so we would need help finding her.

My thoughts on the way to Clarkstown were of missing my husband, wanting a shower and wondering if I'm getting too old for this work any more. The enthusiasm and joy shared by the rest of the team only pointed out to me how routine the mission teams had become. Had I overstayed God's call? Was it time for me to quit? "Lord, show me what you want me to see. Help me know what to do," I prayed silently.

We wound our way over rough roads, past cane fields, and finally saw the Long Pond Sugar Mill that sits at the north edge of Clarkstown. It has steam coming from several chimneys and looks too old to be functioning. We stopped and asked directions to the clinic. I hoped we would find people there.

The clinic is closed most days. It was just ahead of us about 50 yards and there were people with little children milling about in the yard. They all seemed curious about us as we got out of the van. A slender young man in a uniform shirt was working on something by the building and directed us inside to the nurses.

I described the woman who was to receive the box, blind, 5 children. They knew her well. The nurse called loudly for Peter to come. The man from the yard came in. Yes, he knew how to find blind Marcia. They say it Mar'see-a.

Peter got into the van with us and directed Uriah through the main intersection of town. We turned right and then right again. This can't be a street. It was concrete and about six feet wide. It was broken and rough. Uriah slowly went up a steep incline and was told to stop at the pipe. It was a hydrant about three feet high standing at the roadside. It was the water supply for this neighborhood.

We got out. The street seemed to end or get so narrow a car couldn't go any further. Down to our right we looked at the rooftops of small modest houses. To our left was a limestone hill with houses stair-stepped upward. They seemed precariously perched on outcroppings of rock. There wasn't a smooth place anywhere. No yards, no gardens, only a few brave plants grew in the cracks of the rocks. Blind Marcia lived at the top.

Peter took the 50-lb. box of clothes and placed it on his head and went nimbly up the hill. The rocks were worn smooth where thousands of footsteps had gone up and down. Some steps were too high for my short legs so Uriah stayed close and pulled me up when I needed help. The angle of the hill was about 45 degrees and we climbed at least 3 stories high.

Marcia was sitting on a chair right inside her doorway feeling clothes as she pulled them from a small duffle bag. She softly instructed the smaller naked children as she handed them shorts and shirts. An older daughter, about age 10, was helping with the process. I introduced myself and explained my reason for visiting.

She remembered Dr. Carpenter and the team that came to the Clarkstown Clinic in March, just 6 weeks ago. Five team members spent one day there, seeing 92 patients. Dottie, a nurse from Joplin, had arranged for the used and new clothing in the box from her church. Knowing how often things are stolen, I felt I needed to deliver this box directly to her so others wouldn't have a chance to take things out of it.

Marcia thanked me graciously. She stood up and came down the three wooden steps of her two-room house. There was no smooth place to walk. Rocks jutted out everywhere. A malnourished dog lay on a small patch of level rock. I asked her how she could manage to go up and down the hill. She said very softly, "I'm used to it."

I spent a little time talking to a neighbor whose front steps were about 15 feet from Marcia's. She was caring for three small grandchildren. One little boy, about three, had terrible sores on his legs. **Page 9**

I asked about him and found he had seen several doctors. No one had been able to help him. I wanted to do something. They couldn't get to our clinic. She had already tried three times to get help and seemed content to wait for now.

Then Marcia's daughter called to me. She was now sitting in the chair in the doorway. I stood on the ground beside the steps and leaned in. She said to me, "Miss, do you know anyone who needs more children? I could go. I would work very hard."

My heart was broken. I mumbled something about how much her mother needed her. Then I told her how complicated it is to leave one country and go to another. I stood at her door and understood why she wanted to go. I also wanted to go. It was too harsh here.

We gave a final greeting and some words of encouragement. Marcia was smiling and very friendly. They all waved as we made our way down the hill. Peter was waiting at the bottom already. Uriah stayed right ahead of me with a strong hand to help me balance.

Turning the van around took some time. Peter then told us about Marcia. It seems she lost one eye as a child when her mother hit her. It was an accident, of course. Peter said as he shrugged, "You know how families can be." Then a few years ago Marcia's boyfriend sailed a rock with a sling shot. It ricocheted and hit her good eye. She remembers how it feels to see. Now she wears dark glasses that curve close to her face and hide her wounded eyes.

The conversation quickly moved on to telling of the time a concrete truck came up this narrow ledge to deliver his cargo to a house building site. People watching him yelled, "You crazy man! Back up before you tip over!" He continued on up past the pipe where we parked. He was crawling slowly but the worst happened anyway. He rolled over and dumped concrete everywhere. The whole neighborhood came running with buckets, dishpans, and cooking pots. Soon people had little verandas and smooth walkways where jutting rocks had been before. It was like a big party until all the concrete was gone or was too hard to gather up. None of it went up Marcia's hill.

Soon we were back to the clinic where Peter got out and returned to work. On we went past the sugar mill, the cane fields, and the hills. It was all so beautiful.

My mind was stunned by what I had just experienced. I had set out to deliver a box. Jesus had turned my mind from self-centered thoughts to look at blind Marcia. Again I prayed. "Lord, I want to feel the same pain you do when you watch your loved ones suffer. Help me quit thinking about taking a shower
Page 10 and how thirsty I am right now. I

know now you aren't finished with me yet. Show me what to do next."

It was a quiet ride back to Falmouth. I missed my husband more than ever. I wanted to tell him about where Marcia lived and the daughter who wanted to leave with me.

Dianna Carpenter, 24636 State Hwy. KK, Rock Port, MO 64482-9136 wdcarpenter@rpt.coop

VITAMIN A DEFICIENCY

A Hidden Global Disaster

Roger Boe MD

The discovery of vitamins and their role in health and nutrition remains one of the most fascinating stories in the history of science and medicine. In our era of supplementation and universal bioavailability in developed nations, we have largely forgotten the major consequences of vitamin deficiency. Yet in the developing countries we serve, major problems caused by the lack of basic vitamins continue, and it is vitally important for us to be aware of the scope of the problem, the clinical presentation(s), and the means available to treat the deficiencies.

Vitamin A was the first vitamin to be discovered. Its most widely known function is in the production of rhodopsin, which is necessary for night vision. Much less well known, but more critically important, is the role of vitamin A in the development of mucus secreting epithelium and in the function of the immune system. It also plays a significant role in iron metabolism.

Vitamin A is fat soluble, and is the most widely bio-available of the vitamins. Important sources include meats, especially liver, egg yolks, and whole milk. It is also abundantly found in a variety of fruits and vegetables, both yellow and leafy green. Plant sources, however, are less useable by the body. Only 10-15% can be absorbed from the gut, less in the presence of diarrhea or intestinal parasites. Severe protein malnutrition interferes with vitamin A transport and storage in the liver. Rice has no vitamin A; neither does skim milk, which forms the basis for many malnutrition formulas. Breast milk is a relatively good source of vitamin A, which contributes to a much lower incidence of deficiency in nursing infants.

