

THE KNOCK

AN OCCASIONAL NEWSLETTER OF OPPORTUNITY
PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL
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A Global Emergency THE RESURGENCE OF TUBERCULOSIS:

Part two

Note: this is the second of a two-part article. The first appeared in the Spring 2007 issue. Ed.

The continuing epidemic: The increase in the incidence of tuberculosis over the past decade has caused the World Health Organization to declare a global TB emergency. The worldwide institution of Direct Observation Treatment Strategy (DOTS), increased world attention, and increased funding have not reversed this resurgence of TB. Much of the current increase in tuberculosis has occurred in sub-Saharan Africa, but the problem is truly worldwide in scope. Although their incidence rate is lower than Africa's, China and India each have over a million cases of active TB. Half of the people in the world with active TB live in Southeast Asia. There has been an alarming resurgence in Eastern Europe and in the former Soviet Union, fueled by a severe economic decline, and the deterioration of their public health system. Unfortunately, a relatively high proportion of cases in this area are multidrug-resistant (MDR) TB, increasing the cost of treatment manyfold, and markedly raising the death rate.

The reason for the global resurgence of TB is a complex issue that has confounded WHO and public health experts around the world. The marked increase in the incidence of multidrug-resistance (MDR-TB), and the effect of TB/HIV co-infection will be discussed later. Many potentially important risk factors have been somewhat neglected. In many countries chronic conflict and civil war have led to large numbers of refugees and internally displaced persons who live under chaotic, crowded and primitive conditions without access to health services. Increasing globalization, crowded cities with multi

tudes living in squalor, large scale immigration and the ease of travel, all contribute to an increased risk of tuberculosis, including the risk of multidrug resistant TBC, not only in developing countries, but also in the U.S.

In coming years, more attention needs to be given to the interaction between chronic diseases and tuberculosis, including diabetes, malnutrition, vitamin A and vitamin D deficiency, and respiratory illnesses caused by tobacco and air pollution. The most likely overarching cause of this continuing epidemic of TB, from the point of view of many experts, is a worldwide failure of public health systems to recognize the new threat and take appropriate corrective measures. A strong case can be made that ultimately the main cause of this resurgence is an increase in poverty throughout the developing world, a lack of available and accessible health care, and a widespread breakdown in public health systems.

A major concern has been the failure of WHO/DOTS to reverse the global increase in TB and bring the epidemic to a close. It is recognized that DOTS has increased government involvement, standardized therapy, improved management and monitoring, raised awareness, and garnered increased attention and funding for tuberculosis. However, organizations such as Doctors Without Borders and individual experts have leveled many criticisms about DOTS. Problems have included the use of the sputum smear as the only diagnostic method and treating only smear positive patients. This excluded from treatment and follow-up the over 50% of patients who are smear negative. This policy excludes the majority of those co-infected with HIV (who tend to be smear negative), most children, and all cases of extra-pulmonary disease. The requirements for direct observation treatment force patients to travel to regional centers on a daily basis or to be hospitalized to receive treatment.

(Continued Page 3)

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

The General Board of Global Ministries has made two very important decisions in recent months. The first is that we will no longer have an UMVIM health care component at the national level. The United Methodist Fellowship of Health Care Volunteers, organized in 1999, will no longer exist as an entity. Future leadership of UMVIM health care volunteers will rest with the Jurisdictions and Annual Conferences. Thirty percent of our UMVIM teams have a health care component. Health volunteers have specific issues and needs that must continue to be addressed. We have grown in knowledge, skills and experience over the last decade. We do not want to risk losing sight of what we have learned. Our component jurisdictional and conference structures must now provide the much needed support, encouragement and development of resources for our health care volunteers. Think of the incredible needs in developing countries!!! We do not want to risk losing the opportunities that this health care ministry provides to serve the poor and the sick throughout the world.

The second decision that GBGM made was to discontinue their financial support of this newsletter, the KNOCK, after the next issue. I believe that it is essential for all of us to realize that these two actions in no way diminish the importance of health care volunteering as a part of UMVIM, and the vital importance of the KNOCK. This newsletter is our means of telling the UMVIM health care story, listing opportunities to serve, and providing needed information to volunteers. If the KNOCK is to continue, it will need your financial support. Your esteemed editor, Mike Watson, has written a letter to our readership asking for this support. Your generous donations will help to ensure that this valuable resource will continue to arrive at your door. Please give this your most serious and prayerful consideration.

Roger Boe, MD, Consultant THE KNOCK

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THE KNOCK

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STATEMENT OF PURPOSE

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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A GLOBAL EPIDEMIC

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This places an enormous economic and social burden on patients and families. This framework has clearly prioritized public health over individual patient rights and needs. The treatment priority was aimed at stopping the spread of disease. WHO has recently modified their approach as incorporated in the Stop TB Strategy, in order to make quality care available without barriers, to further strengthen the local health systems, and further develop a community based model for TB control, including the training of rural personnel to perform the direct observation therapy. These changes in DOTS and recent collaborative efforts involving WHO, local governments and other organizations have produced some encouraging results for TB control in some areas.

HIV/TB Co-infection: Much of the recent global increase in tuberculosis can be attributed to the spread of HIV in Africa and subsequently in Asia and the Caribbean. In Africa, 38% of newly diagnosed tuberculosis cases are also infected with HIV, which profoundly affects management. Since there is a great deal of symptom overlap, and sputum smears are often negative for AFB, the presence of active TB in patients with HIV is often very difficult to diagnose. Tuberculosis is often the first manifestation of HIV infection. The early silent HIV has already weakened the immune system, allowing dissemination of active TB. Co-infection with HIV and TB is a lethal combination, each speeding the other's progress. Tuberculosis is now the leading cause of death in HIV infected patients. HIV testing is not done routinely in TB Clinics. In Sub-Saharan Africa, less than 10% of patients attending TB clinics are tested for HIV. The concurrence of TBC and HIV in the same patient obviously poses many challenges, and complicates management of patients. The two diseases are often treated in two separate clinics. Increasing access to anti-retrovirals will not improve survival in patients who have both diseases unless early diagnosis and aggressive treatment of TB is carried out concomitantly. Prophylaxis is also indicated after TB treatment has been completed in order to prevent reactivation. The drugs used to treat HIV and TB have high rates of negative interactions, and increased cumulative toxicity. WHO has strongly recommended that management of both diseases be integrated into the same clinic setting. This combined epidemic has posed huge problems for

national health programs. Many cannot continue DOTS at the recommended levels because of increasing caseloads and increasing administrative costs. Clinics are forced to exclude patients or drastically alter the basic direct observation recommendations. Without large infusions of outside support and funding, prospects for patients with TB/HIV co-infection remain dim.

