



THE KNOCK

AN OCCASIONAL NEWSLETTER OF
OPPORTUNITY

PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL
A SERVICE OF THE UNITED METHODIST VOLUNTEERS IN MISSION

Volume XXI

Spring, 2009

Number 1

COMMUNITY HEALTH NEEDS ASSESSMENT

An Important Task for UMVIM
Health Care Volunteers

Roger Boe, MD
Medical Consultant

United Methodist Volunteer in Mission health care teams and leaders from host communities have recently come to recognize that the effectiveness of their health care programs is very dependent on an accurate knowledge of local needs and local health priorities. The communities we serve often feel that their health needs and priorities are not being adequately addressed either by current health systems or by visiting health care teams. Planning and implementing a quality community health program also requires the full cooperation and participation of that community. A Community Health Needs Assessment is an invaluable means of obtaining this kind of information, cooperation and participation.

A Health Needs Assessment is defined as a systematic way of identifying unmet health and health care needs in a community, and planning for the changes that are necessary to meet these unmet needs.(3) This assessment leads to an understanding of:

1. The community's perceived needs and priorities
2. The major areas of unmet needs, and a clear set of objectives to work toward meeting those needs.
3. Local patterns of disease and their variance from regional and national patterns.
4. The ways that local people explain illness, seek advice and use traditional healing methods

The means to use resources to improve the community's health in an effective and efficient way. (4)

Community appraisals can provide valuable insights and empower the community as well. There has

been a recent emphasis on having members of the local community participate in their own appraisal. The appraisal process then becomes useful not only in obtaining valuable information about the community, but also gives the community members a voice, and a feeling that they have ownership of the process.

Performing a successful health needs assessment requires

1. Learning what is actually involved in assessing health needs and how to go through the process
2. Devoting the time, the resources and the commitment to do the assessment well.

Doing the assessment with an eye to implementation, attempting to learn what actually needs to be changed to improve health. (3)

Underlying causes of poor health are strikingly similar throughout the developing world. The World Health Organization identifies the following eight health problems as priorities:

- Inadequate health education
- Inadequate food supply and poor nutrition
- Unsafe water and inadequate basic sanitation
- Inadequate maternal and child health
- Inadequate family planning
- Incomplete immunizations
- Uncontrolled endemic diseases
- Scarcity of essential drugs

These WHO areas of concern can guide health programs toward uncovering general problems that adversely affect health, but do not identify the community-specific problems and their root causes, nor do they suggest solutions. For that type of information, a Community Health Needs Assessment is needed.

Assessment of a community's health is like assessment of a patient.

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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.

**FROM THE JURISDICTIONS!
Southeast Jurisdiction**

With the retirement of Rev. Nick Elliott, long-time Executive Director, the Southeast Jurisdiction finds itself in a time of transition. As the incoming Director, I find myself moving to a new place away from family and friends but meeting new staff and learning new systems. Reflecting on recent changes in my life, I realize that the times that I have been called to follow Christ it has taken me to places I've only dreamed of and experiences that I never imagined.

It is those experiences and places that led me to this position many of which were as part of medical teams. On one of my early international trips to Panama, I found myself assisting the pharmacist and dispensing lots of prescriptions for the treatment of parasites, lice, and scabies. On later trips, I found myself becoming a dental assistant where I even pulled teeth (under the watchful eye of the dentist). In Ecuador (SIFAT) and the Amazon River (Evangemed), my dental training continued as I assisted other dentists - some of whom were local and did not speak English. It was frustrating and discouraging at times to see the tremendous need for better dental care and education. I soon learned of a dentist in my conference, Bruce Cunningham, who annually raised funds to purchase dental equipment that he carried to Venezuela where he led community dental health training through El Renuevo Global Ministries. This training and equipment allows for continued and regular dental care in areas where dental care had not been available. Alternative Restorative Treatment (ART) is a method being used to fill decayed teeth without having to pull them. It does not require drilling and lasts about 5 years.

Some of the teams I've worked with are regularly scheduled at Carolina Health Clinic in Limon, Honduras. Seeing many cases of malaria and HIV cases in this region, Alabama Honduras Medical Educational Network (AHMEN) Director, Dr. Tom Camp, prayed for more team leaders to expand the work. They have built a clinic/hospital in Ciriboya; started sewing and woodworking schools in Plan de Flores; sponsored children providing school uniforms and supplies and established feeding programs in several communities. Many of the teams now also serve on the islands of Roatan and Utila.

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STATEMENT OF PURPOSE

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

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Clinical Diagnosis	Community Diagnosis
Take a history	Talk with Community, ask questions, listen
Physical exam and tests	Community Surveys, review records, collect data
Patient diagnosis	Community diagnosis
Develop a treatment plan	Develop a community health plan

COMMUNITY HEALTH NEEDS ASSESSMENT

Continued from Page 1

In addition to direct observations and data collection, which at times can be very important, there are two broad ways of assessing a community's health. They are Rapid Participatory Appraisal (RPA), and Community Health Surveys. Ideally, a combination of these approaches should be used.

Rapid Participatory Appraisal or Rapid Appraisal

- Gains a lot of information about a community in a limited period of time.
- Uses informal but carefully planned interviews.
- Asks general questions that elicit perceptions about the health of the community.
- Establishes dialogue with community members. Seeks opinions and priorities.
- Is most useful in the early stages of health program formation.
- Gives the community a sense of ownership in the appraisal process and in the health program.
- Builds trust in the community and a sense that they are active participants.
- Forms the initial basis for community health planning.

Important components of a successful Participatory Appraisal

- Interviewers need to be fluent in language and culture, and receive training in the interview process. An outsider should always be paired with a member of the community.
- Interviews are one on one, or two on two (better).
- Two types of interviews are used—both are valuable.

1. Interviews with key informants such as community leaders, health workers, pastors,

teachers.

2. Interviews with a cross-section of community, including workers, mothers, single parents, also including people from the full spectrum of economic and social status.

Using both types of interviews gives the most balanced view of the community's perspective.

- Focus groups of 6-10 with similar interests may be interviewed.
- They discuss a particular topic, such as sanitation or health education.

Community Health Survey

- A set questionnaire given to randomly selected members of a community.
- Gives more accurate numerical information.
- The best method to systematically discover the main health needs of the community.
- Forms the basis for longer-term planning for a health program.
- Can be used as a resurvey as the program progresses.

NOTE: It is critically important to involve community members as full participants in the assessment process, including initial planning, leadership roles in training and interviewing, and in subsequent community planning and development. The Health Assessment and the reasons for doing it must be fully explained to the community at-large in advance. The community needs to feel ownership of the process. Full participation and disclosure also will help build the trust of the community. It is also important not to build up false or unrealistic expectations during the assessment process.

Site evaluation

- Designed to describe and evaluate the health system and facilities that are in place in a community.
- Includes physical facilities, personnel, equipment and supplies.
- Also describes the currently available health services in the region.

A health needs assessment instrument: *A Guide for Community Health Needs Assessment and Site Evaluation*, has recently been developed for **Page 3** use by UVMIM Volunteers, and has been used suc-

cessfully in Honduras and Guatemala.

A Draft Form is available for use by teams. (1) Please request this document if you are planning to do an assessment. Also read the section on Learning about the Community in Lankester. (2) You will need to understand this process well and plan/prepare carefully before undertaking such an important task.

It is hoped that this brief summary clearly explains the purpose and intent of Community Health Needs Assessment/ Site Evaluation, and how it should be implemented in the communities we serve.
Roger Boe MD, Medical Consultant

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FROM THE JURISDICTIONS!

Southeast Jurisdiction

(Continued from Page 2)

Working with the AHMEN Network (a group of about 10 churches mostly United Methodist from North Alabama serving in the northern coastal area and islands of Honduras), I discovered how important eye care and glasses can be to those without regular ophthalmology services. With technology and training from InFocus, the teams used charts and a focometer to get a prescription and make glasses based on individual needs. This appropriate technology works well for remote places without electricity and is fairly inexpensive. They continue to find more advanced training, skills, and equipment (retractor) to provide better eye care and treatment. To check out more about AHMEN, go to www.honduranmissions.com

A unique experience was to organize a multi-cultural exploratory team from North Alabama and Brazil. Dr. Wilson Bonfim, EvangeMed director, recruited surgeons and physicians from the Rio Conference and we joined together to serve with the staff at Chicuque Rural Hospital in Mozambique. Jeremias Franca, Hospital Administrator, provided us with information and tours to explore opportunities for future teams from both conferences. Dr. Bonfim brought the hospital a sonogram machine and taught the **Page 4** staff how to use it. Showing visitors how to wash their hands before and after visiting a patient was

one simple way to educate about the spread of germs and diseases. It was encouraging to see the increase in trained hospital staff but there is still a tremendous need for more.

