



THE KNOCK

A NEWSLETTER OF OPPORTUNITY
PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

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A Global Emergency! THE RESURGENCE OF TUBERCULOSIS: Part One

Tuberculosis has troubled humanity throughout history. Evidence of TB has been found in Egyptian mummies. In the 19th century tuberculosis killed an estimated one-fourth of the population of Europe. Today TB remains the second leading cause of death from infectious disease, exceeded only by HIV/AIDS. Unlike HIV, TB is potentially curable and preventable. During the past 50 years, extensive worldwide public health efforts and the development of effective treatments substantially reduced the incidence in developed nations, to the point that experts began to predict that the war against TB had been won. At least in developed nations, concerns lessened, and news about TB was placed on the back page if it made the news at all. Yet, according to the World Health Organization, there were nearly 9 million new cases of tuberculosis in 2005, and an estimated 1.7 million people died of the disease. That means that every second, someone in the world comes down with active tuberculosis, and every 5 seconds a person dies from the disease.

A comprehensive discussion of all aspects of this most important and complex disease is beyond the scope of this article. After an overview, four areas will be emphasized.

1. The worldwide continuation of the TB epidemic, and some possible explanations.
 2. The marked increase in susceptibility to active TB caused by HIV, and the co-epidemic in Africa that is now spreading to other countries.
- The emergence of multidrug-resistant, (MDR), and extremely drug resistant, (XDR), tuberculosis.

Conclusions and implications for short-term

missionaries:

Overview: Two billion people (1/3 of the people in the world), have been infected with the tubercle bacillus. It remains inactive, waiting for a decline in the immune system to activate and disseminate. TB is caused by *Mycobacterium tuberculosis*, a bacterium that is relatively resistant to body defenses. It is spread by airborne droplets formed by coughing, sneezing or talking. In most cases the bacteria are successfully walled off in the lungs. Cheeselike granulomas form around the organisms, which limits their spread. Cellular immunity develops and the infection is contained. The bacteria, however, are not killed, but become latent, and remain so for years, then may activate in the event of a declining immune response. The organism is slow growing, and usually causes a chronic disease process, but at times may disseminate more rapidly throughout the body. Although most active infections involve the lungs, any organ of the body can be involved. Because of the variety of clinical manifestations that can be confused with other diseases, TBC has often been called the great imitator. *M. tuberculosis* can cause scrofula, a chronic infection of lymph nodes, most commonly in the cervical region. Tuberculous meningitis is the most serious form of TB. Children and patients co-infected with HIV are at greatest risk. Even with prompt treatment, the rate of neurologic complications is high and death is common. Any bone may become involved with TB. The spine is particularly vulnerable and results in long-term softening and collapse of the vertebrae that causes a kyphosis or hunchback deformity, so called Pott's Disease.

Diagnosis of TB in endemic developing countries starts with a high degree of clinical suspicion. Any person with a cough for three weeks or more must be presumed to have TB. In contrast to other diseases, TB is a disease of young adults. Men are more affected than women. Unexplained fever, night sweats, weight loss and hemoptysis are major warning signs.

(Continued on page 4)

"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.

CONSULTANT'S CORNER, SPRING 2007

Roger Boe, M.D

Tuberculosis is an old nemesis that has come back with a vengeance. Many cases are now resistant to the commonly used drugs, and present new treatment challenges. The article on page 1 reviews recent developments in this global emergency, and outlines some basic information that may be of help to all of us. Tuberculosis is a disease that we no longer face except in our developing country mission clinics, where it is the number two cause of death in adults from infectious disease, exceeded only by HIV/AIDS. The book, Infections and Inequalities, reviewed on page 5, complements the description of a world epidemic of TB by dealing with the human side of the disease and its frequent companion HIV. I hope this focus on an important and devastating disease will help all of us who work in developing countries, to raise our awareness of the impact of TB in the areas we serve, and to keep in mind the possibility of TB lurking in the patients we see.

Two important Rallies are coming up in the near future. The **RXConneXion** of the North Central Jurisdiction is having their annual Medical Consultation on May 3rd-5th in Minneapolis MN. The Medical Fellowship of the Southeast Jurisdiction is having their Connect on June 27th-29th at Lake Junaluska NC. For more information contact the respective Jurisdiction Offices. Rallies are a great way to meet others involved in mission health care, to hear their stories and also to tell your own. The workshops and presentations give you an opportunity to learn the latest information important to your mission effort and to find out about new opportunities for service. The experience will give you a spiritual uplift that lasts the entire year.

See you there,
Roger Boe, MD
Consultant, UMFHCV

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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V.I.M. Health Volunteers, United Methodist News Service (UMCOM) and Nursing School Collaborate on Health Education Project in Panama

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Malnutrition, vermin infestations of the skin, bowel and hair, rotting teeth, polluted drinking water and infections are common conditions that VIMers face on their health mission trips. Approaches to address these concerns might be through direct intervention and treatment, or by collaborating with local health professionals to assure continuity of care. As a veteran UMVIM Health Team volunteer, many times I have returned home from serving on a health mission trip and asked myself, "Did our interventions really make a difference or did we only provide a band-aid to overwhelming poverty and its resulting health issues?" Many illnesses we see are preventable and could be significantly reduced if the affected population is empowered with educational tools to combat these afflictions.

The Heifer Project explains their philosophy by saying, "Give a man a fish and feed him for a day; teach him to fish and feed him for a lifetime." Certainly, in like manner, basic health education offers increased hope to the impoverished beyond what can be accomplished through dispensing "fish" in the form of anti-parasitic medicines, and lice treatments alone. As our health team prepared for a return journey to serve the indigenous Ngobe people on a remote reservation in Panama, we identified health issues from our previous visit that we believed could be reduced through an education initiative.

Our Health Education Resources: On our team was one lay person with a teaching background and two RNs, employed as nursing faculty at Lewis University's Baccalaureate School of Nursing, Romeville, Illinois. Six months prior to the mission, the nursing instructors enlisted junior level nursing students in a Health Promotion class to assist with development of customized learning tools. Six weeks prior to departure, we were notified that the United Methodist News Service (UMCOM) was covering a news event in Panama and desired to film some of our team's work. The film crew offered their resources to produce on-site filming of the educational activities.

Our Goals:

1. To use the health promotion needs of the Ngobe people of Panama as both a trans-cultural and health promotion teaching tool for nursing students and, in

turn meet key health learning needs of the Ngobe.

2. To provide on-site training of Solar Water Disinfection process (SODIS) in order to increase local access to potable water.

3. To use UMCOM Resources to produce a SODIS training DVD in the Ngobe language

4. To install a television and DVD player to remain in the local Methodist community center to reinforce learning activities through replaying the customized DVDs.

Implementation: All first semester junior level nursing students from Lewis University listened to a presentation and viewed slides related to the culture, living conditions and poverty-related health challenges of the Ngobe. The students were divided into separate groups to prepare teaching videos, with Spanish voice-over, on their assigned health promotion topic. These topics included treatment of lice/scabies, personal hygiene, disease transmission and tooth brushing. The videos were edited and formatted with assistance from the university media department and critiqued by two faculty members on their clarity and cultural relevance. The teaching videos in combination with live presentations were subsequently used to educate the target population. For the on-site training of water disinfection, we chose a method endorsed by the World Health Organization called SODIS (Solar Water Disinfection). This is the use of the sun's rays to destroy pathogens that cause water-borne illnesses. Strained, contaminated water was put into transparent plastic bottles and exposed to full sunlight for six hours. On cloudy days, two days during daylight was recommended. Clear water bottles suitable for the SODIS project were distributed to all Ngobe participants.

Findings/Conclusion: Approximately 60 local Ngobe people who visited the medical/dental clinic attended the health promotion sessions that were delivered in both Spanish and the Ngobe languages. About 90% of the participants were female. Some participants return-demonstrated the water pasteurization process and taught others. Participants acknowledged their own experiences with infections of the skin and bowel and related them to the health promotion topics.

This project demonstrated mutual educational benefit for both the nursing students and the Ngobe learners. Although there were some difficulties scheduling the training sessions when translators were available, it is our hope this practical expression of God's love and the effect of the recorded training sessions will continue to enhance wellness during the long periods when no health services are available.

THE RESURGENCE OF TUBERCULOSIS

(Continued from page 1)

Children have a lower incidence of pulmonary disease.

