



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

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EVANGEMED AMAZONIA BRASIL

June 16-23, 2006

Caroline Dennis

(Evangemed is a program of mobile health clinics that minister to the poor in small, remote villages throughout Brazil by the Methodist Church. One of these mobile clinics is a boat on the Amazon River that is popular with mission teams. For more information on this program go to page 19. Ed.)

Four of the missionaries to Brazil have shared their thoughts and feelings as follows:

Two AM and off we sailed on the beautiful Amazon River. Crewed by wonderful people, fantastic cooks and friendly translators we began the adventure of a lifetime. Morning found us making our first stop at a small village where we joined in the enjoyment of watching Brazil play in the World Cup Soccer Games.

Traveling on we experienced the thrill of river birds, crocodiles, and flowers and trees of all kinds. Sometime in the night we arrived at our first destination. We were privileged to have a Brazilian pediatrician and dentist join us and we began five days of providing medical care in villages 15 to 18 hours by boat from a major city and 'real' medical care. We treated children for worms, handed out vitamins, soap for scabies, small toys like kazoos and cheerios and goldfish crackers. We treated common childhood illnesses like ear infections and stomachaches. We saw adults with many common illnesses that were becoming major because of the lack of treatment. We do not realize how many things we have control over with illness because of simple daily medications. We also saw some serious illnesses that will go untreated because of the lack of readily available care.

One of the villages we visited was very pleased to have a full-time 'nurse'. This person, while knowledgeable, has had little true medical training, but is able to provide basic care to this village. The people were so kind and welcoming and they were thankful for what we did and what we gave. How



Evangemed mobile medical clinic on the Amazon River

little they realized what they were giving to us. We shared tight but comfortable quarters and for a week we were a family, speaking different languages but sharing a common goal – to share through medical care and simple loving God's mission of caring for others.

The Evangemed program is a program three years old and we had the opportunity to witness the good works being done as we visited a first-time village and then a village that Evangemed has been serving. This village had fresh water, paved streets, schools and a medical clinic. The country is gorgeous, the people wonderful, the mission a blessing.

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I suppose that I really expected worse conditions for the poor and they couldn't have gotten much worse as it was. These people seemed to me to be very happy with their lives and didn't act as though they expected someone else to provide for them.

Continued Page 3

"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

I am sorry to relate that for personal reasons I am resigning as president of UMF/HCV.

I have enjoyed working with the volunteer directors and with Roger Boe, Jeannie Blankenbaker, and Mike Watson.

For all of you who have volunteered your services and support to do God's work to help those in need, "Thank you."

Mike Sluss M.D.

CONSULTANT'S CORNER, FALL 2006

This August the Methodist Church of Bolivia held its Centennial Celebration. (See article "Return to Cotani Alto.") Though small in numbers (about 10,000 members), the Church has had a remarkable influence on Bolivia's history during the last hundred years. Early missionaries concentrated on education and health care, the two areas that they felt were most needed by the people, especially the poor. Many feel however, that the most important impact that the Church has had is in regard to human rights. The two main Bolivian indigenous groups, the Aymara and the Quechua, historically had no rights; not the right to vote, the right to own land, or the right to education. They were treated as serfs, bought and sold with the owner's property. The Bolivian Methodist Church has remained in the center of their struggle for freedom for all these hundred years. Now the leadership of the Bolivia Methodist Church is entirely indigenous. Our missionary influence has changed from a leadership to an advisory role. The Church's growing maturity is reflected in their sending a volunteer in mission team to the US to help with Hurricane Katrina. The new status of the indigenous peoples is not limited to the Church. It is reflected in Bolivia's election of an Aymara president, Evo Morales, and countrywide educational, political and economic reforms.

Though many of the churches have lay pastors, with little theological training, seminaries have developed continuing education for working pastors. There are

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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.

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three Methodist hospitals in Bolivia, but the major health emphasis is on community clinics with a strong component of Community Based Primary Health Care. UMVIM health care teams and individual medical and dental volunteers continue to provide important assistance and support for local clinics and hospitals. There is an increasing need for specialist and surgical teams, and for individual specialists who are willing to do teaching. The Methodist Church of Bolivia welcomes our participation as partners in their health care mission.

Roger Boe, UMF/HCV Consultant

EVANGEMED BOAT (Continued from page 1)

I was really taken aback on our first day in Axinin when a young child I hadn't even seen in the crowd came up and gave me the biggest hug you could ever want. There were several times over the next few days when the children acted spontaneously that way and I just felt their love was so genuine for us. They didn't know us or what kind of people we really were, but they accepted us for what we represented to them, ambassadors of God's love and goodwill.

I can't express myself in a group without breaking up like a little kid, so I don't. Many times during this trip, I was brought to tears by what I saw and choked it back. That last church service was very touching for me, because even though I couldn't understand what was being said, I knew what the point was and felt that it touched me as it did them. If only there were as much spirit put into our own efforts. But nonetheless, I will never forget these people and I do want to go again sometime. The bottom line is that I did get more from this trip than I put into it.

Dave Catlin, Greenville, SC

The eyes of the children were beautiful and hopeful despite the terrible living conditions. Each one smiled as they saw any one of the Americans.....

Sandra Kaiser, Blythewood, SC

This trip was surely a blessing from God. I met new people, made new friends, and have memories of a beautiful place and equally beautiful people who were humble, loving, and appreciative of our work, concern and our sharing of Christ with them.

David Pregnall, Orangeburg, SC

Letter from Rhett Thompson, National VIM Coordinator, Republic of Panama

August 2006

Dear Friends,

This year the Evangelical Methodist Church of Panama is

celebrating our centennial with the theme, "100 Years of Evangelizing with a Warmed Heart." We have had numerous activities to commemorate this milestone and to look back and give thanks to God for the many whose contributions over the years have brought us thus far. We have researched and written some of this history. A documentary about the Methodist contribution to education in Panama has surprised even our own church members as we have seen the many and varied ways that contribution has been made.

Our foremost educational institution, the Pan-American Institute (IPA), is also celebrating its centennial. IPA recently hosted the IV Pedagogical Congress of the Association of Latin American Methodist Educational Institutions in which delegations from all over Latin America participated. With the theme "Methodist Education: A Transforming Perspective," workshops and forums enabled participants to share the latest developments in education based on values inherent in the Kingdom of God.

Former missionaries Millie Reitz and Charlie Butler were honored last month in a special ceremony that brought back many memories and tears to the eyes of all in attendance. Millie, who arrived in Panama a few years before the cinquentennial in 1956 is working on her memoirs. We all look forward to this account of a life of service intertwined with the history of the church.

We have had an active year in the Volunteers in Mission program of which I am the national coordinator. From January to August, we have hosted a total of ten teams that have provided medical service to the needy and helped in the construction of churches, Sunday School annexes, schoolrooms and a multiuse building. Some teams also helped run Vacation Bible Schools. The teams have come from Alabama, North and South Carolina, Florida, Iowa, Illinois, Nebraska and South Dakota. Our first team of the year, led by North Alabama Bishop Will Willimon, helped usher in the New Year with a party for the children of our Ngobe Indian Mission. An excellent promotional video that documents that trip and contains information on projects in Panama can be obtained through Paulette West (pwest@northalabamaumc.org). More information about VIM in Panama can be found on our webpage: www.iempanama.com Click on "Volunteers in Mission" for information regarding how to organize a trip to Panama or on "Galeria de fotografias" to see pictures of some of the recent missions as well as other church activities. Several of the teams also have their own webpages such as the North Carolina team.

(<http://panama.missionteam.info>)

One of the most unique projects this year was the construction of a rural aqueduct to provide clean drinking water to several Ngobe Indian communities near our multiuse building in Cienaguita. The medical team from Dothan, Alabama raised funds through the Dothan

Rotary Club to purchase the materials for this project. The aqueduct was built with the help of a Lutheran pastor, Ernesto Weigandt, who has great experience in similar projects, and a Ngobe leader, Santiago Lima, who organized the teams of volunteers among the Ngobe communities. A TV reporter from Dothan who accompanied the group on their mission wrote an account of each of the five days of the mission as well as five video segments which aired on Dothan's channel 4. (See www.wtvynews4.com and scroll down to the lower right-hand side of the page and click where it says "Panama: Mission of Hope.")

We already have 12 teams scheduled for the first half of 2007. One of the new projects we will begin is a new camp. The Church has purchased a 40-acre property which is located about two hours from Panama City. With the help of the International Christian Camps Association, we are developing the site which will be used for our Summer Camping Program for children and youth as well as for Spiritual Formation Retreats for the 3000 students of our Methodist school in Panama City (IPA).

The Master Plan of this Camp "based on a philosophy" will be presented to the General Assembly of the Church for final approval in January of 2007. The design of the camp will facilitate small group interaction and foster the development of close personal relationships. To that end we are now training volunteers who will work as camp counselors, each one responsible for the campers in his or her respective cabin.

Facilities to be built include a multipurpose building for large gatherings (worship, conferences), a dining hall, workshop spaces (indoor and outdoor), a small office, a recreational complex with areas for soccer, basketball, swimming and other outdoor activities, and about 15 cabins, each of which will house eight people. We will also be reforesting a significant portion of the property to provide areas for hiking and "wilderness" camping. Teams helping on this project will be housed at a small beach camp located about a half hour from the site.

