

# THE KNOCK

A QUARTERLY NEWSLETTER OF OPPORTUNITY

PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

A SERVICE OF THE UNITED METHODIST VOLUNTEERS IN MISSION

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

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## DR. DIETMAR AND BIRGIT ZIEGLER KILLED IN ROAD ACCIDENT

Dr. Dietmar and Birgit Ziegler were fatally injured in a road accident just outside Nairobi on their way back to Maua in the early morning hours of 11th September. Their car collided head-on with a lorry which was traveling on the wrong side of the road, and they were killed on the spot.

It is particularly tragic for their four children between the ages of nine and thirteen years. Nora, Samuel, Ronja and Jacob are now back from Kenya and are staying with relatives in Esslingen.

Birgit and Dietmar were married in August 1987. It was their dream to live and work together on the mission field. This dream became reality when they were sent out from Germany by the EmK-Weltmission and the British Methodist Church for service at the Methodist Hospital at Maua in Kenya. Together they built up the surgical department and a unit for children with burn injuries. On 1st April, 2001, Dietmar took over the leadership of the hospital. With tireless energy and creative ideas, he was able to run the hospital for the Church and the wider community and to place an emphasis on AIDS work.

As the AIDS pandemic increased dramatically, their fight against it became increasingly the central point in their lives. The model project for AIDS care at grassroots level, which the Zieglers had built up in Machungulu, was visited by specialists from all over the world and acknowledged as a model for future AIDS work in Africa. "Health by the people" was not only the slogan, but also the practice. In their last newsletter from Kenya on the subject of the AIDS work, they wrote: "There is a long road before us. But we are fighting HIV together - and we are winning."

Now we shall have to travel the road without them. We are grateful to God for the lives of Birgit and Dietmar Ziegler, and that we were able to travel the road with them. We pray that Nora, Samuel,

Ronja and Jacob may know a life under God's protection and care.

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## MEDICAL MISSION TO CHUISAMAYAC (GUATEMALA)

And, the "purpose" of traveling missions....

June 2003

Arlen R. Stauffer, MD

Poor people living in desperate conditions share many things in common, no matter which country they live in.

During this trip – my fifth medical mission trip to my fifth different country – this fact really hit home again. A lack of basic medical care, non-existent dental care, no water or sewer systems, high illiteracy rates, and a life of enduring pervasive discrimination from the government and the upper class, all these combine to forge a life of hardship and suffering.

Into this setting, this time in the western part of Guatemala, I and 11 other volunteers from the Coronado Community United Methodist Church in New Smyrna Beach, Florida, traveled on June 16. Our group included myself (an emergency physician), three nurses, and eight support persons.... including four teenagers. I've always known how much these trips mean to my family and me, but I've always fretted about just how much help I can really offer with the limited facilities and supplies that we take with us. Just why do we do this?

Well, we were met by Carla Gonzalez, the Guatemala VIM coordinator, at the airport in Guatemala City, and then traveled by bus to Mazatenango, where we would stay each night at the Hotel Bambú (a very nice place, by the way; certainly suitable even for Americans who

(See **GUATEMALA** on page 6)

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

**GUIDELINES for UMVIM Teams**

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

**PRESIDENT'S LETTER**

Dear Fellow Health Care Volunteers,

This letter will be the last which I am privileged to write as President of the UMF/HCV Board of Directors. I have served in this capacity since the UMF/HCV was formed in 1999. The President-elect is Dr. Mike Sluss, who is deeply committed and thoroughly dedicated to health care missions.

I write this letter from my hospital room where I am recovering from an acute myocardial infarction (heart attack) and emergency coronary artery bypass surgery. I have been spared by the gift of grace and the blessing of God who worked through the keen minds of several physicians and the hands of a skilled cardiac surgeon. These events have drained me of most of my strength, but I know that God's power has been perfected in my weakness. I am thankful for the progress I experience each day.

Regrettably, this unexpected illness has come at a bad time and has caused me to miss four important volunteer board meetings which are concerned with mission work.

In September, Linda and I participated in an outstanding, informative two-day Medical Missions Conference in Manassas, Va., sponsored by Medical Missionaries, Inc. The following week, the UMF/HCV held a most productive, enjoyable board meeting in New York City. During our formative years we have spent a lot of time and thought on organizational structure and on goal setting and implementation. We see much progress being made. In brief, we want to stimulate more persons to participate in and support health care missions. We want, through our resources, to help make it possible for persons to engage in mission with greater ease and effectiveness.

I would admonish you to keep reading THE KNOCK and to do your best to contribute according to your means. (Please see invitation inside last page.)

It has been difficult for me to exchange roles from **Page 2** that of a health care giver to that of a health

**THE KNOCK**

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**STATEMENT OF PURPOSE**

**UNITED METHODIST FELLOWSHIP  
 OF  
 HEALTH CARE VOLUNTEERS**

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

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care receiver. I have observed the differences in how health care givers demonstrate by words and acts, their compassion. I realize more deeply than before that as we are moved to travel to many places in the world to provide health care and witness to our faith, we should do so with a spirit of love and heroic compassion which will make a difference in the lives of others whom we serve. My mother-in-law sent me a little book entitled Hugs for Heroes, by Larry Keefauver, from which I have drawn much inspiration.

You who volunteer your time, talents, resources and faith-sharing in medical missions are indeed heroes. You go beyond the ordinary and achieve the extraordinary. Your faith allows you to see the impossible as being possible. Your love puts others above yourselves. Your hope makes you realize that one person can make a difference in this world with so many needs. You are ordinary people who accomplish extraordinary things not because you must, but because God's power within you lifts you from doing what is expected to the realm of the extraordinary, and sometimes even to the miraculous.

I believe that God is not finished with me yet. As I embark on the road to recovery I do so with a deep sense of thanksgiving for the life I have been given back. I am welcoming each joy of the moment, and drawing upon my faith to overcome each pain of the moment. I am trying to let go of the hurts, the anger, and griefs of the past and give up the worries and anxieties of the future. I want to cherish every moment of my life, to love more deeply, and always to show mercy and compassion toward others. I intend to be a survivor as I program myself for success, devoting my energies to that which is life-giving and enhancing for myself and for others.

My heroes, won't you join me?

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## FROM THE JURISDICTIONS

Greg Forrester

Ingenuity In Providing Solutions

One of the great joys in working in the field of missions, is witnessing the amazing capacity of people to utilize their ingenuity to help others. Sometimes, the solutions break from what would normally be conceptualized under ideal conditions and allow a

“God moment” of inspiration. I came across three such instances in the area of handicap accessibility this past year.

The M.U.V. or Mission Utility Vehicle is hand-crafted in a small converted church structure in rural Mineral Springs, PA. It began as an idea to fill a need witnessed by Mr. Earl Miner, an engineer and a missionary. Mr. Miner found that a utility vehicle with few moving parts, which could be repaired anywhere in the world, and capable of transporting several people, would be highly desirable in the places he served. Out of this need, came a three-wheeled gas or diesel powered MUV that can haul up to 5 people, carry a person in a wheelchair, power a generator, pump water, and numerous other things – all with 95% less parts than a commercially made vehicle with similar capabilities. Check out their website [www.crrange.com/muvinc](http://www.crrange.com/muvinc). Lee Miller crafts each one to fill the need of the end-user. There is a dedicated group of volunteers who assist him in this endeavor.

The P.E.T. or Personal Energy Transportation is an alternative to a standard wheelchair. It is hand-cranked or lever powered, comes in adult and child sizes, and has the capability to endure difficult terrain and use. Rev. Larry Hills and Rev. Mel West along with Earl Miner began producing them in 1994 in response to witnessing the lost mobility of victims of landmines and polio. The PET is sturdy, simple to maintain, and produced at a low cost (\$250 per unit). They are now manufactured and assembled using over 40 groups and individuals around the world and have been shipped to over 29 different countries. You can find more information at [www.giftofmobility.org](http://www.giftofmobility.org). Be amazed!

Finally – as our own population has been aging in the United States – the need for wheelchair accessibility for businesses and homes has become critical. Out of this need has been born numerous mission projects – “Taking it to the Streets” (Louisiana), UMARMY (Texas), and “Road to Freedom” (New York). Wheelchair ramps are being built nationwide, by mission groups and individuals, to provide persons with disabilities the access they require. Though each group provides for the same need – each has taken a different approach in construction and design of the ramps to meet local codes, environment, and skill levels.

I highlight these projects only to illustrate that when we begin to look at the needs of people – regardless of their religious affiliations, political leanings, or geographical locations – we allow God in us, to express incredible solutions. Mission is about people – those being served and those serving. When we allow ourselves to be tools in the hands of the Master Craftsman, He guides us to solutions for all **Page 3**

the problems and opportunities that we witness. What solution has He given you?

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## CONSULTANT'S CORNER

Roger Boe, MD

As I write this report we have just concluded a very successful UMF/HCV Board of Director's meeting. We will shortly be reaching the four-year mark as an organization. As written in our bylaws, representatives from each of the jurisdictions are chosen by their respective Jurisdictional Coordinators to serve a period of four years. We have had exceptional leadership from our President, Dr. Jim Fields, our Vice President, Marvin Loyd, and our Treasurer, Dr. Solomon Christian, as well as from all of the members of our National Board. I think that we owe them a well-deserved thank you for their devoted service. Dr. Mike Sluss from NCJ has been elected as the new President, Kathy Mann from SCJ as Vice President, and Greg Forrester from NEJ as Treasurer. Bill Sanford from WJ remains as Secretary. I look forward to working with them and for all of you as Medical Consultant.

I am hoping to highlight from time to time faith-based organizations of health professionals. In this issue I want to bring Christian Veterinary Mission to your attention, both as part of a developing network of mission-oriented health care agencies, and in this case, to encourage you to consider veterinarians as valued participants in your mission efforts.

The AIDS problem continues to haunt us, and at times threatens to overwhelm our ability to see any hope for the millions of affected people around the world. Our Book Review is particularly relevant to those who are attempting to develop programs for education/prevention. The article, *UPDATE ON AIDS*, continues the discussion of how we can combat our feelings of helplessness and respond to the challenge of AIDS with Christian Love in Action.

Yours in Mission,

Roger Boe, MD, Consultant, UMF/HCV

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### HIV/AIDS, AN UPDATE

Roger Boe, MD

Some three years ago I wrote a short review about the AIDS epidemic, calling it the plague of the 21<sup>st</sup> century and our number one world health problem. It was the initial effort to include articles with an educational purpose in our newsletter. Now in 2003 **Page 4** the situation seems even worse. The number

of new cases of HIV/AIDS continues unabated in many of the Sub-Saharan African countries, and is increasing rapidly in India, Southeast Asia and the former Soviet Union. Even Western Hemisphere countries such as Haiti and Honduras are experiencing rapid numerical increases. Three million of the world's people die of AIDS each year, and there are five million new cases, which means that we have not yet seen the peak of the epidemic. By the end of 2001 there were 14 million AIDS orphans, children who had lost mothers or both parents to AIDS, and current estimates top 15 million. No solutions to many of the problems caused by this horrible epidemic seem to be on the horizon. The whole issue is incredibly complex medically, but social, political, educational and even economic problems seem to loom even larger.

Numbers of new cases are decreasing in the U.S., largely as a result of education efforts and the promotion of "safe sex". New (and very expensive) drugs are continually being developed which slow the course of the disease, but none of them offers a cure for HIV/AIDS. An effective vaccine is proving very elusive, in spite of a massive and well-funded effort. Treatment of HIV positive women in the late stage of pregnancy and their newborn infant, each with a single dose of Nevirapine, can reduce the transmission of HIV to the newborn by 50%. Although the cost of this treatment is approximately \$4, this very effective treatment program has not gone beyond the pilot stage.

There are a few bright spots in this admittedly very bleak picture, programs that seem to have worked and point us in a positive direction for our global mission effort.

One such program in Uganda is providing much needed hospice type palliative care for terminally ill AIDS patients. Treatment involves control/relief of pain, counseling, and limited financial assistance for basic needs. Patients are cared for and supported at home rather than in hospitals which are not only much more expensive but are incredibly overcrowded. There is literally no room in hospitals for the sick and dying. This home program is cost effective and provides what is called Good Death, one that is free from pain, free of stigma, has basic needs met, and occurs at home. One could argue that this investment could be better used for preventive purposes. One can equally argue that these unfortunate persons with terminal AIDS deserve a "Good Death".

