

THE KNOCK

A QUARTERLY NEWSLETTER OF OPPORTUNITY

PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

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BRINGING PATIENTS TO THE UNITED STATES FOR MEDICAL TREATMENT

Tom Brian, MD
President and Founder of Send Hope

It always saddens my heart to see a person, in particular a child, not getting needed medical treatment. Many times while members of groups are serving in other countries, they will be introduced to a person needing medical treatment. Send Hope has helped bring numerous children with medical problems from Honduras and Mexico to the U. S. for treatment or helped them get treatment in their countries. This article is written in hopes that it will help others facilitate getting the medical attention for needy people.

Getting a patient to the U.S. can be difficult, time consuming, costly, and frustrating. Before you tell someone you will help, you need to be totally committed to accomplishing the task. However, it can be done, even though at times it will appear impossible. Keep on pursuing the dream.

Also, this article is written from the perspective of bringing a child from Honduras to the U.S., because that is the country in which I have the most experience. Other countries may have different requirements and rules.

Before you begin the process, it is important for the parent and/or the patient to be realistic about the final results of treatment. Many people believe that if they can get treatment in the U.S. their medical condition will be totally corrected. A bone infection can be cleaned and cleared up, but many times a joint will be destroyed resulting in a permanent limp. A parent may expect a child to return perfectly normal and be disappointed with the results. Be sure to communicate with the family that the patient will be better, but may not be as perfect as they would like.

The first question to ask the patient is, "Can this treatment be done in Honduras?" Next you need to

find out if they have seen a doctor for an evaluation. If not, they need to be sent for an exam to answer two questions. Again, "Can the treatment be done in Honduras?"

If treatment can be done at the medical school hospital, Hospital Escuela, in Tegucigalpa, or a hospital in one of the larger cities, then you should send the patient there. Hospital Escuela does not charge for treatment. Many people believe they will receive better treatment in the U. S., however, there are some excellent doctors and good hospitals in Honduras, and most of the time the patient will receive good treatment. The second question that needs to be answered is, "Are there other medical considerations other than the obvious?" Most of the children Send Hope brings to the U.S. are for orthopedic treatment, because the only hospital and doctor that I have found that will do treatment at no cost specializes in children's orthopedics. It would be a problem if a child who had come for orthopedic treatment were given a physical exam upon checking into the hospital, and a life-threatening heart problem is discovered. The orthopedic hospital would have to refer the child to another hospital, and you, as the sponsor, would be responsible for payment. So if the heart condition is discovered in Honduras, then you can address that problem first by having the doctor that they see in Honduras write a letter stating the diagnosis and that the treatment cannot be performed in Honduras.

If the patient is to be brought to the U.S., the first step is to find a doctor and a hospital willing to donate their services. Many doctors will donate their time, but finding a hospital is more difficult. It is also important that the hospital not receive federal money for reasons I will discuss later. The U.S. Embassy website, found at the end of this article, states what documents are required. One very important thing is to have a contact person in Honduras who can receive and care for the patient in the capital city, Tegucigalpa, while they are getting their visas.

(Continued on page 5)

PRESIDENT'S LETTER

Dear Friends in Mission,

We have recently returned from the Southeastern Jurisdiction Volunteers in Mission Rally and Medical Fellowship Annual Gathering at Lake Junaluska, North Carolina. How fortunate we are to have such an opportunity to interact with like-minded Christians at such a beautiful place, and have our spirits lifted.

The speakers were outstanding. I would like to share with you several important points which relate to mission work gleaned from their presentations.

Jesus commissioned his followers to go into all the world healing the sick and making disciples. For us to do so requires a decision to schedule mission work from our prime time rather than from our left over time, if there be any. Although we often feel inadequate for the task, if we but yield ourselves and put our hands in God's hands, He can equip us to accomplish what may seem impossible. When we go to the mission field, we should not go to provide service to others, but rather to serve with others.

Just being in volunteer mission service represents a powerful witness.

Often, people are drawn into the church through conversation, so we should not hesitate to share our faith with others. We should be working with local church leaders and strengthening the local church. In so doing, our efforts can be multiplied, and greater things can be accomplished. Bishop Mvume Dandala was quoted as saying that the opposite of poverty is not wealth, but dignity. There is much food for thought in this statement.

Every person deserves to be treated with dignity. If we can be guided by this principle as we interact with others, many conflicts can be avoided, and the effectiveness of what we are doing can be increased.

Several years ago, Doctors Paul and Margaret Brand were the keynote speakers at the UMVIM Medical Fellowship Gathering. Linda and I have been privileged to count them as friends for a number of years. On July 8, Dr. Paul Brand, at the age of 89, passed away a few days after sustaining a head injury resulting from a fall.

The Brands devoted their earlier years as missionary doctors in India, where Paul, an orthopedic surgeon, devised the surgical technique of transplanting tendons to restore function to the clawed hands of leprosy patients. He later came to work at the National Hansen's Disease Center in Carville, Louisiana. Paul, a brilliant clinical researcher was very practical in his approach to problems. After his retirement, he and Margaret went to live near Seattle, **Page 2** Washington. Paul continued to write books,

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preach, teach, lecture, and lead retreats. A saintly man, he will be sadly missed by those who knew and loved him. The world has become a much better place because Dr. Paul Brand lived and worked among us.

When our VIM team of 24 served in February with the congregation of the Chateaubelair Methodist Church of St. Vincent, West Indies, one of our patients was a teacher whom Linda and I have known for 20 years. We met Jean Horne Cato on our first mission trip. Like our latest trip, it too was a combination construction/medical team. Jean and her mother were part of the Belmont Methodist congregation which had met for years in a dilapidated school building. Their vision for a church finally came to fruition. With the help of four UMVIM teams, a two-story church was constructed on the side of a hill, the upper level for the sanctuary, and a lower level for a preschool. I still can envision in my mind's eye, Jean's mixing concrete alongside the construction workmen.

Jean, who had dreamed of a preschool for the children of her village, founded the Belmont Methodist Preschool, and became its head teacher. Through her hard work and initiative, both the facilities and the program are outstanding. She is now married and has two daughters. Like many of her fellow Vincentians, Jean developed diabetes, which was complicated by a non-healing ulcer on the sole of one foot.

When we saw her in 2002, the surgeon had recommended that the foot be amputated, but Jean refused. We provided her with antibiotics and crutches, emphasizing the importance of not bearing weight on the affected foot. We also provided her with a glucometer to monitor her blood sugar levels. When we saw her this February, her foot had improved and she was no longer threatened with amputation. Instead,

her surgeon now recommended less drastic surgery and a skin graft. We provided the funds needed for Jean to obtain the essential surgery to hopefully save her foot.

About three weeks ago, she called us and reported that the surgery was a success, and that the foot had remained healed. She then gave us the bad news that she is going blind. She told us about a visiting ophthalmologist from the U.S.A. having recently seen her and recommending that she have surgery which is not available in St. Vincent. Her diabetic retinopathy has caused a partial retinal detachment, and she also has cataracts in both eyes. We told this fine Christian woman, now in her 40's, that we would do everything in our power to help.

I asked that her medical report be faxed to me, and I learned that the ophthalmologist who saw her practices in Winter Haven, Florida. I called him and listened enthusiastically as he told of his having gone as a volunteer physician to St. Vincent for the past several years under the sponsorship of his Rotary Club. As a result of this conversation, he has arranged for retinal specialists in his area to provide their surgical services at no charge. He anticipates that the hospital will be charitable.

We have made some contacts and are hoping that someone in the Winter Haven area will volunteer to host Jean for two to four weeks. Just as soon as we have a host name and address, we will begin the process of obtaining a medical visa and a round-trip airline ticket for her. We are committed to help make it possible for her to get the treatment needed to preserve and hopefully improve her eyesight so that she may continue her work as a leader in her Methodist church and teacher in its preschool. Jesus would have us do nothing less. Please pray that everything will fall into place, and that God, through His infinite grace, and guiding the hands of the surgeons, will restore Jean's sight.

May the Lord bless all who continue to labor in His Kingdom.

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STEPPING STONES

**Isn't it strange how captains and kings
and clowns who frolic in sawdust rings
and common folk like you and me
are the builders of eternity?**

**To each is given a bag of tools, a lump of clay
and the golden rule,
that he may build, ere time has flown,
a stumbling block or a stepping stone.**

(Anonymous)

FROM THE JURISDICTIONS

Beverly Nolte

A SUCCESSFUL MEDICAL WORK TEAM RECIPE

INGREDIENTS:

10 - 12 Health Care Professionals
Identified Need
Worship
Recreation
Study
Fellowship

Take one group of concerned health professionals who want to be involved in the Mission of the Church. Introduce them to a legitimate medical need. Plan together carefully how the group can meet the need. Mix persons and need together. Throw in 20 duffel bags full of medications. While stirring, mix in dashes of study, worship, recreation and fellowship until all ingredients are thoroughly blended. Mix with host groups. Measure large doses of TLC in a Christian manner. Shake fears and phobias of ill patients. Set temperature at local destination. Bake until all patients are seen or diagnosed. Sprinkle with prayer.

When the need is met, return persons to their original location and give them an opportunity to share their experience with others. If instructions are followed carefully, result will be persons dedicated to the Mission of Christ.

No matter the destination, from Antigua to Zimbabwe, no matter the size of a medical team, no matter how much medical equipment/supplies you take, the prescription for a medical team is the same.

While some volunteers are concerned that a large number of patients are seen or inoculated, the primary purpose of ANY team - whether construction, VBS or medical - is the relationships that are built between the host group and the work team. Friendships and stories told while working together have a far-reaching effect on the participants.

So, get out that little black medical bag, hook up with a medical or construction team from your church, district, conference or jurisdiction and be ready to join a HMO (health motivated opportunity).

This is my last article as a UMVIM Jurisdictional Administrator. On September 1 my focus will change from coordinating volunteers in mission to being a volunteer. Lorna Jost of Brookings, SD will assume this position. Welcome her to UMF/HCV!

Beverly Nolte, Administrator, UMVIM-NCJ
Phone: 515 237 8545, Fax: 515 237 8541 **Page 3**

CONSULTANT'S CORNER

Roger Boe, MD
July, 2003

Consider the lowly mosquito. No other insect has played such a dominant role in undermining the health of the world, not even the fleas that bore the plague. Malaria continues unabated and dengue fever is increasing in Central and South America. In the next column of this issue is the bizarre and fascinating story of how the eggs of the botfly hitch a ride on the belly of a mosquito, and of the larva that eventually hatches and burrows into the skin and causes the mysterious appearance of a boil that won't heal. Our thanks to the authors Tara Randall and John Erramouspe of the School of Pharmacy, Idaho State University, and also to Dr. Erramouspe's son-in-law who played unwitting host to this mysterious invader.

The best way to prevent mosquito borne disease is to keep from being bitten. To find out which of the many available repellents pass the test of effective protection and durability, read the review on page 6.

Also included in this issue is an exceptionally well thought out article by Dr. Tom Brian, a dentist from Allen, Texas who is the founder of Send Hope, a project approved by the Methodist Church that works with the Miskito (no connection with the insect) Indians on the remote Northeast Coast of Honduras. He discusses the many complexities of bringing a patient from a developing country to the US for medical treatment, a task that should only be considered after careful examination of other possibilities for care. He describes the many steps that need to be taken to improve the chances of a successful outcome, and the risks of making promises that cannot be fulfilled. For more information on project Send Hope, and about Dr. Brian's Ministry, see <http://send-hope.org>.

I have just returned from the annual meeting of the UVMIM, SEJ and Medical Fellowship at Lake Junaluska, NC. What a wonderful opportunity it is to meet and network with so many who are on fire for mission, and to hear such an array of outstanding and inspirational speakers.

