

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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MIDWIFERY CLINIC AT CITE SOLEIL, HAITI

Nadene Brunk, CNM

In March and November of 2003 I listened to women in Cite Soleil tell tales of losing their daughters and sisters and children during childbirth from the lack of basic midwifery skills and lack of access to medical assistance.

Cite Soleil is the biggest slum in the western hemisphere. With a nearly 90% unemployment rate and 45% illiteracy rate, the living is bare and desperate. Doctors and other trained personnel in Port-au-Prince will not enter Cite Soleil because of fears for their safety and other fears I have yet to understand. But in the middle of the tin and cardboard homes is an oasis of hope built by Haitian Outreach Ministries, an interdenominational group.

There are currently 461 children attending school there, all supported by \$20 per month from persons in the United States.

There is also an active church where hundreds of Haitians gather each Sunday morning at two services to learn and encourage one another in their life in Jesus Christ. A clinic exists where a Haitian doctor offers basic family health care three days a week.

But there is no prenatal care, no place to go for obstetric assistance, and the women there have asked for both midwifery training and midwifery care. A surgeon in Cite Soleil who works for World Relief admits that the maternal and infant mortality in Cite Soleil is the worst in all of Haiti. Women there have no money or transportation to access the obstetric care in the nearby city.

My dream is to recruit certified nurse-midwives here in the U.S. to go to Cite Soleil at least one week each month. While there they would hold classes for local women using the book, "Where Women have No Doctor", and other midwifery sources to teach basic midwifery skills. They would also hold prenatal care and gynecological clinics. Ultimately, we would like to add an addition to the current clinic for birthing rooms. Estimations of cost for this building are \$15-18,000. Ongoing costs for medications and supplies needed could be around \$300/month

even if the nurse-midwives pay their own way, room, and board.

Anyone who would like more information on this project can e-mail me at [<nsbrunk@aol.com>](mailto:nsbrunk@aol.com). Currently, we are at the stage of collecting supplies for the clinic and recruiting nurse-midwives for 2004.

Because this is still a dream in formation, I am open to guidance from anyone who has more information on starting a project similar to this - if the ultimate goal is trained Haitian women who offer midwifery skills to their own community and save the lives of mothers and babies. Any information on current midwives in Cite Soleil, places to apply for grants, and organizations who would be willing to assist would be an answer to fervent prayers. The women and babies are waiting.

Nadene Brunk, CNM, 8008 Gardenwood Terrace Richmond, VA 23227 Ph. 804-515-9406

VISIT TO KISSY UMC EYE HOSPITAL

Freetown, Sierra Leone, Africa
September 25-October 12, 2003

Lowell A. Gess, M.D.

The warring factions in Sierra Leone now desperately are pursuing peace. A Truth and Reconciliation Commission headed by United Methodist Bishop Joseph C. Humper, is completing its investigation and hearing of testimonies by the end of December, 2003, when the report will be made public.

Patients are returning to Kissy UMC Eye Hospital for treatment and surgery. They are met by a new surgical theatre underwritten by the Bishop Hopkins Appeal Fund from the Minnesota Conference of the United Methodist Church and the Christian Blind Mission International as the present facilities had been damaged by the decade-long war. CBM is also building a large outpatient department and separate hostel accommodations for families caring for post-surgical cases. Eye surgeon Dr. Aignor Fergusson and Administrator Mrs. Lettie Williams along with the staff of twenty-one additional people are making preparation for this surgical program.

(Continued on page 5)

"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.

(This document may not be the final draft as it is a "document in process".)

PRESIDENT'S LETTER

I welcome everyone reading this new edition of The Knock, a publication for you who are considering serving on a short term overseas (or over the border) healthcare mission team.

In The Knock we read about the joys, the frustrations, and the achievements of those who have served on short term (one to three weeks) medical mission teams. Your experiences are sometimes exciting, often challenging, and always memorable.

In cooperation with the overseas local Methodist Church and in fellowship with the local health care workers, our healthcare teams help provide medical care, supplies, teaching, and moral support for those in the world who live in less fortunate circumstances. Often our team members learn more from local healthcare workers than we teach to them.

UMF/HCV is the national United Methodist organization that works with Volunteers in Mission to facilitate your short term mission experience. UMF/HCV helps recruit volunteers, train mission team leaders, and provide information about where you will be going and suggestions about what you will be doing.

As the new president of the UMF/HCV Board of Directors, I thank my fellow board members for the work they do. I also need to thank our invaluable medical consultant Dr. Roger Boe, our recently retired president Dr. Jim Fields who, fortunately, will remain on the board, and Dr. Mike Watson our very patient editor of The Knock. Most of all, I thank those of you who will read The Knock and will decide to communicate your interest in serving on a short term medical mission.

For you to participate on one of our medical teams, you don't need to be a medical person (see Kurt Kaiser's article in the last issue of The Knock, p. 26), and you don't even need to be a Methodist. You do need to want to serve others in the spirit of Christian fellowship, helping to do God's work.

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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Knock, and opening for you will be the door of opportunity to do short term healthcare mission service.

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FROM THE JURISDICTIONS

Bill Bache

South Central Jurisdiction

The South Central Jurisdiction (SCJ) has a new leader for our health care volunteer community in Dr. Tom Brian, DDS, from the North Texas Conference. Tom was elected by the jurisdictional conference United Methodist Volunteers In Mission (UMVIM) coordinators to the Board of Directors of the United Methodist Fellowship of Health Care Volunteers (UMF/HCV). The election occurred at the November Summit on the Mount UMVIM Leadership event at Mt. Sequoyah, Arkansas. Tom has replaced Dr. Marvin Loyd, DDS, as one of two SCJ representatives to the HCV/HCV Board. Marvin has served the people of God for years in dental health care missions to Haiti. Marvin will continue as an advisor to the Board of the UMF/HCV. Tom will now serve along with the other SCJ Board member, Kathie Mann, Director, Partners in Mission, Texas Annual Conference.

Tom Brian has organized and led dental health care and construction teams to México and the remote Mosquito Coast of Honduras for over ten years. He has completed the GBGM Individual Volunteer training orientation and balances his time between private practice (to fund his missionary efforts) and work with indigenous peoples of the Mosquito Coast as part of Project Send Hope. Since there are no Methodist churches in that part of Honduras his Send Hope efforts have recently been added to the list of approved Volunteers In Mission international projects. Please feel free to consult with Tom concerning planning, organizing and conducting dental missions to remote locations. Tom is very supportive of training events. You can contact him at atbddds@yahoo.com or call 972-727-5001.

Several of the SCJ conferences have UMVIM programs that are actively involved with sending health care and health care educational teams to Africa in response to the devastating effect of AIDS. In light of these efforts, how can UMVIM be an effective instrument in AIDS prevention, HIV patients care, and mental health care? What is our

role in providing disaster response health care training to our brothers and sisters in disaster prone areas? Is there a role for veterinarian care in coordination with our other community health efforts?

How can we promote more involvement of students from our health care training universities in our UMVIM health care teams as has been proposed by Dr. Roger Boe? Our students are the future of health care ministries, as well as future leaders of the United Methodist Church. How can we also work in a collaborative manner with local and indigenous health care professionals, providers and students?

How can we promote health care training for local and indigenous people? Perhaps the best way would be to help them to develop their own community health programs. Solving health problems with preventative efforts at the grass roots seems to be a logical and effective use of available resources. How can UMVIM health care teams and individuals promote Comprehensive Community-based Primary Health Care (CCPHC) programs so that persons in poor and underserved areas can take care of themselves instead of waiting months for an UMVIM team to arrive? Where can we facilitate the initiation or the success of existing CCPHC programs? Where are we needed most? We recognize that we can not force ourselves on our hosts to implement CCPHC programs. We need to begin to understand what kinds of skills we could provide to facilitate the success of community based programs. A dialogue has begun, under the leadership of the Border Methodist Friendship Commission, between SCJ United Methodist conferences and the Eastern Annual Conference of the Methodist Church of México concerning a possible CCPHC in the Rio Grande/Rio Bravo Valley area. Contact Susan Hellums at: shmcfirst@aol.com or 956-661-9771 for more information concerning this initiative. Check out these web sites on Comprehensive Community-based Primary Health Care: <http://gbgm-umc.org/health/community/ccphc.stm>, <http://gbgm-umc.org/umcor/stories/motherchild.stm>, and this Red Cross publication outlines guiding principles, planning, and elements of CCPHC programs: http://www.ifrc.org/cgi/pdf_pubs.pl?health/hivaid/hbc.pdf.

Let us continue this dialogue on how health care volunteers can teach people how to fish as well as continue to feed them the fish that they may need to survive and live lives of dignity. It is time for a new paradigm for health care volunteers. I look forward to learning from your stories in future issues of The Knock.

Bill Bache, UMVIM, SCJ
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CONSULTANT'S CORNER

The beginning of each year beckons us to look back on the one that has just passed, to glean what wisdom we can from our experience, our mistakes and challenges and from our successes as well. 2003 was a year of many changes in the UMF/HCV Board of Directors. We continue to work under financial constraints.

Dr. Jim Fields, President from our beginnings in 1999, has completed his term of office. Dr Marvin Loyd, our Vice President, has retired for health reasons, and Bill Sanford has rotated off the Board.

We welcome Dr. Mike Sluss, a practicing neurologist from Green Bay, Wisconsin, as our newly elected President. We also welcome him to these pages. It is my feeling that one of the signs of a viable organization is the ability to adjust to change and to deal proactively with issues and challenges as they arise. It is my hope that our new leadership will work closely together with those newly appointed to the Board, and with the UMF/HCV membership, and use this opportunity to take a fresh look at the tasks before us. These tasks are truly monumental.

The world, particularly the developing or 2/3 world, is in an unprecedented political, economic, and spiritual crisis. The need for health care has never been more critical. Millions suffer needlessly, and die each year of diseases that can be prevented or easily treated. Thousands of communities are entirely without health care. We have the opportunity as health care volunteers to use our skills to help those who are suffering and in need of healing, and to "Serve God as Christ's hands throughout the world". As members of UMF/HCV and Mission Volunteers, we have felt this call to service, and also the call to involve others in Mission.

One of the major charges of your Board of Directors has been to help build and to strengthen health care components at both the Jurisdictional and Annual Conference levels. It is gratifying to see the efforts put forth by the UMVIM, SCJ to develop a Jurisdictional health care arm. The hope is for the Northeast and Western Jurisdictions to follow suit when they are ready. Although several new Conference Liaison persons have been identified this past year, there are many opportunities and a real need to develop UMVIM health care components at the Annual Conference level. The aim of the UMF/HCV Board is to provide guidance, inspiration and resource support for these health care components, and for the

health care teams and individual volunteers that we send.

It is my hope that this New Year will bring with it a host of new opportunities and challenges for all of us. May the God who calls us guide all of our thoughts, our prayers, and our Christian Love in Action.

In Mission Together

Roger Boe MD,
Medical Consultant, UMFHCV

BOOK REVIEW:

Handbook of Medicine in Developing Countries. Palmer, Dennis, DO, and Wolf, Catherine, MD. Second Edition, Christian Medical and Dental Associations, PO Box 7500, Bristol TN 37621

The new second edition of this work has been greatly expanded from 289 to 458 pages. There is noticeably greater depth of coverage for many of the important diseases, but at the same time the text remains clear, concise, and organized and indexed for quick reference. There is an appropriate emphasis on infectious disease, with many helpful tables. The section on HIV is greatly expanded as befits the new knowledge and increasing challenges of this disease. It is amazingly comprehensive considering that the authors attempt to cover the entire spectrum of medical practice in developing countries, including coverage of some of the less common entities. There is discussion of basic obstetrics and neonatology as well as less complex surgery and simple laboratory procedures.

The book is specifically designed to meet the needs of health practitioners serving in developing countries and who may be practicing somewhat out of their field of expertise. The authors clearly recognize and discuss the difficulties of adjusting to situations where there is a lack of technological, laboratory and pharmaceutical resources. The appendix contains an excellent formulary emphasizing WHO recommended drugs, and a comprehensive list of mission organizations that do health care.

The authors have done an outstanding job in making this new edition more informative, more organized, and more generally useful. It will certainly be among my top choices to accompany me on my next mission trip. I feel that it is currently the best available one-volume reference source for doing health care in developing countries

Roger Boe MD
Medical Consultant, UMF/HCV

VISIT TO KISSY UMC EYE HOSPITAL

(Continued from Page 1)

The first week of Ruth's and my stay involved the organizing of the new surgery. In the succeeding time thirty-one patients underwent operations. These were mainly cataract extractions with intraocular lens implantations and trabeculectomies for glaucoma which is very prevalent in this area of West Africa. Mr. Mohamed Rogers, our chief surgical assistant, insisted on getting up from his sick bed to prepare a report to Surgical Eye Expeditions International. SEE had prepared surgical packs for this expedition with medicines and supplies to accommodate forty major surgeries. Their support in turn comes from optical houses and pharmaceutical corporations such as Alcon, Allergan, and Bausch and Lomb. Rayner of England and Morcher of Germany also supported with the provision of intraocular lenses.

People often ask how it is possible for a modern, sophisticated eye program to continue its ministry in Sierra Leone. The General Board of Global Ministries through its Advance Special 9229-3RA receives contributions from throughout the United Methodist Church. Every gift goes directly to the designated eye care. Through the continued interest of Joe and Carolyn Wagner, Operation Classroom of Indiana has for many years transported in their containers medicines, supplies, and equipment.

O. C. Ministries of Minnesota through its leadership of pastors Lyndy Zabel and Linda Koelman and nurse Lavelle Meester have contributed to hands-on help to the hospital structure and personnel. They are financially undergirding a Sierra Leonean medical student, Mr. Isaac Sesay, whose dream is to serve as an eye surgeon at the Kissy UMC Eye Hospital. Wonderful is the support of the Central Global Vision Fund of Milbank, South Dakota, whose first board members were the five men who spearheaded the building of the Kissy UMC Eye Hospital in 1982 and 1983. Presently they are sponsoring a work team which will build cupboards, cabinets, and counters for the new surgery, give logistic help with supplies, sutures and intraocular lenses, and provide general maintenance.

It was a great pleasure to welcome back Dr. Nick J. Cook, eye specialist from England, who with his family served at the Kissy UMC Eye Hospital the years of 1993 and 1994 before they were forced to be evacuated because of the war with its terroristic incursions of mutilation, amputation, and wanton murder of innocent civilians.

Especially encouraging is the Christian commit-

ment of the staff. They feel that their role in the eye program is a calling. During the war three members had their homes destroyed by fire and most of them lost their personal possessions.