It is ironic that, although people in developing countries are surrounded by readily available sources of vitamin A, deficiency (VAD), is incredibly common, affecting 250 million children in the world today. It causes 500,000 new cases of blindness each year, making VAD the most common cause of blindness in children in developing countries. It is also estimated that, of the 8 million total deaths occurring in children age 1-5 worldwide, 2 million, or 25%, are

attributable, at least in part, to vitamin A deficiency. Almost all deaths are due to a unique susceptibility in deficient children to severe underlying infection, most often diarrhea or measles. Although most of these deaths occur in Africa or Southeast Asia, surveys in Latin America report an up to 25% incidence of vitamin A deficiency, and many related deaths. Incidence in the former Soviet Union is unknown.

Vitamin A Deficiency is usually classified as either clinical, that is associated with specific eye problems, or sub clinical. The gold standard for diagnosis of VAD is a serum retinol level below 20 micrograms/dl. Levels are useful for research, but prohibitively expensive for clinical use. The use of the term sub clinical is actually a misnomer, because, although the vast majority of cases of vitamin A deficiency are not associated with specific identifiable signs or symptoms, there is still a marked increase in morbidity and mortality from intercurrent infection in all cases of deficiency. There is also emerging a body of evidence for a similar effect with HIV infection.

Specific evidence for clinical VAD is largely restricted to the eyes. The first sign is night blindness, often referred to by locals as chicken eyes. (Chickens can't see after dark.) Next xerophthalmia (dry eye caused by loss of tears) develops. Then a Bitot Spot often appears, a localized thickening of the exposed surface of the eyeball that is associated with some secondary localized infection. More severe or prolonged deficiency then leads to thickening and haziness of the cornea and decreased vision. Up to this point the lesions are reversible with a couple of standard doses of Vitamin A. If not treated, there is progression to corneal ulceration with liquification of the cornea, loss of the contents of the globe and total, irreversible loss of eye function.

Less specific, but certainly far more important both in terms of sheer numbers affected and the number of deaths resulting, is the profound effect that ALL vitamin A deficiency, both clinical and sub clinical, has on the severity of intercurrent infection. This association was first noted in the 1930s, at first with measles, then with diarrhea. Sub clinical VAD becomes more severe with the infection, probably by interfering with vitamin A metabolism, and eye signs develop, often with rapid progression to blindness.

For unknown reasons vitamin A excretion in the urine increases 10-fold with diarrhea. Conversely a large percentage of children identified with either clinical or sub clinical VAD die from intercurrent infection within a fairly short time, and this increased mortality can be prevented with vitamin A supplementation. For unexplained reasons these findings that have profoundly affected millions of children

worldwide were largely ignored for many years. It was not until the mid 1990s that widespread supplementation with Vitamin A was introduced, adopted as a priority, and promoted by WHO and other organizations.

Treatment for Vitamin A deficiency is relatively simple. High dose vitamin A, 200,000 units (100,000 units in infants) is given by capsule for two successive days, usually followed by another dose 4 to 6 weeks later. Vitamin A can be given IV in the presence of severe vomiting. **In VAD prevalent areas, utmost consideration should be given to the administration of Vitamin A at the onset of all cases of measles and diarrhea.** Lactating women can be given a single 200,000-unit dose within six weeks post-partum. Beyond this window of time there is risk of a teratogenic effect on a subsequent pregnancy.

There are three methods for the prevention of vitamin A deficiency: 1. Supplementation. 2. Fortification. 3. Increased dietary intake.

Supplementation is usually given as capsules in the same dose as treatment, 200,000 units (100,000 units for infants), every 4-6 months. Doses are often given around immunization days, with accompanying promotion. WHO and others have ambitiously talked about virtual elimination of VAD with supplementation programs. However, most programs are reaching 50% or less of susceptible children, and current VAD incidence figures are not available for most countries. WHO promises a worldwide incidence update within the year.

Fortification has been used successfully in many locations. Vitamin A has been successfully added to sugar in Honduras and Guatemala, and to monosodium glutamate in Southeast Asia. An innovative program has used genetically altered rice, called golden rice, which contains moderate amounts of vitamin A. The ideal solution, of course, is to provide diets containing adequate natural vitamin A that are available for all children and adults. Modifying dietary habits that have existed for many generations, or eliminating the poverty and ignorance that greatly restricts diets in developing countries may be by far the most difficult and complex path. There seems to be no cogent reason not to provide mass Vitamin A supplementation or fortification. The cost is pennies per child per year for either approach. This certainly has to be one of the most cost effective medical interventions in history.

As short-term health care missionaries we certainly need to be:

1. Aware of the scope of the vitamin A deficiency problem
2. Familiar with the associated specific **Page 11**

eye problems and increased risk of death from infection with measles and diarrhea

3. Knowledgeable about the extent of participation of our communities in supplementation programs

4. Prepared to treat clinical vitamin A deficiency and cases of measles and diarrhea with appropriate doses of vitamin A.

We must consider the possibility of vitamin A deficiency in every country in which we work, and encourage the development of supplementation programs if these do not exist.

1. Strickland, G.T. et al, Hunter's Tropical Medicine, 8th Edition, Saunders, 2000

2. Sight and Life Manual. Available for download from www.sightandlife.org

3. Mora et al. Vitamin A Deficiency in Latin America and the Caribbean, Rev. Panam Salud Publica 1998 Sept 4:178-86

WHO Report, Assessment of vitamin A status at the Sub Clinical Level

www.childinfo.org/eddb/vita-a.

WHERE WOMEN HAVE NO DOCTOR

by Burns, Lovich, Maxwell, & Shapiro

Robert Rush MD

This is one incredibly valuable book! It is a compendium of self-help medical care that speaks to women all over the globe. It doesn't matter their level of medical knowledge or the sophistication of their available medical care. It is published by Hesperian, who also provide us with the its more famous older sibling, "Where There is No Doctor."

The book says it is written for "women around the globe; often where medical care is lacking or unaffordable." It uses simple language and pictures to provide the information. And it deals with not only sickness, but also the social and religious issues that inflict their toll on women.

There are chapters on specific illnesses such as abdominal pain, abnormal vaginal bleeding, cancer, tuberculosis and AIDS. But there are also chapters on mental health, work, drugs, rape, nutrition and sanitation. The issues covered are very broad based. Included are all the ingredients necessary for a healthy life.

I am an obstetrician who was dealing with high-risk pregnancies before I retired. So how the book addresses obstetrical problems is of special interest to me. Let's see how they do at the subject of pregnancy. Ah, "Women Who Have Extra Risks." Yes, necessary and well done. "Women who should try to

Page 12 give birth at a health center or hospi-

tal." Yes. It is well said. Then there is "Danger Signs During Pregnancy." The book lists them and then discusses what those signs may mean and what to do about them.

There is a section on Prenatal Care, which says "at least 3 visits – early, middle pregnancy and at 36 weeks." And "How To Prepare for Labor & Birth." "How to Deliver the Baby (birth of the head, birth of the shoulders, delivering the placenta)" and "Care of the Baby at Birth." Well, it's all there. And from the perspective of someone who has delivered 6000 babies, the subject is fully covered, has valid instructions and is simply said.