Multidrug-resistant Tuberculosis (MDR-TB):

Multidrug-resistance arises from inadequate treatment of primary TB. Drugs are either taken intermittently, or the course is not completed. The resistant strains take over, and no longer respond to the medicines that were previously effective. These strains in turn can be transmitted to other patients who also cannot be treated with standard medicines. MDR-TB is, by definition, resistance at least to isoniazid and rifampicin, the two most used and most powerful drugs. Global incidence estimates for MDR-TB are 400-600,000 cases each year. Percentages range from 4% in the US to 20% in parts of China, and much higher in Southern Africa and the former Soviet Union. WHO predicts that with current rates of increase, 1.5 million patients will have drug resistant TB by the year 2015. HIV care centers are notoriously prone to nosocomial MDR. Both patients and staff are at high risk. Unfortunately the diagnosis of MDR-TB is most often only made by the failure to respond to standard therapy. Sensitivity testing is rarely performed in most settings in developing countries, and then takes 6-9 weeks for results to become available. Treatment requires the use of at least four second line drugs, which need to be continued for 18-24 months. They are much less effective, much more expensive (100X more expensive than standard Rx) and have a much greater toxicity. The failure rates and fatality rates are very high, even with completion of the entire treatment schedule. The reality is that the drugs needed to treat MDR-TB are rarely available in developing countries. During the past decade, strains of TB have been appearing that are also resistant to the second line drugs, and are extremely difficult to treat with agents that are currently available. They have been called extensively drug resistant tuberculosis, XDR-TB. They have appeared in 28 countries, mainly in patients with HIV. A recent outbreak in South Africa killed 53 of 54 patients within 16 days of diagnosis. Recent sensitivity testing studies by CDC and WHO found that up to 10% of MDR strains are now in fact XDR. The origins are the same as for MDR, that is, inadequate treatment with inappropriate drugs selects for resistant strains. **Page 3**

The development of MDR and XDR underline a desperate need that has been apparent for decades, the need for new drugs that will shorten the duration of therapy, work in new ways, are less toxic, less expensive, penetrate extra-pulmonary sites, and require less frequent dosing intervals. Drug companies have shown little interest in TB drug development because of a lack of a commercial market. The recent increase in world funding for TB has given them more incentive, and several new drugs are on the horizon, but much more work needs to be done in this area.

Conclusions and implications for short-term missionaries: The current story of tuberculosis is one of incredible complexity, one that can't be told in a few pages. This story verifies that TB is a true global emergency, and the situation can become worse if current trends continue. Some encouraging signs are the increased recognition of the problems, and the increased funding from several sources. Priority needs include the development and training of human resources, and the improved management and support of health care systems, in particular those that are based in the community. New diagnostic tests and improved laboratory facilities are needed, as well as an integration of TB and HIV control and treatment programs, particularly in sub-Saharan Africa. Africa must control HIV and TB simultaneously or they will control neither. A collaborative effort between governments, public health systems and the organizations that are involved in TB control remains essential. Programs also cannot succeed without sustained funding for basic public health and clinical infrastructure, and appropriately trained personnel. Larger in scope there is also a need for research into health policies and systems, and for development of new technologies and new drugs.

The purpose of this article is to stimulate your interest in this important disease, and to recognize the current constraints on effective control of TB in developing countries. It is critically important to consider the diagnosis of TB in every patient seen in endemic areas, and to be aware of the various and often subtle presentations. The diagnosis is often very difficult for the Volunteers In Mission clinics, and almost always involves a referral to a regional public health clinic for confirmation of the diagnosis and follow-up management. The short-term missionary can support and work with the local health systems in managing TB patients. We can also learn a great deal from local health personnel who work with TB in its various forms on a daily basis. They are the true experts.

Roger Boe

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UMVIM MISSION TO GHANA

January, 2007

Kay Brooks

In January of 2007, our group of Christians was called by God to start a fledgling ministry in the middle region of Ghana. Leading our team were the Rev. Listowel Ayensu-Mensah, student pastor at North Freedom, WI, and the Rev. Linda Pliska, a retired pastor from Green Bay, WI. Joining the two pastors were a nurse, a teacher, Rev. Pliska's husband, an engineer, and an accountant. Rev. Mensah's wife took on the crucial role of cook.

Originally from Ghana, Pastor Mensah worked for a number of years as a banker in Germany. While there, he felt a call to the ministry. He left Germany to pursue his theological studies in Nigeria and is now pursuing his Master's degree in Dubuque, IA.

On this first trip, Pastor Mensah's goals were to 1.) Help build a parsonage for the circuit minister in his wife's hometown of Aworowa, 2.) Deliver medical and school supplies, and 3.) Develop a positive relationship between the Ghanaian people and our mission team.

Pastor Mensah enlisted his friends in Ghana to help with team arrangements. His wife's cousin took responsibility with some aspects of planning and our in-country travel. The cousin was waiting at the airport in a 15-passenger van to serve as our driver. However, because of our excess supplies, we required an additional taxi.

Our destination was the small village of Aworowa in the Brong-Ahafo region of central Ghana. Because the trip was about 10 hours by car, we spent one day each way in transit in Accra, the capital city and also in Kumasi, another important city. Our accommodations were made at mission houses, which are hostels connected to a church or religious school. Respecting our need for comfort, Pastor made arrangements for rooms with hot water and air conditioning. Hotel accommodations afforded us a chance to "regroup" at the end of each day as well as enjoy the luxuries of flush toilets, warm showers, and a cool

room. Perhaps it's testimony to our privileged life in America, but the use of hotels in lieu of home-stays seemed to be a good plan for a first trip.

