

THE KNOCK

A NEWSLETTER OF OPPORTUNITY
PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

A SERVICE OF THE UNITED METHODIST VOLUNTEERS IN MISSION

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

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United Methodist Community-Based Malaria Control Program Launches in Sierra Leone

by Michelle Scott, GBGM

NEW YORK, Dec. 13, 2005— United Methodists are working to stamp out malaria, one community at a time, through the United Methodist Community-Based Malaria Control Program which launched this week. The initiative focuses on the health of entire communities by addressing the factors which allow this mosquito-borne illness to spread. The program was launched as part of a five-day workshop on malaria, HIV/AIDS, and community-based health care in Freetown, Sierra Leone. Twenty-five participants from United Methodist health care centers in Cameroon, Democratic Republic of Congo, Guinea, Liberia, Nigeria, and Sierra Leone attended the event December 5-10.

A New Network

Workshop participants were so inspired that they formed the United Methodist Church AIDS Malaria Network in Africa (UMCAMNA). Members pledged to work towards combating malaria and HIV/AIDS. A follow-up meeting November 2006 in Senegal will review the progress of their work.

(Continued on page 21)

ALICE HAS A VISION.

Setting: Kopanga, Kenya; a tiny rural village outside of Migori

Picture a bright-eyed, energetic young woman riding a bicycle along the dirt road from Migori to Kopanga (a 45-minute ride during the dry season). Alice is dressed in her starched and sparkling white nursing uniform, proudly adorned with a crisp nursing cap on her head. She's headed to the Methodist clinic she has helped to establish in this remote region. Alice has a vision to build a medical center, complete with pharmacy, X-ray and lab rooms, perhaps even surgical suites. Her outreach ministry emulates the Community-Based Primary Health Care model of



ALICE'S AMBULANCE

Dr. Arole of India, with whom she has studied. For now, each day she is surrounded by teenage moms holding their babies, and malnourished children whose quiet eyes plead for something to eat.

Alice dispenses her nursing care and her love one patient at a time, giving each the nurture, education, and medication (when the cupboard's not bare) they need. Her clinic is an abandoned building with a tiny consultation room, one 'in-patient' room with one bed plus floor space, and a maternity room of similar size that requires entry by ducking through a 4' tall doorway. The maternity room's dirt floor is spotless and the room is always prepped and ready for the next delivery. Alice even has an 'ambulance' – a bike fashioned with a chair attached to the back for transporting patients over that long dusty, bumpy road back to Migori. Alice would love to have a doctor/nurse couple come stay with her a few weeks to upgrade her skills and take some of the patient-load off her large, sturdy shoulders. Alice, like so many skilled nurses we see around the world, is indefatigable, gifted, dedicated, and doing what she can with what she has for her people. Alice has a vision....and we believe she'll reach it!

Kurt and Janet Kaiser
UMVIM, WJ Coordinators

If you wish to volunteer for a few weeks or months alongside Alice, contact the Individual Volunteer coordinator at Indvols@gbgm-umc.org or, if in the SEJ, contact nick_elliott@umvim.org.

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

GUIDELINES for UMVIM Teams

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

**FROM THE JURISDICTIONS
WESTERN JURISDICTION**

PEOPLE NEED PEOPLE

Devastating forces of Nature. Famine. Political strife. Epidemics. Human tragedies. There is never a day in any calendar year when all of God's children are at peace, with full bellies, healthy homes, and happy hearts. Yet stories of hope and faith abound, we've all heard them! The human spirit is the most resilient and indestructible feature God created in us.

In the aftermath of floods, hurricanes, tornadoes, earthquakes, and in the midst of poverty and outbreaks of disease, people need each other. The human touch. Someone to walk beside them as together they sort through the rubble and pick up scraps of photos scattered in the debris. Loving arms to hold a child dying of malaria. Someone to sit and listen to their story. A touch; a hug; a smiling face. Signs of hope for the future.

We in the USA are devastated by the tragedy unfolding from hurricanes Katrina and Rita. We want to help. And the UMVIM program provides an avenue to do that. But let's not forget those whose lives are still disrupted from 2004 hurricanes, from war in Congo, from famine in Niger, or flooding in Korea, political chaos in Nepal, or 'just life' in many places around the globe. You are needed. Here. There. Everywhere. UMVIM can help you help others. Because people need people.

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WHAT CAN WE LEARN FROM KATRINA?

Roger Boe
Medical Consultant, UMF/HCV

Within hours of hearing about and seeing the first images of the full extent of the Katrina disaster, I began receiving inquiries from health care people from every part of the country wanting to respond. Most were ready and willing to go right away. A few had already purchased plane tickets. Many were EMTs, paramedics, critical care **Page 2** or ER nurses and emergency physicians. Few had

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STATEMENT OF PURPOSE
**UNITED METHODIST FELLOWSHIP
OF
HEALTH CARE VOLUNTEERS**
Our purpose is to invite and enable professionals and other interested individuals to nurture and witness to their Christian faith through ministries of healing of body, mind, and spirit, as servants of Christ, providing health care to a world in need.

Table of Contents

Subject	Page	Subject	
Malaria Control	1	Dry Latrine	
Alice Has a Vision			7
1		Haiti Mission	
Jurisdictional Report	2		8
Consultant's Corner	2	Honduras	
		Katrina	10
Book Review		More Guatemala	
3			10
Congo Reality		Women of Sierra Leone	11
4		Bits and Pieces	
Team to Mexico			11
5		Organizations Accepting	
Angola		Medical Volunteers	11
	5	Rx Connexion,	
Flooding in Guatemala	6	Consultation VI	12

received any disaster training.

I also received many calls from other agencies wanting information because they were also receiving calls. I was inundated by more than a hundred inquiries. My calls to find more information were unanswered. I did not want to send those who were not disaster trained to an area that was not prepared to receive them. After 48 hours I was able to contact local health officials. They initially were willing to accept volunteers, then refused to accept physicians from out of state because of licensure problems.

Nearby National Guard medical units were not deployed. Neither the American Red Cross nor FEMA (the Federal Emergency Management Association), had anything in place to serve medical needs in the disaster area. It was only after five days that they began forming any kind of medical response, and began accepting health care volunteers with plans that they would not be utilized until the 15th of September. The Red Cross did not accept out-of-state physician volunteers.

The only faith-based agency I am aware of that was able to respond during the first hours was Northwest Medical Teams, from Portland. They had five disaster-trained teams on site within 24 hours, but then had to wait five days for state government licensure approval before they could go to work. The UMCOR Sager Brown depot in Baldwin, LA, was unscathed by the hurricane and was able to begin immediately providing emergency supplies, food and water to the victims. Some Methodist teams and individuals were able to make connections with churches in the area, and set up impromptu clinics and shelters. At one point another organization had available over 250 physicians and 150 planes filled with medical supplies that were not given permission to work in Mississippi or Louisiana, in large part because of licensure concerns. FEMA turned back a massive Medical Aid Flight from Canada at the Border because of security concerns. The Federal Government did not even acknowledge an offer of 1500 physicians from Cuba.

It is not my purpose to blame anyone, but it is clear that we were all unprepared to respond medically to a disaster of this magnitude. What can we do to remedy this situation?

1. We need a comprehensive investigation of the local, state and federal response to the medical aspects of Katrina. The Medical Reserve Corps, which was mandated after Sept 11, 2001, needed to be implemented and trained to handle the medical response to this type of emergency, but was not even formed and available at the time. If developed as planned, MRC would be a disaster-trained corps of skilled health professionals available to go where needed, and be able as federal employees to surmount local legal and licensure restrictions.

2. The chain of responsibility, and the specific areas of responsibility need to be clearly identified. No one was in charge of the medical response to Katrina.

3. We can advocate FEMA getting back to a focus on taking care of our disasters, not just on security.

4. We need to develop and train core groups of health care first responders, to be available immediately in case

of a disaster but also be able to handle the spiritual and psychological needs of the victims. Faith-based organizations have shown that they can do this part well, and should be strongly encouraged to develop this capability. Northwest Medical Teams is a good model for this type of program, but it appears to be the only one nationally with this capability. (If any of you know of faith-based organizations that have such a first medical disaster response capability, please let me know.) Ideally, a number of these organizations throughout the country would provide a place for interested volunteers, particularly EMTs, paramedics and emergency personnel, as well as pastors and trauma specialists, to apply for and receive training.

5. Should UMCOR (The United Methodist Committee on Relief) be encouraged to undertake this type of program? At this time their focus is on the long-term needs following a disaster, the second response, the rebuilding process. They do not currently have a medical component that serves within the US. They do their job extremely well. To undertake this major shift in emphasis to a medical first response would require a whole cadre of medically trained leadership and personnel, and considerable financial commitment.

We must work to clear the incredible US legal and licensure mess that seriously hampers the deployment of first responders and all medical teams, including UVMIM teams, within the United States. It is ironic that we can send MDs to Indonesia for the Tsunami, but not to New Orleans for Katrina. This effort must begin with approach to state medical societies and legislatures. Our voice needs to be heard in this matter.

I hope that these preliminary thoughts will form a basis for us to plan for an improved response to national disaster and also for better opportunities for our volunteers to serve. We can learn from our mistakes.

Book Review, Fall 2005

SURVIVAL OF THE FITTEST:

Keeping Yourself Healthy in Travel and Service Overseas

**By Dr. Christine Aroney-Sine
Marc, Monrovia CA, Rev 1999.**

Participation in overseas mission work, particularly in developing countries under uncertain conditions, can be hazardous to our health. Getting sick is no fun, and can interfere with our work. We may end up being a burden on those who need to care for us instead of fulfilling their mission task. How can we stay healthy?

According to Dr. Aroney-Sine, "When God calls us to work overseas, he doesn't expect us to leave our common sense at home. Most diseases and injuries are preventable."

In a clear and concise manner suitable for both the health professional and layperson, she outlines an organized approach to maintaining our physical, psychological and spiritual health while serving overseas. Her advice is tempered with a great sense of humor and illustrated with stories from her extensive, 12-year mission experience as Medical Director of Mercy Ships. The book **Page 3**

discusses the diagnosis and treatment of common illnesses, but the emphasis is clearly on prevention. The list of immunization requirements, and the advice on malaria are incomplete and not up to date, but last minute information about country specific recommendations should be obtained from the CDC anyway.