At the Kissy UMC Eye Hospital the blind receive sight. The staff takes turns in leading the gathered patients in a time of hymn singing, Bible reading, testimonies, and prayer. It is ever our prayer that the patients may receive spiritual insight into the love of God as revealed in Jesus Christ.

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HOSPITALS REVITALIZATION

Cherian Thomas M.D., Executive Secretary Health & Welfare, GBGM

I joined Health & Welfare (H&W) at the General Board of Global Ministries (GBGM), in 2000, to work for a new initiative called the Hospitals Revitalization Program (HRP).

The HRP is an ambitious venture to strengthen United Methodist hospitals and clinics in sub-Saharan Africa and Asia. Conceptualized by Paul Dirdak, Deputy General Secretary of Health & Relief, and funded by GBGM, the HRP is poised to make a difference in the quality of health care offered by United Methodist health care institutions. The revitalization process encompasses the surrounding communities by promoting community based primary health care with its emphasis on preventative measures. HRP also helps the institutions address major health issues like HIV/AIDS, maternal and childhood mortality, TB and malaria.

Nine UMC hospitals were incorporated in the program, seven in sub-Saharan Africa and two in Asia. United Methodist health care professionals from the U.S. visited all the hospitals and performed base line assessments. Jeanie Blankenbaker and Bob Walton from Mission Volunteers were the leaders of two such teams that went to Zimbabwe and Mozambique. The assessment was done using a questionnaire which the senior faculty of the hospitals completed and which also had comments and observations by the visiting team leader. The data helped us to prioritize the needs and develop plans for each hospital. I made a follow up visit to each hospital and met with the staff for some strategic planning. I have attempted to give below a brief overview of the present status of the hospitals I am working with in five sub-Saharan African countries.

The three UMC hospitals in Zimbabwe are still struggling because of lack of doctors and adequate governance. The deteriorating political climate in Zimbabwe has added to the problem.

Although the hospitals were assessed in 2001, they did not participate fully in the revitalization program. We provided each hospital with a new generator and a computer, plus donated medical supplies and equipment from the U.S. But the limiting factor was the absence of doctors. At one point only Old Mutare UMC Hospital had a physician while Nyadire and Mutambara Hospitals were managed by nurses. The situation has since improved. Mutambara now has three doctors (two are Cubans posted by the government) and Nyadire has two doctors including a surgeon from India.

As part of a plan to attract Zimbabwean doctors to work in UMC hospitals we propose to “top up” the salaries with a grant. The Christ United Methodist Church, Bethel Park, Pittsburgh has adopted Nyadire Hospital as a mission project and is providing resources for the hospital that will be channeled through H & W. This model of a tripartite partnership between Christ UMC, Zimbabwe UMC Annual Conference and H&W is one that can be duplicated for the benefit of other hospitals in Africa. Bishop Herbert Skeete, Interim Bishop of Zimbabwe UMC Annual Conference, has been a strong supporter of the revitalization process and has been of great help in overcoming problems especially in obtaining permission from the government health authorities.

The Chicique Rural Hospital (CRH) is a 200-bed health care institution on the southeastern coast of Mozambique. Set up by United Methodist missionaries nearly seventy years ago, it was nationalized by the government at the end of the civil conflict in 1992. Today it is managed by both the Mozambique UMC and the government with an understanding that the government pays most of the salaries while the church provides most of the running costs.

Jeremias Franca, the Hospital Administrator, who is a member of the Mozambique United Methodist Church, received his masters degree in hospital administration in the U.S. and was supported by a number of Conferences during his time in Texas. He rejoined CRH in 2000 and has been instrumental in strengthening CRH. A pediatrician-internist couple, Dominik Dengel and Ulrike Kirchner, is currently working at CRH as German UMC missionaries. H & W and EmK Weltmission, Germany, are working together to build CRH into a strong institution and this cooperation bore fruit recently.

Page 6 Simone Veihelmann, a German UM

volunteer dentist, spent a month at CRH in September 2003 to set up the dental unit with equipment that was purchased in South Africa by H&W. Jeremias and Ilda Franca are currently in the U.S. to speak in United Methodist churches about their work in CRH. We have also created a new web site for CRH (gbgm-umc.org/health/Chicique) which has stories that can be downloaded and distributed.

The Ganta United Methodist Hospital in Liberia was among the earliest hospitals to benefit from the HRP and within a span of two years (2001-2002) the hospital saw some real improvements, with the adding of new buildings and installation of new equipment, water and electricity lines. The Ganta Prosthetic & Orthopedic workshop was the only one of its kind in the country and made quality artificial limbs for those who lost limbs because of war, land mines or disease.

Teams of United Methodist volunteers from the U.S. helped the local staff to improve the hospital in many ways. GBGM missionaries contributed to the leadership and management of Ganta Hospital. It was a going concern. Then came the war and most of Ganta mission station, including the hospital, was destroyed with buildings and equipment looted or burnt. The fighting continues sporadically but Liberian UMC has sent teams to Ganta Hospital to assess the damage and begin a cleanup process. What is now required is an understanding of what, how much and when to rebuild in Ganta. There is an urgency to provide health care to a population ravaged by war and disease but even the United Nations’ force is wary of entering the town because of the sporadic fighting, and our efforts can begin only when there is some semblance of peace.

The United Methodist Health & Maternity Center in Kissy, Freetown, Sierra Leone, better known as the Kissy Clinic, is rapidly expanding and adding new wards and an operating theatre. Dr. Dennis Marke continues to provide leadership at Kissy. He used the services of a consultant to lead the staff through a vision/mission building strategic planning exercise and the plans formulated are being implemented in stages. HRP provided Kissy with two new generators so that the hospital now has a supply of uninterrupted electricity during the busy hours of the day. Kissy has trained a number of technicians in equipment maintenance at a training program in Accra, Ghana, that is conducted by International Aid from Spring Lake, Michigan. Three nurses have received training at Maua Methodist Hospital, Kenya in surgical and operating room nursing. The hospital is also a center for the HIV/AIDS home based care program of the Sierra Leone UMC Annual Conference.

Now that the country is finally at peace the people are eager to rebuild their lives and are in need of good health care. Kissy Clinic is poised to play an important role as a health care provider in a disadvantaged section of Freetown. Kissy will welcome UM health care volunteers to come and provide much-needed services.

The Rural Health Project (RHP) in Zing, Nigeria is a 25-bed clinic in northeast Nigeria, close to the border with Cameroon. Zing is a good twelve hours by road from Abuja, the capital city, and the nearest town is Jalingo which is also the headquarters of the Nigerian United Methodist Annual Conference. I was able to visit RHP only in February 2003 and so it is a latecomer to the HRP. Dr. Chuck and Pearl Arnett are GBGM missionaries who have been working at RHP for a number of years and are due for retirement in February 2004. Fortunately, GBGM was able to post a Nigerian physician-nurse missionary couple, Dr. Emmanuel and Florence Mefor, at RHP and so RHP will not be bereft of a doctor when Dr. Arnett leaves this year. RHP has a unique outreach program in the surrounding villages.

Dr. Lowell Gess began an eye clinic in Zing that has continued all these years. Recently, Dr. Gess was instrumental in obtaining a substantial donation for the construction of a new eye clinic similar to the Kissy Eye Clinic which he developed many years ago. Dr. Gess has also provided new eye instruments for the clinic. The German UMC has two missionary nurses, Marlies Mittwollen and Ina Schonfeld Dabale, working at RHP and the EmK-Weltmission has been the major supporter of RHP these past 25 years. Plans are ready to build a new operation room and surgical ward.

RHP has initiated a HIV/AIDS and community based health care program in the outlying communities. In a remarkable initiative, Marlies arranged with a hospital in Jos for the surgical repair of vesicovaginal fistulas in 30 women. This is an ongoing program and it has given hope and acceptance to these desperate women. RHP has much more to offer the people of Taraba State and welcomes United Methodist volunteers to join its efforts.

The Hospitals Revitalization Program has been successful because of the cooperation and support from many units of GBGM, like Mission Volunteers, Mission Personnel and Mission Contexts and Relationships, UMCOR, the partnership with EmK Weltmission of the German UMC, inputs from individual United Methodist physicians, nurses and administrators in the U.S. and the enthusiastic response of the staff of the United Methodist hospitals in Africa, who embraced the program and made it their own!

Cherian Thomas, Executive Secretary
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YOUNG ADULTS SERVE IN NICARAGUA AS GLOBAL JUSTICE VOLUNTEERS

Amanda Stogsdill, Global Justice Volunteer to Nicaragua

"Whatever you did for the least of these brothers of mine, you did for me."

Matthew 25:40

Matthew 25:40 has become one of my most treasured Bible verses. It serves as part of the Biblical basis for Accion Medica Cristiana, (AMC) or Christian Medical Action, a public health and development organization operating in over 100 communities throughout Nicaragua.

From May 31st to August 10th, 2003, I and two other young women, as part of the Global Justice Volunteers Program of the General Board of Global Ministries, had the opportunity to live and work with AMC in their Sahsa location, on the North Atlantic coast of Nicaragua.

Global Justice Volunteers is a program of Mission Volunteers for young adults ages 18-25. Through the GJV program, volunteers serve for 2.5 months on small teams of 2-3 young adults with organizations around the world who are working for change in their communities at the grassroots level. It is an opportunity to serve in mission while exploring the links between faith and justice.

As a college student with no experience in medicine or public health, I was slightly apprehensive about working with AMC. However, I soon realized that some basic information I possessed, such as how to properly wash hands, could be put to use. Soon after arriving in Sahsa, we were put to work helping to organize and coordinate workshops for appointed health leaders from both Sahsa and the surrounding communities about topics such as self-esteem, sexual and reproductive education, and family violence prevention. The health leaders would then go back into their communities and teach others in their community what they had learned during the workshop. Through this process AMC was able to educate the people of Sahsa and the surrounding communities as well as create knowledgeable leaders to whom the community can turn for guidance and

education. As more community leaders are created, the community will become less dependent on the workers of AMC and more self-sufficient.

The highlight of my time in Nicaragua, however, was working with a medical brigade sponsored by AMC and the Nicaraguan Ministry of Health. During this time I mostly observed and provided support as we traveled for five days along the Kukilaya River. Our experience began as the three of us Global Justice Volunteers, along with a doctor, two nurses and a few other support people, loaded ourselves and our personal items, as well as large plastic bags filled with medicines and immunizations, into a small boat.

Throughout the trip we spent many hours making our way upstream, stopping occasionally to cut our way through the thick rainforest foliage, hiking, and even some time horseback riding, in order to reach some of the most remote communities in Nicaragua. Each time we arrived in a community we were provided with a place to sleep and food to eat as well as love and support from the community members. We saw a host of illnesses including malaria, dengue fever, diarrhea, parasites, and wounds that had become infected from lack of access to clean water.

Although we saw over 500 people during our trip, a few remain imprinted in my memory. We provided one group of children with balloons to help them through their fear of being weighed and given shots. Soon, children were coming in and attempting to be weighed a second time so they could receive another balloon. There was also a woman in a very remote village who was beginning early labor as we arrived in the village. We were able to listen as the doctor gave her advice and instructions on how to prepare for the birth of her first child. Most clearly of all, I remember the face of a woman, who community members claimed was over 100 years old, as the doctor drained a large abscess from her upper arm using only a razor blade and iodine, as we did not have access to any type of local anesthetic.

Having the opportunity to live and work in solidarity with Nicaraguan people who are working to improve the lives of themselves and others through public health efforts and self-sustainability programs was a truly life changing experience. I was able to learn so much about some of the root causes of injustice, and experience some of the ways AMC is attempting to address and correct them. By empowering and educating the people of Nicaragua, they are working toward a time when medical brigades and other mission groups will no longer be needed. And, as a Methodist missionary living in Nicaragua told me, "The goal of persons in mission is to work themselves out of a job." Until this can happen,

organizations such as AMC serve as a wonderful example of how to truly serve God by serving those who may be considered "the least of these."

Amanda Stogsdill, Global Justice Volunteer to Nicaragua

For information on the Global Justice Volunteers Program visit: <http://gbgm-umc.org/vim>

HONDURAS CLINIC UPDATE

Henry W. Gibson, MD
December 2003

The final team to work at the Carolina Health Clinic in Limon, Honduras in 2003, returned home on October 11. This team of 13, led by Dr. John Parler, Dentist of Leesville, S. C. included 2 physicians, a dentist, a pediatric nurse practitioner, 3 medical and dental assistants, 2 ministers, 1 video specialist, a painter and 2 contractors. They were very busy ministering to health and spiritual needs of the people in Limon and Icoteos. The construction team built a shelter to feed the hungry at a small church and did needed repairs at the Clinic in Limon.

Fourteen teams have worked at the Clinic this year. The first team for 2003 arrived at the Clinic on January 21 and worked until March 14 except for a week in February when another team was there. Volunteers are from South Carolina, North Carolina, Georgia, Alabama, Virginia, Oregon, Washington and Arkansas. There will be a small group from Alabama in Limon for a few days in December. They will be planning their work for 2004 and distributing Christmas presents to the churches. A Public Health Teaching-Registered Nurse will be teaching basic hygiene and how it relates to public health.

A 35-passenger reconditioned 1992 school bus was purchased this year and has been sent to Honduras loaded with supplies for the Clinic and for a nearby hospital. The bus will be used to transport patients who have previously had to walk long distances to get to the Clinic.

The planning for another addition to the building has been completed and construction will begin in the spring. This will add two much-needed bedrooms for volunteers, and another examining room.

Gail Richardson continues to coordinate the program to sponsor school children. This program has been transferred to Barnwell United Methodist Church so that the Foundation can concentrate on providing medical and dental care. Anyone wishing to contribute to the school program should make checks payable to: Barnwell United Methodist

Church marked "Limon school children" and mail directly to Mrs. Richardson at 449 Heathwood, Barnwell, SC 29812 or to Carolina Honduras Health Foundation to be forwarded to her.

A building in Barnwell to house permanent offices and storage for the Foundation is being pursued. The building would be built with volunteer labor and funds that are designated for this project. No funds would be used from the general funds that support the medical and dental work at the Clinic in Honduras.

We are looking forward to a big year in 2004. To date eight teams have confirmed their dates and six more are in the process of forming teams for late summer and fall.

We appreciate the support of our many friends in the past without whose support all of this could not have happened. Those who wish to contribute to the operation and improvement of the Clinic may send their contributions to: Carolina Honduras Health Foundation, PO Box 528, Barnwell, SC 29812. Checks should be made out to: Carolina Honduras Health Foundation.