While we are talking about meetings I want all of you to be aware of another outstanding meeting opportunity. The Annual Global Mission Health Conference, held in Louisville, KY at the Southeast Christian Church, is another "don't miss" event. Imagine a gathering of 1300 people, all vitally interested in medical mission. Also imagine an array of truly outstanding and spirit-filled speakers, state of the art workshops on every conceivable medical topic, and an unparalleled **Page 4** chance to network with medical missionaries

from around the world from many denominations. If you are interested, visit their website at www.southeastchristian.org.
Roger Boe, MD
Consultant, UMF/HCV

Shoo Fly - Don't Bother Me

Roger Boe, MD

Myiasis (my-a-sis) is the infestation of human and animals with fly larvae, which feed on the host. Myiasis remains uncommon in North America, but with increasing travel to South and Central America, the incidence is rising.

A common culprit of myiasis in Mexico, Brazil, Belize, Costa Rica, and French Guinea, is *Dermatobia hominis* (human botfly or torsalos). *Cordylobia rodhaini* (Lund's fly) and the Tumbu fly are common in Africa.

Female botflies utilize mosquitoes, ticks, or biting flies for egg dissemination. They deposit 15-30 eggs on the abdomen of the carrier, then release it, unharmed. Once the carrier lands on a warm-blooded host, temperature changes cause rapid hatching of the eggs and deposition of the larva onto the skin. The larva penetrates the skin through the bite of the carrier, damaged or intact skin, or through a hair follicle.

Subsequent maturation of the larva takes 1-3 months. Once mature, the larva will emerge, unnoticed, and spend 2-4 weeks in the soil where it will pupate into an adult fly.

Case Report:

A student returning from Guatemala presented with six unhealed, itchy, non-tender bites on his lower legs. Observation revealed a 2mm punctum with serosanguineous discharge, giving the lesion a volcano-like appearance. He described "an intermittent stabbing, crawling feeling," and stated that sharp pains generally preceded discharge of blood-tinged fluid, but exudate was present continuously. The patient noted that he received the "bites" four weeks prior, while in Belize. Some had healed, these had not.

The patient was able to self-extract three larvae; the remaining three were surgically removed.

Most commonly, larvae infest the extremities, scalp, or back. A papule forms within 24 hours of penetration and resembles an insect bite. A 0.5-1.5mm punctum forms after 1-2 weeks, growing larger over time. Pain results from larva feeding, and from spines irritating host tissues as larva move. Ex-

amination of the punctum may reveal movement of larva, small bubbles, or fluid movement as larva breathe.

The infestation is self-limiting, and if one can tolerate the pain, it is generally best to let the disease run its course. Larval morphology makes removal difficult (see photograph), however, options for removal have been suggested.

Surgical excision has been widely used, but generally leads to more severe scarring than if larvae emerge unaided. Care should be used to avoid transecting the larva.

Suffocation by occluding the punctum is somewhat effective in forcing the larva to migrate out of the skin. Raw meat, Vaseline, and *matatorsalo* tree sap have been used. Once the larva moves out through the punctum (this may take several hours), it is necessary to grab and remove it. Fragmentation of the larva may result, creating a potential for secondary infection.

Antibiotics should only be used if a secondary bacterial infection is present.

Judicious use of mosquito repellent containing DEET, as well as protective clothing is key to prevention. A long acting polymer/ DEET formulation, Ultrathon®, prevents absorption and evaporation of repellent from skin. Spraying clothes with permethrin (Repel Permanente®), a contact insecticide, offers effective protection against mosquitoes and ticks.

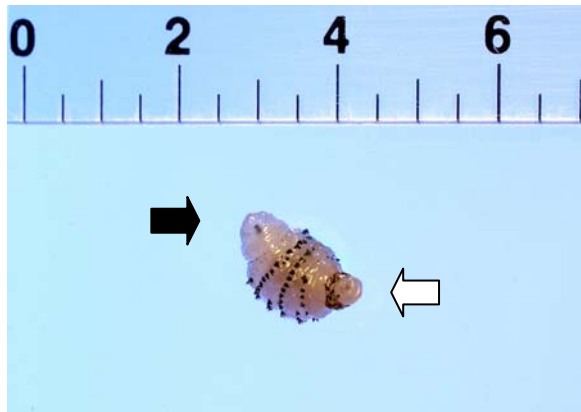


Fig. 1 Botfly larva extracted from a student traveling to Belize. Note the rows of posteriorly pointing spines, wide anterior end (black arrow)-supplants in subcutaneous tissue, and thin posterior end (white arrow)-contains breathing apparatus and remains at the skin surface. Ruler graduations in cm.

References:

1. Zumpt, F. (1965) Myiasis in Man and Animals in the Old World. Butterworths, London.
- Farrell LD, Wong RKM, Manders EK et al: Cutaneous myiasis. *Am Fam Physician* 1987; 35:127-133.
- The Medical Letter. Insect Repellents. May 26, 2003;45;41-42.

Tara Randall, PharmD Student

John Erramouspe, PharmD, Associate Professor of Pharmacy, Idaho State University College of Pharmacy, Pocatello, Idaho 83209-8333

BRINGING PATIENTS TO THE U. S.

(Continued from page 1)

The patients may be able to get their visas without help, but most will not be able to do this alone. Equally important is someone to host the patient in the U.S. This requires a very special person. This person does not necessarily have to speak Spanish, but it does help. This person not only has to have a desire to keep the patient, but also be realistic about the amount of time and attention a rehabilitating patient will require. Many people want to help but do not realize how much time it takes to transport the patient to the multiple visits to the hospital, clean and bandage wounds, as well as cooking for and cleaning for the patient. This person should be identified before proceeding very far.

If you are getting treatment for a child you will need to decide if a parent will travel to the U.S. with them. Some groups never allow a parent to come with their child. That may sound unreasonable to a lot of U.S. parents who would never think of allowing surgery on their child without being present. However, there is some merit to this policy. It has been my experience that children adapt very well to their surroundings, and most of the problems have been from the moms. Sometimes a parent gets depressed from being homesick, not speaking the language, and differences in food, culture, etc. They may also worry about other children left behind with a family member. Normally we will consider the age of the child and bring a parent, usually the mother, if the child is less than 3 years of age.

Before the child and parent travel to Tegucigalpa to start the visa process, both the parent and the child will need to get their birth certificates. A child traveling alone will also need a letter from a lawyer signed by both parents, if they are alive, stating that the child has permission to leave the country. Both parents will need their identification card for this letter. It is important to check the birth certificate, the letter from the lawyer, and the parents' identification card to see that all names are spelled the same and all birthdates are the same on all documents. Sometimes one parent spells the child's name one way, and the other parent spells it another way. Check these papers closely; it will save time later.

Next the patient and both parents will need to travel to Tegucigalpa.

Here my contact person, Janna, meets them and takes them to the Ronald McDonald House or another place where they can stay at no cost. There is a kitchen, and Janna brings them food so they can prepare their meals.

Next, the people applying for their visa need two passport photos to get their Honduran passport. Getting a passport takes about 1-2 weeks, assuming that all the paperwork is in order. While the patients wait on their passports three letters need to be sent to your contact person in Honduras. One letter needs to be from the person sponsoring the patient stating that they will be financially and physically responsible for the patient while in the U.S. This responsibility should not be taken lightly.

The child and parent could be in the U.S. from four weeks to a few years, and will probably need medical attention for minor illnesses, such as colds or the flu, and will probably need dental attention as well. Before they arrive, try to get a medical doctor and a dentist who will donate their services. The sponsoring person may or may not be the person who houses and cares for the recovering patient. The other two letters that need to be sent are: (1) from the doctor in the U.S. and (2) from the hospital stating that they are donating their services. The U.S. embassy will not approve the visa for a patient to be treated in a hospital that receives tax money from the U.S. government.

Once their passport is in hand, Janna goes to Bank Atlantida and applies for an appointment with the U.S. embassy. The cost is \$100 for each person. In 2-3 days the appointment is made, but it may be anywhere from a few days up to 4 weeks before the actual appointment.

So, now the letters are in Honduras, the parent and/or patient have their passports, and an appointment date has been set. All that is needed now is approval from the U.S. embassy. The people in the embassy who make these decisions have a very difficult job. Because so many people want to come to the U.S., and plan to stay, the embassy people must screen out fraudulent applications from legitimate ones. They have many stories about people making dishonest claims. The two things that concern them the most are: (1) that people return to Honduras and (2) that no U.S. tax money is spent on them. Janna takes the people to the embassy with all the papers to help answer any U.S. related questions.

Once the visa is approved, a courier will deliver the passport and visa to you, or you can go to the courier office and pick up the passport. You should make one last check to be sure all names and birthdates on the passport match those on the visa.

If they are not identical and the customs agent that checks the passport before you board the airplane notices this, then your patient may not be allowed to board the plane.

Transporting the patient to the U.S. will require purchasing a ticket, using air miles, or having tickets donated by an air line. Both Continental and American Airlines have similar programs, Care Force and Miles for Kids respectively, by which they give tickets to a patient and one person traveling with a child. It is necessary to wait until the visa is received before requesting the tickets from American, but may not be on Continental. Also, Continental seems to be faster because American has to wait on a committee to meet to make the decision, which may take up to four weeks. However if you have to buy food for the people for four weeks, you may be better off purchasing the tickets. Also, Continental does not always have seats for a patient. Because of this Send Hope has not used these programs in some time, so this information may be out of date. Call the airlines and ask. (The contacts are at the end of this article.)

You may also check with Sol Air, TACA, and North West air lines to see if they will transport the patients.

You may also want to check with such organizations as: Healing the Children, The Ruth Paz Organization, and others who have been helping children for many years.

The approximate cost of transporting a patient from Honduras to the US including transportation within Honduras, food prior to leaving, passport and photo, appointment with US Embassy and air fare to the US is approximately \$1,500 for the patient and about the same for an accompanying parent.

Good luck with your endeavor, and do not let discouragement get the best of you.

Contacts:

American Airlines- Miles for Kids- Debbie Ryan 1-800-531-7921

Continental- Care Force- Melia Reed 281-360-5374

U.S. Embassy- usembassy.state.gov this site will take you to the embassy homepage for any country.

Send Hope- www.send-hope.org - Dr. Tom Brian 972-727-5001

REPELLING MOSQUITOES

Roger Boe, MD

As short-term missionaries working in tropical developing countries, we are acutely aware of the potential disease risks from bites by mosquitoes and

other arthropod vectors.

Malaria and dengue fever are major problems, both for our patients and for our teams, and the possibility of yellow fever continues to be a factor in certain countries. We just can't hide from those pesky little critters. Mosquito netting and impregnated clothing cut down the risk, but from a practical standpoint, the use of an insect repellent remains the most important preventive measure.

Many products have been marketed, often with extravagant claims as to effectiveness, but with little objective evidence of benefit. Everyone seems to have a favorite, but what remains is the need to have some objective evidence of the duration and quality of protection. What is safe? How can we make an informed decision as to what to use in the field?

In their study, *Comparative Efficacy of Insect Repellents Against Mosquito Bites*, reported in the New England Journal of Medicine, 347:13-18, July 4th, 2002, Fradin and Day evaluate the comparative efficacy of a number of products currently available. Using a method of standard exposure involving 15 human volunteers, they tested 7 botanical products, (6 containing citronella, and one with 2% soybean oil), 4 concentrations of DEET from 5 to 24%, and a new product IR3535. They found that only the higher concentrations of DEET, 20-24%, gave significant protection for more than 4 hours. Lower concentrations of DEET 5-7% protected for 1-2 hours. None of the "natural products" or IR3535 gave more than a few minutes protection, with the exception of the 2% soybean oil which was effective for 90 minutes, the same length of time as the lowest concentration of DEET tested. The three wristbands that were tested were completely ineffective. A skin product that is said to have repellent properties, Skin-So-Soft bath oil, was totally ineffective.