Over the years VIM has played a vital role in the development of the church and its ministries in Panama. The teams are often only partially aware of their part in the overall picture. Great effort is put into the construction of facilities which only later become important centers of mission outreach.

In the Belen Mission, several teams have participated in the construction of the Sunday School annex which for the first time this year is also housing a new weekday community preschool. This new ministry is supported with a small grant from a program of the North Alabama Conference called "Servants like Jesus." Two volunteer teachers were trained through a Christian literacy organization, PAN-ALFALIT. All of this cooperative effort has

Page 4 enabled a small group of four-year-olds to learn

about the love of God as well as the basic concepts of colors, numbers and shapes.

When the teachers learned that one of the boys was going to have a birthday, they organized a celebration complete with a small cake. On the day of the celebration, the teachers announced to the children that it was a special day because one of them had a birthday that day. Little Cristian timidly raised his hand and said, "Today is *my* birthday." The teacher placed the cake on the table and said, "Then this cake must be for you because you are very special to God!" With eyes blinking wide in disbelief, Cristian exclaimed, "That's for me? For ME?" It was a truly special day for a special little boy. Cristian's mother told us the next day that when his father got home that afternoon, Cristian asked him if he had brought a birthday cake. After his father explained that payday was still several days away, Cristian reassured his father, "Don't worry, Dad, GOD sent me a birthday cake!" Sometimes something as simple as a birthday cake can be transformed into a sign of the grace of God. Thanks to all the servants of Jesus who made that moment possible!

Rhett

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THE CUTEST CHILD

Tom Brian, DDS

When I first saw Senia's deformed face, my first reaction was shock. She had a red socket where one eye was missing, a cleft lip and palate so severe that she had no upper lip and only part of a nose, a club foot and webbed fingers. The eight-month child old needed drastic cranial facial, plastic, and orthopedic surgery.

We have brought twenty-plus children to the US for medical treatment, but Senia had the most need for medical help of any I had seen. However, getting her US Visa was the most difficult and took the most time of any of the others. One of the many difficulties was that her mother has AIDS. (Senia has tested negative.) After 13 months of an emotional rollercoaster ride, she finally arrived in the US in May. She had her first of many surgeries on Monday, July 24, 2006.

She is staying with the Alan and Anna England family in Plano, and we are in the process of getting treatment for her. After spending more time with her I now describe her as one of the cutest children I have seen. The picture on the next page shows her dimples when she smiles. She claps her hand and plays 'Patty Cake.'

Also here for medical treatment is Artenicia, a fifteen year old who is missing the tibia in both legs. After amputating both legs at the knees, she is learning to walk upright



Senia Before Surgery

and strengthening her leg muscles for prosthetic legs.

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BOOK REVIEW

THEY POURED FIRE ON US FROM THE SKY

The true story of three Lost Boys from Sudan

We are all too familiar with the recent tragedy of Darfur. However, many of us are not aware that this is only the latest version of a relentless civil war that has been raging in Sudan for decades.

Between 1987 and 1989, tens of thousands of boys from Southern Sudan, some as young as four or five, fled from their homes and villages to avoid being massacred. They wandered thousands of miles over a period of many years throughout Sudan and neighboring countries, often without food, sometimes without clothes, and without a sanctuary or place of refuge. Many were killed, or captured and conscripted as child soldiers. The survivors eventually ended up in refugee camps.

A decade or more later, in 2001 and 2002, nearly 4000 of these “Lost Boys”, now young adults, were able to come to the United States as part of a resettlement program. Judy Bernstein came to know three of these survivors and induced them to tell their stories.

In their own words, carefully woven into a seamless narrative by Ms. Bernstein, a harrowing tale emerges, yet told openly and without guile. There are scenes of terror and callous disregard for human life, combined with stories of selfless courage and kindness. Above all, this is a tale of an incredible will to survive on the part of the children, miraculously without losing their ability to care for

one another and to trust those that reached out to them.

This book is a testament to the millions of children in Africa who fall victim to its genocides and atrocities. It reminds us that our conflicts exact the greatest toll on children and families, and also that children sometimes show incredible resiliency in the face of impossible odds. This book was a winner of the 2006 Christopher Award, which “salutes media that affirm the highest values of the human spirit.” Judy Bernstein and the “Lost Boys” are certainly most deserving of that award. Highly recommended reading.

Roger Boe, Consultant, UMF/HCV

SOLAR COOKING, BAKING AND WATER PASTERUIZATION

Rick Jost

(This may seem to be a strange subject for a medically-related publication until you come to “pasteurization” and realize the implications in health-related problems. Ed.)

It is normally a matter of minutes while visiting with folks about solar cooking, baking and water pasteurization that the affirmation comes back as a resounding, “Yes!” These processes can be achieved very effectively and economically with a simple, passive solar box oven that collects and reflects solar radiation, then converts it to infrared radiation or heat and, finally, traps that heat to build up the significant temperatures necessary to handle these daily tasks. It’s elegant, intuitive, and the energy is FREE!

One group that has developed a successful, education-based solar cooking program is Solar Oven Partners (SOP) through their Haiti Solar Oven Project (HSOP). This is a hunger ministry aimed at bringing the appropriate technology of solar cooking to the poorest country in the Western Hemisphere, where hunger is aggravated by the large portion of family income spent to buy the fuel necessary to cook their food. If that fuel expense can be mitigated, as it can through the application of solar energy, much is accomplished in the battle against hunger!

Beyond its identity as a hunger ministry, HSOP further impacts the grave health issues resulting from the consumption of biologically contaminated drinking water. Especially vulnerable are infants and children under five years of age, whose collective mortality rate is 13%, largely due to water-borne diseases. Solar ovens easily pasteurize drinking water without the high cost of combustible fuels. Because the average Haitian family is so poor, the high fuel costs associated with boiling drinking water are beyond both reach and reason.

Deforestation is another crisis addressed through the use of solar ovens. The catastrophic results of cutting trees, aggravated by the predominantly rough and mountainous terrain, are uncontrollable erosion and mudslides, loss of watersheds and water pollution—

mention the air pollution crisis from producing and cooking with charcoal made from trees, brush and even stumps rooted out of the ground!

In each of these areas of hunger, health and environment, a solar oven provides the opportunity to take personal responsibility and action to help change things. That is a formula for empowerment!

Through more than six years of ministry, 16 UVMIM trips have accomplished amazing things with 164 short-term volunteer missionaries traveling to Haiti and serving at their own expense. By the beginning of 2006, a total of 1500 solar ovens have been provided to trained solar cooks and HSOP is poised to reach out at a faster pace. To lend some perspective, a Solar Cookers International survey found that the average rate of distribution for solar cooking organizations is 1000 solar ovens distributed over the first 15 years. With your support, we trust that many thousands of persons will be trained and receive ovens by SOP's 15th anniversary!

The reality of the Haiti Solar Oven Project is that its success stems from the Haitian-directed training seminars. It is memorable (and amusing!) to ponder the manner in which our training program wobbled to its feet with American volunteers presenting lesson plans through Haitian interpreters. While this was a satisfactory beginning, it eventually dawned on the presenters that it was taking longer and longer to interpret the shortest phrases and most basic concepts. Then came the "Aha!" moment when there was no longer any doubt who was doing the teaching and who was the table decoration! The best among several Haitian interpreters we worked with was Montas Joseph, who was hired and joined by his wife Raymonde to direct our training program in Haiti.

We are deeply committed to this project, ever mindful that it continue as a mission outreach of Christ's Church and remain rooted in education. HSOP is NOT about delivering a product or appliance. Our purpose is a tangible demonstration of faith in action and reaching out in Christian Love. When caring and education have succeeded in nurturing acceptance of this technology, we trust the market economy will provide the necessary solar ovens to the masses.

Rick Jost <rjost@brookings.net>

Note: HSOP is directed by Dakotas Conference missionary, Rick Jost, and an appointed Advisory Board, as an outreach of the Dakotas Conference Board of Global Ministries. It began in June of 2000 as part of a General Board of Global Ministries special program designed to help the Methodist Conferences place new missionaries in vital ministries that the conferences identified. The program entailed assumption of full responsibility by the conferences for program and missionary support,

following an initial three-year period of GBGM missionary salary support. The Dakotas Conference has risen to that challenge for more than three years and the ministry is further enabled through the United Methodist Connection with the establishment in 2006 of General ADVANCE #418812 – Haiti Solar Ovens.

SOME OF THE MANY BENEFITS OF USING SOLAR HEAT

Ramon Coyle, Information Exchange Specialist
Solar Cookers International

More than two billion people cook their staple foods using biomass fuels—wood, charcoal, crop residues, dried dung. One billion of them suffer fuel shortages as deforestation spreads.

The search for firewood falls to women and children. Four-year-old girls collect and carry small bundles of firewood. As the girl grows, so does her firewood burden.

"My children go as far as five kilometers looking for firewood in forests, where they are exposed to dangers," a woman in Mbarara, Uganda reported. In a village in Ghana, women travel 24 kilometers to find fuel. The Tanzania Environmental Society says, "In rural areas, three to five days per week are spent on gathering fuel wood, shifting time away from agriculture and reducing yields."

