

THE KNOCK

A QUARTERLY 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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AN OVERVIEW OF SHORT-TERM MISSION TOURS ('SHUTTLES') of CHRISTIAN VETERINARY MISSIONS (CVM)
(And some thoughts on developing a working relationship between CVM and UMVIM)

Dr.D.Earle Goodman

History

As mentioned in a previous article in The Knock, Christian Veterinary Missions was started in the early 1970's by a number of southern rural veterinary practitioners who had some previous experience in third world (developing) countries. They had observed the great dependence on animals by people in those countries where there was so little other food available or means of a livelihood even for the most basic items.

Yet one had to have been acutely aware of the poor state of health and production in these animals and in spite of the great dependence on their animals, the owners, for whatever reasons, often did not understand some of the important basics of husbandry.

One of the first activities of CVM was in sending veterinarians on short-term tours of 2-4 weeks to explore the possibility of helping these people in that short period of time and without orientation or language training. These first few to undertake this work worked with missionaries who had indicated a need for someone to help improve the health and production of farm animals in their area.

The missionaries provided room and board and transportation and translation.

Needless to say there were many who did not think that this could be done under the conditions mentioned above. And to make a very long story very short, the work by those first few short-term volunteers was immensely successful.

The word got out and soon the requests for help in those countries and the number of volunteers to be

involved in the work was overwhelming. From that beginning the organization became chartered nationally and now has over twenty long-term missionaries. It sends many short-term veterinarians yearly with state, regional and university coordinators and other programs with students and an extensive educational Material Development Program.

Like the work of UMVIM, CVM's activities played a major role in providing a method where the many laymen who had long wished to be involved in overseas volunteer work had a way to do it.

Veterinary Activities on Short Tours

Generally there are two areas of activities both of which are intended to have long-range effects relative to helping the owners of farm animals and those who work with them to be able to learn how to do things for themselves.

Almost all of these volunteers carry medications, especially de-wormers and at times vaccines, that they administer to animals and at the same time show the people how to do them properly. Also they demonstrate better ways to do the many day-to-day activities involved in raising healthy animals.

The other major activity is a field day type instruction of farmers in the area. Often classes are also held for teachers and community leaders at a more technical level than the field days. If there is a technical high school or college in the area the visiting veterinarian will often hold a short course for the teachers and instructors.

Another activity that is often conducted and especially on a first visit to an area, is a feasibility study of the farm animal situation in the area generally and what might be done on later trips. This works well when an agronomist or animal scientist or livestock farmer can go with the veterinarian as a team.

Recruiting Veterinarians

There are a number of ways in which veterinarians are recruited including notices and articles in newsletters as The Knock, as well as correspondence

(Continued on 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.

CONSULTANT’S CORNER

Question: What do Sports Illustrated, the UN Foundation, the United Methodist Church, and the National Basketball Association have in common?

Answer: They are the key members of a collaboration called Nothing but Nets, formed specifically to help the malaria crisis in Sub-Saharan Africa. It was started by a concerned writer, Rick Reilly, who wrote a column in Sports Illustrated. Rick was deeply concerned about the million African children dying of malaria each year. He pleaded for readers to join him in support of buying insecticide treated bed nets for the children. The response was a million dollars in donations. He contacted the UN Foundation, who pledged support. Then the United Methodist Church, through GBGM and UMCOR, became involved. In fact, the UMC was officially recognized for their efforts at the White House Malaria Summit in December. The campaign also has received a three million dollar challenge grant from the Bill and Melinda Gates Foundation. You can contribute to this worthy cause by contacting their website at www.nothingbutnets.net. You can also contribute through the Advance #982015.

As United Methodists, we can be proud of our participation in such an important effort.

In a Time magazine article, January 17, Jeffrey Sachs, the famous economist and writer comments on the current malaria campaigns. He commends the Nothing but Nets program, but states that the Net programs need to be combined with effective medicines and other components of malaria control. As Sachs states, “A comprehensive program would cost about \$3 billion a year for the whole continent. This is an amount that is too large for Africa but truly tiny for the rich world.”

“Through our common resolve we can prove the power we each have to save a life.”

Note: for a discussion of recent efforts to control malaria, see the article on page 7 in this issue.

Page 2 Roger Boe, Consultant

THE KNOCK

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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.

Table of Contents

Subject	Page	Subject	Page
Christian Veterinary		Bulletin Board	11
Missions	1	Opportunities For	
Consultant’s Corner	2	Individuals and Medical	
VIM in Guatemala	3	Teams	12
UMVIM, SEJ Medical		Future Teams,	
Fellowship Scholarship	3	Planned	18
Haiti Mission Report	4	Sources of Medical	
Update on Honduras	5	Supplies	19
Sierra Leone gets new		Jurisdictional and	
Hospital	5	National UMVIM	
Bits and Pieces	6	Coordinators	21
Book Review	6	UMF/HCV Board	
Malaria	7	Of Directors	22
Meetings and Consulta-		Editorial	22
tions	9	Application Blank	23

VIM in Guatemala

Norris Allen

Six years ago Juan Pablo Ajanel came to the VIM Rally in Lake Junaluska and asked for VIM teams to come and help their church. Juan Pablo was the President of the National Methodist Church of Guatemala, the church of the poor Maya and Latino people.

A little later Tennessee Conference representatives Rev. Phil Ross, Reid Walker and Norris Allen went to Guatemala to meet with Juan Pablo and consider helping with some of their needs. The group was touched by the great needs that they saw as the people of Guatemala were struggling to pick up the pieces after a 30-year civil war.

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.

Norris said, "Each time I go to Guatemala, I have a certain sense of urgency for us to try to help them make a better life for themselves at their home rather than allowing them to give up hope and attempt to run across the border to the U.S."

This year will be the seventh year for the Tennessee Conference to work in Guatemala. Last year we converted an old church building into a nice medical clinic with private exam rooms with running water. We are attempting to get a dental chair and x-ray equipment for one of the rooms. The clinic has a working restroom.

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.

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

SEJ MEDICAL FELLOWSHIP SCHOLARSHIP

The SEJ Medical Fellowship wishes to announce that we have increased the amount of our scholarships to \$400.00. Two scholarships a year of \$400 each will be available to applicants who meet the following criteria:

- Lives in the SEJ
- Participates on a VIM team
- Goes as a Healthcare professional or Healthcare student
- Needs assistance in paying for expenses
- Willing to share their experiences with others

You may request an application through the UM-VIM, SEJ office at: umvim.org.

If you are interested in contributing to the SEJ Medical Fellowship Scholarship Fund, please send checks to UMVIM, SEJ marked for Medical Scholarship Fund.

Christian Veterinary Mission

Continued from Page 1

with veterinary associations and meeting with varying groups to discuss the work.

There is in most cases someone available to visit or communicate with potential volunteers.

Assuming that UMVIM will probably be involved in some way in developing a volunteer veterinary (and possibly agricultural) program, the local team leader and his group would be the logical starting point for finding volunteers.

Other Information

More in-depth information on the above points and on other aspects will be covered in later articles.

(The author has had a long-time involvement in short-term volunteer veterinary missions starting in 1971 while doing a feasibility study in a remote area of South America for UMCOR.