The PPD skin test is of no diagnostic value, since everyone in endemic areas has been exposed to TB and has a positive test. The standard of diagnosis for over 120 years has been the sputum smear for acid-fast bacilli, originally developed by Koch. It is rapid and inexpensive, but requires laboratory skills. Unfortunately the smear is positive in only 30-60% of cases. Sputum culture is definitive, but is less often used, and is positive in only 80% of cases. Mycobacteria are slow growing, so culture results are not available for 6 weeks or more, and meanwhile correct treatment is delayed or the patient may be lost to follow-up. Drug sensitivities are of great potential value for guiding treatment and determining potential drug resistance, but are seldom used because of this same time lag and monetary constraints. Chest X-ray is of confirmatory value, and is helpful in determining the extent and nature of pulmonary disease, but is much less valuable in monitoring therapy. Patients undergoing the prolonged, costly and potentially toxic treatment regimen required for TB deserve an exact and timely diagnosis. This is not provided by currently used diagnostic methods. What is needed is to develop simple and inexpensive tests that can be used at the health clinic level. Microscopy needs to be replaced or improved with technology that will: 1. detect TB accurately, especially for the 50% or more that are smear negative, and 2. that will rapidly assess drug resistance, and detect multidrug-resistant TB.

The Foundation for Innovative New Diagnostics, a Gates funded independent non-profit organization, has been established to fund and drive development of new technologies, and has been instrumental in speeding up the process of identification and evaluation of new tests. Among many methods currently under investigation are dipsticks for antigen and antibody detection, and a rapid liquid culture method for susceptibility testing. Unfortunately the cost of these new tests is usually prohibitive for routine use in developing countries.

BCG Vaccination was first introduced in 1921, and had an immediate protective effect on both the incidence and severity of TB in children. It is still widely used. In fact it is the world's most commonly used vaccine. Unfortunately BCG has little or no value in protection against adult disease. It is not recommended in low incidence countries or for travelers to endemic areas. There has been an intense research

effort to improve BCG and to develop new vaccines, but little progress has been made thus far. Vaccine development may be accelerated by pending identification of the genome sequence.

The treatment of tuberculosis generally consists of the use of two first line drugs, most commonly isoniazid, and rifampicin or ethambutol, and the completion of uninterrupted daily or every other day therapy for a period of at least 6-8 months. Treatment of tuberculosis, even standard treatment, is arduous, both for the patient and for the health system. In developing countries, treatment is usually provided by local or regional government health clinics. TB is a major responsibility for these clinics. They are usually understaffed, underfunded, and often do not have the appropriate drugs available. Patients often have to travel over impassable or non-existent roads. For many years treatment in developing countries was chaotic. Schedules and drug dosages varied. Clinics often had inappropriate drugs, and sometimes no drugs at all. Follow-up was often inconsistent or non-existent. The biggest problem, however, was that for a variety of reasons, patients did not complete the therapy or took the drugs intermittently. In 1994 the World Health Organization (WHO) instituted a strategy called Direct Observation Treatment Strategy (DOTS), which consists of 5 key principles.

1. Government commitment to sustained TB control activities.
2. Case detection by sputum smear microscopy among symptomatic patients self-reporting to health services.
3. Standardized treatment regimen of six to eight months for at least all sputum smear-positive cases, with Direct Observation Treatment (DOT) for at least the initial two months.
4. A regular, uninterrupted supply of all essential anti-TB drugs.
5. A standardized recording and reporting system that allows assessment of treatment results for each patient and of the TB control program overall.

There was great hope that the DOTS program would bring order to the chaos and, most importantly, reduce the alarming trend of increasing incidence and mortality due to tuberculosis in developing nations.

Note: This is the first of two parts; the second part will be in the next issue of the KNOCK.

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Roger Boe, Consultant

About The Haiti Mission

(Alice White, RN was kind enough to send me the notes from the latest Annual Meeting of the Haiti Mission.

Developed more than 30 years ago by Alice and her husband, Bill, with some others, from a base at Providence United Methodist Church in Charlotte, NC, it has a remarkable record of accomplishment and shows no signs of slowing down.

They have improved the lives and living of literally hundreds of thousands of Haitian people.

Below is a brief outline of their work from: <www.thehaitimission.org>. Any of those wishing to join in this magnificent effort should contact: Alice White, RN <amwhite1@earthlink.net> Ph 804/695-2803. Ed.)

In the early eighties, The Haiti Mission, founded at [Providence United Methodist Church](#) in Charlotte, North Carolina, began as a construction project, building churches, clinics, and drilling wells in the northern region of Haiti. This connection came first as a request from the Eglise Methodiste d'Haiti. What began as an opportunity for our church members to share in a kind of cultural sharing and enrichment with a very different community grew into an ongoing effort to improve the condition of a deprived people with an almost unendurable life struggle. This now involves volunteers from many areas in the United States, Puerto Rico and the Bahamas.

In time, construction teams gave way to medical and surgical teams that go in groups of about twelve professionals and non-medical professionals to work at two clinics near Cap Haitien, Haiti. The missions are about eight or nine days, with departure on Friday and return usually on the Saturday eight days later. Missions go to the same clinics in January, May and September every year. These clinics were established by this project years ago, and provide for most the only medical care they ever receive. The surgery teams work both at Hopital Bon Samaritain in Limbe, Haiti and in a Haitian camp for refugees in the Dominican Republic.

Teams are lodged together at hotels or church guest houses, with clean and comfortable accommodations. Meals are prepared by Haitian cooks, they are appetizing and more than adequate, served either family-style or buffet. Safe drinking water is provided.

Each team member is responsible for his individual expense, paid in advance, which includes air transportation from Fort Lauderdale to Cap Haitien, Haiti, and return to Fort Lauderdale; also food and

lodging in Florida and Cap Haitien. Each member must arrange his/her domestic flights from home to Florida and return.

BOOK REVIEW: Infections and Inequalities: the Modern Plagues. By Paul Farmer, MD.

Pathologies of Power, Farmer's book previously reviewed for THE KNOCK, dealt with the sociologic and political problems that underlie disease and poverty. Infections and Inequalities focuses on two diseases, HIV and tuberculosis, and the poor people who have them. Farmer is a physician superbly trained in Infectious Disease and Medical Anthropology, who has spent the past 20 years in the front lines, treating the poor in Haiti and to a lesser extent in Peru and the former Soviet Union. He articulately describes the resurgence of the old nemesis of TB in a terrible new multi-drug resistant form, the new plague of HIV and how these two diseases are intertwined in the lives of the poor. Farmer says he sees sociologically and acts medically. He calls those who suffer from these modern plagues biologic expressions of social inequalities, and makes the case clearly that their plight is largely due to their incredible poverty. He angrily condemns the ineptness of our world public health system, and the failure of governments to address these incredible problems. He saves his sharpest barbs, though, for the social and racial inequalities that condemn a large percentage of the world's poor to an endless cycle of disease, suffering, and death. More importantly, Farmer puts a human face on these terrible diseases by telling detailed, often eloquent stories of their lives, and the devastating effects of their diseases, including known cases of resistant TB treated with drugs known to be ineffective, and many who die because they do not have access to needed therapy. These are real people who are becoming ill and dying, in large part because the developed world is unwilling to marshal the necessary resources. This is a powerful book, which reminds us that millions remain untreated and are dying of HIV and TB at a time when developed nations are largely free of these diseases. I feel that it should be required reading for all of us who are involved in international mission medicine.

Roger Boe, Consultant

MEDICAL MISSION, NICARAGUA,

February 16-24, 2007

Karen Daudelin

People stood in long lines in the rain, in scorching heat or in the cool Nicaraguan mornings waiting to see a doctor. Some arriving two hours ahead of time, they

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came on foot, bicycle, or by horse, to wait in hopes of seeing a doctor who was a part of the Medical Mission Team sponsored by Wesley United Methodist Church in Bloomington, Illinois. Young and old. Men, women and children. They waited for medical treatment, they waited for prescription drugs and vitamins, and they waited for comfort and love.

And we opened clinics, in remote areas in the mountains of Jinotega, in feeding stations in and around Managua, near the sugar cane plantations outside of Managua, and in one week's time we served over 1200 people. We couldn't serve all who came. There weren't enough doctors or supplies. It was hard to turn anyone away.

Medicines were dispensed that we had brought with us in eleven overweight bags on the airplane. We were also able to bring blankets, clothing, shoes, eyeglasses, books, toothbrushes and toothpaste. We gave until we had no more to give, until the last pair of shoes and school uniform was given to a child who could now attend school. Thanks to the Catholic schools in our community we were able to take some seven suitcases of uniforms to the children of Nicaragua. A uniform is admittance into school there.

We traveled with six medical providers, a pharmacist, four nurses and fourteen support people making a team of 24. We were able to recruit four medical providers who joined us from South Carolina, Michigan, Kentucky and New York. Even though three of these providers had been on other VIM trips, their experience in Nicaragua was unique. Our clinics were held in different, remote and crude facilities each day so there was the challenge of how to set-up the clinics once we reached our sites. In addition, we had to figure in travel time as some of the sites were over an hour away from the orphanages where we were housed. There was no running water, very primitive outhouses, dust and other harsh weather conditions to contend with, and it was necessary for us to take our own chairs and tables. Despite the challenges we faced, the team met its goal of serving over 1,200 people. Their smiles and gratitude were inspiring. Despite their pain and their poverty, they were so grateful for whatever we could give them – sometimes just a hug.