As a physician I am always suspect of the advice on the use of drugs in a volume that is so broad and all encompassing. So I specifically examined their advice on the use of antibiotics, drugs for post partum bleeding, and for AIDS. I found the information to be very broad, but adequately specific and accurate.

This book is medical school in one volume. It is written understandably and is appropriate for women lay workers or health workers anywhere on the globe. While there are four authors it appears there were several hundred health care workers from around the world that contributed their advice and the 1000 drawings in the book. As one who has seen the meager medical care usually available for women in developing countries, I can appreciate the wisdom and knowledge provided in, "Where Women Have No Doctor." It should be a village study guide as well as an on location source of treatment information.

It is available from: The Hesperian Foundation, Berkeley CA 94704, phone 510-845-1447. [www:hesperian.org](http://www.hesperian.org) They are a non-profit publishing company. A newly revised edition will be out soon.

Robert Rush M.D. FACOG

pokyman@mychoice.cc 1 208 221 1947

(NOTE: Robert Rush M.D. is an OB/GYN preceptor for the Idaho State University Family Practice Residency Program and has served on several mission trips. RWB)

BITS AND PIECES

Summer 2006

Nitazoxanide, a New Treatment for Giardiasis and Cryptosporidiosis.

Nitazoxanide (Alinia, Romark) has recently been FDA approved for the treatment of Giardiasis and cryptosporidiosis in adults and children. It is currently the only consistently effective treatment for cryptosporidium infection. It is also an acceptable, but more expensive alternative to metronidazole for the treatment of Giardiasis. Average wholesale costs are

\$60 for a 60ml bottle. No serious side effects have been reported. Though many times more expensive than metronidazole, nitazoxinide will be of value in the treatment of Giardiasis in children because of its availability in liquid form and shorter treatment course (three days bid vs 7 days tid.) It also tastes much better.

Single Dose Treatment of Cholera with Azithromycin. A recent article in the NEJM reports the successful treatment of cholera with a single dose of azithromycin. Fluid loss and duration of illness were remarkably reduced in over 70% of patients treated. An accompanying editorial, however, cautions that if history repeats itself, as it usually does, resistant cholera organisms will emerge rapidly, and azithromycin will soon become ineffective, as has recently been the case with ciprofloxacin. In the long term the best treatment of cholera will always be prevention by ensuring clean water and proper sanitation.

Bulletin Board

From UMVIM South Central Jurisdiction:

The UMVIM, South Central Jurisdiction will begin forming a health care volunteers network. A gathering of the Conference UMVIM Coordinators and Health Care team leaders is planned for October. The South Central Jurisdiction is comprised of 15 conferences in 8 states: Arkansas, Kansas, Louisiana, Missouri, Nebraska, New Mexico, Oklahoma, Texas. For more information, contact: Barbara Stone, umvimscj05@sbcglobal.net

Bulletin Board

Greetings,

ZOE Ministry (Zimbabwe Orphans Endeavor) has a need for physicians to participate in a short-term mission to Zimbabwe in November. The trip dates will be Nov. 5 or 6 - Nov. 18, 2006. The last day will include a visit to Victoria Falls.

The cost of the trip will be approximately \$2,500, depending on airline costs. The work will be done under the supervision of a Zimbabwean Doctor and will involve mobile clinics at sites where ZOE supports work with orphans.

If interested please contact the Rev. Greg Jenks, Executive Director, ZOE Ministry at greg@zoeministry.org or 919-550-0255. You can also visit the website at www.zoeministry.org

Bulletin Board

Join us for the UMVIM-Western Jurisdictional Rally. Aug 16-19, 2006 Lazy F church camp in Washington State. Workshops will include medical topics such as Community-Based Primary Health Care, among others.

Keynote speaker is Bishop Paup, and a featured speaker and workshop leader will be Tom Hazelwood, UMCOR's national director for emergency response.

Details and registration can be found at www.umvimwj.com or contact Kurt & Jan Kaiser at love2trvl@imbris.com

FUTURE MEDICAL TEAMS

(Frequently these teams will welcome new and additional members. For additional information, contact the team leader. Ed.)

07/29/2006-08/14/06 **MOZAMBIQUE**—Chicuque Hospital- Nancy Forrest- 162 Hawthorne Dr., Winchester VA 22601- mrpk15@aol.com

08/11/19-06 **GUATEMALA** Medical/Dental Mission Rev. Linda Kusse-Wolfe, First United Methodist Church, 146 E. Main St., Martinsville VA 24112- pastor2fumc@kimbanet.com

10/22-29/06 **ECUADOR** SIFAT Medical Team to Cayambe Joyce Henderson 1310 Meadowbrook Rd. NE, Palm Bay FL 32905- jeewriter@cfl.rr.com

Nicaragua Medical Missions:

October 18-28, \$1350.00 Contact Teresa Miller- rbkids@acd.net, 517-699-4116

February/ March 2007 - rugged trip to Princeapolka Nicaragua - \$1450.00 Contact Teresa Miller- rbkids@acd.net, 517-699-4116

08/03/06-08/06/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

8/10/06-8/13/06 **Mexico** Medical Martha Brice marthabrice@hotmail.com 614/876-4343 WOH

08/17/06-08/20/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

09/07/06-09/10/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

09/21/06-09/24/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

10/05/06-10/08/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

10/05/06-10/08/06 **Mexico** Medical Jo Powers jspowets@gte.net 419/825-2361 WOH

10/19/06-10/22/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

11/02/06-11/05/06 **Mexico** Construction/Medical Larry Norman LduckN@aol.com \$285 plus air LA

11/02/06-11/05/06 **Mexico** Medical Martha **Page 13**

Brice
 marthabrice@hotmail.com 614/876-4343 WOH
 11/16/06-11/19/06 **Mexico** Construction/Medical
 Larry Norman LduckN@aol.com \$285 plus air LA
 11/30/06-12/03/06 **Mexico** Construction/Medical
 Larry Norman LduckN@aol.com \$285 plus air LA
 12/14/06-12/17/06 **Mexico** Construction/Medical
 Larry Norman LduckN@aol.com \$285 plus air LA
 12/29/06-01/12/06 **Kenya** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 07/13/06-07/26/06 **Kenya** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 07/13/06-07/16/06 **Matamoros** Medical/
 Construction Kathie Mann tex-
 aspim@methodists.net TX
 07/23/06-07/31/06 **Ecuador** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 07/27/06-08/12/06 **Kenya** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 08/03/06-08/21/06 **Kenya** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
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 Kathie Mann texaspim@methodists.net TX
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 Kathie Mann texaspim@methodists.net TX
 09/07/06-09/22/06 **Kenya** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 09/07/06-09/10/06 **Matamoros** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 09/09/06-09/16/06 **El Salvador** Medical/
 Construction Kathie Mann tex-
 aspim@methodists.net TX
 09/15/06-10/01/06 **Kenya** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 Oct DTBA **Nigeria** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 11/03/06-1/12/06 **Fiji** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 11/09/06-11/12/06 **Matamoros** Medical/Construction
 Kathie Mann texaspim@methodists.net TX
 12/07/06-12/10/06 **Matamoros** Medical/Construction
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 Larry Norman LduckN@aol.com \$285 plus air LA
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 Larry Norman LduckN@aol.com \$285 plus air LA
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 Larry Norman LduckN@aol.com \$285 plus air LA