Since then he has been involved in the early development of CVM as a Charter and long-term board member and has been on many trips to South America, Haiti and central Asia. Since then he has advised other missionary organizations.

He and his family live in Turbeville, SC, where he has had a lifelong involvement in farming and farm animal veterinary medicine. Ed.)

The Haiti Mission Report 2006

Alice White, RN

Six teams of medical personnel worked at the Tovar Clinic in the north of Haiti in the year past. These were scheduled in January, May and September – in two successive one-week teams, with approximately 16 on each team. This program was started in the mid nineties, when the clinic became a full-time, staffed clinic. Prior to that, it opened only when our teams visited.

It has become a well established service, is officially, according to the government, a community health center and so far has treated and continues to treat over 26,000 patients. As the needs and the numbers grow, and the government is not able to take care of its population, there is an ongoing effort by this project to include new services and attention to problems just appearing on the screen. These are intended to turn back the devastating hands of overwhelming deprivation that has tragic consequences. Some of the programs are:

Meals for elderly patients, and take-out nutritional supplements. These used to be given out only for children.

HIV/AIDS testing and in the future, education and treatment.

More Attention to Family Planning.

In 2007, the schedule changes to four one-week mission trips [from three two-week missions]. This would appear to be a loss, except that the teams will be larger, with six doctors [6x4] on each team, rather than the usual four [4x6], and the four-visits-a-year schedule will give better coverage. The clinic building will be enlarged, and more staff will move patients through the process.

Just down the road toward Grison-Garde is the orphanage home for more than 50 young children. This has been a source of great pride and comfort to those of us who have visited there and have pondered the significance of such a place as this. It was the gift for the most part of the father of our Medical Director, Ray Ford, MD, who manages their health care, and it has been regarded as one of the great things that has happened to the neighborhood.

This new schedule will make it less difficult to keep the children healthy. There are also 300 children who attend day school there. www.fordhaitianorphanage.org

Meds and Food for Kids is no longer headquartered at Tovar. Dr. Pat Wolf, a long-term team pediatrician, has taken her project to Cap Haitien, to their Mamba Factory - mamba being the Haitian word for peanut butter - and has worked at a number of settlements and villages where there is enormous malnutrition. This well researched supplement studied by Dr. Wolff and now turned out at the mamba factory by her competent staff is changing the course of young lives. The results of their effort have been remarkable. www.medsandfoodforkids.org

Jacques Henri Lamour. It started out to be the saga of Jacques Henri Lamour, but now it is College Freshman, Jack Lamour. And a good story, too. Jack has worked for the team at Tovar as interpreter for a few years, and it evolved that he was interested in coming to the US for college. What followed is something like heavy drama and great humor, mostly concerned with the international giant steps of getting a Haitian into this country. Maybe there will be time to tell about our good friend Jack in the future. Now he is in Charlotte living with Ken and Pam Carter and family, is enrolled at Central Piedmont Community College and, as he would say, is a “happy guy.” Dr. Carter is Senior Minister at Providence United Methodist, the home church of this mission.

Worthy of mention is Singleton United Methodist Church, in Schley, VA, a small very old church, the congregation of which is paying tuition for a young Haitian in medical school. David, his name is, wouldn't be able to go without this kind of help. His father came to see me at the clinic before this happened, and it turns out that he and Bill White built the Tovar Clinic together, along with a team of both Haitians and Americans. That was a long time ago, 1986.

Naturally, there are a number of other programs linked to this mission project. We have been going to Haiti for a long time, and the people on the teams are naturally the very people who think of ways to do a greater kindness.

At this time we especially need dentists – for April, July and October, and members of the clergy for April and October. And please contact me, Alice White, should you have an interest in this work, regardless of any self-imposed limitations or skills. Alice White, RN www.thehaitimission.org
amwhite1@earthlink.net Phone 1-804-695-2803
Fax 1-804-695-0463

Honduras Update

Henry Gibson, MD

It has been almost 10 years since the first patient was seen at the Carolina Health Clinic in Limon. The difference in the health of the people of Limon and the surrounding areas is astounding. Health care was nearly non-existent before the clinic was built. In 2006, 19 teams with volunteers from 18 states saw patients in Limon, Icoteas and outlying areas. To date 17 teams have scheduled for 2007 and three for 2008.

We recently purchased land with a partially built home for a physician. The search for a full-time doctor continues. Volunteer teams would continue to go to assist this physician. A bedroom to provide sleeping quarters for our night watchman, Ben, has been completed. We will be replacing the floor tile in the downstairs clinic area during the rainy season. A covered trailer was bought in March and sent down for teams to use to transport their supplies from the airport to the Limon clinic. A new washer, dryer and hot water heater have been purchased and installed.

The salt air of the Caribbean has claimed our generator. The cost of the recommended enclosed unit will be approximately \$12,000.00 plus shipping. The Mt. Pleasant Presbyterian Church is contributing \$1,000.00 towards this major purchase and has challenged others to match their contribution.

Dr. M. C. (Chip) Still, Jr. DMD, recently joined the Foundation Board and is upgrading the dental equipment in the Limon clinic to provide the best dental care possible. He and Chuck Couch, Patterson Dental sales representative of Columbia, will travel to Limon in late January to install two new dental units and an orthodontic chair.

The brown Ford van that has been used to carry the overflow of large teams to Limon is no longer reliable for constant use for teams and will need to be replaced. The village of Limon has asked the Foundation to donate an ambulance for the village. The Foundation is considering donating the van and helping to repair and equip it for use as an ambulance.

Rev. Joey McDonald is our newest board member and chairs the Church Related Activities Committee. He is replacing Rev. Posey Belcher who recently moved to Rock Hill, SC. Under the direction of Rev. Belcher, some Barnwell area churches were involved in a project called "Children Helping Children with 'Miles of Pennies'". It raised \$1,664.56 to provide school supplies for children in Limon and Icoteas. Board member Gail Richardson chairs a committee to

help children attend school beyond the 6th grade. This year \$3,675.00 was raised to sponsor approximately 25 poor, worthy "high school" students.

Teams from Alabama and North Carolina are working to expand the "eye program" for patients in the Limon area. Several international aid organizations have agreed to send ophthalmic surgery teams to Northern Honduras. Alabama Honduras Missions Education Network (AHMEN) is planning a training program in early 2007 for AHMEN and any other interested teams. Plans include training a Limon nurse in Tegucigalpa as a Paramedical Eye Nurse who will work from the Carolina Health Clinic in Limon. This program hopes to focus initially on children and youth. Arrangements are underway to screen children through schools and churches in order to diagnose and treat patients before vision loss becomes irreversible. Community eye health classes concentrating on the importance of hygiene, nutrition and the damaging effects of sun and smoke are also planned. Anyone wishing more information may contact Mary Guffey at hjguffey@earthlink.net.