Many faith-based and humanitarian organizations are attempting to deal with the needs of the some 15 million AIDS orphans in Sub-Saharan Africa. There is some support for orphanages but realistically these few institutions cannot care for the vast majority of needy children. Fostering of dependent

children by the extended family maintains key relationships and is more cost effective, but relatives often cannot afford to support them. Key subsidies of food and supplies can help maintain these households. There remains the problem of care and nurturing of those who have no relatives and are either homeless or are placed in orphanages. We are certainly called to reach out to these unfortunate victims, and do what we can to nurture and care for them.

One of the few real success stories of the past decade has taken place in Uganda. The incidence of adult HIV was reduced from over 20% to a current rate of 6%. This is in the face of actual rate increases in other countries in Sub-Saharan Africa. The experience has been extensively analyzed, and several important keys to this success have been identified.

First is that the country's leaders, particularly President Museveni, openly acknowledged that an AIDS problem existed and launched a strong educational and promotional campaign that emphasized **A** Abstinence (or delay of sexual debut) and **B** being faithful (reduction in the number of partners). This campaign relied on total mobilization of the churches and mosques, schools, community organizations and leaders at every level. Religious institutions were central to this success. **C** Condoms were added, and while they have played an increasing role in recent years, were not a major part of the early campaign.

UNAIDS, and many non-governmental organizations have adapted this **ABC** strategy, but most importantly, so have many faith-based organizations. It is becoming increasingly clear that responsible sexual behavior, which has long been advocated by churches, is a very important key to controlling the spread of HIV infection.

Faith-based organizations have played a major role in the care and support of persons with HIV/AIDS throughout the world. Although **ABC** is not entirely without controversy, there is increasing agreement that the churches and faith-based organizations must play an equally important role in efforts at prevention/education.

#### **To Be Effective And Successful**

We must be willing to acknowledge the presence and risk of HIV/AIDS and to discuss openly with adults and young people of both sexes the relationship of AIDS to sexual practices.

We must help to dispel some of the myths and misconceptions about AIDS, and empower women to have a more active part in sexually-related decisions.

We need to make sure that our efforts to help those in great need are not subverted by moral condemnation, stigmatization of persons with AIDS, or false belief that the use of condoms will promote immoral behaviors.

We need to endorse **ABC** as the approach that has by far the most evidence of success, and work in cooperation with other agencies and local governments to ensure its further success.

We need to be aware that such nationwide efforts are very expensive, and may be beyond the ability of some impoverished governments to support. Funding provided by our government's anti-AIDS program or by private foundations are critically important here.

We need to actively support and participate in AIDS prevention/education programs that combine the best of both public health and faith-based approaches that are well designed, culturally relevant and sensitive, community based, and respect local autonomy.

#### ***Christian Connections for International Health***

(CCIH) has recently published a special issue of their magazine, the CCIH Forum, called the ABCs of Aids Prevention. This issue contains what I feel is the most relevant and constructive discussion of the problem from a Christian viewpoint, and I have incorporated some of their key points into this article. This very moving poster is by Alex Flett, and was prepared for the 2002 Barcelona AIDS Conference. It is reproduced from the CCIH Forum

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#### ***Break the Silence - Barcelona AIDS Conference 2002***

I would like to close with a quote by Dr. Ken Jenkins, Missionary in Zimbabwe, from an article in the CCIH Forum. **Page 5**

*“As Christians dealing with people with AIDS, we need to get involved, to care and alleviate pain and suffering wherever we can. We need to have compassion on them, so let us reach out with the healing power of our Savior.”*

The email address for CCIH is [ccihforum@ccih.org](mailto:ccihforum@ccih.org). The book that I have reviewed for this issue of THE KNOCK, *HIV, Health, and the Community*, is another invaluable resource. I will be glad to furnish other references on request.

Roger W. Boe, MD, Medical Consultant, UMF/HCV

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## GUATEMALA

(Continued from page 1)

are unaccustomed to more primitive accommodations). At the hotel, we hooked up with three individual VIM volunteers who worked with us for the entire week.

Jim and Dianne Thompson left North Carolina several months ago, and opened a small medical clinic in Paquila, which they routinely staff every Friday, providing basic medical care to the locals. Robert Christopher is spending several weeks volunteering in Guatemala during the summer before his second year of medical school in South Carolina. The guidance and help that these three gave our team this week was priceless.

Although the daily trip to the Mayan village of Chuisamayac was only about 10 or 12 miles, it took 40 minutes to get there on the dirt/gravel road that rolled past the lush vegetation, a small volcano that spit smoke into the sky every day, and a large rubber tree plantation. The majority of our Mayan patients spoke Q'che (not Spanish), requiring three-way translation efforts much of the time.

During our week, we saw 409 patients, fitted and passed out 80 pair of eyeglasses, and provided hundreds of donated T-shirts, caps, Polaroid pictures, and hugs. The people were incredibly accepting and loving, and were grateful for anything we could do for them, even if it was only a worm pill and a baggy of vitamins. As on previous trips, this was incredibly rewarding, both emotionally and spiritually.

We treated pneumonia and lots of other respiratory infections, numerous GI problems, lots of skin conditions, and some pediatric dehydration, and we provided parasite medication, toothbrushes, and vitamins to everyone there. We identified several potential surgical patients who were placed on a list and may be able to access the new Operating Rooms built in one of the two clinics run by Dr. Phil Plunk and his wife JoAn in the Quetzaltenango area of the western highlands (see more information on their “Health and Page 6 Peace” web site [www.SaludYPaz.org](http://www.SaludYPaz.org)).

We were fortunate enough to run into Phil on our last night in Guatemala, and he put into words something that I wish I would have heard a few years earlier. After discussing the abject poverty, the enveloping illiteracy, and the discrimination that the Maya have endured in the past century, he went on to recount the slaughter of hundreds of thousands of these people during the 36-year Civil War that ended in 1996. They now live as worse-than-second-class citizens, and often feel that life is hopeless and that nobody – including God – cares about them.

“By traveling to their village, by dropping what you’re doing in your own lives and coming here, by giving of your time and talents,” Phil said, “you’re saying to these people, NO! THAT’S NOT TRUE! *We care, and God does care about you!*”

“That,” Phil explained, “is the real *purpose* of a traveling mission team. You’re telling them that they are, in fact, worth something, that they are *not* second class in God’s eyes.”

Finally, I knew I had the answer to that recurring question from folks who have never been on one of these trips: Why travel all that way and spend all that money? Why not just send the money to them?

Now, I will answer that question by saying that the people we serve need to know that someone does care about them, need to know that God cares about them, and need to know that there is hope for them. Maybe one day they’ll feel enough optimism and hope to seek out enough education to break out of the poverty in which they feel confined. Maybe a child whose life is saved from dehydration and death will grow up to lead his family and people into better times.

None of that happens if we just send money. *We have to be there* to show that we care, to offer smiles and hugs, and to spark that encouragement and hope.

I have a newfound peace about these mission trips. Arlen R. Stauffer, MD <[flydoc@CFL.rr.com](mailto:flydoc@CFL.rr.com)>

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## MISSION TO SAPALLANGO PERU

Ivar Quindsland

It is quite cool in the morning darkness in Huancaayo, Peru, as the Mobile Medical Clinic is pulled out of its parking spot at Colegio Andino. A pair of motorcycle policemen, friends of the local Methodist church, leads the way. People get moving early in this bustling city at 10,500 feet in the Andes Mountains.

An hour later, after bumping over a pothole-pitted road, the vehicle arrives at Sapallango, less than 20 miles away. It is market day...a great opportunity to reach people in need of medical attention. It is also a great day to show the face of God...to com-

bine physical healing and spiritual counseling under the auspices of a Peruvian Methodist church program.

The tractor-trailer clinic is parked on the main plaza of the town, right adjacent to where many Indians have laid out their goods for sale. There are a lot of curious looks and a few venture by to ask what the clinic is about. It doesn't take long before the word, "free medical attention", makes the rounds and a long line forms.

At 8:00 am, the team circles together to hear a short devotional by the Methodist District Superintendent, and to pray. On this outing there is a volunteer local Peruvian doctor, two dentists (who recently completed dental school), and two local optometrists. There are 3 nurses, members of the local church, as well as a licensed pharmacist (no one receives any compensation). The local church has provided a number of youth to help keep line and crowd control. Medications and eyeglasses are the gifts of earlier U.S. medical teams.

On this day, 95 receive a medical check-up and free medicine, as available. Forty-four get dental exams with many having much-needed tooth extractions. One hundred and ten have their eyes checked using the clinic's Nikon Refractometer. Most are given a pair of donated glasses. One hundred and seventy-three voluntarily receive spiritual counseling from the local Methodist lay pastor and other dedicated church members. Twenty-nine pray to receive Christ in their hearts.

It has been a very good outing, but sadly the clinic goes out at most once a week. Peruvian professionals receive very low compensation in their profession and can afford to volunteer only sparingly.

American medical teams from Frazier Memorial UMC in Montgomery, AL, Dalton UMC in Dalton, GA, and Mayo UMC, Paintsville, KY, have incorporated the clinic in their annual medical team visits to Peru. More use and help is needed and welcomed by the clinic's owner, the Peruvian Methodist Church. If reachable by road, the mobile clinic can be pulled to any location in Peru.

Most U.S. medical professionals enter medicine to help their fellow man. Most find their medical lives harried with all the demands of high patient loads, hospital visits, and insurance companies. A one-week trip is a rejuvenator for all who will step out. You are far from the rat race; you are performing "miracles" for individuals who rarely see a doctor; there is no paperwork, no follow-up; you build up that special camaraderie that comes with a winning team. And best of all, you are doing it in God's name. It is medicine at its roots; it is healing at its best.

If your church or individuals you know wish to

form a medical team or desire to find out more, they should contact:

Ivar Quindslund, 770-578-6884; <[iquindsl@aol.com](mailto:iquindsl@aol.com)> or Arthur Ivey, 011-516-423-7669

<[acivey@telefonica.net.pe](mailto:acivey@telefonica.net.pe)> or, in Spanish

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## VITAL SIGNS

John Furcolow, MD

The Peru mission team based out of Mayo Methodist Church in Paintsville, KY, left for Peru at 8am Friday, June 13th and arrived in San Martin de Pangoa in the Amazon jungle at 4:30 pm Saturday, June 14th, (32½ hours travel time, including a 14-hour bus ride). In doing so we had to cross the Andes via a pass at 15,800 feet.

On Sunday, June 15th, we set up the clinic and visited a local waterfall out in the jungle. The clinic opened Monday, June 16th, and lasted four days. We saw 1,400 patients including 221 in dental (167 of whom had one or more teeth pulled) and 466 in ophthalmology.

Quite an incredible array of medical problems were seen, ranging from nearly universal problems such as arthritis and gastric reflux to severe manifestations of parasitic disease and the sequelae of malaria. Despite a vaccination program typhoid fever was still prevalent, as was tuberculosis despite a government program which provided free care.

Many patient's problems had gone on for years (one severe leg ulcer from leishmaniasis (a parasite) had been there since 1974). We took over \$220,000 in medication, over 1,500 pairs of glasses and enough toothbrushes/toothpaste to give a set to every patient we saw. Our dentists were from Mexico and had been on multiple medical missions in the past, yet they said these were the worst teeth they'd ever seen. Patients who had good teeth remaining had these teeth cleaned and fluoride applied.

Nearly everyone needed or were provided with multivitamins (until we ran out) and nearly every person required the standard treatment for worms.

The town Pangoa celebrated our presence with a joint Peru/United States flag-raising, gave us a very nice plaque, and donated a land plot on which a church will be built in the future. The local hospital, although primitive, was also welcoming and their nurses were a huge help to us with difficult cases.

The Peruvian people themselves were warm, open-hearted and very appreciative of whatever we could do for them. Many hugged us in thanks. **Page 7**

This was despite the fact that many had waited for hours or even days to see us. For many, we were one of the few white people they had seen and, for most, we were the first medical contact they had.

The population was a combination of jungle Indians (barefoot and dressed in long brown robes) and the descendents of Inca Indians from higher up in the Andes. Many lived in huts with thatch roofs, dirt floors and no electricity or plumbing. Many literally worked dawn-to-dusk in the fields where they grew bananas, coffee, citrus fruits, etc. A typical month's salary for a farmhand was \$10.00 per month.