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 Larry Norman LduckN@aol.com \$285 plus air LA
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 Larry Norman LduckN@aol.com \$285 plus air-
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 Medical
 Larry Norman LduckN@aol.com \$285 plus
 air LA 12/14/06 12/17/06 **Mexico** Construction/
 Medical
 Larry Norman LduckN@aol.com \$285 plus
 air LA
 01/12/07 01/26/07 **Brazil** Pastor Sandra Linger Santos
 jasper @earthlink.net 937/372-4942 Medical
 WOH
 02/11/07-02/18/07 **Haiti** Josephine Kaller kaller@
 netzero.net 708/448-6740 medical WOH
 93/02/07-03/10/07 **Panama** Jane Dunn rich-
 jane@ameritech.net medical 630/790-4387 WOH

MEDICAL OPPORTUNITIES

Regulations regarding medical work vary from one country to another. In most cases, professional credentials must be sent to the host country well in advance. Contact the coordinator listed for further details.

For more information on preparing a medical team for volunteer service, contact the UVMIM Medical Consultant, Dr. Michael C. Watson, Sr. - mikewsr@pol.net
 africa | asia | caribbean | central america | europe | middle east | north america | south america

AFRICA

GHANA

Kumasi: Ankaase Methodist Faith Healing hospital
 Ankaase Methodist Faith Healing hospital has continued to grow in numbers of patients and staff since 1999. It is now recognized as the Kwabre District Hospital and has been awarded by the Ghana Ministry of Health for its performance and quality of care for the whole person. Medical volunteers are welcome. Contact: Doctor Cameron R Gower, Kumasi Ghana gongwer@africaonline.com.gh

KENYA

Maua: Maua Methodist Hospital is requesting a volunteer physician for a period of 2-6 months for diagnosis and treatment of medical patients. Need doctors to do eye, gynecological, orthopedic and other surgeries. Living accommodations & a small stipend provided. Shorter terms are available for specialists such as orthopedists, plastic surgeons, and gynecologists. Contact: Maua Methodist Hospital, PO Box 63 Maua Meru North Kenya 011-254-167-

21107: 011-254-167-

21121 mckhosp@africaonline.co.ke

KIANDEGWA HEALTH CLINIC: KIANDEGWA HEALTH CLINIC

This is a health clinic facility in a mission area in a relatively poor community. It is a community project that aims at providing health care facilities at an affordable rate. It also emphasizes primary health care, nutrition, clean environment and basic hygiene.

Mombasa: Coast School for the Physically Handicapped Mombasa

Rehabilitation of physically handicapped children at the Coast School for the Physically Handicapped, Mombasa.

Contact: Rev. Dr. Stephen Kanyaru M'Impwii Presiding Bishop, The Methodist Church in Kenya, St. Andrews Lane, Off State House Road, P.O. Box 47633, Nairobi, 00100 Kenya 011-254-2724841 or 272-4897: 011-228-272-3812

mck-conf@nbnet.co.ke

Mombasa: Lighthouse for Christ Mission and Eye Centre has openings for full time Medical Director, ophthalmologists, optometrists and health personnel for clinical surgery center. Teachers for Bible Institute. Contact: Lighthouse For Christ Mission and Eye Centre, PO Box 81465 Mombasa Kenya

<http://lighthouseforchrist.org/>

LIBERIA

Medical facilities need extensive renovation, medical supplies, volunteers. Contact: Bishop John Innis, P. O. Box 10-1010, (DHL Delivery – Tubman at 13th St., Monrovia, Liberia), 1000 Monrovia Liberia

011-231-227-154: 011-231-227-516 Bishopin-

nis@hotmail.com or Liberiaumc@yahoo.com

MOZAMBIQUE

Chicupe Rural Hospital Most importantly, need a general surgeon. Also ophthalmologists, dentists, surgeons, medical lab techs, pharmacists, nurses.

Contact: Jeremias Franca, Chicupe Hospital for Chicupe Hospital Projects contact: Hospital Administrator, Jeremias hrchicupe@teledata.mz

NIGERIA

HIV Vaccine Clinics - Owerri, Imo State

This project involves an initial double-blind study to prove the effectiveness of a new HIV treatment vaccine. After this, many will need to be vaccinated and retested as necessary. This will involve many new clinics being built and set up. Also planned is simultaneous HIV/AIDS education. Prayer and evangelism will also be a big part of this outreach. This is an excellent opportunity for two-track medical/construction teams. Also interaction with the community children is encouraged through Bible school. Housing available. USA Contact: Stuart Quartemont, MD, mmivelvet@juno.com

SIERRA LEONE

Kissy: The UMC Health Maternity Center needs help refurbishing their facilities, and to install the Dental Unit, and they need Physicians, nurses, and other medical personnel. Contact: Rev. Joe Wagner US contact person (Operation Classroom), ocmis-sion@compuserve.com or ocmis-sion@accs.net

Kissy: Kissy UMC Eye Hospital needs ophthalmologists, optometrists, nurses with optical training.

Contact: Dr. Lowell A. Gess, UMC 111 15th Ave. E. Alexandria MN 56308 320 762 1888 gessla@rea-alp.com

SOUTH AFRICA

Umtata, Transkei: African Medical Mission Umtata General Hospital needs orthopaedic and physical therapy educators. Contact: Cheryl Anders (828) 696-9930

amm@brinet.com

ASIA

CAMBODIA/LAOS/THAILAND/VIETNAM

INDO-THAI LIMITED offers assistance to medical teams in working with governments of these countries for permission to bring in supplies and do medical work, including all travel arrangements. Contact: Larry McCumber, 721 Bentgrass Ct Dacula GA 678-985-4311: 678-985-5342 [in-](mailto:indo-thai@mindspring.com)

[dothai@mindspring.com](mailto:indo-thai@mindspring.com)

INDIA

Bareilly: Clara Swain Hospital needs physical therapists. Contact: Greg Forrester Indvols@gbgm-umc.org

Crawford Memorial Hospital The Methodist Church of India needs plastic surgeons, orthopedic surgeons, OB-GYN, nurses, public health nurses for 27 locations.

Contact: Greg Forrester Indvols@gbgm-umc.org

Vellore, The Christian Medical College in Vellore India receives new & used equipment; the Vellore Board pays shipping costs. Medical volunteers may serve at Vellore Hospital; particular needs for anesthesiologists, cardiothoracic surgeons, ophthalmologists, and clergy who can serve as CPE trainers. Long-term volunteer terms of 6 months to a year are especially needed. Contact: Philip F. Ansalone, Vellore Christian Medical College Board (USA), Inc. 475 Riverside Dr., Rm. 243, New York

NY phil@vellorecmc.org

NEPAL

Health Services Department, United Mission to Nepal general practitioners/family physicians, pediatricians, internists, hospital director, psychiatrist, internist, surgeons, tutor/nurse educators, dentists, biomedical maintenance personnel; anesthetist.