Henry W. Gibson, M.D., Post Office Box 528
Barnwell, SC 29812, Telephone/Fax 803-259 3513

MISSION TO NICARAGUA

Teresa Miller, RN

In early November Healing Hands went on its fourth medical trip to Nicaragua. Healing Hands was founded in 2001 after 2 construction trips that helped with rebuilding after Hurricane Mitch. We are working with Dr. Mirtilla Barrilla, a Nicaraguan physician who has a wonderful heart for the underserved people. She has chosen to serve God through Castel del Rey. As a mobile medical team we go into areas that do not have regular clinics, and many times are difficult to get to.

Last year we had two trips; in 2004 we hope to do three. During our April trip three physicians saw 1000 people and were able to provide them with vitamins, pain meds, parasite treatment, and antibiotics. In addition to the hope we provide to the people, the antibiotics are the biggest gift we give. Even if they see a physician they do not receive antibiotics. Often the cost of the prescription is \$1.00/tablet. How do you pay \$20.00 for medications when that is more than you make in a month? Also during this trip 104 came to know Christ as a result of coming to a clinic.

Each trip I believe God led us to a village with a purpose. During the most recent trip in November God led us to minister to three babies. The most seri-

ous one came during the last day of clinic. We were working outside of Diariamba, and a mom came to the clinic with a two-week-old baby. The baby had a fever, was listless, and was not nursing. Dr. Barry (a pediatrician from E. Lansing) quickly determined this baby would not live without some intervention. We talked with our national physician, Dr. Mir, and offered to pay for this baby to be hospitalized. Other ladies from community got involved, and told us the hospital would only let the baby die, they would not treat it. Nancy Gillette, RN, rode the "local bus" (20 people in a mini van) into town to locate the liquid antibiotic that was needed. She went to every pharmacy in town before finding one bottle at the last pharmacy, along with some preemie formula. We gave the baby a dose before they left the clinic and watched them walk away. Many of us began praying for the three babies we had seen, and have just heard that the little baby is thriving and growing. PTL!

In addition to medications, we also take used shoes for children, tote bags, cloth diapers and toothbrushes. During the November trip we had enough toothbrushes that each person that came to the clinic was given one. The new moms love the diapers sewn from fun flannels, and they all enjoy the tote bags. On each trip one or two team members are in charge of handing out the shoes (zapatoes). They become the most popular team member, and everywhere they go in town someone will ask for zapatoes.

So many of the people have no shoes, or just rubber flip flops and that leads to skin infections such as impetigo. We saw a large amount of impetigo that is picked up from bacteria in the ground. Simple washing with soap or having shoes would prevent it. One family came in with five children all infected and needing shoes. We were down to our last 20 pair, and it was hard to find the right size for most kids. God worked a miracle and we had the right size for all five kids! What joy to see them walk away with shoes, medications and soap.

Healing Hands plans for 2004 will be exciting. February 21 – March 2nd we are planning a rugged "Survivor" type trip to Puerto Cabezas. It is in the North Atlantic coast better known as the Miskito Coast.

The Miskito Indians live there in the flood plain for Nicaragua. During most of the year this area is flooded. That makes it the perfect breeding ground for mosquitoes and other parasites. Because of the difficult conditions, very few teams go into this region.

We are currently looking for Doctors, Dentists, Optometrists, Nurses, Translators, and Helpers to join this team, or a team in the future. We are **Page 9**

also planning a trip at the end of June and another in early November. If you are interested in serving God's lost people, please contact: Teresa Miller, RN 6800 Reno, Lansing, MI 48911; email <rbkids@acd.net>, Tel 517-699-4116.

MISSOURI MISSION TO MOZAMBIQUE

Carol Kreamer

"How do you serve 500,000 people (perhaps 48,000 of them HIV positive or with AIDS) with 200 hospital beds and 4 doctors?"

That was the question on Tom Mitchell's mind as he learned about the Chicique Hospital in Mozambique from its administrator, Jeremias Franca, and his wife Ilda. The Francas toured seven Missouri United Methodist Churches in mid-December, and were hosted by Mitchell (a member of University UMC in St. Louis) and his wife Cindy one evening. Mitchell had visited the hospital as part of a VIM team in 2003.

At the Chicique Hospital all the laundry is done by hand and the kitchen is outdoors. In the early 1990's, Franca was selected to come to the U.S. for training in Hospital Administration. He attended Southwest University in San Marcos and returned to Chicique in 2000 and is presently a General Board of Global Mission missionary. He has a great vision for the hospital and is focusing on health prevention education. The number one cause of death in the country is malaria, number two is cholera and number three is AIDS.

During his visits Franca showed a power point presentation in which he said, "Answer God's call or He will get your attention." His story is on the Mozambique Initiative web-site at <www.mozambiqueinitiative.org>. CRH is a product of Volunteers In Mission and serves over 500,000 people with 162 employees, 71 nursing personal and 4 doctors. The hospital provides emergency services, maternity, pediatric, surgical, ophthalmic, pharmacy, immunizations and general care. It is one of two teaching hospitals in the country and it has the only ultrasound in Inhambane. In its current HIV/AIDs program that offers voluntary testing and counseling, thirty percent of its patients die.

I was impressed by the dedication, faith, and intelligence with which Jeremias Franca leads Chicique Rural Hospital," Mitchell said. "I also was informed of the fragility of its financial support. This is being affected greatly by the US economic situation. Local congregations ought to think about short-term help, but also about how we build long-term, reliable support for the operation. What opportunities to

serve with our gifts and our volunteer service!"

Funding needs include money for drugs, food for patients, gloves and sutures, testing for HIV/AIDs and support personnel. The annual budget is \$150,000 but the government gives them less than \$50,000.

Manchester UMC in St. Louis, the largest United Methodist Church in Missouri, has been a faithful and dedicated supporter of Mozambique ministries for several years. The church is now considering deepening that relationship even more by establishing a clinic with its sister church, Mabumbuza UMC.

"Jeremias patiently answered our questions and then told us that Bishop Machado would make the ultimate decision whether we can build a clinic at Mabumbuza and that all of this has to be coordinated with the Minister of Health," said Jo Wright, a member of Manchester UMC. "He was also understandably concerned about our level of commitment. We assured him that Manchester UMC has had a covenant with Mabumbuza UMC for several years that has provided financial assistance to pay pastor salaries and that we plan to keep this covenant indefinitely in hopes of building a lasting relationship."

Franca said there is a great need for a clinic at Mabumbuza. It is a high density area and the nearest clinic is 75 miles away or three days walking distance. Plus it is in Inhambane Providence which is the largest district.

This year a new ministry, the Mozambique Covenant Ministry, was birthed at Manchester UMC to educate the congregation as to how they can actively engage in their covenant and begin this relationship. Wright is the ministry leader for this and together they have prayed for Mabumbuza UMC weekly, written letters, sent money for doors and windows for the parsonage, completed a safe drinking water well and we are sending a five-member-delegation that includes a doctor to the well dedication in February 2004 in which Bishop Machado will be present and possibly the Minister of Health. During their time in Mozambique the delegation team also plans to visit Chicique Rural Hospital and begin to lay the groundwork for a clinic.

Franca said the greatest need at Chicique Rural Hospital right now is paying the staff that has not been paid since September and that the hospital can only provide one meal a day right now to its patients because there isn't enough money. He told us that one month's salary is approximately \$5,000 US for the staff. The Man-

chester UMC Mozambique Covenant Ministry has money in its budget and has agreed to pay one month's salary.

Ezequiel Marcos Nhantumbo, Mozambique Initiative representative in Mozambique, has sent a message to the Missouri Conference reporting that an agreement between the United Methodist Church and the Ministry of Health on Chicuque management was signed at the recent Mozambique Annual Conference. The government gave a good report on the relationship, and has pledged to provide some new equipment for the hospital.

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CHICUQUE RURAL HOSPITAL HIV/AIDS TEST KIT PROJECT

Katie Bauer, Communications Intern

There are 34.4 million people in the world living with HIV/AIDS, of which 1.3 million are children.

Each year 470,000 African children die from AIDS-related illnesses.

Only five percent of persons infected with HIV/AIDS in Africa know they are infected.

When Barbara Vestal departed from the Mozambique Initiative Consultation in Maputo, Mozambique, in August of 2002, she did not let her work stop with her arrival back in the United States. Vestal embraced the challenge given by Bishop Ann Sherer to continue showing the Mozambicans the amazing love of Christ. Vestal knew that despite the distance between Missouri and Mozambique, she and others could still find ways to help.

"At the consultation," Vestal said, "the minister of education for the Mozambique government, Dr. Ngueha, explained that the development of this nation is connected to the health of the people. He discussed the effects of cholera, malaria and HIV/AIDS—all of which are expanded by malnutrition. He said the church plays a crucial role in stopping the spread of disease."

These words by Dr. Ngueha, combined with Vestal's knowledge of the AIDS pandemic in Africa and the Bishop's challenge for action, were enough to give Vestal dreams of making a difference in Mozambique in the lives of individuals.

As she reflected back on her two visits to the Chicuque Rural Hospital (*pronounced che-coo-key*),

Vestal was reminded of the hospital's recent attempts at an HIV/AIDS education and testing program. As part of the program, hospital workers are making an effort to test at least all the surgery patients for HIV/AIDS—a task that requires a minimum of 100 test kits per month. Yet the government of Mozambique only provides this hospital with 25 test kits per month, and the hospital lacks resources to buy any more.

Vestal said, "I asked at the hospital, 'Could you get more test kits if you had more money?' And the answer was yes."

So Vestal developed a plan to provide 75 more HIV/AIDS test kits each month for use at Chicuque Rural Hospital. When she learned that the cost for 25 test kits is about \$63, she proposed that a fund be created through the Mozambique Initiative to send the hospital \$200 per month to pay for the additional 75 test kits needed monthly. This would equal \$1200 every six months or \$2400 for one year. Then in November of 2002, Vestal presented her project proposal to the Mozambique Initiative committee. The project was approved for one year and will be evaluated at the beginning of 2004.

"This is just a little project to help save lives over there," Vestal said.

To date, \$2300 has been sent to Chicuque Rural Hospital through the HIV/AIDS test kits fund, which is enough money to test more than 900 people in the area. However, the year is not over and more test kits are always needed. "The AIDS crisis in Africa is desperate," said Vestal. "We can't do everything, but we can do something."

Vestal's interest in Mozambique began in 1992 when she read an article about Mozambique in a Missouri East Conference newsletter, she said. Then, in 1993, she seized the opportunity to go on a Missouri West Conference VIM experience to Chicuque and Cambine, Mozambique, where she had her first exposure to Chicuque Rural Hospital. Her second experience in Mozambique was in August of 2002 at the Mozambique Initiative Consultation in Maputo. Following the event, Vestal and three other Missouri United Methodists traveled to Chicuque Rural Hospital for another VIM experience.

Vestal said that working with the test kits program has made her aware of the HIV/AIDS resources available in her community, as well as the need for more education and resources.

"We have such a need for volunteers," she said. "It's not just Africa." Vestal acknowledged that the United States government

has voted to help control the AIDS pandemic in Africa through financial resources, but it is possible that the money won't be available to these hospitals until 2006 or later. In the meantime, she said, worldwide 12-13 million people could die of AIDS.

"The test kits project is one way we can touch those people we will never see, never touch and never pray with," Vestal said. "I think it's the churches' place to be in constant prayer and action to alleviate the suffering of these people."

To give money for the HIV/AIDS test kits project or for more information about Mozambique, contact Barbara Vestal at bavmail@aol.com, by phone at 417-859-2689, or at 222 N. Blair, Marshfield 65706. Or contact Carol Kreamer, coordinator for the Mozambique Initiative, at cpkreamer@fclass.net, by phone at 636-271-4455, or at P.O. Box 754, Eureka 63025-0754. Also check out www.mozambiqueinitiative.org.

REPORT FROM JAMAICA

By Sally Marble

When Dianna and Wally Carpenter met at work many years ago, she as a student nurse and he as a young doctor, they could not have known that their lifelong journey together would involve not only the rearing of a large family and medical practice in northwest Missouri, but a large medical mission clinic in Jamaica. But that's what happened.

Dianna was serving on the Mission Committee at their United Methodist Church in Rock Port when she went to India for 3 weeks in 1986 with a group from the Missouri West Conference. She came home from that trip wanting to do something. Her husband, Dr. Wallace Carpenter, was willing to do something, too, as long as it involved "a bed to sleep on and a hot shower at the end of the day." Through the channels of the Volunteers in Mission programs in the South Central and Southeast Jurisdictions, they found a project which needed persons with medical and construction abilities in Falmouth, Jamaica.

The pastor of the Methodist Church there had wanted to build a vocational school for adults on some property behind the church, and the Carpenters got in on the finishing part of that building. An unused little side room attached to the church was scraped out and cleaned up for a clinic.

The first day, the pastor rounded up 12 church members, sick or not, to serve as patients and get the thing rolling. The next day 24 people showed up on **Page 12** their own, and the next day 48 came. (Yes,

those were the exact numbers!) At the end of the week, amidst a crowd of sick people, Dianna heard Wally tell someone he'd be back in 3 months with more blood pressure medication for her, and their long-term project in Falmouth was born.

The Carpenters have lost count of how many times they've been back over the years, but they've averaged about 4 times a year. Last year, "Dr. Wally" went 7 times, and Dianna went 5.

Groups from all over the Midwest and as far away as California have gone with them, physicians and other health professionals from Nebraska and Missouri, medical students from the University of Nebraska and UCLA, lots of unspecified helpers, and persons versed in construction skills. Many of the volunteers now are returnees. "It's addictive; gets in your blood," the Carpenters say. "It's a brotherhood now. It's Old Home Week."

Rock Port UMC, which is famous for paying all its apportionments every year on January 1, gave 2 gifts of \$5000 to get them started, and the church's high school group goes out to work every 3 years or so. A former missionary to Jamaica for many years from Montgomery, Alabama, gave the gift of experience, helping with "attitude and particulars."

After two trips of seeing patients in the little room in the Falmouth Church, the clinic moved to a little room next to the kitchen in the vocational school building behind the church, but it was still too small of a space so in 1991 work was begun on a clinic building built on land the church owned a block or two away.

A youth group from Alabama poured the foundation, and the labor of other teams and that of local Jamaican workers had it ready to be moved into by 1992. Medical teams are able to see 150-160 patients a day, and supply them with medications donated by U.S. drug companies or bought with donated money. Hypertension is common in the area, and teams often see readings of 260/140, so that is a major area of concern. But there are many more; a wide variety of cases are seen. The clinic also has dental equipment.