What this book does offer is a philosophy of preparation, a positive approach that not only prepares us for a healthy trip, but also allows us to enjoy it fully. The section on spiritual preparation is remarkably comprehensive, full of wisdom and insight, and includes a spiritual checklist. This and the discussion about handling stress are both incredibly close to the mark.

I have been recommending this valuable little book to prospective individual volunteers attending our orientation and training sessions. I also feel that it needs to be in the hands of our team leaders, and read by every member of our UMVIM teams.

Roger Boe,, Consultant, UMF/HCV

A DOSE OF CONGOLESE REALITY

Robert Bradley, M.D.

Where: Mulungwishi Methodist Seminary, Democratic Republic of Congo. Five hours over a dusty, pot-hole road from the city of Lubumbashi near the border of Zambia.

Who: A UMVIM mission team of seventeen medical personnel from Colorado, Washington, Idaho and California

What: A dose of Congolese reality.

When: May 30, 2005

After our brief welcome last night, work began in earnest when Jean, a nurse and the clinic's supervisor, took Kathy Raven, M.D., and me on rounds in the infirmary. The aging white and blue concrete building consisted of a small pharmacy and five patient rooms, each containing two thin bare mattresses atop dilapidated gurneys. The rooms had open, though barred, unscreened windows. The cement floors were cleaned daily, but an itinerant mouse scurrying across the floor must have found crumbs somewhere.

On this first day of real work we visited several patients. The first was an elderly malnourished man with cough and rales. Gentamycin and Chloramphenicol battled his yellow fever. Next, we looked in on a five-week-old baby with purulent lesions covering the scalp. The prescription was IM Rocephin along with daily scrubbing. Our final patient was a young woman with an apparent septic abortion. We treated her with Rocephin and attempted a one-finger uterine curettage.

After our dispensary rounds Kathy and I parted to begin clinic. I served as a consultant physician working with Jean, the male nurse clinician. Mama Mutumbo, a Methodist pastor fluent in French, Swahili and English served as my interpreter. My first patient on this trip to this disease-ridden third world country was a seminary professor looking for reading glasses. Reading glasses? I had traveled to sub-Saharan Africa to help people with serious illnesses and he only needed readers! Fortunately, **Page 4** the team had brought 140 pairs of donated reading

glasses. They were all much appreciated.

Several patients later I had my first taste of the sad reality of Congolese village life. A young mother of ten children brought her five-month-old boy into clinic. The infant looked quite ill, with grunting respirations. He was fussy, irritable and very pale. Jean immediately diagnosed malaria with severe anemia. One of the few lab kits available at the clinic was a hemoglobin test, which yielded a result of 1.5 grams for this child. In thirty years of family practice, I have never seen a hemoglobin register this low. Within an hour, Ferdinand, our lab tech, inserted a needle into the child's external jugular vein to transfuse a half pint of blood donated minutes before by one of our waiting patients. This efficiency both impressed and worried me. Unfortunately, in spite of our efforts, the child died two hours later. We could do nothing more to save this life.

My reaction to this poor child's death was one of surprise and dismay. In my world of sophisticated western medicine, childhood death is a rare occurrence. Children simply do not visit my office and die three hours later. Yet, in this Congolese clinic childhood deaths happen almost daily.

My second day in clinic was nearly as jolting. A father arrived, explaining that his four-year-old son had "diarrhea and swelling" which had started a week prior. Jean's experience with similarly malnourished children told him this man's story simply was not true. "He is a liar!" said Jean, who could see that the child had suffered for some time. Indeed, with protruding ribs, swollen abdomen, edematous feet and extensive purpura, this child had Kwashiorkor – protein calorie malnutrition. The boy had evidently been fed nothing more than bukari, a totally carbohydrate root staple, along with contaminated stream water. This young boy died five days later. I had never seen a child die from malnutrition, another harsh dose of Congolese reality.

I later consulted with Lorene Persons, a long-time United Methodist missionary who runs a weekly nutrition program offering soy products and eggs to children and babies. In spite of feeding programs and nursing care, nutritional neglect takes a toll.

Fortunately, no more children died on my two-week watch at the clinic. The remainder of my varied experience was challenging and rewarding. Being exposed daily to cases of malaria, parasitic infections and tuberculosis, I learned at least as much as I taught.

Just a week after returning to Colorado I read an article in Family Practice News which put my Congo experience into perspective. During the years 2000 - 2003 there were 10.6 million annual deaths worldwide in children younger than five years. The major causes were pneumonia (19%), diarrhea (18%), neo-natal pneumonia/sepsis (10%), pre-term delivery (10%), malaria (8%), and asphyxia at birth (8%). Four communicable disease categories accounted for more than half of all child deaths. Notably, 94% of the global deaths from malaria occurred in Africa alone. A Congolese child is 30 times more likely to die than an American child, and one in five Congolese children dies before the age of five. Under-nutrition is an underlying cause of 53% of all childhood deaths.

I appreciated reading Dr. Roger Boe's article in the summer, 2005, issue of "The Knock" about how communities can improve poor neonatal outcomes in developing countries. I am reminded of the value of Lori Persons' nutrition program at Mulungwishi. Imagine how many deaths could be prevented if children were better nourished! I'm proud of the monetary donation our mission team was able to leave with Lori so she could maintain and develop her program.

What else might our team have left behind that could have a lasting positive effect on the health of the Congolese people? We didn't solve all of the problems presented to us in clinic. Children will still die daily. That was a dose of Congolese reality for me. I was gratified, though, by the comments of the local people regarding the care and concern displayed by every member of our team. Maybe that was the reality we brought to the Congolese.

Just the fact that we were there and that we cared will make a difference we cannot measure in the lives of those we served.

Robert Bradley, MD

MULTIDISCIPLINARY TEAM TO MEXICO

UMVIM, SC

On July 30, the 16 member team included Easley residents Mac Kinnett, Kim O'Brien, Ashley O'Brien, Alice Vander Linden, Neil Vander Linden, Louis Shepard, Eric Goodwin, Jan Jackson and Mike Galloway. Other team members were Jim and Leslie Lessinger of Porterville, CA, Christy Saylor of Central, Forest Kinnett of Marion, Glenn Blocker of Laurens, Carrie Anderson of Liberty and Chandler West of Rock Hill.

The team traveled to Tlalamac, Mexico, a small village southeast of Mexico City near the volcano Popocatepetl, to man El Eden Medical and Dental Clinic, work on the construction of a parsonage for the pastor of the local Methodist church and hold a Vacation Bible School for the children of Tlalamac. Team members slept in the clinic and were fed wonderful local food by the ladies of the local Methodist Church.

A highlight of the trip was taking the Bible School to the remote village of Ecatzingo high in the mountains near the volcano. We met in a local house because there was no local church and the twenty-five children who came had never even had an opportunity to go to Sunday School. They were fascinated by the puppet we took and thrilled with the simplest of crafts. Team members working on the Bible School were Kim O'Brien, Ashley O'Brien, Carrie Anderson, Chandler West and Alice Vander Linden.

The construction team included Eric Goodwin, Mike Galloway, Forest Kinnett, Glenn Blocker and Mac Kinnett. Their activities included construction of cement columns and laying block walls for the second story parsonage.

Dr. Louis Shepard and his assistant, Christy Saylor, staffed the dental clinic, which treated 49 patients filling 62 teeth. The Medical Clinic, staffed by Dr. Jim Lessinger

and his wife Leslie from Porterville, California, treated 150 patients. Jan Jackson did triage for the clinic and Neil Vander Linden was the leader for the entire team.

The week was such a success that most team members express an interest in going on another mission next year. Current plans call for a construction mission in Costa Rica next April.

Neil Vander Linden, First United Methodist Church,
Easley, SC 29640

WHAT ABOUT ANGOLA?

By Liz Ryder, RN

**Note: Liz Ryder, RN spent seven years as a UM Missionary in Congo as Dean of a School of Nursing, and is currently a Board Member of UMF/HCV. Angola, in South West Africa has recently emerged from 26 years of civil war. Though still devastated, the country and its Methodist Church are actively working to restore vitally needed health services to all parts of the country. Community Based Health Care is certainly an extremely appropriate option.*

Roger Boe



Two students practice teaching

"I've had this book for 20 years," said Lucretia Domingos, wife of Bishop Domingos of the West Angola Conference. She was speaking of **Where There is No Doctor**. "Guess it just takes you to come and begin the process," she finished. And so it began, my 3-week course focusing on Community Based Health Care. The idea began when my husband and I accepted the task of leading two teams to Luanda, the capitol of Angola, this past summer. I was the health care team leader, and he was the construction team leader. As much as I tried, I could not entice a single physician, PA or nurse practitioner into coming. Therefore, holding clinics was not a good option. So, believing that community-based health care (CBHC) is the only viable option for developing countries, I put together the 3-week introductory course.

While on an UMVIM team to Angola last **Page 5**

year, I had spoken with Bishop Domingos and the Minister of Health for Angola about CBHC and the California Nevada Conference's idea of 'One Village at a Time' that a type of CBHC might assist rural and displaced people in Angola. I spoke about the prototype program begun in Jamhked, India, where I had studied and how the essentials could be implemented in Angola. Enthusiasm reigned. So, the idea had been planted early on about the possibility of my teaching such a course. The Bishop enlisted women from the Luanda district who were interested in such a program. As he put it, "These ladies are the ladies who do lunch." What he meant by this was that the selected women had education, were movers and shakers within the church and were interested in bettering the health of all people of Angola. Now, this is not exactly how the program was to be implemented, but, hey, you work with what you've got.

Four nurses, a respiratory therapist and an x-ray technician along with 32 lay women showed up the first day! Wow! A total of 38 women! "I wonder," I thought to myself, "how many of these ladies will be here at the end of the course." As I handed out the books in Portuguese, I realized I had a special group. Sara, a gray-haired dynamic nurse, asked, "Can we use traditional medicines to augment modern medicine." I assured her not only that she could, but also that she should. Then I asked if she could tell me some of the traditional medicines and what they could be used for. She dashed out the door, was gone a couple of minutes and returned bearing an armload of plants she had found just outside the door. She then proceeded to enlighten the class and me. There were plants for burns (aloe), there were plants to bring down fever (fever tree) and there were plants to cure worms (papaya). Just so many plants. Sara told the class how to prepare each plant for its use. (I had studied about these plants while in India...the same plants.)