Medical teams that answer God's call to serve in developing countries will continue to face dramatic health problems due to poverty and poor sanitation. Teams have an opportunity to work in areas of community health training and education to address some of the issues caused by the breakdown of the public health systems. It will be an opportunity not to just put a band-aid on a wound but in dealing with the root causes of these situations to ultimately heal the wound. Jesus as the great healer is the best example of using one's gifts and talents to serve others. I know that God has called me to use my gifts to serve Him as the Executive Director of UVMIM, SEJ and He has prepared me for this new journey.

Paulette West, Executive Director
UMVIM, SEJ

~~HONDURAS COMMUNITY~~ HEALTH BASED MINISTRY

Cindy Ceballos
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It was a long trek up the remote mountains of Escuapa, Honduras and as the new UVMIM Medical Teams Coordinator and Director of the Community Health Ministry program of the Honduras United Methodist Mission, I was on a mission. I trekked up the mountainside to contact Veronica and her children regarding the good news: her children were going to receive the eye surgery needed. Months earlier Veronica and her children were seen by a VIM medical team at the government Centro de Salud in Escuapa and were told that her son and daughter's eye condition were too severe for treatment at that location.

They returned to their mountain side hopeless and desperate. I had received an email from a member of the health care team who had seen the patient. The call was to inform me that funds were available for surgery for both of the children. I now had to identify and locate these anonymous family members and let them know. Months of research ensued in trying to find out who this family was. Today was the day I was to deliver this great news to Veronica. Her children had hope of seeing again. Our developing referral system was in process and our patient follow-up strategy would prove to bring success and hope to this family.

As a GBGM missionary appointed to the Mision de la Iglesia Metodista en Honduras, my job is to develop and implement a long care strategy of community health care within the poverty stricken country of Hon-

duras. Part of our plan is to optimize the use of U.S. medical VIM teams that help the Mission to provide community health care. They are an integral part of the plan's success. After several months of assessment, the Mission formed a community health care team to help formulate a plan. Finally, the Honduran's have formulated a plan that is comprehensive in scope covering almost every part of Honduras, engages every church that we have, and addresses virtually every aspect of community health care at multiple levels of concern.

Previously, there was a lot of effort by so many teams in the U.S. that everyone created independent strategies. The problem was that there was no coordination. Silos were created and everyone was doing their own thing. We want to optimize the use of the resources that are interested in participating in addressing health care issues in Honduras. We want to eliminate the duplication of services, and provide continuity, accountability, and effective patient follow-up, like we did with Veronica in Escuapa.

Honduras is the second poorest country on this side of the Hemisphere. Poverty is a great contributor to health problems within the communities. The approach the Honduran team has developed is a strategic effort utilizing existing governmental Centro's de Salud clinics that are scattered throughout the country. The plan is one of co-operation, not competition. We are in the business of relationship building with those clinics in those targeted communities. If we even considered building clinics, we would be creating a silo and would contradict what we are trying to accomplish which is eliminating the duplication of services. We want to create a low capital intensive approach that requires little maintenance. We don't want to get into a building program and create something located on just one site which addresses just one issue to one target group. This is not efficient nor do we want to create something that is dependent on outside sources per se for continued existence. With the already existing network in place, the Mission has chosen to work through these clinics who have welcomed this partnership.

Currently, the approach to addressing community health care has been broken down into three phases. The first phase is assessing the communities and existing resources for the purpose of establishing a baseline and prioritization. The second phase is patient treatment, patient education and prevention strategies. The third phase is addressing the causes of community disease and developing projects which address work-

ing solutions on issues such as water, sanitation, pollution, latrines, etc.

The beauty of the plan is that every Methodist church is engaged in this process. Representatives or "promoters" from each church are being selected, trained, and will become a liaison between the Centro de Salud and the Community Health Care team. These facilitators will be trained with assessment skills in profiling their community, identifying problematic areas and processing solutions in their communities. They will also be working closely with the Centro's de Salud's referral system for those cases which cannot be resolved at the sight which help promote a much more effective patient follow-up.

VIM medical teams will be engaged in every phase of this plan and will help undergird, support, and work through an existing network. This strategy will also provide VIM teams the continuity of service in patient documentation and follow-up information which will be shared and maintained through an existing database of patient treatment plans. VIM teams can consist wholly of non-medical personnel or a mixture of talents. Every team will be an asset to this plan, it is not necessary that a team provide medical doctors per se.

We are hoping that VIM teams will help resource in the areas of manpower, medical services, medications and supplies where needed. Accountability of these resources will be provided through my position and through the "promoters" located in each church. It will be great to see dentists looking at our laptop records seeing patients' progression over the years, physicians charting their patient's history, and looking at their health care treatment plan.

We are excited about our second phase of the plan. Our facilitators will be working closely with existing structures and engaged in community projects such as potable water issues, latrine building, pollution resolution, and such.

Truly, our approach is holistic and engages every aspect of the community. These goals and strategies come from the very heart of Honduran values. It compliments their context, builds bridges in their communities, and helps provide an effective means of addressing critical health care issues in Honduras.

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The Travel and Tropical Medicine Manual, 4th edition, Saunders 2008 (paperback), Erica Jong and Christopher Sanford, editors.

There has long been a need for a portable, accurate up-to-date reference to serve the needs of the short-term health care volunteer. Although primarily written with the international traveler and those health professionals involved in their treatment in mind, this newly revised 4th edition of the Travel and Tropical Medicine Manual completely fills the bill. Sections include pre-travel advice, immunization recommendations, and advice for the traveler with special needs. There are excellent chapters on taking care of personal health, prevention of illness, and evaluation of illness in the returned traveler. The greatest strength of the book, though, is in the incredible amount of up-to-date, authoritative information on epidemiology, pathology, diagnosis and treatment of tropical diseases that is packed into this compact paperback volume. The many contributing authors are acknowledged experts in their respective fields. The perspective is clinical and practical throughout. Expert editing has resulted in a well-organized very readable volume. Extensive space is given to emerging tropical diseases. Treatment recommendations are extensive, up-to-date and precise. Overall, this manual is the most comprehensive and useful single volume reference of its kind that is currently available. It will most certainly accompany me on my next mission trip.

Roger Boe, MD, Medical Consultant

EXPLORATORY TRIP **TO DOMINICAN REPUBLIC/HAITI**

Judy Neal: jjneal8801@aol.com

I have two passions in life: reading and participating in short-term mission teams. I'm going to share with you the story of my most recent mission trip to Papidas Sacedos, Dominican Republic in January, 2009.

Every story has a hero — mine has five. The first "hero" is Marge Skinner. Marge was a Peace Corp volunteer to the Dominican Republic. After her service with the Peace Corp, Marge stayed on in DR to manage a house for Deity Charities. Several years ago, when UVMIM took over the house, Marge

Page 6 stayed on to coordinate mission teams. Marge has been in DR for 16 years — 16

years of having electricity and water for only a few hours each day; 16 years of dealing with inept and corrupt government officials who promise much and gave little.

Marge knows a lot of people on both sides of the border. She has cultivated contacts in DR and Haiti and if you mention a need or a question she can immediately tell you who can meet that need or answer that question. She obviously loves the people of both countries and tries to help them in many ways such as painting World Maps on school walls, decorating walls of the Pediatric Ward at the local hospital, organizing a playground or planning games and crafts for VBS.

One of Marge's closest friends is my "hero #2", Hughes Bastien. Hughes was born in Haiti and immigrated to the U.S. in 1976 at the age of 15. Just before leaving Haiti he became a Christian. He felt God calling him to a special purpose but he did not yet know what that purpose was. He graduated from college with a degree in Electro-Mechanical engineering. In 1984 he returned to Haiti and his life was changed. He saw the difference between the lives of people in New York and the lives of the Haitians. A few years later he heard the song, "People Need The Lord" by Steve Green, and he knew God was calling him to be a missionary to his home country, Haiti.

Hughes rented a 4-room house and started a Kindergarten in Ouanaminthe, Haiti. He solicited donations and founded a 501-C(3) organization. He named his organization, Coalition of Children In Need Association (COCINA) He continued working in New York as a Director of Operations of the Homes for the Homeless until he lost his job in 1991.

In 1992 he moved back to Haiti and worked with a youth sports program. He and several friends joined together to live out their dream of providing a better education program for children than was provided for them in Haiti's public schools. The Kindergarten was opened in 1994 with 84 students and three teachers. Every year a class has been added. The school now had K through 12. Kindergarten students start as early as two years old. All class levels have a daily Bible period. Hughes returned to New York and drove a cab for several months each year in order to make money to pay teachers salaries. His school now has 1700 students but his work did not stop there.