Other teams have built houses in the area, visited a nearby orphanage, and given aid and counsel to disadvantaged and homeless girls at the local government-run Place of Safety.

The nursing home in town, overrun with people, was doing its cooking outside. Today there's a new industrial oven there, in an indoor kitchen, and a new big building to house patients is going up on an empty adjacent lot. The Missouri Conference Cabinet will be going out to work on that project in December 2003.

The clinic and dormitory building where teams

stay are owned by the Falmouth Methodist Church, and both have been a boon to it. Church members help out in clinic work and in hosting teams. Proceeds from use of the dormitory (\$10 a night per person) go directly to the church, which is now out of debt and has bought an organ and new pews.

Donna DeFreece, a retired special education teacher from Tecumseh, Nebraska, has lent her talents over the years to doing in-service work in remedial reading with local teachers. She and her husband Jim, a nurse anesthetist, have brought (literally) crate loads of books to Falmouth schools, which are woefully overcrowded. The Carpenters would like to see a bigger school built, someday, and satellite clinics up in the hills. "Why not think big?" they ask. "You can't out-give God."

For more information, contact Max Marble at (573) 474-7155 or e-mail marble@umocm.com.

AN INNER CITY SUCCESS!

The old church on Fairview in St. Louis doesn't look bad, but it doesn't have a sparkling-bright appearance either. But the appearance from the front of the church is not a sign of neglect, but simply a matter of economics. Inside the old brick walls there is a hustle of activity that amounts to one of the most vital ministries in the Missouri Conference.

"We need to be very conservative here," said the Rev. William Chignoli. "We don't spend money on the exterior of the building, or a new sign. Every penny goes to certain essential things. This is very good environment to be a humble person."

The St. Louis church is called Iglesia de la Nueva Comunidad, despite the Richard M. Scruggs Memorial sign in its yard. Inside you will also find La Clinica, a medical clinic, and Accion Social Comunitaria, a range of social services. Although the entities exist separately for funding purposes, all work closely together and with the same people. The church started about 10 years ago, and the clinic was founded a couple of years later. They have been in their present location since 1997.

The church faces the same struggles as many inner city churches. Most of the congregation consists of people living in poverty, so finances are always challenging. Many of the members of the church work night shifts and weekends, making it difficult to plan activities. They have difficult living conditions. A typical family might have eight people living in their two-room apartment.

"When you ask them about coming to their home for a night of Bible study, normally they'll say no," Chignoli said.

Although it was in the basement, vacation Bible school was still quite hot during the mid-July program in the room without air conditioning. The children seemed quite used to it and weren't complaining. The program involved Bible lessons, puppets, games and crafts, like most other Bible schools. One thing that made it different, though, is that it was taught in two languages.

"Most of the children here speak some of both Spanish and English," said the family minister, Edgar López, who was working with Christian educator, Maribel Serrano López.

Bible study and worship is just a small part of the ministry that takes place at the church.

"Our church is not just for Sunday, and not just for entertainment," Chignoli says.

La Clinica is in the basement of the church, in the area that used to be used for choir rehearsal. It typically opens at 9 a.m. and closes at 10 p.m. The extended hours are necessary because people who are in poverty don't want to miss an hour of work to get care when they are sick.

The schedule also works well for the volunteers who staff the clinic, many of whom go there immediately after they get off from their other jobs. There are about 60 volunteers who operate the clinic. Of the volunteer physicians, 85 percent of them speak Spanish. Sometimes schedules get hectic, like when a volunteer is running late at their paying job, and appointments have to be shifted.

"We're like air traffic controllers here," Chignoli said.

The volunteers are of many different denominations, including Muslim and Mormon.

"They work together throughout the day without a theological question. They share a sense of mission," Chignoli said.

The clinic is equipped as well as it can be with the funding it has had available. Even though the conditions are not ideal, the massive volunteer staff who work there seem very happy to be of service.

The lab in the pharmacy has equipment to do blood analysis for diabetics, check for anemia, check cholesterol and analyze urine.

"We try to do whatever we can do here, to save the patients the money they would have to spend to go somewhere else for lab work," said Carlos De la Peña, who works in bio-medical research and volunteers at the clinic.

The University of Missouri St. Louis has been providing optometrists for the clinic, as well as the eye glasses. La Clinica provides the frames. Dentists now come to the clinic on Monday, Thursday and Friday.

INTESTINAL ROUNDWORMS MORE THAN A NUISANCE

Roger W. Boe, MD

As diverse as the services are, there is a limit to what the clinic can provide.

“We are not a hospital. People come here with needs we can’t meet,” Chignoli said. “When a patient needs more than what we can provide, they are in trouble. They have no social security number, no insurance, they can’t communicate. We have to make many calls before we find someone who says, OK, send them here. This is the other face of the United States.”

Many of the problems people bring to the clinic go beyond the scope of medical needs. People have issues with feeding their families, finding a job, finding housing, problems with immigration officials or psychological problems. Those people are referred to psychologists, substance abuse counselors and social service workers who also provide services at that location.

Although it is thought of by many as being an Hispanic Clinic, the services at Accion Social Comunitaria are utilized by a large array of ethnic groups. “Hispanics make up a very small percentage of the people who are registering for social service programs, like WIC (a nutritional program for children),” Chignoli said.

Accion Social Comunitaria provides social services to 700-800 people a month. Only about 10-15 percent are Hispanic. Most are refugees. There are small ethnic neighborhoods all around the area the clinic serves, which includes populations from Bosnia, Albania, Jordan, Uganda, Somalia, Colombia, Vietnam, Thailand and Haiti.

“Pregnancy tests are provided in the clinic, and if a woman is pregnant she is referred up here,” said Nancy Rodriguez, director of social services.

People frequently bring in food from their homes to give the medical professionals at the clinic to show their gratitude and as a form of repayment. Once, someone brought in a live chicken.

“People assume that others are living in the same conditions that they are in,” he said.

Chignoli would like to see programs at the church expand and services at the clinic grow, but for now the limited space is being nearly used to its fullest possible extent. For now he is thankful for what the people at the church and clinic are able to provide.

“We are surviving,” he said, “by the Grace of God.”

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Intestinal nematode (roundworm) infections are by far the most common and widespread parasitic infections, exceeding even malaria in incidence. It is estimated that nearly 1/3 of the world’s population has one or more species of roundworms inhabiting their intestinal tracts. In some rural or transitional areas in developing countries, the infection rate may exceed 75%. It is certainly one of the most common problems confronting health workers in most parts of the world. Most of us, as short-term missionaries from developed nations, have had little training or experience in dealing with this problem and need to prepare ourselves 1. To more accurately diagnose and treat nematode infections in the mission setting, and 2. To begin to address ways to reduce the incidence and morbidity in the populations we serve. This would include preventive efforts such as improving sanitation, community based education, and consideration of mass treatment of susceptible age groups in at-risk settings.

Because roundworm infections are so common, are often times associated with few symptoms, and are not usually life threatening, they tend to be neglected, dismissed or accepted as an inevitable consequence of living in a developing country. There is ample evidence that this problem should not be taken so lightly. Although severe complications occur in a small percentage of patients, the sheer numbers involved make that percentage significant. It is estimated that at least 150,000 patients per year die of complications of nematode infections. Of much greater importance though, is the extensive literature that links malnutrition, debilitation, stunting of growth, difficulties with productivity and learning, anemia and chronic diarrhea to intestinal roundworms. Of course, many other factors that can cause these same problems, including poor food intake, lack of access to health care and the presence of multiple infections with a variety of organisms, often make the exact role of the parasite and the effect of treatment difficult to evaluate.

Three major types of roundworms cause the great majority of infections in all parts of the world, *Ascaris*, *Trichuris* or whipworm and hookworm. (See Table 1). *Ascaris* is the most common and easily identified because of its size, but each worm infects over a billion persons. None of the roundworms considered here replicate in the human host. They must complete their life cycle in moist soil (See figure 1, *Ascaris* life cycle, as an example). Therefore the number of worms inhabiting the intestinal tract of an individual is solely determined by the number of larvae ingested or entering the body through the skin. Intensity of infection then becomes a balance between ac-

quisition of larvae and the death rate of adult worms.

Heavy infestation can only result from repeated ingestion.

TABLE 1

Worm Type	Incidence	Size	Major Complication
Ascaris	1.5 billion	12-40cm	Obstruction Wheezing/ pneumonia
Trichuris or whipworm	1.0 billion	3-5cm	Dysentery Rectal prolapse
Hookworm n. americanus a. duodenale	1.3 billion	0.5-1cm	Blood loss/ anemia Fetal loss

Another concept that is often used in discussions concerning roundworms is that of worm burden. This is an estimate of the total number of worms inhabiting the intestinal tract of an individual. The likelihood of severe complication or major impact on the health of an individual is based on this worm burden. A light burden is associated with few or no symptoms. The heavier the burden the more likely is the complication or major health problem. This concept can also be used in population studies for predicting the magnitude of effects and for decision making and planning for intervention.

There are several general conditions that favor the persistence of roundworm infections, i.e.,

A warm humid climate

Sandy or clay soil that stays moist

Indiscriminate defecation

Use of untreated night soil (human feces) for fertilizer

Lack of personal hygiene, hand washing. In the case of hookworm infection, going without shoes.

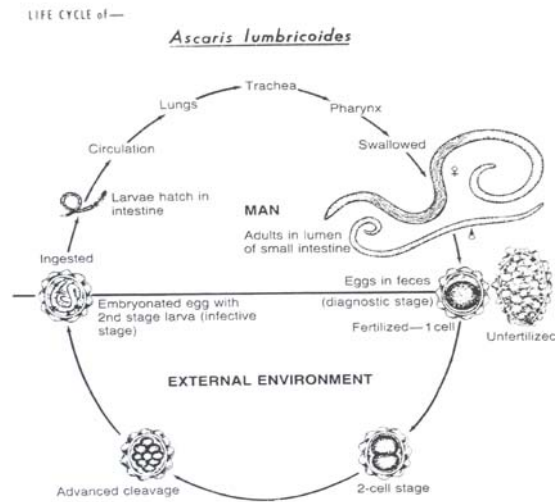
The right climatic factors for incubation of eggs and maturation of larvae in the soil, poor sanitation and hygiene and the use of night soil combine to perpetuate a high level of contamination of soil, water supplies and foods, particularly fruits and vegetables, and allow the life cycle to be completed by re-infection.

Ascaris is the most prevalent nematode worldwide, and by far the largest. The female can be 12 or more inches in length. The life cycle (Figure 1) includes a mandatory incubation in the soil, where the initial larval phase develops. Following ingestion the larva matures in the jejunum, enters the circulation and travels to the lungs, is coughed up and swallowed. It is during this stage that a large ingestion with hypersensitivity may cause cough, dyspnea, wheezing and the development of hypereosinophilic or Löffler's pneumonia. Heavy infestation of adult worms may cause intestinal obstruction.

Migration, particularly into the bile duct, may be in-

duced by partial treatment. The adult matures in the small intestine. The female is an egg laying machine, producing up to 200,000 eggs a day, which results in widespread

Figure 1: Ascaris Life cycle—from Strickland (1)



contamination of soil when indiscriminate defecation or the use of night soil is practiced.

Trichuris or whipworm is much smaller, about 1½ inches in length. The anterior portion is very narrow, which accounts for the name. Trichuris has the simplest life cycle of the three types in that there is no tissue or systemic migration. The adult forms inhabit the lower intestine, particularly the cecum. Light infestations are asymptomatic. A heavy worm burden may cause a dysentery syndrome with diarrhea and blood and mucus in the stool. Rectal prolapse may occur, especially in small children. Co-infection with Ascaris and Trichuris is extremely common.

Hookworms are the smallest, at 0.5 to 1.0 cm in length for adults, so they are much less likely to be recognized in stools. There are two species, *Necator americanus* and *Ancylostoma duodenale*, that share a similar life cycle and cause comparable morbidity. The larvae hatch in warm moist soil, and enter the host by burrowing into the skin, usually on the feet or buttocks. The entry point may become inflamed and very itchy, (so-called ground itch). The larvae then migrate through the circulation to the lungs, are coughed up and swallowed. The adults attach to the wall of the small intestine and feed by sucking blood from the host. Hookworm infection may cause abdominal pain severe enough to mimic peptic ulcer disease, but the major problem is anemia from blood loss, **Page 15**

particularly with a heavy worm burden and low dietary iron. This is of great importance during pregnancy, as the anemia contributes to intrauterine growth retardation and increased fetal loss. Because larvae must enter through the skin to complete their life cycle, wearing shoes and avoiding indiscriminate defecation are especially important in preventing hookworm infection.

Treatment considerations. Unfortunately much less progress has been made with antiparasitics than with other antibiotics. They have usually not been evaluated for safety in pregnant women or small children. Some are not FDA approved or marketed in the US.

Table 2

Drug	Dosage
mebendazole	Ascaris, whipworm, hookworm, 100 mg twice daily x3days Adults and children. May give 500mg single dose for mass Rx
albendazole	Ascaris, hookworm 400mg once, adults and children Whipworm 400mg daily x 3 days
Piperazine	is sometimes used but is less effective

Parasitic diseases are at least as prevalent as they have ever been. They occur everywhere where there has been a lack of development of, or a breakdown of, a public health system that addresses sanitation, overcrowding, and malnutrition. Global warming also renders conditions more favorable for infection. With an overwhelming number of infections, selection of those who most need treatment can be very difficult. Symptoms are non-specific. Worms can be blamed for every kind of symptom, or, on the other hand, not recognized as the cause of significant problems. Stool examination for ova and parasites is often impractical in the mission setting, and is relatively very expensive. As a result meds are often given empirically, sometimes routinely, along with vitamins, in the hope that they may be of benefit or to foster the feeling that at least we are doing something.

Fortunately treatment with medicines is easily accomplished. The drugs that are most effective for roundworms, mebendazole and albendazole, are relatively inexpensive and can be obtained in developing countries. Mebendazole is quite expensive if purchased in the US. The dosage of these drugs for each type of roundworm is listed in table 2. The side effect profile is almost identical. Albendazole has an advantage in treating Ascaris and hookworm because it can be administered as a single dose. Note that albendazole needs to be administered for three days to effectively treat whipworm. It is somewhat more expensive and is not currently licensed for use or for sale in the US. Neither drug has been fully evaluated for use in **Page 16** pregnant women, though this theoretical risk

must be weighed against the significant morbidity of, for example, a hookworm infection. It may be prudent to use these agents after the first trimester of pregnancy to avoid possible teratogenicity. Few side effects have been reported with either of these drugs

Drug treatment usually results in a decrease in worm burden rather than total elimination.