Outside of Managua, in Los Cedros, the team stayed at the infant orphanage. We learned that the orphanage could not open until lead staff had been hired. Thanks to the generosity of our local church, and team members' own fundraising we were able to give them the money to hire staff. Next year, we hope to cuddle and sing to babies at the orphanage.

Karen Daudelin, 2706 Ridge Rd., Bloomington, IL

Propelled by the devastating 2004 tsunami and the ever-growing global HIV/AIDS crisis, interest in medical missions has never been higher. Many health professionals feel compelled to volunteer their services to those people most in need, but few follow through on these good intentions due to numerous misconceptions about medical missions. Two of the most common are:

- "I have a specialty that can't be used."
- "I can't afford to take time off."

The life of one physician, Bruce Banwart, illustrates how these perceived obstacles can be crossed. Bruce is a pediatric intensivist - a subspecialist skilled in the care of critically ill children at Children's Mercy Hospital. Dr. Banwart, a speaker at the [Exploring Medical Missions Conference](#) in May 2007, also actively cares for impoverished people.

Few mission or government hospitals in developing nations have a pediatric intensive care unit or other such sophisticated services. Bruce had volunteered in primary care clinics in Latin America, and almost gave up on the hope of using his specialized medical skills. Then he became connected with [Operation Smile](#) - an organization that provides reconstructive facial surgery to indigent children in the Philippines, Vietnam, Cambodia and Iraq. Operation Smile needed a pediatric intensivist to care for their children following surgery, and Dr. Banwart responded. He spent several weeks in Asia with Operation Smile and reports, "These especially needy children require complex post operative care. I'm encouraged to discover my niche!"

How can a health professional afford the time away from their practice? Dr. Banwart responds, "I live a prudent lifestyle, financially speaking, and dedicate my vacation time to medical missions. The sacrifice is really minimal compared with the new friendships, experiences and satisfaction of serving those who are most helpless."

The perceived obstacles against medical missions are often more misconceptions than factual.

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MEDICAL MISSION TO BONGO, PANAMA, 2007

We were on the road to Miami Airport, so excited to be on our way once again to Bongo, Panama. For some it was their first time, but for many of us this was our 2nd, 3rd or even 10th trip! One of our fellow missionaries asked each one of us, "Why were we going and what did we hope to accomplish on this trip?" "The responses were varied, for some it was to "get back to the roots of practicing medicine," for others it was to spread God's love, and one response brought much laughter to the team, "no forms to fill out!"

Dr. "Rob" best summed it up: "It is especially rewarding to apply what I learned in medical school to people who really need it. These people would not get their blood pressure, diabetes or whatever ailment they have cared for if we didn't go to Panama. We are able to add years to the lives of this community and the appreciation from them is worth more than anything. Everyone goes into medicine for good reasons, but it is easy to get distracted. Going on this trip reminds me of why I studied to be a doctor... to make a difference in the lives of people and try to alleviate some suffering..."

The following are some of the stories of the lives that we touched and the people that touched our hearts in turn.

A 78-year-old grandfather with osteoarthritis, pain throughout his entire body, who sometimes had dizzy spells was a patient with Dr. Rob. A simple remedy, sad though, he couldn't afford to obtain this for himself. He was a day laborer. Still working in the fields under a hot sun with a machete for 10 hours a day to earn \$6.00 a day, \$5.00 if he ate lunch, therefore he would go without lunch, so that he could support the five people in his household, his grandchildren, daughter and diabetic wife. And the dizzy

spells, well, these were due to the fact that sometimes he didn't eat because there wasn't enough food to go around...

An older man came in as a patient who had been gored in the leg by a bull. He had a festering abscess in his leg that was very painful and had to be drained. He was put on antibiotics. Normally, with a big infection like this the patient would be admitted to a hospital. After the treatment he was seen walking down the hot, dusty dirt road...

Dr. Brad, our optometrist, had a patient in her mid-60's who had never been to an eye doctor or had glasses. She reported that she had poor vision her whole life. The testing determined that she had an extremely high amount of myopia. In clinical terms, she had around 11 diopters of correction. To put this into perspective, the farthest away that she could see anything would be about 20 inches. Beyond that, everything was blurry for her. The chances of the eye clinic having amongst its donated glasses the prescription she needed were very low, but as God would have it, we did. The glasses were a very good match, were in great shape and fit her well. She blessed us with the biggest smile when we put them on her...

An Indian woman with a skin problem was in to see the doctor. She was asked several questions, one of which was when she bathed and/or showered was she using hot, warm or cold water? The woman responded that sometimes the water was cold and sometimes it was warm. Upon further questioning it was discovered that she did not have running water, rather she washed in the local river or stream.

(Many people in the rural areas do not have running water. They bathe, wash their clothes and use the local streams or rivers as their drinking sources as well).

Dr. Brad had an elderly woman patient come nearly every day. She reported she had pain in her eye over the last three weeks. She had what appeared to be a very large abrasion of the cornea. These are very, very painful, but typically respond well with patching and lubricating the eye. However, in her case, the eye wasn't healing. In our clinic setting, it's difficult to make perfect medical decisions, and after a couple of days, there were concerns that she didn't have an abrasion after all, but rather an invasive corneal infection. We didn't have the proper medications, and she would need daily follow-up care. She was encouraged to see an eye doctor in the town of David. She stated that she did not have insurance or money and she did not know what options she would have. Her daughter-in-law was with her and said they would see what the family could do, but it didn't seem very promising. Later in the day, the daughter-in-law came back to the clinic

and said they had scraped together what they could and would be taking her to town...

The story highlights how here in the States no patient is denied urgent care. In other places, the people essentially have to beg for it. We pray that the woman received the medications she needed to preserve her vision.

There were many joys to share as well. The smile of the mother who listened to her unborn baby's strong, healthy heartbeat. The joy of experiencing a baby move around underneath my hand and the mother happily sharing this moment with me. The sweet, young married couple so obviously in love with each other they couldn't wait to start their own family. The shouting and laughter of the children as they happily played organized games, Frisbee, and did arts and crafts with Bonnie in the afternoon. The child who shyly slipped her hand into mine as we walked down the road together and smiled up at me as we then proceeded to skip down the road together. The words of gratitude from the patients "bendiciones" (God bless you), "muchas gracias por todo que hacen por nosotros" (thank you for all you do for us), "Dios le bendiga" (God bless you) and the smiles were plentiful ...

It was a joy working with our Panamanian friends as well. Many had taken time off from work to help in the clinic. We saw many young faces and hands eagerly working in the clinic to assist the people of Bongo. One 10-year-old boy, Joshua, whose father was assisting in the clinic this year told my mother, Bea, that next year he wanted to work in the clinic as well. We never know who or when we will touch a life but it appears that this young boy was inspired by the enthusiasm and caring commitment he saw in the Panamanian and American team to want to participate in next year's clinic.

In a sermon I heard a year ago in Panama, Pastor Pedro stated that God smiles when we love each other and when we walk in his footsteps...

Bendiciones.

Chris

Christina Sherrod, chris@evict.com

MISSION TO SENEGAL

Our Trinity team traveled to Senegal this year for the third time to work in partnership with the missionaries and ministries that are devoted to evangelism and social justice every day of the year. See information on all trips here:

<http://home.comcast.net/~tboardweb/senegal05/>

<http://home.comcast.net/~tboardweb/senegal06/> and

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<http://home.comcast.net/~tboardweb/senegal07/>

Our mission team leader was Dr. Carol Meynen, a member of Trinity United Methodist Church and a gynecologist in private practice. During the trip, Carol was a consulting physician to the patients and trained the Wellness Program staff on recognizing and treating certain conditions. Carol had previous experience in medical mission trips, having participated in teams that visited rural Costa Rica (October 2003), South Africa (July 2004), Senegal (2005 and 2006), and Mozambique (2006).

An important goal of the medical mission is to perform screening diagnostic tests for anemia and diabetes. Kathe Reinke-Fejer, a medical technologist, returned to oversee the equipment and conduct the tests. Kathe also speaks French. She had been on the prior two trips to Senegal (2005 and 2006).

A world traveler, missionary, and diaconal minister in the United Methodist Church, Joanne Aggens was with Dr. Meynen in Costa Rica (2003) and on the prior Senegal trips (2005 and 2006). Joanne is a trustee of the Village of Wilmette and a member of Trinity United Methodist Church. With past experience as an obstetrical scrub nurse, Joanne took blood pressures and assisted with the laboratory as necessary. She also organized the daily devotions.