Contact: Personnel Manager Recruitment, United Mission to Nepal, PO Box 126 Kathmandu, Nepal pdo@umn.org.np

CARIBBEAN

HAITI

Gebeau: Gebeau T.B. clinic & Eye clinic
Gebeau and Despaigne Medical Teams
Medical and dental teams are always welcome. It would be wonderful if we can have at least one team every quarter. Ear and Dermatologist specialists are especially welcome. Contact: Charles & Patty Maddox UMVIM Coordinators, Methodist Guest House, 011-509- 257-3012: 011-509-401-2596

vimhaiti@hotmail.com

Petionville Community: CuramericAS

Care is provided in the Petionville Community, with emphasis on malnutrition and preventative education and curative healthcare. Contact: Gladys Shanklin , CuramericAS 919-821-8000

gladys@curamericas.org

Cap Haitien: Tovar Health Clinic

a long-term mission of Providence UMC (NC) seeks 3 teams per year of medical professionals to work at existing clinic serving the very poor. Contact: Alice White, RN, 9574 Lightview Ln. Gloucester, VA 23061 USA 804-695-2803 awhite@inna.net

Pignon: Christian Mission of Pignon

Individuals and teams for hospital. Needs include General surgeons, orthopedic surgeons, family practitioners, OB-GYN, ophthalmologists, bio-med techs, lab techs, dentists, dental lab techs.

Christian Mission of Pignon, Inc., Davis E. Wilkins, Ex. Dir., 1200 Harpeth Lake Ct., Nashville, TN 37221 cmphaiti@aol.com

Jeremie Eye Clinic seeks ophthalmologists and optometrists. Contact: Dr. Hal Crosswell, Columbia Eye Clinic, PO Box 1754, Columbia, SC 29202 USA

800-922-6057: 803-771-7639

JAMAICA

Kingston: Renal Foundation requires doctors and nurses to run dialysis units, which are currently under-used due to limited staffing, despite a great need for them. Contact: Rev. Dr. Claude L. Cadogan , 3 Boone Hall Rd., P.O. Box 100, Stony Hill, Kingston, 9 JAMAICA, W.I. 876-942-2554

Methodist clinics

Doctors, nurses & dentists to work in Methodist clinics. Certification takes approximately 6 months. Contact: Dr. Margaret Robinson UMVIM Coordinator (Medical), P.O. Box 666 Kingston 8 Jamaica 1-876-926-2311 "District Medical Committee" - jamaicamethodist@cwjamaica.com

PUERTO RICO

Vieques Clinic & Camp Corson need volunteer nurses, doctors, other health professionals. Contact: Rev. Edgardo Jusino UMVIM Coordinator, Iglesia Metodista de Puerto Rico Los Angeles H-25 Calle C Carolina PR 979 (787) 253-0539 edju@coqui.net

ST. VINCENT

Page 16 Chateaubelair: Hospital at Chateaubelair

Medical team and construction teams needed: 1-2 physicians incl. family practitioner, pediatrician or internist; optometrist and dentist. Contact: Dr. James and Linda Fields, jpfields@earthlink.net

CENTRAL AMERICA

COSTA RICA

Centro Atención Integral Parálisis Cerebral Guadalupe (a day care center for clients with cerebral palsy and spina bifida)

Patronato Nacional de Rehabilitación Hogar de Rehabilitación in Santa Ana (a residential center for clients who suffer from polio and cerebral palsy).

Both are in the **San José** area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers.

Contact: Rev. Thomas R. Modd , Wesley Campus Ministry, 1113 Market St., Galveston TX 77550 USA 409/765-6587 WCMGalv@aol.com

GUATEMALA

Camanchaj / Urbina: Salud y Paz clinics

Clinics in Camanchaj and Urbina. 60-70 patients seen daily for medical and dental. Once a month, eyeglass component is added. Medical laboratory is being added; help required for laboratory. Projects involves setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala. People from the surrounding areas will be invited to come to the clinic. Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala.

Contact: Dr. Phil Plunk (Medical Coordinator), Apartado Postal #65 Quetzaltenango, 9001 Guatemala 011-502-217-1985 pplunk@pcht.com or pplunk@xela.net.gt

Boca Costa Medical Mission — Medical teams are needed in 'The Boca Costa de Solola' area of Southwestern Guatemala. A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Christian missionaries, Jim and Dianne Thompson, serve the Indigenous people of this area. The base clinic, in the village of Paquila, is about 1 ½ hours south of Quezaltenango and about 2 ½ hours west of Guatemala City. The clinics draw from some 30 small villages. The population is Indigenous Mayan. The primary language is Quiche although Spanish is also spoken. The area, Boca Costa de Solola, is one of the poorest areas of Guatemala. It has the 3rd highest infant death rate and one of the highest maternal mortality rates. The clinic in Paquila is open every Friday and Saturday. The other clinic locations, about 4 in total, are open when medical teams are present. The critical need is for medical

teams. Most teams are one week in duration with a minimum of one doctor and 2-3 support people per doctor.

Contact Jim/Dianne Thompson, jodmthompson@hotmail.com

Curamericas

Provides primary health care to 26,000 women and children at risk of death from preventable diseases in the northwest highlands. Works in an area that has never had access to medical care because of geographic & socioeconomic conditions. Is seeking mission trip volunteers to construct a maternal birthing center and operational base. Contact: Gladys Shanklin, Curamericas 919-821-8000 gladys@curamericas.org

La Moskitia: Send Hope

Send Hope is a 501c-3 non-profit organization focusing on ministry among the people of the La Moquitia Coast region of eastern Honduras, in particular: 1) short term medical, dental and construction trips; 2) providing food, clothing, school supplies to people; 3) bring children to the United States for medical care; 4) provide training for local pastors; and 5) helping students with their education. Contact: Katrina Engle, Send Hope, Puerto Lempira Gracias a Dios Honduras

011-504-898-7552

HONDURAS

The Honduras Initiative The Methodist Church in Honduras requests medical (including dental and vision) teams to work with the The United Methodist Mission Church of Honduras. Contact: Rev. Dan and Kathy Wilson-Fey UMVIM Coordinators, The United Methodist Mission Church of Honduras Apartado 30509, Toncontin, Tegucigalpa Honduras, C.A. 011-504-230-2721: 011-504-232-2555 wilsonfey@aol.com

Limon: Carolina Honduras Health Foundation

Limon Clinic receives medical teams, health care workers, support/construction teams and individuals year-round. Contact: Dr. Henry W. Gibson, PO Box 528 Barnwell SC 29812

MAMA Project (Mujeres Amigas Miles Apart) welcomes medically oriented medical brigades and people for deworming and vitamin A distribution teams. Long-term volunteers also welcome. Contact: MAMA Project, Inc., 2781A Geryville Pike Pennsburg PA 18073 mamaproject@enter.net