Meals consisted of breakfast served at the hotel and lunch cooked each day by Felicia Mensah, in a different parishioner's home. Felicia assured hygienic preparation so that no one became ill. Our night meal was at the hotel from the team's selection of cheese, fresh fruit and home-made bread.

The designated project of helping to build a parsonage ended up being a great icebreaker. We were able to work side-by-side with over 80 parishioners. The fact that we were all sharing a common goal bridged any language barrier. What we accomplished was not measurable by the number of blocks we carried.

In addition, our engineer, Mike Pliska, took notice of deficient electrical work in the church. Rather than simply right the wrong, he found a young man interested in helping and trained him to cap off the ends of bare wires and also wire an additional ceiling fan for the sanctuary.

Nurse Karel spent part of a day at the nearby clinic, observing the services offered to the townspeople and making note of needs. This was also an opportunity to deliver the uniforms, vitamins, band-aids, etc. we had brought. The clinic staff was very appreciative. Karel also attempted to visit and take supplies to the hospital in nearby Wenchi but the administrator was unable to meet with her. Thankfully communication was established later which has become the focus of our 2008 trip, which will be medically based.

Kay, our teacher, visited the school to observe and deliver supplies. The highlight of her visit was an impromptu concert put on by the students while they waited for their teachers to return from a meeting. What a treat!

At our hotel we made a connection with an agricultural group staying there. This group was considering ways to support farmers with practical, affordable suggestions for improvement in the Brong-Ahafo area. From our discussions, they became interested in the needs of Aworowa as well. At the end of our stay, we met together to brainstorm possible agricultural improvements for Aworowa such as an additional well, an improved sewage system, and additional animals, and crops. We pray that something fruitful will develop for Aworowa from this chance meeting.

From this trip, aside from learning the logistics of being in a developing country, we now value our connection to key local people, and our

growing understanding of a totally different culture. We came away with a sense of our hosts' needs, laying the foundation for the next trip. We actually had no plan to return, but once we grew to know and love these people, the wheels just started to turn.

Since our return home, team members have begun to generate local interest in Ghana and have sponsored fund-raising activities for a second visit. Recruitment of additional healthcare workers is underway. A shipping container with healthcare and school supplies is about to be shipped to the project.

Persons wishing to join the January 2008 team to Ghana should contact Karel Tormey at 608-524-6998 (email ktrn@merr.com) or Pastor Listowel Mensah at 608-522-4868 (email amen-sah1@yahoo.co.uk).

MEDICAL MISSION to Matagalpa, Nicaragua

Caroline Dennis, 106 Timber Lane, Greenwood, SC
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August 4-11, 2007

Matagalpa is a thriving town in the mountains of North East Nicaragua. Transportation is difficult over winding roads with little maintenance in areas. The views were worth the travel. This area is just breathtaking. Our accommodations were luxurious by mission team standards. We had the added comfort of daily fresh ground and dried Nicaraguan coffee.

The Omar Alvarez family is an integral part of the El Ayudante Mission Program, www.nicamissions.com. At the Matagalpa residence they housed us in a newly built mission home, fed us fantastic local foods and joined us as members of our team for our service there.

Our team was composed of one MD, one Physician Assistant, 6 RN's, 2 Pharmacists and 8 others of various skills. We had two 16-year-old young men as part of our group. We were a team almost immediately as each person found his/her place and went about serving, as they were needed.

Our Sunday was spent in worship at the Santa Emilia Supreme Bean Coffee Plantation. We enjoyed a time of singing and sharing high in the mountains above Matagalpa. We packed pills and prepared for our work the next day.

We were able to visit three places in our four days of clinic work. Two of the three had not had teams there before (Nuestra Tiezra and La Pintada). Thanks to our hosts the villages were well prepared and ready for us. We had comfortable and functional places to work (a school and a church) **Page 5**

and were able to set up and begin quickly. We were able to provide toys and games to children as they waited and even adults joined in and had fun with balls and bubbles. Thanks to hard work on the part of our MD and pharmacists we were able to take with us approximately \$50,000.00 worth of medications. We were able to give out antibiotics and treat several serious machete wounds, UTI's, and URI's. We were able to give vitamins to adults and children and to treat general issues of worms and scabies.

Several more acute issues were identified and the Alvarez's will work with village leaders to get further medical assistance for them.

Our third work place was Mahanaim La Dalia Rehab Center. This facility is very primitive and is home to drug and alcohol addicts as well as children and youth that families put out. There was one child of four or five years who had recently been "left" here. The conditions were deplorable but the joy was great. The facility is private religious based and survives truly on the kindness of local farmers and organizations. We were able to worship with them and to witness the true power of belief that no matter what conditions you live in, God is Good and Real.

At the end of our week's work, we visited the State Preserve Active Volcano and did some shopping as we headed back from the mountains to prepare for our journey home. God is truly at work in these mountains through the people who served us, through the simple acts of appreciation bestowed on us, and by our own time together in service to God's People in Nicaragua.

SOUTH CAROLINA DENTAL TEAM To Belize

In early July, a team of ten traveled to Corozal Town, in the northeast of Belize, to set up and operate a children's dental clinic for one week. The group was under the leadership of the Rev. Dr. Scott Wachter, 120 E. Buford St., Gaffney, SC 29340, who is the pastor of Buford Street United Methodist Church in Gaffney, SC. Dr. Ron Barrett was the team's dentist and Mrs. Lynne Marino served as hygienist. Other jobs filled by members include the following: activities leader, music leader, dental assistants, receptionist, maintenance supervisor, lab technician and good will ambassador.

One hundred and ninety-two children under the age of 16 were served during the five days of operation. All children had their teeth cleaned, treated with fluoride, and had any necessary fillings as well as some extractions. Each received a toothbrush, toothpaste, prizes, and balloon hats after their procedures. **Page 6** Adults experiencing tooth pain were also seen

as the dentist had openings.

A mini Vacation Bible School was run concurrently to minister to and supervise the dozens of children who came to the clinic each day. The team took materials to make crafts. The "Power Bands" with knots and colored beads demonstrating one's journey with Christ were the most popular. The children were taught fun children's hymns. And, they experienced the love of Christ through Aliceann and the adults who helped her in her room.