Almost every girl in these rural areas grows up with the unending collection of firewood for her future.

Fuel shortages hurt the urban poor, too. Many families pay more for the cooking fuel than for the food being cooked—sometimes more than 25 percent of their income

Half of those who cook with wood live in sunny climates.

In the past twenty years, a million solar cookers have been distributed around the world. These cookers allow people to collect and convert energy from sunlight directly to heat for cooking—cheaply.

Solar cooking families usually reduce their use of wood by one third to one half. Rural women and girls save time searching for wood. Urban families pay less to buy wood.

A project in Haiti sponsored by the Free Methodist Church has taught 5,000 families to make and use solar cookers. Project leaders report that the cookers make it "possible to economize between about \$2.60 to \$7.00 in US dollars per person per month in the savings of charcoal and wood."

In richer countries, \$7 per month may seem small. However, 2 billion people have incomes below \$2 per day, so saving 20 cents per day matters. A project in Zimbabwe found women used their solar savings to buy their children shoes and send them to school.

The firewood burden does not end with collection. The Intermediate Technology Development Group reports

that women typically spend “three to seven hours per day by the fire, exposed to smoke, often with young children nearby...Indoor air pollution from the burning of solid fuels kills over 1.6 million people, predominantly women and children, each year.”

Solar cookers do not burn fuel. There is no smoke.

The cookers can be used to heat water enough to kill the germs in it, making it safe to drink. Each year, several million people—mostly children under age five—die from diseases caused by germs in drinking water.

Mrs. Margaret Owino of Kenya, who led solar cooking training for thousands of refugee women, told a 1999 United Nations conference, “Women solar cooks have testified to better health due to the fact that solar cooking is hygienic and clean. Incidences of eye, lung and air passage diseases are lessened. They are happy since their families are healthier and happier with the clean food, safe drinking water and milk, and even warm water for bathing. Solar cooking is unattended (the cook can do other things while the food gently heats in the cooker), so it affords the women extra time, which they use for self-improvement and the acquisition of new useful skills. Many users are now literate, while others have jobs outside the home to add to the family income...”

Pregnant women, the elderly, the blind, the disabled, AIDS patients and their caregivers express special appreciation for the relief from firewood collection and tending fires.

The Solar Connect Association in Uganda has distributed 10,000 solar cookers. They report, “Income levels and sanitation have noticeably risen in homesteads using solar cookers since 1994. Married women can work their fields while the sun does cooking. This raises their productivity. Using the cooker women are also engaging in baking cakes and bread and canning fruits that get ready market. Girls are liberated from having to walk long distances looking for firewood each day. Instead, they are now free to attend school, and the number of girls enrolling in village primary schools of targeted areas is rising.”

Solar cookers can generate income in other ways. A women’s group in Argentina uses the cookers’ heat to process soy milk. A group of beekeepers in Uganda has used cookers to extract honey. Solar cookers are used in dyeing fabrics. Solar cafes and tea shops have opened in India, Nepal and Chile.

A promoter in the foothills of the Himalaya says, “The women greatly appreciated being able to give undivided attention to their home industries or crafts. Their solar cookers allow them to have hot food ready whenever family members of different generations stray in to eat, without having to drop their own activities to fan up the fire.”

Except in countries such as China and India where production has received government support and subsidies, few people have earned much money yet producing

and selling solar cookers. Projects have begun in Zimbabwe and Kenya in which women are supported in starting small businesses to sell cookers and teach solar cooking skills.

Cookers vary greatly in price, in materials and design, and in suitability for different cultural needs. At Mt. Abu in India, an array of giant parabolic dishes produce steam to cook 30,000 meals per day. Small, one-pot cookers are produced in Uganda with less than \$1 worth of cardboard and aluminum foil. Hundreds of thousands of solar box cookers are in use around the world. Box cookers trap heat from sunlight inside an insulated box, cost \$20 to \$250, and usually can cook two to four pots of food at once.

People can be shown the basics of solar cooking in a day. However, for an entire community to adopt a new set of cooking habits, promoters will need time, patience, and a system that can be maintained and paid for. Users must have access to cookers, supplies, repairs, and—while solar cooking is still new—training and troubleshooting.

Solar cooking is not a panacea. It does not work at night or when the weather is cloudy. It does contribute many important benefits—including benefits that support each of the Millennium Development Goals adopted by the United Nations. Better health and nutrition, more time, more safety, less drudgery, and new opportunities—solar cooking offers hope to mothers and the mothers of tomorrow. Offering ease, cleanliness and high status, solar cookers have even attracted men to cook in several African communities.

The number of organizations promoting solar cooking grows each year. One group, Solar Cookers International, sponsors solar cooking field projects, organizes international conferences of solar cooking promoters, and works to convince governments and major institutions to spread solar cooking. SCI publishes an international newsletter, produces and distributes training manuals and other materials, provides advice and makes referrals—enabling more groups to bring solar cooking to more communities.

SCI sponsors a virtual library on solar cooking at www.solarcooking.org

SCI can be contacted at 1919 21st Street, Suite 101, Sacramento, California, 95814, USA. Tel: 916-455-4499. Email: info@solarcookers.org. Web: www.solarcookers.org

(CONFERENCE)

THE KILLER IN THE KITCHEN: INDOOR AIR POLLUTION AND APPROPRIATE TECHNOLOGY SOLUTIONS

(Servants In Faith and Technology (SIFAT), the sponsor of this conference, is a benevolent organization that seeks to disseminate faith and modern technological information and techniques to the underdeveloped world. Ed.)

*Learn why you should be concerned about **Page 7**

smoke in the kitchen

*Understand health, environmental, and poverty concerns about traditional cooking methods

*See demonstrations of improved appropriate technology cookstoves

*Network with agencies and people involved in development

*Optional extended stove making sessions

Over half of humanity cooks using some form of biomass (wood, crop residue, dung) or coal as fuel. According to the World Health Organization (WHO), smoke from these cook-fires in the kitchen is the fourth leading cause of death and disease in the developing world, especially affecting women and young children. SIFAT is partnering with appropriate technology organizations specializing in cookstoves and alternative energy, and with internationally renowned practitioners in health and indoor pollution for this conference. The two-fold purpose of the conference is to spotlight the current problem globally, and then to look at proven appropriate technology solutions.

Conference at SIFAT: November 16-18, 2006

Sponsored by SIFAT, the Sparkman Center for Global Health and the UAB

Framework Program, University of Alabama at Birmingham

For more information see the web site:

<<http://www.forestry.auburn.edu/qhf/sifat.htm>>

Or Kathy Bryson <brysonk@sifat.org>

A LESSON TO PASS ON TO THE WORLD

Bruce Bedingfield DO

I have been regularly reading THE KNOCK for a number of years now. I'm very impressed with the various medical mission trips organized through our fellowship and Volunteers in Mission itself. I've gone on a couple of these trips myself and look forward to more when my children's tuition payments are all done.

I read with interest recently an article from the July 16, 2005 Lancet. (OK, so I'm a bit behind in my reading!) The name of the article was, "Effect of Hand Washing on Child Health: A Randomized Collateral Trial." It's a wonderful study that was carried out in Pakistan, designed to evaluate the effect of hand washing promotion on the incidence of diarrhea, pneumonia, and impetigo. Fieldworkers in the town of Karachi instructed family members on specific methods of hand washing, especially before preparing food, before eating, before feeding infants, after defecating, and after cleaning a child who had defecated. The investigators made soap readily available to the

Page 8 participating families.

The study showed that children younger than five

years in households that received soap and hand-washing promotion had a 50% lower incidence of pneumonia than controls. Children younger than 15 years in households with soap and hand-washing promotion had a 53% lower incidence of diarrhea and 34% less impetigo. It was of interest that the incidence of disease did not differ significantly between households given plain soap compared with those given antibacterial soap.

I enjoyed my experiences on short-term medical missions immensely, and look forward to others to come. But I often had a nagging doubt as to just how much good I was really doing. Sometimes, perhaps, it's the things we teach by both example and by formal instruction that can have the most lasting impact.

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(I remember, as a boy, that the people living on my father's farm made soap very easily from lard produced at the time of butchering pigs. Perhaps this could be investigated and the people taught to make their own soap. Ed)

RETURN TO COTANI ALTO

Lessons Learned from a Mustard Seed

Roger Boe

Fifteen years ago my wife Donna and I were privileged to serve as short-term missionaries for the Methodist Church of Bolivia. I worked at the Hospital Metodista in La Paz, teaching interns and helping to develop a low cost clinic for the poor. We also had occasion to visit potential health care sites around the country.

One of these visits was to the small, remote village of Cotani Alto, nestled in the mountains some distance from the city of Cochabamba. We met with the Lay Pastor, who took us out to a forlorn looking field, complete with an emaciated cow grazing on dried stubble. With a wave of his arm he pointed and said, "This will be our medical clinic, and that will be our church." Though he didn't say anything, he must have caught my skepticism, for he bent down, picked up something from the ground, and handed it to me.

I looked down at some small seeds. Then he spoke. "These are mustard seeds," he said. "This is our faith." I could say nothing in return, but was profoundly moved. I have since kept and treasured those mustard seeds, even giving out several to persons that were going through difficult times or struggling with their faith. Most of all, they serve as a reminder to me, to keep **my** faith in times of trial. They also remind me again and again of the incredible faith shown by the people we serve in mission, faith in spite of hardships and seemingly impossible barriers.