Treatment, in order to be truly effective, must be combined with a community based program that addresses the root causes of roundworm re-infection, a program that interferes with the life cycle of the parasite and prevents re-introduction of ova or larvae. This program would include:

1. Culturally appropriate health education programs directed at mothers and families that address basic hygiene, hand washing, indiscriminate defecation practices, the wearing of shoes in hookworm endemic areas, and careful food preparation that includes thorough washing of fruits and vegetables.
2. Community based programs emphasizing the building and using of latrines, developing sources of clean water, and avoiding the use of untreated night soil as fertilizer.

Mass Treatment

Many studies have raised concerns about the effects of roundworm infection on productivity, academic performance, and general health, particularly in those with a large worm burden. Most studies have centered on school aged children. WHO recommends that treatment be given without individual screening where surveys indicate that the prevalence of intestinal nematode infection exceeds 50%. The goal of periodic deworming is not elimination of the parasites, but reduction of the population's worm burden below pathogenic levels, producing improvement in school performance and improvement in appetite growth and weight gain. Many studies indicate that this reduction in worm burden is maintained for months after a single treatment with albendazole or high dose mebendazole. Of course the benefits are magnified if this treatment is accompanied by simultaneous improvement in sanitation and hygiene. Unfortunately many of the studies purporting to show improvement in school performance are of poor quality. A recent meta-analysis of 35 studies of school children in endemic areas raised questions about the evidence for significant benefit of mass treatment programs in regard to growth and cognitive performance.(5) They found little evidence to support the routine use of mass treatment for this purpose, and recommended better controlled longer term studies as well as studies on preschool children, where nutritional effects on growth and cognitive performance would be predicted to be more pronounced.

With this evidence before us, it is hard to know with certainty what our treatment role should be as missionary health providers. It is hard to justify the indiscriminate

handing out of worm medicine to everyone who walks through the clinic door, yet the evidence is clear that millions of people are suffering and unhealthy because of their worm burden. Certainly solutions to this massive and complex problem need to begin with a multifaceted approach that combines community-based public health measures and family oriented health education with selective and effective drug treatment.

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Roger Boe MD
Medical Consultant, UMF/HCV

HANDS TOGETHER MINISTRY TO MEXICO

Mindy Wise
HTM Medical Coordinator

I arrived in Rio Bravo, Mexico to spend ten weeks serving as a summer volunteer to our VIM volunteers...that was nearly three years ago. I quickly fell in love with the Mexican people and the work that was being accomplished at the Hands Together Ministry (HTM). When I was asked (just two weeks into my ten-week stay) to join the staff as the Medical Coordinator, I knew this was where I was meant to be. Since that time I have been privileged to be a part of countless life-changing experiences through the Hands Together Ministry.

The Hands Together (Manos Juntas) Clinic is based in Rio Bravo, Mexico (about 30 minutes across the Texas border) and was funded, built, and stocked by hundreds of VIM volunteers who saw the medical needs in this area. The clinic has a triage area, three exam rooms, a dental room, eye room, and wonderful pharmacy that volunteers keep well stocked with medication. All of the services offered in the clinic, including the medications, are completely free to the patients, thanks to the generosity of the HTM teams. The HTM clinic serves many patients throughout the city (most receive ongoing care through this facility) that would go without medical attention otherwise.

In 2003, 24 volunteer medical teams saw 9013 pa-

tients both in the clinic and at 12 remote sites up to an hour and a half South of Rio Bravo. This number consists of 5874 doctor patients, 1164 eye patients, 793 dental patients, 1142 remote patients, and 40 ear patients. Hands Together's Medical Missions has never been better with a whole new schedule for 2004. This year, medical teams will be scheduled to work in the clinic every third weekend in order to provide more consistency for the patients. This schedule will also help doctors know how much medicine to prescribe so they can ensure that the patients do not run out of medicine between consultations.

There is an urgent need for medical attention in the outlying areas and, in the past, we have been able to serve them on an as-needed basis. Sometimes we have traveled as far as two hours from the clinic to treat patients without knowing if we could return to provide follow-up care. We are identifying three remote sites in need of medical attention where we will establish an ongoing relationship. We will rotate between these sites, visiting each once every two months (6 times a year at each of the three sites). This will allow us to build a patient base at these three places and consistently attend to the community in the years to come.

Volunteers are making a difference in Rio Bravo. I have seen the joy in a lady's eyes as she sees for the first time in years, thanks to a pair of glasses. I have seen the relief in a small child's face when she receives medicine to help her deal with asthma. I have watched a man toothlessly grin after getting 17 decayed teeth extracted. We have welcomed home a young girl after her visit to Shriner's Hospital where she underwent surgery to correct clubbed feet. We later watched with happiness as she ran and played on her perfect feet. Even more spectacular, we got to be a part of a true miracle.

Juan was a 17-year-old diagnosed with a brain tumor. When we first met him he was lying lifelessly in bed, unable to speak or feed himself. One of our teams longed to help so they flew Juan to their hospital for surgery and treatment. After several months, Juan returned home cancer-free. Now he can't be stopped; he runs, dances, rides his bike, and talks up a storm...a true miracle for those of us who saw him before. Juan can't say thank you enough to the wonderful team for giving him new life.

We have also welcomed a new life into our clinic in 2003! A beautiful baby girl was born to two very happy parents. It was quite a spectacle, especially since we had to rush down the street with a wheelchair in order to get her into the clinic in time (earlier we had sent her off on a walk to try and progress her labor - looks like it worked!). Minutes later **Page 17**

little Guadalupe Athena Jane (named after the doctor who delivered her) came into this world. The team members later joined Pastor Marvin to baptize and pray for little Lupe; the parents were delighted to have all of us be a part of this miracle. Mother Maria is so grateful for the doctor's presence that weekend and for all that we do in our clinic.

It is a true blessing for me to be able to serve the people of Rio Bravo each and every day. As I was packing to travel home for the Christmas holiday there was a knock on my door. A 20 year-old mother of two (frequent patients at the clinic) and her 3 year-old son were standing there with a present for me in their hands. The mother explained to me that he had been saving his money to purchase a toy trumpet for himself but that he wanted to buy something for me instead. I was stunned to think that someone who had so little would choose to give it all to me. As tears came to my eyes, I knew that this would be the greatest gift I would receive for Christmas.

We will continue to build relationships and make a Christian difference with all we come into contact with here at the Hands Together Ministry. We would love for you to be a part of our ministry.

God Bless,
Mindy Wise
HTM Medical Coordinator

MISSION CONSULTATION

Medical Mission - Make the ConneXion!

Rx ConneXion Consultation IV May 7-8, 2004 Park Ridge UMC, Chicago, IL

The Rx ConneXion's spring consultation is organized into a series of helpful workshops for leaders and team members, whether an experienced volunteer or a newcomer to the medical mission field. There should be something for everyone in this day and a half session of problem solving, learning of new ways to be in medical mission, getting "insider information" on supplies and team logistics and in making "ConneXions" with one another!

Our Special Guests will be Drs. Cherian and Kalindi Thomas who come to us from the General Board of Global Ministries in New York. With the board since 2001, Cherian is executive secretary in Health & Welfare and Kalindi is a missionary consultant in community health. Cherian is an internist and hospital administrator and Kalindi has a MPH from Johns Hopkins University. Prior to their coming to the United States in 2001 they worked for 23 years in a mission hospital in western India and then for 6 years
Page 18 at the Christian Medical Association of In-

dia in Delhi. Kalindi is responsible for the coordination of the community based primary health care programs and HIV/AIDS initiatives in Asia and South Africa while Cherian oversees the hospitals revitalization program and other activities at the Health & Welfare unit. They will present the final workshop of the session.

Registration occurs between 4:00 - 5:00 PM on Friday, May 7 followed by devotions, a meal catered by the Park Ridge UMC Youth Group and then an evening of fun and adventure as several presenters take us on Medical VIM trips to Honduras, Guatemala, Nicaragua, Costa Rica and Ghana. This "Travelogue" will feature 4-5 different trips presented through a variety of mediums - talk, pictures, video. Each will be a short 20 minute synopsis of a trip or a special trip highlight.

There will be an information booth - a sharing of your ideas, materials, contacts, etc. that have helped in your team experience with the group. Teresa Miller, Lansing, MI will do a compilation of this information for all participants.

Saturday, May 8 will be filled with workshops that help volunteers (both veterans and newcomers alike) with various aspects of medical team life and a sendoff service. Workshop topics and presenters include:

I. Jane Dunn - **"A Virtual VIM Experience ... from Sign Up to Flight Home!"**

Jane will cover the whole team experience - right from the start. She is a nurse with hospital/clinic administrative experience, lives in Glen Ellyn, IL and is a member of the RxConneXion steering committee for UMVIM, NCJ. She has mission experience in Belize and Chile and with her husband, has led numerous construction and medical teams to Honduras and Guatemala. She has training as a Critical Incident, Stress DeBriefer and psychiatric nurse, working as both an administrator and educator.

II. Janet Auman - **Pharmacy in Short Term Medical Mission**" Janet has been an RN for 45 years, with experience in Children's, Medical, Surgical, ER, Cardiac care, and Nursing Education. Her workshop will encompass aspects of the "pharmacy" of a medical team - including record keeping, labeling and documentation. She has also held the title of Director of Nursing, Long Term Care Facilities. Presently she is an American Heart Association Certified BLS Instructor. Janet was the first Nurse Administer of a Free Medical Clinic, at an inner city Mission, in Akron Ohio, and continues to provide patient education in that setting. She believes that Short term Medical Mission is what Christ intends for her to be doing at this time. She has been blessed by going to Honduras,

Jamaica, Liberia, Brazil, with yearly Mission trips to Red Bird Mission since 1989. Janet is on the East Ohio Conference Mission Committee and a member of the RxConneXion steering committee for UM-VIM-NCJ

III. Lorraine Koehn - **“Triage at the Worksite”**.

Lorraine Koehn RN, from Clare, MI, began her journey into the mission field in 1996 with a construction team to Russia. Since then she has taught English as a second language in Poland and participated in many trips to Haiti building churches, schools, and teaching children about Christ in a Vacation Bible School setting. She was always the 'nurse' on any team, but she longed to use her talent on a medical team. For the past three years she has been a part of the Medical Mission trips to Nuevo Progreso Mexico, providing medical care to people who cannot afford to see a doctor. This past November, she took on the leadership role, leading her first team of 25 to Mexico. They provided care to 300 people in the two-day clinic. She will be sharing information and ideas that can help make medical mission trips a success.

IV. Drs. Cherian and Kalini Thomas - **“Update on Ganta Hospital”** and **“HIV/Aids Training”**

The Drs. Thomas will fill us in on the current status of Ganta Hospital in Liberia, UMVIM medical teams to Liberia and other places in Africa and will provide some special information on teams that can train/teach about HIV/Aids prevention and care ... And any other pieces of information they would like to share with us from their experiences with the GBGM. The cost of this Consultation will be \$45.00 which includes registration, and 2 meals provided by the youth group of Park Ridge UMC. Rooms (\$76 tax included) are reserved at a nearby hotel and include breakfast. For more information or registration materials, contact the UMVIM-NCJ office.

Lorna Jost Administrator, UMVIM, NCJ

928 4th Street, Office #2 Brookings, SD 57006 umvim-ncj@brookings.net <<mailto:umvim-ncj@brookings.net>> P:605/692-3390; Fax:605/692-3391

MEDICAL SURGICAL MISSION OF THE UNIVERSITY U. M. CHURCH OF SAN ANTONIO, TEXAS

Mike McCord, MD

In July 2003 University United Methodist church of San Antonio, Texas sponsored its first international medical-surgical mission trip to Camanchaj,

Guatemala. The trip had been several years in the making, with multiple construction trips to convert a small cinder block building into a working dental clinic and overnight surgical hospital. The dental clinic, the Salud y Paz clinic, has been staffed year round by Phil Plunk, DDS, an American dental missionary. Dr. Plunk and his wife have been living in Guatemala for many years to provide healthcare services for the indigenous Mayan Indians of the Guatemalan mountains. With a great deal of medical supplies and hospital equipment donated by the Methodist Healthcare system of San Antonio, Dr. Plunk's long awaited dream of a surgical mission trip to his village finally became a reality this last July.

The trip originated from San Antonio, Texas, with a group of 57 team members. The group included surgeons, doctors, nurses, cooks, translators, technicians, repairmen, helpers and a pharmacist. Upon arrival in Guatemala City, the group was met at the airport by the local Guatemala HELPS International coordinators to bring everyone to the local hotel, and then on to Camanchaj. The San Antonio group went as one of HELPS International's Christian medical missionary teams because of HELPS' long history and experience in Guatemala with mission trips. Since 1983, HELPS International has been sending Christian medical-surgical missionary teams into the Guatemalan highlands to show God's love by providing medical care for the indigenous Mayan people.

What Was Accomplished?

Because this was University Methodist's first surgical-medical mission trip, and because this was a new "hospital", there were many "surprises" along the way. The first surprise occurred when about 90 pieces of luggage (including all of our medications) failed to make the flight connection from Dallas. Luckily, everything arrived on the next day's flight. After a long plane trip, and a 3-hour bus ride on narrow steep mountain roads, our group arrived to unpack and begin seeing patients.

The moment we arrived at the clinic our next surprise was that there were already a hundred patients waiting to be seen. Other surprises included burst water pipes, power and water shortages and frequent searches for misplaced surgical instruments at the new building. The greatest surprise, however, was what was accomplished in just 5 days of patient care.

In those short 5 days, our group saw nearly 600 patients in clinic and performed 51 surgical procedures. The surgical procedures included several gallbladder and tumor removals. Many cataracts were removed from eyes that had been clouded **Page 19**

NURSING MEDICAL MISSION TO JAMAICA

Bo Kail, RN, MSN,

As a recent graduate with a Masters degree in nursing as an Acute Care Clinical Nurse Specialist, and a brand new instructor at Liberty University, I was given the trans-cultural nursing class to teach. Liberty University has recognized the high level of interest in missions in their nursing students, and has a Missionary Nurse Certificate Program.

The purpose of this program is to 1) prepare nurses for service in the mission field, 2) enhance enrollment by offering specialized course work for those students interested in missions, and 3) to carry out the university's mission to produce Christ-centered men and women with the skills required to impact today's world.