The authors also reviewed previous studies of ingested garlic and thiamine showing that they are not capable of repelling mosquitoes.

Many concerns have been raised about the safety of DEET, certainly a major reason for the continued use of citronella and other botanicals. Their review of many previous studies shows no evidence of significant toxicity. The Environmental Protection Agency has concluded that "normal use of DEET does not present a health concern to the general US population." The authors conclude their article by stating that, "Until a better repellent becomes available, DEET based repellents remain the gold standard of protection under circumstances in which it is crucial to be protected against arthropod bites that might transmit disease." The other products not only fail to live up to their claims of effectiveness, their use gives us a

false sense of security by promising protection that they do not provide.

Roger Boe, MD
Consultant, UMFHCV

MISSION TRIP TO AFRICA

February 9 - May 9

Donald B. Rudy, MD

I recently had an awesome three-month VIM trip to Luanda, Angola and the Maua Methodist Hospital in Kenya.

The first segment of my trip to Angola was under the leadership of J. P. McGuire of the Cal/Nev Conference of the UMC. It was a wonderful group and we appreciated each other so much that we are having a reunion June 7 in San Jose, Cal.

I believe we were the first medical team to go into Luanda since peace was established one year ago. A civil war had gone on for about 18 years prior to this and you can imagine the once beautiful Luanda with 18 years of accumulated garbage. Also, one million refugees have taken up residence there without proper housing and sanitary accommodations.

Our team was composed of nurses, two doctors and many helpers. Our work consisted of holding outpatient clinics at various locations - everywhere from a rural village to government clinics. The need there is overwhelming and we did not even begin to scratch the surface of that need. It is hoped that further teams will go and that churches in "the states" may become "sister churches" to churches in Angola so that mutual benefit may occur.

About 10 weeks were spent at the Maua Hospital, just beyond Meru, northeast of Nairobi or six hours by car over rough pot-holed roads. The rainy season was in full progress with many areas of the country flooded. In Africa there is either feast or famine and that applies to the weather, also - floods or droughts.

I went there thinking I would primarily be doing maternity (OB) but I found that their greatest need was coverage in the pediatric and medicine wards. I also did some time in the OPD before I got to maternity.

The pediatrics need was horrendous - we were in the middle of a malaria epidemic. At one time we had 96 patients in 40 beds along with their mothers. Most of these children were under five and many were nursing. Many of these children had hemoglobins of 4 gms/% and needed transfusions. I.V. Quinine is still the treatment of choice for severe Malaria.

Many died - four died on my dayshift on a Saturday.

There is a huge surgical practice there. It is a very efficient service with two major operating theaters and a minor one. Spinal anesthesia is the anesthesia of choice.

The nights are full of C/Sections, laporotomies and suturing of lacerations made by machetes. We had two disasters resulting from motor vehicle accidents while I was there. When these occur, the chapel bell is rung and everyone runs to help in the trauma rooms and outpatient treatment areas. On Maundy Thursday and Good Friday we had true disasters with over 30 injuries to sort through, resuscitate and treat. Fortunately, a retired missionary orthopedic surgeon, Dr. Topple, was there at that time and he helped tremendously with all the fractures.

Maternity was huge. The doctor was only called to see the complicated patients. I personally took care of a ruptured uterus, pre-eclampsics, Placenta previas, abruptio-placentas, incomplete abortions with retained placenta, multiple pregnancy, severe anemia and malaria in pregnancy and, of course, all the obstructed labors which resulted in C/sections. One day I did three C/sections.

It was a rewarding experience - somewhat frustrating because of the language barrier. This can be partially overcome by learning a simple greeting, shaking hands and smiling a lot. Body language can say a lot regarding compassion and friendliness.

One day I entered a 20-bed ward and started rounds immediately. Someone said something to the nurse. She told me that they wanted me to greet them first. So I did - bowing down and clapping my hands as we do in Zimbabwe. I told them that this was the Zimbabwe "way" - one way of clapping for the women and another way for the men. Also, that women, when greeting a man, would bow down and get lower than the man to show respect.

I told them that I had tried to get my wife to greet me in such a way, but my wife had told me that this was not our custom and that she would not bow down to me. They all laughed at that.

Go to Maua! You will be overworked, underpaid and loved by the people.

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7633

ABC'S of Life
Accept the challenge.
Believe in the cause.

Choice, not chance, determines destiny.

***The Betrayal of Trust:
The Collapse of Global Public Health.***

Garrett, Laurie

Hyperion, New York, 2000

Is our collective health in a state of decline? Is our international network of protection against disease and ill health dysfunctional at a time when such protection is desperately needed?

Laurie Garrett, the Pulitzer Prize winning journalist and author, looks critically at these and many other issues in her recent book, *The Betrayal of Trust*. She uses extensive interviews with key players in the current world public health crisis as a base, and then analyzes current situations in five representative locations, India, the Congo, the former Soviet Union, and the United States, with meticulous research and documentation.

Ms. Garrett finds that, after making great strides in the early years of the 20th Century, world public health has suffered from decreasing monetary support, public apathy, and lack of international cooperation. This alarming trend is in the face of increasing demands on the system due to world population increase, globalization and increased travel, global warming, and evolving resistance to antimicrobials.

This large carefully written book is full of valuable information and insights regarding the current state of public health, both in developing countries and in the US, and some carefully thought out predictions of increasing threats to our collective health unless action is taken to bolster the public health system. Some of these concerns are of great importance to our mission work.

They are: 1. The widening gap throughout the world between the rich and the poor, and the actual increasing severity of poverty in the marginalized, the refugees, and the internally displaced. 2. The emergence of new strains of viruses, bacteria and parasites resistant to all modes of treatment. 3. The increasing severity of the world AIDS epidemic, particularly in the "new" areas of the Caribbean, India, and Latin America. 4. Alarming resurgence of our old nemeses of tuberculosis and malaria in more resistant forms. 5. The failure of our world public health system to cope with these and other problems.

As missionaries to developing countries, we have stood helplessly watching the evolving nightmare of AIDS, and seen malaria and tuberculosis elude our efforts at prevention and treatment, and actually increase in incidence and severity. It is vi-

tally important for us to understand some of the reasons and the political background for some of the problems we face.

Ms. Garrett ascribes a major reason for the failure of our public health system to deal with these issues to what she labels "the medicalization of public health", that is the focusing on drug and surgical treatment of disease rather than on prevention and getting at the root causes of disease. Could we also take some lessons from this analysis?

She concludes that "Our world public health system must become global and universally supported if it is to effectively deal with the health challenges of the 21st century. The health of every nation, including ours, depends on the health of all the others. The current decay and decline of our world public health systems cannot be allowed to continue. "

The last portion of the book is devoted to a discussion of bio-terrorism, that, although written before the events of September 11th, the war on Iraq, and "weapons of mass destruction", discusses the risks and possible responses to biologic warfare in a remarkably prescient manner.

This is a remarkable book, important for all of us, whether health professionals or anyone interested in the state of our public health, to read, discuss, and above all, to take seriously.

Roger Boe, MD
Consultant, UMF/HCV

V.I.M. MISSION TO REPUBLIC OF GEORGIA

John V. Payne, M.D., M.P.H.

During February and March, 2003 I traveled alone to Kutasi in Western Georgia to visit rural government-run medical clinics which had been renovated the previous year with U.M.C.O.R. funds and had also been provided with a basic formulary of drugs.

Originally I had understood I would be giving medical lectures to doctors, a frightening prospect to say the least. I convinced everyone of my lack of experience in such things, and plans "morphed" into 2 day visits to each clinic to discuss problem patients, and commiserate on shared rural practice experiences such as calls in the middle of the night for minor problems, patients wanting antibiotics for viral illnesses, specialists in the city not sending back referral letters, patients having no money etc.

Doctors had not been paid for 7 or 8 months but continued to work for want of anything else to do. They seemed to have no way to supplement their

wages with bribes or "under-the-table" schemes unlike the police who had roadblocks every few kilometers to issue tickets and then take "gifts" to tear them up. Sometimes I was useful to the driver who would protest that he was hauling an American tourist who really would not want to see bribery going on, and we would be allowed to proceed.

Each small village usually had 2 doctors, 60% female, and often available 24/7. They seemed well trained in the Soviet system, either in Russia or locally. The population in general was well educated. The Georgian language is unrelated to any other and has its unique alphabet and a long literary tradition. We discussed through my translator various practice methods, and, of course, doctor salaries in the U.S. I always fudged and gave lower figures, and tried to explain malpractice prices, the tort system etc, that drives up costs, often without much success. The doctors were universally dedicated to their patients, and seemed to know them very well, and have very good rapport.

I had a great deal of difficulty understanding some practices, especially a diagnosis of "Hypertension of the Head" which was said to affect about 80 to 90 percent of newborns. It seemed that for almost any reason such as excessive crying, jitteriness or colic, a baby would be subjected to an ultrasound exam of the head and would be labeled with "intracranial hypertension". Treatment would be Phenobarbital for a year and deferral of immunizations for a year.

Village pediatricians routinely said these children all seemed to be developing normally, and they were frustrated with inability to get them immunized. I inquired through the UMCOR Medical Director who contacted a neurologist but I was still unable to understand the rationale for so many newborns being screened by ultrasound.

Sometimes the flood gates would open and there would be dozens of older patients with "organ recitals" of multiple complaints. Sometimes just a few patients would appear if the doctors had invited in their most complicated patients.

Always, always it was COLD. No clinic and few homes could afford natural gas, and windows were always large and single-paned glass. Life revolved around the one room with a small wood or sawdust powered stove. Patients were examined, mostly fully clothed, other patients waited, and the meal was warmed and all the staff hung around the one room with a stove. Usually the big meal was in a larger room, and learning to eat a formal dinner wearing gloves, an overcoat and with your body shaking with chills is not something taught in etiquette school.

KISSY UMC EYE HOSPITAL MISSION TRIP

January 30-February 15, 2003

Lowell A. Gess, MD

This beautiful country, once the showcase Republic in the Soviet Union, and home of Stalin, exporter of great citrus fruit and center of arts, trade and full employment and allegedly home to the most beautiful women and the best wine on the planet, and site of the tale of Jason and the Golden Fleece, is now essentially bankrupt.

Folks are most friendly though, and consider a guest a "gift from God" and entertaining visitors as a sacred duty. I was duly warned about huge "Supras" or banquets which would be held in my honor.

Here wine was first made about 5000 BC and 90% of families have vineyards and have been improving their product for generations. Georgia is also one of three places with an unusual percentage of people living to 100 years and beyond. Hard farm labor, clean mountain air, and red wine have been suggested as contributing factors. However, nowadays, a 70% rate of smoking in men and kamikaze driving habits will surely alter these statistics.

Georgia and Armenia are the furthest eastern lands where Christianity predominates. These countries border mostly Muslim neighbors. Over the centuries Georgia has been invaded about 22 times, mostly by these Muslim countries.

In one monastery, partially destroyed by Turks in the 17th century, there is a mural depicting Christ before Pontius Pilate. The Roman ruler is not dressed in the expected toga, but in Muslim dress and looks for all the world like Osama bin Laden.

Despite such past troubles religious tolerance is good, and there is a street in Tbilisi, the capital, where there is a Mosque, an Orthodox church and a Synagogue on the same block. Georgians are a well educated and resilient people and as they are able to overcome current economic hard times they will regain their place among rising western nations.