In addition to all the concepts in the book, we discussed ways to teach different groups of women. The idea that teaching women in a rural village situation might differ from teaching their next door neighbors in a large, sophisticated city such as Luanda had never occurred to them. First we talked about the village women. Knowing most of these women are highly superstitious, we planned ways to teach about superstition and how to deal with the traditional healers. Thinking of teaching village women, the class decided to make songs to teach about a variety of subjects. They assured me the village women, most of whom are illiterate, would surely remember songs. So, there were songs about how to make rehydration fluid, songs about the prevention of worms, songs about good nutrition and where to find the ingredients within the village. There were even songs about diarrhea...can you believe it!! Again, the class assured me they could teach using stories. So, we made up stories with props on how to prevent the spread of HIV/AIDS and stories about how to get rid of cradle cap and lice.

Then their attention turned to how to teach their own peers. They were delighted to own their books since they

hold discussions. The ladies were ecstatic about having their very own books to keep and use as reference and teaching materials. (It did take a bit of organization to get the books in Portuguese, but it was worth it. We ordered them, well in advance, from Brazil, another Portuguese speaking country.)

The class planned to give short lessons each time the women's group (UMW) met in their own churches. (Interestingly, the UMW meets every Friday church wide.)

Toward the end of the three weeks, the class began to realize they needed more training. Ever the enthusiastic mover and shaker, Sara dashed over to the clinic at the compound and brought back a rather reluctant volunteer physician. She asked him to "just sit through one of our lessons." He complied. After the lesson, he agreed to hold a class once a month to teach more and answer questions. More importantly, he agreed to 'be on call' to anyone who finished the class and needed his expertise. He told me later that he thought this was the best idea he had seen in a long time.

During the last week, the class decided to divide into groups: those who would spend their own time and money to teach the village women and those who would dedicate their time to teaching their neighbors. Of course, the ones teaching the village women would teach their neighbors too, but their thrust would be on developing ways to interact with village women. They were certainly ready to pass on these CBHC concepts to their communities.

Finally, the great day of graduation arrived. Lucretia had provided certificates of training, one for each of the students. The women had invited the Bishop, the District Superintendent, the physician as well as their families and friends. During the ceremony, the women presented skits and songs demonstrating what they had learned. (I wager this was the first time the Bishop had heard songs about diarrhea being sung in the oldest church in Luanda.)

Then I remembered the question that I had asked myself that first day. How many women would be there at the end? There were 38!!! Everyone had finished the course

FLOODING HITS PANAJACHEL AND GUATEMALA

Phil Plunk, DDS

Many of you are aware that I was traveling in the United States when Hurricane Stan hit Guatemala. Hurricane Stan came through soon after Hurricane Katrina hit New Orleans, then the next hurricane went through Texas/Louisiana. The outpouring of relief in supplies and monetary donations in the USA was rapid and extensive.

I came back to a Guatemala severely damaged. In some ways on a smaller scale than New Orleans, but in localized areas the damage in Guatemala rivals that of New Orleans. For a while, I was not sure if I would have a house and personal belongings to come back to at all.

Yet, by the time I got back to Guatemala, the immediate disaster and crisis was over. The people here immediately tried to resume their lives and begin recovery. Everyone was busy running around like a bunch of little mice in Panajachel when I arrived. On the other hand I WAS IN

SHOCK!

When I got my first glimpse of my house sitting propped up on rocks and 12-foot poles, I could not believe it. I just stood there in shock at first. It took me about 3-4 days myself to begin to deal with the reality.

But--with those 3-4 days comes the realization that the immediate crisis passes, so, you just get on with it and start rebuilding.

Thanks to friends and my landlord, my personal things had been moved out of harm's way while I was absent. My landlord immediately moved to shore up the three-story house we all live in. (I rent the bottom floor.) He built a new wall and put up razor wire to secure my back door where I once had a nice patio and a 40-ft pine tree.

In a few days the electrical lines were back up, then even cable and finally our internet access came back. So we are back in communication again.

Many of you have been asking two questions. What did I lose in the process and what can you do?

Actually what I lost is, in the grand scheme of things, very little. Most of my personal and family things like clothes and pictures, etc., are gone. They were not lost to the flood, but to MOLD! By the time I got home, many things were covered with it. When I opened the door to the Isuzu Trooper, it had mold growing everywhere, from top to bottom. Even on the metal surfaces! I cleaned it up as best I could, but my allergies went crazy. Even though cleaned, after I drove it about an hour I would begin to cough and wheeze, my eyes would begin to burn and my nose would stop up.

So the biggest loss for us is the vehicle. Just yesterday I bought a 2002 Mazda pickup to replace it. It cost \$10,500 to replace the Trooper. Of course that was not budgeted for this year, so that took a big chunk out of our operating fund. That is the immediate need I need to look to you, our supporters, for. If you can help, there are instructions on how to donate below.

As for my personal stuff, I am not really worried about any of that. The personal items can't be replaced anyway, so I won't "pine" over those too much. The clothes are not too important either. I have jeans and shirts to wear. Consuela may have to wash a little more often, but she can use the extra Qs. I "figger" I don't need suits or tuxedos here. You only see me in a suit and tie once a year when I show up at your churches. You may have to give me a little grace next year.

Life goes on here. We had our eye surgery team here for the last two weeks. They are from University UMC, San Antonio, TX. They have provided us with state of the art equipment for cataract surgery. We have our own operating microscope, eye ultrasound (could do other types of ultrasound if we had the right probes), and we have our own "Phaco" machine. This is the amazing new machine which lets the surgeon pulverize the cataract lens and then suction the whole thing out through an extremely small 3mm corneal incision. Then the lens is inserted via a 3mm needle-like tube, and you can literally watch the new lens unfold within the eye, opening up like a flower and it pops

into place.

I saw one done, and it was amazing. It is quite literally a miracle here in this place. Our clinic guardian in Camanchaj, Alejandro, was legally blind when the team arrived, and three days later he could read! He walked around with a huge grin on his face the rest of the week! It was another two weeks of miracles in this place, thanks to the team from San Antonio.

As I have told many of you, originally I just came down to Guatemala to run a couple of SMALL clinics for the Iglesia Metodista. But, that was evidently not God's idea, it was only Phil's. God has sent teams, equipment, and provisions, and our project has grown to be more than I had ever imagined. Yes, right now, I am worrying about donations dropping off, about teams canceling or not scheduling, about how to meet our payroll of some 20 Guatemalan families we now help support, but even so, I know God will provide.

I know God will provide, because from the very beginning I knew I couldn't do it. I do what I can, when I can. I can send out emails and tell our story. I can tell about what we need and when we need it (yesterday, of course!), but then I lay it in God's lap. If He moves you to make a donation, then I challenge you to do so. If He does not get enough people moved, then that is God's FAULT as far as I am concerned.

So our motto will remain: "In this place, God will provide."

May God send blessings to you and your families, and may God grant you "salud y paz."

Phil Plunk email: pplunk@pctx.com
tel no.: In Guatemala 011-502-5932-8243
In USA 806-353-1021
Please help us with a donation now.

The recent hurricanes in our hemisphere have caused much damage and widespread effects. Admittedly there are great needs everywhere at present. Honestly, our donations are down due to needs "closer to home" in the United States. Please don't forget us here in Guatemala.

You can now make a fast online donation by using this link. It is a secure transaction using your credit card. Or you may mail your donation to: Project Salud y Paz, 2738 S Georgia, Amarillo, TX 79109

International Hands in Service is a 501c3 nonprofit corporation. It is the parent organization of Project Salud y Paz. To know more about Project Salud y Paz, please click on this web site: <http://www.saludypaz.org>

Please forward this on to anyone you think may be interested.

Thanks, Phil

THE DRY ECOLOGICAL LATRINE

The disposal of human waste poses one of the greatest public health problems in developing countries, a problem that is compounded by overcrowding, habit patterns, and above all by poverty. Waste that is disseminated in soil and water becomes a prime vehicle for the trans- **Page 7**

mission of disease. Field defecation and even pit latrines cause widespread contamination of the water table. Developing countries do not possess either the technological resources or the wealth to use water dependent means of waste disposal. In some arid or crowded countries, the use of precious water for this purpose would be unthinkable.

An alternative that has been used with some success in many parts of the world, notably in Vietnam and Mexico, is the so-called dry ecological latrine. The basic principles of this method are:

1. The initial separation of urine and feces. This key step prevents a dilution of fecal material that would keep the fecal material from drying. There is a built-in cup to collect the urine separately, with its own drain. Some latrines have a separate urinal for men. The urine is allowed to seep into the ground, and serves as supplemental fertilizer.

2. The treatment of fecal material with ash or lime. Each defecation is covered with a cupful of this desiccant.

3. The alternate use of two compartments. When the first is full, it is sealed and allowed to desiccate for at least two months, and the second chamber is used. When this is full the first chamber is opened and the contents removed. Both compartments have ports for easy removal of the powdered end product.

The structure is built entirely above ground, and can be used continually for many years.

Advantages

It is inexpensive to build and maintain. The cost of materials is \$80-120.

Does not have to be moved. The structure can last many years in the same location.

It is virtually odorless and bug free.

Can actually be placed inside a home.

The disease transmission cycle through fecal material is broken.

There is no contamination of the water table.

No water is used in the process.

The end product is an excellent fertilizer.

Problems

Often difficult to persuade the community to invest

Acceptance and proper use by the people. Maintaining urine separation is difficult, particularly for children. All of this requires an extensive ongoing education process.

Proper construction and maintenance

Questions about persistent contamination of end product with viable organisms.

There are reports suggesting that the two-month period recommended for completion of the dessication is not long enough, and a longer time period of six months to a year is recommended in order to ensure that no viable disease organisms remain. Certainly more research is indicated on this important topic.

The dry ecological latrine has been extensively promoted by the government of Mexico and by their public health system. The use of the "Sanitario Seco" is taught in the government sponsored training programs for community health workers. It is also a basic component of the

community health promoters.

"More Than a Bandage" is part of a comprehensive community development program developed by Terry and Muriel Henderson, United Methodist Missionaries, in the state of Puebla, Mexico. (See related article in the Spring 2005 issue of the KNOCK.)

All those who have evaluated and promoted this system agree that widespread use and acceptance will be a slow process, requiring extensive promotion, education and follow-up.