NICARAGUA

The Rainbow Network - Ciudad Sandino Managua
The Rainbow Network provides medical services (needs especially dentists and ophthalmologists), public health support, housing, education and economic development assistance to their community. Teams may participate in these areas as well. Contact: Peter D. Schaller, Rainbow Network Ciudad Sandino, Zona #6 Managua Nicaragua 011-505-269-7585

arcoiris@ibw.com.ni

Managua: The Methodist Church of Nicaragua seeks nurse of MD to work with persons in very poor areas of Managua, especially to promote the practice of preventive medicine. Contact: Pastor Elmer A Zavala, Methodist Church of Nicaragua el@ibw.com.ni

PANAMA

Clinics and Water Projects Medical teams are needed for indigenous areas including Potrero Palma/Cieneguita Health Clinic Bongo Health Clinic Guaymi Indian Villages Punta Mani. There is also a need for clean water for these communities. Contact: Rev. Rhett Thompson UMVIM Coordinator, Evangelical Methodist Church of Panama 011-506-618-2633 rhettj@cwpanama.net

EUROPE

ARMENIA

Lachin AGAPE Hospital Contact: Steve Taylor, the AGAPE project P.O. Box 10955 Raleigh NC 27605 USA 919-832-9560: 1-800-849-4433

staylor@nccumc.org

Azerbaijan Refugee Clinic Assistance UMCOR Azerbaijan is seeking an Individual UMVIM who is a medical doctor to work with a United Nations High Commissioner on Refugees (UNHCR)-funded medical project. The refugee clinic has two general practitioners, two pediatricians, and a gynecologist who would benefit from some coaching in practical, primary health care interventions and protocols. The UMVIM medical doctor would serve as a doctor-consultant to work side-by-side with the clinic physicians to provide individual coaching as well as conduct group training sessions. Volunteers for this project must be medical doctors with primary health care experience. Time Frame: The consultant doctor would need to serve 4-6 weeks starting in early 2006.

Contact: Carol Van Gorp UMCOR / Women's Division Special Projects Consultant P.O. Box 156 Schroon Lake, NY 12870 Tel: +1 518-532-7694 Fax: +1 518-532-9401 Cell: +1 518-524-4561 Email: carolvangorp@earthlink.net

ESTONIA

Tallinn: Tallinn Children Center lighthouse Dentists are needed in the area. Contact: Peter an Eys, 3701 Hillsboro Road Nashville TN 37215 USA

peter@calvaryumc.com

UKRAINE

Kiev: Kiev UMC This newly formed UMC has a ministry with Kiev street children under the guidance of Rev. Helen Lovelace. A medical missionary team is needed to help with these street children, who are in risk of super-resistant tuberculosis, hepatitis and AIDS. They also have extensive dermatological and dental needs. A medical VIM team would be greatly appreciated. Contact: Dr. Beth Lovelace, evalentine@psu.edu

MIDDLE EAST

ISRAEL/PALESTINE

Four Homes of Mercy: Physical therapists needed.
Contact: Bonnie Jones UMVIM Coordinator, 9153 Yar-
row St. Westminster CO 90021 303-403-2325
bjg1232@aol.com

NORTH AMERICA

MEXICO

Mexico Conference La Joya & Tlalamac Medical volun-
teers for clinics Contact: Srita. Claudia Martínez UMVIM
Coordinator, Mexico Conference Conferencia de Mexico)
México 011-52(55)53-64-15-54 camvoluntarios@iglesia-
metodista.org.mx

Southeast Conference

The Southeast Conference of Mexico seeks medical teams
(nurses, dentists, physicians, surgeons) at multiple sites
across the conference, including:

Tatoxac, Puebla: Clinic - Need: medical work teams, all
year long. Surgery rooms and dental office, etc. exist for
use. High priority. Has surgical and dental space available.

Tochimizolco, Puebla: Clinic - Need: medical work
teams, all year long. High Priority. Started 12 years ago,
and is receiving only one medical team per year in a very
poor community. Most families are women and children
with real health needs. Contact: Ms. Priscila Rojas
Quintero UMVIM Coordinator, Southeastern Conference
(Conferencia Sureste) Calle 4 Pte. #311, Col. Centro, Pue-
bla, 72000 Pue. C.P. México
011-52(222)242-1895: 011-52(222)220-1326 (h)
pris_13@hotmail.com

USA

Alaska

Chugiak: Birchwood Camp needs camp nurse for summer
camp programs. Contact: Dave Kobersmith , PO Box
670049 Chugiak AK USA 907-688-2734
birchwd@alaska.net Wesley Rehabilitation & Care Cen-
ter needs registered Respiratory Therapist for nursing
home residents. Contact: Judith Ann Martin ,
PO Box 430 Seward AK USA 907-224-5241

Georgia

Murphy-Harpst Children's Centers Therapists to work
with emotionally disturbed children/youth, Contact: Vance
Voinche , Murphy-Harpst Children's Centers,, 740
Fletcher Street, Cedartown GA 30125 USA
(800) 648-1234: (770) 748-1500
contact@murphyharpst.org

Kentucky

Mt. Vernon: Christian Appalachian Project Volunteer Pro-
gram needs volunteer nurses for summer camp (2 over-
night camps and 1 day camp). Contact: Volunteer coordi-
nator, Route 6, Box 43 Mt. Vernon KY 40456 USA 800-
755-5322 volunteer@chrisapp.org

Red Bird Clinic can use volunteer physicians, nurses, lab
technicians, dentists, dental hygienist, mental health coun-
Page 18 selors and substance abuse counselors

willing to become licensed in KY for outpatient clinics.
The Red Bird Clinic needs fill-in coverage for providers in
a Primary Care/Health Care/Rural Health Clinic, including
doctors, nurses, and dentist. Kentucky licensure required. 1
month or longer. Lodging, some meals provided. Contact:
Joel Medendorp, Red Bird Clinic, HC 69 Box 701, Beverly
KY 40913 USA 606-598-5135 jmeden-
dorp@rbmission.org

Oklahoma United Methodist camping ministry needs vol-
unteer nurses. Food & lodging provided; background check
required. Contact: Randy McGuire, 2420 N. Blackwelder
Oklahoma City OK 73106 USA
405-525-2252 randy@okumc.org

SOUTH AMERICA

BOLIVIA

Curamericas Provides primary health care to 75,000
women and children by establishing health clinics and
teaching health education to households at risk of death
from preventable diseases. Is seeking mission trips volun-
teers to reconstruct a hospital and long term medical volun-
teers to strengthen the local programs and intervention
strategies. Contact: Gladys Shanklin , Curamericas 919-
821-8000

gladys@curamericas.org

BRAZIL

Evangelical Medical and Dental teams work with Dr. Wil-
son Bonfim in a mobile clinic attending people in small
towns and villages, working through the local Methodist
Church. Groups may also work at People's Central Institute
in inner city Rio de Janeiro, giving medical and religious
assistance. Other areas for service include the Northeast,
the Amazon (the Medical Boat), and Minas Gerais. Con-
tact: Dr. Wilson Bonfim , World Methodist Evangelism
Rua Marques de Abrantes 55 Flamengo Rio de Janeiro, RJ
22230 061 Brazil 021 5573542: 021 5577999 - evange-
med@yahoo.com.br

CHILE

El Vergel Agricultural School - Nurse Practitioner and a
Veterinarian with dairy experience needed **Santiago:** Medi-
cal Center - Pediatrician sought for Medical Center in
Santiago.