The host church and location of the clinic was the oceanfront Corozal Town Methodist Church and School. The pastor of the church and Belizean host was Rev. Roosevelt Papouloute and his family. For their fun day, the team chose to visit a government park in the rain forest and enjoy zip lines through the forest canopy, explore area caves by tubing through them with a guide, and visiting the Belize City Zoo.

Team members included Scott, Teresa and Aliceann Wachter; Dr. Ron and Mary Nell Barrett; Jesse and Lindsay Hunt; Lynne Marino; and Bud and Suzanne Jones. This was the second trip for the Barretts, Wachters, and Lynne to Belize for dental missions.

Additional trips are expected. Contact Scott if you'd like to be a part of our next team. Dental professionals and students are desperately needed. A three-chair portable dental clinic with generator and compressor is stored at the Papouloute's parsonage. Belize Mission Project, a ministry begun by Cam Collins and The Woodlands UMC, Texas, owns this equipment. It is available to any UM-VIM teams who would like to conduct a dental clinic in Belize. The web address is www.belizemissions.org.

CAROLINA HONDURAS HEALTH CLINIC 2007 UPDATE

Gail Richardson

Carolina Honduras Health Clinic was founded by Dr. Henry Gibson of Barnwell in the mid-1990's. It is located on the coast in Limon, Honduras, some three hours from LaCeiba.

In August, Dr. Gibson led the following team members on a medical mission: Chris Zawacki, Barnwell, SC; Dr. Bill Turner, Anderson, SC; Dr. Monique Rainford, Jamaica; Jimmy Tyner, Barnwell; Vicki Glover, PA, Barnwell; Jennifer Grubbs, Barnwell; Lucy Hudson, Barnwell; Ryan Rainford, Jamaica; Margaret Young, Barnwell; Terry Richardson and Gail Richardson, Barnwell, and Ken Hook of Virginia.

Additionally, this team fostered education in the schools in Limon and in the mountain town of Icoteas, where there is a satellite clinic.

Groups or individuals interested in working in medical missions in Honduras should contact Norma Jean Easterling, Carolina Honduras Health Foundation, Post Office Box 528, Barnwell, SC, email <normajeaneasterling@aol.com> or telephone (803) 259-3513.

BOOK REVIEW:

Autumn 2007

SETTING UP COMMUNITY HEALTH PROGRAMMES

A Practical Manual for Use in Developing Countries, 3rd Edition, by Lankester, Ted; MacMillan, 2007.

Dr. Lankester is a superbly trained physician who has had many years experience as founder and Director of SHARE, a community health program in the Indian Himalayas as a practicing clinician, and consultant on community health. More recently he has been a founder of the Community Health Global Network, an organization devoted to improving the quality of community health programs and better collaboration between health players, especially those in the faith-based sector.

In the new and extensively revised 3rd edition of this widely used text, Lankester skillfully combines the CBPHC (Community Based Primary Health Care) principles of partnering with and empowering the community with a practical hands on approach for training health workers similar to David Werner's Helping Health Workers Learn. In fact, many of the clever illustrations are taken from Werner's book.

Important chapters cover the rationale for community based health care, and the challenges faced in setting up a community health program. There is an excellent overview called Learning about the Community, which includes an excellent detailed discussion of the health needs assessment process. The selection and training of community health workers is well covered. A unique and invaluable inclusion is a detailed description of the actual process of setting up, managing, and sustaining a community health clinic.

WHO recommendations and other authoritative sources are carefully incorporated. Other chapters include the management of common illness, preventive and public health measures, family planning, and the management of HIV/AIDS and tuberculosis. The

author specifically aims at providing resources for faith-based organizations and other NGOs.

The book is detailed and comprehensive, yet clearly and simply written. It will be useful both for the front line physician and health worker and for administrators and health planners. It is invaluable for anyone involved in primary care in developing countries, including doctors, nurses, and health care workers at all levels.

Setting Up Community Health Programmes, in my opinion, is clearly the most comprehensive, up to date resource currently available on this subject. Lankester provides us with the best step-by-step, state of the art guide for setting up a community based primary health program. It should be required reading for anyone involved in primary care in developing countries.

Roger Boe, MD, Medical Consultant

INMED News,
August 2007

WHY DO MEDICAL MISSIONS?

Most health professionals dream of international service, but what motivates this ubiquitous attraction? For some, it is the reality of human suffering and a resulting sense of personal duty. Certainly the stark conditions of poverty, preventable disease, absent medical care, and needless death that affect developing nations are disturbing. Providing help is a moral imperative that often evokes compassion and action.

But the inclination to engage in medical missions is usually more complex. Some health professionals see it as an opportunity to test their skills amid the most demanding circumstances - ophthalmologists, for example, who are thrilled at the prospect of performing twenty cataract surgeries in a day. Other health professionals are more motivated by the adventure of entering a new culture, welcoming the insight and unique friendships it brings to them and their families.

Medical missions is also a way to test one's calling in life. Scott Armistead is a family physician from Richmond, Virginia, who followed this path. At this year's Exploring Medical Missions Conference, he described how as a medical student he volunteered at a hospital in Tanzania, and as a resident he served at a clinic in Mozambique. "While I did indeed care for people," explains Scott, "these were moreover 'vision trips.' They helped me to test and refine

my career plans." Today, Scott is a staff physician at Bach Christian Hospital in the mountains of Pakistan - a role he's held for eight years. "In the final analysis," says Scott, "my motivation toward medical missions was not simply a response to human suffering. It was also complemented by a deep sense of personal joy and a desire to express my Christian faith in a very tangible way."

Whatever drives you to participate, the [Institute for International Medicine](#) would like to assist. Hundreds of health professionals have investigated medical missions through the:

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Nicholas Comninellis, MD, MPH

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SIMPLE COST EFFECTIVE METHODS TO PROMOTE SAFE WATER AT THE FAMILY LEVEL

August 2007

Beth Ferrell, R.N., M.S.N.