Even though technically in Asia, they look to western Europe and the United States for cultural affinity. They joined much of Europe in polls indicating 80 to 90 percent of the population in opposition to the recent war in Iraq. They had recently undergone civil war, and concern for civilian casualties was cited as the main reason for opposition. This seemingly widespread public opinion was in contrast to "official" government pronouncements.

I would very much like to visit this beautiful land again, but never, never in the winter.

Dr. John Payne
2 Fairway Drive, Berea KY 40403
Ph: (859) 986-8100
Email: JPAYNE@MIS.NET

It had been fifty years since I did my first surgery in Africa. Now I was back at the Kissy UMC Eye Hospital, Freetown, Sierra Leone. To get there involved crossing the ocean for the 141st time.

Dr. Cathy Schanzer of Memphis, Tennessee, had just completed two weeks of volunteer surgery. It was a pleasure to follow up on her phaco patients with their excellent results. Now Dr. Ainoir Fergusson, our Sierra Leonean ophthalmologist, was continuing to do the cataract extractions with the implantation of intraocular lenses. My surgery centered largely on glaucoma filtering operations, complicated cases for which Dr. Fergusson did not want to accept responsibility, and some procedures outside his training background.

A thirty-eight-year-old woman waited three days for an opening to have her unsightly squint repaired. She was pleased with the result, declaring it was well worth the wait.

It is thrilling to see the new surgical theatre almost complete. Vast improvements were evident even in the present surgery initiated by Danielle Day, a nurse from Evansville, Indiana, who is volunteering her expertise and services for a six month period. Approved sterilizing techniques and enhanced turn around times greatly facilitated the 62 surgical procedures done. The generous supply of medicines and supplies provided by Alcon, Allergan, and SEE International were gratefully used.

We were visited in the clinic by Bishop Joseph C. Humper. We also had the privilege of helping Bishop Kulah of Liberia, who presently is Principal of the Theological College. Dr. Frank B. Davies, General Practitioner and Senior Pastor of Boughman Memorial UMC, came early one morning. Dr. Schanzer's phaco surgery of a year ago was giving him 20/20 vision. He was impressed with the new surgical theatre, the extent of the foundations going up for the new outpatient department, and the extent of the preparation for the new hostel being built for patients coming from distant places such as Conakry, Guinea.

These improvements are being made possible by Christian Blind Mission, The Bishop Hopkins Appeal Fund, the O.C. Ministries of Minnesota, Central Global Vision Fund based at Milbank, South Dakota, and a great number of generous friends and

individual churches. Sunday School children including the Can Do group at the Alexandria UMC raised a penny a mile for the many trips that have been made to do the volunteer surgery. Remarkably several thousand dollars were raised toward the support of the eye program.

Most dramatic, however, was Foday Koroma, on whom I had done trabeculectomies twenty years ago (1982). He was friendly and quick of mind and step. His vision of 20/50 in each eye enabled him to do extensive reading. Next month he will be 100 years old. He wanted to send special greetings to "Mommy Gess."

My role as a former missionary was brought into play when I was asked to participate in administering Holy Communion at the Brown Memorial Church on the same compound with the Kissy UMC Eye Hospital. The next Sunday I was to give the message. Alarming, when I awakened at 5 AM I was dumb...NO VOICE! During the next several hours it began to return. On the podium were Bishop Humper and the Rev. Alfred Karimu, Chairman of the Conference Council. Each offered to complete the service if I faltered. The excellent sound service, however, allowed me to speak without straining, and I was privileged to share the Gospel message. Rev. Karimu noted the scripture verses used and with a smile asked if I would mind if he would use the message on "Compassion" again.

Individually...from Lettie Williams' role as administrator down to the two night watchmen...each of the 22 staff members is doing a tremendous job. Expert diagnoses are being made with appropriate treatment. They are bound together in a fellowship of prayer. They end each week with prayer and Bible study. Daily morning prayers are with the patients.

We are especially grateful to God that brilliant and promising Isaac Butcher Sesay has been allowed to pursue his dream of medical training in preparation for a career in ophthalmology. While waiting to hear about his acceptance, he spent over six months learning diagnostic procedures at the Kissy UMC Eye Hospital. On Sundays he is the gifted organist at Brown Memorial UMC. O.C. Ministries of Minnesota has taken an interest in his support.

Prayer is needed for Augusta Conteh, 11-year-old daughter of Bob Conteh, our chief clinical diagnostician. He had successful trabeculectomies done in his youth. Now his daughter is battling the same problem with near total cupping of both disks. A trabeculectomy done on her left eye nearly two years ago closed within the last 6 months. She is being flown to relatives in Atlanta, Georgia, and will receive an improved surgical technique within the next few weeks.

Sierra Leoneans rejoice that peace is finally coming following the last ten years of war. We pray for the saving of this delightful country as well as for their individual souls. Only an act of grace will enable them to forgive the maiming and killing done by people they now meet face to face on the streets. And yet..... THIS IS THE TRUTH OF THE GOSPEL.

Respectfully submitted,

Lowell A. Gess, MD
111 15th Ave., East, Alexandria, MN 56308
Tel. 320/762-1888; Fax. 320/762-8898
Email <gessla@rea-alp.com>

REPORT OF EYE TEAM 2003 JEREMIE, HAITI

The first eye team for 2003 departed Columbia, S.C. on January 9, 2003. Team members consisted of Mrs. Kathryn Crosswell, ophthalmic nurse; Mr. Tal Morgan, Biomedical Engineer; Dr. R. B. Antley, optometrist; Mrs. Barbara Antley; Mrs. Cheryl Burgess, optician assistant; Hal H. Crosswell, Jr., MD, Ophthalmologist.

Upon arrival at the airport in Port-au-Prince the team was met by Patty and Charles Maddox who are UMCOR representatives for the Methodist Guest House in Port-au-Prince. We had a very pleasant overnight stay in Port-au-Prince at which time we met with Dr. Florence Dyer and Dr. Bridgette Hudicourt to discuss the eye program in Jeremie. The program and problems were discussed including all aspects of the clinic there. It was agreed that all aspects of the new medical, dental, and eye clinic were progressing satisfactorily.

The next day the team departed by Carib-Air for Jeremie. We were met at the airport in Jeremie by Pastor Ralph Dennizard and his staff and driven to the guesthouse. After unloading our luggage, we went directly to the eye clinic in Gebeau to begin preparing the clinic for patient care. Upon arrival all of the medications and equipment that had been shipped were present and these were carefully unpacked and placed in their appropriate place in the clinic. The following day we began seeing patients who were eagerly awaiting our services. There were numerous cases that had been referred from outlying clinics who were awaiting surgery. All of the equipment in the operating room and clinic were in need of some repair which was performed by our biomedical engineer, Mr. Tal Morgan. Our Haitian nurses, Mary Claude and

Dario Paulemont were present and had everything ready for us.

A Cuban ophthalmologist, Dr. Miladis Sintes Jiminez has been assigned to Jeremie for two years and will be working at our clinic during her stay there. She was a most delightful and intelligent young lady who was eager to learn new techniques.

We certainly found no shortage of patients during our stay. We performed approximately 800 consultations and approximately 45 eye surgeries consisting of cataract, pterygium, and other procedures. All of the patients undergoing cataract surgery were essentially blind. Needless to say, upon removal of the dressing the following day, they were very happy and excited to be able to see again. While we were there, Dr. Bridgette Hudicourt and Dr. Francoise Dennery spent several days working with us in both the clinic and surgery. Time was spent for surgical instruction, as well as discussion of treatment of many eye problems that we saw. It was a very fulfilling experience for all of us. We also spent considerable time training Dr. Miladis Sintes Jiminez in surgical technique for cataract extraction and implantation of intraocular lenses.

It is of note that the clinic is now operational year round with the presence of a Cuban ophthalmologist there full time and the Haitian ophthalmologist who visits Jeremie for several days every two months. This gives us excellent follow-up care for all of our patients there.

While in Jeremie we attended a meeting of the local Rotary Club. The Columbia Rotary Club, which is my home club, has decided to help this club with obtaining some much-needed equipment for the local hospital (St. Antiones) in Jeremie.

While we were in Jeremie, we attended church services on both Sundays and were warmly welcomed by the church members. We extended greetings from the South Carolina Conference of the United Methodist Church.

We were all very upset to learn that Dr. Eric Fabian has resigned his position as director of the project and will be seeking residency training in the United States. We certainly wish him well in his new endeavor and hope that the Methodist Church in Haiti will soon find a replacement for him. In the meanwhile, Pastor Ralph Dennizard, who is the superintendent for the Jeremie district, is performing these duties as best as possible.

The church is very active and strong in Jeremie; however, the economic situation is worsening in the country which has led to economic problems in the Methodist Church.

While in Jeremie we had a meeting with Pastor

tendent of the Methodist Church in Haiti and Pastor Ralph Dennizard who is superintendent of the Jeremie district. They outlined the basic monetary needs for the project and clinic in Jeremie. These will be presented to the UMCOR committee upon our return. They are both very pleased with the new medical-dental-eye clinic at Gebeau.

We departed Jeremie on Monday, January 20, which was one day earlier than planned due to the Synod which was meeting in Jeremie beginning that day. Upon our return to Port-au-Prince, a message had been sent from the US Embassy asking us to examine children at an orphanage there (who had apparent eye problems). We visited the orphanage that day where we examined many children with primarily congenital eye problems. The following day we visited the Baptist Mission outside Port-au-Prince where the new director, Mr. John Paul, asked us to look at all of their facilities including the hospital and eye clinic. We offered some suggestions for improved patient care and plan to help with the acquisition of some new equipment for that very worthwhile hospital and clinic.

We departed for the USA on Wednesday, January 22.

Renovated operating room at the Jeremie Clinic

The new ophthalmic clinic is functioning very well at this time. The medical and dental clinic is not yet complete and hopefully this will be completed in the next few weeks by other visiting teams. The Methodist Church in Haiti is very excited about the new Medical/Dental/Eye Clinic in the Jeremie area and how it will benefit the Haitian people in that region. It was planned that this will be a regional medical center where all people in that area can obtain adequate medical, dental, and eye care which has not been available to them in the past.

Again, all of the team members expressed their feeling that far more was gained by the team than

was given while there. It should be noted that the political situation in Jeremie certainly appeared stable with no significant incidence of any civil unrest noted by this group. There is, however, a growing discontentment with the Aristide government because of the slowly deteriorating economic situation. No one knows what the future holds, but it certainly seems possible that some change in the political picture will occur within the next year.

Hal H. Crosswell, Jr., MD, PO Box 1754, Columbia, SC 29201 Ph. 803/779-3070

A MEDICAL LABORATORY PROJECT

Betty Palfy
Individual Volunteer

Salud y Paz Clinics in Guatemala will start a basic medical laboratory unit in their clinics in 2004. The clinics under the direction of Phil Plunk and JoAn Dwyer are in Camanchaj and Urbina. Monday and Tuesday clinic is held in Camanchaj and Wednesday and Thursday in Urbina. The Urbina clinic is on the edge of Quetzaltenango and Camanchaj is 2-½ hour drive in the mountains from Quetzaltenango. The clinics are busy having 60-70 patients daily for medical and dental. Once a month an eyeglass component is added.

It is hoped that the medical laboratory services can be added and benefit the patients and facilitate the diagnosis. The laboratory services may also help with another clinic on the coast in Paquila.