The Dry Ecological Latrine is certainly one of the most promising new developments in sanitation systems for developing countries. Changing habit patterns that have existed for many lifetimes can be very difficult, particularly when the alternative suggested is fairly complex, involves some investment and an education process. As short-term missionaries, we can do our part in considering this possibility for the communities we serve, and assisting the communities in the development of this and other improvements in their sanitation systems.

Roger Boe MD

Consultant UMF/HCV

Note: For an excellent comprehensive review available for download see Peasey, Anne: Health Aspects of Dry Sanitation with Waste Reuse.

Well Studies in Water and Environmental Health

www.lboro.ac.uk/orgs/well/resources/well-studies/full-reports-pdf/task0324.pdf

THE HAITI MISSION

For the year 2005

The Haiti Mission completed its scheduled 2005 medical missions, with the final two weeks' teams returning October 1. (September 16 through 24 and September 23 through October 1.) Earlier trip dates in 2005: Jan 9 – 17, January 16 – 24, May 13 – 22 and May 20 – 28.

This last year, 84 medical professionals and support staff gathered in Cap Haitien, Haiti, to continue working to improve the overall health of the rural poor in the northern regions - 55 were Haiti Vets, 29 were first timers. five were members of Providence UMC, Dr. Ken Carter, Mary Coleman, Debby Reger, A. White and B. White.

There are various ways to count the patients seen. Since that is not the focus, there is little attention given. It varies depending on who is doing the counting...the statistician collecting information for the health department, the registrar, the team member checking patients into the clinic. Any number listed for medical patients does not include those who did not pay, since they sometimes come directly to the doctor, a nurse or one of our interpreters who serves as a patient rep. We pay for those who cannot, and that amounted to \$333. the first week, which would be equivalent to 166.5 patients. Also, the total number of patients seen does not include follow-up visits. Follow-ups are told at the end of their first visit to proceed directly upon their return to the interpreter of their doc, their charts having been tucked under the mattress of their doc's examining

table. It assures the doc rapid access to the patient's chart, but the chart makes the list only once, after the second visit, when it is turned in.

Incidentally, this project works within the public health system of Haiti. Last year some of us attended a seminar in the US on medical missions to Haiti. This was a tremendously useful source of information and resources. However, what I did not expect to learn was that many of those groups do not work within the government structure. For proper permission to practice medicine as a physician or a registered nurse, we must have all credentials in the office of sante publique three months before each mission. When I mentioned this at the meeting there was a flock of rolling eyes. We may feel we have better ways of doing things, but it is their country. I recommend working through them.

It is customary to work one week at the Tovar Clinic, and the second week at the Latannerie Clinic. This last time we went back to Tovar the second week to answer the question, "After a week at Tovar, if we came back the following week, would we have any patients, or have we seen them all?" Two questions. The answers were yes and no. Yes, to would we have any patients. No, to have we seen them all. It was a startling discovery to find as many waiting on Monday of the second week as we had on Monday of the first week, and just as sick as the others. So in 2006, teams will work at Tovar both weeks, every time we go.

So, every day, there was a part of the team to see patients at Tovar the second week. But on Tuesday and Thursday, part of the team went to our newer clinic, Latannerie. It is in a Methodist church compound on the road to Grand Riviere where an old hospital has recently been reopened, and funded by International Childcare. Should that funding be discontinued, there is the possibility of it being re-closed. Conditions at Latannerie are not as poor as at Tovar, but there continues to be a need for medical care there. Chris Lowe, RN from Grace United Methodist Church in Manassas, VA has been working on the program there, which makes two of us to do management. A similar schedule will most likely be planned for January 2006, with a larger team the second week to provide enough staff for both clinics. Incidentally, these are community health centers that are open when we are not in Haiti, which were founded and built, and supported in part by this project.

There are many patients who cannot be treated adequately at the clinics. For them the best we can do is explain to them what is thought to be their medical problem, recommend treatment, and refer them to a facility that provides more help than we are capable. We give them a small amount of money to pay for a "tap-tap" and medical fees. Some sent on for additional diagnosis or treatment were patients who needed surgery, post-miscarriage care, kidney failure, a woman in labor, those with positive-HIV tests. It is this last thing that worries me the most, because recently, it appears that there are more cases than in the past. This needs to be closely monitored with some exact numbers which support my concern or prove me wrong.

Not so long ago, AIDS was treated in Haiti as something so affected by social aversions and taboos that there was little hope that the Haitian staff would handle any AIDS cases with needed information and support. This is changing – and also there is now a program at St. Justinian in Cap to give information and medication. That's next.

Learning more about the program, we had working with us the second week an MD, Dr. Eugene Macklin, a Haitian who is doing part of his residency at St. Justinian. He should be able to help us.

This program so far from the village stands the chance of making successful treatment almost impossible. If every AIDS patient has to travel to Cap for treatment, they are doomed. They have no money for ongoing maintenance. If patients are not at least 95% compliant, it is likely that they will develop a resistant type. It seems that the best and really only way to provide help of any value would be to have an AIDS clinic at Tovar, where medication, support and education might stop this slow but insidious advance.

Because of the increased patient load, and also the Medicine and Foods for Kids (MFK) project, there has been a need to enlarge the pharmacy, and along with that added space, the doctor's office next to it. The MFK project is <www.meds&foodforkids.org> a program for the very malnourished children, chosen by their substandard weight and measurements for their age. It was introduced by Dr. Patricia Wolff after she went to Malawi and learned the basics from the doctors there treating African children. We call it the Mamba Project, because that's what the Haitians call peanut butter. Children are given this supplement at the clinic if they meet the criteria. The peanut butter, with ingredients of peanuts, oil, milk is made by individuals working for this effort – in Cap Haitien – one using a bicycle to grind, and then it all comes together in the pharmacy at Tovar. Which is why we need a bigger pharmacy. It's a challenge to hurry across the room, to get meds from the shelf for a patient without doing something to a bucket full of mamba.

Funds have already been raised for this addition through the efforts of several individuals, churches and the Rotary Club in this area. After Christmas, a team from Manassas, VA including students, will go down and do the construction, led by Tom Benjamin, from Grace UMC. He has been a great inspiration, bringing a number of improvements, such as a water system at Latannerie for the church compound there, and for the agricultural school at Baudin, another Methodist project.

Just down the road from the Tovar Clinic is an orphanage, the Ford Haitian Orphanage, which was funded for the initial construction by Robert Ford, the ninety-some year old father of our medical team leader, Dr. Ray Ford. This project houses 50 young children who have lost their parents, with caring supervision, and also provides a school for 300 children. Support has come from many, who have an interest in helping with this enormous task and those who contribute also provide funds for each child at school to have a nourishing meal. See www.fordhaitianorphanage.org.

Getting to the clinic is hard. Every day

Page 9

a fifteen-mile car ride takes about an hour and fifteen minutes. The roads are almost impassable, with ruts and pits usually filled with water. Highways that were once paved are not now. The streets of the city of Cap Haitien are like parking lots in the morning, with "tap-taps" – 8 of 10 vehicles are "tap-taps" – spewing black exhaust over their passengers and everybody else in traffic. They stop in the middle of the street while people climb in and out, frequently. Garbage piled along the sides limits the usable lanes to almost one each way. And children going to school, neatly dressed and in their clean white socks, have to climb over.

Life goes on here for these people who have more hope than they have potential for anything better. There is an election for president in November with 54 – or is it 45, all running for the same office. The mindset of the Haitian man on the street is that the person elected president has access to and the right to all the wealth he can jam into his pockets. It has always been that way. It hardly matters which of the 54 or 45 is elected. It is not likely to change anything, as usual.

A. White, RN www.thehaitimission.org
amwhite1@earthlink.net

CAROLINA HONDURAS HEALTH FOUNDATION 2005

(Submitted by Henry W. Gibson, M.D., of Barnwell, SC, Founder and President of Carolina Honduras Health Foundation.)

This has been a good year for Carolina Honduras Health Foundation (CHHF). We are still seeking a Honduran doctor to staff the Limon Clinic full time. We are in the process of adding room in the Educational Building that would provide living quarters. Other construction includes adding a room for the night watchman. Plans are to add new tile over the entire building, starting on the first floor. Two new air conditioners and nine ceiling fans have been installed.

We recently purchased a Nissen van for transporting teams. This gives us a total of four vehicles.

Gail Richardson, who coordinates the school program reports that 25 children were sponsored this year and she has funds for about 20 children for the 2006 school year. Contributions for this program should be made to Barnwell United Methodist Church and marked "Limon School." They can be sent to Carolina Honduras Health Foundation or to Barnwell United Methodist Church, P.O. Box 126, Barnwell, SC 29812.

Nineteen teams have worked at Carolina Health Clinic this year concluding a very successful year. Several firsts have occurred. The first baby born at the Clinic in February—her name is Carolina. A first root canal has been done on a little girl from Ecoteos. Many things have been done to improve the health of the Honduran people.

Eighteen teams have been scheduled for 2006. A number of first-time volunteers will be joining existing teams. In 2006 we would hope to com-

plete the construction and maintenance projects and have full-time medical coverage at the Clinic. The full-time physician would work with the volunteer teams.

We welcome contributions to the program of the Carolina Honduras Health Foundation as contributions are our only source of income. You may contact CHHF at: PO Box 528, Barnwell, SC 29812; Ph./Fax 803/259-3513; Email: normajeasterling@aol.com.

NEWS FROM GUATEMALA

Hi friends,

By now I am sure most of you have heard of hurricane Stan that has hit Central America. Thought I would give some of you an eyewitness update. First of all, we are okay for now. Last Sunday evening it started raining, Friday it didn't rain much and today it is raining. We have a huge disaster here in Guatemala. Wednesday morning phones and email went down, we are just starting to get some services back. It is about 50 miles from here to the Pacific Ocean. Up until yesterday it was mostly underwater. In the highlands and in the lake Atitlan area they have had huge mudslides; parts of the road (Pan American highway-CA1) has been washed away. Xela and Pana are cut off from Guatemala City. Just heard from them today and they are running out of gas, food, water, etc. A major bridge from here to Xela, going up the mountain, has been washed away. A section of CA2, our highway that runs from Mexico to El Salvador, between here and Guatemala City, has washed away, about 150 feet. Towards Mexico, the roads are closed with mud and rock, etc. So, we are cut off from the outside. There has been major loss of life. Villages have just vanished in the mud. Some areas no one has been able to reach. I fear deaths will be in the 1,000's. Within a few days gas, food and water will run out here if the roads do not open. We hear that the army is going to try to put an instant bridge over the gap in CA2. As far as our people in the villages are doing, we cannot get to them but have made contact and they have come through this okay. BUT, food will soon be a problem for them.