Iquique: Nurse needed Contact: Fabiola Grandon Toledo ,
Casilla 67, Sargento Aldea 1041, Santiago Chile 011-56-
2-2692923

fgrandon78@hotmail.com OR volun-
tarios_proyectoschile@hotmail.com

EMANA - (Methodist Extension to Andean Youth) -
Located in northern Chile requests medical/dental teams or
volunteer dentists to come. A fully equipped dental clinic
is located in their high school, but there are no den-
tists. Medical teams would be set up at the school or as a
mobile clinic attending people in small villages in northern
Chile. A new eye glass project is also underway and dona-
tions of eye glasses are needed, in addition to individuals or

small groups to help with this project. Contact: Becky Harrell or Ann Burger, EMANA Casilla 832 Iquique CHILE 011-56-57-412-718; emanaproject@yahoo.com www.emana.org

PERU

Puerto Bermudez – Medical Volunteers needed.

Contact: Bishop Marcos Ochoa , Iglesia Metodista de Peru Apartado 1386, Paisaje Baylones 186, Lima 05 Peru 011-51-1-424-5970; 011-51-1-447-4820

iglesiamp@terra.com.pe

Iquitos - Project Bushmaster - www.HopeUnites.org

Medical teams are sought for work in Iquitos at a school in an area of profound poverty. Medical and dental services are needed by children with no resources. Also, medical teams can travel the Amazon by medical boat to provide medical services isolated villages on the riverbank. Common maladies include tooth infections, eye infections, parasites and lice.

Contact: Gael Orr, 585-346-3310 gael@hopeunites.org

VENEZUELA

El Renuevo Global Ministries Medical Team Medical Boat Provide medical, dental and optometry care for 9 indigenous groups along the Caura River. Need 2 medical teams of 6 people each (1 doctor, 1 nurse, 1 dentist, 1 dental assistant, 1 optometrist, 1 paramedic.). Two 9-day trips in June 2003.

Rural Area Orinoco-Delta (Town of **Uracoa**): El Renuevo Global Ministries Medical Team

Medical, dental and optometry care for 3 rural towns in **Monagas State**. 3 days clinic minimum. Need 1 medical team of 25-30 people (3 medical doctors, 3 nurses, 3 paramedics, 2 dentists, 2 dental assistants, 1 pharmacist, 4 pharmacist assistants, 1 optometrist, 1 optometrist assistants, 6 support team, 7 translators.). Also request Bible teacher. 9-day trip, July 2003.

La Urbana, La Felicidad, Payaipire & Pawipa, Santa Rosalia & Maripa: El Renuevo Global Ministries Medical Team - Medical, dental and optometry care for 3 rural communities. 3 days clinic medium. Need large medical team (45-50 persons). Also request Bible teacher. Contact: Grady Harmon U.S. Contact, El Renuevo Global Ministries 13376 CL Torbert Jr. Parkway LaFayette AL 36862 USA 334-864-9135; 334-864-0932 el-renuevo@charter.net

MEDICAL RESIDENCY ABROAD

In His Image

International residency and training programs for Christian doctors in a wide variety of settings, with a particular emphasis on medically underserved locations.

Contact: Anjanette Spear - admin@inhisimage.org

SOURCES OF MEDICAL SUPPLIES

Revised June 23, 2006

4 H.I.M.

PMB 177 1425 S. Santa Fe, Suite D Edmond, OK 73003
His Healing Helping Hands International Ministries, also known as 4 H.I.M., currently operates a small warehouse for the collection of in-kind donations of medical supplies of all types and various other resources which enable teams to meet the needs of local and global communities.

For specific questions regarding medical supplies, contact Sandy Orchard RN at sandyo@4-him.net For more information: www.4-him.net where you can fill out an application for needed medical supplies and view a partial listing of our current medical supplies.

Blessings, International

Harold C. Harder PhD, 5881 S. Garnett, Tulsa, OK 74146 Ph 918/250-8101 F918/250-1281 info@blessing.org Website: www.Blessing.org

Offers a wide selection of prescription and over the counter medicines, including vitamins. Also has medical supplies. Small equipment items such as thermometers, stethoscopes, sphygmomanometers, ophthalmoscopes, nebulizers. Dental needles and medicines, but no dental supplies or equipment. Does not handle large 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

Rich Thomas, 3638 W. 26th St., Erie, PA 16506 P 814/833-3023 F 814/833-4091

rich@chosenmissionproject.org

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

Deals with large medical equipment, particularly sterilizers and steam boilers, and hospital equipment such as operating room tables and lights. Limited hospital supplies. Limited X-ray equipment.

Remanufactures or rebuilds all of their equipment. Offers technical advice about installation and maintenance, and instruction in infection control measures. Charges 18% of fair market value, plus shipping.

Christian Dental Society

P. O. Box 296, Sumner, Iowa 50674 Phone & FAX: 563-578-8887 cdssent@iowatelecom.net

www.christiandental.org

The Christian Dental Society has portable dental equipment that can be rented. This equipment is available to current CDS active membership.

CROSSLINK INTERNATIONAL

427 North Maple Avenue, Falls Church,

VA 22046

Phone:(703)534-5465 Fax:(703)536-8349

info@crosslinkinternational.net

www.crosslinkinternational.net/

CrossLink supplies medical mission teams, humanitarian aid organizations, free clinics and hospitals with medicines and supplies to reduce suffering among the world's most needy. Since 1996, CrossLink has delivered more than \$28 million worth of medical materials to 114 countries and the US in God's name.

Glasses for the Masses

Fairview UMC, 2505 Old Niles Ferry Rd., Maryville, TN 37803 glassesformasses@bellsouth.net

(Receives donated glasses, labels with prescription, makes them available to mission teams.)

Dr. Ed Hagan

114 Morningside Dr., Sylvania, GA 30467 Phone/fax: 912/564-2173 Fax: 912/564-9349

(Has access to 2 dental units, including chairs, and dental equipment for use by teams)

Hampton Research & Engineering, Inc.

Dr. William Harris, President, 2670 West Interstate 40 Oklahoma City, Oklahoma 73108 P405-232-5103 F 405-232-5104 Email: hampdent@swbell.net Source of Portable Dental Equipment at 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.

Paul Derstine, Pres. Phone: 410/635-8720

Don Padgett, R.Ph., Pharmaceutical Svcs Dir.

P. O. Box 429 Fax: 410/635-8726

New Windsor, MD 21776

Contact person: Patty Ditzel

imainfo@interchurch.org www.interchurch.org

Has extensive 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. IMA also has a Medicine Box program that allows churches and other groups to purchase over the counter products and send them to IMA, where they are repackaged, checked for dating, supplemented and sent to overseas locations. IMA can also handle larger sized and container shipments on request.