We welcome volunteers, teams, donors, visiting doctors, nurses and others to make suggestions of what testing they would like to have performed and help us accumulate materials for the laboratory. We could also use funds to purchase materials and reagents in Guatemala. At the end of June I visited the clinics both in Urbina and Camanchaj to see if a medical laboratory was feasible. The first thing I noticed was that others before me had wanted a laboratory for Salud y Paz because I found some worthwhile materials there, such as three very good microscopes, centrifuge, hematocrit centrifuge and other small items. So please, whoever you are, please get in touch with me and let's work together to bring a medical laboratory to Salud y Paz, Guatemala.

Materials Needed For Laboratory Salud Y Paz

500 BD Vacutainers 13 x 75 mm EDTA lavender

tops
500 BD Vacutainers 13 x 75 mm red tops
1-2 Test tube rack to hold above tubes.
1 Serofuge centrifuge, which will hold above tubes.
Blood Collection System Needles for BD Vacutainer System
Needles: 21 gauge length 1 in., 21-gauge length 1.5 in.
And 22-gauge length 1 in.
25-50 Collection tube holders conventional that can be reused
Multistix SG reagent strips for urinalysis (please bring only those strips with 10 tests per strip. Make sure they are in date.)
1 Heamacytometer – Neubauer Chamber with coverslips
Hematocrit Centrifuge 12 place for capillary tubes 75mm.
250-15ml. Conical tubes for urine sediment
Test tube rack to hold above tubes.

Glassware
2 beakers 250ml.; 2 graduated cylinders 100 ml.; 2 Erlenmeyer flask 250 ml., 2 short stem glass or plastic funnels low cost top diameter 55mm. Filter paper 9-11cm for general chemistry (these are used to filter stains).
25 gm of ea Field A and B power stain
Gram stain kit, TB stain (regular not fluorescent).
1 Triple Beam Balance 1gm –500gm.
2-hand tally counter
2 timers sec, min, hour.
1 differential wbc counter with 5 tabs rings bell at 100 cells.
50 tourniquets latex or other
500 applicator sticks wooden non sterile (5 ¾ x 1/12 dia)
200-cotton swab plastic or wooden that can be autoclaved
100 transfer pipets plastic capacity 5 ml.
4 boxes plain glass slides microscope (75x25mm) usually packet 144 per box. Keep away from moisture.
5 pks. Glass cover slips 22x22 mm.pack per 100
1-2 slide drying rack
Sedimentation rack system rack with tubes. There are numerous types available.
1 rotor shaker for latex agglutinations.
Pipettors
1-2 range 5-50ul with plastic tips
range 50-200ul with plastic tips
500ml. Methanol, 500ml. Ethyl alcohol , 50ml. glacial acetic acid - these items to be purchased in Guatemala .

Rapid diagnostic kits - all of these should have a long shelf life as they will be needed after the lab is established and staff can draw blood and centrifuge it. So do not purchase yet please.

H. pyloric test

RPR reagent

HIV reagent

Typing sera Anti A, Anti B; Rh.

A chemistry analyzer will be needed, but before one is donated, it must be thoroughly approved, to be sure that reagents can be purchased in Guatemala. The reagents must be stable and not too costly per test. Also service, spare parts and training should be available in the country .

In the clinics of Salud Y Paz there is limited space and finances and as Dr. Roger Boe says we must get the "RIGHT STUFF". Please contact Phil Plunk or myself before sending or bringing a chemistry analyzer.

The exams that we would like to perform are Creatinine, K, BUN, total proteins, Cholesterol, (HDL)and LDL.and glucose.

If possible it would be better to get an analyzer using dry reagents so that errors are not made with dilutions.

Please continue to supply gloves, gauze, cotton balls, medications, lancets, dental supplies, swabs, soap, disinfectants, etc. These are so important . Please also continue to volunteer and bring others to volunteer with you.

Many thanks for your support.

Many of the items listed above will fit in your luggage.

Betty Palfy, Individual Volunteer

Contacts: Betty Palfy 43 Key Drive Norwalk, Oh 44857: Email : <betpalfy@hotmail.com> Ph. 1 419 663 7728

Phil Plunk, JoAn Dwyer Pryecto Salud y Paz Apartado Postal # 65 Quetzaltenango 9001 Guatemala CA phone : 011 502 217 1985

Email : <pplunk@xela.net.gt; pplunk@phtx.com>

BULLETIN BOARD

I am always seeing teams in the airport with English language team shirts.

If you are taking a team to a country that has a different language than English, consider printing up T-shirts in that language. For example, Spanish. On the back print Iglesia Metodista Unida. On the front **Page 14** maybe Dioses Amor or Dios Te

Bendiga or Dios Te Ama.

If you do a fund-raising activity to help support your pharmacy, consider printing a lot of them and selling them.

Beth Blodgett

BULLETIN BOARD

VOLUNTEERS NEEDED FOR MEDICAL MISSION TO COSTA RICA

Rev. David Kaller

Medical personnel, including physicians, dentists, eye care professionals, and others, as well as some non-professionals, are needed for a U.M.V.I.M. trip to Costa Rica in the fall of 2003.

Partners in Christian Mission, a group led by Rev. David Kaller, pastor of Faith U.M.C., Waukegan, IL , and his wife, Maria (Josefina) Kaller, RN, will be going to EL Guayabo, Costa Rica from October 15-November 1, 2003. They plan to offer free medical clinics to Nicaraguan migrant coffee workers, who are very poor, and in need of medical care.

The group has been invited by the Evangelical Methodist Church of Costa Rica, and will work in cooperation with the Clinica Biblica, of San Jose, the Costa Rican Ministry of Health, and a local health committee. They also hope to have a team from the Trinity Methodist Church, of Colon, Panama, join them.

Partners in Christian Mission has conducted both medical and construction missions to Panama since 1999. The venture to Costa Rica is a new effort, inspired by the Kallers' son, Domingo, who spent a college semester in El Guayabo, Costa Rica. He reported on the poverty of the agricultural workers, and asked his parents if something could be done for them. He was particularly concerned when he saw that there was no provision for care for the children of the workers, who were literally left at the sides of the fields to fend for themselves, while the parents worked.

The Kallers made an advance visit to El Guayabo in February, saw for themselves the conditions there, and met with local people to plan their mission. In addition to the free clinic, they also hope to raise \$7500 to go toward the construction of an addition to the local community health center. This would provide space for a day care center and feeding for the children of the farm workers, as well as accommodate regular visits from Costa Rican doctors to the community. It is hoped that the Costa Ri-

can government will match moneys raised for this project.

For more information about the Costa Rican Mission, please contact the Kallers at Partners in Christian Mission, Faith United Methodist Church, 4145 McAree Road, Waukegan, IL 60085, or call 847-662-8383. Donations are also welcome.

Rev. David Kaller, Faith United Methodist Church, 4145 McAree Road, Waukegan, IL 60085
Ph. 847/662-8383; 847/662-3807; Fax: 847/662-7973;
email <dbkaller@juno.com> or <kaller@netzero.net>

BULLETIN BOARD

NICE TIP!

I have just learned that McNeil Consumer & Specialty Pharmaceuticals donates VERMOX® to volunteer mission programs.

Physicians can receive VERMOX® by mailing a signed, original prescription, with a valid DEA number. Since VERMOX® is a prescription item, a copy or a faxed copy cannot be used.

Forward the original prescription to the address below. With this completed prescription include a letter with your destination, dates of travel, estimated number of patients and your contact information.

Professional Services
McNeil Consumer & Specialty Pharmaceuticals
7050 Camp Hill Road
Ft. Washington, PA 19034

I have not used this service so if you do, please contact me as to the outcome, especially if some of the above information is not accurate.

Mike Watson, MD
Editor

BULLETIN BOARD

Wanted: Individual Volunteer in Mission Accountant to give short (1-2 weeks) in basic bookkeeping. Zion Methodist Church, LaCeiba, Honduras. No Spanish required. Contact Juan Simpson or Beth Blodgett 503-784-7694.

Wanted: Individual Volunteer in Mission Family physician, pediatrician or nurse practitioner to collaborate with local health care provider in charity clinics at Bonitillo and El Pino, Honduras. 3 weeks to 2 years. Basic Spanish required. Contact Juan Simpson or Beth Blodgett

503-784-7694.

Wanted: Individual Volunteer in Mission Dentist to do direct patient care, mostly extractions in charity clinics at Bonitillo and El Pino, Honduras. 1 week to 2 years. Basic Spanish very helpful. Contact Juan Simpson or Beth Blodgett bethblodgett-now@yahoo.com 503-784-7694.

BULLETIN BOARD

ATTENTION: TEAMS GOING TO GUATEMALA

VIM teams headed to Guatemala can prepare for their trip with a new documentary video that becomes available in July. Based on a book by UM missionary Paul Jeffrey and narrated by Martin Marty, "Precarious Peace: God and Guatemala" examines the relationships between religion and war and peace in Guatemala's recent history. The 72-minute video can be ordered online at <http://www.visionvideo.com/?vid=3128>

Regards, Honduran Theological Community

FUTURE MEDICAL TEAMS PLANNED

Compiled by

**United Methodist Volunteers in Mission,
Southeast Jurisdiction**
August 7, 2003

Work teams (w), Medical (m), Youth teams (y), Evangelistic (e)

These teams will frequently accept additional members.

MEXICO 8/7/03-8/10/03

Description: Louisiana Conference Mini Medical - Reynosa

Type: w/m

Contact: Rev. Larry D Norman

Home: 888-239-5286

Work: 225-346-1646

Email: lduckn@aol.com

Conference: LA

MEXICO 8/7/03 - 8/11/03:

Description: Reynosa, Mexico

Type: m

Contact: Beth Dudley

Work: 281-920-4300

Conference: TEX

PANAMA 8/9/03- 8/24/03

Description: Jacu/Bongo -

University UMC Chapel Hill
Type: w/m
Contact: Dr. Jan F. Sassaman
Home: 919-933-1609
Work: 919-933-6625
Email: JANOPUS@NC.RR.COM
Conference: NCC
SIERRA LEONE 8/17/03 - 8/30/03
Description: Operation Classroom team - Kissy Clinic
Type: w/m
Contact: Rev Joseph & Carolyn Wagner
Home: 765-324-2556
Email: ocmission@compuserve.com
Conference: NCJ
MEXICO 8/21/03 - 8/24/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
GUATEMALA 8/23/03 - 8/30/03
Description: Texas Med Con
Type: w/m
Contact: Roger Martens
Email: rogermartens@juno.com
Conference: SCJ
GUATEMALA 8/29/03 - 9/7/03
Description: Arkansas Med Con Xela - Dorm
Type: w/m
Contact: Missy Ivey
Email: mivey@aristotle.net
Conference: SCJ
ANGOLA 9/1/03 - ?
Description: Rocky Mountain Conference - Malanje
Type: w/m
Contact: Burl Kreps
Email: angoadvo@msn.com
Conference: WJ
CONGO, DEM. REP. OF 9/1/03 - ?
Description: Western Jurisdiction team
Type: w/m
Contact: Kurt & Janet Kaiser
Home: 208-263-4094
Work: 208-263-3220
Email: love2trvl@imbris.com
Conference: WJ
MOZAMBIQUE 9/1/03 - ?
Page 16 Description: Chicouque - Health care

Type: m
Contact: Barbara Stone
Work: 573-474-7155
Email: movim@socket.net
Conference: MO
MEXICO 9/4/03 - 9/7/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
MEXICO 9/11/03 - 9/14/03
Description: Reynosa, Mexico
Type: m
Contact: Beth Dudley
Work: 281-920-4300
Conference: TEX
GUATEMALA 9/14/03 - ?
Description: Texas Med Xela / Camanchaj
Type: m
Contact: Rev Mark Hanshaw
Email: mark@fumchurst.org
Conference: SCJ
HAITI 9/16/03 - 9/26/03
Description: Med./ Construction PAP
Type: w/m
Contact: Charles & Patty Maddox
Email: vimhaiti@hotmail.com
Conference:
MEXICO 9/18/03 - 9/21/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
MEXICO 9/20/03 - 9/28/03
Description: Tequisquiapan - Children's Home - Gallatin 1st UMC (TN)
Type: w/m
Contact: Bob Snell
Home: 615-451-2149
Work: 615-452-1922
Email: bj.snell@comcast.net
Conference: TEN
GUATEMALA 9/25/03- 10/26/03