The next dream was a hospital and clinic where Haitians could get quality, low cost health care and medications. In June 2008, The Univers Medical Center had its grand opening. This clinic is open 30-40 hours a week and treats hundreds daily. A suite of Operating Rooms is ready to receive Medical Mission teams. Specialty teams are greatly needed, i.e., surgical teams, OB-GYN teams

and Optical Teams.

Hughes' next dream is to build and run a vocational school that will teach Nursing, Nursing Assistants, Sewing, Computer skills and other skills that will give poor Haitians a way to make a living for themselves and their families. COCINA has a guest house where teams can stay. Hughes picks you up at the airport in Santiago, DR and transports the team to the location. Check out COCINA's website at: COCINA-HAITI.com and be sure to watch the video.

On our first full day in the Dominican Republic we traveled eight miles to the border between Dajabon, DR and Qunaminthe, Haiti. On our return we met Dr. Luiz, a Haitian OB-GYN Physician (hero #3) who worked in the Dajabon Hospital. Dr. Luiz also had a room in his home set aside as a clinic. He explained to us that in Haiti no preventative tests could be done, so that meant Haitian women could not get Pap Smears performed. He opened his house to Haitians and performed pap smears. This past year he diagnosed two cases of advanced cervical cancer. Dr. Luiz would also like specialty teams like OB-GYN, Surgical and Optical Teams. He has facilities at Dejabon Hospital where teams can work. Now, every story has to have some excitement in order to be interesting. My team's excitement came in the form of crossing the border from DR to Haiti on a market day. In my mind I pictured crossing over the Massacre River Bridge, being processed by border patrol in an orderly quiet manner, then entering a different country. Reality was crossing a two-lane bridge among a pushing, shoving mass of humanity. Everyone but us carried heavy loads of supplies on their heads, in wheelbarrows and in carts.

Being separated from other team members and, not being able to speak the language did not help. I almost got an eye poked out by a woman who stopped in front of me with a load of kindling on top of her head. My friend, Pat, almost got her foot run over by a large cart so full of cargo that the cart pusher could not see where he was going. By the Grace of God we made it to the other side, but this is NOT an experience I would want to repeat.

The next day I met "hero #4" Dr. Marissa Hermenez. Dr. Marissa is a Dominican physician who runs a free clinic one day every month or so. She is the Director of Foundation of Health for All. She treats mostly Haitians in her free clinic. It costs her \$100 a day to rent a house for the clinic location.

She is in the process of building her own clinic. She has the building's foundation poured and the walls up. Teams are needed to put on the roof and to complete the building.

My final "hero" this trip was Tom Ekland. Tom participated on a short-term medical mission team to DR. He experienced, firsthand, how the orphans received only the bare necessities, just enough to keep them alive. He wanted more for these beautiful children so he returned and opened his own orphanage. Later on this program branched out to include Orphanage Outreach. This group accepts short-term mission teams and has programs where volunteers can go into local schools and teach English, health-care teams can teach basic health concepts such as hand washing, nutrition and HIV. Each summer Orphan Outreach holds large learning camps using short term volunteers. Check out their website at: Orphanage-Outreach.org. Watch some of the videos and read the testimonies of volunteers. They not only accept teams, they also accept individuals and families. What a great vacation idea for your family!!

SO MANY NEEDS AND SO LITTLE TIME!
We saw so many projects and potential projects and met so many "heroes" it's hard to keep them straight. In conclusion, I would like to challenge you and encourage you to consider volunteering for one of the mentioned projects. They are all worthy and the people running them are all dedicated Humanitarians. Dominican Republic and Haiti are easy to get to (about 2 1/2 hours from Atlanta). Comparatively speaking, it is an inexpensive trip with trip costs running about \$1200.00 The weather is beautiful year round with a temperature of 70-75. Dominicans speak Spanish and Haitians speak Creole but there are always plenty of people to translate. If you work in DR you can stay at the VIM house in Papidas Sacedos. If you would like more info on this trip, please contact: Judy Neal: jjnea18801@aol.com or Pat Smith Psmith1947@aol.com

**REPORT OF OPHTHALMOLOGY UMWIM, SC
PROGRAM IN JEREMIE HAITI**

January 6 -16, 2009

Hal Crosswell, MD

The first Haiti ophthalmic eye team for 2009 departed for Jeremie, Haiti on January 6, 2009, and returned on January 16, 2009. The team consisted of Mrs. Kathryn D. Crosswell **Page 7**
(Ophthalmic Surgical Nurse), Mrs. Beth Wilkinson

(Ophthalmic Surgical Nurse), Mrs. Cheryl Burgess (Optician Assistant), Mary Katherine Britton (Journalist and Photographer), Dr. Charles D. Finley (Ophthalmologist), Dr. Hal H. Crosswell, Jr. (Ophthalmologist), Mr. Dennis McCutcheon (BioMed Engineer), Mr. Wayne McCutcheon and Mr. Wayne Plowder (Bio-Medical Engineers).

The team departed from Charlotte Airport early on the morning of January 6, 2009. Upon arrival in Port-au-Prince, we were transported by a van from the English Methodist Guesthouse in Port-au-Prince, which is coordinated by Mrs. Donette Lataillade to the local airport. We departed Port-au-Prince by Tortug-Air shortly thereafter and arrived in Jeremie early that afternoon. We were met at the airport in Jeremie by Pastor John Lesly Dorcelly who is Superintendent of the Jeremie Circuit for the Methodist Church. We were taken to the guesthouse in Jeremie and shortly thereafter departed for the clinic where we began preparing for surgery and patient examinations on the following day. Our two BioMed engineers checked all equipment and assembled the new surgical microscope, which had been shipped down earlier. On the following day, January 7, 2009, we arrived at the clinic early in the morning where we were met by a large crowd of patients waiting to be seen. During the time of our stay, we performed over 1,000 consultations and performed numerous ophthalmic surgeries, primarily for cataracts. As always, there were many patients with glaucoma requiring medication.

While we were there we were joined for one week by Dr. Brigitte Hudicourt from Port-au-Prince, and the following week by Dr. Shadrack Marcellus, also from Port-au-Prince. They assisted us in consultation with patients and in turn we instructed both of them in new microsurgical techniques in the operating room.

The new operating microscope enabled us to not only do better surgery but also to better instruct our Haitian ophthalmologists, as it was equipped with a side-teaching microscope, which allowed both the instructor and the surgeon to have identical views of the eye. All equipment that was used in the operating room and clinic was repaired and serviced by our Bio-Medical engineers, which was a tremendous benefit to us.

I would certainly like to thank all of those who contributed to the Haiti microscope fund, which allowed us to purchase the new teaching operating

Page 8 microscope. Certainly, without this instrument our work would not have been nearly as

successful. Most of the supplies and medicines we were using were donated by various ophthalmic companies. Without the generosity of these companies, this program would not be nearly as successful or even possible.

During our stay, we were also joined by Jose Moncricquet, a 4th year medical student in Port-au-Prince, who is being sponsored by our South Carolina Conference UMVIM. He was able to do the medical workup of our surgical patients during his stay with us in addition to assisting in other needs in the clinic.

We met with Sister Mary Ann at Haitian Health Foundation who donated an auto refractor and slit-lamp to our clinic, which were a tremendous asset in our examination of patients. In turn, we saw several referrals from their clinic and performed not only examinations but surgery for these patients.

A team of Cuban ophthalmologists has been using the operating rooms in Gebeau and Jeremie to perform cataract and pterygium surgery on patients from surrounding provinces. While there, we met with the surgeons and had an interesting interchange of ideas and methodology. Unfortunately, they were departing when we arrived, so we were unable to spend any time seeing patients with them.

It should be noted that all the supplies and equipment were packed in our container in Batesburg-Leesville by Dr. Bud Antley, Mr. Jimmy Mitchell, and Mr. Joe Cal Watson in addition to other helpers. This shipment also contained our new operating microscope. Upon arrival in Port-au-Prince, the container was released from Customs, whereupon it was placed on a truck and transported to our clinic in Jeremie without any problems. As was said earlier, the microscope arrived safely and was in excellent condition. All medications and other supplies were also undamaged and were placed in the clinic at Gebeau. It was noted that the x-ray unit at our tuberculosis clinic was not working, and following an evaluation by our two Bio-Med engineers, a report was written and has been returned so that technicians can repair this most needed instrument in our tuberculosis clinic.