If I may, on a more personal note: We had a medical team due in today. They will not make it. All of our other teams have already cancelled and are sending their support to the US Gulf Coast. Currently our next team isn't scheduled until the end of March. We are here to help and we will with all that we have for as long as we have, but we will start running out of some meds soon. We are to leave Friday for the US (Guatemala VISA requirements). Do not know if we will make it. If anyone wants to bring a team or collect meds or money, let me know.

This poor country just doesn't have the resources to send into a disaster this size. They will need outside help to recover. Say a prayer for them. Also southern Mexico and El Salvador are as bad as we are.

In Christ,

Jim Thompson, Individual Volunteer
jodmthompson@hotmail.com

WOMEN FOR WOMEN OF SIERRA LEONE

A Big Thank You to Greg Forrester . . . Because of "his being there" for us . . . WWSL 2005 and Future Projects have received an Overwhelming Response!
"The wwsl_inc" <wwsl_inc@mail.net-bizz.com>

Dear Friends,

The humanitarian mission organization of Women for Women of Sierra Leone (WWSL) was formed in the '90's by concerned U.S. citizens who wanted to help the displaced and less fortunate (especially women, children and youth) in the war-torn country of Sierra Leone, West Africa. This is being done by sending representatives twice a year (May/June and December) to assist and empower the displaced. They have received an overwhelming response for its 2005 and future projects, which are held in various poverty-stricken villages in Sierra Leone.

We thank Greg Forrester - for granting us permission to conduct an educational project in May 2005 - at the invitation of the United Methodist Sierra Leone Conference. Since the WWSL Educational Team article appeared on the STATEN ISLAND ADVANCE and the UMC VISION (NEW YORK CONFERENCE) September 2005 version, many people have contacted WWSL. In fact, at the invitation of the United Methodist Sierra Leone Conference, a Medical Team comprised of Dr. Henry L. McCurtis, a well-known private medical doctor and a medical school professor in New York will be traveling this December (December 4) to assist the "illegally amputated". In May/June 2006 The Birthing Project in Sacramento, California is putting together a team of midwives to train local women in various villages in Sierra Leone about childbirth. A dental team is also being put together.

All these humanitarian-minded persons raise their own funds and travel to Sierra Leone in order to conduct the projects. They are also able to videotape this work for reporting back to their sponsors.

What a blessing to have Gregory Forrester in WWSL midst!

Georgiana Abisordun Johnson, M.Div, Th.D., International Representative, Women for Women of Sierra Leone, 58 Livingston Avenue, Staten Island, New York 10030

OR

Women for Women of Sierra Leone, P.O. Box 730, New York, New York 10030

OR

Women for Women of Sierra Leone, c/o Mt. Calvary United Methodist Church, 116 Edgecombe Avenue, New York, New York 10030 Tel: 646.456.3436 Fax/Telephone: 718.370.0663 WWSL_INC

Bits and Pieces

Japanese B Encephalitis: A recent outbreak of Japanese B encephalitis in Northern India and Nepal has killed hundreds of children, and has overloaded hospital facilities in

the area. Japanese B Encephalitis is the leading cause of viral encephalitis in Asia, with 30-50,000 cases annually, and a fatality rate of 30%. The virus is mosquito borne. There is currently no effective treatment. A vaccine is available but it is not routinely recommended for travelers to Asia. The vaccine has a high rate of side effects and requires multiple doses to be effective. The WHO has issued a warning to travelers to the area. The CDC is currently recommending the vaccine only for those who are spending extensive time in the rural lowland areas. Full mosquito protection is indicated.

Flu Vaccine: Two recent studies have shown that the world is not as well protected against the expected Avian Influenza epidemic as previously thought, according to a study just reported in Lancet. The effectiveness of the currently used vaccines "has been wildly overestimated. We are unsure from the data whether these vaccines would work on the elderly."

In a second study, CDC research has shown a dramatic increase in resistance to antiviral drugs, particularly in the avian influenza strains that are predicted to be a possible cause of the next pandemic.

Canceling the Debt: In July the world's richest nations agreed to cancel 40 billion in debt owed by 18 of the world's poorest countries, enabling them to spend more on schooling and health. **THERE IS MUCH CONCERN THAT THE RICH COUNTRIES WILL NOT FOLLOW THROUGH ON THEIR PLEDGE.**

Those of us who have an interest in helping the poorest developing countries get back on their feet need to support this debt cancellation, and encourage our government to fulfill its share of the commitment.

Useful Website: In case you haven't already seen it, <www.fda.gov/cdrh/fdaandyou> is an extremely valuable source of all kinds of current information about a multitude of subjects that are of interest to the FDA.

ORGANIZATIONS ACCEPTING MEDICAL VOLUNTEERS

Catholic Network of Volunteer Service (CNVS) www.cnvs.org, is a non-profit organization established in 1963, and has as its Mission to be a bridge between people thinking about volunteering and member programs. Acceptability is determined after the applicant fills out a profile form and is matched with organization's volunteer needs. Length of missions: one week to 3.5 years. Most programs provide room and board and a small living stipend. Many programs also cover health insurance, medical costs, and transportation. Liability coverage is not stated. Licensure requirements depend on activity. Pre-training depends on organization served. Area served: US and 100 Countries

Loma Linda University www.llu.edu accepts volunteers from their student body.

Medical Benevolence Foundation (MBF) www.mbfoundation.org exists to proclaim and **Page 11**

demonstrate the gospel of Jesus Christ through a healing ministry. Recruits healthcare professionals and other types of volunteers to serve in health related mission programs outside the U.S. MBF accepts volunteer teams already formed for short term service. No pre-training is required.

Global Mercy Ships www.mercyships.org is a global charity, which has operated a growing fleet of hospital ships in developing nations since 1978. Following the example of Jesus, Mercy Ships brings hope and healing to the poor, mobilizing people and resources worldwide. Acceptance requires three to five month training and filing application for terms of service of two weeks to one year. Cost, liability coverage nor licensure requirements are stated.

Doctors of the World. The right to the highest attainable standard of physical and mental health, right to equality before the law, right to be free from torture. Doctors of the World mobilizes the health sector to promote and protect these and other basic human rights and civil liberties for all people, in the United States and abroad. Doctors of the World <www.doctorsoftheworld.org> accepts volunteers for service of up to one year who apply for openings. Cost and liability coverage is not stated, but must be US board certified. Pre-training requirements are not stated.

Doctors Without Borders www.dwb.org Doctors Without Borders/Médecins Sans Frontières (MSF) is an international independent medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters, and exclusion from health care in nearly 70 countries. Volunteer applicants are accepted after training and filing application for terms of service of six months to one year. Organization will provide round-trip transportation to mission site, provide health insurance, a stipend and per diem on missions in 70 countries of their choice. Liability coverage is not stated. Volunteers must be US Board certified. Pre-training is required

Health Volunteers Overseas www.hvusa.org is a private, non-profit, non-sectarian voluntary organization headquartered in the United States. HVO is dedicated to improving the availability and quality of health care in developing countries through training and education. Acceptance is determined after applying for terms of service of two weeks to one month. Participant pays expense, but the liability coverage and licensing requirements are not given. There are no pre-training requirements and there are opportunities in 25 countries.

BULLETIN BOARD

Volunteer Physician Consultant Needed

A Physician-Consultant is requested to volunteer at the UMCOR-NGO Refugee Clinic in Baku, Azerbaijan. The objective of the PC's assignment would be to raise the Primary Health Skills of the Clinic doctors in order that they may be better prepared to treat their patients. The

Page 12 Clinic medical staff consists of a Medical

Manager, two general practitioners (GPs), two pediatricians and a gynecologist. The refugee population is estimated at roughly 4,000 individuals with the majority being ethnic Chechens from Russia (70%) and Afghans (20%). The Clinic is in a non-emergency setting and Baku is a relatively comfortable, if not post-soviet, city.

The duration of volunteer service is a minimum of two months. Interested persons must contact indvols@gbgm-umc.org for additional information or, if in the SEJ, contact nick_elliott@umvim.org.

Duties:

- * Demonstrate Primary Health Care interventions by jointly examining patients with Clinic Doctors

- * Coach individual doctors on PHC interventions and protocols

- * Conduct training sessions for clinic staff on PHC interventions and protocols when appropriate

- * Provide recommendations for improving Clinic operations

- * Advise and consult Head of Mission on PHC recommendations

Requirements:

- * Medical doctor with 10 years of experience

- * Familiar with primary health care interventions and protocols

- * Russian, Azeri/Turkish skills would be an advantage

- * Must contact indvols@gbgm-umc.org for additional information and placement

Jeanie Blankenbaker, Assistant General Secretary Mission Volunteers, General Board of Global Ministries

BULLETIN BOARD

MAMA Project is activating two dental clinics in San Francisco de Yojoa and Las Vegas, Honduras. The equipment to fully outfit 8-10 dental units, including x-ray, is on its way at this writing. 2006 teams are being formed now.

For further information contact: MAMA Project, Inc., 2781A Geryville Pike, Pennsburg, PA 18073 Phone/Fax: 215/679-4338, Email: mamaproject@enter.net; Website: www.mamaproject.org

BULLETIN BOARD

Rx ConneXion Consultation VI

Rx Medical Missions – How to Make that ConneXion!

Rx ConneXion Consultation VI

May 5-7, 2006 St Luke's UMC, Indianapolis, IN

St Luke's United Methodist Church and the Rx ConneXion steering committee, medical mission arm of United Methodist Volunteers in Mission – North Central Jurisdiction, invite you to the Sixth Annual Medical Consultation to be held May 5-7, 2006 at St Luke's UMC, Indianapolis,

IN. Once again we are privileged to have as our special guest Dr. Roger Boe, Consultant for United Methodist Fellowship of Health Care Volunteers (UMF/HCV), the national medical mission group.

This gathering is geared toward persons interested in learning about UMVIM medical mission teams. There will be informative workshops, time to visit with team leaders, highlights of recent trips, and announcement of future trips. There should be something for everyone in this weekend session of problem solving, learning new ways to be in medical mission, getting "insider information" on supplies and team logistics, learning from each other and sharing experiences and ideas. Whether you are an experienced volunteer or a newcomer to the medical mission field you will want to head on down to this event in Indianapolis. Please join us and make that valuable "ConneXion" with one another!