Several years later, I found out that the clinic and church had been built with the assistance of Volunteer in

Mission teams. The vision of the people of Cotani had become a reality. Their faith had been fulfilled. My mustard seed began to grow.

This August we were invited by the Methodist Church of Bolivia to help them celebrate their centennial, one hundred years of service to the people of Bolivia. Many missionaries past and present, church officials and members participated in a weeklong celebration. The culmination was a march/parade through the streets of La Paz, and a mass meeting in the Coliseum attended by over 7,000 people. The Church was presented with the Order of the Condor Medal, the country's highest civilian award, by President Evo Morales. Of note is that this award was as much for the Church's record in human rights as for services in education and health care. The following week we visited some health care facilities.

Of course tops on my list of places to see was Cotani Alto. The village of small farms and dry fields was as I had remembered, with the notable addition of a three-room medical clinic, a meeting center and library, and on a hill just above, a rustic church. The nurse in charge, Elisa, welcomed us to the clinic. She has dedicated her life to serving the health care needs of the surrounding area. She has incorporated the principles of Community Based Primary Health Care into her practice, and has trained a group of health promoters who monitor the health status of the community, and teach basic public health principles.

I realized that I was witnessing the fulfillment of the vision and dream of the Pastor and the people of Cotani. I was also seeing the fulfillment of the vision and dream of UMVIM and our health care mission. We had helped build the buildings, and provided health care teams to assist and support the nurse and her efforts, and now the nurse and her health "promotores" were carrying on a self-sustaining comprehensive health care service for their community. I felt a glow of pride for the people of Cotani and the faith of their pastor. I also felt proud of the work of UMVIM. Isn't this the essence of what we hope to accomplish in our health care mission? My mustard seed continues to grow.

Roger Boe, Consultant, UMF/HCV

HONDURAN VET TEAM

Kerry Lawrence

I have been asked and had planned to write something about my experiences and give my impressions of the veterinary team with which I worked in Honduras, July 15-22. First of all, let me acknowledge that I use the term vet team loosely, very loosely. Our team consisted of, in order of qualifications, a first-year veterinary student from Auburn; a middle-aged (to put it kindly) out-of-shape but dedicated, animal-loving woman with a decent quality of self-taught horsemanship and animal husbandry; an excellent interpreter available most of the time, and a local

teenaged animal hustler (for want of a better term). Occasional assistants included a quite competent, willing to help out wherever, team member, a local gentleman with good knowledge of the local community, good animal handling skills, and a willingness to use a different way of doing things, and last but not least, a local volunteer girl who was also an excellent interpreter.

When I sit back and think about it, it sounds a lot like a bad made-for-television movie. It just should not have worked. BUT, IT DID! It worked wonderfully. Oh, there were some down times. We sat around a bit with little or no work. BUT, again, these times were few and far between. The word had not been gotten out that we were coming. No one knew animal care was available. So sometimes our animal hustler, Francisco, would need to go door to door to spread the word. Soon the animals, most accompanied by children, would begin showing up. I am amazed at what God accomplished through this little ragtag team of willing people. Honduras has the highest rate of rabies in the western hemisphere. We vaccinated hundreds of dogs and cats for rabies. We de-wormed so many farm animals I'm not sure I can recall all the species. We did horses, mules, donkeys, burros, cattle, sheep, goats, and my personal favorite-----PIGS. I got to deworm most of the piglets and I left Doc Shawn (vet student) the pleasure of wrestling the real porkers.

The standout day to me was the one day we had the opportunity to take the 4x4 pickup approximately ten miles to a village none of us had been to before. The mountain scenery was breathtaking, the people were friendly and hospitable. The weather was perfect and the atmosphere congenial. We set up in an open area situated in a small private neighborhood. Soon we were surrounded by so many animals that it took all of us working just to establish some type of order out of chaos. We not only offered free inoculations and deworming of many animals, we offered a day's entertainment for the many villagers who showed up. A group of about ten boys found it fascinating just to sit on their horses and watch the gringos eat cheese sandwiches and drink Pepsi. In a few short hours, with some much-needed veterinary supplies for their animals, our caring attitudes, great working conditions (comparatively), our butchered Spanish and grunt and point tactics in addition to Shane as translator, we formed a bond with that village. It was a blessing to them and to us. Combine that with a tasty meal, a gorgeous panoramic view and good company and I can't imagine a better day. My wish for every missionary is a day like I experienced July 20, 2006.

Two years ago I had the opportunity to go to Honduras for my first international mission trip. I was tasked to work with the eyeglasses team and it was a rewarding if not exciting job. Every chance I got I was spending time with the animals in the area. I had recognized the need for veterinary care while I was there so when I found out **Page 9** Shawn was coming I reminded C.D. Tripp (our team

leader) over and over again, just to make sure he did not forget, that I wanted to work with Shawn. This year, the week I got to spend working with Shawn in Honduras was one of the most blessed times of my life. I love animals, I love working with them.

Shawn Terrell is 23 years old and he did a wonderful job of "vetting" in the almost week I spent with him. I can't say enough about his hard work preparing for his two weeks in country. He basically single-handedly got together all the supplies we had available. In addition, he spent time studying at every opportunity so he would be as prepared as possible for every contingency. Thankfully, we had few unusual cases presented in the time I was with him. In short he is definitely the most medically qualified "not yet vet" I know. In addition, he did a great job of interfacing with the "clients." Shawn has a genuine love for Honduras and its people and a great desire to serve the Lord there. Shawn is already planning on staying longer next year and I'm sure he will do a great job. Shawn should not have to do this alone. He shouldn't have had to do as much alone as he did this year. He and I and the animals all need help. If you are coming to Honduras next year, I hope that you will consider including this veterinary program as part of your mission effort. Recruit your local vet!

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WHY I GO TO HONDURAS

by Linda

On a bright sunny, morning, with billowy, cumulus clouds forming over the mountains, we again board the Cruzadas bus for Yorito. This will be our final day seeing patients in the church-gone-medical clinic. Marlene, one of our interpreters, has led the group with her, "And the word for the day, is from Sister (or Brother) xxxxx," This morning she said, "And now we have a word from Sister Linda." Ok, yep, that's me, I thought. I stand on the bouncing bus and state my word for the day, which is my reason for coming to Honduras. My word for the day is "Love."

As John 3:16 says, "For God so loved the world, that He gave His only begotten Son that whosoever believeth in Him shall not perish but have everlasting life." You see, without love we have nothing. Without love we are nothing. God first loved us. WOW! You and me. God loves us. He also commands us to love one another, to love your neighbor as yourself. Sometimes that is quite difficult. But I have found, that in Yorito, it is quite easy for me. I hope this article will help answer the question asked of me, "Why do you go on mission trips?"

Yorito Honduras

Page 10 Mission Highlights:

- Clinic: treated 913 patients in four days plus another

20 at the door.

- Eyeglasses: distributed 213 reading glasses and 30 prescription frames
- VBS: ran four days with approximately 200 kids each day. Over 300 on the soup kitchen day.
- Soup Kitchen: fed almost 400 and funding provided to keep the kitchen open three days a week through the end of the year. A private donation was made to help with appliances for the Soup Kitchen's future expansion.
- Construction: this year was mostly small repairs and funding windows to secure the building from weather effects. Planning was started for floor repairs before the Soup Kitchen relocation and Team overnight accommodations.
- Veterinary Mission: was something new this year. Self funded by some of the team members and well received in the local community. This mission has an exciting future and needs the support of future teams. Patient totals were almost 600 and ranged from cattle, horses, swine, down to dogs and cats.

Mission Future:

- Organize for next year's teams and prepare the upstairs of the church to house teams for overnight stays in the future. This will save hotel and bus fees and allow for expansion of services with no added cost.
- Three churches' team members, Wesley Memorial, Good Shepard, and Livingston Chapel, have agreed to support the expansion of the Soup Kitchen to six days a week. This will start the week of September 11th.
- Possible small construction team is being discussed for next spring to complete some projects before full teams arrive.
- AHEMN planning meeting September 30th to coordinate all teams for next year.
- Eyeglass training meeting also on September 30th in Birmingham.
- Veterinary services on mission needs to be addressed by all teams in the future and added whenever possible.

How can I help?

- Come along next year. Listen to the song of your heart.
- Serve those who serve; donation of pet care, house setting, fund-raising, recruiting, and supply donation are only a few examples of ways to contribute without actually going on the mission.

Pray for the blessings of God for our mission and His wisdom for our decision making.

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website: www.honduranmissions.com

Mission to Bongo Clinic

July 8 – July 22, 2006 University United Methodist Church, Chapel Hill, NC

Report by Raine Lee, Clinic Manager and Wes Wallace, M.D., Medical Director

In July 2006 the University United Methodist Church in Chapel Hill, NC, sent a mission team to Panama for the eleventh year. This was our sixth year in the province of Chiriqui and the sixth year providing health care in Bongo where we established a clinic in an operational Ministry of Health facility.