Stacee Solotorovsky returned for a second year to run the clinic pharmacy and to create group activities for children and adults. After filling in for Dr. Meynen at one clinic, she was recognized by the rest of the team as "Dr. Staasi" thereafter. She had been on prior medical mission trips to Costa Rica (2003), South Africa (2004) and Senegal (2006).

Husband to Dr. Meynen, Tom Board has been the chairperson of the Mission Commission at Trinity United Methodist Church, and serves on the board of directors for University Christian Ministry at Northwestern University. During the mission, Tom was responsible for heights and weights, crowd control, and patient intake. Tom had been on the prior two trips to Senegal (2005 and 2006).

After our first ten days in Senegal, a second United Methodist group arrived from Wisconsin. They were a group of ten, including five pastors, one physician, and four lay people from churches in Rhineland, Port Washington, and Fond du Lac. The first purpose of their visit was to assist in educating the Senegal church's lay pastors, all of whom are working toward ordination. One of our team's responsibilities at that time was to train the Wisconsin group on how to run a medical clinic. This was readily accomplished. We then took the physician (Dr. Jeff) and the lay people (Gina, Cindy, Don, and Adam) with us to two clinics we ran in Dakar. This gave them all the chance to see the system in action and to participate and ask

questions. As we departed, we left behind all of our supplies and equipment for them to use in their clinics. The non-pastors in the group were willing to do anything to help, so the Wellness Program planned three village clinics for them after our team left.

We spent our first two days recovering, repackaging the 10 duffle bags (about 40,000 pills) 15,000 vitamins, calcium, antibiotics and analgesics into individual "doses" and attending worship. The team was in Senegal for two Sundays and worshiped with two congregations in Dakar: Grand Yoff and Nord Foire. It is difficult to convey the energy, fervor, and celebration within these services - you have to experience it. The sermon messages are recognizable as Methodist pleas for personal holiness and social justice. The sermons usually last 45 minutes within a two-hour service. The only times you are sitting is for prayers and during the sermon. When you are standing, you are singing. When you are singing, you are clapping or dancing.

We started clinics with the Wellness Team on Monday and went to a different village each day, working inside or outside as the situation demanded. We saw close to one hundred patients each day, a typical load for the Wellness Team, even when we are not there to assist them, though they only do one clinic per week under ordinary circumstances. We screen for hypertension and diabetes, or anemia as needed, listen to the patient's complaints and treat as appropriate. The most common complaints relate to the endemic malaria. We give vitamins to all who come.

On two of the days we were there we went to the Women's Prisons in Dakar and Rufisque. At Camp Penal in Dakar the clinic went well, thanks to efforts of the Ndeye Fatou Diouf, who helped translate for us and generally ordered the process. We were welcomed by the warden who was very appreciative of everything the United Methodist Church is doing for her prison. The UMC mission is upgrading the facilities, teaching inmates to sew, to speak French, and reconciling the inmates to their families so that they will have a support system when they leave. Most of the inmates are doing time under drug charges - mostly smuggling at the airport. Most are under age 25.

We had two urban clinics with relatively more affluent consumers, also seen at no cost. These clinics were very busy, topping 100 patients with much difficulty with crowd control and one where we had to restrict access due to our immense popularity. The estimate of the worth of our service in the urban Senegalese market was \$80, not so much different from the US for a simple office visit with no complicated tests. It made us consider whether in the future

we should restrict our clinics to the villages where the people have less access to medical care. Our experiences in three trips to Senegal have shown us something of how citizens obtain healthcare. While this anecdotal evidence may be "officially" inaccurate, we feel that the options open to individuals are straightforward and limited. We have seen those limitations first-hand. The timely release of an intriguing book, [A Political Economy of Health Care in Senegal](#) by Maghan Keita, in December 2006 allows us to see the larger context of western efforts to establish "modern" healthcare during the colonial and post-colonial periods.

The short answer to the question, "Is there a healthcare system in Senegal?" is "No, there isn't." A healthcare system can only evolve from governmental initiatives, and there is no effective national governmental structure in Senegal that funds healthcare or oversees access to it. Each trip we see persons who know they are diabetic but cannot afford western drugs to control the disease - they do what they can with diet or indigenous pharmacology. Many people simply die - malaria continues to be the number one cause of death in children in Africa. One patient we saw in the Rufisque prison will likely die in prison without treatment because there is no societal "safety net" for the poor. Worse, profiteering by local or regional officials can price effective tools, such as bed nets to protect children from mosquitoes, beyond the reach of the very people who need them the most. When challenged, these officials offer that this is the only way for government employees to raise themselves out of near poverty. All this means that non-government organizations (NGOs) are an important part of the resources available to the average Senegalese. Our hosts have said that over 100 villages have requested visits from medical teams from them.

We are committed to an ongoing relationship with the Senegal mission and would welcome training other teams in working medical clinics in Senegal. For more information, see our websites already listed.

Salaam Alaikoum!

Carol Meynen, MD c-meynen@northwestern.edu

Tom Board teb@alumni.northwestern.edu.

As the wise old man said, "If a man spreads 'his-self' too thin, he won't be thick 'no-where.'"

Anonymous

**REPORT OF UVMIM, SC
OPHTHALMOLOGY PROGRAM
IN JEREMIE, HAITI
March 2007**

(Submitted by Hal H. Crosswell, Jr., M.D., Coordinator Ophthalmology Services, UVMIM, SC. He is a member of Shandon UMC, Columbia.)

The first ophthalmic surgical team for 2007 departed from Charlotte in the early morning on March 22, 2007. The team consisted of Dr. Fulton J. Gasper (Ophthalmic Surgeon), Mrs. Kathryn D. Crosswell (Ophthalmic Surgical Nurse), Mrs. Beth Wilkinson (Ophthalmic Surgical Nurse), Mrs. Cheryl Burgess (Opticians Assistant), Mr. Tal Morgan (Biomedical Engineer), Rev Todd Davis (Methodist Minister), and team leader, Dr. Hal H. Crosswell, Jr. (Ophthalmic Surgeon).

This group left Shandon United Methodist Church in a church bus driven by Mr. and Mrs. James P. Covington. Upon arrival at the Charlotte airport, all of the many boxes and bags carrying medical supplies were checked without difficulty and we departed for Port-au-Prince, Haiti, arriving at approximately 11:15 a.m. We were met by Mrs. Virginia Bell, who is now the interim person in charge of the Methodist Guest House in Port-au-Prince. She transported our group and all the baggage to the local airport in Port-au-Prince where we boarded a Caribintair aircraft for a 45-minute flight to Jeremie. In Jeremie we were met by Pastor Ralph Denizard and a driver from the Methodist Guest House there. It was of interest to the group that, upon arrival at the Jeremie airport, the airport was surrounded by United Nations troops who apparently welcome each flight that arrives at that location. We made a brief stop at the Methodist Guest House in Jeremie, unloaded our personal items, and then proceeded to the clinic at Gebeau to begin preparation for our work there. All of the supplies which had been shipped, in addition to those that we carried down, were unpacked and placed in the proper areas for use. We were all then welcomed at the Guest House for a late dinner by our hosts, Johanne and Ralph Denizard.

The following morning we arrived at the clinic early and began seeing patients and performing eye surgery. An Alcon Legacy 20,000 Phacoemulsification System had been donated by Alcon and had arrived in excellent condition. AMO donated a Diplomat phacoemulsification unit in addition to an A-Scan, which were both most beneficial. These instruments made our surgery much easier and more effi-

cient. All of our equipment, including the operating microscope was checked out and repaired when necessary by our Biomedical Engineer, Mr. Tal Morgan.

On our first Sunday in Jeremie, we attended the morning service at the Methodist Church in Jeremie where Pastor Todd Davis of Shandon UMC participated in the service and brought greetings to the Methodist Church in Haiti from the S. C. Conference of the United Methodist Church.

We were joined at the clinic by Dr. Brigitte Hudicourt and Dr. Francois Dennery from Port-au-Prince who worked with us several days and were interested in learning some of our newer techniques in eye surgery.

They brought with them a new physician, Dr. Shadrack Marcellus, who has just completed his residency training in Port-au-Prince. He was a candidate for our position of ophthalmologist at the Gebeau clinic. After working in the clinic and performing surgery with this young physician for several days, it was the decision of the Clinic Director, Mr. Alain Descieux, and Drs. Hudicourt and Dennery and me that he was an excellent candidate for this position. He was therefore hired and will spend one week each month seeing patients and performing surgery at our clinic there. We will continue to make visits in order to aid in seeing the multitude of patients and also to teach this young man the surgical techniques that he will need for taking care of the patients there.