While we were there, a team from Bethany United Methodist Church in Summerville was working on the orphanage. The team was joined by Pastor Bob Howell from that church. We enjoyed their fellowship and sharing devotions with this team. Bob Howell delivered an excellent and very meaningful sermon at the Methodist Church on Sunday morning.

One evening while there, we purchased a large container of ice cream which had been brought in from Port-au-Prince, and gave an ice cream Party for the children at the Methodist Orphanage. They not only enjoyed the ice cream but entertained us with song and dance, which made for a most enjoyable evening.

While in Jeremie, as I mentioned, we were housed at the Methodist Guesthouse and were hosted by Pastor John Lesly Dorcelly and his wife Mode. The accommodations and meals at the guesthouse were excellent. Transportation was also provided for us to and from the clinic.

Following our work in Jeremie, we departed for Port-au-Prince where we had a short layover before heading home. During that time, I had a meeting with Pastor Raphaell Dessieu who is president of the Methodist Conference in Haiti. We discussed the various needs of the ophthalmology program in Gebeau. Following a meeting with both Pastor Dessieu and Pastor Dorcelly, it was decided that we will continue the ophthalmology clinic as has been in the past, having one of the Haitian ophthalmologists from Port-au-Prince come down one week each month for the purpose of performing consultations and surgery. This will allow us to have continued care at the clinic, which is certainly needed for that region. We also discussed funding of the salaries and medications at the clinic, and a plan will be proposed to the South Carolina UMVIM committee for implementation.

The evening before our departure, we were hosted by the ophthalmologists in Port-au-Prince who are working with our clinic in Jeremie. We enjoyed a wonderful Haitian meal, which was attended by not only the ophthalmologists but all of their families. It was a wonderful evening of fellowship and dining.

On January 16, 2009, we departed Port-au-Prince and arrived in Charlotte later that evening. Again, all the team agreed that it was a very productive and enjoyable time in Haiti. As always, we expressed that we had gained far more than we had given in our work there. Other teams from other areas of the country are planned later this year, which will continue to support and broaden our ophthalmic services at the clinic in Gebeau.

The children's clothing was collected by Kathy Crosswell and the other ladies at Shandon United Methodist Church in Columbia and Bethany United Methodist Church in Summerville, SC. They were distributed at the two orphanages in the Jeremie area and the Methodist Orphanage, as well as the Emanuel Orphanage. Needless to say, the children and workers were thrilled to receive these items of clothing.

Hal H. Crosswell, Jr.; M.D. Coordinator Ophthalmology Services UMVIM, SC

GULU AND ARUA, UGANDA

Taken from several team members reports

A 33-member VIM team from Kentucky and S. Georgia Conferences just returned from a successful trip to Uganda. The team had a three-fold purpose: to train early childhood teachers, instruct in microenterprises and to hold medical clinics.

The medical team worked with two Ugandan physicians, Dr. Moses and Dr. Francis. The team treated 1800 patients: 400 for glasses, 126 dental and the rest medical. The dental team found that patients in Gulu had very bad teeth while the people in Arua (the next district over) had very good teeth.

The team treated many STD's, active cases of TB, a late Leprosy case, giardia, worms, elephantiasis and many cases of Malaria. They also saw some strange cases: a lady with a big burn on her leg that had been made worse by the witch doctor's treatment, several boys with strange burns (possibly from some sort of initiation), and a young girl with destroyed breasts from abuse.

Four people were taken to the nearest hospital for treatment: one with a strangulated hernia, one with meningitis, one with pneumonia and one with a herniated disc.

On the last day in Arua, a man came staggering in from the bush, fell down almost unconscious, babbling deliriously. He was not passing urine. He was burning up with fever and was in really bad shape. His wife and children had sent him off by foot, crying, because they thought they would never see him alive again. One of the team nurses diagnosed him with a major kidney infection. They began medicine right away along with rehydration salts and water. Another team member sat with him in a smelly hut all afternoon. She gave him sips of water throughout the afternoon and talked to him about how to improve his health and generally nursed him back to the land of the living. After the team returned home, they heard that the patient had fully recovered. He probably would not have lived if the team had not been there to help.

Because there is such a large NGO population in Gulu (home of the Invisible Children) the government there does not encourage short-term medical teams. They want clinics staffed by long-term medical personnel. Arua traditionally

does not get help from NGOs so they welcome all teams and are very grateful for help.

Plans have already begun for two teams to Arua in 2009, one from Kentucky Conference and one from S. Georgia conference. For more info contact:

Linda Gardella - Kentucky Conference:

JamesGarO l@aol.com

Sally Wardrop - South Georgia Conference: sallywardorf@mchsi.com

BULLETIN BOARD

UPDATE ON UMVIM, SEJ MEDICAL FELLOWSHIP SCHOLARSHIP

Since its inception, the SEJ Scholarship Fund has assisted participants from the Virginia, Kentucky, WNC, and Alabama conferences to take part in medical mission teams to Haiti, Honduras, Armenia, and Uganda.

The purposes of this fund, begun in 2003, are to broaden the scope of medical team ministries, increase the number of individual participants, and widen the number of medical specialties and services offered. Students and residents in health care fields who are financially disadvantaged are encouraged to apply.

To carry out its purposes, the Scholarship Fund solicits donations from individuals, medical team members, churches, including organizations and groups within a church, interested non-church related companies or groups. Also established professionals are needed to assist younger professionals and trainees to become involved in medical mission.

For additional information, contact:

UMVIM, SEJ

315 West Ponce de Leon Avenue, Suite 750

Decatur, Georgia 30030

Tel: 404-377-7424; Fax: 404-377-8182

w.w.umvim.org

sejinfo@umvim.org

Checks may be made payable to UMVIM with designation on the memo line for Medical Fellowship Scholarship Fund SEJ.

UMVIM MEDICAL TEAMS ARE NEEDED FOR NEPAL

From: "Kurt and Janet Kaiser" <love2trvl@imbris.com>

We work through the emerging UMC and our missionary on-site. Medical teams should plan to be there for two weeks, serving one week in each of two rural villages alongside the local health care provider, with emphasis on teaching as they proceed through each day. Our goal will not be to see hundreds of patients each day. Rather, the emphasis will be to

Page 10 work with the village health care providers to teach them better skills and new treatment options, working

with them as they see patients. We have set up a format that works well.

If you feel called to participate in this type of partnership contact Kurt and Janet Kaiser at love2trvl@imbris.com. Teams should consist of 8-12 team members, with 3-4 docs (family care physicians, pediatrics, OB-GYN, etc.), an eye-care person, 2-3 nurses who can also do double-duty as pharmacy techs, and even a few non-medical folks who have helping hands, warm smiles, and willing hearts! The people of Nepal are patiently waiting to see you! Kurt and Janet Kaiser Coordinators for UMVIM-Nepal, Retired UMVIM-WJ Coordinators

GENERAL SURGEON NEEDED IN PAKISTAN

Robert Belding, MD

robertbelding@hotmail.com

Christian Hospital Sahiwal is a 150-bed, Christian-run, general hospital. It is located in the heart of the Punjab area of Pakistan about 250 miles south of Lahore. This work began as a small clinic 101 years ago and has been instrumental in evangelism for the Muslim community. The hospital has an accredited nursing school associated with it. Since 9/11 there have been no expatriate physicians in the hospital although national doctors have carried on the work. As we rebuild our staff and the hospital census we are in need of a general surgeon for long term missionary service in the hospital. If you are interested in Muslim ministry please contact Rev. John Hopkins at World Witness, the mission arm of the Associate Reformed Presbyterian Church. John may be contacted at: E-mail johnh@worldwitness.org Phone 864-233-5226 Web Site <http://www.worldwitness.org/>

Progress note

Ann and I are finishing another two months in Sahiwal. It has been hot!! Ann has done well teaching English to the nursing students, and helping in the office. I have spent a little more time on the medical side, but administrative oversight still takes most of my time. The rewarding thing is that we are seeing an increase in the census, an increase in quality of care, and an associated increase in hospital income. We may be able to reach the goal of being able to cover the hospital's basic operating expenses this year. This will allow us to provide more care for the needy and to have regular maintenance on our major mechanical systems. Robert Belding, MD (robertbelding@hotmail.com)

HEALTH TEAMS NEEDED FOR GUATEMALA

San Juan Clinic Project

Jane Dunn" <richjane@ameritech.net>

Location: San Juan La Laguna, Guatemala.

Project: Medical and Dental teams are needed to serve the people of San Juan and surrounding communities on the shores of Lake Atitlan.