Bongo is a small rural farming community in the uplands on the Pacific side of Panama. Most people live by subsistence farming and occasional jobs in the more populated communities of Concepcion or David along the Inter-American Highway. It is a poor community, and many of the people in Bongo and surrounding areas have difficulty paying even the relatively small costs required for medical attention within the Panamanian healthcare system.

Altogether, in eight clinic days, we saw 320 patients - approximately 40 people a day, with a staff of two U.S. doctors. Many of them were in family groups which usually visited the doctor together. Twenty-two of these patients came on our bus from Jacú, another rural community some 35 miles from the clinic.

On most days, more people showed up than we could see. Those who could not see the doctor that day received a pass for another day. In our final few days, we began "well child" checkups to reduce the patient load on the physicians. All children who came to the clinic (with an adult relative) received a checkup by the nurse, vitamins and medication for worms. When the nurse found children who had medical problems or were too small for their age she referred them to see a doctor. Although we were concerned that some people would be upset because they could not see an American physician, this level of care seemed to satisfy most parents. It confirmed our belief that many people come to our clinic to maintain the health of their children, not for treatment of specific complaints.

Looking at data from previous years it appears that we consistently see approximately 20 patients a day per doctor. Some years we have only had two doctors and other years we have had three. Nevertheless, we seem to maintain that same rough average. When one of our doctors is a woman, more women patients show up, often for pap smears, prenatal care, or gynecological problems.

The age of our patients ranged from newborns to 90-year-olds. We had a smattering of mild emergencies, but most of the patients came with chronic problems or for checkups. Virtually every patient we saw left with medicine. Everyone who wanted it and met the medical criteria received medication for worms. All children left with vitamins and many received iron supplements. For adults medication for arthritis and anti-hypertensives led the list.

This year we took a big step forward by better organizing the medical charts from past missionary trips (ours and the Florida mission team's). When the doctors saw the patients, more often than not, the patient's medical records from past visits were attached. We provided handouts (in Spanish) to address some of the recurring complaints - diabetes, babies with fever, high blood pressure, etc.

The U.S. team consisted of two physicians (Wes Wallace, Emergency Medicine Specialist and Alan Hinderlighter, a Cardiologist). Anne Sassaman served as pharmacist, Raine Lee was clinic manager and Hannah Lee worked multiple tasks to make operations smoother.

As we arrived at the clinic for our first day we received a blow to the team and a shock to two in our group. Dr. Janet Young received a call that her brother was unexpectedly gravely ill. She and her husband, Tracy, packed up and rushed home that first day. Janet and Tracy had come to Bongo in 2005, so it was also a loss of experienced team members.

The Panamanian team included three translators: Norma Mitchell (in her fifth year on our team), Jasmina Gonzalez, and Karol Moreira. Marcos Morales, the pastor in David (and former pastor in Bongo) and his wife Rosa were on the team as they have been from our first visit to Bongo. As always, they were indispensable. Sandra Araúz, a pharmacy technician, worked with Anne. Maria Elena Chavaria Gutierrez, a registered nurse, saw every patient and somehow performed the lab work as well. We had daily support from Jan Sassaman, our team leader and Gilberto (Beto) Guillen, our driver, who together ran countless purchase trips for medicines and supplies.

Mirna Montenegro, who is the Ministry of Health nurse assigned to the Bongo Clinic, was able to continue at least part of her work -- giving vaccinations -- in spite of us crowding into most of the clinic space. As always, she was extraordinarily accommodating.

On any given day I would have said that we could not do without every single team member, but as I look back I am stunned by how many we were. Because we had extra hands we were able to organize medical records and we frequently had the time to talk with patients and play with the children who were on the porch (aka, waiting room, registration office, and pharmacy counseling office). That opportunity to play and talk with members of the community adds an important dimension to the trip.

For the past several years our team has worked with the Florida team headed by Dr. Rufus Jennings and Pat Jennings. Through this collaboration we have attempted to create a continuity of care for many of the people in Bongo, and to fill in some of the gaps in the struggling Panamanian health care system. We have two projects designed to carryover in our absence. The first is to provide ongoing, free contraceptives to the women in Bongo (implemented two years ago). This year we learned that **Page 11**

oral iron supplements are in short supply in Panama and the government will only provide them to children and pregnant women. Persistent anemia is a significant problem among menstruating women. For our second carry-over project we will begin providing iron for all who need it on an ongoing basis.

Because so many of the children who came from Jacú were there for “well child” checkups, we are looking at the possibility of taking worm medicine and vitamins to that community when we go to church on Sundays. Certainly we can reach more of the children in Jacú with that plan.

Each year we learn more about the needs of the community and how to better meet those needs. As the Panama health system continues to struggle, the local community increasingly relies on us for health maintenance. We pray that we will be able to continue to serve this community which, over the years, has come to be our home in Panama

A Journey of Faith

Nancy Ditkof, PA

I believed I was strong in my faith. Surprisingly, we as humans have no clue how little strength we have, until God calls us. One has no hope of saying no, let alone finding excuses not to accept the task given.

The journey began on December 26, 2004 after the tsunami in Indonesia. I so wanted to become part of the great cleanup effort. The desire was strong. The will great. The ability to connect with a group, frustrating. God was telling me to be patient.

Severe storms and tornadoes came and went through our area. We all pitched in to help one another. I just was not being fulfilled and grew more impatient each day.

Then, there was this tropical storm developing. When the storm grew, seeming to destroy everything in its path, the desire, the call, the impatience grew ever so strong. I knew God was beginning to place me. *Katrina* struck the Gulf Coast August 29, 2005. As I watched the reports come in, it was very clear, I was to go. Once again, I was in contact with several different organizations, getting nowhere. The wait was horrible. I was so impatient.

By the end of the second week, a simple mention of what I was looking for brought everything together. Within four days, connections were made, my flight was booked and I was packed ready to leave for Cleveland, Ohio. The next 24 hours brought instant relationships, which only God could have placed together. Many prayers were answered.

Our small band of five left early on Friday morning, nearly laughing ourselves silly, probably from exhaustion.

Page 12 Our first stop was at a Starbucks for our first of

many caffeine/chocolate fixes along the way. We had a minimum of 16 hours for driving to Hattiesburg, Mississippi; God only knew the work ahead.

Our days were fairly “routine.” We started gathering our belongings, knowing each was centered with God. Days were long and hard, both emotionally and physically. The heat was overwhelming, yet we didn’t notice. Our evenings were time we spent closely together. We gathered for dinner with thoughtful, grateful prayer ~ we were clean from showering with clean running water; food was in the oven, heating; drinking water had ice. Our every need had been Masterfully met; we had been granted safety, not only in travels, but also our work. As we readied for bed, our thoughts were reflective of the day. Laughter was our best medicine; however, seriousness took over quickly, turning our thoughts and prayers to all we had met during the day.

Each night, sleep came easily, comfortably. Fulfilled and refreshed, the new day began. Each of us was healed and ready for our new day. It was all God’s work. Providing, protecting us. There were no questions among us as to who was in charge!

On so many occasions, protection was granted. It was when we ruptured the propane tank with the gas chainsaw and nothing happened, that we all knew God was there. God was always there.

This mission was in God’s hands completely. We all started with that in mind and that is the way it ended. The five of us became soul mates, tied through God. We all knew we would return...for the work of God. When you go in the name of the Lord, all is good.

God blessed me with arrangements to return within two weeks, to Bay St. Louis, Mississippi, where I had met so many wonderful people. Excitement nearly overtook me! My pack and notebook in hand, I returned “home.”

Within minutes of my return to Bay St. Louis, I knew something was wrong. I was not welcomed with open arms and warm hearts, but tension and dismay. My first journal entry to this day reminds me of the emptiness that filled the air.

I was introduced around; told of the daily schedule; devotions were morning and evening. When I asked about “debriefing,” I was simply laughed at and told “we don’t find a need for this.” I found myself a bit shocked wondering how you can forgo not talking of the day’s events, with the strain so great. I quickly discovered devotions were not used as a time to reflect and energize, but rather a shaming time. If you voiced a concern, you were then banished through God’s word being twisted. At times, it felt as though I had joined a cult. The focus seemed clearly about the glory of self, not about doing God’s work for the people in need.

The days passed slowly, with fear. My heart was heavy. Being alone with no team put a new perspective on what I was trying to do. I had to remember I was here in God’s name, not mine nor the team leader’s. I needed to

find a different area and people to be with...I needed God-centered people. Time had shown that without God, one is tired, weak and heavy in mind, soul and body. There was no refreshing rest or fulfillment.

Mornings became a time that I would "disappear" from the group, finding my way to the beach to enjoy the sunrise and talk with God. It was here I could turn my back on the disaster and watch a beautiful sunrise, pretending everything was wonderful, knowing God would carry my burdens and me through the rest of the day...at sunrise, I would promise God to stay focused. His hands I always felt upon my shoulders. I treasured these mornings. Each morning, more people joined in; praying, talking. Volunteers, contractors, residents alike, we shared our faith, our fears, our GOD.

It was one of these mornings when God presented us with what I often called a trial of faith. We were having our morning prayers at the beach, a morning of very deep, emotional prayers. One of the contractors working on the tracks screamed out for help. A body had been discovered. It was of an adult. Several of us raced to help pull the body from the water, only to discover another. The two had tied themselves together ~ human train style. As we worked to bring the bodies to land, two more were tied in this "train." We all fell apart to say the least. Such a discovery, such sadness overwhelmed us. We assumed they roped themselves together to try to stay together as the waters rose...or the storm surge came on land. Rather than go it alone, they would try together...as a family. It was not to be for them.