It was a trying but extremely rewarding trip for each of us but our sacrifices of comfort were trivial compared to these people's daily lives.

We look forward to being able to return someday (next year?) to this area for another medical mission and have the opportunity to care for and serve these people again.

It is a cliché but this trip literally would not have been possible without the time and money and medication and glasses and toothbrushes and medical supplies donated in small and large amounts by literally hundreds of people. Rest assured 100% of these donations were or will end up being used by the Peruvian people to improve their life and health. We thank you for your part in this effort and pray that God will bless you in return.

We would like to thank so many people behind the scenes who helped but were unable to go with us.

John Furcolow, M.D., Highlands Regional Medical Center < www.hrmc.org > <spoo91@yahoo.com>

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## **FIRST UNITED METHODIST CHURCH 2003 MISSION TO BOLIVIA, SOUTH AMERICA**

Richard M. Griffin, MD

In June, 2003, I had the privilege of leading a group on a Medical and Work Project Mission to Bolivia, South America. There were a total of 36 people who participated in this mission, with 10 people traveling to Cochabamba and working with a Methodist Church Camp, Tio Rancho, and 26 traveling with me to Montero, Bolivia. Twelve people worked on the medical team and fourteen worked on the work team.

It took many months of preparation by many people to make this trip a reality for me and the others who participated in this mission. The First United Methodist Church and its dedicated members, as well as others, worked countless hours on the annual yard **Page 8** sale and other fund-raisers necessary for the

success of the mission. Supplies had to be ordered, sorted, labeled, packed, and organized. The missionaries and physicians in Bolivia also worked many hours preparing for our arrival. Without the help of our brothers and sisters in Bolivia, the trip would not have been possible. It is my belief that this was one of the most successful missions that I have led, and this report shall attempt to support that belief.

1. The first goal of the mission was to treat eye diseases and perform eye surgery at Hospital Alfonso Gumucio Reyes and the Andean Rural Health Clinic in Montero, Bolivia. Before our arrival, Dr. Rodrigo Paz, a young ophthalmologist working at the hospital, had screened many indigent patients needing cataract surgery and treatment for other eye conditions. Dr. Jose Gallardo, an ophthalmologist working at the clinic, had selected many surgery patients, also. In addition, the hospital and clinic had advertised our arrival via articles in the local newspaper and radio spots, and the Methodist missionaries had notified their local churches. The first week, our team worked at the hospital, and was able to examine over 250 people for eye diseases and perform 57 surgeries. Dr. Paz was able to work with our team in examining patients in the clinic and assisting with the surgery and, after our departure, he will provide the follow-up care on these patients. The second week was spent at the Andean Rural Health Clinic and we examined 309 patients and performed 60 surgeries. Dr. Jose Gallardo, who visits weekly, will provide follow-up care on these patients.

Our team also took five corneas that were used on two patients in Montero and three in La Paz. The North Carolina Eye and Human Tissue Bank and Katena Products made this possible for us. The corneas and trephines were provided free of charge. It is illegal to harvest corneas or other human organs in Bolivia but they do allow these to be shipped into the country under special circumstances such as for humanitarian aid. Corneal transplantation surgery is now possible in Montero because there are physicians available to follow the transplant patients. In the past, there were no physicians available to care for these patients after our team's departure.

The total number of patients treated is as follows:  
Surgery - 117  
Patients examined by ophthalmologist - 559  
Patients examined by optometrists - 1380  
Eyeglasses dispensed - 1500

2. The second element was to provide equipment for the upgrading of the operating room and clinic at Andean Rural Health and, also, to send supplies for the hospital. We shipped, via air freight, two crates, weighing a total of 4600 pounds. These crates con-

tained a modern operating microscope, and ENT microscope, an edging machine for making eyeglasses, eyeglass frames, lens blanks, a visual field machine, a slit lamp, a patient stretcher, sterile gloves, surgery supplies, and many other supplies for the clinic and the hospital. One of the crates contained 10 donated computers for the Andean Rural Health Clinic. We also took 31 boxes of supplies, each weighing 65 pounds, with us on the airplane. In all, we sent 3 tons of supplies and equipment to Bolivia!

With the Goldman visual field machine, the clinic will have the means to screen their patients for glaucoma, a leading cause of blindness, and provide treatment and follow-up care for those diagnosed with the disease. The slit lamp will enhance the examination of the patients in the eye clinic and the surgery supplies will enhance their operating room and reduce the overhead costs of buying these supplies.

We also purchased some equipment for the hospital including a modern Datascope patient monitor to monitor patients' vital signs during surgery and a small portable sterilizer to assist in the sterilization of surgical instruments. Catawba Valley Medical Center of Hickory, North Carolina, donated the "gently used" patient stretcher which will provide safer and more comfortable transportation of patients. These simple additions should increase the safety and comfort of patients undergoing surgery at the hospital for a long time.

3. The third goal was to establish a lab at the Andean Rural Health Clinic for the fabrication of eyeglasses. We shipped an edging machine and supplies for making eyeglasses in one of the crates. Our optometrists were able to set up the lab and train the local personnel in the operation of the lab. While we were there, the lab was extremely busy producing brand new eyeglasses for the patients. Just being able to witness the enthusiasm of the young man working the edger was a reward in itself. Now patients will be able to have their glasses made onsite and not have to wait weeks for a pair of glasses which may be made incorrectly. We are in the process of setting up a procedure for the ongoing procurement of supplies for the lab.

4. The fourth element was to provide optometrists to examine patients for visual problems and dispense eyeglasses. Our optometrists worked not only at the hospital and clinic, but also traveled to outlying areas to provide care to patients. They examined several hundred people and dispensed about 1500 pairs of eyeglasses. They referred patients who needed surgery or other treatment to the ophthalmologist.

5. The fifth element was to provide dental care to patients. We were unable to recruit a dentist for the

team, but we did have a dental hygienist. She went to several schools and an orphanage to teach dental hygiene and dispense toothbrushes and toothpaste. She took 500 toothbrushes and tubes of toothpaste, and could have dispensed five times as many. She also worked with the local dentist at the hospital and assisted her in cleaning teeth and teaching dental hygiene. The dentist's equipment had been in disrepair for several months and she had been unable to use the suction or water jet. Our biomedical technician, Tom Jahn, was able to repair her equipment so that she could better provide care to her patients. One of the problems in a poor country is that when equipment breaks down, there is no one to repair it. Therefore, it usually just gets pushed in a corner. Often it is a simple repair to make the equipment operational again. Our biomedical technician is an invaluable member of our team, not only because he keeps us working, but because he repairs many other pieces of equipment in the clinic and hospital.

6. The sixth element was to provide medical supplies and equipment for the clinic and hospital. As stated earlier, we sent two large wooden crates and took 31 boxes of supplies with us. We were also able to leave ophthalmic drugs, intraocular lens, antibiotics, analgesics, anesthetics, and surgery supplies with the local ophthalmologists. Hopefully, these supplies will assist them in the care of their patients and also in the follow-up care of the surgery patients.

7. The seventh element was the work of the construction team. Fourteen people worked two weeks on a school which had been built in the 1950's. Needless to say, the school was in desperate need of repair. The team tore down walls, built up new walls, carried away rubbish, laid bricks, scraped paint, painted surfaces, and interacted with the local people of the town. It is amazing how much work fourteen people can accomplish in just two short weeks! Another team will follow us and continue the work on the school as there remains much to be done. The team in Cochabamba worked on construction projects at the Methodist Church camp and was able to accomplish much while they were there.

8. Another very important part of our mission is the dispensing of Bibles to our patients. We started doing this several years ago as an incidental part of our work and were overwhelmed by the positive feedback of this simple token of love. Local churches from our area provide money to purchase Spanish Bibles in Santa Cruz, which are brought to Montero. We simply offer a Bible to any of our patients who would want one. Many come back to ask for a Bible for a family member or friend. This year, we gave out 500 Bibles and could have given away

many more. To us it is a simple way of sharing God's good news to our Bolivian brothers and sisters.

The local Hickory Lions Club has always been very supportive of my medical missions as have the Granite Falls Lions Club and other area Lions Clubs. They have always been helpful with financial support, collection of eyeglasses, area vision programs, local mission programs, and spiritual support. I always attempt to include fellow Lions members in my missions, and on this trip I was accompanied by other Lions. Dr. Deysy Klein, an anesthesiologist, is a member of the Huntersville Lions Club, Dr. David Alexander is a member of the Morganton Lions Club, and I am a member of the Hickory Lions Club.

The Montero Lions Club was very active in our mission this year. We took a large Lions Banner to display at our clinics and also put Lions Club stickers on our surgery patients. The Lions Club was instrumental in the promotion of our work and helped with television and newspaper coverage of the clinics. If no one knows you are coming, how can you have patients to see? The Lions Club was extremely helpful in the announcement of our arrival so that the public was informed of the clinics. While we were there, several television stations came to take pictures and interview us and the local newspaper came as well. We were featured on the local television station and in the local newspaper. The lady Lions and the men helped with traffic flow and patient registration at the clinics, assisted with our transportation to and from work, and some assisted with communication with patients and their families. They made us feel very welcome and special and had a special dinner celebration for us. There was lots of good food, fun, and fellowship.

The team was welcomed by the local Methodist churches of Montero, El Sembrador Iglesia Metodista and Christo Obrero Iglesia Metodista. The churches held joint worship services for their members and our team, and everyone was blessed by the singing, fellowship, sharing of God's Word, and outpouring of love and acceptance by our Bolivian brothers and sisters. Team members were able to interact with the members of the churches during the worship services and fellowship activities, meeting old friends and making new acquaintances. Church members held a special bazaar for the team members where handmade items could be purchased. The money raised went toward the financial needs of the local congregations.

As I reflect on the trip to Bolivia, I feel that the work we accomplished while we were there was really an insignificant part of the mission. The real  
**Page 10** scope of the mission is much larger

than the 36 people who went, the surgeries performed, the patients treated, the eyeglasses dispensed, the dental supplies given out, and the bricks laid. We sent three tons of equipment and supplies to Montero. Rather, the real difference is in the lasting effect of what we did. By establishing the edging lab, we gave people training in a new job and hopefully enhanced the quality of their lives and the lives of their families. We are enabling people to have access to a new service at a much lower price than previously possible. By providing the new microscopes, patient monitor, and stretcher, we hopefully made surgery safer for the patients.

By providing the visual field machine, we hopefully made the early detection and treatment of a blinding disease possible. By teaching dental hygiene to school children, we hopefully enhanced their dental health and the health of those with whom they share the information. By establishing rapport with the local ophthalmologists, we can continue to support them in their professional work and enable them to provide modern eye care to their patients and make a positive impact on the lives of those patients and their families.

Of course, the other aspect of traveling to a faraway place to do any mission work is the interaction between people of two very different countries and cultures. One can only hope that the experience is a positive one for those who go and those whose lives we touch.

I want to thank the First United Methodist Church for helping make this mission possible, not only with their generous financial support, but also for their spiritual and emotional support. Many times during the trip, it was quite apparent that the team was supported by the prayers of those back at home. Without it, the scope and success of the trip would not have been possible.

The cost is \$2500.00 with an additional out-of-pocket \$500.00. Please help post this need immediately. Interested physicians may contact me, Joseph A. Geary, at [pfumc@wk.net](mailto:pfumc@wk.net) or call 731.642.4764.

Thank you, Richard M. Griffin, MD with Joseph A. Geary, Co-Leader Sierra Leone 2004 VIM P.O. Box 25 Paris, TN. 38242

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## TRIP TO HONDURAS

By Nellie Cordero  
TEAM: Dr. John Parler, Leader and Dentist; Dr. Bill Turner, Medical Doctor; Mrs. Ann Parler, Work, Pharmacy/Nutritionist; Mr. Tony Cockrell, Building Contractor; Mr. Buddy Ridgell, Carpentry and

Plumbing; Rev. Jerry Brunson, Pastor/Assisted Dentist; Rev. Alex Cordero, Pastor/Assisted Carpenters; Mrs. Nellie Cordero, Translator -Doctor /Pharmacy

We arrived at Oak Ridge Cay on Roatan Island on Thursday night to acquaint ourselves with the Oak Ridge School run by Rev. David and Harriet Kelly. There we met David and Harriet and several of the teachers and students. When asked what their greatest needs were at this time, Harriet responded that they needed school desks. Of course, we didn't have any school desks with us, so Dr. John turned to Tony and Buddy, our team carpenters, and they responded that they might be able to build some desks. And an excellent job they did by building three bench desks to seat from five to six students. Harriet and David were very pleased and grateful.