The Foundation has been asked to assist a Honduran family in getting a kidney transplant for their 17-year-old son. Dr. W. M. Turner, nephrologist of Anderson, SC, met with the father while Dr. Turner was in Honduras in August. The patient and prospective donor are being tested in Honduras now. Dr. Turner has been able to secure the services of a transplant team who will perform the transplant at no charge when the patient and donor have been cleared for the transplant. The patient, donor and some family members will need to be housed in the Atlanta area. Funds will be needed for airfare to Atlanta. This transplant is the only hope for this young man's survival.

(Ed. Note: Since this report was written, this patient has gone to Cuba for the transplant, but will probably need anti-rejection medication for the rest of his life.)

The dream to provide medical care to these poor Third World people has been made possible because of the generosity of so many people. We hope you will support the Carolina Honduras Health Foundation in our ongoing mission. Donations may be sent to: Carolina Honduras Health Foundation, PO Box 528, Barnwell, SC 29812. We are a 501 (C) (3) organization and your donations are tax deductible.
Henry Gibson, MD, President

Gbonkolenken Gets State-Of-The-Art Hospital

By Saidu Kamara Jan 19, 2007

The people of Gbonkolenken chiefdom and its immediate environs in the Tonkolili district have set up their first community hospital for admitting patients in Yele, the headquarter town of Gbonkolenken chiefdom.

This was complemented by two board members of the international organization of Women for Women of Sierra Leone, USA, Mr. Theodore Johnson and Dr. Georgiana Abisordun Johnson who recently donated to the chiefdom one container of state-of-the-art medical items including one EKG Machine, two operating room sterilization machines, 21 vital monitor sign machines, 15 automatic beds, hundreds of beddings and bath towels, diesel generators and other medical equipment.

Dr. Georgina A. Johnson told the gathering at the presentation ceremony that, "health is wealth; one cannot meet the spiritual necessity of anyone without first addressing his or her physical needs," Dr. Johnson added.

The paramount chief of Gbonkolenken chiefdom, Hon. P.C. Bai Sunthuba Osara III, thanked Women for Women of Sierra Leone USA and commended Dr. Alfred Bobson Sesay for continuing to encourage Women for Women of Sierra Leone, to work in the chiefdom.

"This is a very big surprise for me and my people for this wonderful gesture of medical equipments," the paramount chief said. Dr. Johnson promised to encourage other organizations in the United States of America to set up similar hospitals in other chiefdoms in the country. "Our faith calls for us to come and empower the poor," he concluded. In another development, the humanitarian organization of Women for Women of Sierra Leone USA has donated toys and clothing to the Hamilton village community on behalf of Brunswick United Methodist Church in New Jersey, USA.

Dr. Georgiana A. Johnson, on behalf of Brunswick UMC, thanked the beneficiaries, noting that as Christians they are not forgetting the less fortunate ones who also need support. She implored them to make good use of the donation.

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BITS AND PIECES, Winter 2007

Hazards for Travelers. A recent letter to the Editor in the New England Journal of Medicine reminds us of a very important fact. In a composite of several studies reviewing 10,000 deaths occurring in Americans overseas, only 25 were from infectious disease, **Page 6** and over 600 were due to injuries. Some in-

volved motorcycles, unscheduled aircraft and swimming in unsafe waters. The overwhelming majority of injuries were related to the automobile. We would be seriously remiss if we did not emphasize in our UVMIM training programs and team preparations this most serious risk for our missionaries. **BEWARE THE AUTOMOBILE!!!**

Iodine nutrition. Because we have near universal iodine supplementation in our table salt, iodine deficiency is seldom an issue in the U.S. We need to remind ourselves that iodine deficiency and goiter are common in many developing countries, affecting an estimated two billion people. WHO recommends daily supplementation, 50 micrograms/day in children to 200 micrograms/day in pregnant or lactating women. Iodine is not widely distributed in nature. By far the most practical approach to management is iodination of salt. There is minimal risk from excessive intake, and substantial risk for iodine deficiency, both in the fetus (cretinism) and for the child-adult, goiter. We should be on the watch for goiter, and become advocates for routine iodine supplementation in the countries we serve. Editorial, Utiger, Iodine Nutrition---More is Better: NEJM, 2006;354, 2819.

Polio: a step away from eradication, a step away from resurgence. In 1988 the World Health Assembly announced the goal of eradication of polio from the world by 2000. A marked reduction in new cases by 99% has occurred, but residual pockets of endemic disease remain in rural Nigeria, India, Pakistan, and Afghanistan. In all cases the failures are due to an inadequate (<70%) immunization rate. Problems include government and public health structural instability, and fear and distrust of vaccination. Unfortunately these pockets of endemic disease result in periodic outbreaks in both neighboring areas and in distant countries. These are difficult and costly to control. We remain a step away from a more widespread resurgence of polio. It is important and cost effective to continue world efforts to eliminate these reservoirs of infection.

Pallansch, The Eradication of Polio, Progress and Challenges, NEJM 2006 Dec 14, 355:2508

BOOK REVIEW

Handbook for Short-Term Medical Missionaries (Not just short-term, not just medical)

Dr. Bruce and Michelle Steffes, ABWE, Harrisburg PA, 2002. Can be ordered through the Christian Medical and Dental Society.

There are many books and manuals out there with the medical missionary in mind. Some are disease and treatment oriented. Some deal mainly with the logistics and personal health aspects. Not one that I am aware of has taken the prospective missionary through the start to finish process in such a comprehensive manner. The issue of taking family, including young children, is also thoroughly addressed, most certainly at least in part written by Michelle. Dr. Steffes, a general surgeon has served as a full-time missionary, mainly in Africa, for many years, and his experience shows in his stories and in his wisdom. The most impressive aspect of the book, though, is how well it is written, the sense of humor with which he discusses difficult issues, and most of all how comprehensively and thoroughly he addresses every aspect of mission service. The book starts at the beginning of preparation, including how to decide on a place to serve. There is a good discussion about documents, including professional licensure, and travel arrangements. There are tips on what to bring and what not to bring. The section on spiritual preparation is extensive and very thoughtful. As Dr. Steffes states, "Your heart must be right. You have to have a solid relationship with God before you go." Personal health is well covered, authoritative and up-to-date. He is completely candid about the difficulties in working under primitive conditions with inadequate resources, but gives us a number of practical ways to prepare ourselves to work effectively within the limits of our ability, the cultural differences, and the limits of the system. The appendices include an excellent bibliography, helpful websites, and lists of supply and resourcing organizations. As the subtitle suggests, though this is written with the short-term missionary in mind, it will be extremely useful for medical teams, and for those who plan to serve for a longer term. This volume makes an excellent addition to the UVMIM Training Manual. This is a gem of a book, written by a very articulate physician and surgeon who truly understands mission. In my opinion it is the best overall preparation resource for anyone who plans to do health care service overseas.

Roger Boe

RECENT EFFORTS TO CONTROL MALARIA

Time to act, but how?