We are currently finishing up construction of the buildings and are looking for medical and dental teams to staff the clinic. Our goals are to have a medical/dental team come at least every two months and to provide follow-up care between teams. We are looking for medical and dental teams, construction teams, and also are in need of a longer term individual volunteer in mission. We can arrange all travel, lodging, food, etc. logistics for teams.

Contact Information: Mary.Micikas@gmail.com

For more news and information regarding health teams, please visit www.umvim4health.blogspot.com.

INMED

INMED - Institute for International Medicine, 6700 Troost Ave, Suite 224, Kansas City, MO 64131-4401

This is an organization that attempts to provide post-graduate and continuing medical education to medical professionals by conferences, on line courses and a host of other means. A trip to their blogsite (www.inmedblogs.us) leads to much of their program and is very worthwhile.

Nicholas Comminellis, MD, MPH

(Below are excerpts from The Power of Serving Others: You Can Start Where You Are by Gary Morsch and Dean Nelson, Berrett-Koehler Publishers, 2007. Dr. Morsch is the keynote speaker at the Exploring Medical Missions Conference on May 29-30.)

"Would serving people in serious need help fulfill my life?" It's a frequent, even if subconscious, question we ask ourselves. Gary Morsch observes, "People really do want to help one another and make the world better, but they often don't know how to do it. People are looking for significance in their lives, but they don't know how to find it. Often they've tried accumulating wealth, increasing excitement, exercising authority, but those attempts left them empty. The fortunate ones discover that the true source of power in our lives, the power to change the world, is available when we serve others."

Dr. Morsch, keynote speaker at the Exploring Medical Missions Conference (INMED) on May 29-30, speaks from heartfelt experience. He organized the first ever medical airlift to Russia, carried out trash for Mother Teresa's hospices in India, cared for injured Iraqis in Baghdad, and provided clothes to earthquake victims in China's Sichuan Province. In 1992, his vision to serve took on exemplary proportions when he founded Heart to Heart International (<http://www.hearttoheart.org/>), a globally recognized relief organization that has provided some \$300 million in humanitarian supplies to people in more than 100 countries. More significantly, Heart to Heart has

linked thousands of volunteers who desire to serve others with people who most desperately need assistance.

"As a relief worker and a physician, in some of the worst conditions imaginable, I see people helping others who are in need," continues Dr. Morsch. "Usually they are strangers to one another; often they are from different tribes, races, economic or social classes. What draws them together is that someone is in need and someone else is able to provide help. With that experience in mind, I have come to the following conclusions:

- * Everyone has something to give.

- * Most people are willing to give when they see the need and have the opportunity.

- * Everyone can do something for someone right now."

"For me, I decided in medical school that I would devote time out of each year to practice medicine where people didn't have adequate medical care. Each year I would pack duffel bags with medicine samples and head to a Third World country."

FUTURE MEDICAL TEAMS

(Dates)(Location)(Contact)(email)(Telephone #)

Nov.- Nicaragua Nancy Gillette npgillette@aol.com 616-866-0934

Oct/Nov - Liberia Barbara Tutton 262-495-2268

Spring 2009 - Armenia Pamela Karg & Carl Dulin
pamela@umcor.com Cbdulin@aol.com 414-747-0221

10/12/09-10/23/09 - Nicaragua Jon Kerr
jon@isla.cc 612-819-8877

Early July 09 - Sierra Leone Doris Acton)
doris.acton@nhylandsumc.org 952-819-8877

Late Fall 09 - Sierra Leone Doris Acton)
doris.acton@nhylandsumc.org 952-819-8877)

December 27, 2009 - January 7, 2010 - Kenya trip with focus on setting up clinics at several orphanages in the Nakuru area and a clinic in the new IDP refugee resettlement camp. Right now I will accept any medical doctors, nurses, LPNs or even non-medical persons who want to go. I will have to determine how we will use each person as they step up. Nick Farmer M.D. (317) 777-2782 (my private cell) Email: go@medicalrelieftrips.info

April 10-17, 2010 - Guatemala trip with focus on rural medical clinics in the Esquintla region of the country. Right now I will accept any medical doctors, nurses, LPNs or even non-medical persons who want to go. I will have to determine how we will use each person as they step up. Nick Farmer M.D. 317 777-2782 (my private cell) Email: go@medicalrelieftrips.info

July 13-24, 2010 - Thailand trip with focus on set-

ting up clinic at local orphanage and working with children and women that have been trafficked. Right now I will accept any medical doctors, nurses, LPNs or even non-medical persons who want to go. I will have to determine how we will use each person as they step up. Nick Farmer M.D. (317) 777-2782 (my private cell) Email: go@medicalrelieftrips.info
October 5-16, 2010 - Kenya trip focusing on working at new children's hospital in the Meru area. Right now I will accept any medical doctors, nurses, LPNs or even non-medical persons who want to go. I will have to determine how we will use each person as they step up. Nick Farmer M.D. (317) 777-2782 (my private cell) Email: go@medicalrelieftrips.info
6 / 6 / 2 0 0 9 - 6 / 1 4 / 2 0 0 9 - G u a t e m a l a
Jean Broyles LVQDAY@aol.com VIRGINIA

~~HAITI VIM MEDICAL MISSION~~ In Need of Physicians

VIM medical mission team serving with Haitian Artisans for Peace International (HAPI, www.haitianartisans.com <<http://mail.wmcumc.org/exchweb/bin/redirect.asp?URL=http://www.haitianartisans.com/>>) in Mizak, Haiti from October 20 thru November 3, 2008 is in need of two additional physicians or physician assistants to work in the rural community of Mizak in the southern mountains of Haiti, just north and west of Jacmel. Our mission will be to assist our Haitian partners in establishing an outpatient medical clinic. This is the first medical team to be sponsored by Haitian Artisans for Peace International. Lee Rainboth, a member of HAPI's US Guidance Team, is the team leader. Penny Krug, Rx ConneXion coordinator and the VIM Team Leader trainer from the Northern Indiana Conference, is the medical project leader. Cost is \$775 plus airfare. This includes \$200 in project funds. If interested, contact Valerie Mossman-Celestin, valeriem@wmcumc.org, 1-888-217-1905 weekdays 9-4 or 616-446-9558 (cell), HAPI US project coordinator.

~~BELIZE MEDICAL/DENTAL CLINIC UPDATE~~ Forest Home, Belize

We are very pleased with the success of the clinic in Belize. Since its opening we have been sending down six or seven teams a year from across the country. They have all reported good experiences. At this point, I am able to e-mail or fax the information needed for someone to have a successful mission. This includes how to get temporary licensure, suggested itinerary, rental car or van, where to stay, eat, sightsee, fish, dive, and have your laundry done.

Page 12 The cost, depending upon airline fares runs, about \$1,700 to \$1,900 per person for a ten-day trip.

We have recently added more dental equipment to the clinic. There are now x-ray units in both of the dental operatories. In another room we have placed two new chairs, primarily for hygiene. They are equipped with cavitrons. The medical rooms are equipped with Welch-Allyn Pan Optic units, exam tables, lights, etc.

Belize is an English-speaking country, so there is no need for interpreters. We can now arrange to have the noonday meals delivered to the clinic. These have become a treat the teams look forward to enjoying.

If you are interested in organizing a mission to Belize, please contact:
James N. Flach, D.D.S. jim@totcon.com 1-352-383-8112
(o)1-352-383-5820 (h)1-352-516-6700(c)

~~UGANDA~~

Family physicians, general practitioners, surgeons, internists, physical therapists, RN, NP, LPN, and other medical personnel, including pharmacists and several non-medical persons, are needed November 6-22 for a medical trip to Gulu and Arua, **Uganda**. Medical clinics will be held in towns and villages to assess and treat people. Others interested in accompanying the team are needed to fill medicine prescriptions, teach micro-business, hygiene, and Bible teaching to those waiting to be seen. Gulu is the area hardest hit in past years by the guerrillas who forced boys of the villages to become soldiers. Arua is one of the poorest areas of Uganda. Both are now safe for outsiders and in desperate need for the caring love of Christ, physically and spiritually. For questions or to register, contact Steve Waldorf at swaldorf@gmail.com or 229-425-2630.

~~MEDICAL RELIEF ASSOCIATION, INC.~~

Dear Doctor Mike Watson,

I read your details on United Methodist Volunteers in Mission website. My name is Fidel Caesar and I serve as Chairman of Medical Relief Association Incorporated, a registered non-profit organization in **St. Vincent and the Grenadines**, dedicated to providing improved health and medical care to the poor and less fortunate. In the past we conducted eye clinics and donated free glasses. Many others received specialized surgeries that they otherwise could not afford. These projects were carried out in partnership with medical mission teams from the U.S.A. whom we invited down to our island to give voluntary service.