For the first time, we offered medical and dental services to the people of Roatan at the clinic facility at Oak Ridge School. We treated over 250 patients for dental and medical needs.

We flew into La Ceiba Sunday morning and did the grocery shopping, thanks to Ann who organized us to assist her in shopping for groceries for nine. We proceeded to begin our three-and-a-half-hour drive into Limon on mostly unpaved roads. We were told that as we were driving in, people saw the van and knew the medical team had arrived. By word of mouth the news went around faster than the Pony Express could carry it. Dr. Bill Turner saw over 500 patients and Dr. John Parler saw over 400 patients.

Dr. John Parler's protégé, Donna, assisted him on Thursday, Friday and Saturday. It was a pleasure to know that Donna is attending nursing school, thanks to Ann and John Parler's encouragement and support. They have watched her grow into a fine young lady.

Among the special cases that we saw there was a baby brought in on Monday morning who was so weak that Doctor Turner had him sent immediately to a Hospital in Trujillo. On Tuesday evening while we were having dinner, a nine-month-old baby was brought in completely dehydrated. Doctor Turner did not think he would make the 3½ hour drive to the hospital, so we began to treat him at the clinic. Doctor Turner asked Pastor Jerry and Pastor Alex to pray for the baby because he knew he could not help the baby just with medication. After treating the baby throughout the night, he was able to go home the next morning.

We cannot forget to mention Pastor Jerry who was the first to get up and prepare coffee, grits and bacon. Pastor Alex preached at three different churches while he was there. Sunday morning Pastor Jerry ministered to the medical team at the clinic and Pastor Alex preached at the Baptist Church in Limon.

While the medical team worked at the clinic, Tony, Buddy and Pastor Alex went to Pastor Obdulio's home. There they dug, and laid a septic tank, did the plumbing, installed a kitchen sink and built a counter, put in a basin, and commode. They also put in an outside shower for Pastor Obdulio. Pastor Obdulio was so happy that when he shook our hands he could hardly stop.

Thursday the team drove to Icoteas where there is a satellite clinic. Tony and Buddy installed the water and air system for the new dental chair and due to this, fillings can now be offered at the Icoteas Clinic. They also worked on Dr. John's dental chairs and equipment. We had a very, very happy dentist now that he had reasonable good equipment with which to get the job done. At Icoteas, Dr. Turner saw an eight-month-old-baby who was crawling and cut the palm of his hand with a machete. Upon examining the infant, Dr. Turner found out that the accident had happened a week before and that the parents did not have access to a doctor. Dr. Turner insisted that a surgeon had to see the child in order that he not lose his hand. In such cases as this, Dr. Turner never ceased to provide financial support to help the patients. The parents and the child rode back with us to Limon and Mrs. Eleanor, the Director for Evangelical Crusades in Honduras took the bus with them to see a surgeon. There the infection was addressed and surgery was performed two days later. The child's hand was saved.

On our last day, Monday, we had many patients and toward the end of the day a 20-year-old young lady holding on to her husband, barely walked into the clinic. Upon examination, Dr. Turner reported that her blood pressure was 60/30. Dr. Turner knew she needed to go to a hospital but because of the distance, he decided it was safer to treat her at the clinic. Again Dr. Turner turned to Pastor Jerry and Pastor Alex to pray for the patient. Dr. Turner slept in one of the examining rooms and throughout the night gave her four bags of I.V. solution together with other medications. The young lady was able to walk home that morning.

According to Dr. John, this was one of the most productive trips he has ever made. We thank God for all He did and for giving us the opportunity to be a blessing to others. We thank all of those who supported this mission trip and made it possible.

Dr. John Parler, team leader, 1148 Parler Point, Leesville, SC 29070 Tel: 803-532-4832 H 803-259-8513 F

## MISSION TO CONGO

Carmen McFadyen, RN

Congo--why in the world would anyone want to go to the Congo??? This question was one I constantly had to answer when I told people where I was going in May of 2002. When I said I was going back this August-September, people just shook their heads and smiled. I have been fortunate enough to be chosen to participate in a Volunteer in Mission with the Pacific Northwest Conference of the Methodist Church as a registered nurse.

Our mission was to give the first medical care to the refugees from the war-torn areas of the Congo and villages in the bush where medical care is non-existent. The refugees live in an 8' x 8' compartment in an old concrete warehouse with no electricity and no running water. The lack of clean water and proper sanitation is the main cause of many diseases.

Crying is not an option there because you are working so hard in poor conditions and unbearable heat and humidity. There are always exceptions to the rule and I experienced that exception. A woman was brought in by a friend on each arm because she was too weak to walk alone. This woman's diagnosis was terminal breast cancer with metastasis. All we had to give her was Tylenol for pain. There are no controlled drugs available there. When I thought of my friends who have conquered breast cancer and the ones who are currently battling the disease, and all the treatments and pain medications available and then realized that this poor woman would die in excruciating pain, I lost it. The Congolese nurses and doctors could not understand my tears because there they are so used to pain and suffering.

This was only one of the many people we saw—a young girl with tuberculosis—not in her lungs, but on her beautiful young 15-year-old face. I was fortunate enough to work with her for an entire week. She was admitted to the “hospital” for treatment. In their hospitals, the patient must supply even the most basic supplies. There is a raw plastic mattress, no linens, no food unless it's brought in by the family, no medicine unless they can buy it, no nurses except for a minute or two a day. It's dark and dirty and depressing!!! This young girl never complained no matter what I did to her. Oh, how I wish I could bring her to the United States for treatment and plastic surgery for her disfigurement!!

There is beauty in the country and the people. The flowers are a result of the tropical environment and their sunsets are equal to any of ours. They are a  
**Page 12** people of unbelievable faith

and hope for a better future.

This suffering, this faith and this beauty is why I went and had to return. There are many ways to help our fellow brothers and sisters throughout the world. This just happens to be my choice.

Carmen McFadyen, RN

% Kurt Kaiser and Jan Kaiser, RN

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## REPORT OF THE HAITI MISSION

October 8, 2003

Alice White, RN

The team that just returned consisted of two pediatricians, two internists, a medical student, a physician assistant, two registered nurses, a medical technologist and non-medical professionals.

In the week of September 29 – October 3, 2003 more than 840 patients were seen and treated at Tovar Community Health Center. After first stabilizing them, four very young children were transported to area hospitals. One who had respiratory distress was sent to Bon Samaritain; another with infected second and third degree burns covering forehead, to H. Justinian; and two infants - severely malnourished and dehydrated, to H. Bon Samaritain.

As is customary, caregivers-parents were given a small amount of money to help pay for services, taken by car and assisted to expedited care by this project. Being non-emergent, a large number of other patients were referred for further care to other facilities, such as to Milot (Sacre Coeur) for the filariasis program, to HBS for removal of extra digits on hands and feet, Baptist Convention Eye Clinic for treatment, with small monetary assistance. Also, a wheelchair was being provided for a rather large child with spastic cerebral palsy whose mother has to carry him.

For the most part, the usual diseases and complaints were treated onsite, such as infections, malnutrition and parasites, digestive tract pain and symptoms described as gas all over. A young woman with a severely lacerated lip – through and through – was sutured. On one day, a pediatric clinic was held at Latannerie Clinic - 40 children were seen and treated.

At both clinics malnourished children were provided with vitamins, formula, dry whole milk, and a cereal called AK meal, which is ground corn,

rice and beans.

A total of three hundred children in the Tovar community are now in the RTUF (Ready To Use Food) Program which provides a supplement to the diet of malnourished children between ages of one year and five. This food consists of peanut butter, oil, and dry milk for some. Dr. Pat Wolff, a team pediatrician, has spent considerable time in Malawi with a research team, which has had positive results in improving the health of the children there. This project is being funded by the International Rotary in partnership with the Cap Haitien Rotary Club, and with the involvement of L'Eglise Methodiste d'Haiti, Cap Haitien Circuit, at the Tovar Clinic. Sandra Alexandre, with the staff, is measuring each child for weight, height and circumference (upper arm and head) every two weeks, when they come to the clinic for their peanut butter.

The next scheduled mission is in January 2004. One week will be at Tovar Clinic (January 10 – 17) and the next week at Latannerie Clinic (January 17 – 24, 2004). Documents have been submitted to Dr. Jasmin at the Ministry of Health in Cap Haitien.

Love, Alice White, 9574 Lightview Ln., Gloucester, VA 23061-4923; Tel:H 804-695-2803 ; O 314-535-7855; F 804-695-0463 Email: [amwhite1@earthlink.net](mailto:amwhite1@earthlink.net)

*(The readers will want to know that soon after writing this, Alice White took a severe tumble from a horse and suffered multiple fractures, including shoulder, ribs, and cervical spine, a severe concussion and multiple contusions. At the last report, she is making significant general improvement with the cervical spine injury being the biggest problem at this time. The family solicits your prayers for her speedy and complete recovery. Ed.)*

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## BOOK REVIEW

### **HIV, HEALTH, AND YOUR COMMUNITY**

A Guide For Action

Reuben Granich, M.D., M.P.H. & Jonathan Mermin, M.D., M.P.H., Hesperian Foundation, Berkeley, CA, 2001.

Certainly HIV/AIDS must be considered as THE major global health issue of the 21<sup>st</sup> century. With this volume Hesperian Foundation continues its fine series of books relevant to our mission efforts, a series which began with the now famous Where There is No Doctor. The authors have extensive training and experience in both fieldwork and research. The book is written in plain non-medical language without sacrificing accuracy or validity. Each chapter begins with a short fictional story of a person involved in

some way with the HIV problem, then seeks to answer the questions raised by this person's experience.

Chapter I begins with a summary of basic HIV biology, the nature of viruses, and how the virus affects the immune system, discussed in an interesting and understandable manner.

Chapter II describes the stages of infection and the symptoms that someone with HIV/AIDS may experience.

Chapters III and IV talk about the nature of the epidemic, how it started, and deal with some of the myths about the disease.

Chapters V and VI discuss how HIV is spread and how it is not spread. The authors pull no punches in relating to sexual issues and dispelling some of the myths surrounding the disease. Subsequent chapters deal with HIV testing, and a relatively comprehensive discussion of supportive measures, including counseling, hospice, and home care.

There is also a practically oriented excellent chapter on methods for culturally appropriate teaching about HIV/AIDS in a community setting, including some basic information on how to organize a community AIDS prevention program and how to write grants and raise funds to help support the effort. There is a comprehensive coverage of diagnosis and treatment of the myriad of opportunistic infections and an extensive glossary of terms in the appendix.

This volume will be extremely useful for all persons, medical and non-medical, who are confronted with the AIDS epidemic in their mission work, particularly those who are involved in AIDS education and prevention. The authors need to be commended for making it interesting to read and accurate. It is my feeling that, considering the importance of the AIDS epidemic to our entire world, we all need to make it required reading.

Roger Boe, MD

Consultant, UMF/HCV

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### **WHAT VETERINARIANS CAN CONTRIBUTE AS MEMBERS OF HEALTH CARE TEAMS AND AS INDIVIDUAL VOLUNTEERS**

Roger Boe, MD, Consultant

Our concepts of health care mission are continually expanding to welcome and plan for participation by a wide variety of health practitioners. Veterinarians are highly trained experts in the care and treatment of animals, and the broader scope of animal husbandry. In developing countries the health and survival of animals are often key factors in the health and survival of families. Veterinarians

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may provide direct treatment services or they may participate in a teaching role in the community. They also make valuable expert consultants for those diseases in humans that have an animal intermediary host, or are more common in the domestic animals that share the homes of village families.

I have recently been in contact with Christian Veterinary Mission (CVM) and its founder Dr. A.L. Dominy. CVM was founded in 1976 in Georgia, and was adopted nationally the following year. Efforts are now being made to develop affiliates in other countries. CVM is firmly Christian-based and interdenominational. According to Dr. Dominy, the CVM mission statement is: "To challenge, empower and facilitate veterinarians to serve others through their profession, living out their Christian faith."