Six years ago the KNOCK published a three-part series on malaria covering epidemiology, treatment and prevention. In the intervening period we have seen an increasing worldwide focus and increasing

expenditures of funds directed toward reducing the burden of this most important and deadly disease. These efforts have thus far been unsuccessful in controlling malaria. The latest available report by the World Health Organization shows a net increase in the number of cases of malaria worldwide, and also in the number of deaths. Currently there are 500 million cases of malaria each year and over 1 million deaths, mainly in children under 5. In fact, malaria is the number one killer of children in the world. Ninety percent of the deaths are due to the falciparum type of malaria. Unless you have been there it is impossible to comprehend the devastating effect that malaria has on Sub-Saharan Africa, where most of the deaths occur. Every family has lost members. Mothers helplessly watch their children die a terrible death. The medical, economic and social impact of this situation is absolutely devastating. In an area already overwhelmed by the impact of HIV/AIDS, malaria consumes 40% of public health expenditures, 50% of outpatient visits, and 40% of inpatient admissions.

There have been a few bright spots during the past decade, some advances in diagnosis and treatment. There are simple to use dipstick tests for falciparum malaria that can supplant microscopic examination in the field, although I cannot determine how widely they are used. Vaccine development has proceeded slowly—in large part because of the complexity of the malaria life cycle. A vaccine recently tested in Mozambique produced a 58% reduction in the incidence of severe malaria in young children. These are the most promising results to date, but large-scale application is still many years away.

Despite near universal resistance, chloroquine is still widely used in Africa, even by some governments and some organizations, to treat falciparum malaria, because that is what has been used for 40 years. It is cheap and widely available. It is completely ineffective, and its continued use also perpetuates resistance. WHO and other experts state that the use of chloroquine for resistant falciparum must be discontinued. Artemisinin, derived from sweet wormwood, an ancient Chinese remedy for fever, has in recent years become the most widely used drug for falciparum. It is effective, acts within 12 hours, and is very safe. However there is a very high rate of recurrence within one month, probably because artemisinin weakens, but does not kill the parasite. Because of this, and because of concerns over the possibility of developing resistance, the drug is used in fixed combination with another agent, usually sulfadoxine-pyrimethamine (Fansadar). Although the cost is less than mefloquin, for example, **Page 7**

it is still many times more expensive than chloroquine, and unaffordable for most patients and most African Governments. The expense has caused a burgeoning market for substandard and fake medicines, estimated at up to 40% of what is available on the private market in some countries. WHO currently recommends Artemisinin combination therapy (ACT) for all cases of falciparum malaria. They also caution that the net cost to the patient must not exceed the current cost of chloroquine. There is, of course an urgent need to reduce costs, increase manufacture, package the fixed combinations, and train local clinics in appropriate dispensing of ACT.

Most of the recent effort and most of the funding has gone to the area of malaria vector control. There are two basic approaches, Insecticide Treated Nets, (ITNs), and Interior Residual Spraying, (IRS). A third method, larva control, has been deemed impractical in Africa for a number of reasons, and is not used there. ITN is currently the most widely used method of control, and is the major focus for most of the current malaria campaigns. The basic goal is to treat bed nets with the insecticide permethrin and get them into the hands of families. Permethrin is the only insecticide proven to be effective for this use. It is odorless and non-toxic to humans. The treatment usually lasts for about 6 months. However a newer technique that is used commercially binds the permethrin more closely to the net and will last 4-5 years. This is extremely important, considering the logistical difficulty of net re-treatment in the village setting. It is also vital to realize that the use of treated bed nets alone will not control malaria. Studies in Kenya and elsewhere show that universal use of bed nets optimally treated with long lasting permethrin reduces malaria mortality in children only 15-30%. Therefore nets need to be used along with other control measures if real malaria control is to be achieved. My thought as a pediatrician and father is that you can't tuck the kids in their bed nets as soon as it gets dark.

The second major control measure is Indoor Residual Spray. Walls, ceilings and other surfaces are sprayed with a long lasting insecticide. Permethrin is effective, but expensive for this use. DDT is more effective and much cheaper. There has been much objection to using DDT because of its history of toxicity and the resistance that developed with its previous use. This was a result of massive indiscriminate use in agriculture. In low dose it appears to be safe as well as effective. USAID previously had refused to use DDT. This past year their stance has changed, and they are now promoting Internal Residual Spray **Page 8** ing with DDT. The concept behind IRS is

that after taking a blood meal the mosquito rests on nearby walls, where it is exposed to a deadly dose of DDT. The dead mosquito cannot bite others, breaking the malaria cycle. In the long run, this has greater control potential than the use of nets. A major logistical problem is getting access to the majority of homes. It is estimated that 70% of homes in a village need to be sprayed for effective control, and the spraying needs to be repeated at 6-12 month intervals.

The past decade has seen a proliferation in the number of organizations and campaigns devoted to malaria control. Roll Back Malaria started in 1998 as a cooperative effort involving the UN, WHO and many countries including the US, with a goal of cutting the incidence of malaria in half by 2010. In 2000, African countries tried to put more teeth in the effort by including provision of access to the most suitable and affordable treatment and control options for children and pregnant women. There is a widespread feeling voiced by experts that Roll Back Malaria is a failed campaign. The increase in malaria incidence and the number of deaths has been mentioned. Resources have not been made available. One survey showed that only 2% of children were using impregnated nets.

The President's Malaria Initiative, funded with \$1.2 billion, was started in June 2005, using USAID to implement their programs in 15 African countries. The United Methodist Church has two malaria programs that have started recently. The first is their Community Based Malaria Control Initiative. Initiated in 2005 as a pilot program in Sierra Leone, it organizes United Methodist health clinics, schools and churches to develop a comprehensive, community based model of malaria education, prevention and treatment that can be replicated in other countries. The other program is the Nothing but Nets Campaign, a cooperative venture between the UMC General Board of Global Ministries and the UN Foundation, started in November 2006, with the participation of Sports Illustrated (their columnist, Rick Reilly, had the original idea), the National Basketball Association and other agencies. Their objective is to purchase impregnated bed nets with contributions from a wide variety of sources, including church members, and distribute the nets, with accompanying instructions, to communities in the malaria endemic regions of Africa. This program has received excellent publicity. Giving thus far has been very generous, helped by a three million dollar challenge grant from the Bill and Melinda Gates Foundation.

It is important to note that several front-line organizations, such as Doctors Without Borders, several mission groups and some African Government

Agencies have been very critical of the methods by which previous efforts at bed net preparation and distribution have been handled. Their concerns were: 1. The nets were not treated with long lasting permethrin, and required frequent re-treatment that proved logistically difficult. 2. The education and instruction process was not adequate. Children were not using the nets or using them improperly. 4. Remote areas were reached haphazardly or not reached at all. 5. The nets were not being used as a part of a comprehensive malaria program that used all of the proven control methods simultaneously.

Conclusions: Malaria is a devastating and difficult disease that has thus far resisted all of our best efforts at eradication or even at control. Today we certainly do not have any definitive answers as to how this control can be achieved. We need to continue research efforts, including the development of an effective vaccine, and improve treatment measures. We also need to actively support the excellent control campaigns that are currently in operation, including those sponsored by our United Methodist Church. We also need to encourage, even insist that these campaigns use the best available approaches in a comprehensive manner, with careful, results-based evaluation and continuous monitoring. Only with this kind of all-out effort will we have a chance of eliminating the scourge of Malaria.