We are seeking your help in finding medical volunteer doctors, dentists and other health professionals who might be willing to come to our island as medical mission teams or individuals to offer short term care to those in need. We can help with licensure, logistics and publicity etc.

Contact: Fidel Caesar, Medical Relief Association Inc.,
Box 1304, Kingstown, St. Vincent and the Grenadines

MEDICAL OPPORTUNITIES

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

For more information on preparing a medical team for volunteer service, contact the UMVIM Medical Consultant, [Dr. Michael C. Watson, Sr.](mailto:Dr.Michael.C.Watson.Sr@mikewsr@pol.net) <mikewsr@pol.net>

AFRICA

GHANA

KUMASI: ANKAASE METHODIST FAITH HEALING HOSPITAL

Ankaase Methodist Faith Healing hospital has continued to grow in numbers of patients and staff since 1999. It is now recognized as the Kwabre District Hospital and has been awarded by the Ghana Ministry of Health for its performance and quality of care for the whole person. Medical volunteers are welcome.

Contact: Doctor Cameron R Gongwer , Kumasi Ghana gongwer@africaonline.com.gh

KENYA

MAUA: MAUA METHODIST HOSPITAL is requesting a volunteer physician for a period of 2-6 months for diagnosis and treatment of medical patients. Need doctors to do eye, gynecological, orthopedic and other surgeries. Living accommodations & a small stipend provided. Shorter terms are available for specialists such as orthopedists, plastic surgeons, and gynecologists.

Contact: Maua Methodist Hospital, PO Box 63, Maua Meru North Kenya 011-254-167-21107: 011-254-167-21121 mckhosp@africaonline.co.ke Or Contact: Dr. Sharon Fogleman, Red Bird Clinic, 53 Queendale Center, Beverly, KY 40913; 606-598-5135. (sfogleman@rbmission.org)

KIANDEGWA HEALTH CLINIC:

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

MOMBASA: COAST SCHOOL FOR THE

PHYSICALLY HANDICAPPED MOMBASA

Rehabilitation of physically handicapped children at the Coast School for the Physically Handicapped, Mombasa. Contact: Rev. Dr. Stephen Kanyaru M'Impwii Presiding Bishop, The Methodist Church in Kenya , St. Andrews Lane, Off State House Road, P.O. Box 47633, Nairobi, 00100 Kenya 011-254-2724841 or 272-4897: 011-228-272-3812 mck-conf@nbnnet.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

LIBERIA

MEDICAL FACILITIES

Medical facilities need extensive renovation, medical supplies, volunteers. Contact: Bishop John Innis P. O. Box 10-1010, (DHL Delivery – Tubman at 13th St., Monrovia, Liberia), 1000 Monrovia Liberia 011-231-227-154: 011-231-227-516

Bishopinnis@hotmail.com or Liberiaumc@yahoo.com

MOZAMBIQUE

CHICUQUE RURAL HOSPITAL

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

Contact: Jeremias Franca , Chicuque Hospital for Chicuque Hospital Projects contact: Hospital Administrator, Jeremias hrchicuque@teledata.mz

NIGERIA

The United Methodist Church of Nigeria has medical programs in Zing, Bambur and Pero, all in central Nigeria.

Eye Centre in Zing needs ophthalmologists, optometrists, eye care professionals to assist Nigerian eye surgeon to perform cataract surgeries, provide consultations to address eye problems, etc. Used eyeglasses are requested.

Rural Health Program (RHP) in Zing requests health care professionals including medical doctors, surgeons, lab technicians, dermatologists and nurses. Medical supplies are requested especially for the laboratory. **Page 13** Persons with HIV/AIDS training may work with Nigerian

staff to provide seminars. Medical volunteers will work in rural areas as part of the mobile clinic ministry. Health education for Nigerian staff is important.

Contact: Beverly Nolte, chairperson, Iowa-Nigeria Partnership (INP), 515 237 8544, bnmedical@aol.com or Anne Hartman, Medical Director (INP), 319, 286 8960, annehartman@imonmail.com

NIGERIA

HIV Vaccine Clinics - Owerri, Imo State

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

SIERRA LEONE

WWSL

Women for Women of Sierra Leone

The non-profit 501(c) humanitarian organization of Women of Women of Sierra Leone USA, which was formed by Concerned U.S. Citizens, to provide Humanitarian Services to the less fortunate in the poverty-stricken country of Sierra Leone . . . and which has been taking U.S. Volunteers to Sierra Leone since the '90's, has need for either an Anesthesiologist or a Nurse Anesthetist, who specializes in EPIDURAL /SPINAL Anesthesia, to join their Surgical Team, headed by Thomas McIntrye, M.D., a General Surgeon in New York, departing the U.S. on June 15, 2009 via London-Gatwick to Sierra Leone and back in the U.S. on June 28, 2009. All expenses will be paid for by WSL. However, if the Volunteer wants to fund his or her expenses, which will be tax deductible, that will be OK. Excellent living accommodations in Sierra Leone will be provided. If interested, please call 646.456.3436.

Women for Women of Sierra Leone USA, P.O. Box 730, New York, New York 10030 Telephone: 646.456.3436

PLEASE VISIT WWSL WEBSITE:
<http://wwsl-inc.tripod>

Page 14

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 765-436-2805
gessla@charter.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@charter.net

SOUTH AFRICA

UMTATA, TRANSKEI: AFRICAN MEDICAL MISSION UMTATA GENERAL HOSPITAL

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

ASIA

CAMBODIA/LAOS/THAILAND/VIETNAM INDO-THAI LIMITED

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

INDIA

BAREILLY: CLARA SWAIN HOSPITAL

needs physical therapists. Contact: Greg Forrester
Indvols@gbgm-umc.org

CRAWFORD MEMORIAL HOSPITAL THE METHODIST CHURCH OF INDIA

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 vol-

unteer terms of 6 months to a year are especially needed. Contact: Philip F. Ansalone, Vellore Christian Medical College Board (USA), Inc. 475 Riverside Dr., Rm. 243, New York NY phil@vellorecmc.org

NEPAL

HEALTH SERVICES DEPARTMENT, UNITED MISSION TO NEPAL general practitioners/family physicians, pediatricians, internists, hospital director, psychiatrist, internist, surgeons, tutor/nurse educators, dentists, biomedical maintenance personnel; anesthetist. Contact: Personnel Manager Recruitment, United Mission to Nepal, PO Box 126 Kathmandu, Nepal pdo@umn.org.np

CARIBBEAN

HAITI

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

PETIONVILLE COMMUNITY: [CURAMERICAS](#)

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

CAP HAITIEN:

TOVAR HEALTH CLINIC

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

PIGNON

CHRISTIAN MISSION OF [PIGNON](#)

Individuals and teams for hospital. Needs include General surgeons, orthopedic, surgeons, family prac-

tioners, 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. **Page 15** 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

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. Project involves setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala. People from the surrounding areas will be invited to come to the clinic. Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala.

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

[BOCA COSTA MEDICAL MISSION](#) — Medical teams are needed in 'The Boca Costa de Solola' area of Southwestern Guatemala. A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Christian missionaries, Jim and Dianne Thompson, serve the Indigenous people of this area. The base clinic, in the village of Paquila, is about 1 ½ hours south of Quezaltenango and about 2 **Page 16** ½ hours west of Guatemala City.

The clinics draw from some 30 small villages. The population is Indigenous Mayan. The primary lan-

guage 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.

[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.

[LA MOSKITIA: SEND HOPE](#)

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

[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 Ron Davidson <hondurasvim@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@center.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

MANAGUA: THE METHODIST CHURCH OF NICARAGUA

Seeks nurse or 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

PANAMA

Clinics and Water Projects

Medical teams are needed for indigenous areas including Potrero Palma/Cieneguita Health Clinic Bongo Health Clinic Guaymi Indian Villages Punta Mani. There is also a need for clean water for these communities. Contact: Rev. Rhett Thompson, UMVIM Coordinator, Evangelical Methodist Church of Panama 011-507-6618-2633 rhettj@cwpanama.net

EUROPE

ARMENIA

LACHIN AGAPE HOSPITAL

Azerbaijan

Refugee Clinic Assistance

UMCOR Azerbaijan is seeking an Individual UMVIM who is a medical doctor to work with a United Nations High Commissioner on Refugees (UNHCR)-funded medical project.

The refugee clinic has two general practitioners, two pediatricians, and a gynecologist who would benefit from some coaching in practical, primary health care interventions and protocols. The UMVIM medical

doctor would serve as a doctor-consultant to work side-by-side with the clinic physicians to provide individual coaching as well as conduct group training sessions. Volunteers for this project must be medical doctors with primary health care experience.