This was the day my life changed forever. I had thought the first visit had done that, with all that I had experienced in such a very short time. I needed to realize God had placed me where HE needed me, not where I wanted to be. From this point on, our gatherings took on new importance. Our prayers were more meaningful, our faith so much stronger in our Lord. We were so very grateful for the guidance He had presented to us.

God granted me another location with people of deep faith. It was here my skills and my faith were completely challenged. Seeing this amount of disaster, this close, placed questions to myself I didn't know how to answer, nor could I find answers. The people, having lived through *Katrina*, were now starting to realize the situation and falling apart.

The most difficult was with the recovery of bodies. I was not a novice to this, just not truly prepared for the conditions. Families were always around, asking if members had been discovered. Our answers were always the same ~ no. We were not able to identify anyone directly, since the weather had decayed so much of the body. Many had been damaged further by animals. Coping came with the emotional and spiritual support that followed each day. We were a team, a team led by God.

When God is in control, everyone benefits! God does not pick and choose; He can only deliver. However, through faith, we find hope. Through hope, we find Grace. Through Grace, we find God. It's truly a simple circle, that so many people miss out on. My action is the "practice what you preach" method. If you preach to the world, you'd better show by the way you live. Show your faith in the Lord with your style of living...and by no means am I a saint!

When chatting with different groups, I find myself embarrassed by the "thrill" they feel by what I have done and/or accomplished. Yes, it was a wonderful experience and I do enjoy sharing with others, for many different reasons. The Gulf Coast is an area with people of need, not just people who are in need of help...there is a tremendous difference! We are all people who need help ~ physically, mentally, emotionally, and most of all Spiritually.

There is no greater "promotion" in life than a call from God. I'm not one to believe in a testing of faith, rather a building of faith. I have more confidence in my thoughts about my faith; more comfort in showing and sharing of my faith. The true joy comes with seeing my children, all four of them, following in these footsteps of faith. As a very proud parent, I am encouraged and supported with each of their endeavors when God based...they also have chosen the same for themselves. As a parent, I could only pray they will continue the journey.

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Bits and Pieces

Chagas Disease, a parasitic infection caused by a trypanosome and transmitted by the bite of bloodsucking insects, is a serious problem in Tropical Latin America. Eighteen million persons are estimated to be chronically infected, and 200,000 die each year, usually from cardiac involvement. The disease causes an indolent chronic inflammatory process that leads to loss of myocardial function and eventually cardiac failure and/or arrhythmias. Treatment has been largely supportive, though there has been recent experimental evidence of success with long-term antiparasitics. Obviously the best approach is that of vector control. We need to be aware of this diagnostic possibility when serving in Latin America, particularly among the poor in tropical areas. Maguire, J.H. Chagas Disease—Can We Stop the Deaths? *NEJM* 355 #8 p. 760. Aug 24th 2006.

According to a *NEJM* editorial, **Cholera** is on the upsurge again. WHO reports 46,000 cases and 1893 deaths from a recent outbreak in Angola. Unfortunately many cases worldwide are not reported and are probably not diagnosed or treated. Sometimes countries do not report cases because of concerns of possible effects on trade and travel. **Page 13**

Rough estimates place the worldwide numbers at several million cases per year, and 40-100,000 deaths, in spite of the fact that we now have an effective oral vaccine, effective preventive measures, and effective, inexpensive treatment with ORS and antibiotics. Bangladesh has an exceptionally high incidence of cholera because of unsafe water, uncertain sanitation, and extreme poverty. In spite of hundreds of thousands of cases annually, deaths are exceptional. Treatment is standardized, effective, and inexpensive, often provided by centers that specialize in cholera management. They do not use prophylactic antibiotics because of the expense and the risk of resistance. The most effective long-term strategies would involve the improvement of water supplies and sanitation. The new cholera vaccines will also contribute to control. Meanwhile, early recognition of the disease and prompt rehydration and antibiotic treatment remain critically important. Sack, Da et al Getting Serious about Cholera. NEJM355:649, 2006

BULLETIN BOARD

For the last six years the Tennessee Conference VIM has worked diligently with the poor people in Guatemala to improve their lives. Since then VIM teams from the Tennessee Conference have helped build three churches, two parsonages, two Sunday School rooms, and two schools with a total of 13 classrooms. In addition they constructed an office, a kitchen, two playgrounds, and two medical clinic buildings. While the construction was taking place, the VIM teams also held Bible schools, and provided eye, dental, and other medical clinics. VIM has also provided new student and teacher's desks for the two schools (with a total of 600-700) students and provided student and teacher supplies for a year at both schools.

Presently the VIM teams who have worked in Guatemala are providing monthly financial support for three pastors, the two schools, and a central office person. In addition, four surgery patients have been assisted, a well dug, and a water system constructed for one of the schools.

This has been accomplished by 20 teams and a total of 380 VIM team members supported by churches and individuals throughout the Tennessee Conference and in other conferences as well.

This would be a great place for a small medical team. Living accommodations for team members are about a 20-minute drive from the clinic in an air-conditioned hotel in Mazatenango. Mazatenango is about a 3 1/2 hour drive from Guatemala City. A team could enjoy a rich Maya culture and especially the historic town of Antigua. The cost for our teams for two weeks is about \$1350 per person.

Page 14 We are planning four teams this year. A medical

team could join our fourth team during Feb. 23 - March 9, 2007, for one or two weeks or schedule for another date.

For further information please contact:

Norris Allen, 595 Mt. Lebanon Road, Dickson, TN 37055,
e-mail address: franallen1939@aol.com Phone: 615-789-4015

NEW HEALTH CARE CONSULTANT FOR NORTH CENTRAL JURISDICTION

Jane Dunn, a veteran of over ten UMVIM experiences, has been named Health Care Consultant for North Central Jurisdiction medical teams and individual volunteers! Ms. Dunn, a masters-prepared registered nurse has worked for over 30 years in medical / surgical settings, as a health administrator, a nursing professor and in psychiatric care.

Ms. Dunn and her husband, Richard, have led health teams to Guatemala, Honduras, and Panama. They have also volunteered as individuals in Belize and served on construction teams in Chile and the Louisiana Gulf Coast. Early in her career Jane was employed for two years by Reynolds Metals Company as co-manager of an employee hospital in a bush mining camp in Kwakwani, Guyana.

Jane hopes to use the knowledge from her volunteer experiences to assist health teams and their leaders with preparation, and facilitate growth of UMVIM health teams within the Jurisdiction. The position officially starts in 2007 and is unsalaried except for an allocation to cover office and travel expense. Jane is truly "volunteering" her time to enrich the lives of others!

Jane and Richard live in Glen Ellyn, IL and attend Glen Ellyn First UMC. You may reach Jane at her home phone, 630-790-4387 or by sending an e-mail to <richjane@ameritech.net>.

We thank Jane for offering her services in this way and feel that under her guidance she will enable the number of medical teams going out of this Jurisdiction to increase dramatically in the future!

SAVE THESE DATES: MAY 4-6, 2007 FOR RX CONSULTATION IN MINNEAPOLIS!

Please save the dates of May 4-6, 2007 for the next Rx Consultation in Minneapolis, MN! The conference will include workshops, information on putting medical teams together and places to go that are in need of medical teams. People who are experienced in the process will be there to answer questions and share ideas. A more detailed account including workshops and speakers will be in the winter KNOCK and in the winter North Central Jurisdiction newsletter.

NCJ Future Medical Teams 10/06

To: **HONDURAS** Departs: Returns: Description: La Jagua, Medical + VBS + sewing Contact: Diane Graslie, dgraslie@centurytel.net Conference:

To: **SIERRA LEONE** Departs: Nov 2006 Description: Kissy Eye Clinic Contact: Melanie Reiners, mmwise@tnics.com Conference: DAK

To: **NICARAGUA** Departs: Nov 2006 Description: Contact: Nancy Gillette, 616-866-0934, npgillette@aol.com Conference: W MI

To: **MEXICO** Departs: 11/2/06 Returns: 11/5/06 Description: Nuevo Progreso Contact: Martha Brice, 614-876-4343, marthabrice@hotmail.com Conference: W OH

To: **MEXICO** Departs: 11/16/06 Returns: 11/19/06 Description: Nuevo Progreso Contact: Martha Brice, 614-876-4343, marthabrice@hotmail.com Conference: W OH

To: **LIBERIA** Departs: 1/4/07 Returns: 1/16/07 Description: Operation Classroom, Ganta Hospital Contact: Don and Marilyn Griffith, 765-324-2556, griffithmarilyn@aol.com Conference: S IND

To: **BRAZIL** Departs: 1/12/07 Returns: 1/26/07 Description: Caixa D'Agua Recife, Medical + VBS Contact: Pastor Sandra Linger Santos, 937-372-4942, jasperumc@earthlink.net Conference: W OH

To: **SIERRA LEONE** Departs: 1/16/07 Returns: 1/26/07 Description: Operation Classroom, Kissy and Jaiama Contact: Don and Marilyn Griffith, 765-324-2556, drdongriffith@aol.com Conference: S IND