1. www.nothingbutnets.org.
 2. www.cdc.gov/malaria/control_prevention/vector_control.
 3. www.fightingmalaria.org. Website of Africa Fighting Malaria.. Best site for recent news, articles and controversies about malaria.
 4. Focus on Research: Malaria---Time to Act NEJM 2007;355:1956.
 5. WHO, World Malaria Report, 2005.
- Yamey, Editorial: Roll Back Malaria, a Failing Global Health Campaign. BMJ 328:1086, 2004

MEETINGS AND CONSULTATIONS

INMED: Exploring Medical Missions Conference May 11-12, 2007

Hosted by the Institute for International Medicine, Research Medical Center & the UMKC School of Medicine University Center, 5100 Rockhill Road,

on the Main Campus of the University of Missouri-Kansas City, Kansas City MO 64110-2499

Global attention is riveted on the HIV/AIDS crisis, and rightly so. The most threatening epidemic of modern times claimed 3.1 million lives in 2005 alone, and some 4.9 million people were newly infected. Ninety-five percent of all people with HIV live in the developing world, and managing HIV in resource-deficient nations presents special challenges. This year's Exploring Medical Missions Conference will focus on HIV intervention. The Conference will also provide physicians, nurses, students, pharmacists, therapists and other health professionals with an understanding of *international health issues, diseases of poverty, cross-cultural skills, and health leadership*. Participants will have ample chance to network with medical mission organizations about opportunities to serve.

At the completion of this conference, participants will be able to:

- Understand how to manage HIV in resource-deficient situations
- Describe the greatest issues in world health today
- Understand the epidemiology, diagnosis and management of the common and unique diseases of poverty
- Understand principles of cross-cultural adaptation and communication
- Describe those health interventions that are more appropriate for resource-poor nations
- Understand how to incorporate medical missions into professional practice

Medical UMVIM Team Consultation

Minneapolis, MN May 4-5, 2007

Everyone is invited to the Seventh Annual Medical Consultation hosted by the Minnesota Annual Conference UMVIM committee and the Rx ConneXion steering committee of the North Central Jurisdiction United Methodist Volunteers In Mission (UMVIM-NCJ).

The event will be held at Lake Harriet United Methodist Church:

4901 Chowen Avenue South Minneapolis, MN 55410
Phone 612 926-7645

A block of rooms have been reserved for \$62.00 / night (single to 4 person occupancy) at the Super * Bloomington/Airport/MSP Hotel. Call 1-952-888-8800 and ask for the United Methodist Medical Group rooms. Cutoff date is April 15. This hotel is very close to the Mall of America and has 24-hour shuttle service to the Minneapolis airport: **Page 9**

Super 8 Bloomington/Airport/MSP
7800 2ND Ave S Bloomington, MN 55420

A number of new ideas have been added onto the general format of the other consultations:

1. There will be an "UMVIM Grand Rounds" featuring 4-5 physicians/dentists who will present information on an interesting case they have encountered while on a medical team. Each doctor will discuss the case including diagnosis, treatment, any possible follow-up and outcome if known. This panel will be moderated by Dr. Roger Boe (General Board of Global Ministries Health Care Consultant).

2. Near the end of the conference on Saturday afternoon, there will be an opportunity to visit various stations featuring host sites that need medical teams. This "Whistle Stop" event will allow 15-20 minutes at each station and will include a 10-minute brief explanation of the station and time for questions and answers. You should be able to learn the needs of that country/area, the contacts, and how you can take a team or be an individual volunteer to that site.

3. The workshops format will remain essentially the same and will feature workshops for the expert and the novice. Core Workshops will include (but are not limited to):

- a. Workshop on Malaria, prevention and treatment (Dr. Roger Boe)
- b. Dental teams and clinics (Dr. Doyle Ellis)
- c. Spiritual care (Penny Krug)
- d. Concepts of Community Based Health Care (Gloria Borgman)
- e. Packing tips (Teresa Miller)
- f. Medical professionals as Individual Volunteers (Lorna Jost)
- g. Mental preparedness and support (Nancy Dittkof)
- h. Dealing with conflict within a team (Penny Krug)
- i. Ideas for Collaboration with University Schools of Nursing (Jane Dunn)
- j. Personal Challenges Serving on Short-Term Medical Mission (Dr. Roger Boe)

4. More Specialized Workshops being prepared are:

- a. Doris Braley - Wound care treatment, (ISLA, Nicaragua)
- b. Water Purity - Dr. Sue King
- c. Focometers and their use in the mission field.

5. Where we go - Host Site Workshops - These persons have expressed an interest in sharing. These will also be included in the "Whistle Stops" if you did not make it to the workshop.

- a. Willie Berman - Mexico UMVIM Coordinator
- b. Carolyn Meynen - Senegal

c. Melanie Reiners/ Dr. Lowell Gess - Kissy Eye Clinic, Sierra Leone

d. Joe Wagner - Operation Doctor, Advance Special, Indiana Area Conferences

e. Jane Dunn - Panama

f. Gloria Borgman - Honduras

g. Chuck Ellinwood, Belize

h. Doris Acton - Makina, Sierra Leone,

i. Don & Marilyn Griffith - Sierra Leone, Jaiama

j. We will add more as they come in. There are many, many more including Salud y Pas, Guatemala, House of Hope, Honduras, Servimos Juntos, Mexico.

6. Medically-related Advance Specials and other avenues for continuing your team's mission once you have returned home. Of all the people in your congregation - you have been on the mission and you are best fitted to convey the needs to your church, district and conference. Information will be provided on the following:

- a. "Nothing But Nets" for Malaria prevention
- b. the Medicine Box
- c. Personal Energy Transportation (PETs)
- d. and others as suggestions come in!

The cost of the consultation is \$65.00 + your hotel room. This includes 3 meals (Friday dinner, Saturday lunch and dinner) and coffee and healthy snacks! We hope to provide some lively entertainment right before dinner on Saturday and then those who wish may head to the Mall of America for shopping that evening.

We invite all who host UMVIM medical teams to also come and share their needs with us and we invite all participants to bring a display of their past medical trip/experience.

Sunday morning we will reconvene and worship at Lake Harriet UMC.

In the past, these consultations have been a wonderful means of spreading the word about Medical mission teams going forth through the UMVIM network. We meet a lot of great people and make those connections that put our churches and ourselves into the Mission Field!

Join us! The registration form will be on the web in February. Visit: <http://www.gbgm-umc.org/northcentralvim/rxconnexion.html> or write or call Lorna Jost, umvim-ncj@brookings.net, 605-692-3390.

GLOBAL HEALTH CONFERENCE:

Innovation, Advancement, and Best Practices to
Achieve Global Goals

Unite For Sight Fourth Annual International Health
Conference

April 14-15, 2007 at Stanford University School of
Medicine, California

<http://www.uniteforsight.org/conference/2007/>

More Than 300 Renowned Speakers from North America, Africa, Asia, Latin America, and Europe
Join over 1,500 leaders, doctors, professionals, and students from 5 continents for an engaging exchange of ideas about best practices.