We were joined during our stay by Jose Moncricket, our third year medical student that we are supporting in Port-au-Prince. He worked with us in the clinic while we were there. We are continued to be impressed by this young man who plans to return to Jeremie and work in the medical clinic at Gebeau upon his graduation from medical school. This is certainly an investment in the future for this community by the United Methodist Church.

The new overnight stay facility is almost complete and will certainly offer many benefits for the care of patients there. Mr. Bill Dunn has done a wonderful job in getting this facility constructed for our use. The generator, which was donated by Blanchard Equipment Company several years ago, is still in excellent working order and provides a much-needed source of power for the clinic and operating room.

During our stay there, we had an opportunity to visit the local hospital where we noted the many needs of equipment and supplies for the hospital. The anesthesia machine, which was donated with the assistance of the Columbia Rotary Club and Chapin Rotary Club, was still in use and is a prize possession of that little hospital. We also met with a local Rotary Club and were told that they will continue their program of trying to obtain needed equipment for the local hospi-

tal in Jeremie. Dr. Bordeau, who is a Rotarian and also the director of the hospital, is to send a list of instruments and equipment to me so that we might proceed with some help with that project.

We had an opportunity to visit with Sister Mary-ann who is the Director of Haitian Health Foundation in Jeremie. She stated that they would no longer have an optometrist visiting them and therefore would refer all of their eye patients to the eye clinic at Ge-beau. She also had us look at their present eye equipment, which she plans to give to our eye clinic in Ge-beau. This equipment included a very good Marco slit-lamp, auto refractor, and assorted ophthalmoscopes, both indirect and direct, as well as assorted cataloged eye glasses.

During our stay in Jeremie, we performed approximately 600 consultations and approximately 35 to 40 major eye operations. Certainly, none of this would have been possible without the very generous donations of many pharmaceutical companies, including Alcon, Allergan, Merck, ISTA, Vistakon, Bausch & Lomb, Novartis and AMO.

Many of the patients we saw suffered with various forms of infections, such as glaucoma, and cataracts. Most of the patients that had cataract surgery were completely blind from this condition. We saw one young patient, age 10, who was suffering from a severe protein deficiency.

I think this young man pulled a little bit at all of our heartstrings, as we could not do anything to help him. His examination revealed severe keratomalacia with anterior segment and corneal necrosis, resulting in total blindness.

Two of our group, Rev. Todd Davis and Tal Morgan, departed earlier than the remaining group. The rest of the group left Jeremie the morning of March 31, and arrived in Miami later that afternoon. Due to the delay in the flight from Port-au-Prince, we found it necessary to spend the night in Miami as the connections to Charlotte had been missed due to the flight delay. The team arrived in Charlotte on the morning of April 1, and again we were met by Mr. James P. Covington who brought us all safely back to Shandon United Methodist Church.

The team all agreed that we had had a very productive and effective stay in Jeremie and had accomplished all that we had planned. It is very fulfilling to see the entire clinic now functioning year round so that the people there might have continued medical, dental and eye care. As in the past, all team members agreed that they had received far more than they had given in taking care of these most needy and gracious patients.

The political situation certainly is not stable in Haiti at this time, but we encountered no problems

while we were there. I think it was obvious that the United Nations troops do afford some stability to the situation there. Hopefully, the situation will continue to improve in the coming months.

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

BULLETIN BOARD

Irene Mparutsa, GBGM Missionary in Cambodia, has a request in for an Individual Volunteer nurse who could come and help assess needs, etc for about 6-8 weeks. We have a relationship building team going to Cambodia from Sept 12-25 and would welcome a nurse to travel with us and then stay over for 6 more weeks as an Individual Volunteer. You would have to go thru the Ind. Vol. program, but it would be well worth it. The description for the job in Cambodia reads:

Project CHAD: Community Health and Agriculture Development, Phnom Penh. Shared housing accommodation for women. Hotel nearby that can get daily and weekly rates for <\$15.00/day. Meals will cost about \$100/month. Current needs:
a. Nurse Practitioner: hospital liaison - training and coaching health volunteers on how to use health services

Please contact me if this opportunity interests you and to learn how to become an Ind. Vol.!

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

BULLETIN BOARD

Dear Friends, Women for Women of Sierra Leone, (WWSL) got an overwhelming response - especially pointing us to companies that donate medications and medical equipment. There were just too many offers received to donate medications/medical equipment, that we had to ask some of the companies to hold off for the time being -- because WWSL Volunteer Team travels every June and December and, in between, there are other Volunteers who go unaccompanied by WWSL Representatives to volunteer their services . . . and will contact them as the needs arise. We are sure U.S. Volunteer, Dr. Lisa Moore, Physician, and her team will have plenty of medical items to work with the poor.

What a Mission-minded e-mail team, we app-

proached. Thanks to all - especially to the three former Sierra Leone Peace Corp., who pointed WWSL to 3 companies WWSL also would like to thank

THE KNOCK, because through them, WWSL was able to locate donated Dental Mobile Units and Dental Chairs for WWSL 1st Dental Project is set for 1st week in June 200, under the leadership of Dr. Opal Goodridge

When like-minded persons come together, what a great outcome one can experience! I must say this, and I say it all the time, after all my travels to various countries, Americans are VERY, VERY, good at coming together and helping the less fortunate! We got far more than we requested! Be well! Georgiana ---- Georgiana Abisordun Johnson, M.Div., Th.D. International Representative Women for Women of Sierra Leone, 58 Livingston Avenue Staten Island, New York 10314 Telephone 646.456.3436 Fax 718.761.7326 WEBSITE: <http://wwsl-inc.tripod.com>

BULLETIN BOARD

MISSION TEAM TO COROZOL, BELIZE

Primary Work: Dental Clinic
Secondary: Vacation Bible School and Open-Air Evangelistic Services

Dates of Clinic July 4-12, 2007

A team will return to Corozal to operate a three-chair dental clinic at the Methodist Church and School in Corozal. The director of the clinic is Dr. Ron Barrett of Gaffney, SC. This will be his second time leading this dental clinic. A second dentist, hygienist, and helpers are already onboard. We could use an additional DDS, 4th year dental student, and dental assistants or dental students.

While the clinic is in operation, a Vacation Bible School will be held to minister to the hundreds of young people who will come to the clinic. Several volunteers are needed to run the VBS. We will also hold evangelistic services in open-air settings organized by the local pastor and area Methodist congregations.

Belize (formerly called British Honduras) is on the Yucatan Peninsula. It is the only country in Central America that has English as its official language. Many immigrants only speak Spanish, however.

Corozal is the "county-seat" town of the Corozal District; the northernmost district in Belize. It is located on the Caribbean Sea. While Corozal is a rela-

tively small town, it has most modern conveniences including an Internet Café. Due to the influx of immigrants from Mexico, there is a great deal of severe poverty in the area. These persons have no access to dental care.

The team will stay at a nice oceanfront inn in Corozal. The accommodations are clean, safe, and air-conditioned. The food is delicious. Our team will work at the Methodist Church and School in Corozal in cooperation with the Pastor of the Church, the Rev. Roosevelt Papouloute. He was our host for our previous mission trip.

The trip is being coordinated by the Belize Mission Project, the official mission organization for UM-VIM trips to Belize.

Extended stays (before or after the clinic) are possible to San Pedro (near the world's second largest barrier reef) or Belize City for an additional fee.

The total cost for the trip will be approximately \$1,350.

Contact Team Leader, Scott Wachter (pastor of Buford St UMC, Gaffney, SC) for more details or to sign up. Email: shwachter@umcsc.org Phone: 864-489-7183 ext. 13

BULLETIN BOARD

Pass the word --Teams forming to go to Uganda! We're planning a team for Uganda September 15 - 30, give or take a day.

One part of the team will be medical. We need nurses, doctors, technicians. We ALSO need pill rollers, information takers, and witnesses to people waiting for help. In short, anyone can be a part of this.

2. Another part of the team will be construction. We need someone with some skills to serve as a sort of foreperson but anyone who can do even minimal work is needed as well.

3. Another part of the team will do training--pastoral and lay. We need pastors, district superintendents and those who feel a call to share their skills in leadership training for women, children and youth.

We need YOU. Let me know as soon as possible if you can go. If not, ask others. Spread the word.

Linda Gardella, Coordinator Kentucky/East Africa Partnership (Uganda and Kenya) Ph 859-384-0005
lgardella@kyumc.org jamesgar01@aol.com

PS. If you have youth who would like to go, consider sending them. I'm a teacher of 33 years, can help them get their work done and what's more, will make them do it! Two weeks in Africa is worth months in school.