To: **NICARAGUA** Departs: 1/17/07 Returns: 1/28/07 Description: Jalapa, ISLA Contact: Peter D'Ascoli, dasco002@umn.edu Conference: MN

To: **SIERRA LEONE** Departs: 1/21/07 Returns: 2/3/07 Description: Makeni Contact: Doris Acton, 952-835-7585, nhumc4@isd.net Conference: MN

To: **SENEGAL** Departs: 1/18/07 Returns: 2/1/07 Description: Medical Contact: Dr. Carol Meynen, c-meynen@northwestern.edu Conference: N IL

To: **HONDURAS** Departs: 1/27/07 Returns: 2/3/07 Description: VBS + Medical + Construction HOI Ranch Contact: Frank DeCou, forty-lasalle@juno.com Conference: N IL

To: **NICARAGUA** Departs: Jan. 2007 Description: Medical Contact: Teresa Miller, 517-699-4116 rbkids@acd.net Conference: W MI

To: **HAITI** Departs: Jan. 2007 Description: Dental Contact: Doyle Ellis, 812-882-2716, at64cousin_ellis@yahoo.com Conference: S IND

To: **BAHAMAS** Departs: 1/20/07 Returns: 2/2/07 Description: Eleuthera Island Contact: Beverly Nolte, 515-237-8544, bnmedical@aol.com Conference: IA

To: **HAITI** Departs: 1/22/07 Returns: 1/28/07 Description: Medical + teachUM Contact: Josephina Kaller, 708-448-6740, kaller@netzero.net Conference: N IL

To: **HONDURAS** Departs: Feb 2007 Description: La Ceiba area, Medical Contact: Gloria Borgman 605-642-5321, ronb@mato.com Conference: DAK

To: **NICARAGUA** Departs: 2/26/07 Returns: 2/24/07 Description: Medical Contact: Karen Daudelin, kpdaudelin@verizon.net Conference: IGR

To: **PANAMA** Departs: 3/2/07 Returns: 3/10/07 Description: Medical Contact: Jane Dunn 630-790-4387, rich-jane@ameritech.net Conference: N IL

To: **HAITI** Departs: 3/7/07 Returns: 3/20/07 Description: VBS + Medical + Construction Contact: Virginia Bell/Paula Morgan,

906/492-3203, vbell@lighthouse.net Conference: DET

To: **NICARAGUA** Departs: March 2007 Description: Medical Contact: Nancy Gillette, 616-866-0934, npgillette@aol.com Conference: W MI

To: **BELIZE** Departs: April 2007 Description: Dental Contact: Chuck Ellinwood, Chiela@aol.com Conference: W MI

To: **NICARAGUA** Departs: 6/15/07 Returns: 6/26/07 Description: Jalapa, ISLA Contact: Peter D'Ascoli, dasco002@umn.edu Conference: MN

To: **NIGERIA** Departs: 6/15/07 Returns: 6/20/07 Description: Eye Clinic Contact: Beverly Nolte, 515-237-8544, bnmedical@aol.com Conference: IA

To: **NICARAGUA** Departs: 10/12/07 Returns: 10/23/07 Description: Jalapa, ISLA Contact: Peter D'Ascoli, dasco002@umn.edu Conference: MN

To: **BRAZIL** Departs: Oct. 2007 Returns: 10/23/07 Description: Medical Contact: Penny Krug, 574-289-1256, pennykjnd@aol.com Conference: N IND

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 UMVIM Medical Consultant, [Dr. Michael C. Watson, Sr.](mailto:Dr.Michael.C.Watson.Sr.<mikewsr@pol.net>) <mikewsr@pol.net>

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 Gongwer, Kumasi Ghana

gongwer@africaonline.com.gh

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 on primary health care, nutrition, clean environment and basic hygiene.

MOMBASA: COAST SCHOOL FOR THE PHYSICALLY HANDICAPPED MOMBASA

Rehabilitation of physically handicapped children **Page 15**

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 -
<http://lighthouseforchrist.org/>

PO Box 81465 Mombasa Kenya

MEDICAL FACILITIES

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

Bishopinnis@hotmail.com or Liberiaumc@yahoo.com

MOZAMBIQUE

CHICUQUE RURAL HOSPITAL

Most importantly, need a general surgeon. Also ophthalmologists, dentists, surgeons, medical lab techs, pharmacists, nurses. Contact: Jeremias Franca , Chicuque Hospital for Chicuque Hospital Projects contact: Hospital Administrator, Jeremias
hrchicuque@teledata.mz

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 Quartermont, MD, mmivelvet@juno.com

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), P. O. Box 277 Colfax IN 46035 765-324-2556 ocmission@compuserve.com or ocmission@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

UMTATA, TRANSKEI: AFRICAN MEDICAL MISSION UMTATA GENERAL HOSPITAL

needs orthopaedic and physical therapy educators. Contact: Cheryl Anders (828) 696-9930 amm@brinet.com

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 indo thai@mindspring.com

INDIA

Page 16 BAREILLY: CLARA SWAIN HOSPITAL

physical therapists. Contact: Greg Forrester

Indvols@gbgm-umc.org

CRAWFORD MEMORIAL HOSPITAL THE METHODIST CHURCH OF INDIA

plastic surgeons, orthopedic surgeons, OBGYN, nurses, public health nurses for 27 locations. Contact: Greg Forrester

Indvols@gbgm-umc.org

VELLORE, INDIA: 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

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 Despagne 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 UVMIM Coordinators, Methodist Guest House, 011-509-257-3012: 011-509-401-2596

vimhaiti@hotmail.com

PETIONVILLE COMMUNITY: [CURAMERICAS](#)

Care is provided in the Pétionville 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, OBGYN, ophthalmologists, bio-med techs, lab techs, dentists, dental lab techs. Contact: Christian Mission of Pignon, Inc. Davis E. Wilkins, Executive Director, 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

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

BELIZE

- **Priority project:** Silk Grass Medical: this is a NEW medical ministry with portable dental equipment. DDS's and MD's needed. Scholarship money usually available for RN's and RDH's.

More info available at <http://www.belizemissions.org/>

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

CAMANHAJ / 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 Quetzaltenago, 9001 Guatemala 011-502-217-1985 pplunk@pctx.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 Quetzaltenango 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

HONDURAS

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

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

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

Clinic Construction, equipping and staffing - World Mission Outreach, Managua

Teams needed to complete a medical clinic near Managua. As an ecumenical project, it has the approval of the Methodist Church in Nicaragua and provides a valuable service to the people of the area. Equipment is also needed to supply the building for the ongoing work. Teams are also sought for medical, dental and optical work.

Contact Ron McElrath - 704-723-4845 - www.wmoc.org

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

011 507 6618 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

TALLINN: TALLINN CHILDREN CENTER LIGHTHOUSE Dentists are needed in this 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

Page 18 needs. A medical VIM team would be greatly appre-

ciated.

Contact: Dr. Beth Lovelace, evalentine@psu.edu

MIDDLE EAST

ISRAEL/PALESTINE

FOUR HOMES OF MERCY

Physical therapists needed.

Contact: Bonnie Jones UMVIM Coordinator, 9153 Yarrow St. Westminster CO 90021 303-403-2325 bjg1232@aol.com

NORTH AMERICA

MEXICO

MEXICO CONFERENCE

La Joya & Tlalamac

Medical volunteers 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:

TATOXCAC, 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, Puebla, 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 CENTER

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 PROGRAM needs volunteer nurses for summer camp (2 overnight camps and 1 day camp).

Contact: Volunteer coordinator, 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 counselors 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 jmedendorp@rbmission.org

Oklahoma

UNITED METHODIST CAMPING MINISTRY

United Methodist camping ministry needs volunteer 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 volunteers to reconstruct a hospital and long term medical volunteers to strengthen the local programs and intervention strategies. Contact: Gladys Shanklin, Curamericas 919-821-8000 gladys@curamericas.org

BRAZIL

EVANGEMED

Medical and Dental teams work with Dr. Wilson 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. Contact: Dr. Wilson Bonfim, World Methodist Evangelism, Rua Marques de Abrantes 55 Flamengo Rio de Janeiro, RJ 22230 061 Brazil 021 5573542: 021 5577999 - evangemed@yahoo.com.br

CHILE

El Vergel Agricultural School - Nurse Practitioner and a Veterinarian with dairy experience needed for El Vergel Agricultural School.

Santiago: Medical Center - Pediatrician sought for Medical Center in Santiago.

Iquique: Nurse - Nurse needed at Iquique.

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

fgrandon78@hotmail.com OR voluntarios_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 dentists. 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 donations 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

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.
- o 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 elrenuevo@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

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 sandy@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, **Page 19**

OK 74146 Phone: 918/250-8101 Fax: 918/250-1281
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 Phone: 814/833-3023 Fax: 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, mission hospitals and clinics with medicines, medical supplies/equipment and recycled eyeglasses to reduce suffering among the world's neediest. CrossLink is licensed as a pharmaceutical warehouse through the Virginia Board of Pharmacy. The ministry customizes each project according to the needs of the recipient, ranging from a small box of medicines to 40-ft containers.