Description: Medical clinic & pastoral education
Type: m/e
Contact: Marvin & June Essing
Email: marv4june@aol.com
Conference: WJ
GUATEMALA 9/26/03 - 10/6/03
Description: Colorado Med Den
Type: m
Contact: Marv & June Essings
Email: marv4june@aol.com
Conference: WJ
MEXICO 10/2/03 - 10/5/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
GUATEMALA 10/4/03 - 10/12/03
Description: Oklahoma Med Xela
Type: m
Contact: Harrold Mose
Email: c/o Carla González Ranero,
<coordinator@guatemalavim.org>
Conference: SCJ
MEXICO 10/9/03 - 10/12/03
Description: Reynosa, Mexico
Type: m
Contact: Beth Dudley
Work: 281-920-4300
Conference: TEX
MEXICO 10/16/03 - 10/19/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
GUATEMALA 10/18/03 - 10/26/03
Description: Oklahoma Med / Com
Type: m
Contact: Terri Hamlin Email: thamlin@okumc.org
Conference: SCJ
GUATEMALA 10/24/03 - 11/1/03
Description: Project Xela 2003 - Salisbury NC FUMC
Type: w/m
Contact: Chris L. Chaney

Home: 704-637-7031
Work: 704-633-7209
Email: christ@fumcsailsbury.org
Conference: NCC
GUATEMALA 11/3/03 - ?
Description: Staff Medical Clinic
Type: m
Contact: Don Charlton
Email: didon@crewnet.com
Conference: WJ
MEXICO 11/6/03 - 11/9/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
MEXICO 11/13/03 - 11/16/03
Description: Reynosa, Mexico
Type: m
Contact: Beth Dudley
Work: 281-920-4300
Conference: TEX
MEXICO 11/20/03 - 11/23/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
JAMAICA 11/30/03 - 12/8/03
Description: Falmouth - Infirmary Constr/medical
Type: w/m
Contact: Barbara Stone
Work: 573-474-7155
Email: movim@socket.net
Conference: MO
MEXICO 12/4/03 - 12/7/03
Description: Louisiana Conference Mini Medical - Reynosa
Type: w/m
Contact: Rev Larry D Norman
Home: 888-239-5286
Work: 225-346-1646
Email: lduckn@aol.com
Conference: LA
MEXICO 12/11/03 - 12/15/03

Description: Reynosa, Mexico

Type: m

Contact: Beth Dudley

Work: 281-920-4300

Conference: TEX

NATIONAL AND INTERNATIONAL MEDICAL PROJECTS

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

AFRICA

GHANA

- 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: Cameron R. Gongwer MD
 - (in Ghana) P.O. Box 1256, Kumasi, Ghana, West Africa email: gongwer@africaonline.com.gh

KENYA

- Maua Methodist Hospital is requesting a volunteer physician for a period of 2-6 months for diagnosis and treatment of medical patients. Need doctors to do eye, gynecological, orthopedic and other surgeries. Living accommodations & a small stipend provided. Shorter terms are available for specialists such as orthopedists, plastic surgeons, and gynecologists. (11/02)
 - Contact: [Maua Methodist Hospital \[mckhosp@africaonline.co.ke\]](mailto:Maua Methodist Hospital [mckhosp@africaonline.co.ke]), PO Box 63, Maua, Meru North, Kenya, tel. 011-254-167-21107; fax 011-254-167-21121.
 - KIANDEGWA HEALTH CLINIC This is a health clinic facility in a mission area in a relatively poor community. It is a community project that aims at providing health care facilities at an affordable rate. It also emphasizes on primary health care, nutrition, clean environment and basic hygiene.
 - Rehabilitation of physically handicapped children at the Coast School for the Physically Handicapped, Mombasa.
 - Contact: Rev. Dr. Stephen Kanjaru Impwii, Bishop, mckconf@insightkenya.com, PO Box 467633, Nairobi, Kenya, tel. 011-254-2-724-841 or 897, fax 011-254-2-729-790. [01/02]

- Lighthouse for Christ Mission and Eye Centre, Mombasa, has openings for full time Medical Director, ophthalmologists, optometrists and health

personnel for clinical surgery center. Teachers for Bible Institute. On the web – www.lighthouseforchrist.org/applications.htm [11/02]

- Contact: Lighthouse For Christ Mission and Eye Centre PO Box 81465, Mombasa, Kenya, East Africa
- US Contact: C. R. DeHaven, M.D., Volunteer Physician Coordinator PO Box 8318, Tyler, Texas, USA 75711-8318; (903) 595-4144. (903) 593-2157 LFCEC@aol.com

LIBERIA

- Medical facilities need extensive renovation, medical supplies, volunteers.
 - Contact: Bishop John Innis, P. O. Box 10-1010, Monrovia, Liberia. Tel. 011-231-227-433 or 226-922; Fax: 011-231-226-453 or Rev. C. Anne Girton, cagirton@aol.com, UVMIM Coordinator, Tel./fax 011-231-226-453.

MOZAMBIQUE

- Chicuque Rural Hospital: Urgently needs a general surgeon. Also ophthalmologists, dentists, surgeons, medical lab techs, pharmacists, nurses.
 - US Contact: Cherian Thomas, Executive Secretary, Health & Welfare, General Board of Global Ministries, United Methodist Church, 475 Riverside Drive, Room 330 New York, N.Y. 10115. Tel: (212) - 870 - 3870; Fax: (212) - 870 - 3624; email: CThomas@gbgm-umc.org
- Mozambique contact: Hospital Administrator, Jeremias Franca – hrcicuque@teledata.mz

NIGERIA

- Hillcrest School: school nurse, 2-3 years.
- Rural Health program: hospital administrator, 1 year.
- Rural Health program: medical doctor, 1 year.
 - Contact: Outside the SEJ, Walt and Betty Whitehurst, indvol@aol.com; in the SEJ, Nick Elliott, Nick_Elliott@umvim.org

SIERRA LEONE

- The UMC Health Maternity Center, Kissy needs help refurbishing their facilities, and to install the Dental Unit, and they need Physicians, nurses, and other medical personnel.
 - Contact: Joe Wagner, ocmision@compuserve.com, Operation Classroom, PO Box 277, Colfax, IN 46035, tel. 317-324-2556, fax. 765-324-2686.
 - Kissy UMC Eye Hospital - needs ophthalmologists, optometrists, nurses with optical training. Contact: Lowell A. Gess, M.D., 111 15th Ave. East, Alexandria, MN 56308 gessla@rea-alp.com Tel 320 762 1888

SOUTH AFRICA

- African Medical Mission, Umtata General Hospital, Umtata, Transkei needs orthopaedic and physical therapy educators. [11/02]
 - Contact: Cheryl Anders at (828) 696-9930 or

amm@brinet.com

○ The South African based Volunteer Africa project seeks volunteers with nursing, dental, and primary health care skills to work with mobile health clinics, homes for children with HIV/AIDS, homes for destitute single mothers, the aged, and in small local clinics. Hospitals also receive volunteers who are prepared to assist nurses and doctors. Medical students are welcome. (11/02)

○ Contact: Gisela Hugo, ivza@intekom.co.za, PO Box 250 Worcester, 6849, South Africa, tel./fax 011-27-023-347-7588, Cell 011-27-083-338-1885.

SWAZILAND

- Coordinator for HIV/AIDS program. In addition to coordinating this program, volunteer will work with primary schools and promotion of volunteer opportunities. 6 month to 3 year position.

Contact: Outside the SEJ, Walt and Betty Whitehurst, indvol@aol.com (800) 729-9136 (Access code 02); in the SEJ, Nick Elliott, Nick_Elliott@umvim.org 404-377-7424.

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, indoThai@mindspring.com, 721 Bentgrass Ct Dacula, GA 30019-3110 678-985-4311; 678-985-5342 (fax); 800-245-5248.

INDIA

- Clara Swain Hospital, Bareilly: physical therapists.
- Crawford Memorial Hospital, The Methodist Church of India: plastic surgeons, orthopedic surgeons, OBGYN, nurses, public health nurses for 27 locations.

○ Contact: Outside the SEJ, Walt and Betty Whitehurst, indvol@aol.com (800) 729-9136 (Access code 02); in the SEJ, Nick Elliott, Nick_Elliott@umvim.org 404-377-7424.

○ 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. [11/02]

○ Contact: Philip F. Ansalone, Technology and Program Manager, phil@vellorecmc.org, Vellore Christian Medical College Board (USA), Inc., 475 Riverside Dr., Rm. 243, New York, NY 10115, tel. 1-800-875-6370 or 212-870-2160, fax 212-870-2173.

○ Van Allen Community Hospital in Kodaikanal, Tamil Nadu is looking for a Doctor or Doctors interested in volunteering for 3-6 mos. or longer. Kodaikanal is a beautiful hill station situated at 7,000' in the Palni Hills which are a watershed for the plains below. If a family with school age children is interested, there is an excellent American curriculum Eng-

lish medium school in the town.

○ Contact: Outside the SEJ, Walt and Betty Whitehurst, indvol@aol.com (800) 729-9136 (Access code 02); in the SEJ, Nick Elliott, Nick_Elliott@umvim.org 404-377-7424.

INDONESIA

- Lecturers in medicine invited to teach at the Methodist University of Indonesia in Medan.

○ Contact: Dr. A. P. Tambunan, fax 011-62-61-567533.

○ US contact: Warren & Jo Harbert, wjharbert@yahoo.com.

NEPAL

- Health Services Department--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, pdo@umn.org.np, PO Box 126, Kathmandu, Nepal; fax 011-977-1-225-559.

CARIBBEAN

HAITI

- Tovar Health Clinic, Cap Haitien, 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, awhite@inna.net, RN, 9574 Lightview Ln., Gloucester, VA 23061, tel. 804-695-2803, fax 804-695-0463.

○ [Christian Mission of Pignon www.pignon.org/](http://www.pignon.org/) - Individuals and teams for hospital. Needs include General surgeons, orthopedic surgeons, family practitioners, OBGYN, ophthalmologists, bio-med techs, lab techs. [11/02]

○ Contact: Mrs. Pat Metzelaars, CMPMETZ@aol.com, 1024 Ridgewood Cir., Minden, LA 71055, tel./fax 318-371-1698.

○ Curamerica <http://www.curamericas.org/home.htm>
Care is provided in the Petionville Community, with emphasis on malnutrition and preventative education and curative healthcare. Contact: Gladys Shanklin, gladys@curamericas.org, Andean Rural Health Care, 919-821-8000, fax 919-821-8087. (10/02)

○ Jeremie Eye Clinic seeks ophthalmologists and optometrists. [11/02]

○ Contact Dr. Hal Crosswell, Columbia Eye Clinic, PO Box 1754, Columbia, SC 29202, tel. 800-922-6057, 803-771-7639.

JAMAICA

- Doctors, nurses & dentists to work in Methodist clinics. Certification takes approximately 6 months. Page 19

○ Contact: Dr. Margaret Robinson, UMVIM Medical Coordinator, P.O. Box 666, Kingston 8, Jamaica, W.I., tel. 1-876-926-2311. Email: "District Medical Committee" – jamaicamethodist@cwjamaica.com.