BULLETIN BOARD

Nicaragua UMVIM Medical Trip

August 4-11, 2007

Team Leaders: Caroline Dennis and Bob Smoak

Cost: Approx. \$1500.00

Location: Coffee Growing Plantation Areas in the Mountains of Nicaragua

Information: www.nicamissions.org

Contact: Caroline Dennis 980-4678 or cd@agapepastoralcounseling.org

NEEDED: Medical Personnel are needed but all are welcome. There will be work for us all and love to share. Thanks. Caroline Dennis

BULLETIN BOARD

Community Based Health Care Team To Angola

Team will be from May 13-June 13 to Luanda and a small village, Cabala. Cost \$3,500 which includes a short safari. Led by very experienced leaders.

Liz and Tom Ryder, PO Box 241, Tahoe Vista, CA. 96148-0241 ltryder1@yahoo.com Ph 530/546-8823

BULLETIN BOARD

Experienced Surgical Team Available

I am a general surgeon in the Detroit area and I have organized surgical missions to underdeveloped countries over the past 5 years. We have been on 8 missions during this time visiting Brazil (4), India (2), Ethiopia (1) and Peru (1). Each mission generally lasts 2 weeks and we try to perform 100-150 operations during the mission. I will bring two surgical teams which include surgeons, anesthesia and nursing staff, generally about 10-12 people. We will bring all the supplies and equipment necessary including anesthesia machines to perform the proposed procedures. I have either brought a plastic surgeon with me or one of my general surgery partners. Surgical procedures include repairing hernias, cholecystectomy, thyroidectomy, hysterectomy, cleft lips and palate repair, skin grafting, burns, etc. We will pay the cost of the trip but I would need someone to make arrangements in the host country. Specifically we need a location (hospital) to work, notify the people that we are coming and we need accommodations to sleep and eat. We have always worked with the local doctors and nurses and they actually become part of our team to take care of the poor and less fortunate. If you think we have something to offer to the people

of the Baltic region we would be very interested in arranging a mission to that area of the world. Thank you for your help.

Sincerely yours, Fred Schneider

meglinds@wowway.com Ph 586 781 5352
WOW! Homepage (<http://www.wowway.com>)

PENDING MEDICAL TEAMS

(For late additions to this list consult www.umvim.info Ed.)

HONDURAS Cirabage & Area 6/21/07-7/1/07 m Stephen S. Kilgore, 112 Hickory Drive, Weaver, AL 36277 Ph 256-820-0948 256-741-7800 <kilgore15@bellsouth.net> NAL
USA (North Carolina) 6/27/07-6/30/07 CONNECT 2007 Daphne L Moses, 11 Valleyview Cove, Jackson TN 38305Ph 731-668-9057 731-668-0617 <daphnemoses@charter.net> MEM

BELIZE 7/4/07-7/12/07 Dental/VBS o Scott H. Wachter, 120 E. Buford St., Gaffney, SC 29340 Ph 864-489-5322 864-489-7183 864-489-7184 <shwachter@umcsc.org> SCC

PANAMA 7/7/07-7/21/07 Chiriqui Province o Dr. Jan F. Sassaman, 607 Greenwood Rd., Chapel Hill NC 27514-5921 Ph 919-933-1609 919-933-6625 919-933-0824
<JANOPUS@NC.RR.COM> NCC

POLAND 7/19/07- 8/2/07 Du'rag o Myra Roberts, 1726 Jon Cee Drive, Fayetteville NC 28312-9701 Ph 910-483-4273 910-483-4273 910-483-9965 <vimroberts@aol.com> NCC

GUATEMALA 7/21/07-7/29/07 Boca Costa Medical Mission m Ms. Jean Broyles, 8518 Pine Hurst Drive, Roanoke, VA 24019 Ph 540-366-9065 540-797-9996 540-378-5209 <LVQDAY@aol.com VIR>

USA (Alabama) 7/25/07-8/4/07 Olanchito, Honduras m Rev Ray Crump, First United Methodist Church, 1219 Mill Rd. SE, Decatur AL 35603-4818 Ph 256-820-3615 256-820-2440 256-820-2440 <raylcr@aol.com> NAL

BRAZIL 8/6/07-8/16/07 medical/construction o Mr. James C. Ullian, Saint Andrew United Methodist Church, 717 Tucson Rd, Virginia Beach, VA 23462- VIR

BRAZIL 8/11/07-8/18/07 Mission Amazon m Richard A. Murphy RAM Inc., 7125 Cherry Bluff Dr., Atlanta, GA 30350 Ph 770-396-7125 678-819-0168 770-396-8892 <RAM.INC@COMCAST.NET> NGA

MEXICO, Nuevo Progreso, Four medical teams Conference: West Ohio

Team 1 - Departs: 6/21/07 Returns: 6/24/07 Contact: James Currier Phone: 419-533-8355 Email: jcurrier@peoplepc.com

Team 2 - Departs: 8/9/07 Returns: 8/12/07 Contact: Jackie Miller Phone: 614-529-9427 Email: jmiller@acsc.edu

Team 3 - Departs: 10/4/07 Returns: 10/7/07 Contact: Rev. Joanne Powers Phone: 863-299-0988 Email: jspowers@get.net

Team 4 - Departs: 11/8/07 Returns: 11/11/07 Contact: Rev. Suzanne Fontaine Phone: 513-961-2998 Email: sfontaine@cliftonumc.com

NICARAGUA Departs: 10/12/07 Returns: 10/23/07 Description: medical team to Jalapa Contact: Jean Phone: 763-442-5234 Email: jean@isla.cc Conference: Minnesota

NICARAGUA Departs: 11/1/07 Returns: 11/11/07 Description: medical team Contact: Nancy Gillette Phone: 616-866-0934 Email: npgillette@aol.com Conference: West Michigan

GHANA Departs: 1/9/08 Returns: 1/24/08 Description: Medical and construction team to Techiman Contact: Karel Tormey Phone: 608-524-6998 Email: ktrn@merr.com Conference: Wisconsin

MEDICAL OPPORTUNITIES

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

For more information on preparing a medical team for volunteer service, contact the UMVIM Medical Consultant, Dr. Michael C. Watson, Sr.

africa | asia | caribbean | central america | europe | middle east | north america | south america

AFRICA

GHANA

KUMASI: ANKAASE METHODIST FAITH HEALING HOSPITAL

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

<gongwer@africaonline.com.gh >

KENYA

MAUA: MAUA METHODIST HOSPITAL

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

21121 <mckhosp@africaonline.co.ke >

KIANDEGWA: KIANDEGWA HEALTH CLINIC

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

MOMBASA: COAST SCHOOL FOR THE PHYSICALLY HANDICAPPED MOMBASA

Rehabilitation of physically handicapped children at the Coast School for the Physically Handicapped, Mombasa.

Contact: Rev. Dr. Stephen Kanyaru M'Impwii Presiding Bishop, The Methodist Church in Kenya, St. Andrews Lane, Off State House Road, P.O. Box 47633, Nairobi, 00100 Kenya

Ph 011-254-2724841 or 272-4897: 011-228-272-3812

<mck-conf@nbnet.co.ke >

MOMBASA: LIGHTHOUSE FOR CHRIST MISSION

AND EYE CENTRE has openings for full time Medical Director, ophthalmologists, optometrists and health personnel for clinical surgery center. Teachers for Bible Institute.

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

<<http://lighthouseforchrist.org/> >

LIBERIA

MEDICAL FACILITIES

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

<Bishopinnis@hotmail.com or Liberiaumc@yahoo.com>

MOZAMBIQUE

CHICUQUE RURAL HOSPITAL

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

NIGERIA

HIV Vaccine Clinics - Owerri, Imo State

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

<mmivelvet@juno.com>

SIERRA LEONE

KISSY: THE UMC HEALTH MATERNITY CENTER

needs help refurbishing their facilities, and to install the Dental Unit, and they need Physicians, nurses, and other medical personnel. **Contact:** Rev. Joe Wagner US contact person (Operation Classroom), P. O. Box 277 Colfax IN 46035 Ph:765-324-2556

<ocmission@compuserve.com or ocmission@accs.net

KISSY: KISSY UMC EYE HOSPITAL

needs ophthalmologists, optometrists, nurses with optical training. **Contact:** Dr. Lowell A. Gess , UMC, 111 15th Ave. E. Alexandria MN 56308 Ph:320 762 1888

<gessla@rea-alp.com >

SOUTH AFRICA

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

ASIA

CAMBODIA/LAOS/THAILAND/VIETNAM

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

<indothai@mindspring.com>

INDIA

BAREILLY: CLARA SWAIN HOSPITAL needs physical therapists. **Contact:** <Indvols@gbgm-umc.org>

CRAWFORD MEMORIAL HOSPITAL THE METHODIST CHURCH OF INDIA needs plastic surgeons, orthopedic surgeons, OBGYN, nurses, public health nurses for 27 locations. **Contact:** <Indvols@gbgm-umc.org >

VELLORE, INDIA: THE CHRISTIAN MEDICAL COLLEGE IN VELLORE INDIA receives new & used equipment; the Vellore Board pays shipping costs. Medical volunteers may serve at Vellore Hospital; particular needs for anesthesiologists, cardiothoracic surgeons, ophthalmologists, and clergy who can serve as CPE trainers. Long-term volunteer terms of 6 months to a year are especially needed.