Contact person: Melinda Matzen, Project Manager

Glasses for the Masses

Ed Irwin Asst. Direct, Fairview UMC, 2505 Old Niles Ferry Rd. Maryville, TN 37803 865/983-2080 Res 865-984-2468 Cell 865 250-4366 Email: enirwin@charter.net They have 3 or 4 Focometers to loan out.

(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 Phone: 405-232-5103 FAX: 405-232-5104

Page 20 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)

InFocus

19728 Saums Road PMB #136, Houston, Tx. 77084 281-398-7525 - supply house for new glasses www.infocusonline.org

Interchurch Medical Assistance, Inc.

Paul Derstine, Pres., Don Padgett, R.Ph., Pharmaceutical Svcs Dir. P. O. Box 429, New Windsor, MD 21776 Contact person: Patty Ditzel Phone: 410/635-8720 Fax: 410/635-

8726 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 healthcare in response to Biblical mandates. 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 Boulevard, Toledo, Ohio 43606-3112

Phone: 419.535.6996 Email: james.diller@sbcglobal.net

<http://www.dillerfoundation.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 Phone: 276 466 3014 or 800 321 9234 Fax: 276 466 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, 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.

Lions Clubs

eyeglass recycling centers Coordinator: Denisa Marston 915-683-3611 www.lionsclubs.org

MAP International

International Medical Resources (IMR) 2200 Glynco Parkway, Brunswick, GA 31521-5000

Contact: Customer Services P.O. Box 215000 Phone: (912)265-6010 Fax: (912)265-6170

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 ligibility 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.

PO Box 300245 Houston TX 77230- Phone: 713 748 8131 Fax: 713 748 0118 Web site www.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, 3240 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)

Northwest Medical Teams

Tammy Kurtz, P. O. Box 10, Portland, OR 97207-0010

<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 nrobbins@project2020.org

<http://www.project2020.org/> (Receives discarded eyeglasses & sunglasses, labels with prescription, provides to optometry teams.)

Rotary Club Morning Foundation

Kerrville Texas Rotary Club, Morning Foundation

Jack A. Thurmond, M.D., 206 Spring Mill Dr., Kerrville, TX 78028 Phone 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.

SBC Pioneers

eyeglass bank for recycled or used glasses
1714 Ashland Avenue, Rm 23, Houston, Tx. 77008
Wanda Schoellkopf 713-865-5713

UMVIM Warehouse

Dr. R. B. "Bud" Antley & Jimmy Mitchell
117 W. Church St., Batesburg/Leesville, SC 29006
803/532-9870 (Antley - o) 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 dentalreliefinc@aol.com

www.dentalrelief.com

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

UNITED METHODIST VOLUNTEERS IN MISSION JURISDICTIONAL COORDINATORS

UMVIM website: <http://www.umvim.info>

North Central Jurisdiction

Lorna Jost, Old Sanctuary, 928 4th St. Office #2, Brookings, SD 57006 Tel (605) 692-3390 • Fax (605) 692-3391

E-mail: umvim-ncj@brookings.net

Northeastern Jurisdiction

Gregory Forrester, 32 North Church Street, Cortland, NY 13045

Tel (607) 756-7799 • Fax (607) 756-7957 E-mail: umvim-nej@twcny.rr.com

South Central Jurisdiction

Barbara Stone, 3009 David Drive, Columbia, MO 65202

Tel (573) 253-1374 • Fax (573) 474-6898

E-mail: umvimscj05@sbcglobal.net

Southeastern Jurisdiction

Nick Elliot, 315 West Ponce de Leon Ave., Suite 750, Decatur, GA 30030 Tel (404) 377-7424 • Fax (404) 377-8182

E-mail: nick_elliott@umvim.org

Western Jurisdiction

Janet and Kurt Kaiser, 600 High Circle Road, Sandpoint, ID 83864 Tel (208) 263-4094 • Fax (208) 263-3220

E-mail: love2trvl@imbris.com

MISSION VOLUNTEERS OFFICE

Clinton Rabb, Assistant General Secretary, **Michael Deborja** Manager, Network Services, General Board of Global Ministries, 475 Riverside Dr., Suite 330, New York, NY 10115

Tel (212) 870-3825 • Fax (212) 870-3624 **Page 21**

E-mail: voluntrs@gbgm-umc.org
Website: <http://www.missionvolunteers.org>

INDIVIDUAL VOLUNTEERS

Lorna Jost, Old Sanctuary, 928 4th St. Office #2, Brookings, SD 57006 Tel (605) 692-3390 • Fax (605) 692-3391

E-mail: Indvols@gbgm-umc.org

Website: <http://www.individualvolunteers.info>

Nick Elliott (SE Jurisdiction only)
315 West Ponce de Leon Ave., Suite 750, Decatur, GA 30030
Tel (404) 377-7424 • Fax (404) 377-8182

E-mail: nick_elliott@umvim.org

United Methodist Fellowship of Health Care Volunteers Board of Directors

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

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FROM THE EDITOR'S DESK

I am very excited about our future and its opportunities.

For a number of years I have thought about the benefits of an association of our group with the veterinarians. They have much to offer us in terms of making life easier for those to whom we minister. Recently I have been in conversation with the Christian Veterinary Mission (CVM) and find that they are just as anxious to enter a cooperative relationship with us as I am with them. They are well organized and have a wealth of great literature that is available to us and our program. At my urging, Dr. Earle Goodman wrote an article about their work which was on page 5 of the last issue. Visit their website: <<http://www.cvmusa.org>> or email: <info@cvmusa.org> . Several of us are to have a conference call later in November.

Solar energy is another underutilized resource that has been available and would make a tremendous improvement in the lives of the people to whom we minister. There are three articles on that subject in this issue and I hope that you will read them and begin to utilize solar heat in our ministry.

At one time you wanted to become active in missions and appreciated those who helped you get started. Now that many of you **are** actively involved and getting more and more skilled and knowledgeable in the how's and wherefores of forming teams and carrying out missions, remember those who would like to begin.

As my name is one of the most accessible to persons wanting to become involved in medically-related mission volunteers, I receive a good bit of correspondence related to how to become active in this field. My response is to answer any specific questions that they have and always suggest that they look at THE KNOCK in the section related to teams planned for the future, as frequently those teams will accept additional members.

However, there is a problem here and that is that few teams have a routine procedure of reporting these plans to ANYBODY!

So I am asking that as soon as the dates and details of planned teams are firmed up, these plans be forwarded to your jurisdictional office and ME. Just an email will do <mikewsr@pol.net> and list the destination, dates of departure and return and a contact person or team leader.

Finally, I need very badly for one person on each team to write a summary of the mission when it is completed. This is of great interest to all the readers and is helpful to everyone. This can be sent to me by email at any time and does not have to be a polished or professional essay. With your permission, I will ask the person who polishes my writing to go over it for us.

Please do this as this is OUR organization, with God, not mine or anyone else's. Thank you for all that you are doing in His name. Mike W., 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.

Please type or print

NAME _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS (Home) _____

(Work) _____

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TELEPHONE (Home) _____ (Work) _____ FAX _____

LOCAL CHURCH AFFILIATION _____

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QUESTIONS? _____

You can help promote and improve the health of people locally and in other countries by your prayers, your service, and your tax deductible gifts. Please mail this form, voluntary contributions of \$25 or more, and inquiries to:

Advance Special Number for donations: 982832-4

Mailing Address

Mission Volunteers,
Michael Deborja
General Board of Global Ministries
475 Riverside Drive, Room 330
New York, NY 10015

Checks may be made payable to:

THE KNOCK

Or use VISA MC AMEX DISC (circle choice)

Card # _____

Exp. date _____

Check our web site:
<http://gbgm-umc.org/vim/features/umfhcv.htm>

Signature _____

(Please photocopy this form and distribute as widely as needed.)

U. M. FELLOWSHIP
Of Health Care Volunteers
315 West Ponce de Leon Avenue,
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Decatur, GA 30030

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**“HEAL THE SICK, RAISE THE DEAD TO LIFE, HEAL PEOPLE WHO HAVE LEPROSY, AND FORCE
OUT DEMONS. YOU RECEIVED WITHOUT PAYING,
NOW GIVE WITHOUT BEING PAID.”**
Matthew 10:8 (CEV)

The following countries, and more, are open to medical and medically-related volunteers:

KENYA	HAITI	SIERRA LEONE	CAMBODIA	GUATEMALA	HONDURAS
PUERTO RICO	RICO	THAILAND	INDIA	JAMAICA	ZIMBABWE
VIETNAM	DOMINICAN REP.	ST. VINCENT	LIBERIA	COSTA RICA	PANAMA
ZAIRE	SENEGAL	COLOMBIA	LESOTHO	MEXICO	BOLIVIA
ECUADOR	RWANDA	UGANDA	MOZAMBIQUE	EL SALVADOR	ARMENIA
BRAZIL	CHILE	BELIZE	DOMINICA	GHANA	FIJI
RUSSIA	VENEZUELA	ROMANIA	SOUTH AFRICA	NICARAGUA	ZAMBIA
PERU	ISRAEL/PALESTINE	DEMOCRATIC REPUBLIC OF CONGO			

United States Projects

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MISSISSIPPI

INDIANA
GEORGIA
OKLAHOMA

ALASKA
KENTUCKY
TENNESSEE

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