CVM also provides education and encouragement for those who desire to minister through service, prayer, relationship building and modeling Christ's love. Since CVM's inception, more than 1000 vets have served short terms averaging two weeks in more than 35 countries, and more than 60 have done longer-term missions.

I think that it is important as UMF/HCV to be aware of this organization, and to think of including veterinarians as valuable members of our teams, particularly as we begin to develop more emphasis on community development and comprehensive health care.

We also need to encourage our veterinarian friends and contacts to consider volunteering as individuals. In addition, we can dialogue with our host coordinators and in country contacts to have them consider the possibility of a volunteer vet. I also feel that we need to keep a networking contact with Christian Veterinary Missions. They can be a valuable source of vet specific information, potential volunteers for our teams, and other possible opportunities for veterinarians to serve in mission.

For further information on CVM, you may contact the founder, Leroy Dominy, PO Box 526, Ocilla, GA 31774 [Missionvet@aol.com](mailto:Missionvet@aol.com) or visit their website, [www.vetmission.org](http://www.vetmission.org).

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## UPDATE GUATEMALA, AUGUST, 2003

Phil Plunk, DDS

Has 2/3 of the year really gone by?? Well, 2003 has been filled with many surprises and with many blessings for us. January started off with a visit from our home church, Northaven UMC in Dallas. After helping us throw a huge Christmas party for our patients in Camanchaj, this group went on to El Salvador to visit another of the missions North-

aven supports, Maria de Los Pobres in San Salvador. JoAn and I were invited to join them. We had a wonderful and very informative visit there.

As they left to return to Dallas, Jane and Richard Dunn returned with another medical construction team from Illinois and the North Central Jurisdiction. After two weeks of hard work at our clinic in Urbina, they returned home Jan 25. Just over a week later, Feb. 3, it was time for us to give our annual report to the Asamblea (general conference) of the Iglesia Metodista Nacional. We were able to report that clinic services were continuing to make significant differences in the lives of the people living around Camanchaj and Urbina. At the time we had documented over 12,000 patient visits. As of August, this figure had risen to just over 17,000 patient visits.

Feb. 20 brought the arrival of a group from the Northwest Texas Conference, FUMC of Plainview. Unfortunately their pastor, Max Browning, developed some last-minute health problems and was unable to come. Richard Ligon and the group gave us an enormous blessing by beginning construction on our new Guardian's House in Camanchaj. It will be a 4-room structure which will include two bedrooms, one bath, a combined living/kitchen area, and a storage room or bodega for the clinic. The Plainview group was able to get it laid out and poured the concrete footings and even got some of the block walls started. As their team left March 2, another construction team arrived from North Carolina.

Dan Suggs brought a team from Gastonia and the Southeast Jurisdiction to work at the clinic in Urbina. They spent a week of hard work there on the concrete block wall surrounding the compound and on the new dormitory rooms being built by the National church. When the dormitories are finished, teams will be able to stay onsite instead of in hotels in the city. Instead of paying high hotel bills, teams will be able to stay onsite very economically, and the church will be able to receive a small but urgently needed income for operations. It will be a win-win for all. Even as the NC team was working, our next medical team arrived.

Mimi Touhey returned with another medical team March 7. Most of their team is Roman Catholic. They are a delight to be with. Thanks, Mimi! In April Margie Groshong arrived and we had our FIRST training of Las Amigas de Salud y Paz. This is our group of local Quiche women from Camanchaj whom we began training as local healthcare promoters. We called them Amigas de Salud y Paz because there is already an official group of community healthcare promoters in Camanchaj. They are not really functioning, however. Rebeca Yak, our nurse, is visiting and following up with Las Amigas every Monday.

That is now her job on Mondays. The group is excited and they are learning quickly. They have already helped out at other clinic functions.

April 10 saw the arrival of a construction team from San Antonio headed by Dan Tappmeyer and Bob Cole. They arrived to refurbish the inside of the Camanchaj and ready it for the surgical team to arrive the end of July. They were a whirlwind of activity!! Our "green monster", the generator, was finally heard running. They ALMOST had the clinic completely ready.

In May Jerry Burche brought a medical team from Tennessee. They worked in the Camanchaj area. June 5 saw the arrival of a medical team from Hurst Texas led by Mark Hanshaw. This was the second year for the team from FUMC Hurst. They had not one, but TWO returning dentists along with two dental students. A lot of teeth were worked on that week! June 27 was a neat day. A construction team arrived that was really special to me. It included not only my brother Ken Plunk, but also two of my cousins, Vic Plunk and Bill Lovelace from Maryland! Bill and I had not seen each other for.....well, a LONG TIME! Bill also brought his pastor, Marilyn Newhouse, along from Calvary UMC in Annapolis. The group not only got a huge amount of work done for the surgery team in July, but we had a great family reunion too.

In July we worked literally right up until the surgeons were walking in the door to get the clinic (hospital now?) ready for the surgery team. The group from San Antonio arrived July 26, some 52 strong! They went right to work and during the week of July 27-Aug 1, there were exactly 50 surgeries done, an average of 10 per day! There were two complete surgical suites running, plus an area for ophthalmic and cataract surgery, plus the dental suite was also setup to do general anesthesia for dental patients. It WAS hectic the first day, but even by the second, things really began to go more smoothly. The group had great doctors and surgeons, but it was the FANTASTIC nursing staff and volunteers from Helps who really made things flow smoothly. Oh yes, at the same time, we had general medicine clinic going and that group saw 535 patients for the week. Believe me, Camanchaj was a sight to see those days!!

In August, Tim Nowak brought his group from Wyoming and they worked both at the clinic in Camanchaj and with Juan Ixtan at the new clinic being built in Patalup. Viva Pennington brought a combined construction/dental team from Memorial Drive UMC in Houston. It was their first time here. Again, three dentists worked hard in the dental clinic seeing almost 50 patients/day and the construction group con-

tinued putting up walls on the new Guardian's House. In fact their work got everything ready for the next construction group from Spring Valley UMC in Dallas. As I am writing this they are getting ready to pour the concrete ceiling on one part of the house.

So—that's the 2/3-year in revue. I know I left out somebody. I ask for grace on that!

Now for the upcoming rest of the year. JoAn and I will be making our annual sashay through the states in Oct/Nov. Below is our itinerary. Please note when we are in your area and contact us if you would like us to visit and maybe present a program at your church. We want to try to see everyone, but time will be limited, especially the Sundays. So if you want us at your church, contact us quickly so we can set time aside. We also pray that some of you will allow us to stay in your homes while we are in your area. Our budget this year is pretty tight. Some kind of wheeled transportation would be very helpful, too.

**Itinerary:** Oct 10-20 San Antonio; Oct 11-13 Side trip to Houston, back to San Antonio; Oct 20-28 San Francisco for ADA convention/churches in area; Oct 28-Nov 4 Reno, NV to visit JoAn's sister Judy and Didier; Nov 4-Nov 11 Portland OR; Nov 11-Nov 18 Amarillo; Nov 18-Dec 1 Dallas/Ft Worth; Dec 2 Return to Guatemala

We look forward to seeing all of you. God bless.

Salud y Paz

Phil and JoAn

May God grant you health and peace, Phil Plunk,  
Clinical Director, Proyecto Salud y Paz

Webpage <http://saludypaz.org>

## OPPORTUNITIES FOR MEDICAL VOLUNTEERS

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

*Fax.404/377-8182 Email: <nick\_elliott@umvim.org >*

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

**AFRICA - GHANA**

KUMASI: ANKAASE METHODIST FAITH  
HEALING HOSPITAL

Ankaase Methodist Faith Healing hospital **Page 15**

has continued to grow in numbers of patients and staff since 1999. It is now recognized as the Kwabre District Hospital and has been awarded by the Ghana Ministry of Health for its performance and quality of care for the whole person. Medical volunteers are welcome. Contact: Doctor Cameron R Gongwer, Kumasi Ghana  
<gongwer@africaonline.com.gh>

#### **AFRICA - KENYA**

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

PO Box 63 Maua Meru North Kenya; Tel: 011-254-167-21107 Tel:011-254-167-21121;

<mckhosp@africaonline.co.ke>

#### **AFRICA - KENYA**

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

**MOMBASA: COAST SCHOOL FOR THE PHYSICALLY HANDICAPPED MOMBASA**

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

#### **AFRICA - KENYA**

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

#### **AFRICA - LIBERIA**

##### **MEDICAL FACILITIES**

Medical facilities need extensive renovation, medical supplies, volunteers. Contact: Bishop John Innis P. O. Box 10-1010, (DHL Delivery – Tubman at 13th St., Monrovia, Liberia), 1000 Monrovia Liberia; Tel: 011-231-227-154 Tel:011-231-227-516 <Bishop\_innis@hotmail.com> or

<Liberiaumc@yahoo.com>

#### **AFRICA - MOZAMBIQUE**

##### **CHICUQUE RURAL HOSPITAL**

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

#### **AFRICA - NIGERIA**

**HILLCREST SCHOOL: HILLCREST SCHOOL** school nurse, 2-3 years.

**RURAL HEALTH PROGRAM** - hospital administrator, 1 year.- medical doctor, 1 year. Contact: Walt and Betty Whitehurst; Tel: (800) 729-9136 (Access code 02) [indvol@aol.com](mailto:indvol@aol.com)

#### **AFRICA - SIERRA LEONE**

**KISSY: THE UMC HEALTH MATERNITY CENTER** needs help refurbishing their facilities, and to install the Dental Unit, and they need physicians, nurses, and other medical personnel. Contact: Rev. Joe Wagner (US contact person Operation Classroom), P. O. Box 277 Colfax IN 46035 Tel:765-324-2556 <ocmission@compuserve.com> or <ocmission@accs.net>

#### **KISSY: KISSY UMC EYE HOSPITAL**

needs ophthalmologists, optometrists, nurses with optical training. Contact: Dr. Lowell A. Gess, UMC 111 15th Ave. E. Alexandria MN 56308 Tel:320 762 1888 <gessla@rea-alp.com>

#### **AFRICA - SOUTH AFRICA**

**UMTATA, TRANSKEI: AFRICAN MEDICAL MISSION UMTATA GENERAL HOSPITAL** needs orthopaedic and physical therapy educators. Contact: Cheryl Anders Tel (828) 696-9930  
<amm@brinet.com>

#### **AFRICA - SOUTH AFRICA**

**WORCESTER: 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. Contact: Gisela Hugo, PO Box 250 Worcester, 6849 South Africa; Tel011-27-023-347-7588ivza@intekom.co.za

#### **AFRICA - 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: Walt and Betty Whitehurst Tel(800) 729-9136 (Access code 02) <indvol@aol.com>

**ASIA - CAMBODIA/LAOS/THAILAND/VIETNAM** INDO-THAI LIMITED offers assistance to medical teams in working with governments of these countries for permission to bring in supplies and do medical work, including all travel arrangements. Contact: Larry McCumber, 721 Bentgrass Ct Dacula GA Tel678-985-4311: 678-985-5342 indothai@mindspring.com

**ASIA - INDIA**  
BAREILLY: CLARA SWAIN HOSPITAL physical therapists. Contact: Walt and Betty Whitehurst Tel(800) 729-9136 (Access code 02) <indvol@aol.com>

**ASIA - INDIA**  
CRAWFORD MEMORIAL HOSPITAL THE METHODIST CHURCH OF INDIA plastic surgeons, orthopedic surgeons, OBGYN, nurses, public health nurses for 27 locations. Contact: Walt and Betty Whitehurst Tel(800) 729-9136 (Access code 02) <indvol@aol.com>

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

**ASIA - INDONESIA**  
MEDAN: METHODIST UNIVERSITY OF INDONESIA IN MEDAN Lecturers in medicine invited to teach at the Methodist University of Indonesia in Medan. Contact: Walt and Betty Whitehurst Tel(800) 729-9136 (Access code 02) <indvol@aol.com>

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

**CARIBBEAN - HAITI**  
JEREMIE CIRCUIT Gebeau: Gebeau T.B. clinic & Eye clinic; Gebeau and Despagne Medical Teams; Medical and dental teams are always welcome. It would be wonderful if

we can have at least one team every quarter. Ear and Dermatologist specialists are especially welcome. Contact: Charles & Patty Maddox UMVIM Coordinators, Methodist Guest House, Tel 011-509-257-3012: 011-509-401-2596 <vimhaiti@hotmail.com>