Registration is between 4:00 – 5:00 PM on Friday, May 5. This is followed by devotions, a meal catered at St. Luke's UMC, and the keynote address by Dr. Chuck Dietzen, founder of the Timmy Foundation. We will be privileged to view an AIDS documentary prepared by St Luke's UMC and then several presenters will take us on their Medical VIM trips to Ghana, Panama and Guatemala through a variety of mediums – talk, pictures, video. Each will be a short 20-minute synopsis of a trip or a special trip highlight.

Each year there is an information booth – be prepared to bring your ideas, materials, contacts, etc. that have helped in your team experience to share with the group. Teresa Miller, Lansing, MI will do a compilation of this information for all participants. You are also invited to bring displays of your medical trips. There will be lots of display room!

Saturday, May 6, will be filled with 1-hour workshops (5 or 6 time slots) that will help volunteers with various aspects of medical team life. Later in the afternoon we are arranging for a tour of some of the United Methodist mission sites in Indianapolis. Workshop topics and presenters are:

Janet Auman - Opportunities for nurses to volunteer in the US

Roger Boe - Tropical medicine 101

Roger Boe - Taking Care of your own and your team's health

Carolyn Ellis - Aids Ministry in Kenya

Doyle Ellis - Dental teams

Liberian dental student – Operation Classroom

Gloria Borgman - Concepts of Comprehensive Based Health Care

Penny Krug - spiritual care workshop for health teams

Pat Phorlton - Congregational Health Ministries (Parish Nursing)

Liz Ryder - teaching as part of medical teams

Penny Krug – arranging a presenter for an optometry workshop

Lorna Jost – short overview of team leadership

Jane Dunn – information specific on leading medical teams

Teresa Miller - Packing It All In – how to live out of a carryon for 10+ days.

Red Cross – how to become involved before the next disaster

Joe/Carolyn Wagner - Operation Doctor

Dr. Dick Lautzenhizer - the "Face of Honduras"

Scott Keller - Director of Timmy foundation - runs a medical distribution center

Dr. Larry Stevens - the Haitian Academy and One World

Kay Walla is arranging for - specialist on parasites

?? – and several more may come up!!

We are specifically targeting doctors, nurses, pharmacists, physical therapists and all other health care providers, but emphasize that any and all are welcome to come. Health care teams are always in need of support personnel to help with team logistics.

By the time you read this – the registration information and costs will be posted at this website:

<http://www.gbgm-umc.org/northcentralvim/rxconnexion.html> Please send in your registration by April 10.

FYI - The 2007 Consultation will be held in Minneapolis, MN during the first two weeks in May!

BULLETIN BOARD

Computer Tech Needed - Liberia

Ganta Mission Station, Ganta, Liberia has 24 computers in various departments throughout the mission station. It would be good if a volunteer can come over on one of the work-teams to train one or two of our people to do the servicing of the computers. We have a person on staff who learned about computers through trial and error. He could benefit through a couple weeks training from a computer technician. This way, we can keep our computers maintained and functional in our continuous pursuit towards accountability and information sharing. For more information contact Joe Wagner, wagners@operationclassroom.org

BULLETIN BOARD

We are planning a Medical Mission trip to Guatemala (Boca Costa Mission) January 28-February 6, 2006. We are supported by the First United Methodist Church of Glen Ellyn. Our team will consist of 12 members. If you need any further information please contact me, Mary Cress (630-790-3016).

A fellow servant in Christ, Mary Cress, 369 N Main St, Glen Ellyn, IL 60137

BULLETIN BOARD

International Health Conference at Yale University

Unite For Sight (www.uniteforsight.org)

April 1-2, 2006 at Yale University, New Haven, Connecticut
Theme: "Empowering Communities to Bridge Health Divides"

Who should attend? Anyone interested in

Page 13 medicine, health education, health promotion, public health, international health, international service, or eye care

Conference Goal: To empower conference attendees to identify health needs and to develop solutions to improve access to care for the medically underserved

How to Register - Early Bird Registration!

http://www.uniteforsight.org/2006_annual_conference.php

Early Bird Registration Rate: \$25 student rate; \$30 for all others Sincerely, Angana Homchaudhuri Intern Unite For Sight www.uniteforsight.org

TEAMS PLANNED

GHANA- 5/13/06-5/27/06, Ankaase Methodist Faith Healing hospital; Leader: Penny Krug
pennyjkND@aol.com 574/289-1256 Conf NIC

Penny Krug, Deaconess, Parish Nurse
Evangel Heights United Methodist Church
South Bend, IN, 574/289-1256

Guatemala - May 20-28, 2006 Description: Boca Costa Medical Mission. Contact: Ms Jean M Broyles, Home: 540-366-9065; Work: 540-797-9996; LVQDAY@aol.com Conference: VA

Guatemala - March 25-April 2, 2006 A Volunteers in Mission team will be visiting a Methodist Clinic in Guatemala, in the Boca Costa de Solola area, one of the poorest areas in the country. This area was recently devastated by mudslides from Hurricane Stan which caused deaths in the thousands. The clinic is in desperate need of medical and dental personnel. This trip still needs a dentist and a doctor to join the team. Cost for the trip is estimated at \$1,200 per person. You may visit www.bocacostamm.org to learn more about the VIM volunteers and the local clinic in Paquila, Guatemala. If you are interested in learning more, please contact Jill Beam at 574-935-5827 or lightbeam53@hotmail.com.

Also, please pray that our doctor(s) and dentist(s) will hear Christ's call for him/her to help the people of Guatemala.

Uganda - April 17-30, 2006 Rev. Bobby Gale of the South Georgia Conference is planning a medical mission trip to Uganda from April 17 through April 30. This trip will be similar to the last medical mission trip to Uganda where mobile medical clinics were offered at several Methodist churches. The clinics for this trip will be concentrated in the Arua District (northwestern corner of Uganda). The estimated cost is \$2,800-3,000 per person. Needed are medical personnel and laity. This will be a most rewarding mission trip. If you are interested please contact Rev. Bobby Gale at (478) 233-0345 bobbygale@alltel.net or Jessica Tripp (478) 745-8601. Space may be limited and time is of the essence in order to properly prepare for this trip.

Page 14 Honduras (Medical) - July 15-23, 2006 Medical

mission to Yorito, Yoro, Honduras is in need of additional medical and support personnel. To learn more about the mission, contact C D Tripp LMMT3@bellsouth.net If you need anything else, let me know.

MEDICAL OPPORTUNITIES FOR TEAMS AND INDIVIDUALS

Please send corrections to:

Joe_Hamilton@umvim.org

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 and a small stipend provided. Shorter terms are available for specialists such as orthopedists, plastic surgeons, and gynecologists.

Contact: Maua Methodist Hospital, PO Box 63 Maua Meru North Kenya 011-254-167-21107: 011-254-167-21121
mckhosp@africaonline.co.ke

Kiandegwa Health Clinic

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

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

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

LIBERIA

Medical facilities need extensive renovation, medical supplies, volunteers. Contact: Bishop John Innis, P. O.

Box 10-1010, (DHL Delivery – Tubman at 13th St., Monrovia, Liberia), 1000 Monrovia Liberia 011-231-227-154:

011-231-227-516

Bishopinnis@hotmail.com or Liberia-aumc@yahoo.com

MOZAMBIQUE

Chicucque Rural Hospital

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

NIGERIA

HIV Vaccine Clinics - Owerri, Imo State

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

Hillcrest School

school nurse, 2-3 years.

Rural Health program

hospital administrator, 1 year.

medical doctor, 1 year.

Contact: Greg Forrester Indvols@gbgm-umc.org or, if in SEJ Contact: nick_elliott@umvim.org

SIERRA LEONE

Kissy: The UMC Health Maternity Center needs help refurbishing their facilities, and to install the Dental Unit, and they need Physicians, nurses, and other medical personnel.

Contact: Rev. Joe Wagner US contact person (Operation Classroom),

P. O. Box 277 Colfax IN 46035 765-324-2556

ocommission@compuserve.com or ocommission@accs.net

Kissy: Kissy UMC Eye Hospital

needs ophthalmologists, optometrists, nurses with optical training.

Contact: Dr. Lowell A. Gess, UMC, 111 15th Ave. E. Alexandria MN 56308 320 762 1888 g e s s l a @ r e a - a l p . c o m

SOUTH AFRICA

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

amm@brinet.com

SWAZILAND

Coordinator for HIV/AIDS program

In addition to co-ordinating this program, volunteer will work with primary schools and promotion of volunteer

opportunities, six month to three year position.

Contact: Greg Forrester <Indvols@gbgm-umc.org> or, if in SEJ, Contact: <nick_elliott@umvim.org>

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
indothai@mindspring.com

INDIA

Bareilly: Clara Swain Hospital physical therapists.