United Methodist Missionary, MIIR, NCJ

Page 8 Basic Health Indicators in developing coun-

tries reveal that life is substandard in many parameters. Among the most serious are the lack of a safe water supply and adequate sanitation. Twelve percent (12%) of world's population uses 85% of its water and the 12% do NOT live in the developing world. (3)

The Health implications of unsafe water/inadequate sanitation are serious: 1) Contaminated drinking water causes 1 billion illnesses and 5 million deaths annually (4) ; 2) Unsafe drinking water and lack of adequate sanitation/hygiene cause 1.6 million deaths annually, the vast majority being under five years old; 1 billion are at risk, 4 billion have diarrhea diseases; 88% are due to unsafe water and lack of adequate sanitation/hygiene. **Ninety-four percent (94%) could be prevented by correcting these inadequacies (6, 9);** 3) Fifty percent (50%) of people in developing countries, at any given time, suffer from health problems caused by water/sanitation deficits. (3); 4) Fifty percent (50%) of the people in the developing countries suffer from the following diseases related to Water/Sanitation: (4, 10): Diarrhea (Dysentery, Cholera, etc.), Schistosomiasis (Bilharziasis), Onchocerciasis (River Blindness), Trachoma, Dracunculiasis (Dracontiasis, Guinea Worm Disease), Ascariasis (Round Worm), Hookworm (Ancylostomiasis, Uncinariasis, Necatoriasis), Malaria, etc.; 5) Ninety point five percent (90.5%) of diarrhea deaths in developing countries occur in the under fifteen-year-old population. (2); 4500-5000 young children die daily from diarrhea diseases; 2000 in Sub Sahara Africa vs. 700 in developed countries. These numbers could be *decreased: 25% with safe water; 32 % with improved sanitation; 45% with hand washing and hygiene education; 39% with household water treatment with chlorine and improved storage.* (2, 6)

Economic/Educational implications of the lack of safe water and inadequate sanitation in Sub Sahara Africa alone are staggering: \$28.4 Billion Dollars lost annually; Lost school days: 443 million annually; Countless hours each day spent by women collecting and treating water. (3)

Various methods for water disinfection of water have been used over the years. The methods described in this article address microbial contamination, the most common and widespread health risk, with drinking water (7). Methods to address chemical contamination are not addressed in this paper. Prior to using any method it is recommended that the **THREE STEP WATER TREATMENT PROCESS** (12) be followed: 1) Sedimentation which removes large particles (sand, grit, dirt) and attached bacteria; 2) Filtration which eliminates fine particles and most pathogens; 3) Disinfection which eliminates pathogens

DISINFECTION METHODS

Appropriate for developing countries/poor communities

► BOILING (6, 8, 9, 12):

The most common method.

Bringing the water to a rolling boil effectively kills pathogens (9, 12); Boiling kills parasitic organisms (8, 12); and viruses (12).

Advantages: Simple; uses common knowledge; uses locally available material. (12)

Disadvantages:

Inefficient; time consuming; costly due to necessary fuel and is environmentally unsustainable; contributes to indoor pollution and deforestation; does not remove suspended or dissolved particles; scalding injuries (particularly to children); needs to be cooled before consumption; possible recontamination before consumption. (6, 8, 12)

► CHEMICALS:

CHLORINE (Liquid/Powder/Tablet form) is the second most common method of treating water. (6, 8, 11, 12).

Causes chemical reactions that reduce contaminants in water by inactivating or killing them. Also oxidizes organic matter, manganese, iron, and hydrogen sulphide. Works best with clear water. With appropriate dose will kill 100% of bacteria and viruses but not parasites (Giardia, Cryptosporidium and Helminthes eggs). (12)

Products:

5.25 % Sodium Hypochlorite (household bleach), stir and let stand for 30 minutes before using.

(I used 5 drops of bleach which can be done in the bush by using a green, not dry, twig as a dropper.)

Calcium Hypochlorite or NA (Sodium) DCC Tablets can also be used. (I also used Camper Chlorine tablets-1 tablet/quart of water. This is good when you are traveling and can easily be added to a quart bottle of water. Remember to wait 30 minutes before using.)

Advantages: Inexpensive: US\$ 1-4/family/year; residual Chlorine protects water for a period of time. (11, 12)

Drawbacks:

Taste unacceptable to some; forms complex compounds which may be detrimental to health over time; degrades with time; contact time is required to be effective; dose varies with water quality; need continuous supply; hazardous if improperly used. (11, 12)

TINCTURE OF IODINE (11, 12)

Add three drops of tincture of iodine to a quart of water, stir and let set 30 minutes before using.

► FILTRATION (6, 11, 12)

High quality ceramic filters with small pores and coated with a silver colloid are effective in removing many microbes and other suspended solids. Biofilm filters (Biosand, JAL, Sand, etc.) may also be used. Other filters can be made out of local materials using sand, gravel, charcoal and a variety of containers.

See Web site: www.cawst.org for an excellent description of a variety of filter systems.

► FLOCCULATION DISINFECTION (6)

This method adds a powder or tablets to coagulate and flocculate sediments in water followed by a timed release of chlorine. Particularly useful for treating turbid water. After the powder or tablet is added, the water is stirred for a few minutes, strained to separate the flocculants and allowed to stand another 30 minutes for complete disinfection.

Moringa Seeds (powdered and placed in a cloth pouch) are an example of a flocculent—you can literally see turbid water settle. Disinfectant qualities of Moringa Seeds are being studied.

► SOLAR DISINFECTION (SODIS) (6, 12, 13)

(Personally used over four years in Sierra Leone and is highly recommended by the author of this article)

Solar Radiation

A simple water treatment method using solar radiation and temperature that is effective between Latitudes 35° North and 35° South. Solar radiation of 500 W/m² for approximately 6 hours is needed for SODIS to be effective.

UV-A (320-400 nm.) has a germicidal effect; Infrared radiation raises the temperature of water. Ultra-violet-A Rays and temperature work together, synergistically, to destroy pathogenic bacteria, viruses, yeasts/mold and protozoa present in water. There is deactivation of 99.9% of bacteria and inactivation of viruses, yeast/mold and Protozoa. Although not necessary to produce safe water, an added benefit is that Pasteurization occurs if the temperature reaches 65-75 degrees Celsius.