Time Frame: The consultant doctor would need to serve 4-6 weeks.

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

ESTONIA

TALLINN: TALLINN CHILDREN CENTER LIGHTHOUSE

Dentists are needed in 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 P AGE 17

The Southeast Conference of Mexico seeks medical teams (nurses, dentists, physicians, surgeons) at multi-

ple sites across the conference, including:
TATOXCAC, PUEBLA: CLINIC - Need: medical 011-56-57-412-718; emanaproject@yahoo.com
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 UVMIM Coordinator, Southeastern Conference (Conferencia Sureste) Calle 4 Pte. #311, Col. Centro, Puebla, 72000 Pue. C.P. México 011-52(222)242-1895: 011-52(222)220-1326 (h) pris_13@hotmail.com

USA

ALASKA

CHUGIAK: BIRCHWOOD CAMP needs camp nurse for summer camp programs. Contact: Dave Kobersmith, PO Box 670049 Chugiak AK USA 907-688-2734 birchwd@alaska.net

WESLEY REHABILITATION & CARE CENTER

needs registered Respiratory Therapist for nursing home residents. Contact: Judith Ann Martin, PO Box 430 Seward AK USA 907-224-5241

GEORGIA

MURPHY-HARPST CHILDREN'S CENTERS Therapists to work with emotionally disturbed children/youth. Contact: Vance Voinche, Murphy-Harpst

Children's Centers, 740 Fletcher Street, Cedartown GA 30125 USA (800) 648-1234: (770) 748-1500 contact@murphyharpst.org

KENTUCKY

MT. VERNON: CHRISTIAN APPALACHIAN PROJECT VOLUNTEER PROGRAM needs volunteer nurses for summer camp (2 overnight camps and 1 day camp).

Contact: Volunteer coordinator, Route 6, Box 43 Mt. Vernon KY 40456 USA 800-755-5322 volunteer@chrisapp.org

RED BIRD CLINIC can use volunteer physicians, nurses, lab technicians, dentists, dental hygienist, mental health counselors and substance abuse counselors willing to become licensed in KY for outpatient clinics. The Red Bird Clinic needs fill-in coverage for providers in a Primary Care/Health Care/Rural Health Clinic, including doctors, nurses, and dentist. Kentucky licensure required. one month **Page 18** 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 tele 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 eyeglass project is also underway and donations of eyeglasses are needed, in addition to individuals or small groups to help with this project. Contact: Becky Harrell or Ann Burger, EMANA Casilla 832 Iquique CHILE 011-56-57-412-718; emanaproject@yahoo.com www.emana.org

PUERTO BERMUDEZ – Medical Volunteers needed.

Contact: Bishop Marcos Ochoa, Iglesia Metodista de Peru, Apartado 1386, Paisaje Baylones 186, Lima 05 Peru 011-51-1-424-5970: 011-51-1-447-4820 iglesiamp@terra.com.pe

IQUITOS - Project Bushmaster - www.HopeUnites.org

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

Contact: Gael Orr, 585-346-3310

gael@hopeunites.org

VENEZUELA

EL RENUEVO GLOBAL MINISTRIES MEDICAL TEAM MEDICAL BOAT

Provide medical, dental and optometry care for 9 indigenous groups along the Caura River. Need 2 medical teams of 6 people each (1 doctor, 1 nurse, 1 dentist, 1 dental assistant, 1 optometrist, 1 paramedic.).

RURAL AREA ORINOCO-DELTA (TOWN OF URACOA): EL RENUEVO GLOBAL MINISTRIES MEDICAL TEAM

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

LA URBANA, LA FELICIDAD, PAYAIOIRE & 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 elrenuevo@charter.net

MEDICAL RESIDENCY ABROAD

IN HIS IMAGE

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

Contact: Anjanette Spear - admin@inhisimage.org

SOURCES OF MEDICAL SUPPLIES

4 H.I.M.

PMB 177, 1425 S. Santa Fe, Suite D, Edmond, OK 73003 His Healing Helping Hands International Ministries, also known as 4 H.I.M., currently operates a small warehouse for the collection of in-kind donations of medical supplies of all types and various other resources which enable teams to meet the needs of local and global communities. For specific questions regarding medical supplies, contact Sandy Orchard RN at sandyo@4-him.net For more information: www4-him.net where you can fill out an application for needed medical supplies and view a partial listing of our current medical supplies.

Blessings, International

Harold C. Harder PhD, 5881 S. Garnett, Tulsa, OK 74146 Phone: 918/250-8101 Fax: 918/250-1281

info@blessing.org Website: www.Blessing.org

Offers a wide selection of prescription and over the counter medicines, including vitamins. Also has medical supplies. Small equipment items such as thermometers, stethoscopes, sphygmomanometers, ophthalmoscopes, nebulizers. Dental needles and medicines, but no dental supplies or equipment. Does not handle large equipment. Dr. Harder, the director, is a pharmacologist, and can advise on drug selection and therapeutic choices. Contact them for an application form and current lists of available drugs and supplies. Prescription drugs can be ordered by any health professional with US prescribing privileges.

CHOSEN Mission Project

Rich Thomas, 3638 W. 26th St., Erie, PA 16506

Phone: 814/833-3023 Fax: 814/833-4091

rich@chosenmissionproject.org

Web site <http://www.chosenmissionproject.org> **Page 19 Deals** with large medical equipment, particularly sterilizers and steam boilers, and hospital equipment such as operat-

ing room tables and lights. Limited hospital supplies. Limited X-ray equipment. Remanufactures or rebuilds all of their equipment.
Offers technical advice about installation and maintenance, and instruction in infection control measures. Charges 18% of fair market value, plus shipping.

Christian Dental Society

P. O. Box 296, Sumner, Iowa 50674

Phone & FAX: 563-578-8887

cdssent@iowatelecom.net

www.christiandental.org

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

CROSSLINK INTERNATIONAL

427 North Maple Avenue, Falls Church, VA 22046

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

info@crosslinkinternational.net /

CrossLink supplies medical mission teams, mission hospitals and clinics with medicines, medical supplies/equipment and recycled eyeglasses to reduce suffering among the world's neediest. CrossLink is licensed as a pharmaceutical warehouse through the Virginia Board of Pharmacy. The ministry customizes each project according to the needs of the recipient, ranging from a small box of medicines to 40- ft containers.

Contact person: Melinda Matzen, Project Manager

Glasses for the Masses

Ed Irwin Asst. Direct, Fairview UMC 2505

Old Niles Ferry Rd. Maryville, TN 37803

865/983-2080 Res 865-984-2468 Cell 865

250-4366 Email: enirwin@charter.net They

have 3 or 4 Focometers to loan out.

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

Dr. Ed Hagan

114 Morningside Dr., Sylvania, GA 30467 Phone/fax:

912/564-2173 Fax: 912/564-9349 (Has access to 2 dental

units, including chairs, and dental equipment for use by

teams.)

Hampton Research & Engineering, Inc.

Dr. William Harris, President, 2670 West Interstate 40,

Oklahoma City, Oklahoma 73108 Phone: 405-232-5103

FAX: 405-232-5104

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

Page 20 Missions Warehouse, and with the Christian Dental Society.)

InFocus

19728 Saurns Road PMB #136, Houston, Tx. 77084

281-398-7525 - supply house for new glasses

www.infocsonline.org

Interchurch Medical Assistance, Inc.

Paul Derstine, Pres.

Don Padgett, R.Ph., Pharmaceutical Svcs Dir. P. O. Box

429, New Windsor, MD 21776 Contact person: Patty Ditzel

Phone: 410/635-8720 Fax: 410/635-8726

imainfo@interchurch.org

www.interchurch.org

Has extensive stocks of donated and purchased drugs and medical supplies. These can be ordered by an MD with a DEA number. Contact IMA, request a current list of available drugs and supplies and an application form. IMA also has available their Medicine Box, which is a prepackaged, ready to transport unit of WHO recommended drugs. IMA also has a Medicine Box program that allows churches and other groups to purchase over the counter products and send them to IMA, where they are repackaged, checked for dating, supplemented and sent to overseas locations. IMA can also handle larger sized and container shipments on request.

International Aid

Myles Fish, president,

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 health-care in response to Biblical mandates. International Aid also works with qualifying partner agencies to provide containerized Gift-in-Kind products for health-related projects. Major source of medical equipment. Has a staff of trained biotechnicians who refurbish and check out medical and dental equipment. Will take orders, then contact when equipment becomes available and has been refurbished. Provides technical training for operators and repair technicians, both on site and overseas. Contact Mark Heydenburg for further information.