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

**CARIBBEAN - HAITI**  
CAP HAITIEN: TOVAR HEALTH CLINIC a long-term mission of Providence UMC (NC) seeks 3 teams per year of medical professionals to work at existing clinic serving the very poor. Contact: Alice White, RN, 9574 Lightview Ln. Gloucester, VA 23061 USA 804-695-2803 <awhite@inna.net>

**CARIBBEAN - HAITI**  
PIGNON: CHRISTIAN MISSION OF PIGNON Individuals and teams for hospital. Needs include: general surgeons, orthopedic surgeons, family practitioners, OBGYN, ophthalmologists, bio-med techs, lab techs. Contact: Mrs. Pat Metzelaars, 1024 Ridgewood Cir. Minden, LA 71055 USA Tel318-371-1698 <CMPMETZ@aol.com>

**CARIBBEAN - HAITI**  
JEREMIE EYE CLINIC seeks ophthalmologists and optometrists. Contact: Dr. Hal Crosswell, Columbia Eye Clinic, PO Box 1754, Columbia, SC 29202 USA 800-922-6057: 803-771-7639

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

**CARIBBEAN - JAMAICA**  
METHODIST CLINICS need doctors, nurses & dentists to work in Methodist clinics. Certification takes approximately 6 months. Contact: Dr. Margaret Robinson UMVIM Coordinator (Medical), P.O. Box 666 Kingston 8 Jamaica Tel1-876-926-2311

“District Medical Committee” - jamaicamethodist@cwjamaica.com

**CARIBBEAN - PUERTO RICO**  
VIEQUES CLINIC & CAMP CORSON need volunteer nurses, doctors, other health professionals. Contact: Rev. Edgardo Jusino UMVIM Coordinator, Iglesia Metodista de Puerto Rico, Los Angeles H-25 Calle C Carolina PR 979 Tel(787) 253-0539 edju@coqui.net

### **CARIBBEAN - ST. VINCENT**

CHATEAUBELAIR: HOSPITAL AT CHATEAUBELAIR Medical team and construction teams needed: 1-2 physicians incl. family practitioner, pediatrician or internist; optometrist and dentist.

Contact: Dr. James and Linda Fields  
jpfields@earthlink.net

### **CENTRAL AMERICA - COSTA RICA**

CENTRO ATENCIÓN INTEGRAL PARÁLISIS CEREBRAL GUADALUPE (a day care center for clients with cerebral palsy and spina bifida)  
PATRONATO NACIONAL DE REHABILITACIÓN HOGAR DE REHABILITACIÓN in Santa Ana (a residential center for clients who suffer from polio and cerebral palsy). Both are in the San José area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers. Contact: Rev. Thomas R. Modd, Wesley Campus Ministry, 1113 Market St., Galveston TX 77550 USA; tel:409/765-6587

WCMGalv@aol.com

### **CENTRAL AMERICA - GUATEMALA**

CAMANHAJ / URBINA: SALUD Y PAZ CLINICS Clinics in Camanchaj and Urbina. 60-70 patients seen daily for medical and dental. Once a month, eye-glass component is added. Medical laboratory is being added; help required for laboratory. Projects involve setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala. People from the surrounding areas will be invited to come to the clinic. Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala.

Contact: Dr. Phil Plunk (Medical Coordinator),  
Apartado Postal #65 Quetzaltenango, 9001 Guatemala tel: 011-502-217-1985

pplunk@pchtx.com or pplunk@xela.net.gt

### **CENTRAL AMERICA - GUATEMALA**

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

Contact: Gladys Shanklin, Curamericas tel: 919-821-8000 gladys@curamericas.org

### **CENTRAL AMERICA - HONDURAS**

LA MOSKITIA: SEND HOPE Send Hope is a 501c-3 non-profit organization fo-

ocusing on ministry among the people of the La Mosquitia Coast region of eastern Honduras, in particular: 1) short term medical, dental and construction trips; 2) providing food, clothing, school supplies to people; 3) bring children to the United States for medical care; 4) provide training for local pastors; and 5) helping students with their education. Contact:

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

### **CENTRAL AMERICA - HONDURAS**

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

### **CENTRAL AMERICA - HONDURAS**

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

### **CENTRAL AMERICA - HONDURAS**

MAMA PROJECT (MUJERES AMIGAS MILES APART) welcomes medically-oriented medical brigades and people for deworming and vitamin A distribution teams. Long-term volunteers also welcome. Contact: MAMA Project, Inc., 2781A Geryville Pike Pennsburg PA 18073 mamaproject@enter.net

### **CENTRAL AMERICA - NICARAGUA**

THE RAINBOW NETWORK  
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. Contact: Peter D. Schaller, Rainbow Network, Ciudad Sandino, Zona #6 Managua Nicaragua Tel:011-505-269-7585 <arcoiris@ibw.com.ni>

### **CENTRAL AMERICA - NICARAGUA**

MANAGUA: THE METHODIST CHURCH OF NICARAGUA Seeks nurse or MD to work with persons in very poor areas of Managua, especially to promote the practice of preventive medicine. Contact: Pastor Elmer A Zavala, Methodist Church of Nicaragua <el@ibw.com.ni>

### **CENTRAL AMERICA - PANAMA**

Medical teams are needed for indigenous areas including Potrero Palma/Cieneguita Health Clinic,

Bongo Health Clinic, Guaymi Indian Villages Punta Mani. There is also a need for clean water for these communities. Contact: Rev. Rhett Thompson UM-VIM Coordinator, Evangelical Methodist Church of Panama Tel:011-506-618-2633 rhettj@cwpanama.net

#### **EUROPE - ARMENIA**

##### **LACHIN AGAPE HOSPITAL**

[http://www.nccumc.org/missions/project\\_agape.htm](http://www.nccumc.org/missions/project_agape.htm)  
Contact: Steve Taylor, the AGAPE project, P.O. Box 10955 Raleigh NC 27605 USA Tel:919-832-9560: 1-800-849-4433 <staylor@nccumc.org>

#### **EUROPE - 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,

70 Loch Muller Rd., P.O. Box 156, Schroon Lake, NY 12870 USA

(518) 532-7694: 518 526 0112

carolvangorp@earthlink.net

#### **EUROPE - ESTONIA**

##### **TALLINN: TALLINN CHILDREN CENTER LIGHTHOUSE**

Dentists are needed in the area.

Contact: Peter an Eys, 3701 Hillsboro Road Nashville TN 37215 USA <peter@calvaryumc.com>

#### **EUROPE - GEORGIA, REPUBLIC OF CHALOVANI VILLAGE COMMUNITY DEVELOPMENT**

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

A new project is in the works to provide Gender Equity Training with emphasis on AIDS/HIV/STD education for teens in Youth House setting.

INDIVIDUALS WITH SKILLS IN TEACHING ABOUT HIV/AIDS/STD are sought to assist in training local Youth House staff and to assist in development of a curriculum for the youth who will participate. Initially, Youth House students will benefit from the classes and then these youth will be trained as Trainers and go to public schools in their community to provide the same training to their peers.

Contact: Carol Van Gorp GBGM Special Projects Coordinator, 70 Loch Muller Rd., P.O. Box 156, Schroon Lake NY 12870 USA Tel: 518/532-7694: 518 526 0112

carolvangorp@earthlink.net

#### **EUROPE - UKRAINE**

#### **KIEV: KIEV UMC**

This newly formed UMC has a ministry with Kiev street children under the guidance of Rev. Helen Lovelace. A medical missionary team is needed to help with these street children, who are in risk of super-resistant tuberculosis, hepatitis and AIDS. They also have extensive dermatological and dental needs. 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.

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

#### **MIDDLE EAST - ISRAEL/PALESTINE**

##### **FOUR HOMES OF MERCY**

Physical therapists needed.

Contact: Bonnie Jones UMVIM Coordinator, 9153 Yarrow St. Westminster CO 90021

Tel:303-403-2325 <bjg1232@aol.com>

#### **NORTH AMERICA - MEXICO**

##### **MEXICO CONFERENCE**

La Joya & Tlalamac

Medical volunteers for clinics

Contact: Srita. Claudia Martínez UMVIM Coordinator, Mexico Conference (Conferencia de Mexico) México Tel: 011-52(55)53-64-15-54

camvoluntarios@iglesia-metodista.org.mx

#### **NORTH AMERICA - MEXICO**

##### **SOUTHEAST CONFERENCE**

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

TATOXCAC, PUEBLA: CLINIC - Need: medical work teams, all year long. Surgery rooms and dental office, etc. exist for use. High priority. Has surgical and dental space available.

TOCHIMIZOLCO, PUEBLA: CLINIC - Need: medical work teams, all year long. High Priority. Started 12 years ago, and is receiving only one medical team per year in a very poor community. Most families are women and children with real health needs. Contact: Ms. Priscila Rojas Quintero UMVIM Coordinator, Southeastern Conference (Conferencia Sureste) Calle 4 Pte. #311, Col. Centro, Puebla, 72000 Pue. C.P. México Tel:011-52(222)242-1895: 011-52(222)220-1326 (h) <pris\_13@hotmail.com>

#### **NORTH AMERICA - USA - Alaska**

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

WESLEY REHABILITATION & CARE CENTER needs registered Respiratory Therapist for nursing home residents. Contact: Judith Ann **Page 19**

Martin, PO Box 430 Seward AK USA Tel:907-224-5241

**NORTH AMERICA - USA - Georgia**

MURPHY-HARPST CHILDREN'S CENTERS  
Therapists to work with emotionally disturbed children/youth, Contact: Vance Voinche, Murphy-Harpst Children's Centers,, 740 Fletcher Street, Cedartown GA 30125 USA Tel:(800) 648-1234: (770) 748-1500 <contact@murphyharpst.org>

**NORTH AMERICA - USA - Kentucky**

MT. VERNON: CHRISTIAN APPALACHIAN PROJECT VOLUNTEER PROGRAM needs volunteer nurses for summer camp (2 overnight camps and 1 day camp). Contact: Volunteer coordinator, Route 6, Box 43 Mt. Vernon KY 40456 USA Tel:800-755-5322 <volunteer@chrisapp.org.>

**NORTH AMERICA - USA - Kentucky**

RED BIRD CLINIC can use volunteer physicians, nurses, lab technicians, dentists, dental hygienist, mental health counselors and substance abuse counselors willing to become licensed in KY for outpatient clinics. The Red Bird Clinic needs fill-in coverage for providers in a Primary Care/Health Care/Rural Health Clinic, including doctors, nurses, and dentist. Kentucky licensure required. 1 month or longer. Lodging, some meals provided. Contact: Joel Medendorp, Red Bird Clinic, HC 69 Box 701, Beverly KY 40913 USA Tel:606-598-5135 <jmedendorp@rbmission.org>

**NORTH AMERICA-USA- Oklahoma**

UNITED METHODIST CAMPING MINISTRY  
United Methodist camping ministry needs volunteer nurses. Food & lodging provided; background check required. Contact: Randy McGuire, 2420 N. Blackwelder Oklahoma City OK 73106 USA Tel:405-525-2252 <randy@okumc.org>

**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: Peter D. Schaller , Rainbow Network, Ciudad Sandino, Zona #6 Managua Nicaragua Tel:011-505-269-7585 <arcoiris@ibw.com.ni>

**SOUTH AMERICA - BRAZIL**

RIO DE JANIERO: EVANGEMED  
Medical and Dental teams work with Dr. Wilson Bonfim in a mobile clinic attending people in small towns and villages, working through the local Methodist Church. Groups may also work

at People's Central Institute in inner city Rio de Janeiro, giving medical and religious assistance. Other areas for service include the Northeast, the Amazon (the Medical Boat), and Minas Gerais. Contact: Dr. Wilson Bonfim, World Methodist Evangelism, Rua Marques de Abrantes 55 Flamengo Rio de Janeiro, RJ 22230 061 Brazil; Tel: 021 5573542; Tel: 021 5577999

wilsonbonfim@evangemedmail.zzn.com

**SOUTH AMERICA - CHILE**

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

SANTIAGO: MEDICAL CENTER - Pediatrician sought for Medical Center in Santiago.

IQUIQUE: NURSE - Nurse needed at Iquique.