Operation:

Allow water to settle if turbid (a simple test is to read something through the bottle to make sure the water is not turbid).

Ladle the settled water through a fine mesh cloth (sheet, t-shirt, etc) directly into a clean clear plastic (or glass) 1-3 quart bottle with a tight fitting lid.

Fill the bottle $\frac{3}{4}$ full, cap and shake it, then fill it up to the top and recap.

Lay the bottle on its side on a shiny surface, such as a zinc roof where it will NOT be in the shade for 6 hours of the sunniest time of the day. (Side exposure to the sun allows the sun's rays to penetrate the water better.)

Although the solar radiation comes through the

clouds unless it is actively raining, most experts recommend putting the bottles in the sun a second day if it is cloudy to ensure the complete inactivation of pathogens.

Advantages: Kills all pathogens; simple and easy to do; no capital cost (just the clear plastic or glass bottles); no consumables required; convenient for storage and transportation; reduces risk of recontamination in the container

Drawbacks: Water should be clear for best efficiency; does not remove suspended particles or dissolved compounds; requires bright sunlight; waiting period (6-12 hours); needs to cool before consumption.

► SOLAR PASTEURIZATION (12)

Pasteurization is the process of disinfecting food, liquids or water by heat or radiation. There are various ways to pasteurize water using the sun for the energy source to heat the water. Pasteurization will not help if the water is brackish or chemically contaminated.

See the website: <solarcooking.org> for more detailed information.

► SAFE WATER STORAGE (6, 8, 12)

To ensure the safety of water after it has been “treated”

The Water Container should be clean and disinfected (a bleach solution can be used); have a narrow mouth or spigot; a tight fitting cap. Water should be poured out of the container into a clean cup, NOT dipped and NEVER drink directly from the container.

► ACHIEVEMENT OF HEALTH CARE GOALS (6)

Technical effectiveness: ability to remove or inactivate pathogens.

Consumer acceptance: availability of product; cost; taste/clarity and safety of treated water. Consider cultural factors and community preferences.

Scalability: achieving widespread sustained use.

REFERENCE LIST

1) Website: www.unicef.org

2) Website: www.unicef.org

3) Website: www.globalissues.org

4) Website: www.safewatersystems.com

5) Website: www.usaid.com

6) Website:

www.who.int/water_sanitation_health/publications/

“Combating Waterborne Diseases at the Household Level”

7) Website:

www.who.int/water_sanitation_health/dwz/gd...

8) Website: www.cdc.gov

9) Website: www.who.int.household_water

Page 10 [/en/index.html](http://en/index.html)

10) Control of Communicable Diseases in Man, 12th edition, Abram S. Benenson, Editor, 1975, American Public Health Association

11) Let's Build Our Lives, Daniel E. Fountain, M.D., Editor, 1990, Map International (out of print)

12) Website: www.cawst.org Centre for Affordable Water and Sanitation Technology

13) Website: www.sodis.ch/files/SODIS_manual_english.pdf,

“Solar Water Disinfection: A Guide for the Application of SODIS”

WWSL

Women for Women of Sierra Leone

58 Livingston Avenue

Staten Island, New York 10314

Telephone: 646.456.3436 Fax: 718.370.0663

WEBSITE: <http://wwsl-inc.tripod.com>

From: **abator thomas** <abator07@yahoo.co.uk>

Date: Sep 19, 2007 12:31 PM

Subject: Re: WWSL December 2007 Medical and Surgical Team

To: WWSL <wwslinc@gmail.com>

Dear Rev. Georgiana Johnson:

It has been a real pleasure working with you and WWSL. As you know, we have just concluded a general election and the opposition party, the All People's Congress, won. It means the SLPP government is now the opposition party.

What does this all mean? It means things will go on as usual for the civil servants but the political heads, like myself, will have to step down. In the normal run of things we should have stepped down now but the new president has asked us to remain in our position so we have a smooth transition. It is not clear how long that will take. I can assure you that in my handing over notes I will certainly highlight the work that we have been doing with Women for Women of Sierra Leone USA and the pending visit of the December 2007 Medical and Surgical Teams.

Let me thank you and WWSL for all your efforts in bringing SUPERIOR health care and health care equipment and medicines to Sierra Leone; and I must say it has been great working with you and your Team and God will bless you all.

Kind regards, Hon. Abator Thomas, Outgoing Minister of Health and Sanitation, Youyi Building, Brookfield, Freetown, Sierra Leone

BITS AND PIECES

FALL, 2007

YAWS

WHO revives efforts to eliminate yaws, a forgotten disease. Almost eliminated during the '50s, yaws is recurring to the extent that more than 500,000 cases are now estimated, mainly in marginalized populations in Africa, Asia and South America. Caused by a spirochete distantly related to syphilis, yaws is spread by skin contact, mainly affecting children who are debilitated by malnutrition or other illness. Lesions develop that eventually eat through skin, cartilage, then bone, leaving gaping holes and permanent horrible deformities. Yaws can be treated with a single dose of long acting penicillin, at a cost of about 30 cents. We need to be aware of this recurrence, and consider this possibility in children we see. For excellent photos of yaws go to google images.

Roger W. Boe

Chukungunya Outbreaks—The globalization of vector borne diseases NEJM 356:8, 769: In 2000 a massive epidemic of an emerging viral disease, Chukungunya fever, spread from Islands in the Indian Ocean to India, eventually involving an estimated 2 million people. Over 1000 persons returning from these areas to Europe and the U.S. were diagnosed with the disease. It is caused by an arbovirus and transmitted by an Aedes mosquito, (as are West Nile Virus and Dengue Fever). The word chukungunya means 'bends up', referring to the severe and persistent joint pains that accompany the fever and rash, which often last for weeks. The outbreak was caused by a new mutation in the virus. This new epidemic and its rapid spread throughout the world is a pattern similar to previous experience with West Nile Virus. It is another illustration of the new disease risks brought about by globalization. What's next?