Has donated medical and dental supplies, some prepackaged kits, limited pharmaceuticals. Contact them for list and ordering information.

Has a Mission Resource Center, which allows missionaries to order personal care items, medicines and medical supplies via walk-in or mail order.

Also has Lab in a Suitcase, a battery of solar powered self-contained complete laboratory, including microscope, centrifuge, which can do basic chemistries, hematology. Development continues on testing modules for 3 prevalent diseases. Contact them for description and pricing.

The Diller Foundation, Medical Mission Services Foundation

3123 Kenwood Boulevard, Toledo, Ohio 43606-3112

Phone: 419.535.6986 Email:

Email: clvc@aol.com

<http://www.dillerfoundation.org/>

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

Kingsway Charities

Art Yannucciello, Operations Manager

1119 Commonwealth Ave., Bristol, VA 24201 Phone:

276 466 3014 or 800 321 9234 Fax: 276 466 0955

Provides a variety of short-dated medicines, both prescription and OTC, from many sources for distribution by missionaries. Drugs must be ordered by an MD/DO. A Mission Supply Request Form must be obtained on-line from www.kiruzbf.org/supplyrequest.htm, filled out and sent to King at least 2-3 months before trip. An inventory list and details of the ordering process will then be sent to you.

Lions Clubs

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

MAP International

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

Contact: Customer Services P.O. Box 215000

Phone: (912)265-6010 Fax: (912)265-6170

email: custsrvc@map.org Website: www.map.org Has pharmaceuticals and medical supplies by individual request. Orders require the signature of a licensed practitioner (MD; DO; PA, etc.) Contact MAP for an order form and instructions. Eligibility forms are also available on the website.

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

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

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

Medical Bridges, Inc.

PO Box 300245 Houston TX 77230- Phone: 713 748

8131 Fax: 713 7480118 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 Interna-

tional, 3240 Clifton Springs Road, Decatur, GA 30034

Phone: 770-323-5858 Fax: 770-323-4301 email

<http://www.medshare.org/> For General Information:

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

Medical Teams International

P. O. Box 10, Portland, OR 97207-0010 <http://>

www.medicalteams.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.proiect2020.org/> (Receives discarded eyeglasses & sunglasses, labels with prescription, provides to optometry teams.)

Rotary Club Morning Foundation

Kerrville Texas Rotary Club, Morning Foundation

Jack A. Thurmond, M.D., 206 Spring Mill Dr., Kerrville, TX 78028 Phone 830-896-0226

Medical Eye Equipment Loan Program for Mission Projects. The following equipment is available by application:

Nikon Retinomax auto refractor ; Clement-Clark slit lamp; (portable); Keeler magnifying surgical loupe; Perkins applanation tonanmeter ; Hand-held Heine slit lamp; Surgical operating microscope ; A-Scan and various smaller hand-held items

No fee charged for short term missions except shipping costs.

UMVIM Warehouse

Dr. R. B. "Bud" Antley & Jimmy Mitchell

117 W. Church St., Batesburg/Leesville, SC 29006

803/532-9870 (Antley - 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.)

Vitamin Angels

VA is a nutritional relief and health assistance organization which is dedicated to serving the poor and victims of natural and civil disasters, war and civil strife, and endemic poverty throughout the world. Assistance is provided through the donation of nutritional supplements to charitable healthcare institutions and organizations in the US and abroad.

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Contact info: Rachel Whitehead, PO Box 42029, Santa Barbara, CA 93140 Tel:805/564/8499 Fax:805/564/8499

E-Mail : Rachel@vitaminangel.org

Worm Project

“Combating World Hunger Through Parasite Removal.”

This is a Mennonite organization which supplies worm medicine at low cost.

Franconia Mennonite Conference Worm Project, 771 Route 113 Souderton, PA 18964 Phone:215/723/5513 ext. 136 Fax: 215/723/1211 E-Mail: wormproject@FMC-Online.org

World Dental Relief

Dental Missions Warehouse, Dr. Ron Lamb, President, P. O. Box 747, Broken Arrow, Oklahoma 74013-0747

Phone: 918-251-2612 FAX: 918-251-6326 dentalreliefinc@aol.com

www.dentalrelief.com

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

UNITED METHODIST VOLUNTEERS IN MISSION JURISDICTIONAL COORDINATORS

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

North Central Jurisdiction

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

E-mail: umvim-ncj@brookings.net

Northeastern Jurisdiction

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

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

South Central Jurisdiction

Debbie Vest, Director VIM Ministries 3009 David Drive, Columbia, MO 65202

Tel (913) 568-8826 • Fax (573) 474-6898

E-mail: umvimscj05@sbcglobal.net

Southeastern Jurisdiction

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

Fax (404) 377-8182 E-mail: nick_elliott@umvim.org

Western Jurisdiction

Heather Wilson, 600 High Circle Road, Sandpoint, ID 83864 Tel (208) 263-4094 • Fax (208) 263-3220

E-mail: umvimwj@hotmail.com

www.umvimwj.blogspot.com

MISSION VOLUNTEERS OFFICE

Clinton Rabb

Assistant General Secretary

Michael Deborja

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Manager, Network Services, General Board of Global Ministries

475 Riverside Dr., Suite 330, New York, NY 10115

Tel (212) 870-3825 • Fax (212) 870-3624

E-mail: voluntrs@gbgm-umc.org

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

INDIVIDUAL VOLUNTEERS

~~Landon Taylor, Gen. Bd. Of Global Min., 475 Riverside Dr., Suite 330, New York, NY 10115 Tel. (212) 870-3825~~

Fax (212) 870-3624 Email: Indvols@gbgm-umc.org

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

Nick Elliot (SE Jurisdiction only)

315 West Ponce de Leon Ave., Suite 750, Decatur, GA

30030 Tel (404) 377-7424 • Fax (404) 377-8182

E-mail: nick_elliott@umvim.org

FROM THE EDITOR'S DESK

UNLEASH YOUR POWER TO SERVE!

It's time for another payment on your subscription. It doesn't seem possible that a year has passed since the GBGM withdrew its support from *THE KNOCK* and we began a trial of being self-supporting. So far we are doing well and if you continue with your generosity (and maybe a little more) we are set for the foreseeable future. I really appreciate your splendid generosity. Many, many of you made contributions of \$25, others \$100 and several of \$1,000. There was one conference agency that donated \$3,000, which was MUCH appreciated.

In reflecting on this, I would like to suggest that each Jurisdiction put a substantial gift in its annual budget as well as many, many individual subscriptions.

After much thought, I have decided to continue as a biannual publication for the present. If finances are good and will support it, I would like to go to three issues a year. Please continue with your news, reports of team activity and reports of pending team activity.

Work is continuing on the "Turn Key Clinics." The Medical Committee of the SEJ is refining the concept and developing a listing of such clinics.

You will remember that this concept, basically, will consist of those clinics that have had a long, consistent history of successful and worthwhile volunteer medical activity and have developed the necessary local support structure and goodwill. A team could go to such a clinic and expect to have an excellent experience from the first visit. This list will be reported in *THE KNOCK* with an occasional in-depth look at such a clinic. Such a tool should make it much easier for those who have never been involved to become active in our movement.

Should the list become too long, I can see our publishing a pamphlet containing the list and an in-depth description of each clinic site that will be available for a small fee and revised and updated at times.

Thank you for all you are doing in His name,

Mike Watson, MD, Editor

THE UNITED METHODIST VOLUNTEERS IN MISSION

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

Please type or print

NAME _____ DATE OF BIRTH ____/____/____
ADDRESS (Home) _____
(Work) _____
E MAIL _____
TELEPHONE (Home) _____ (Work) _____ FAX _____
LOCAL CHURCH AFFILIATION _____
PROFESSION/SPECIALTY OR AREAS OF EXPERTISE _____
OTHER SPECIAL SKILLS/INTERESTS _____
LANGUAGES SPOKEN OTHER THAN ENGLISH _____
QUESTIONS? _____

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

Mailing Address

Michael C. Watson, MD
The Knock
PO Drawer 528
Bamberg, SC
29003

Checks may be made payable to:

Michael C. Watson, MD
The Knock

Or use VISA MC AMEX DISC (circle choice)

Card # _____

Exp. date _____

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

Signature _____

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

THE KNOCK

**UMVIM, SC
South Carolina Conference
Connectional Ministries
4908 Colonial Drive
Columbia, SC 29203**

**Non-profit
Org.
U.S. Postage
Paid
Permit No. 3
Columbia, S C**

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

Matthew 10:8 (CEV)

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

KENYA	HAITI	SIERRA LEONE	CAMBODIA	GUATEMALA	HONDURAS
PUERTO RICO	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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