Contact: Fabiola Grandon Toledo, Casilla 67, Sargento Aldea 1041, Santiago Chile; Tel: 011-56-2-2692923; <fgrandon78@hotmail.com> OR <voluntarios\_proyectoschile@hotmail.com>

**SOUTH AMERICA - CHILE**

EMANA - A UM related school, an institution of the Methodist Church of Chile in northern Chile requests volunteer dentists to come independently or with work teams which visit regularly. A fully equipped dental clinic has been donated but there are no dentists. Contact: Rev. Santiago Castellon, EMANA Casilla 832 Iquique CHILE; Tel: 011-56-57-412-718 Tel: 011-56-57-428-465 <emana@entelchile.net>

**SOUTH AMERICA - PERU**

PUERTO BERMUDEZ – Medical Volunteers needed. Contact: Bishop Marcos Ochoa, Iglesia Metodista de Peru, Apartado 1386, Paisaje Baylones 186, Lima 05 Peru; Tel:011-51-1-424-5970: 011-51-1-447-4820 <iglesiamp@terra.com.pe>

**SOUTH AMERICA - VENEZUELA**

EL RENEVO GLOBAL MINISTRIES MEDICAL TEAM MEDICAL BOAT

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

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

Medical, dental and optometry care for 3 rural towns in Monagas State. 3 days clinic minimum. Need 1 medical team of 25-30 people (3 medical doctors, 3 nurses, 3 paramedics, 2 dentists, 2 dental assistants, 1 pharmacist, 4 pharmacist assistants, 1 optometrist, 1 optometrist assistants, 6 support team, 7 translators.). Also request Bible teacher. 9-day trip, July 2003.

LA URBANA, LA FELICIDAD, PAYAIPURE &

PAWIPA, SANTA ROSALIA & MARIPA: EL RENEVO GLOBAL MINISTRIES MEDICAL TEAM - Medical, dental and optometry care for 3 rural communities. 3 days clinic medium. Need large medical team (45-50 persons). Also request Bible teacher. 9-day trip, July 2003. Contact: Grady Harmon U.S. Contact, El Renuevo Global Ministries 13376 CL Torbert Jr. Parkway LaFayette AL 36862 USA; Tel:334-864-9135 Tel: 334-864-0932 <elrenuevo@charter.net>

### **MEDICAL RESIDENCY ABROAD IN HIS IMAGE**

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

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## **PLANNED FUTURE TEAMS**

### **As of 12/1/03**

*(Often these teams will welcome additional volunteers. Ed.)*

To: **MEXICO** December, '03  
Duration: 12/4/03 thru 12/7/03  
Description: Louisiana Conference Mini Medical - Reynosa Type: w/m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** December, '03  
Duration: 11 thru 15 Description: Reynosa, Mexico Type: m Contact: Beth Dudley Work: 281-920-4300 Conference: TEX  
To: **MEXICO** January, '04  
Duration: 8-11 and 22-25  
Description: Louisiana Conference Mini Medical - Reynosa Type: w/m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **PANAMA** January, '04  
Duration: 23 -31 Description: Bongo, Chiriqui Medical team (FL) Type: m Contact: Dr. Rufus Jennings Home: 941-415-8399 Email: JPED-SCARD@AOL.COM Conference: FLA  
To: **UGANDA** Jan 27-Feb. 17 or earlier  
Medical team urgently needs: Doctors, Nurses or allied health professionals. Contact: Judy Neal <JJNEAL8801@aol.com>  
To: **MEXICO** February, '04  
Duration: 5-8; 19-22  
Description: Louisiana Conference Mini Medical -

Reynosa Type: w/m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **HONDURAS** March, '04  
Duration: 5-13 Description: Fuerzas Unidas - Tegucigalpa Type: w/m Contact: David Essex Home: 843-546-4606 Work: 843-546-8502 Email: dsx2001@yahoo.com Conference: SCC  
To: **MEXICO** March, '04  
Duration: 4-7; 18-21 Description: Louisiana Conference Mini Medical - Reynosa Type: w/m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** April, '04  
Duration: 1-4; 22-25 Description: Louisiana Conference Mini Medical - Reynosa Type: w/m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** May, '04  
Duration: 6-9; 2023 Description: Louisiana Conference Mini Medical - Reynosa Type: w/m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** June, '04  
Duration: 3-6; 17-20 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** July, '04  
Duration: 1-4; 15-18 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** August, '04  
Duration: 5-8; 19-22 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **MEXICO** September, '04  
Duration: 2-5; 9-12 22 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA  
To: **BOLIVIA** October, '04  
Duration: TBA Description: Cochabamba Type: w/m Contact: Doug Edwards Home: 770-394-1657 Email: DCEdwards25@aol.com Conference: NGA  
To: **MEXICO** October, '04  
Duration: 7-10; 14-17 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 **Page 21**

Work: 225-346-1646 Email: lduckn@aol.com Conference: LA

To: **MEXICO** November, '04

Duration: 4-7; 18-21 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA To: **MEXICO** December, '04

Duration: 2-5; 16-19 Description: Louisiana Conference Mini Medical - Reynosa Type: m Contact: Rev Larry Norman Home: 225-201-0094 Work: 225-346-1646 Email: lduckn@aol.com Conference: LA

## **SOURCES OF MEDICAL SUPPLIES**

Revised October 15, 2003

**4 H.I.M.**, PMB 177, 1425 S. Santa Fe, Suite D Edmond, OK 73003

His Healing Helping Hands International Ministries, also known as 4 H.I.M., currently operates a small warehouse for the collection of in-kind donations of medical supplies of all types and various other resources which enable teams to meet the needs of local and global communities.

For specific questions regarding medical supplies, contact Sandy Orchard RN at sandyo@4-him.net. For more information: www.4-him.net where you can fill out an application for needed medical supplies and view a partial listing of our current medical supplies.

### **Blessings, International**

Harold C. Harder PhD, 5881 S. Garnett, Tulsa, OK 74146 Phone: 918/250-8101; Fax: 918/250-1281 info@blessing.org Website: www.Blessing.org

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

Dr Harder, the director, is a pharmacologist, and can advise on drug selection and therapeutic choices. Contact them for an application form and current lists of available drugs and supplies. Prescription drugs can be ordered by any health professional with US prescribing privileges

### **CHOSEN Mission Project**

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

**Page 22** <rich@chosenmissionproject.org>

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

### **Christian Dental Society**

P. O. Box 296, Sumner, Iowa 50674; Phone & FAX: 563-578-8887; cdssent@iowatelecom.net  
[www.christiandental.org](http://www.christiandental.org)

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

### **Glasses for the Masses**

Fairview UMC, 2505 Old Niles Ferry Rd., Maryville, TN 37803 Tel 865/983-2080 <http://www.fairview-umc.org/index.htm> (Receives donated glasses, labels with prescription, makes them available to mission teams.)

### **Dr. Ed Hagan**

114 Morningside Dr., Sylvania, GA 30467  
Phone/fax: 912/564-2173 Fax: 912/564-9349  
(Has access to 2 dental units, including chairs, and dental equipment for use by teams)

### **Hampton Research & Engineering, Inc.**

Dr. William Harris, President, 2670 West Interstate 40, Oklahoma City, Oklahoma 73108 Phone: 405-232-5103; FAX: 405-232-5104; Email: hampdent@swbell.net; Source of Portable Dental Equipment at discount: (They work very closely with developing specialized portable dental equipment for Dr. Ron Lamb and his World Dental Missions Warehouse, and with the Christian Dental Society)

### **Interchurch Medical Assistance, Inc.**

Paul Derstine, Pres., Don Padgett, R.Ph., Pharmaceutical Svcs. Dir., P. O. Box 429, New Windsor, MD 21776; Phone: 410/635-8720; Fax: 410/635-8726  
Contact person: Patty Ditzel, <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**

Myles Fish, president, Chuck McMillan, Mission Resource team leader, 17011 W. Hickory Spring Lake, MI 49456-9712; Phone: 616 846 7490; Fax: 616 846 3842; ia@internationalaid.org; www.internationalaid.org; International Aid provides and supports solutions in healthcare in response to Biblical mandates. International Aid also works with qualifying partner agencies to provide containerized Gift-in-Kind products for health-related projects. Major source of medical equipment. Has a staff of trained biotechnicians who refurbish and check out medical and dental equipment. Will take orders, then contact when equipment becomes available and has been refurbished. Provides technical training for operators and repair technicians, both on site and overseas. Contact Mark Heydenburg for further information. Has donated medical and dental supplies, some prepackaged kits, limited pharmaceuticals. Contact them for list and ordering information. Has a Mission Resource Center, which allows missionaries to order personal care items, medicines and medical supplies via walk-in or mail order Also has Lab in a Suitcase, a battery or solar powered self-contained complete laboratory, including microscope, centrifuge, which can do basic chemistries, hematology. Development continues on testing modules for 3 prevalent diseases. Contact them for description and pricing.

**James G. Diller, M.D., Medical Mission Services Foundation**, 3123 Kenwood Blvd., Toledo, OH 43606; Tel/F: 419-531-1111; Email: james.diller@verizon.net; www.dillermedicalmission.org Resources medical personnel by specialty, as well as medicines, medical equipment and supplies in NW Ohio.

### **King Benevolent Fund, Inc.**

Art Yannucciello, Operations Manager, 1119 Commonwealth Ave., Bristol, VA 24201; Phone: 276 466 3014 or 800 321 9234; Fax: 276 466 0955; Provides a variety of short-dated medicines, both prescription and OTC, from many sources for distribution by missionaries. Drugs must be ordered by an MD/DO. A Mission Supply Request Form must be obtained from Roger Boe MD, UMF/HCV, 208 234 4159, boeroger@cableone.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 ordering process details will then be sent to you.

### **MAP International**

International Medical Resources (IMR), 2200 Glynco Parkway P.O. Box 215000, Brunswick, GA 31521-5000; Phone: (912)265-6010; Fax: (912)265-6170 Contact: Customer Services; email: custsrvc@map.org; Website: www.map.org; Has pharmaceuticals and medical supplies by individual request. Orders require the signature of a licensed practitioner (MD; DO; PA, etc.) Contact MAP for an order form and instructions. All eligibility forms are also available on the website. MAP offers the Travel Pack, a prepackaged unit of essential drugs and supplies ready for transport by air. Check the website or contact MAP for the latest contents and pricing. Phone: (912)265-6010 ext. 6665 or email: prepack@map.org.; Customized and larger volume orders can be processed from a list of available inventory upon individual request also. In addition, an extensive list of European generics can be ordered for shipping only to your mission site. They cannot be shipped to a US address.

### **Medical Bridges, Inc.**

Patricia Brock MD, pres, CP Hodges director (street address: 2919 Dupree, Houston TX 77054) PO Box 300245, Houston TX 77230; Phone 713 748 8131; Fax 713 748 0118; Web site: www.medicalbridges.org <drpattibrock@medicalbridges.org> Collects and distributes a wide variety of medical supplies and small medical-surgical equipment. No dental supplies. Can supply both clinics and hospitals. Can handle large container size shipments. Contact them with your needs.

### **MedShare International**

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)

### **Northwest Medical Teams**

Tammy Kurtz, P. O. Box 10, Portland, OR 97207-0010 Tel.800 959 HEAL; http://www.nwmti.org Sends teams and volunteers to many locations. Also has available medical supplies and small, non-electrical medical equipment, some dental supplies, limited pharmaceuticals. Has basic kits of supplies. Contact them for ordering information.

### **Project 20/20**

Nevin Robbins, Emmanuel UMC, 2404 **Page 23**

Kirby Rd.

Memphis, TN 38119-6606; phone: 901/754-6548

<http://www.emmanuelmemphis.org>

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

### **Rotary Club Morning Foundation**

Jack A. Thurmond, M.D., Kerrville Texas Rotary Club, Morning Foundation, 206 Spring Mill Dr.

Kerrville, TX 78028; Tel 830-896-0226

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

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

Various smaller hand-held items

No fee charged for short term missions except shipping costs.

### **UMVIM Warehouse**

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

117 W. Church St.

Batesburg/Leesville, SC 29006; 803/532-9870

(Antley - o) 803/698-4652 (Antley - h) 803/698-6452

(Antley - pager) 803/532-4459 (Mitchell)

(UMVIM warehouse for medical supplies for any team in the Southeast that needs them. Will pick up medical, dental and other supplies if possible.)