Contact: Greg Forrester <Indvols@gbgm-umc.org> or, if in SEJ, Contact: <nick_elliott@umvim.org>

Crawford Memorial Hospital The Methodist Church of India needs plastic surgeons, orthopedic surgeons, OB-GYN, nurses, public health nurses for 27 locations. Contact: Greg Forrester Indvols@gbgm-umc.org or if in SEJ Contact: <nick_elliott@umvim.org>

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

INDONESIA

Medan: Methodist University of Indonesia in Medan Lecturers in medicine invited to teach at the Methodist University of Indonesia in Medan. Contact: Greg Forrester <Indvols@gbgm-umc.org > or if in SEJ Contact: <nick_elliott@umvim.org>

NEPAL

Health Services Department, United Mission to Nepal Needs general practitioners/family physicians, pediatricians, internists, hospital director, psychiatrist, internist, surgeons, tutor/nurse educators, dentists, biomedical maintenance personnel; anesthetist. Contact: Personnel Manager Recruitment, United Mission to Nepal, PO Box 126 Kathmandu, Nepal pdo@umn.org.np

CARIBBEAN

HAITI

Gebeau: Gebeau T.B. clinic & Eye clinic

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

Page 15

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

Cap Haitien: Tovar Health Clinic is 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 needs individuals and teams for hospital. Needs include General surgeons, orthopedic surgeons, family practitioners, OBGYN, ophthalmologists, bio-med techs, lab techs, dentists, dental lab techs. Contact: Christian Mission of Pignon, Inc. Davis E. Wilkins, Executive Director, 1200 Harpeth Lake Ct, Nashville, TN 37221 cmphaiti@aol.com

Jeremie Eye Clinic seeks ophthalmologists and optometrists. Contact: Dr. Hal Crosswell, Columbia Eye Clinic, PO Box 1754, Columbia, SC 29202 USA
800-922-6057; 803-771-7639

JAMAICA

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

Methodist clinics need 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

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

CENTRAL AMERICA

COSTA RICA

Centro Atención Integral Parálisis Cerebral Guadalupe - a daycare center for clients with cerebral palsy and spina bifida)

Patronato Nacional de Rehabilitación Hogar de Reha-

Page 16

bilitación in Santa Ana - a residential center for clients who suffer from polio and cerebral palsy. Both are in the San José area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers. Contact: Rev. Thomas R. Modd, Wesley Campus Ministry, 1113 Market St., Galveston TX 77550 USA

409/765-6587 WCMGalv@aol.com

GUATEMALA

Camanchaj / Urbina: Salud y Paz clinics

Clinics in Camanchaj and Urbina. 60-70 patients seen daily for medical and dental. Once a month, eyeglass component is added. Medical laboratory is being added; help required for laboratory. Projects involve setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala. People from the surrounding areas will be invited to come to the clinic. Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala. Contact: Dr. Phil Plunk (Medical Coordinator), Apartado Postal #65 Quetzaltenango, 9001 Guatemala 011-502-217-1985
pplunk@pchtx.com or pplunk@xela.net.gt

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

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

Curamericas

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

Contact: Gladys Shanklin, Curamericas 919-821-8000

gladys@curamericas.org

HONDURAS

La Moskitia: Send Hope

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

Contact: Katrina Engle, Send Hope Puerto Lempira Gracias a Dios Honduras 011-504-898-7552

The Honduras Initiative

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

wilsonfey@aol.com

Limon: Carolina Honduras Health Foundation

Limon Clinic receives medical teams, health care workers, support/construction teams and individuals year-round.

Contact: Dr. Henry W. Gibson, PO Box 528, Barnwell SC 29812

MAMA Project (Mujeres Amigas Miles Apart)

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

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

NICARAGUA

The Rainbow Network - Ciudad Sandino Managua

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

Managua: The Methodist Church of Nicaragua seeks nurse 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

PANAMA

Clinics and Water Projects

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

rhettj@cwpanama.net

EUROPE

ARMENIA

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

BOSNIA

A Dental team is requested to provide exams and offer basic dental hygiene lessons to refugee children and families are needed in the Zenica area. Donations of toothbrushes, floss, and toothpaste are requested along with supplies for dental exams. Contact: Carol Van Gorp GBGM Special Projects Coordinator, 70 Loch Muller Rd., P.O. Box 156, Schroom Lake, NY 12870 USA (518) 532-7694: 518 526 0112 carolvangorp@earthlink.net

ESTONIA

Tallinn: Tallinn Children Center lighthouse

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

peter@calvaryumc.com

GEORGIA, REPUBLIC OF

Chalovani Village Community Development

UMCOR's Chalovani Village Community Development & Cultural Interaction program needs persons to work in medical services, & public health education.

Tbilisi Youth House & Zugdidi Youth House

A new project is in the works to provide Gender Equity Training with emphasis on AIDS/HIV/STD education for teens in Youth House setting. Individuals with skills in teaching about HIV/AIDS/STD are sought to assist in training local Youth House staff and to assist in development of a curriculum for the youth who will participate. Initially, Youth House students will benefit from the classes and then these youth will be trained as Trainers and go to public schools in their community to provide the same training to their peers. Contact: Carol Van Gorp GBGM Special Projects Coordinator, 70 Loch Muller Rd., P.O. Box 156, Schroom Lake NY 12870 USA (518) 532-7694: 518 526 0112 carolvangorp@earthlink.net

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 at 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

MEXICO

Mexico Conference

La Joya & Tlalamac **Medical volunteers for clinics**
Contact: Srita. Claudia Martínez UMVIM Coordinator,
Mexico Conference (Conferencia de Mexico), México
011-52(55)53-64-15-54

camvoluntarios@iglesia-metodista.org.mx

Southeast Conference

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

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

Tochimizolco, Puebla: Clinic - Need: **medical work teams**, all year long. High Priority. Started 12 years ago, and is receiving only one medical team per year in a very poor community. Most families are women and children with real health needs.

Contact: Ms. Priscila Rojas Quintero UMVIM Coordinator, Southeastern Conference (Conferencia Sureste)

Calle 4 Pte. #311, Col. Centro, Puebla, 72000 Pue. C.P. México

011-52(222)242-1895: 011-52(222)220-1326 (h)
pris_13@hotmail.com

USA

Alaska Chugiak: Birchwood Camp needs camp nurse for summer camp programs. Contact: Dave Kobersmith,

PO Box 670049 Chugiak AK USA 907-688-2734
birchwd@alaska.net

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

Georgia Murphy-Harpst Children's Centers needs therapists to work with emotionally disturbed children/youth, Contact: Vance Voinche, Murphy-Harpst Children's Centers,, 740 Fletcher Street, Cedartown GA 30125 USA (800) 648-1234: (770) 748-1500

contact@murphyharpst.org

Kentucky Mt. Vernon: Christian Appalachian Project Volunteer Program needs volunteer nurses for summer camp (2 overnight camps and 1 day camp). Contact:

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

Red Bird Clinic can use volunteer physicians, nurses, lab technicians, dentists, dental hygienist, mental health counselors and substance abuse counselors willing to become licensed in KY for outpatient clinics. The Red Bird Clinic needs fill-in coverage for providers in a Primary Care/Health Care/Rural Health Clinic, including doctors, nurses, and dentist. Kentucky licensure required. 1 month or longer. Lodging, some meals provided. Contact:

Joel Medendorp, Red Bird Clinic, HC 69 Box 701, Beverly KY 40913 USA 606-598-5135 jmeden

Page 18 dorp@rbmission.org

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

CHILE

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

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

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

fgrandon78@hotmail.com OR

voluntarios_proyectoschile@hotmail.com

EMANA - A UM related school, an institution of the Methodist Church of Chile in northern Chile requests volunteer dentists to come independently or with work teams which visit regularly. A fully equipped dental clinic has been donated but there are no dentists. Contact: Rev. Santiago Castellon, EMANA Casilla 832 Iquique CHILE

011-56-57-412-718: 011-56-57-428-465

emana@entelchile.net

PERU

Puerto Bermudez - Medical Volunteers needed. Contact: Bishop Marcos Ochoa, Iglesia Metodista de Peru, Apartado 1386, Paisaje Baylones 186, Lima 05 Peru

011-51-1-424-5970: 011-51-1-447-4820

iglesiamp@terra.com.pe

Iquitos - Project Bushmaster - www.HopeUnites.org
Medical teams are sought for work in Iquitos at a school in an area of profound poverty. Medical and dental services

are needed by children with no resources.

Also, medical teams can travel the Amazon by medical boat to provide medical services to isolated villages on the riverbank. Common maladies include tooth infections, eye infections, parasites and lice.

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

VENEZUELA

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

Rural Area Orinoco-Delta (Town of Uracoa): El Renuevo Global Ministries Medical Team needs medical, dental and optometry care for 3 rural towns in Monagas State. Three days clinic minimum. Need 1 medical team of 25-30 people (3 medical doctors, 3 nurses, 3 paramedics, 2 dentists, 2 dental assistants, 1 pharmacist, 4 pharmacist assistants, 1 optometrist, 1 optometrist assistants, 6 support team, 7 translators.). Also request Bible teacher. 9-day trip, July 2003.

La Urbana, La Felicidad, Payaipire & Pawipa, Santa Rosalia & Maripa: El Renuevo Global Ministries

Medical Team - Medical, dental and optometry care for 3 rural communities. Three days clinic minimum. Need large medical team (45-50 persons). Also request Bible teacher. Contact: Grady Harmon U.S. Contact, El Renuevo Global Ministries 13376 CL Torbert Jr. Parkway LaFayette AL 36862 USA 334-864-9135: 334-864-0932 elrenuevo@charter.net

MEDICAL RESIDENCY ABROAD

In His Image

International residency and training programs for Christian doctors in a wide variety of settings, with a particular emphasis on medically underserved locations. Contact: Anjanette Spear - admin@inhisimage.org

SOURCES OF MEDICAL SUPPLIES

revised Jan. 13, 2006

4 H.I.M.

PMB 177

1425 S. Santa Fe, Suite D, Edmond, OK 73003

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

Blessings, International

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

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

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

Dr. Harder, the director, is a pharmacologist, and can advise on drug selection and therapeutic choices.

Contact them for an application form and current lists of available drugs and supplies.

Prescription drugs can be ordered by any health professional with US prescribing privileges.

CHOSEN Mission Project

Rich Thomas, 3638 W. 26th St., Erie, PA 16506 Phone: 814/833-3023 Fax: 814/833-4091

rich@chosenmissionproject.org

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

Deals with large medical equipment, particularly sterilizers and steam boilers, and hospital equipment such as operating room tables and lights. Limited hospital supplies. Limited X-ray equipment. Remanufactures or rebuilds all of their equipment. Offers technical advice about installation and maintenance, and instruction in infection control measures. Charges 18% of fair market value, plus shipping.

Christian Dental Society

P. O. Box 296, Sumner, Iowa 50674

Phone & FAX: 563-578-8887 cdssent@iowatelecom.net

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

Glasses for the Masses

Fairview UMC, 2505 Old Niles Ferry Rd., Maryville, TN 37803 865-983-2080

<http://www.fairview-umc.org/index.htm>

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

Dr. Ed Hagan, 114 Morningside Dr., Sylvania, GA 30467

Phone/fax: 912/564-2173 Fax: 912/564-9349

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

Hampton Research & Engineering, Inc.

Dr. William Harris, President, 2670 West Interstate 40 Oklahoma City, Oklahoma 73108, Phone: 405-232-5103

FAX: 405-232-5104 Email: hampdent@swbell.net

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

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 avail-

able drugs and supplies and an application form. IMA also has available their Medicine Box, which is a prepackaged, ready to transport unit of WHO **Page 19** recommended drugs.

IMA also has a Medicine Box program that allows churches and other groups to purchase over the counter products and send them to IMA, where they are repackaged, checked for dating, supplemented and sent to overseas locations.