When: April 14-15, 2007

Where: Stanford University School of Medicine, California, USA

Early Bird Rate Increases After DECEMBER 20:
Current Rate is \$60 Students/\$80 All Others

Who should attend? Anyone interested in eye care, international health, medicine, health education, health promotion, public health, international service, social entrepreneurship, nonprofits, or microenterprise

Conference Goal: To exchange ideas across disciplines about best practices in public health, medicine and research, and international health and development. Conference topics range from "The Right to Health: Towards Social Inclusion and Universal Health Care in Latin America" and "Antiretroviral Drugs and Issues of Drug Access and Quality in the Developing World" to "Global Progress in Preventing the Burden of Blindness and Other Diseases Caused by Measles and Rubella" and "Once I Was Blind....The Challenges of Eye Care in Ghana"

COMPLETE CONFERENCE SCHEDULE WITH 300 SPEAKERS:
<http://uniteforsight.org/conference/2007/index.php>

At the annual winter meeting of the The Society for Pediatric Anesthesia, the Committee for International Education and Service will be offering a workshop on voluntary medical services abroad. The March 9th workshp, "Medicine Beyond the Borders" will be targeted for anesthesiologists wishing to become involved in volunteer work in teaching and providing care in underdeveloped countries.

The society also hosts a volunteer database for all types of medical volunteers who may be seeking to aid in an overseas program. You can see your agency's listing at the website (www.pedsanesthesia.org/vmsa_search.iphtml), which is in the process of being updated this month.

Thank you for your help.

Quentin A. Fisher, MD, FAAP

Department of Anesthesia

Medstar Washington Hospital Center

110 Irving Street, NW

Washington, DC 20010 pager: 866-474-4117

BULLETIN BOARD

Combined Medical/Construction Mission
Redesigning/converting the abandoned Methodist Church building in San Juan la Laguna on Lake Atitlan in Guatemala for medical/dental clinic and a multiuse building. They have been receiving medical teams in a space that is only a large open room with a dirt floor. The need is for both construction teams and medical teams. Need 12 teams, 10-12 persons each. Contact JoAn Dwyer jdwyer0204@yahoo.com, Mobile: 011-502-5215-8608 or Carla Gonzalez, coordinator@guatemalavim.org, 011-502-7761-9985. Nearest airport: Aurora, Guatemala City.

BULLETIN BOARD

I wonder if you could communicate our need for medical help in Pakistan at a Christian Hospital run by World Witness in Greenville, SC. World Witness is the mission board of the Associate Reformed Presbyterian Church. The hospital is in need of long-term and short-term western doctors, nurses, lab and x-ray technicians. We most need a general surgeon who will commit to a long-term visit. The hospital is a state of the art general hospital with 200 beds, three operating rooms, and ICU, Labor and Delivery ward and emergency room.

The hospital is located in Sahiwal, Pakistan which is a city of 300,000 located three hours south of Lahore. The Christian ministry supports the Christian community and is one of the few places where Muslims will come for treatment, allowing us a chance to present Christ to them while they are in the hospital. Persons interested in serving at the hospital can contact me: Robert Belding, 728 Springlake Road, Columbia, SC 29206, Ph. 803/466-0434, e-mail robertbelding@hotmail.com Or Rev. Frank van Dalen, Executive Director, World Witness, One Cleveland Street, Greenville, SC 29601, Ph 864-233-5226, e-mail fvandalen@worldwitness.org

BULLETIN BOARD

We are planning to run a dental clinic and hold VBS at the Methodist Church and **Page 11**

School on the ocean's shore in Corozal, Belize.

Clinic dates are July 5-11 (unless we can get another dentist to run the clinic longer). I have a lead dentist (experienced) for those dates and we are working on additional dentists, hygienists, assistants, etc. We will operate a three-chair mobile unit that is already at the parsonage in Corozal.

Last time we discovered that children would come and wait all day to be seen. My daughter had some activities planned for the kids but not nearly enough. So, we need workers for this, too. Is this something you want to partner with us on?

Scott Wachter

shwachter@umcsc.org

BULLETIN BOARD

Medical Mission Trip to India and Nepal: February 7 – 18, 2007 Cost - \$2800

A small medical mission team will visit villages around Calcutta, India and Nepal doing minimal medical treatments while an Indian evangelism team will share the Saving Grace of Christ.

Needed: Doctors and nurses willing to conduct a daily medical treatment camp in various villages. An assessment of needs and requirements will also be collected for future trips. **Contact:** Roger Weaver, Crouse Chapel UMC, Chillicothe, Ohio. 740-772-0864, rweaver@glatfelter.com

BULLETIN BOARD

TALC There is a website <<http://talcuk.org>> that everyone involved in missions should know about and visit for information. It describes itself as: "A unique charity which supplies low-cost health care, training and teaching materials." It supplies teaching aids at little or no cost. Check in and be surprised at the variety and tremendous scope of their supplies.

TALC, PO Box 49, St Albans, Herts, AL1 5TX, UK
Email: <www.talc@talcuk.org> Tel: +44 (0) 1727 853869 Fax: +44 (0) 1727 846852

BULLETIN BOARD

Mark Garrison, Interim Regional Executive Co-Secretary of Mission Personnel for Europe, North Africa, the Middle East, South and Central America for the General Board of Global Ministries, requests a volunteer MD to serve at the Van Allen Community **Page 12** Hospital in Kodaikanal, Tamil Nadu,

India. Prenatal/neonatal qualifications a plus. A volunteer dentist is also needed. Volunteers should be willing to serve for 3-6 months or longer. An excellent American-curriculum English-language school is available if a family with school-age children is interested. For further information: Nick Elliott, info@umvim.org, telephone 404-377-7424 (if you live in the Southeastern United States) or Walt and Betty Whitehurst, IndVol@aol.com, telephone 757-426-2461 (if you live elsewhere).
Ronnie P. Tolle, PO Box 733, Maysville, KY 41056 606/759-5595 606/759-5993 Ken Conf
March 19-26 Costa Rica

OPPORTUNITIES FOR MEDICAL VOLUNTEERS

This list, and the next two - Future Medical Teams and Sources of Medical Supplies - are compiled by the UMVIM, SEJ. Additions, deletions or changes should be sent to: Nick Elliott, UMVIM, SEJ, 315 West Ponce de Leon Ave., Suite 750, Decatur, GA 30030 ; Tel. 404/377-7424

*F a x . 4 0 4 / 3 7 7 - 8 1 8 2 E m a i l :
<nick_elliott@umvim.org>*

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>*

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 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 [Liberi-](mailto:Liberi-aumc@yahoo.com)

aumc@yahoo.com

MOZAMBIQUE

CHICUQUE RURAL HOSPITAL

Most importantly, need a general surgeon. Also oph-

thalmologists, 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, mmivel-vet@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

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

vimhaiti@hotmail.com

PETIONVILLE COMMUNITY: CURAMERICAS

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

gladys@curamericas.org

CAP HAITIEN: TOVAR HEALTH CLINIC

a long-term mission of Providence UMC (NC) seeks 3 teams per year of medical professionals to work at existing clinic serving the very poor. Contact: Alice

Page 14 White, RN, 6928 Cabin Lane,

Gloucester, VA 23061 USA 804-695-2803 awhite@inna.net

Medical Director: Raymond F. Ford
rfousto@earthlink.net

Director: Alice M. White, RN
amwhite1@earthlink.net

www.thehaitimission.org

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

Combination Medical/Dental/Construction Project

Redesigning/converting the abandoned Methodist Church building in San Juan la Laguna on Lake Atitlan in Guatemala for medical/dental clinic and a multi use building. They have been receiving medical teams in a space that is only a large open room with a dirt floor. The need is for both construction teams and medical teams. Need 12 teams, 10-12 persons each. Contact JoAn Dwyer jdwyer0204@yahoo.com, Mobile: 011-502-5215-8608 or Carla Gonzalez, coordinator@guatemalavim.org, 011-502-7761-9985. Nearest airport: Aurora, Guatemala City.