PUERTO RICO

• Vieques Clinic & Camp Corson need volunteer nurses, doctors, other health professionals.

○ Contact: Rev. Edgardo Jusino, Assist. UMVIM Coordinator, Tel: (787) 253-0539 (Home), Fax: (787)253-2452, Los Angeles H-25 Calle C, Carolina, P.R. 00979; edju@coqui.net

ST. VINCENT (12/02)

• Hospital at Chateaubelair. Medical team to accompany construction team. Need: 1-2 physicians incl. family practitioner, pediatrician or internist; optometrist and dentist.

○ Contact: Dr. James P. Fields, jpfields@earthlink.net

CENTRAL AMERICA

COSTA RICA

• Two major medical mission sites are Centro Atención Integral Parálisis Cerebral Guadalupe (a day care center for clients with cerebral palsy and spina bifida) and Patronato Nacional de Rehabilitación Hogar de Rehabilitación in Santa Ana (a residential center for clients who suffer from polio and cerebral palsy). Both are in the San José area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers.

○ Contact: [Rev. Thomas R. Modd, WCMGalv@aol.com](mailto:Rev.Thomas.R.Modd,WCMGalv@aol.com), Wesley Campus Ministry, 1113 Market St., Galveston, TX 77550, tel. 409/765-6587; fax 409/765-6602.

GUATEMALA

• Medical/Dental Clinic, Quetzaltenango.

• Medical/Dental Clinic, Coatepeque.

Projects involves setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala.

People from the surrounding areas will be invited to come to the clinic.

Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala.

○ To schedule teams, contact: [Carla González, coordinador@guatemalavim.org](mailto:Carla.González,coordinador@guatemalavim.org), UMVIM Coordinator, National Evangelical Primitive Methodist Church of Guatemala, Apartado 125, Quetzaltenango, Guatemala, tel./fax 011-502-763-2076.

tion, contact: [Dr. Phil Plunk](mailto:Dr.Phil.Plunk), missionary/UMVIM medical coordinator on site pplunk@pcht.com

• Curamericas: www.curamericas.org. Provides primary health care to 26,000 women and children at risk of death from preventable diseases in the northwest highlands.

Works in an area that has never had access to medical care because of geographic & socioeconomic conditions. Is seeking mission trip volunteers to construct a maternal birthing center and operational base.

○ Contact: Gladys Shanklin at gladys@curamericas.org or tel. 919-821-8000

HONDURAS

• HONDURAS - The Methodist Church in Honduras requests medical (including dental and vision) teams to work with the The United Methodist Mission Church of Honduras. Contact: Kathy and Dan Wilson-Fey, UMVIM Coordinators, wilsonfey@aol.com, Tel. 011-504-232-2555, Iglesia Metodista de Honduras, Apartado 30509, Toncontin,

• Carolina Honduras Health Foundation. Limon Clinic receives medical teams, health care workers, support/construction teams and individuals year-round.

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

○ MAMA Project (Mujeres Amigas Miles Apart) welcomes medically oriented medical brigades and people for deworming and vitamin A distribution teams. Long-term volunteers also welcome. [11/02]

○ Contact: MAMA Project, Inc., 2781A Geryville Pike, Pennsburg, PA 18073. E-mail: mamaproject@enter.net Website: www.MRN.org/MAMA

NICARAGUA

• [The Rainbow Network www.rainbownetwork.org/](http://www.rainbownetwork.org/) - 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. [11/02]

○ Contact: - [Peter D. Schaller, arcoiris@ibw.com.ni](mailto:Peter.D.Schaller,arcoiris@ibw.com.ni), Ciudad Sandino, Zona #6, Managua, Nicaragua, tel./fax 011-505-269-7585 or, (USA) [Mark W. Struckhoff, mkstruck@aol.com](mailto:Mark.W.Struckhoff,mkstruck@aol.com), 844 South Ave., Springfield, MO 65807, tel. 417-889-8808, fax 417-889-3815.

○ The Methodist Church of Nicaragua (Managua) seeks Nurse or MD to work with persons in very poor areas of Managua, especially to promote the practice of preventive medicine. [12/02]

○ Contact Pastor Elmer A. Zavala, el@ibw.com.ni

PANAMA

• Medical teams are needed for indigenous areas, including: Potrero Palma/Cieneguita Health Clinic, Bongo Health Clinic, Guaymi Indian Villages, and Punta Mani.. There is also a need for clean water for these communities.

Contact – Rhett Thompson, rhettj@cwpanama.net, 011-

EUROPE

ARMENIA

- Lachin AGAPE Hospital. http://www.nccumc.org/missions/project_agape.htm

○ Contact: The AGAPE Project (Armenian Georgian American Partnership Endeavor), Steve Taylor, North Carolina Conference, P.O. Box 10955, Raleigh, NC 27605 919-832-9560 or 1-800-849-4433. Email: staylor@nccumc.org OR The Rev. Mark Barden, Western North Carolina Conference, P.O. Box 18005, Charlotte, NC 28218 704-535-2260 or 1-800-562-7929 Email: mbarden@wnccumc.org

BOSNIA

- 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, P.O. Box 156, 70 Loch Muller Rd., Schroom Lake, NY 12870. (518) 532-7694; Fax: (518) 532-9401, CarolVanGorp@earthlink.net

GEORGIA, REPUBLIC OF

Projects listed for Georgia are UMCOR/NGO (United Methodist Committee on Relief and Non-Governmental Organization) related projects. These are secularly oriented humanitarian projects, working with non-Christian faith based communities.

- UMCOR's Chalovani Village Community Development & Cultural Interaction program needs persons to work in medical services, & public health education.
- A new project is in the works to provide Gender Equity training with emphasis on AIDS/HIV/STD education for teens in 2 Youth House settings: Tblisis and Zugdidi. 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.
- Teams of youth (teens or college age) are requested by the Youth Houses to join the students in learning about HIV/AIDS/STD and exploring ways to communicate to their peers in the Republic of Georgia about this very global issue. This is both an educational and culture-sharing opportunity focused around the issue of HIV/AIDS/STD globally and locally. (June -August 2002).

○ Contact: Carol Van Gorp, GBGM Special Projects Coordinator, P.O. Box 156, 70 Loch Muller Rd., Schroom Lake, NY 12870. (518) 532-7694; Fax: (518) 532-9401, CarolVanGorp@earthlink.net

UKRAINE:

- Kiev UMC This newly formed UMC has a ministry with Kiev street children under the guidance of Rev. Helen Lovelace. A medical missionary team is needed to help with these street children, who are in risk of super-resistant tuberculosis, hepatitis and AIDS. They also have extensive dermatological and dental needs. The Lovelace's have been in correspondence with Dr. Beth Valentine (evalentine@psu.edu) of the Central PA conf., who approached them about the possibility of a medical missionary team. A medical VIM team would be greatly appreciated.

MIDDLE EAST

ISRAEL/PALESTINE

- Four Homes of Mercy. Physical therapists needed.
- US contact: [Bonnie Gehweiler, Bjpg1232@aol.com](mailto:BonnieGehweiler.Bjg1232@aol.com)

NORTH AMERICA

MEXICO

- Medical volunteers for clinics in La Joya & Tlalamac (Mexico Conference).
- Contact: Srita. Claudia Martínez, clausimtz@yahoo.com
- The Southeast Conference of Mexico seeks medical teams (nurses, dentists, physicians, surgeons) at multiple sites across the conference.
- Contact: Ms. Priscila Rojas, UMVIM Coordinator pris_13@hotmail.com.
- Curamerica (10/02) <http://www.curamericas.org/home.htm> Rio Bravo healthcare clinic receives medical teams.
- Contact: Gladys Shanklin, gladys@curamericas.org, Andean Rural Health Care, 919-821-8000, fax 919-821-8087.

UNITED STATES

Alaska

- Birchwood Camp, Chugiak needs camp nurse for summer camp programs. [11/02]
- Contact: [Dave Kobersmith, birchwd@alaska.net](mailto:DaveKobersmith@alaska.net), PO Box 670049, Chugiak, AK 99567-0049, tel./fax 907-688-

- 2734. Web site at <http://www.birchwoodcamp.org>
- Wesley Rehabilitation & Care Center needs registered Respiratory Therapist for nursing home residents.
- Contact: Judith Ann Martin, PO Box 430, Seward, AK 99664-0430; tel. 907-224-5241; fax 907-224-5250.

Georgia

- Therapists to work with emotionally disturbed children/youth, Murphy-Harpst Children's Centers. <http://www.murphyharpst.org/index.html>
- Contact: Vance Voinche, contact@murphyharpst.org Murphy-Harpst Children's Centers, 740 Fletcher Street Cedar-town, GA 30125 . (800) 648-1234 (770) 748-1500

Kentucky [11/02]

- Christian Appalachian Project www.chrisapp.org/ Volunteer Program, Mt. Vernon needs volunteer nurses for summer camp (2 overnight camps and 1 day camp).
- Contact: volunteer@chrisapp.org, Route 6, Box 43, Mt. Vernon, KY 40456, tel. 800-755-5322 or 606-256-0973.
- 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, tel. 606-598-5135. jmedendorp@rbmission.org

Oklahoma

- United Methodist camping ministry needs volunteer nurses. Food & lodging provided; background check required.
- Contact: [Randy McGuire](mailto:RandyMcGuire), randy@okumc.org, 2420 N. Blackwelder, Oklahoma City, OK 73106, tel. 405-525-2252, fax 405-525-4164.

SOUTH AMERICA

BOLIVIA

- Curamericas: www.curamericas.org. 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 at gladys@curamericas.org or tel. 919-821-8000

BRAZIL

Page 22

- Evangemed, Rio de Janeiro. 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, and Minas Gerais.

- Contacts: Dr. Wilson Bonfim, Rua Marques de Abrantes 55 Flamengo, Rio de Janeiro, Brazil RJ 22230 061; Tel: 011-5577999; Fax 011-55 - 21 - 5577048. (USA) World Evangelism, Scarritt - Bennett Center, Nashville, Tennessee 37212. Tel: 615-340-7547. Fax: 615-2407549. evangemed@metodista-rio.org.br

CHILE

- Nurse Practitioner and a Veterinarian with dairy experience needed for El Vergel Agricultural School.
- Pediatrician sought for Medical Center in Santiago.
- Nurse needed at Iquique.
- Contact: Rev. Flor Rodríguez, UMVIM Coordinator, Casilla 29-3, Santiago, Chile, tel. 011-56-2-697-0630 (a.m.); fax 011-56-2-563-4215. marniflor@terra.cl
- EMANA – www.emana.org 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. [11/02]
- Contact: Janet & Luis Garcia, ku-sayapu@entelchile.net Cassilla 832, Iquique, Chile. Ph: 011-56-57-412-718, Fax: 011-56-57-428-461.

MEDICAL RESIDENCY ABROAD

- In His Image – <http://www.inhisimage.org/> International residency and training programs for Christian doctors in a wide variety of settings, with a particular emphasis on medically underserved locations
- Contact by Email Anjanette Spear or Loretta Holt at admin@inhisimage.org

SOURCES OF MEDICAL SUPPLIES

4 H.I.M.

PMB 177

1425 S. Santa Fe, Suite D, Edmond, OK 73003
His Healing Helping Hands International Ministries, also known as 4 H.I.M., currently operates a small warehouse for the collection of in-kind donations of medical supplies of all types and various other resources which enable teams to meet the needs of local and global communities. For specific questions regarding medical supplies, contact Sandy Orchard RN at sorchard2000@yahoo.com. For more information: www.4-him.net

American Overseas Medical Aid Association
Larry Rattay, Owner. Phone: 773 486 4809

4252 W. Armitage, Chicago, IL 60639
Collects and repacks medical supplies and small equipment. No dental supplies or large equipment

Blessings, International

Harold C. Harder PhD

5881 S. Garnett Phone: 918/250-8101

Tulsa, OK 74146 Fax: 918/250-1281

BlessingsInt@compuserve.com

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

Jay Sterling or Rich Thomas

3638 W. 26th St. Phone: 814/833-3023

Erie, PA 16506 Fax: 814/833-4091

chosen4jay@aol.com

Website <http://chosen.gosee.net>

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 12% of fair market value, plus shipping.