Roger Boe

Cornerstone Foundation, which has a mission clinic/hospital in Northern Honduras, reports in their recent newsletter about receiving a box of donated supplies labeled "DEFECTIVE, THIRD WORLD OR THROW." The writer comments: "That was written on the box sent down here. This box was not sent to the 'Third World'. It was sent to people. Not third rate people, just people. Giving the defective—the thing you would just as soon throw in the trash---is not charity. I don't believe that is the kind of charity God calls us to. These people matter. They matter because God made

them, as he made all of us, each in His own image." Point made. We need to give those we serve our best, not our trash.

BULLETIN BOARD

Hi Mike,

I am a Junior nursing student at Presentation College in Aberdeen, SD. I am looking for an internship opportunity for summer 2008. Is there anything with UMVIM that would be applicable to me? (I have also worked with UMVIM as a Global Justice Volunteer this summer – I went to the Asian Rural Institute in Japan.)

Thanks!

Heather Burnham

218 S Congress

Aberdeen, SD 57401

heatherb_32@hotmail.com

NEEDS HELP

My name is Kelly Gray and I am currently an Associate Professor of Nursing at North Central State College in Mansfield, Ohio. I am interested in taking a group of my nursing students on a medical mission trip next summer. I found information about your organization from several websites of nurses who had taken medical mission trips in the past. I am interested in any information you could provide on opportunities available. Thank you.

Kelly Gray, North Central State College,
2441 Kenwood Circle, Mansfield, Ohio 44901,
419-755-4895 <kgray@ncstatecollege.edu>

MEDICAL PERSONNEL NEEDED IN KENYA

This is a portion of an e-mail from Rev. Josam of Nakuru, Kenya for the need of medical personnel as soon as humanly possible.

If you are interested, please begin by calling Kip Robinson in the UMVIM, SEJ office at 1-800-659-0609.

"It will be very nice to receive a doctor or nurse to work at the clinic. Currently we urgently need a volunteer nurse or a doctor from USA who can be willing to come and work at **Page 11**

our clinic for a longer duration like four months and above. Please, if you can get somebody, treat this request urgently. We shall provide free accommodation at the clinic facility for one nurse or a doctor working for four months and above. We shall facilitate the medical work permit.”

MEDICAL TEAM NEEDED IN CHILE

The Mapuche Indians of Chile need a medical team to conduct a clinic in the underdeveloped area of Temuco Province. It would be best for a team leader go visit for a few days to line everything up before a team goes. The conditions will be ruggedly challenging but well worth the effort.

For more information or contact information for these two opportunities call Rev. Nick Elliott at UVMIM, SEJ at 404-377-7424

PENDING MEDICAL TEAMS

(Often these teams will welcome additional members. For late additions to this list or further information go to the jurisdictional coordinator's websites on page 21. Ed)

Jan 2008 **HAITI**, Cayes Medical + construction Dr. Doyle Ellis at64cousin_ellis@yahoo.com 812-882-2716 S IND

1/5/08 1/18/08 **COSTA RICA**, El Hospicio de Huerfanos construction / medical Beverly Nolte bnmedical@aol.com 515-237-8544\$1,425 IA

1/5/08-1/19/08 **COSTA RICA** Beverly Nolte bnmedical@aol.com

1/9/08 1/24/08 **GHANA**, Techiman Medical + construction Karel Tormey / North Freedom ktrn@merr.com 608-524-6998\$2,500 WI

1/9-1/24/08**GHANA** Karel Tormey ktrn@merrcom

1/11/08 1/27/08 **TANZANIA**, Ilula Medical + construction + teach John Windell / Fort Branch, 1st UMC 812-753-4424 S IND

1/11/08 1/19/08 **NICARAGUA** Medical Donna Schaad / Bloomington dschaad@wiche.edu IGR

1/12/08 1/25/08 **LIBERIA & SIERRA LEONE** Medical + construction team I Donald and Marilyn Griffith / Indianapolis GriffithMarilyn@aol.com 765-324-2556 S IND

1/15/08 1/26/08 **NICARAGUA**, Jalapa Medical / ISLA Jean Kennedy / Minneapolis jean@isla.cc 612-819-8877 MN

1/21/08 1/30/08 **HAITI**, Les Cayes construction / medical David and Josephina Kaller kaller@netzero.net 708-448-6740 N IL (See page 13)

Page 12 1/26/08 2/8/08 **LIBERIA & SIERRA LEONE**

Medical + construction team II Donald and Marilyn Griffith / Indianapolis GriffithMarilyn@aol.com 765-324-2556 S IND

February 2008 **LIBERIA** Clinics, medical Jenni Dodge dodgej@eocumc.com 800-831-3972 E OH

2/13/08 2/22/08 **INDIA**, Siliguri, West Bengal Medical & Evangelical Roger Weaver / rweaver@glatfelter.com 740-779-0205~ \$2500 W OH

2/14-22/08 **HAITI** Tom Vencuss tvenuss@wethersfieldumc.org

2/21/08 3/1/08 **NICARAGUA** RxConneXion - Medical Teresa Miller rbkids@acd.net 517-699-4116 \$1,450 W MI

2/24/08 3/8/08 **LIBERIA** Operation Classroom: medical Minnesota team MN

2/28/08 3/14/08 **SIERRA LEONE**, Manonkoh medical Doris Acton nhumc4@isd.net 952-835-7585\$2,600 MN

2/29/08 3/8/08 **PANAMA** RxConneXion - Medical Jane Dunn / richjane@ameritech.net 630-790-4387\$1,500 N IL

3/1/08 3/9/08 **HONDURAS** medical Jay McDowell /Our Lords UMC, New Berlin Incdowell@wi.rr.com 414-529-0472\$1,200 WI

3/22/08 5/1/08 **NICARAGUA**, Jalapa medical Jean Kennedy / ISLA jean@isla.cc 612-819-8877 MN

Spring 2008 **MEXICO**, Matamoros medical Lorraine Koehn lkoehn49@hotmail.com W MI

6/14/08 7/3/08 **NIGERIA** medical / teaching / construction Beverly Nolte / Des Moines bnmedical@aol.com 515 237 8544 \$2,300 IA

6/16/08 6/27/08 **NICARAGUA**, Jalapa medical Jean Kennedy / ISLA jean@isla.cc 612-819-8877 MN