The program requires, in addition to the basic nursing curricula, successful completion of Trans-cultural Nursing, a "jungle camp" run by the Department of Missions, an overseas missions trip, and a health management or roles in missions course.

Liberty University does a lot of missions trips, involving singing (Light Ministries, Youth-Quest), drama (King's Players), construction, and even medical, but those medical trips tended to be more medically oriented and tended to foster the "physician's handmaid" role of the nurse that we have been trying to shed for decades. I have tried to stress to my students that 1) nurses treat people ...doctors treat disease; and 2) the main thrust of medical missions isn't medicine... it's evangelism. For these reasons, I felt that it was necessary to start a mission trip from scratch.

I was put in touch with Dr. Dick Daily, Pastor of Mountain View United Methodist Church in Forest, Virginia, who put us in touch with the appropriate people on the island of Jamaica. We worked with a retired Matron (Director of Nurses) at Princess Margaret Hospital in Morant Bay, as well as the Director of the Schools of Nursing at both Princess Margaret Hospital and Excelsior Community College in Kingston, who essentially organized the trip on their end.

Initially we were to work under the supervision of the faculty at Excelsior Community College, but when a conference came up, they advised me to get my Jamaican license. I sent in the requested material but it was never received/processed, so we were reduced to a touring/observational mode, at least in the hospital. I have always felt that if Satan isn't throwing up roadblocks, I must not be doing something right!

for years, and vision was restored with high-tech donated artificial lenses. Several small children had abscessed teeth removed under general anesthesia. Many hernias were repaired, including one memorable LARGE hernia on a 2-year-old boy who had been refused surgery 3 different times by local Guatemalan doctors because the operation was considered too difficult. In addition to the surgical cases, the doctors in the clinic treated infections, and nutritional deficiencies such as rickets. They also found a case of undiagnosed muscular dystrophy, as well as a small child with rheumatic heart disease. Only one of our doctors had ever seen rheumatic fever before, and that one case had occurred 30 years earlier in the USA. The life of this child was saved by the proper administration of antibiotics and steroids.

The greatest joy of the trip was to see the gratitude in the eyes of all the patients, and to see lives changed through Christ. The lives changed spiritually included several patients who accepted Christ during our trip. Significantly, the lives of many of the missionaries were changed as well. Several nurses and team members who had no church before have now begun to attend University Methodist regularly. All of us who went on the trip now feel a close bond as a family, a family in Christ's work.

Future Trips

University United Methodist Church of San Antonio will be sending another construction team to do additional work at the Salud y Paz clinic in Camanchaj from June 19-27, 2004. The cost should be less than \$1000. If interested, please call Gayle McDaniel at University UMC for more information.

University UMC will then be sending its second medical-surgical team to Guatemala from July 10-July 21, 2004. We will also be traveling to Camanchaj to work out of Dr. Plunk's Salud y Paz clinic. We will again be working as one of HELPS International's 11 Medical-Surgical teams. If anyone is interested in going, we still need more surgeons, anesthesiologists, doctors, nurses, pharmacists, and support staff. The cost of the trip will be \$1525 for the 12-day trip. The actual patient care days will be 5, and the remaining days will be for travel time, clinic setup and teardown, with a few tourist days at the end. If interested or for more information, please contact Gayle McDaniel, Director of Missions, University UMC at (210) 696-1033. You can also find out more at www.uumcsatx.org or from Helps International at www.helpsintl.org.

In His Service,

Mike McCord, MD, San Antonio HELPS Medical
Page 20 Team Leader Email: mikelrss@aol.com

After we flew into Kingston we met with the students at Excelsior for a get-acquainted session. The first comment to me afterward at our post supper debrief was, "Mr. Kail, we are so spoiled. Those students took 12-15 patients as a normal thing on their clinical and they have so little technology!" For example, the telemetry unit at University of the West Indies Hospital in Kingston was literally a step-down unit in that there was no telemetry visible. The unit was approximately 28 beds, in a ward type of layout and they did put their most serious patients closer to the nurse's station. The only monitoring device was a Zoll defibrillator that could be used for a "quick-look" if it wasn't being "temperamental". Their CCU was monitored but there were no monitors in the room with the patient, just a master scope at the main nursing station. The Step-Down Unit tries to staff with 3 nurses on nights but more typically there are only 2 due to the nursing shortage. If a patient needs to be transported during the night, one of the nurses has to do it, leaving one nurse on the floor with 28 patients.

Considering what they have to work with, the Jamaican medical system works amazingly well. It seems to be set up on a "triage-type" system where the patient comes to the clinics. If they are too sick to be appropriately cared for in that setting, they are referred to the level "C" hospitals, such as Princess Margaret Hospital in Morant Bay, where they are again evaluated. If they are still found to be too sick they are then referred to the level "B" hospitals. These are capable of a higher acuity of care. If they are still too sick, they are referred to the level "A" hospitals such as University of the West Indies Hospital in Kingston.

We also had the opportunity to visit Bustamonte Children's Hospital, also in Kingston, and found it to be another example of being able to provide quality care with a minimum of resources. I, for one, am most impressed with the nurses who are so committed to their "charges" that they are willing to work in a situation like this for the little bit of pay that they can expect to get. The typical new graduate nurse can expect to make JAM\$3,000.00 per month...that doesn't sound bad until you realize that this equates to about US \$60.00 per month (American). There usually are none of the ancillary staff to help with the patient load such as respiratory, lab, EKG, transport, etc.

One of our days was spent at the National Children's Home where we interacted with the staff and children. The children ranged from the profoundly retarded to those essentially normal children who were simply removed from dangerous or abusive

situations. We observed how the staff tries to get the most out of the limited capabilities of the retarded residents and at lunch we assisted the staff in feeding them. After lunch, we helped the more normal students who were returning from school with their homework, did a skit, sang songs, and gave a short gospel presentation. Many of the children responded so we had a prayer time afterward.

As a final impression, the people of Jamaica are the warmest, friendliest people I have yet encountered. No matter how much time we absorbed out of the nurses' busy schedules, no matter how much pain the pre- or even post-operative patient was in, we never got a short answer or failed to get a smile. God used a team of ten students to share the love of Christ through their nursing and interaction with other nursing students. We distributed medical supplies to Princess Margaret Hospital, blood pressure apparatus to the two nursing schools, and Bibles to all. I Corinthians 10:31b *"Whatever you do, do it all to the glory of God."*

Bo Kail, RN, MSN, School of Nursing, Liberty University, Lynchburg, Virginia

MISSION TO NORTHERN KENYA

Kathie Mann

Even in the 70's I did not participate in a solidarity march. So it came as a shock that in 2003 I had become an active protestor. The setting was in northern Kenya and the crowd consisted of Muslims wrapped in dusty robes going about their daily lives. How did I get here?

Earlier in the year, I was emailing Dr. Dietmar Ziegler at the Maua Methodist Hospital and in our discussions the village of Kinna was brought up. Dietmar loved bush clinics and he was wonderful in his enthusiasm. All we had to do was mention our desire to go and it was suddenly on the calendar with a budget and a list of necessary meds.

In June, we left the Maua Methodist Hospital with several vehicles packed with hospital staff, 5 Texas volunteers, medicines, food and so much excitement that the dirt track just melted away as we drove to the little town of Kinna. As before in Garba Tula, Pastor Julius, Methodist pastor, was there to greet us along with the local government officers and town council.

We set up in an old clinic building with no electricity, water or bathroom. I could never understand why they put the Eye doctor under the Acacia tree, but they did and it worked. All day **Page 21**

parents carried their children to the clinic, one even arriving in a wheelbarrow. All of them walked home healthier and with hope. In all we saw 477 individuals, most with malaria, worms and infections. I can not even begin to put into words how humbling it is to be serving these Muslim herders, who survive in a place under conditions no one should have to exist.

As the clinic was winding down, Pastor Julius asked me to go for a walk. I grabbed 4 of my team members and Birgit, Dietmar's wife, and off we went. We followed Pastor Julius down the little winding path behind mud huts, across dirt tracks and around corrals filled with goats and cattle. Arriving at a fenced compound filled with bougainvillea bushes, palm and banana trees, we felt like we had arrived at the gates of Eden. Pastor Julius expressed his concerns of being a Methodist in a Muslim area. The trees, lovely as they were, had been planted to keep people from throwing rocks at the church.

Leaving the church with heavy hearts for our brothers and sisters struggling with religious persecution, we began the long walk back to the clinic. The six of us marched through the Mosque yard, past the Muslim school, across the road and into the market place, in front of the 4 little duka's (stores) and finally to the clinic. All the while the people of Kinna stopped what they were doing and stared. I kept waiting for the stones to be thrown. Throughout the mile walk, Pastor Julius warmly greeted everyone. He would say in Swahili, "These are Methodists from America". It wasn't until we reached the clinic that it struck me. This had been a walk of solidarity, for the church and for Christ!

Little did I know that this was to be my last time with Dietmar and Birgit Ziegler. They were killed in a traffic accident a few months later, leaving a void that the Maua hospital is still struggling through. These two people made life so much better for the Kenyans whom they touched. They will forever be truly missed. God needs us in the most isolated, unusual places to bring His love through a healing touch and solidarity to a troubled world.

Kathie Mann, Director of Partners In Mission
Texas Annual Conference, 5215 Main St., Houston,
Texas 77002 ph.713-521-9383 fax. 713-521-3724

BULLETIN BOARD

URGENT!!!

I had an unusual call yesterday, one of the physicians going with us in Feb. died over the weekend. I am scrambling for another doctor. I know this is a long shot, but
Page 22 are you interested in an adventure? We

are going up to the Mesquite coast (Honduras) to an area not served by any teams. Dates: Feb. 21 to March 2nd.
Love and Blessings, Teresa Miller---
(H) 517/699-4116 <rbkids@acd.net>

BULLETIN BOARD

Red Bird Clinic needs a physician.

Drs. Lynn and Sharon Fogleman have been serving at Red Bird Clinic for almost six years.

The Foglemans came directly from the mission field in Kenya, where they served for 10 years. Their Kenyan daughter was adopted during that time.

The family plans to return to Kenya for a sabbatical from July – December, 2004.

The doctors plan to spend their time at Maua Methodist Hospital working in a fledgling A.I.D.S. program. The Foglemans' children, Kurt, who will be a senior, Mark, 9th grade and Joella, 7th grade, will accompany them, enabling the children to renew their Africa experience as they attend school in Kenya.

In order for Red Bird Clinic to continue to function, replacement physician(s) are needed to cover this time as *locum tenens* practitioners. Red Bird Clinic can provide modest compensation, malpractice insurance, health insurance, and housing for qualified professionals..

Persons interested in fulfilling some or all of this need at Red Bird Clinic should contact Joel Medendorp, Red Bird Clinic, HC 69 Box 701, Beverly KY 40913, telephone (606) 598-3155, or email: health@rbmission.org.

BULLETIN BOARD

Medical teams needed in Guatemala

Boca Costa Medical Mission-Medical teams are needed in 'The Boca Costa de Solola' area of Southwestern Guatemala. A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Christian missionaries, Jim and Dianne Thompson, serve the Indigenous people of this area. We have been working in Guatemala since February 4, 2003. The base clinic, in the village of Paquila, is about 1½ hours south of Quezaltenango and about 2½ hours west of Guatemala City.

The clinics draw from some 30 small villages. The population is Indigenous Mayan. The primary language is Quiche although Spanish is also spoken. The area, Boca Costa de Solola, is one of the poorest areas of Guatemala. It has the 3rd highest infant death rate and one of the highest maternal mortality rates. The climate is warm with coffee and banana trees, sugar cane, corn and rubber trees. It is one of the most needy and the most beautiful places you haven't fallen in love with yet.

The clinic in Paquila is open every Friday and Satur-

day. The other clinic locations, about 4 in total, are open when we host medical teams. The critical need is for medical teams. Most teams are one week in duration with a minimum of one doctor and 2-3 support people per doctor.

If you have a willingness to lose your heart and enjoy a wonderful medical experience, then please contact Jim/Dianne Thompson, Boca Costa Medical Mission, at jodmthompson@hotmail.com for more information. Through Christ We Serve,
Jim and Dianne Thompson, Individual Volunteers

BULLETIN BOARD

Dear Mike,

I saw your "nice tip" in the Knock about obtaining Vermox from McNeil Pharmaceuticals. We recently returned from Mexico where we distributed the Vermox to the patients we examined along with other medication for various ailments. I am not sure how necessary this anti-helminth was for the patients we evaluated. We requested Vermox for 500 patients. Although I'm unsure how much McNeil sent us, I estimate it was enough for about 100 patients. Since we usually buy it from pharmaceutical supply housed in Central America, it saved some money. I hope others have been as fortunate as we were in obtaining the medication free of charge. Thanks for the tip. Sincerely,

Cyle Ferguson, M.D. 3705 Calderwood Dr., Mobile, AL 36608 <silousfe@bellsouth.net>

(Dr. Ferguson enclosed a copy of a nice letter of thanks to McNeil Pharmaceuticals with this article. I think that this is what all the recipients of such gifts should do. Not only is it the polite thing to do but it makes sense for public relations in several ways.

To access this source, mail a signed original prescription with valid DEA number to: Professional Services, McNeil Consumer and Specialty Pharmaceuticals, 7050 Camp Hill Road, Ft. Washington, PA 19034

Ed.)

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. Ed.

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

ARMENIA Lachin AGAPE Hospital

http://www.nccumc.org/missions/project_agape.htm

Contact: Steve Taylor the AGAPE project P.O. Box 10955 - Raleigh NC 27605 USA Phone: 919-832-9560 - Phone2:1-800-849-4433 staylor@nccumc.org

BOSNIA Dental team

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 70 Loch Muller Rd.; P.O. Box 156 - Schroon Lake NY 12870 USA Phone: (518) 532-7694 - Phone2:518 526 0112 carolvangorp@earthlink.net

BRAZIL Rio de Janeiro: 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, and Minas Gerais.

Contact: Dr. Wilson Bonfim World Methodist Evangelism Rua Marques de Abrantes 55 Flamengo - Rio de Janeiro RJ 22230 061 Brazil Phone: 021 5573542 - Phone2:021 5577999 wilson-bonfim@evangemedmail.zzn.com

CAMBODIA/LAOS/THAILAND/VIETNAM

Indo-Thai Limited

offers assistance to medical teams in working with governments of these countries for permission to bring in supplies and do medical work, including all travel arrangements.