IMA can also handle larger sized and container shipments on request.

International Aid

Myles Fish, president,

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

ia@internationalaid.org www.internationalaid.org

International Aid provides and supports solutions in healthcare in response to Biblical mandates. International Aid also works with qualifying partner agencies to provide containerized Gift-in-Kind products for health-related projects.

Major source of medical equipment. Has a staff of trained biotechnicians who refurbish and check out medical and dental equipment. Will take orders, then contact when equipment becomes available and has been refurbished. Provides technical training for operators and repair technicians, both on site and overseas. Contact Mark Heydenburg for further information.

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

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

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

James G. Diller, M.D., Medical Mission Services Foundation, 3123 Kenwood Blvd., Toledo, OH 43606

Phone / Fax: 419-531-1111 Email:

james.diller@verizon.net www.dillermedicalmission.org

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

King Benevolent Fund, Inc.

Art Yannucciello, Operations Manager, 1119 Commonwealth Ave, Bristol, VA 24201 Phone: 276 466 3014 or 800 321 9234 Fax: 276 466 0955

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

MAP International

International Medical Resources (IMR)

2200 Glynco Parkway, P.O. Box 215000, Brunswick, GA
Page 20 31521-5000 Phone: (912)265-6010 Fax:
(912)265-6170

Contact: Customer Services: email: custsrvc@map.org

Website: www.map.org

Has pharmaceuticals and medical supplies by individual request. Orders require the signature of a licensed practitioner (MD, DO, PA, etc.) Contact MAP for an order form and instructions. All libility 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: preack@map.org.

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

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

Medical Bridges, Inc.

Patricia Brock MD, pres, CP Hodges director
2919 Dupree, Houston TX 77054 PO Box 300245
Houston TX 77230- Phone 713 748 8131 Fax 713 748
0118 Web site www.medicalbridges.org

drpattibrock@medicalbridges.org

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

MedShare International

A. B. Short, CEO, MedShare International, 3240 Clifton Springs Road, Decatur, GA 30034 Phone: 770-323-5858
Fax: 770-323-4301 <http://www.medshare.org/>

For General Information: info@medshare.org

(receives and distributes medical supplies and equipment from Atlanta area hospitals)

James G. Diller, M.D., Medical Mission Services Foundation, 5555 Airport Highway Ste. 145, Toledo, OH 43615

Phone 419-531-3111 Fax: 419-891-2345 Email:

Dcroci@mco.edu www.dillermedicalmission.org

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

Northwest Medical Teams, Tammy Kurtz, P. O. Box 10, Portland, OR 97207-0010 Phone 800 959 HEAL

<http://www.nwmti.org>

Sends teams and volunteers to many locations. Also has available medical supplies and small, non-electrical medical equipment, some dental supplies, limited pharmaceuticals. Has basic kits of supplies. Contact them for ordering information.

Project 20/20 Nevin Robbins, Emmanuel UMC, 2404 Kirby Rd., Memphis, TN 38119-6606 phone: 901/754-6548 <http://www.emmanuelmemphis.org>

(Receives discarded eyeglasses & sunglasses, labels with prescription, provides to optometry teams.)

Rotary Club Morning Foundation

Kerrville Texas Rotary Club, Morning Foundation

Jack A. Thurmond, M.D., 206 Spring Mill Dr.
Kerrville, TX 78028 830-896-0226
Medical Eye Equipment Loan Program for Mission Projects. The following equipment is available by application:

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

Various smaller hand-held items

No fee charged for short term missions except shipping costs.

UMVIM Warehouse

Dr. R. B. "Bud" Antley & Jimmy Mitchell
117 W. Church St., Batesburg/Leesville, SC 29006
803/532-9870 (Antley - o) 803/698-4652 (Antley - h)
803/698-6452 (Antley - pager) 803/532-4459 (Mitchell)
(UMVIM warehouse for medical supplies for any team in the Southeast that needs them. Will pick up medical, dental and other supplies if possible.)

World Dental Relief

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

dentalreliefmc@aol.com www.dentalrelief.com

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

UNITED METHODIST VOLUNTEERS IN MISSION JURISDICTIONAL COORDINATORS

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

North Central Jurisdiction

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

E-mail: umvim-ncj@brookings.net

Northeastern Jurisdiction

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

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

South Central Jurisdiction

Barbara Stone, 3009 David Drive, Columbia, MO 65202

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

E-mail: umvimscj05@sbcglobal.net

Southeastern Jurisdiction

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

E-mail: sejinfo@umvim.org

Western Jurisdiction

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

E-mail: love2trvl@imbris.com

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INDIVIDUAL VOLUNTEERS

Greg Forrester (All Jurisdictions outside SEJ)

32 North Church Street, Cortland, NY 13045, Tel (607) 756-7799

Fax (607) 756-7957 E-mail: 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: sejinfo@umvim.org

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS, BOARD OF DIRECTORS

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

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atbdds@yahoo.com

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NY 10115 (O) 212-870-3825; 800/554-8583 (F) 212-870-3624
Jblanken@gbgm-umc.org

MALARIA (from page 1)

The Rev. R. Randy Day, General Secretary, General Board of Global Ministries, attended the workshop. "Having spent this time with our knowledgeable and resourceful United Methodist participants from six African countries", reflects Rev. Day, "I depart highly motivated to garner the resources rapidly to expand our efforts to halt this poverty-driven and preventable disease."

Starting with Sierra Leone

Malaria is an important issue in many African nations. This preventable disease kills one out of five children in sub-Saharan Africa. It not only robs families of their children, it also sickens, and sometimes kills, adults keeping them from leading productive lives. The program is launching in Sierra Leone, a nation that bears the brunt of malaria's burden, but also has a United Methodist community mobilized to act. The community-based program will work through the United Methodist Health and Maternity Center, Kissy, and will be replicated throughout Africa over the next three years.

How to Give Your gifts to UMCOR Advance #982009, Malaria Control, will help support United Methodist efforts to stamp out malaria. 100% of your gift will be used for this advance.

By Offering For local church and Annual Conference credit, put your gift in the offering plate on Sunday.

By Check Make your check to **UMCOR** and mail to UMCOR, PO Box 9068, New York, NY 10087

By Credit Card Call toll-free (800) 554-8583. See excellent related article "Malaria Control in the 21st Century" by Christie R. House

January/February 2006 issue of New World Outlook.



Dr. Dennis Marke from the United Methodist Health and Maternity Center, Kissy, addresses workshop participants during the five day workshop on malaria, HIV/AIDS, and community-based health care.

LATE ENTRIES

January 15, 2006

New Missionaries at Haiti Guest House

Greetings from Haiti,

Patty and I would like to share with you that we have been reassigned to the UMCOR Sager-Brown depot in Baldwin, Louisiana. We will be departing Haiti at the end of February to begin our new journeys.

We will be replaced by Walt and Pat Ebert, currently serving as GBGM missionaries in the Red Bird Conference, Kentucky. Their web page is: www.prayerpartnerx2@faithweb.com. You can continue to plan your mission trips with them at the vimhaiti@hotmail.com address.

We leave Haiti with mixed feelings, sadden because of the many friends we may never see again and excited about the new path that has been laid before us. It has been a pleasure to work with you "umvimers" over the past 5 ½ years and we would not mind if you wanted to stay in touch. Our new email address is: CPMitto@yahoo.com.

We do thank you for your friendship, your prayers, your support and your many bags of candy.

In His Service,

Charles and Patty Maddox, GBGM Missionaries

Venezuela Mission Trip Spring Break 2006 Needs Doctor

The Wesley Foundation at the University of South Carolina will travel to Venezuela, South America with a group of 20 students during spring break, 2006 to be in mission to and with the people of the small town of Carorita in the Andes. This will be a wonderful opportunity to engage in a cross-cultural exploration of the Christian life and to serve God by serving others.

We are doing a building project, a Vacation Bible School and want to have a basic health clinic. We have a nurse but are still in need of a doctor. We are flying out of Atlanta on 2 March, 1115am and will return on 11 March arriving at 430pm. Some Spanish would be helpful but not essential. Only asking doctor to help with the cost of the flight-\$660. If interested call ~~Tom Wall, United Methodist Campus Minister at USC~~ 803 799-7363(O) 803 796-4698(H) or e-mail WallBrodie@aol.com

FROM THE EDITOR'S DESK

Do you like the new look of THE KNOCK?

I don't either! It is too jammed up and cramped!

The reason for this is to save money as we are very short on funds. We may soon have to discontinue the hard copy that you get in the mail and resort to putting the newsletter on the website for those who do not pay anything to help with our publication expenses. I would **NOT** like to have to do this.

So, right now, please send us a donation of \$25 or more to save our newsletter in its present form!

Isn't the news about the UMC's involvement with the terrible problems with Malaria in Africa great? We have not had this problem in the US for many years, but it is a major one in Africa. Worldwide, there are about 350 -500 million cases annually causing 1.3 million deaths. Eighty-five percent of this activity is in Sub-Saharan Africa with pregnant women and children under five the most vulnerable. Some argue that the money spent on HIV/AIDS would be better used here on Malaria con-

trol.
PLEASE send that check, now. Thanks, Mike Watson, MD,

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

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

Please type or print

NAME _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS (Home) _____

(Work) _____

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. Please mail this form, voluntary contributions of \$25 or more, and inquiries to:

Advance SPECIAL # for donations: 982832-4

Mailing Address

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

Checks may be made payable to:

THE KNOCK

Or use VISA MC AMEX DISC (circle choice)

Card # _____

Exp. date _____

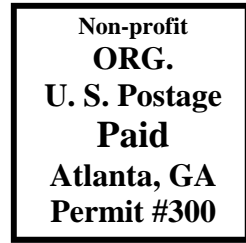
Check our web site:

<http://gbgm-umc.org/vim/features/umfhcv.htm>

Signature _____

(Please photocopy this form and distribute as widely as

needed.)



U. M. FELLOWSHIP

**Of Health Care Volunteers
315 West Ponce de Leon Avenue,**

Suite 750

Decatur, GA 30030

ADDRESS SERVICE REQUESTED

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

Matthew 10:8 (CEV)

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

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

**MONTANA
INDIANA
ALASKA
ALABAMA
GEORGIA
KENTUCKY
MISSISSIPPI
OKLAHOMA
TENNESSEE**

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