### **World Dental Relief**

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

<[dentalreliefinc@aol.com](mailto:dentalreliefinc@aol.com)>; [www.dentalrelief.com](http://www.dentalrelief.com)  
(Usually 15% of value charged plus shipping; occasionally just shipping charge for some items)

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## **BULLETIN BOARD**

### **Priority UMVIM Needs**

Sent: Wednesday, September 10, 2003 10:09 AM  
To: [umvimscj@sbcglobal.net](mailto:umvimscj@sbcglobal.net) Subject: Physician for team to Sierra Leone. Friends, I will be co-leading a VIM Team to the Taiama Medical Clinic, Taiama, Sierra Leone, West Africa during the period of January 3-17, 2004. We have an Ophthalmologist on the team but also need a "wide spectrum" physician who can see people coming for many types of needs, i.e. pediatrician, internist, general or family practice, etc.

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## **BULLETIN BOARD**

### **Priority UMVIM Needs**

We hope this email finds all of you well! We received an email from Jim & Dianne Thompson in Guatemala stating that, due to the lack of teams going to Guatemala before May 2004, they would be out of medicine by the first of the year. Therefore, Dr. Wes Scoles has expressed a desire to return to Guatemala the 21st to 29th of February 2004 and I have agreed to lead it. Because the notice is so short we decided to open the team up to the Jurisdiction and see if we could not put together a team of 20 or so Medical personnel (Nurses, EMTs, Physicians Assistants, Doctors of any description, or dentists). Please help us get the word out. As of right now we do not have a dentist and think that it would be great to include at least one on the team. Anyone interested can contact me either by email [bill@waukeena-umc.org](mailto:bill@waukeena-umc.org) or by phone (850) 997-5406. Bill & Suzanne Smith, UMVIM, Individual Volunteers

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## **BULLETIN BOARD**

### **TALC**

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

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

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## **BULLETIN BOARD**

Mark Garrison, Interim Regional Executive Co-Secretary of Mission Personnel for Europe, North Africa, the Middle East, South and Central America for the General Board of Global Ministries, requests a volunteer MD to serve at the Van Allen Community Hospital in Kodaikanal, Tamil Nadu, India. Prenatal/neonatal qualifications a plus. A volunteer dentist is also needed. Volunteers should be willing to serve for 3-6 months or longer. An excellent American-curriculum English-language school is available if a family with school age children is interested. For further information: Nick Elliott, [info@umvim.org](mailto:info@umvim.org), telephone 404-377-7424 (if you live in the Southeastern United States) or Walt and Betty Whitehurst, [Ind-](#)

[Vol@aol.com](mailto:Vol@aol.com), telephone 757-426-2461 (if you live elsewhere).

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## BULLETIN BOARD

### Priority UMVIM Needs

The VIM team to Uganda needs medical people. The dates of the team are Jan. 27 to Feb. 17 or you could go Jan 27 and come back early. This would be a wonderful opportunity to travel to Africa and to help with the medical needs in Uganda. Please get the word out to any doctors, nurses or allied health professionals in your church or area. If anyone is interested, please contact me.

Judy Neal <JJNEAL8801@aol.com>

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## JURISDICTIONAL AND NATIONAL UMVIM COORDINATORS

### North Central Jurisdiction

**Lorna Jost**, 21939 464th Ave., Volga SD 57071-6929 Tel: 605/826-4122, E-mail: [rjost@itctel.com](mailto:rjost@itctel.com)  
Website: <http://www.gbgm-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@twcnny.rr.com](mailto:UMVIMNEJ@twcnny.rr.com) Web link:  
<http://gbgm-umc.org/umconferences/northeastern.stm>

### South Central Jurisdiction

**Thalia F. Matherson, Bill Bache, Assistant**, UMVIM Coordinator, 4849 Greenville Ave., Suite 1545, Dallas, TX 75206; Cell (214) 641-1332, Tel (214) 692-9081 Fax (214) 692-9083 E-mail: [umvim-sej@sbcglobal.net](mailto:umvim-sej@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](mailto: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](mailto:love2trvl@imbris.com) Website: <http://www.gbgm-umc.org/westernvim/>

### Mission Volunteers – GBGM

**Ms. Jeanie Blankenbaker, Mr. Michael Deborja**  
475 Riverside Dr. Suite 330, New York, NY 10115  
Tel. 212/870-3825 Fax 212/870-3508 Email:

[JBlanken@gbgm-umc.org](mailto: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. 757-426-2461, Email: [Indvol@aol.com](mailto:Indvol@aol.com)  
Fax: 757-426-3742 Website: <http://gbgm-umc.org/vim/indvol/program.htm>

#### UMF/HCV Consultant

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

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

### North Central Jurisdiction

**Dr. Mike Sluss**, 2847 Pioneer Drive, Green Bay, WI 54313; Phone 920/499-7977(H) 920/272-1610(W)  
<[mpluss@aol.com](mailto:mpluss@aol.com)>

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

### Northeastern Jurisdiction

**Gregory Forrester**, 32 North Church Street, Cortland, NY, 13045; Phone: 607-756-7799 Fax: 607-756-7957 email: [UMVIMNEJ@twcnny.rr.com](mailto:UMVIMNEJ@twcnny.rr.com)

### Central Jurisdiction

**Kathie Mann**, Phone: 713/521-9383 Fax: 713/521-3724 Email: [Texaspim@methodists.net](mailto: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](mailto: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](mailto:jpfields@earthlink.net)>

**Solomon Christian, DDS**, 6016 Southampton Drive, Memphis, TN 38119; (O) 901/566-1414 (F) 901-566-1034. (H) P/F 901-761-3239  
Email <[schristiandds@aol.com](mailto:schristiandds@aol.com)>

### Western Jurisdiction

**Bill Sanford**, Missionary for Outreach Ministries (DSAC), 1550 East Meadowbrook, Phoenix, Arizona 85014-4040; Phone: (O) 602-266-6956 Ext 217 (H) 480-990-0042 E-mail: [Bill@desertsw.org](mailto:Bill@desertsw.org)

### 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](mailto:love2trvl@imbris.com)>

## TALES OF A NON-MEDICAL PERSON SERVING WITH A MEDICAL TEAM....

*or .... "what's an electrician doing on this health care team anyway?"*

Kurt Kaiser

That's the question I ask myself each time I join a medical team. My first experience was in (then) Zaire in 1994 when we entered a refugee camp filled with amputees from the war. The medical needs were tremendous; the status of the limited supplies and equipment on hand would generate thoughts of what it must have been like during our own civil war in the mid 1800s: one-room cement structure for operating (think amputating), no light save for the small stream of sunlight through the tiny window since the bulb had burned out in the single overhead light fixture, a stash of boxes in the corner with basic dressings and instruments. How did they sterilize them, we asked. A metal bucket into which the instruments would be placed and then covered with alcohol. A match was lit. When the alcohol was burned off, the instruments were deemed safe to use again.

In one corner of the dimly lit room (it was cloudy today), I spotted an intriguing piece of equipment. The local doc told me it was something called an autoclave that had been donated but was broken when it arrived and no one had the skill to repair it. Now the light bulb went off (in my head, that is). Here's something I might be able to do, some way that I could contribute to this awesome medical mission. I spent the afternoon dismantling the autoclave, cleaning tiny parts, restoring it to working condition.

I was humbled when I saw tears in the eyes of the local doctor as I gave it back to him to be used to sterilize his instruments between amputations. What a skill he has. What dedication to his people. I was glad to be able to assist in one small way to help make his very challenging life a little easier.

Since that day in 1994 I have volunteered on numerous health care UMVIM teams. I have worked as a pharmacist in Honduras following hurricane Mitch, where we stacked all the wooden tables from the village school into a pretty fair shelving unit and I found I could pack pills into little baggies with the best of them! My fondest memory from that trip is eating watermelon brought to us fresh from the field by a man who wanted to thank the team for treating his children. We stood under the banana palms, spitting seeds, grinning inside as we tasted the sweetness of that melon and the friendship of that farmer, all the while the little pigs standing at our feet waiting for us to give them the rinds.

Back to the (now) Congo in 2002, a medical  
**Page 26** team is working at another

refugee camp. In preparation for our health care team's arrival, persons living in the camp erected a building from 2X2s and tarp (donated by UNHCR and UMCOR). This was to house the "clinic". While the team worked each day, I installed electrical lighting into this clinic, so that after our departure the local doctors could return in the evenings (after completing work at their own clinics) and continue to serve these refugees.

I've dug fresh water wells to get clean drinking water to people so that they won't need treatment for worms and other diseases. I've swabbed arms with alcohol prep pads in the "vaccination assembly line" where we inoculated 200 kids in 2 hrs. I've rocked a small Russian boy to sleep at night in the orphanage he calls home. Should non-medical people join medical teams? Why not!

Kurt Kaiser, UMVIM, WJ Coordinator (and electrical contractor)

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### FROM THE EDITOR'S DESK

It seems that I have had more problems getting out this issue of THE KNOCK than I have ever had! First one thing and then another.

I really would like to impress on you the need for more of you to list your teams that are being formed in THE KNOCK. It would help in a number of ways. It would give others a chance to see some of the scope of volunteer activity; could serve as a recruiting tool; may enable you to be a resource for others who are going to the same site, and may even be a means of cooperation for teams going to the same vicinity.

I would also like to add another feature to the newsletter. This one would be **COMPLETED MISSIONS**. This would list the teams that have completed missions during the current calendar year. After the first year, I would delete the first quarter.

Now, I know that there are those of you who get along fine and do not need the UMF/HCV to have successful missions. These teams have a larger responsibility in reporting events that, collectively, will form a large part of Methodist history of this era. THE KNOCK is sent to many libraries and archives for future generations. Every team member needs to be part of this story and every team leader needs to be aware of this part of the responsibility of a team leader. Send me the team's sponsor, mission site and dates of activity.

The deadline for submission of material for publication in the next KNOCK is January 15, 2004. Please get those reports to me or, at least, a report of team activity.  
Mike Watson, 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.**

Please type or print

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

E MAIL \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ FAX \_\_\_\_\_

LOCAL CHURCH AFFILIATION \_\_\_\_\_

PROFESSION/SPECIALTY OR AREAS OF EXPERTISE \_\_\_\_\_

OTHER SPECIAL SKILLS/INTERESTS \_\_\_\_\_

LANGUAGES SPOKEN OTHER THAN ENGLISH \_\_\_\_\_

QUESTIONS? \_\_\_\_\_

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

**Advance SPECIAL # for donations: 982832-4**

**Mailing Address**

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

Checks may be made payable to:  
Mission Volunteers UMF/HCV  
Or use VISA MC AMEX DISC (circle choice)  
Card # \_\_\_\_\_  
Exp. date \_\_\_\_\_

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

Signature \_\_\_\_\_

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

U. M. FELLOWSHIP  
Of Health Care Volunteer  
315 West Ponce de Leon Avenue,  
Suite 750  
Decatur, GA 30030

Non-profit  
Org.  
U.S. Postage  
**Paid**  
Atlanta, GA  
Permit #300

ADDRESS SERVICE REQUESTED

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

Matthew 10:8 (CEV)

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

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

### United States Projects

MONTANA	INDIANA	ALASKA
ALABAMA	GEORGIA	KENTUCKY
MISSISSIPPI	OKLAHOMA	TENNESSEE

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









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

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

Please type or print

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

E MAIL \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ FAX \_\_\_\_\_

LOCAL CHURCH AFFILIATION \_\_\_\_\_

PROFESSION/SPECIALTY OR AREAS OF EXPERTISE \_\_\_\_\_

OTHER SPECIAL SKILLS/INTERESTS \_\_\_\_\_

LANGUAGES SPOKEN OTHER THAN ENGLISH \_\_\_\_\_

QUESTIONS? \_\_\_\_\_

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

**Advance SPECIAL # for donations: 982832-4**

**Mailing Address**

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

Checks may be made payable to:  
Mission Volunteers UMF/HCV  
Or use VISA MC AMEX DISC (circle choice)  
Card # \_\_\_\_\_  
Exp. date \_\_\_\_\_

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

Signature \_\_\_\_\_

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

**U. M. FELLOWSHIP  
Of Health Care Volunteer  
315 West Ponce de Leon Avenue,  
Suite 750  
Decatur, GA 30030**

**ADDRESS SERVICE REQUESTED**

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

Matthew 10:8 (CEV)

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

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

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