Contact: Larry McCumber 721 Bentgrass Ct - Dacula GA Phone: 678-985-4311 - Phone2:678-985-5342 indo-thai@mindspring.com

CHILE El Vergel Agricultural School

Nurse Practitioner and a Veterinarian with dairy experience needed for El Vergel Agricultural School. Contact: Fabiola Grandon Toledo Casilla 67; Sargento Aldea 1041 - Santiago Chile Phone: 011-56-2-2692923 fgrandon78@hotmail.com OR voluntarios_proyectoschile@hotmail.com

Santiago: Medical Center

Pediatrician sought for Medical Center in Santiago. Contact: Fabiola Grandon Toledo Casilla 67; Sargento Aldea 1041 - Santiago Chile Phone: 011-56-2-2692923 fgrandon78@hotmail.com OR voluntarios_proyectoschile@hotmail.com

Iquique: Nurse

Nurse needed at Iquique. Contact: Fabiola Grandon Toledo Casilla 67; Sargento Aldea 1041 - Santiago Chile Phone: 011-56-2-2692923 fgrandon78@hotmail.com OR voluntarios_proyectoschile@hotmail.com

EMANA

A UM related school, an institution of the Methodist Church of Chile in northern Chile requests volunteer dentists to come independently or with work teams which visit regularly. A fully equipped dental clinic has been donated but there are no dentists.

Contact: Rev. Santiago Castellon EMANA Casilla 832 - Iquique CHILE Phone: 011-56-57-412-718 - Phone2:011-56-57-428-465 emana@entelchile.net

COSTA RICA Two major medical mission sites Two major medical mission sites are Centro Atención Integral **Page 23**

Parálisis Cerebral Guadalupe (a day care center for clients with cerebral palsy and spina bifida) and Patronato Nacional de Rehabilitación Hogar de Rehabilitación in Santa Ana (a residential center for clients who suffer from polio and cerebral palsy). Both are in the San José area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers. Contact: Rev. Thomas R. Modd Wesley Campus Ministry; 1113 Market St. - Galveston TX 77550 USA Phone: 409/765-6587 WCMGalv@aol.com

GEORGIA, REPUBLIC OF Teams of youth (teens or college age) are requested by the Youth Houses to join the students in learning about HIV/AIDS/STD and exploring ways to communicate to their peers in the Republic of Georgia about this very global issue. This is both an educational and culture-sharing opportunity focused around the issue of HIV/AIDS/STD globally and locally. (June -August 2002).

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.

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.

Tbilisi 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. Contact: Carol Van Gorp 70 Loch Muller Rd.; P.O. Box 156 - Schroon Lake NY 12870 USA Phone: (518) 532-7694 - Phone2:518 526 0112 carolvangorp@earthlink.net

GHANA Kumasi: Ankaase Methodist Faith Healing hospital

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

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

GUATEMALA Camanchaj / Urbina: Salud y Paz clinics - Clinics in Camanchaj and Urbina. 60-70 patients seen daily for medical and dental.

Once a month, eyeglass component is added. Medical laboratory is being added; help required for laboratory. Contact: Dr. Phil Plunk Apartado Postal #65 - Quetzaltenago 9001 Guatemala Phone: 011-502-217-1985 pplunk@pctx.com or pplunk@xela.net.gt

Paquila: Boca Costa Medical Mission

Medical teams are needed in 'The Boca Costa de Solola' area of Southwestern Guatemala.

A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Jim and Dianne Thompson, serve the Indigenous people of this area since February 4, 2003.

Most teams are one week in duration with a minimum of one doctor and 2-3 support people per doctor. Contact: Jim & Dianne Thompson - Guatemala jodmthompson@hotmail.com

Chuisamayac: Clinic Operate local medical clinic

Contact: Carla González Ranero Iglesia Evangélica Nacional Metodista Primitiva 7a. Avenida 16-73, zona 5;

Page 24 Aparado 125 - Quetzaltenago Guatemala

Phone: 011-502-

761-9985 coordinator@guatemalavim.org Coatepeque: Medical/Dental Clinic Projects involves setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenago, 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: Carla González Ranero Iglesia Evangélica Nacional Metodista Primitiva 7a. Avenida 16-73, zona 5; Apartado 125 - Quetzaltenago Guatemala Phone: 011-502-761-9985 coordinator@guatemalavim.org

Quetzaltenago: Medical/Dental Clinic Contact: Carla González Ranero Iglesia Evangélica Nacional Metodista Primitiva 7a. Avenida 16-73, zona 5; Apartado 125 - Quetzaltenago Guatemala Phone: 011-502-761-9985 coordinator@guatemalavim.org

Chichicastenango: Medical / construction mission Contact: Carla González Ranero Iglesia Evangélica Nacional Metodista Primitiva 7a. Avenida 16-73, zona 5; Apartado 125 - Quetzaltenago Guatemala Phone: 011-502-761-9985 coordinator@guatemalavim.org

Curamericas - works to provide primary health care to 26,000 women and children in Guatemala. NEEDS: mission trip volunteers to construct a maternal birthing center and health centers. Contact: Gladys Shanklin Curamericas - Phone: 919-821-8000 gladys@curamericas.org

HAITI Jeremie Eye Clinic seeks ophthalmologists and optometrists. Contact: Dr. Hal Crosswell Columbia Eye Clinic; PO Box 1754 - Columbia SC 29202 USA Phone: 800-922-6057 - Phone2:803-771-7639

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 9574 Lightview Ln. - Gloucester VA 23061 USA Phone: 804-695-2803 awhite@inna.net

Petionville Community: Curamericas - Care is provided in the Petionville Community, with emphasis on malnutrition and preventative education and curative healthcare.

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

Pignon: Christian Mission of Pignon - Individuals and teams for hospital. Needs include General surgeons, orthopedic surgeons, family practitioners, OBGYN, ophthalmologists, bio-med techs, lab techs.

Contact: Mrs. Pat Metzelaars 1024 Ridgewood Cir. - Minden LA 71055 USA Phone: 318-371-1698 CMPMETZ@aol.com

Jeremie Circuit Gebeau: Gebeau Eye clinic - Gebeau T.B. clinic Gebeau: Gebeau and Despaigne Medical teams & 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 - Phone: 011-509-257-3012 - Phone2:011-509-401-2596 vimhaiti@hotmail.com

HONDURAS La Moskitia: Send Hope is a 501c-3 non-profit organization focusing on ministry among the people of the La Moskitia 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 Phone: 011-504-898-7552

The Honduras Initiative - The Methodist Church in Honduras requests medical (including dental and vision) teams to work with the The United Methodist Mission Church of Honduras.

Contact: Rev. Dan and Kathy Wilson-Fey The United Methodist Mission Church of Honduras Apartado 30509; Toncontin - Tegucigalpa Honduras, C.A. Phone: 011-504-230-2721 - Phone2:011-

504-232-2555 wilsonfey@aol.com

Limon: Carolina Honduras Health Foundation - Limon Clinic receives medical teams, health care workers, support/construction teams and individuals year-round. Contact: Dr. Henry W. Gibson PO Box 528 - Barnwell SC 29812
MAMA Project (Mujeres Amigas Miles Apart) welcomes medically oriented medical brigades and people for deworming and vitamin A distribution teams. Long-term volunteers also welcome. MAMA Project, Inc. 2781A Geryville Pike - Pennsburg PA 18073 mamaproject@enter.net

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 475 Riverside Dr.; Rm. 243 - New York NY phil@vellorecmc.org

Bareilly: Clara Swain Hospital - physical therapists.
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 - Phone: (800) 729-9136 (Access code 02) indvol@aol.com

ISRAEL/PALESTINE

Four Homes of Mercy - Physical therapists needed. Contact: Bonnie Jones 9153 Yarrow St. - Westminster CO 90021 Phone: 303-403-2325 bjg1232@aol.com

JAMAICA

Methodist clinics - Doctors, nurses & dentists to work in Methodist clinics. Certification takes approximately 6 months. Contact: Dr. Margaret Robinson P.O. Box 666 - Kingston 8 Jamaica Phone: 1-876-926-2311 "District Medical Committee" - jamaicamethodist@cwjamaica.com

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. Phone: 876-942-2554

KENYA

Maua Methodist Hospital is requesting a volunteer physician for a period of 2-6 months for diagnosis and treatment of medical patients. Need doctors to do eye, gynecological, orthopedic and other surgeries. Living accommodations & a small stipend provided. Shorter terms are available for specialists such as orthopedists, plastic surgeons, and gynecologists. Maua Methodist Hospital PO Box 63 - Maua Meru North Kenya Phone: 011-254-167-21107 - Phone2:011-254-167-21121 mckhosp@africaonline.co.ke

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

Contact: Rev. Dr. Stephen Kanyaru M'Impwii The Methodist Church in Kenya St. Andrews Lane, Off State House Road; P.O. Box 47633 - Nairobi 00100 Kenya Phone: 011-254-2724841 or 272-4897 - Phone2:011-228-272-3812 mck-conf@nbnnet.co.ke

Mombasa: Lighthouse for Christ Mission and Eye Centre has openings for full time Medical Director, ophthalmologists, optometrists and health personnel for clinical surgery center. Teachers for Bible Institute.

Lighthouse For Christ Mission and Eye Centre PO Box 81465 - Mombasa Kenya

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 The Methodist Church in Kenya St. Andrews Lane, Off State House Road; P.O. Box 47633 - Nairobi 00100 Kenya Phone: 011-254-2724841 or 272-4897 - Phone2:011-228-272-3812 mck-conf@nbnnet.co.ke

LIBERIA Medical facilities need extensive renovation, medical supplies, volunteers.

Contact: Bishop John Innis P. O. Box 10-1010; (DHL Delivery - Tubman at 13th St., Monrovia, Liberia) - 1000 Monrovia Liberia Phone: 011-231-227-154 - Phone2:011-231-227-516 Bishopinnis@hotmail.com or Liberiaumc@yahoo.com

MEXICO - Mexico Conference

La Joya & Tlalamac - Medical volunteers for clinics Contact: Srita. Claudia Martínez Mexico Conference (Conferencia de Mexico) - México Phone: 011-52(55)53-64-15-54 vim_mexicoconference@yahoo.com.mx

North Central Conference Chihuahua District: Pitorreal Clinic - Medical teams sought

Contact: Rev. Javier Ríos North Central Conference (Conferencia Norcentral) Chapultepec No. 1989, Colonia Hidalgo - Ciudad Juárez CP 32300 Chihuahua México Phone: 011-52-614-415-7737

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

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.

Contact: Ms. Priscila Rojas Quintero Southeastern Conference (Conferencia Sureste) Calle 4 Pte. #311; Col. Centro - Puebla 72000 Pue. C.P. México Phone: 011-52(222)242-1895 - Phone2:011-52(222)220-1326 (h) pris_13@hotmail.com

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

Contact: Ms. Priscila Rojas Quintero Southeastern Conference (Conferencia Sureste) Calle 4 Pte. #311; Col. Centro - Puebla 72000 Pue. C.P. México Phone: 011-52(222)242-1895 - Phone2:011-52(222)220-1326 (h) pris_13@hotmail.com

MOZAMBIQUE Chicique Rural Hospital - Most importantly, need a general surgeon. Also ophthalmologists, dentists, surgeons, medical lab techs, pharmacists, nurses.

Contact: Jeremias Franca Chicique Hospital - for Chicique Hospital Projects contact: Hospital Administrator, Jeremias hrchicique@teledata.mz

NEPAL - United Mission to Nepal

Health Services Department - general practitioners/family physicians, pediatricians, internists, hospital director, psychiatrist, internist, surgeons, tutor/nurse educators, dentists, biomedical maintenance personnel; anesthetist.

Personnel Manager Recruitment, United Mission to Nepal PO Box 126 - Kathmandu Nepal pdo@umn.org.np

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

The Rainbow Network www.rainbownetwork.org/ - Ciudad Sandino Managua - 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 Phone: 011-505-269-7585 arcoiris@ibw.com.ni

NIGERIA Rural Health program medical doctor 1 year; hospital administrator, 1 year.

Hillcrest School: Hillcrest School - school nurse, , Page 25

2-3 years.

Contact: Walt and Betty Whitehurst - Phone: (800) 729-9136 (Access code 02) indvol@aol.com

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 Evangelical Methodist Church of Panama - Phone: 011-506-618-2633 rhettj@cwpanama.net

PERU Puerto Bermudez: Medical teams needed. Contact: Bishop Marcos Ochoa Iglesia Metodista de Peru Apartado 1386; Paisaje Baylones 186 - Lima 05 Peru Phone: 011-51-1-424-5970 - Phone2:011-51-1-447-4820 iglesiasamp@terra.com.pe

PUERTO RICO Vieques Clinic & Camp Corson - need volunteer nurses, doctors, other health professionals.

Contact: Rev. Edgardo Jusino Iglesia Metodista de Puerto Rico Los Angeles H-25 Calle C - Carolina PR 979 Phone: (787) 253-0539 edju@coqui.net

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 P. O. Box 277 - Colfax IN 46035 Phone: 765-324-2556 ocmision@accs.net

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, Phone: 011-27-023-347-7588 ivza@intekom.co.za

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

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

SWAZILAND Coordinator for HIV/AIDS program - In addition to co-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 - Phone: (800) 729-9136 (Access code 02) indvol@aol.com

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

USA - Alaska Chugiak: Birchwood Camp needs camp nurse for summer camp programs.

Contact: Dave Kobersmith PO Box 670049 - Chugiak AK USA Phone: 907-688-2734 birchwd@alaska.net

Wesley Rehabilitation & Care Center needs registered Respiratory Therapist for nursing home residents.

Contact: Judith Ann Martin PO Box 430 - Seward AK USA Phone: 907-224-5241

USA - Georgia Murphy-Harpst Children's Centers -

Page 26 Therapists to work with emotionally disturbed chil-

dren/youth,

Contact: Vance Voinche Murphy-Harpst Children's Centers,; 740 Fletcher Street - Cedartown GA 30125 USA Phone: (800) 648-1234 - Phone2:(770) 748-1500 contact@murphyharpst.org

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 Phone: 606-598-5135 jmedendorp@rbmission.org

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

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

USA (Oklahoma) United Methodist camping ministry needs volunteer nurses. Food & lodging provided; background check required.

Contact: Randy McGuire 2420 N. Blackwelder - Oklahoma City OK 73106 USA Phone: 405-525-2252 randy@okumc.org

VENEZUELA Rural Area Orinoco-Delta (Town of Urcouca): 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.

La Urbana, La Felicidad, Payaipire & Pawipa, Santa Rosalia & Maripa: Medical, dental and optometry care for 3 rural communities. 3 days clinic medium. Need large medical team (45-50 persons). Also request Bible teacher.