International Aid

Myles Fish, president,

Chuck McMillan, Mission Resource team leader,
17011 W. Hickory, Spring Lake MI 49456-9712 Phone:
616 846 7490 Fax: 616 846 3842

ia@internationalaid.org www.internationalaid.org

International Aid provides and supports solutions in

Page 20 healthcare in response to Biblical man-

dates. International Aid also works with qualifying partner agencies to provide containerized Gift-in-Kind products for health-related projects. Major source of medical equipment. Has 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. Provides technical training for operators and repair technicians, both on site and overseas. Contact Mark Heydenburg for further information. Has 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 has Lab in a Suitcase, a battery or solar powered self-contained complete laboratory, including microscope, centrifuge, which can do basic chemistries, hematology. Development continues on testing modules for 3 prevalent diseases. Contact them for description and pricing.

James G. Diller, M.D., Medical Mission Services Foundation, 3123 Kenwood Blvd., Toledo, OH 43606 Phone / Fax: 419-531-1111 Email: james.diller@verizon.net www.dillermedicalmission.org

Resources medical personnel by specialty, as well as medicines, medical equipment and supplies in NW Ohio.

King Benevolent Fund, Inc. Art Yannucciello, Operations Manager, 1119 Commonwealth Ave, Bristol, VA 24201 P276 466 3014 or 800 321 9234 F276 466 0955 Provides a variety of short-dated medicines, 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 on-line from www.kingbf.org/supplyrequest.htm 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 International Medical Resources (IMR) 2200 Glynco Parkway, P.O. Box 215000, Brunswick, GA 31521-5000 Phone: (912)265-6010 Fax: (912) 265-6170 Contact: Customer Services email: custsrvc@map.org

Website: www.map.org

Has pharmaceuticals and medical supplies by individual request. Orders require the signature of a licensed practitioner (MD; DO; PA, etc.) Contact MAP for an order form and instructions. All eligibility forms are also available on the website.

- MAP offers the Travel Pack, a prepackaged unit of essential drugs and supplies ready for transport by air. Check the website or contact MAP for the latest contents and pricing. Phone: (912)265-6010 ext. 6665 or email: prepack@map.org.

- Customized and larger volume orders can be processed from a list of available inventory upon individual request also.

In addition, an extensive list of European generics can be ordered for shipping only to your mission site. They cannot be shipped to a US address.

Medical Bridges, Inc.

Patricia Brock MD, pres, CP Hodges director
(street address: 29.19 Dupree Houston TX 77054)
PO Box 300245 Houston TX77230-, Phone 7.137488.131'
Fax 7137480118 Web site: www.medicalbridges.org
drpattibrock@medicalbridges.org

Collects and distributes 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.

MedShare International

A. B. Short, Chief Executive Officer, MedShare International
13240 Clifton Springs Road, Decatur, GA 30034
Phone: 770-323-5858 Fax: 770-323-4301
<http://www.medshare.org>

For General Information: info@medshare.org
(receives and distributes medical supplies and equipment from Atlanta area hospitals)

Medical Mission Services Foundation, James G.Diller, M.D., 5555 Airport Highway Ste. 145, Toledo, OH 43615
Fax: 419-891-2345 Email: Dcroci@mco.edu Web site: www.dillermedicalmission.org

Resources medical personnel by specialty, as well as medicines, medical equipment and supplies in NW Ohio.
419-531-3111

Northwest Medical Teams

Tammy Kurtz, P. O. Box 10, Portland, OR 97207-0010
800959 HEAL <http://www.nwmti.org>
Sends teams and volunteers to many locations. Also has available medical supplies and small, non-electrical medical equipment, some dental supplies, limited pharmaceuticals. Has basic kits of supplies. Contact them for ordering information.

Project 20/20

Nevin Robbins, Emmanuel UMC, 2404 Kirby Rd. Memphis, TN 38119-6606 phone: 901/754-6548
<http://www.emmanuelmemphis.org>
(Receives discarded eyeglasses & sunglasses, labels with prescription, provides to optometry teams.)

Rotary Club Morning Foundation

Kerrville Texas Rotary Club, Morning Foundation Jack A. Thuffllond, 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

Surgical operating microscope

A-Scan

Various smaller hand-held items

No fee charged for short term missions except shipping costs.

UMVIM Warehouse

Dr. R. B. "Bud" Antley & Jimmy Mitchell
117 W. Church St.

Batesburg/Leesville, SC 29006

803/532-9870 (Antley - 0) 803/698-4652 (Antley - h)

803/698-6452 (Antley - pager)

803/532-4459 (Mitchell)

(UMVIM warehouse for medical supplies for any team in the Southeast that needs them. Will pick up medical, dental and other supplies if possible.)

World Dental Relief

Dental Missions Warehouse, Dr. Ron Lamb, President, P. O. Box 747 Broken Arrow, Oklahoma 74013-0747 Phone: 918-251-2612 FAX: 918-251-6326 dentalreliefmc@aol.com www.dentalrelief.com

(Usually 15% of value charged plus shipping; occasionally just shipping charge for some items)

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FROM THE EDITOR'S DESK

On page 5 of this issue, there is an article by Dr. Earle Goodman, giving a brief history and overview of the Christian Veterinary Missions (CVM) which should bring to light an organization that all of us need to know more about.

I first heard of Dr. Goodman when I was serving as a director of UMCOR in the 70s. A need surfaced that required the services of a veterinarian in South America and somehow Dr. Goodman's name came up and he was contacted and gladly volunteered to go. He did go and did a great job and fulfilled a real need.

I had not heard anything about him until I received the most recent copy of the International Animal Health News, a quarterly newsletter, edited by Dr. Goodman. It had the best write-up of Rabies that I have ever seen! I thought, "Every one of our members should read this!" Then I began to think about other areas that we could work more effectively with veterinary assistance. This led to my contacting Dr. Goodman who heartily agreed that our two organizations could, and should, be complimentary.

So there it is! A "new" resource for us that will help us to do what we do better! I hope the leadership of UMF/HCV will pick up the ball and run with it.

Please continue sending me reports of mission activity as these reports are the life of this publication. Please continue sending the pictures, although I was so crowded this time I couldn't use any, I still like them.

Thanks to all of you who have sent in donations. They are still necessary!

The deadline for reports to get to me for inclusion in the next issue is October 15.

Mike Watson, MD, Editor

**THE UNITED METHODIST FELLOWSHIP
OF
HEALTH CARE VOLUNTEERS (UMF/HCV)**

We invite you to continue to receive *THE KNOCK*, and to join with us, the health care component of United Methodist Volunteers in Mission (UMVIM), as we seek to fulfill Christ's mission while serving as His healing hands throughout the world. You will read about ordinary persons and how they are making a difference in the lives of God's people, and learn about opportunities to be in mission.

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OUT DEMONS. YOU RECEIVED WITHOUT PAYING,
NOW GIVE WITHOUT BEING PAID.”**

Matthew 10:8 (CEV)

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Won't you join us? See inside for details.

Page 24