CAMANCHAJ / URBINA: [SALUD Y PAZ CLINICS](#)

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

involve teamwork between medical and non-medical personnel from the United States and Guatemala. Contact: Dr. Phil Plunk (Medical Coordinator), Apartado Postal #65 Quetzaltenango, 9001 Guatemala 011-502-217-1985 pplunk@pchtx.com or pplunk@xela.net.gt

[Boca Costa Medical Mission](#) — Medical teams are needed in 'The Boca Costa de Solola' area of South-western Guatemala. A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Christian missionaries, Jim and Dianne Thompson, serve the Indigenous people of this area. The base clinic, in the village of Paquila, is about 1 ½ hours south of Quezaltenango and about 2 ½ hours west of Guatemala City. The clinics draw from some 30 small villages. The population is Indigenous Mayan. The primary language is Quiche although Spanish is also spoken. The area, Boca Costa de Solola, is one of the poorest areas of Guatemala. It has the 3rd highest infant death rate and one of the highest maternal mortality rates.

The clinic in Paquila is open every Friday and Saturday. The other clinic locations, about 4 in total, are open when medical teams are present. The critical need is for medical teams. Most teams are one week in duration with a minimum of one doctor and 2-3 support people per doctor. Contact Jim/Dianne Thompson, jodmthompson@hotmail.com

[CURAMERICAS](#)

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

919-821-8000 gladys@curamericas.org

HONDURAS

[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: Tom Brian, DDS, Send Hope, Allen, TX, 972/727-5436

[THE HONDURAS INITIATIVE](#)

The Methodist Church in Honduras

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

wilsonfey@aol.com

LIMON: CAROLINA HONDURAS HEALTH FOUNDATION

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

[MAMA PROJECT \(MUJERES AMIGAS MILES APART\)](#)

welcomes medically oriented medical brigades and people for deworming and vitamin A distribution teams. Long-term volunteers also welcome.

Contact: MAMA Project, Inc., 2781A Geryville Pike Pennsburg PA 18073 mamaproject@enter.net

NICARAGUA

[THE RAINBOW NETWORK](#) - CIUDAD SANDINO MANAGUA

The Rainbow Network provides medical services (needs especially dentists and ophthalmologists), public health support, housing, education and economic development assistance to their community. Teams may participate in these areas as well.

Contact: Peter D. Schaller , Rainbow Network Ciudad Sandino, Zona #6 Managua Nicaragua 011-505-269-7585

arcoiris@ibw.com.ni

MANAGUA: THE METHODIST CHURCH OF NICARAGUA

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

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 -

Page 16 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 UM-VIM 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 UM-VIM 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, Schroom 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

needs. A medical VIM team would be greatly appreciated.

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

MIDDLE EAST

ISRAEL/PALESTINE

FOUR HOMES OF MERCY

Physical therapists needed.

Contact: Bonnie Jones UMVIM Coordinator, 9153 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 [con-](mailto:contact@murphyharpst.org)

tact@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 [volun-](mailto: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.
- **Page 18** Common maladies include tooth infec-

tions, eye infections, parasites and lice.

Contact: Gael Orr, 585-346-3310

gael@hopeunites.org

VENEZUELA

EL RENEUEVO 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 RENEUEVO 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 La-Fayette AL 36862 USA

334-864-9135: 334-864-0932 el-renuevo@charter.net

MEDICAL RESIDENCY ABROAD

IN HIS IMAGE

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

Contact: Anjanette Spear - admin@inhisimage.org

Future Medical Teams

To: **HAITI** Departs: Jan. 2007 Description: Dental Contact: Doyle Ellis, 812-882-2716, at:

64cousin_ellis@yahoo.com Conference: S IND

To: **HONDURAS** Departs: Feb 2007 Description: La Ceiba area, Medical Contact: Gloria Borgman

605-642-5321, ronb@mato.com Conference: DAK
To: **INDIA/NEPAL** Departs: 2/7/07 Returns:
2/18/07 Description: Medical/Evangelism Contact:
Roger Weaver, RWeaver@glatfelter.com Confer-
ence: W OH.

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

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

To: **HAITI** Departs: 3/7/07 Returns: 3/20/07 De-
scription: VBS + Medical + Construction Contact:
Virginia Bell/Paula Morgan, 906/492-3203,
vbell@lighthouse.net Conference: DET

To: **NICARAGUA** Departs: 3/20/06 Returns:
3/31/07 Description: Jalapa, ISLA Contact: Peter
D'Ascoli, dasco002@umn.edu Conference: MN

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

To: **BELIZE** Departs: April 2007 Description: Den-
tal Contact: Chuck Ellinwood, Chiela@aol.com Con-
ference: 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: 10/19/07 Returns 10/27/07
Description: **Evangemed Medical Mission** Contact:
Penny Krug, 574-289-1256, pennyjknd@aol.com
Conference: N IND

To: **COSTA RICA** Departs 3/18/07 Returns 3/26/07
Description: Medical Health Mission Contact: Ronnie
P. Tolle, PO Box 733, Mayesville, KY 41506
(H) 606/759-5596 (0) 606/759-5993 Conf. KY

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 sandyo@4-him.net For more infor-
mation: www.4-him.net where you can fill out an applica-
tion for needed medical supplies and view a partial listing
of our current medical supplies.

Blessings, International

Harold C. Harder PhD, 5881 S. Garnett, Tulsa, OK
74146 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 ad-
vise 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 steriliz-
ers and steam boilers, and hospital equipment such as op-
erating 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 cdscent@iowatelecom.net

www.christiandental.org

The Christian Dental Society has portable dental equip-
ment 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 hospi-
tals and clinics with medicines, medical sup-
plies/equipment and recycled eyeglasses to reduce suffer-
ing among the world's neediest. CrossLink is licensed as a
pharmaceutical warehouse through the Virginia Board of
Pharmacy. The ministry customizes each project accord-
ing 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

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 Soci-
ety)

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 Con-
tact 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 recom-
mended 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 repack-
aged, checked for dating, supplemented and sent to over-
seas 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 pro-
jects.