Contact: Philip F. Ansalone, Vellore Christian Medical College Board (USA), Inc. 475 Riverside Dr., Rm. 243, New York NY <phil@vellorecmc.org >

NEPAL

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

CARIBBEAN

HAITI

Gebeau: Gebeau T.B. clinic & Eye clinic

Gebeau and Despaigne Medical Teams

Medical and dental teams are always welcome. It would be wonderful if we can have at least one team every quarter.

Ear and Dermatologist specialists are especially welcome.

Contact: Charles & Patty Maddox UMVIM Coordinators, Methodist Guest House, Ph. 011-509-257-3012: 011-509-401-2596 <vimhaiti@hotmail.com >

PETIONVILLE COMMUNITY: CURAMERICAS

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

Contact: Gladys Shanklin , Curamericas Ph: 919-821-8000 <gladys@curamericas.org>

CAP HAITIEN: TOVAR HEALTH CLINIC

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

PIGNON: CHRISTIAN MISSION OF PIGNON needs individuals and teams for hospital work. Needs include General surgeons, orthopedic surgeons, family practitioners, OBGYN, ophthalmologists, bio-med techs, lab techs, dentists, dental lab techs. **Contact:** Christian Mission of Pignon, Inc. Davis E. Wilkins, Executive Director, 1200 Harpeth Lake Ct., Nashville, TN 37221 <cmphaiti@aol.com >

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

JAMAICA

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

METHODIST CLINICS needs doctors, nurses & dentists to work in Methodist clinics. Certification takes approximately 6 months. **Contact:** Dr. Margaret Robinson UMVIM Coordinator (Medical), P.O. Box 666 Kingston 8 Jamaica Ph: 1-876-926-2311 "District Medical Committee" <jamaicamethodist@cwjamaica.com>

PUERTO RICO

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

ST. VINCENT

CHATEAUBELAIR: HOSPITAL AT CHATEAUBELAIR Medical team and construction teams needed: 1-2 physicians incl. family practitioner, pediatrician or internist; optometrist and dentist. **Contact:** Dr. James and Linda Fields <jpfields@earthlink.net>

CENTRAL AMERICA

BELIZE

Priority project: Silk Grass Medical: this is a NEW medical ministry with portable dental equipment. DDS's and MD's needed. Scholarship money usually available for RN's and RDH's. More info available at <<http://www.belizemissions.org/>>

COSTA RICA

Centro Atención Integral Parálisis Cerebral Guadalupe (a day care center for clients with cerebral palsy and spina bifida)

PATRONATO NACIONAL DE REHABILITACIÓN HOGAR DE REHABILITACIÓN in Santa Ana (a residential center for clients who suffer from polio and cerebral palsy). Both are in the San José area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers. **Contact**: Rev. Thomas R. Modd , Wesley Campus Ministry, 1113 Market St., Galveston TX 77550 USA Ph: 409/765-6587 <WCMGalv@aol.com >

GUATEMALA

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

<pplunk@pctx.com> or <pplunk@xela.net.gt >

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

The clinics draw from some 30 small villages. The population is Indigenous Mayan. The primary language is Quiche although Spanish is also spoken. The area, Boca Costa de Solola, is one of the poorest areas of Guatemala. It has the 3rd highest infant death rate and one of the highest maternal mortality rates. The clinic in Paquila is open every Friday and Saturday. The other clinic locations,

Page 16

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

CURAMERICAS Provides primary health care to 26,000 women and children at risk of death from preventable diseases in the northwest highlands. Works in an area that has never had access to medical care because of geographic & socioeconomic conditions. Is seeking mission trip volunteers to construct a maternal birthing center and operational base. **Contact**: Gladys Shanklin , Curamericas Ph:919-821-8000 <gladys@curamericas.org >

LA MOSKITIA: SEND HOPE

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

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

THE HONDURAS INITIATIVE

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

Contact: <<http://www.gbmg-umc.org/hondurasini>> or The United Methodist Mission Church of Honduras, Apartado 30509, Toncontin, Tegucigalpa Honduras, C.A. Ph: 011-504-230-2721: 011-504-232-2555

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

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

NICARAGUA

THE RAINBOW NETWORK - CIUDAD SANDINO MANAGUA

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

MANAGUA: THE METHODIST CHURCH OF NICARAGUA Seeks nurse or MD to work with persons in very

poor areas of Managua, especially to promote the practice of preventive medicine. **Contact:** Pastor Elmer A Zavala , Methodist Church of Nicaragua <el@ibw.com.ni>
CLINIC CONSTRUCTION Construction, equipping and staffing - World Mission Outreach, Managua Teams needed to complete a medical clinic near Managua. As an ecumenical project, it has the approval of the Methodist Church in Nicaragua and provides a valuable service to the people of the area. Equipment is also needed to supply the building for the ongoing work. Teams are also sought for medical, dental and optical work. **Contact** Ron McElrath - Ph704-723-4845 - <www.wmoc.org>

PANAMA

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

EUROPE

ARMENIA

LACHIN AGAPE HOSPITAL **Contact:** Steve Taylor , the AGAPE project, P.O. Box 10955 Raleigh NC 27605 USA Ph: 919-832-9560: 1-800-849-4433<staylor@nccumc.org>

AZERBAIJAN

Refugee Clinic Assistance UMCOR Azerbaijan is seeking an Individual UMVIM who is a medical doctor to work with a United Nations High Commissioner on Refugees (UNHCR)-funded medical project. The refugee clinic has two general practitioners, two pediatricians, and a gynecologist who would benefit from some coaching in practical, primary health care interventions and protocols. The UMVIM medical doctor would serve as a doctor-consultant to work side-by-side with the clinic physicians to provide individual coaching as well as conduct group training sessions.

Volunteers for this project must be medical doctors with primary health care experience.

Time Frame: The consultant doctor would need to serve 4-6 weeks starting in early 2006. **Contact:** Carol Van Gorp, UMCOR / Women's Division Special Projects Consultant, P.O. Box 156, Schroon Lake, NY 12870

Tel: +1 518-532-7694 Fax: +1 518-532-9401 Cell: +1 518-524-4561 Email: <carolvangorp@earthlink.net>

ESTONIA

TALLINN: TALLINN CHILDREN CENTER LIGHT-HOUSE Dentists are needed in the area. **Contact:** Peter an Eys , 3701 Hillsboro Road Nashville TN 37215 USA <peter@calvaryumc.com>

UKRAINE

KIEV: KIEV UMC

This newly formed UMC has a ministry with Kiev street

children under the guidance of Rev. Helen Lovelace. A medical missionary team is needed to help with these street children, who are in risk of super-resistant tuberculosis, hepatitis and AIDS. They also have extensive dermatological and dental needs. A medical VIM team would be greatly appreciated.

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

MIDDLE EAST

ISRAEL/PALESTINE

FOUR HOMES OF MERCY

Physical therapists needed. **Contact:** Bonnie Jones UM-VIM Coordinator, 9153 Yarrow St. Westminster CO 90021 Ph 303-403-2325 <bjg1232@aol.com>

NORTH AMERICA

MEXICO

MEXICO CONFERENCE La Joya & Tlalamac

Medical volunteers for clinics **Contact:** Srita. Claudia Martínez UMVIM Coordinator, Mexico Conference (Conferencia de Mexico) México Ph: 011-52(55)53-64-15-54 <camvoluntarios@iglesia-metodista.org.mx>

SOUTHEAST CONFERENCE

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

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

TOCHIMIZOLCO, PUEBLA: CLINIC - Need: medical work teams, all year long. High Priority. Started 12 years ago, and is receiving only one medical team per year in a very poor community. Most families are women and children with real health needs. **Contact:** Ms. Priscila Rojas Quintero UMVIM Coordinator, Southeastern Conference (Conferencia Sureste), Calle 4 Pte. #311, Col. Centro, Puebla, 72000 Pue. C.P. México Ph: 011-52(222)242-1895: 011-52(222)220-1326 (h) <pris_13@hotmail.com >

USA

Alaska

CHUGIAK: BIRCHWOOD CAMP needs camp nurse for summer camp programs. **Contact:** Dave Kobersmith , PO Box 670049 Chugiak AK USA Ph: 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 Ph: 907-224-5241

Georgia

MURPHY-HARPST CHILDREN'S CENTERS

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

Kentucky

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

Contact: Volunteer coordinator , Route 6, Box 43 Mt. Vernon KY 40456 USA Ph: 800-755-5322

<volunteer@chrisapp.org >

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

jmedendorp@rbmission.org >

Oklahoma

UNITED METHODIST CAMPING MINISTRY

United Methodist camping ministry needs volunteer nurses. Food & lodging provided; background check required. **Contact:** Randy McGuire , 2420 N. Blackwelder Oklahoma City OK 73106 USA Ph: 405-525-2252

<randy@okumc.org >

SOUTH AMERICA

BOLIVIA

CURAMERICAS provides primary health care to 75,000 women and children by establishing health clinics and teaching health education to households at risk of death from preventable diseases. Is seeking mission trips volunteers to reconstruct a hospital and long term medical volunteers to strengthen the local programs and intervention strategies. **Contact:** Gladys Shanklin , Curamericas Ph: 919-821-8000 <gladys@curamericas.org >

BRAZIL

EVANGEMED

Medical and Dental teams work with Dr. Wilson Bonfim in a mobile clinic attending people in small towns and villages, working through the local Methodist Church.