Christian Dental Society

P. O. Box 296, Sumner, Iowa 50674

Phone & FAX: 1-800-CDS-SENT

[<cdsnt@sbt.net>](mailto:cdsnt@sbt.net) [<www.christiandental.org>](http://www.christiandental.org)

The Christian Dental Society has portable dental equipment that can be rented.

Glasses for the Masses

Fairview UMC, 2505 Old Niles Ferry Rd., Maryville, TN 37803 Ph. 423/983-2080

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

Global Health Resources

Christy Huddleston, PO Box 985, Starkville MS 39760

Phone: 662 323 7857 Fax: 662 323 7857

Email: cwmghr@ebicom.net

Deals mainly with hygiene items, soap, toothpaste and brushes

Dr. Ed Hagan

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

(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

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 Fax: 410/635-8726

Contact person: Patty Ditzel Phone: 410/635-8720

[<imainfo@interchurch.org>](mailto:imainfo@interchurch.org) [<www.interchurch.org>](http://www.interchurch.org)

Has extensive stocks of donated and purchased drugs and medical supplies.

These can be ordered by an MD with a DEA number.

Contact IMA, request a current list of available drugs and supplies and an application form.

IMA also has available their Medicine Box, which is a prepackaged, ready to transport unit of WHO recommended drugs.

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

IMA can also handle larger sized and container shipments on request

International Aid

John Jack, director, 17011 W. Hickory, Spring Lake MI 49456-9712 Phone: 616 846 7490 Fax: 616 846 3842

[<ia@internationalaid.org>](mailto:ia@internationalaid.org) [<www.internationalaid.org>](http://www.internationalaid.org)

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. Contact them for description and pricing.

King Pharmaceuticals Benevolent Fund, Inc.

Art Yannucciello, Operations Manager

1119 Commonwealth Ave., Bristol, VA 24201

Phone: 540 466 3014 or 800 321 9234

Fax: 540 466 0955

Manufactures and provides a variety of pharmaceuticals, 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 from Roger Boe MD, UMF/HCV, 208 234 4159, boeroger@ida.net, or from Rev Nick Elliott, sejinfo@umvim.org, 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, John Garvin, Director, **Page 23**

2200 Glynco Parkway, P. O. Box 215000, Brunswick, GA 31521-5000 Contact: Customer services Phone: 912/265-6010, Fax: 912/265-6170

<CUSTSRVC@MAP.ORG> <www.map.org>

Has pharmaceuticals and medical supplies by individual request. Must be ordered by an MD/DO. Contact MAP for an order form and instructions

Also has the TRAVEL PACK, a prepackaged unit of WHO listed essential drugs ready for transport. Contact MAP for the latest contents and pricing. 800 225 8550, or pre-pack@map.org.

Also has an extensive list of European generics, which can be ordered through them from the manufacturers, but are shipped only to your mission site. They cannot be shipped to your US address. MAP can also handle large volume shipments of supplies and pharmaceuticals.

Medical Bridges, Inc.

Patricia Brock MD, pres, CP Hodges director

PO Box 300245, Houston TX 77230-

Phone 713 748 8131 Fax 713 748 0118

Web site www.medicalbridges.org, Email

<0245cphodges@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, Executive Director

MedShare International, Inc., 5053 Chatooga Dr

Lithonia, GA 30038, USA

Phone-770-323-5858, Fax-770-323-4301

email: <info@medshare.org><<http://www.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: 419-868-5230, Fax: 419-891-2345

<www.dillermedicalmissions.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

Emmanuel UMC, 2404 Kirby Rd., Memphis, TN 38119-6606 901/754-6548

(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., P.O. Box 2401, 206 Spring Mill

Dr., Kerrville, TX 78028 Ph. 830-896-0226

Medical Eye Equipment Loan Program for Mission Projects.

The following equipment is available by application:

- Nikon Retinomax auto refractor
- **Page 24** Clement-Clark slit lamp (portable)

- Keeler magnifying surgical loupe
- Perkins appplanation 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.

Schein Pharmaceutical, Inc.

Allison Formal, Director, 1427 Mayhurst Blvd., McLean, VA 22102 Phone: 703/790-8592 Fax: 703/790-3309

(Wide variety of medications available at low 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, 609 North Main Street - P. O.

Box 747, Broken Arrow, Oklahoma 74013-0747

Phone: 918-251-2612, FAX: 918-251-6326

<wrlddntrlf@aol.com> <www.dentalrelief.com>

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

JURISDICTIONAL AND NATIONAL UMVIM COORDINATORS

North Central Jurisdiction

Beverly Nolte

4112 SE 23rd Court,

Des Moines, IA 50320-2683

Tel (515) 237-8545

Fax (515) 237-8541

E-mail: bnmedical@aol.com

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

Northeastern Jurisdiction

Gregory Forrester

32 North Church St.,

Cortland, NY 13045

Tel (607) 756-7799

Fax (607) 756-7957

E-mail: UMVIMNEJ@twcny.rr.com

Web link: <http://gb-gm-umc.org/umconferences/northeastern.stm>

South Central Jurisdiction

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

Southeastern Jurisdiction

Nick Elliott
315 West Ponce de Leon Ave., Suite 750,
Decatur, GA 30030
Tel (404) 377-7424
Fax (404) 377-8182
E-mail: sejumvim@compuserve.com
Website: <http://www.gbgm-umc.org/Volunteers/>

Western Jurisdiction

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

Mission Volunteers – GBGM

Ms. Jeanie Blankenbaker
Mr. Michael Deborja
475 Riverside Dr. Room 1374,
New York, NY 10115
Office 212/870-3825
FAX 212/870-3508
Email: JBlanken@gbgm-umc.org
Website: <http://gbgm-umc.org/vim/>

Mission Volunteers – GBGM

Individual Volunteers (outside the SEJ)

Rev. Walt Whitehurst
Dr. Betty Whitehurst,
1761 Princess Anne Rd.,
Virginia Beach, VA 23456
Tel (O) 212/870-3825
FAX 212/870-3508
Email: Indvol@aol.com
Website: <http://gbgm-umc.org/vim/indvol/program.htm>

UMF/HCV Consultant

Roger Boe, MD
226 South Sixteenth,
Pocatello, ID 83210
Phone: (H) 208/233-6551,

(W) 208/234-4223
Email [<boeroger@ida.net>](mailto:boeroger@ida.net)

United Methodist Fellowship of Health Care Volunteers Board of Directors

North Central Jurisdiction

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2847 Pioneer Drive
Green Bay, WI 54313
Phone 920/499-7977(H)
920/272-1610(W)
<mpsluss@aol.com>

Teresa Miller, RN

6800 Reno
Lansing, MI 48911
<rbkids@acd.net>

Northeastern Jurisdiction

Gregory Forrester

32 North Church Street
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email: UMVIMNEJ@twcnny.rr.com

Central Jurisdiction

Kathie Mann

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

Marvin Loyd, DDS

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

Southeastern Jurisdiction

Jim Fields, MD

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

Solomon Christian, DDS

6016 Southampton Drive
Memphis, TN 38119
(O) 901/566-1414
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(F-O) 901/5661034
(F-H) 901/761-3239
Email <christ332@earthlink.net>

Western Jurisdiction

Bill Sanford

5225 N. Woodmere Fairway
 Scottsdale, AZ 85250
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 Email <william.sanford@ worldnet.att.net>

Kurt Kaiser and Jan Kaiser, RN

600 High Circle Road
 Sandpoint, Idaho 83864
 (H) 208/263-4094
 (F) 208/263-3220
 Email <love2trvl@imbris.com.>

FROM THE EDITOR'S DESK

One of the great blessings of my life has been to be involved in and watch the amazing growth of the volunteer movement within our denomination.

I have been involved from a dream in the mid-50's which rapidly led to almost an obsession.

After God opened a series of doors for me, I was made a director and medical advisor of MCOR (later UMCOR) in the mid '60s and I challenged the staff to be more involved in using volunteers. Some time later they, in turn, challenged me by suggesting that I provide medical assistance to the island of Anguilla in a time of crisis for the island.

I gladly accepted the challenge and our first mission began January 1, 1969. It was a roaring success! This success was followed by a challenge from UMCOR Director, Harry Haines, to "see what your South Carolina doctors can do about Haiti."

So to Haiti I went and I'm sure that those of you who have been there know that it impacted me like a ton of bricks. I knew that we had to do something. The first thing that we did was to have a tetanus immunization campaign to try to improve the terribly high perinatal death rate (400+) largely due to neonatal tetanus.

I knew that the offspring of a woman who was immunized against tetanus were protected from neonatal tetanus for five years. We trained some of the Haitians to help us and immunized over sixty thousand people with three monthly injections. I was told that the Haitian government used these same people who helped us, and the jet injectors that we left behind to begin their first immunization program.

By this time we had developed a small, but dedicated committee and the program grew rapidly.

Dr. Hal Crosswell, ophthalmologist, of Columbia, SC was an enthusiastic member of this committee and in 1970, he went to Anguilla and provided that island with its "first-ever" eye-care and surgery. He rapidly relieved the acute needs there and turned his attention to Haiti.

Page 26 After his first visit, he suggested to the

THE KNOCK

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 HEALTH CARE VOLUNTEERS**

STATEMENT OF PURPOSE

**UNITED METHODIST FELLOWSHIP
 OF
 HEALTH CARE VOLUNTEERS**

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

committee that we commit to build a clinic where sophisticated eye-care could be given. The clinic was completed in 1972 and Hal has been making two-week visits to that clinic ever since, except in periods of civil unrest. (See report on page 11.)

The care there is the best in Haiti and ophthalmologists from Port-au-Prince frequently visit it to learn new techniques. The clinic was recently renovated.

The movement became better organized when a group met in Atlanta on June 18, 1974. We organized a Steering Committee and elected Dr. George Holmes of Winston Salem as chairman. The following year I was elected chairman and served for the following 12 years.

At the conclusion of this term, the board asked that I organize a medical component. I accepted gladly and the following year, THE KNOCK was born. The Medical Fellowship of the UMF, SEJ grew rapidly. Bob Walton, of GBGM found that THE KNOCK was being sent to all the jurisdictions and was not limited to the SEJ. It seemed to him that there was interest in this program over the denomination. He then called a meeting at SAGER BROWN to organize a multi-jurisdictional group. At that meeting the UMF/HCV was born and the rest is more recent history.

The movement is still growing and becoming more diverse - witness the growth of the three-day missions along the Texas/Mexican border. I hope to have more on that in the next issue.

I still need more reports of completed and planned missions! Deadline for the next issue is October 15!

Mike W., MD, Editor

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

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

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NOW GIVE WITHOUT BEING PAID.”**

Matthew 10:8 (CEV)

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

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LIBERIA	VIETNAM	COSTA RICA	PANAMA	ZAIRE
	SENEGAL		COLOMBIA	MEXICO
	BOLIVIA		LESOTHO	RWANDA
UGANDA		MOZAMBIQUE	ECUADOR	ARMENIA
	BRAZIL	EL SALVADOR		
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FIJI		RUSSIA	VENEZUELA	ROMANIA
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