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

Contact: Grady Harmon El Renuevo Global Ministries 13376 CL Torbert Jr. Parkway - LaFayette AL 36862 USA Phone: 334-864-9135 - Phone2:334-864-0932 elrenuevo@charter.net

PLANNED FUTURE TEAMS

As of 12/1/03

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

2/5/2004 - 2/8/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144 lduckn@aol.com

2/12/2004 - Dates TBA Conf: WMI **NICARAGUA** - RxConneXion Contact: Teresa Miller h: 517-699-4116 rbkids@acd.net

2/13/2004 - 2/21/2004 Conf: NCJ **GRENADA** - RxConneXion Contact: Beverly Nolte h: (515) 237-8545 w: 515-237-8545 fax: (515) 237-8541 BNMEDICAL@AOL.COM

2/14/2004 - 2/25/2004 Conf: PNW **GUATEMALA** - Pacific NorthWest Medical Contact: Scott Stroming stroming@earthlink.net

2/19/2004 - 2/22/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144

lduckn@aol.com
2/21/2004 - 2/26/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
2/21/2004 - 2/29/2004 Conf: FLA **GUATEMALA** - Medical Team Contact: Suzanne & Bill Smith h: 850-997-5406 w: 912-377-8825 fax: 912-377-6784
BILL@WAUKEENAH-UMC.ORG
3/1/2004 - Dates TBA Conf: DKS **HONDURAS** - Dakotas Medical Team Contact: Gloria Borgman h: 605-642-5321 w: 605-578-2313 fax: 605-642-7445
3/4/2004 - 3/7/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
3/5/2004 - 3/13/2004 Conf: SCC **HONDURAS** - Fuerzas Unidas - Tegucigalpa Contact: David Essex h: 843-546-4606 w: 843-546-8502 fax: 843-527-2302
dsx2001@yahoo.com
3/11/2004 - 3/14/2004 Conf: WOHO **MEXICO** - W. Ohio Medical Contact: Jonathan Kollman jk4osu@aol.com
3/12/2004 - 3/22/2004 Conf: HOL **HONDURAS** - Danli Central Construction/Medical?VBS Contact: Robert Schultz h: 865-482-0080 fax: 865-482-7116
maxbob@peoplepc.com
3/15/2004 - 3/19/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
3/18/2004 - 3/21/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
3/28/2004 - 4/5/2004 Conf: NIL **HONDURAS** - RxConneXion Contact: Jane Dunn h: 630-790-4387 w: 630-858-1123
richjane@ameritech.net
4/1/2004 - 4/4/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
4/15/2004 - 4/18/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
4/22/2004 - 4/25/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
5/6/2004 - 5/9/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
5/13/2004 - 5/16/2004 Conf: WOHO **MEXICO** - W. Ohio Medical Contact: Wade Giffin wade@srumc.org
5/20/2004 - 5/23/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
6/1/2004 - Dates TBA Conf: WMI **NICARAGUA** - RxConneXion Contact: Teresa Miller h: 517-699-4116
rbkids@acd.net
6/1/2004 - Dates TBA Conf: NCJ **SIERRA LEONE** - UMC Maternity & Health Center Contact: Rev Joseph & Carolyn Wagner h: 765-324-2556
ocmission@compuserve.com
6/3/2004 - 6/6/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
6/11/2004 - 6/20/2004 Conf: KEN **PERU** - Puerto Bermudez medical team Contact: Ralph T. Fossett h: 606-784-7924 w: 606-784-7551 fax: 606-783-5045
rtfossett@adephia.net
6/17/2004 - 6/20/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
6/26/2004 - 7/3/2004 Conf: VIR **EL SALVADOR** - Ahuachapan - Roca Eternal Medical/Dental Contact: Rev. Linda Kusse-Wolfe h: 276 - 656 - 1076 w: 276 - 638 - 8733 fax: 276-638-8598

firstumc@kimbanet.com
7/1/2004 - Dates TBA Conf: WJ **CONGO, DEMOCRATIC REPUBLIC OF** - see "Democratic Republic of Congo" - PNW Medical Contact: Kurt & Janet Kaiser h: 208-263-4094 fax: 208-263-3220
love2trvl@imbris.com
7/1/2004 - Dates TBA Conf: WPA **KENYA** - NEJ Contact: Ruth Dietz w: 412-364-6402
rydietz@comcast.net
7/1/2004 - 7/4/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
7/15/2004 - 7/18/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
7/25/2004 - 8/14/2004 Conf: NCJ **SIERRA LEONE** - UMC Maternity & Health Center Contact: Rev Joseph & Carolyn Wagner h: 765-324-2556
ocmission@compuserve.com
8/5/2004 - 8/8/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
8/12/2004 - 8/15/2004 Conf: NCJ **MEXICO** - W. Ohio Medical Contact: Martha J Brice w: 800-437-0028
mbrice@wocumc.org
8/19/2004 - 8/22/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
9/2/2004 - 9/5/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
9/9/2004 - 9/12/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
9/16/2004 - 9/19/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
10/7/2004 - 10/10/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
10/14/2004 - 10/17/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
10/14/2004 - 10/17/2004 Conf: WOHO **MEXICO** - W. Ohio Medical Contact: Jo Powers
jspowers@gte.net
10/15/2004 - Dates TBA Conf: NGA **BOLIVIA** - Cochabamba work/medical team Contact: Douglas Edwards h: 770-394-1657
10/21/2004 - 10/24/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
11/4/2004 - 11/7/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
11/18/2004 - 11/21/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
12/2/2004 - 12/5/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com
12/16/2004 - 12/19/2004 Conf: LA **MEXICO** - Louisiana Conference Mini Medical - Reynosa Contact: Rev Larry Norman h: 225-201-0094 w: 225-346-1646 fax: 225-383-3144
lduckn@aol.com

MEDICAL SUPPLY SOURCES

revised November 14, 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 Page 27

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 Fax: 918/250-1281

Phone: 918/250-8101 Email <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 Email:rich@chosenmissionproject.org

Website http://www.chosenmissionproject.org

Deals with large medical equipment, particularly sterilizers and steam boilers, and hospital equipment such as operating room tables and lights. Limited hospital supplies. Limited X-ray equipment.

Remanufactures or rebuilds all of their equipment. Offers technical advice about installation and maintenance, and instruction in infection control measures. Charges 18% of fair market value, plus shipping.

Christian Dental Society

P. O. Box 296 Sumner, Iowa 50674 Phone & FAX: 563-

578-8887 cdssent@iowatelecom.net

www.christiandental.org

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

Glasses for the Masses

Fairview UMC, 2505 Old Niles Ferry Rd., Maryville, TN

37803 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 Fax: 912/564-

9349 Phone/fax: 912/564-2173

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

Hampton Research & Engineering, Inc.

Dr. William Harris, President, 2670 West Interstate 40

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

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

Source of Portable Dental Equipment at discount: (They

Page 28 work very closely with developing specialized

portable dental equipment for Dr. Ron Lamb and his World Dental Missions Warehouse, and with the Christian Dental Society)

Interchurch Medical Assistance, Inc.

Paul Derstine, Pres. Don Padgett, R.Ph., Pharmaceutical Svcs Dir. P. O. Box 429, New Windsor, MD 21776

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

410/635-8726 imainfo@interchurch.org

www.interchurch.org

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

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

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

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

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

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

International Aid

Myles Fish, president, 17011 W. Hickory, Spring Lake MI

49456-9712 Chuck McMillan, Mission Resource team

leader, Phone: 616 846 7490 Fax: 616 846 3842

ia@internationalaid.org www.internationalaid.org

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

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

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

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

Also has Lab in a Suitcase, a battery or solar powered self-contained complete laboratory, including microscope, centrifuge, which can do basic chemistries, hematology.

Development continues on testing modules for 3 prevalent diseases. Contact them for description and pricing.

James G. Diller, M.D., Medical Mission Services

Foundation, 3123 Kenwood Blvd., Toledo, OH 43606

Phone / Fax: 419-531-1111, Email:james.diller@verizon.net

www.dillermedicalmission.org

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

King Benevolent Fund, Inc.

Art Yannucciello, Operations Manager 1119 Commonwealth Ave Bristol, VA 24201

Phone: 276 466 3014 or

800 321 9234 Fax: 276 466 0955

Provides a variety of short-dated medicines, both prescrip-

tion and OTC, from many sources for distribution by missionaries. Drugs must be ordered by an MD/DO. A Mission Supply Request Form must be obtained from Roger Boe MD, UMF/HCV, 208 234 4159, boeroger@ida.net, or from Rev Nick Elliott, sejinfo@umvim.org, and filled out and sent to King at least 2-3 months before trip. An inventory list and details of the ordering process will then be sent to you.

MAP International

International Medical Resources (IMR) 2200 Glynco Parkway, P.O. Box 215000 Brunswick, GA 31521-5000

Contact: Customer Services Fax: (912)265-6170 Phone: (912)265-6010 email: custsrvc@map.org

Website: www.map.org

Has pharmaceuticals and medical supplies by individual request.

Orders require the signature of a licensed practitioner (MD; DO; PA, etc.) Contact MAP for an order form and instructions. All libility forms are also available on the website.

- MAP offers the Travel Pack, a prepackaged unit of essential drugs and supplies ready for transport by air.

Check the website or contact MAP for the latest contents and pricing. Phone: (912)265-6010 ext. 6665 or email: 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, A. B. Short, Executive Director MedShare International, Inc. 5053 Chatoga Dr., Lithonia, GA 30038, USA Phone-770-323-5858, Fax-770-323-4301 email: info@medshare.org <http://www.medshare.org/> (receives and distributes medical supplies and equipment from Atlanta area hospitals)

James G. Diller, M.D., Medical Mission Services Foundation, 5555 Airport Highway Ste. 145, Toledo, OH 43615 Ph: 419-531-3111 Fax: 419-891-2345, Email: Dcroci@mco.edu www.dillermedicalmission.org Resources medical personnel by specialty, as well as medicines, medical equipment and supplies in NW Ohio.

Northwest Medical Teams

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

Project 20/20

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

<http://www.emmanuelmemphis.org>

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

Rotary Club Morning Foundation

Kerrville Texas Rotary Club, Morning Foundation, Jack A. Thurmond, M.D. 206 Spring Mill Dr., Kerrville, TX 78028 830-896-0226

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

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

Various smaller hand-held items

No fee charged for short term missions except shipping costs.

UMVIM Warehouse

Dr. R. B. "Bud" Antley & Jimmy Mitchell, 117 W. Church St., Batesburg/Leesville, SC 29006

803/532-9870 (Antley - o) 803/698-4652 (Antley - h)

803/698-6452 (Antley - pager) 803/532-4459 (Mitchell)

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

World Dental Relief

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

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

dentalreliefinc@aol.com www.dentalrelief.com

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

JURISDICTIONAL AND NATIONAL UMVIM COORDINATORS

North Central Jurisdiction

Lorna Jost, Administrator, UMVIM-NCJ, 928 4th Street, Office #2 Brookings, SD 57006.

umvim-ncj@brookings.net P:605/692-3390;

Fax:605/692-3391

Northeastern Jurisdiction

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

E-mail: UMVIMNEJ@twcny.rr.com Web link:

<http://gbgm-umc.org/umconferences/northeastern.stm>

South Central Jurisdiction

Bill Bache, UMVIM Coordinator, 4849 Greenville Ave., Suite 1545, Dallas, TX 75206; Cell (214) 641-1332, Tel

(214) 692-9081 Fax (214) 692-9083 E-mail: umvim-sej@sbcglobal.net Website: <http://www.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: sejum_vim@compuserve.com Website:
<http://www.gbgm-umc.org/Volunteers/>

Western Jurisdiction

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

Mission Volunteers – GBGM

Ms. Jeanie Blankenbaker, Mr. Michael Deborja
475 Riverside Dr. Suite 330, New York, NY 10115 Tel.
212/870-3825 Fax 212/870-3508 Email: JBlanken@gbgm-umc.org Website: <http://gbgm-umc.org/vim/>

Mission Volunteers – GBGM

Individual Volunteers (outside the SEJ)

Rev. Walt Whitehurst, Dr. Betty Whitehurst, 1761
Princess Anne Rd., Virginia Beach, VA 23456
Tel. 757-426-2461, Email: Indvol@aol.com
Fax: 757-426-3742 Website: <http://gbgm-umc.org/vim/indvol/program.htm>

UMF/HCV Consultant

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

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)
[<mpsluss@aol.com>](mailto:mpsluss@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@twcny.rr.com

Central Jurisdiction

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

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

Page 30 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

Kurt Kaiser and Jan Kaiser, RN

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

FROM THE EDITOR'S DESK

This is a landmark issue of THE KNOCK. It has 32 pages and is the first of that size. The first issue, 17 years ago, had two pages, front and back of 8 1/2 by 11". It has come a long way since then.

Bill Bache, UMVIM Coordinator of the SCJ, gets the "Editor's Award" for the most help in getting articles and reports of activity that are being carried out by medically-related volunteers. Keep up the good work, Bill.

In that vein, those of you who do send articles or material to be used here, please include a title, the author's name and contact information, as email and mailing addresses, and telephone and fax numbers.

In order to reduce the cost, I prepare each issue and send it to the printer "camera ready." The printer just photographs each page and prints it. Due to the composition of the newsletter, I have to send the newsletter in multiples of four pages. This complicates my job considerably, to say the least.

In order to get everything into 32 pages, and not 31 or 33, I had to use smaller fonts in some areas. If this is a problem for some of you, please contact me. I prefer email as I can simply copy the email and paste it directly into the desktop publisher. I now use Microsoft Publisher and it is the seventh publisher program that I have learned and used since I started. I really feel that each team leader, or his/her designee, has a responsibility to send in a report as it will be a part of the history of this movement. Each issue is placed in the archives at several UM libraries and will be available to historians in the future. You team leaders have this responsibility not only to me and the denomination, but to each team member, as well.

I received some excellent pictures, but simply did not have room for them in this issue. Please keep sending them!

Congratulations to Gregg Forrester, Coordinator of the UMVIM, NEJ and the UMF/HCV, NEJ for being given the Volunteer of the Year award. He was honored for having developed a "ramps for the handicapped" project in his jurisdiction. "Way to go, Gregg!"

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

United States Projects

MONTANA

ALASKA

INDIANA
ALABAMA

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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

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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

United States Projects

MONTANA		INDIANA
ALABAMA	ALASKA	GEORGIA
MISSISSIPPI	KENTUCKY	OKLAHOMA
	TENNESSEE	

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