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

<evangemed@yahoo.com.br >

CHILE

El Vergel Agricultural School - Nurse Practitioner and a Veterinarian with dairy experience needed for El Vergel Agricultural School. Santiago: Medical Center - Pediatrician sought for Medical Center in Santiago. Iquique: Nurse - Nurse needed at Iquique. **Contact:** Fabiola Gran

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don Toledo , Casilla 67, Sargento Aldea 1041, Santiago Chile Ph: 011-56-2-2692923 <fgrandon78@hotmail.com>

OR <voluntarios_proyectoschile@hotmail.com >

EMANA - (Methodist Extension to Andean Youth) -

Located in northern Chile requests medical/dental teams or volunteer dentists to come. A fully equipped dental clinic is located in their high school, but there are no dentists.

Medical teams would be set up at the school or as a mobile clinic attending people in small villages in northern Chile.

A new eye glass project is also underway and donations of eye glasses are needed, in addition to individuals or small groups to help with this project.

Contact: Becky Harrell or Ann Burger, EMANA Casilla 832 Iquique CHILE Ph:011-56-57-412-718;

<emanaproject@yahoo.com> <www.emana.org>

PERU

Puerto Bermudez - Medical Volunteers needed. **Contact:** Bishop Marcos Ochoa , Iglesia Metodista de Peru Apartado 1386, Paisaje Baylones 186, Lima 05 Peru Ph: 011-51-1-424-5970: 011-51-1-447-4820 iglesiamp@terra.com.pe >

Iquitos - Project Bushmaster - www.HopeUnites.org Medical teams are sought for work in Iquitos at a school in an area of profound poverty. Medical and dental services are needed by children with no resources. Also, medical teams can travel the Amazon by medical boat to provide medical services isolated villages on the riverbank. Common maladies include tooth infections, eye infections, parasites and lice. **Contact:** Gael Orr, Ph: 585-346-3310

<gael@hopeunites.org >

VENEZUELA

EL RENEVO GLOBAL MINISTRIES MEDICAL TEAM MEDICAL BOAT

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

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

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

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

Medical Team - Medical, dental and optometry care for 3 rural communities. 3 days clinic medium. Need large medical team (45-50 persons). Also request Bible teacher.

Contact: Grady Harmon U.S. Contact, El Renuevo Global Ministries, 13376 CL Torbert Jr. Parkway LaFayette AL 36862 USA Ph: 334-864-9135: 334-864-0932

<elrenuevo@charter.net >

MEDICAL RESIDENCY ABROAD IN HIS IMAGE

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

Contact: Anjanette Spear - admin@inhisimage.org

SOURCES OF MEDICAL SUPPLIES

4 H.I.M.

PMB 177

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

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

Blessings, International

Harold C. Harder PhD, 5881 S. Garnett, Tulsa, OK 74146

Phone: 918/250-8101 Fax: 918/250-1281 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

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.

CROSSLINK INTERNATIONAL

427 North Maple Avenue, Falls Church, VA 22046

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

info@crosslinkinternational.net

www.crosslinkinternational.net/

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

Glasses for the Masses

Ed Irwin Asst. Direct, Fairview UMC, 2505 Old Niles

Ferry Rd., Maryville, TN 37803 865-984-2468 Res

865 250-4366 Cell 865/983-2080 Email: [\[win@charter.net\]\(mailto:win@charter.net\)](mailto:enir-</p></div><div data-bbox=)

They have 3 or 4 Focometers to loan out.

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

Dr. Ed Hagan,

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

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

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

Hampton Research & Engineering, Inc.

Dr. William Harris, President, 2670 West Interstate 40

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

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

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

InFocus

19728 Saums Road PMB #136 Houston, Tx. 77084 - supply house for new glasses Ph 281-398-7525 **Page 19**

www.infocusonline.org

Interchurch Medical Assistance, Inc.

Paul Derstine, Pres. Phone: 410/635-8720

Don Padgett, R.Ph., Pharmaceutical Svcs Dir.

P. O. Box 429 Fax: 410/635-8726

New Windsor, MD 21776

Contact person: Patty Ditzel

imainfo@interchurch.org

www.interchurch.org

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

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

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

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

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

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

International Aid

Myles Fish, president,

Chuck McMillan, Mission Resource team leader,

Phone: 616 846 7490

17011 W. Hickory Fax: 616 846 3842

Spring Lake MI 49456-9712

ia@internationalaid.org

www.internationalaid.org

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

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

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

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

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

sic 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 Boulevard, Toledo, Ohio 43606-3112

Phone: 419.535.6996 Email: james.diller@sbcglobal.net

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

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

King Benevolent Fund, Inc.

Art Yannucciello, Operations Manager, 1119 Commonwealth Ave, Bristol, VA 24201 Phone: 276 466 3014 or

800 321 9234 Fax: 276 466 0955

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

Lions Clubs eyeglass recycling centers

Coordinator: Denisa Marston

915-683-3611 www.lionsclubs.org

MAP International

International Medical Resources (IMR)

2200 Glynco Parkway Phone: (912)265-6010

P.O. Box 215000 Fax: (912)265-6170

Brunswick, GA 31521-5000

Contact: Customer Services

email: custsrvc@map.org

Website: www.map.org

Has pharmaceuticals and medical supplies by individual request. Orders require the signature of a licensed practitioner (MD; DO; PA, etc.) Contact

MAP for an order form and instructions. All lability forms are also available on the website.

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

the latest contents and pricing. Phone: (912)265-6010 ext. 6665 or email: prepack@map.org.

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

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

Medical Bridges, Inc.

PO Box 300245, Houston TX 77230- Phone: 713 748

8131 Fax: 713 748 0118

Web site www.medicalbridges.org

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

MedShare International

A. B. Short, Chief Executive Officer, MedShare International, 3240 Clifton Springs Road, Decatur, GA 30034
Phone: 770-323-5858 Fax: 770-323-4301

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

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

Northwest Medical Teams

Tammy Kurtz, P. O. Box 10, Portland, OR 97207-0010

<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 nrobbins@project2020.org

<http://www.project2020.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 Ph 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.

SBC Pioneers eyeglass bank for recycled or used glasses
1714 Ashland Avenue, Rm 23 Houston, Tx. 77008
Wanda Schoellkopf 713-865-5713

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

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

North Central Jurisdiction

Lorna Jost, 928 4th St. #2, Brookings, SD 57006 Tel:
605-692-3390, Email:

umvim-ncj@brookings.net Website: [http://](http://www.gbmg-umc.org/northcentralvim/)

www.gbmg-umc.org/northcentralvim/

Northeastern Jurisdiction

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

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FROM THE EDITOR'S DESK

It seems that the longer I publish THE KNOCK, the more things happen to make it more difficult.

This time when I was just getting ready to put this issue together, MAJOR computer malfunction occurred. I went from support from my ISP, several times, to Microsoft support, several times, before I finally ordered a part, an Ethernet Adapter, and installed it. Even then there were problems until I took the part out and cleaned it and the site thoroughly with compressed air. At last, I could begin to work!

Thank you, thank you, thank you, Barbara Stone! Barbara sat down and sent me a number of errors that had been in the last issue. I really appreciated this as I am generally “out of the loop.” Thanks again, Barbara. I hope the rest of you will do likewise and help our newsletter be as accurate as possible.

I might sound like a broken record, but the newsletter lives because some of you write up your experiences and plans and send them in to me or to your jurisdictional office to be forwarded to me.

Each issue printed goes into several archival storage programs where they will be a vital part of our history as **you** are writing it or letting it get lost forever.

Many people have commented that the Volunteers in Mission movement is a new and powerful mission and evangelism program in our church. Randy Nugent, past Executive Secretary of the General Board of Global Ministries told me, “UMVIM is the most rapidly growing mission program in the world.”

Mike Watson, MD

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

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

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