Page 20 Major source of medical equipment. Has a staff

of trained biotechnicians who refurbish and check out
medical and dental equipment. Will take orders, then con-
tact when equipment becomes available and has been re-
furbished. 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 prepack-
aged kits, limited pharmaceuticals. Contact them for list
and ordering information

Has a Mission Resource Center, which allows missionar-
ies 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, cen-
trifuge, which can do basic chemistries, hematology. De-
velopment 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 prescrip-
tion and OTC, from many sources for distribution by mis-
sionaries. Drugs must be ordered by an MD/DO. A Mis-
sion 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: custsrv@map.org Website: www.map.org

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

- MAP offers the Travel Pack, a prepackaged unit of es-
sential 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 eye-glasses & 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)

JURISDICTIONAL AND NATIONAL UMVIM COORDINATORS

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

North Central Jurisdiction

Lorna Jost, 21939 464th Ave., Volga SD 57071-6929

Tel: 605/826-4122, E-mail: rjost@itctel.com

Website: <http://www.gb-gm-umc.org/northcentralvim/>

Northeastern Jurisdiction

Gregory Forrester, 32 North Church St., Cortland, NY 13045; Tel (607) 756-7799 Fax (607) 756-7957

E-mail: UMVIMNEJ@twcny.rr.com Web link: <http://gb-gm-umc.org/umconferences/northeastern.stm>

South Central Jurisdiction

Thalia F. Matherson, Bill Bache, Assistant, UMVIM Coordinator, 4849 Greenville Ave., Suite 1545, Dallas, TX 75206; Cell (214) 641-1332, Tel (214) 692-9081 Fax (214) 692-9083 E-mail: umvim-sej@sbcglobal.net Website: <http://www.gb-gm-umc.org/sejunc>

Southeastern Jurisdiction

Nick Elliott, 315 West Ponce de Leon Ave., Suite 750, Decatur, GA 30030; Tel (404) 377-7424

Fax (404) 377-8182 E-mail: sej-umvim@compuserve.com Website: <http://www.gb-gm-umc.org/Volunteers/>

Western Jurisdiction

Janet and Kurt Kaiser, 600 High Circle Rd., Sandpoint, ID 83864; Tel (208) 263-4094 Fax (208) 263-3220 E-mail: love2trvl@imbris.com Website: <http://www.gb-gm-umc.org/westernvim/>

Mission Volunteers – GBGM

Clint Rabb, Assistant General Secretary, Mission Volunteers GBGM 475 Riverside Drive Room 330 New York, NY 10115

(0) 212-870-3825; 800/554-8583 (F) 212-870-3624
Crabb@gb-gm-umc.org

Mission Volunteers – GBGM

Individual Volunteers (outside the SEJ)

Rev. Walt Whitehurst, Dr. Betty Whitehurst, 1761 Princess Anne Rd., Virginia Beach, VA 23456

Tel. 757-426-2461, Email: Indvol@aol.com
Fax: 757-426-3742 Website: <http://gbgm-umc.org/vim/indvol/program.htm>

UMF/HCV Consultant

Roger Boe, MD, 226 South Sixteenth, Pocatello, ID 83210
Phone: (H) 208/233-5651, (W) 208/234-4159
(Fax) 208/234-4233 Email <boeroger@cableone.net>

**United Methodist Fellowship
of Health Care Volunteers
Board of Directors**

North Central Jurisdiction

Teresa Miller, RN, 6800 Reno, Lansing, MI 48911
(H) 517/699-4116 <rbkids@acd.net>

Northeastern Jurisdiction

TBN

South Central Jurisdiction

Kathie Mann, Phone: 713/521-9383 Fax: 713/521-3724
Email: Texaspim@methodists.net

Marvin Loyd, DDS, P.O. Box 743, Lake Village, AR 71653;
(H) 870/265-2024 (F) 870-265-2112
email <loydcmp@cei.net>

Southeastern Jurisdiction

Jim Fields, MD, 411 Lynwood Blvd., Nashville, TN 37205;
(O) 615/386-9719 (F) 615/463-0008 (H) 615/298-1625
Email <jpfields@earthlink.net>

Judy Neal, RN, 612 Parkside Drive, Lexington, KY 40505
(O) 859/255-4411 ext. 237 © 859/221-2651
(H) 859/299-8801 (F) 859/253-6614
jjneal8801@aol.com

Western Jurisdiction

Liz Ryder, RN, Box 241, Tahoe Vista, CA 96148
(H) 530/546-8823 © 530/448-9254
ltryder1@yahoo.com

Consultant, UMF/HCV: Roger Boe, MD 266 South Sixteenth Pocatello, ID 83201 (W) 208-234-4159 (H) 208-233-5651 (F) 208-234-4223 boeroger@cableone.net

Editor, The Knock: Mike Watson - (O) 803-245-2296 (F) 803-245-6277 mikewsr@Qol.net

Consultant: Pat Koontz - 401 Caroline St. Ashland, VA 23005 (H) 804- 798~3500

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(O) 212-870-3825; 800/554-8583 (F) 212-870-3624
Crabb@gbgm-umc.org

FROM THE EDITOR'S DESK

I am EXCITED!!!

Page 22 I can see that we can make our mission

program much more effective and meaningful by adding some of the things that have been brought to light in this, and the last few issues, of THE KNOCK.

I know that a cooperative effort with the veterinarians will really make our efforts much more valuable to our work. They will be very valuable allies.

Introducing and encouraging the use of solar heating will have almost immediate benefits to our mission constituents, from reducing the effort to cut and haul wood, reduce the deforestation that often ruins the land, reduce the cost for heat, reduce the ill effects of smoke within the houses and much more.

I am excited about the growth of our program, both within our denomination and others.

I had a dream that became an obsession in the early 1950's. That dream was that our denomination would develop a program to enable our laymen and ministers to serve in an organized mission program for short-term service. At that time, there were a few such programs, but only with a very local base. I felt that my dreams were coming true when in 1968 I developed and served in such a program for UMCOR and visited Anguilla for two weeks to help in an emergency.

I was the medical advisor and board member of UMCOR at that time and was asked for advice when Anguilla lost her only physician.

I had a wonderful time developing and implementing a program of meeting the needs with physicians rotating to the island every two weeks for six months.

To me this was the direct answer to my prayer and I continued my efforts to establish such a program within our general church structure and at the same time to establish such a program within our (SC) conference and in the SEJ.

Finally, acting on a petition presented by the UMVIM, SEJ, the 1980 General Conference created legislation leading to the creation of Mission Volunteers within the GBGM. WE WERE IN!!

As I suspected it would, the movement has grown rapidly. In 2005, it was reported to GBGM that a total of 139,665 volunteers served in 70 countries including 48 states and expended \$59,885,474 in that year.

Think of that!

Now, let's get those reports in so that our story will be told completely for future generations.

Thank you for what you are doing in His name.

Mike Watson, MD
Editor

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

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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, and inquiries to:

Advance SPECIAL # for donations: 982832-4

Mailing Address

UMF/HCV
Mission Volunteers
General Board of Global Ministries
475 Riverside Drive, Room 330
New York, NY 10015

Checks may be made payable to:
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Or use VISA MC AMEX DISC (circle choice)
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Check our web site:
<http://gbgm-umc.org/vim/features/umfhcv.htm>

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Of Health Care Volunteer
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 are open to medical and medically-related volunteers:

KENYA	HAITI	SIERRA LEONE	CAMBODIA	GUATEMALA	HONDURAS
PUERTO 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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