October 2008 **LIBERIA** medical Barbara Tutton 262-495-2268 WI

11/8-20/08 **SIERRA LEONE** Doris Acton nhumc4@isd.net

10/11/08 10/22/08 **NICARAGUA**, Jalapa medical Jean Kennedy / ISLA jean@isla.cc 612-819-8877

Medical Mission Trip to Haiti Planned

Medical personnel, including physicians, nurses, dentists, eye doctors, and others with medical skills, as well as some non-medical people are needed for a medical mission trip to Haiti in January 21-30, 2008. The team will go to the Les Cayes area of Haiti, on the southern coast. They will be led by the Rev. David B. Kaller, pastor of Ingalls Park U.M.C., Joliet, IL, and his wife, Maria J. (Josefina) Kaller, RN. The Kallers have made two previous trips to Haiti, in 2006 and 2007, in collaboration with Dr. Doyle Ellis, DDS, and his wife, Carolyn Ellis, RN, of Vincennes, Indiana, veterans of over 35 years of mission trips to Haiti. The Kallers have also led trips to Panama, Costa Rica, and South Africa.

Volunteers who would like to be a part of the 2008 trip are being recruited now. If interested, the

Kallers may be contacted at kaller@netzero.net, 815-722-2383 (church phone and fax), 815-723-6462 (house), or c/o Ingalls Park United Methodist Church, 105 Davison, Joliet, IL 60451.

In January 2006, a team led by the Kallers and the Ellises offered day clinics at three rural sites, in the area of Les Cayes, including the island of Isle a Vache, off the Caribbean coast. The team had help from Haitian medical personnel, including doctors, nurses, and dentists, as well as from the Methodist Church in Les Cayes, and its pastor, the Rev. Christel Lelievre. The team also visited the Methodist School in Les Cayes, and brought supplies to the school.

In addition to taking medicine with them (much of it from donations, including from the King Be-nevolent Fund, of Richmond, VA), and purchasing some medicine there, the team also took homemade cloth diapers, and safety pins to distribute to expectant mothers and mothers of infants. Scholarships were also given to students at the Methodist School.

The goals of the 2008 trip will be very similar to those of 2007, except that the group will allow more time. Instead of a seven-day trip, this time it will be 10 days, thus allowing more on-site work days, in addition to travel and tourist activities.

The Kallers have more information to share about their previous trips, and are willing to present programs. The estimated cost of the 2008 trip will be \$1500 per person (subject to increase depending on airfares). A \$500 non-reimbursable deposit is due by October 15, 2007, payable to Ingalls Park United Methodist Church (mark for "Haiti Mission") for those who would like to be a part of the 2008 team.

Guatemala Team

I am leading a team to Boca Costa, Guatemala again May 17 – 25. Will possibly need one more doctor and would like a dentist and maybe nurses. This is a District project so have to start with those but welcome others.

Jean Broyles 540-366-9065 LVODAY@aol.com

MEDICAL OPPORTUNITIES FOR VOLUNTEER TEAMS AND INDIVIDUALS

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

*For more information on preparing a medical team for volunteer service, contact the UMVIM Medical Consultant, Dr. Michael C. Watson, Sr.
<mikewsr@pol.net>*

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

MAUA: MAUA METHODIST HOSPITAL

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

Contact: Maua Methodist Hospital, PO Box 63 Maua Meru North Kenya 011-254-167-21107: 011-254-167-21121

mckhosp@africaonline.co.ke

KIANDEGWA HEALTH CLINIC:

KIANDEGWA HEALTH CLINIC

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

MOMBASA: COAST SCHOOL FOR THE PHYSICALLY HANDICAPPED MOMBASA

Rehabilitation of physically handicapped children 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

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

mck-conf@nbnet.co.ke

MOMBASA: LIGHTHOUSE FOR CHRIST MISSION AND EYE CENTRE

PAGE 13

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

Contact: Lighthouse For Christ Mission and Eye Centre - <http://lighthouseforchrist.org/>
PO Box 81465 Mombasa Kenya

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 011-231-227-154: 011-231-227-516

Bishopinnis@hotmail.com or Liberi-aumc@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

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, mmivel-vet@juno.com

KISSY: THE UMC HEALTH MATERNITY CENTER

needs help refurbishing their facilities, and to install the Dental Unit, and they need Physicians, nurses, and other medical personnel. Contact: Rev. Joe Wagner US contact person (Operation Classroom), P. O. Box 277 Colfax IN 46035 765-324-2556 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 320 762

Page 14 1888 gessla@realp.com

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

CAMBODIA/LAOS/THAILAND/VIETNAM INDO-THAI LIMITED

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

INDIA

BAREILLY: CLARA SWAIN HOSPITAL

physical therapists. Contact: Greg Forrester

Indvols@gbgm-umc.org

CRAWFORD MEMORIAL HOSPITAL THE METHODIST CHURCH OF INDIA

plastic surgeons, orthopedic surgeons, OBGYN, nurses, public health nurses for 27 locations. Contact: Greg Forrester

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

HEALTH SERVICES DEPARTMENT, UNITED MISSION TO NEPAL

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 and Eye clinic

Gebeau and Despagne Medical Teams

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

every quarter. Ear and Dermatologist specialists are especially welcome.

Contact: Charles & Patty Maddox UMVIM Coordinators, Methodist Guest House, 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 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 804-695-2803 awhite@inna.net

PIGNON: CHRISTIAN MISSION OF [PIGNON](#)

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

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

JAMAICA

KINGSTON: RENAL FOUNDATION

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

METHODIST CLINICS

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

PUERTO RICO

VIEQUES CLINIC & CAMP CORSON

need volunteer nurses, doctors, other health professionals.

Contact: Rev. Edgardo Jusino UMVIM Coordinator,

Iglesia Metodista de Puerto Rico Los Angeles H-25
Calle C Carolina PR 979 (787) 253-0539

edju@coqui.net

ST. VINCENT

CHATEAUBELAIR: HOSPITAL AT CHATEAUBELAIR

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 409/765-6587 WCMGalv@aol.com

GUATEMALA

CAMANCHAJ / URBINA: [SALUD Y PAZ](#) CLINICS

Clinics in Camanchaj and Urbina. 60-70 patients seen daily for medical and dental. Once a month, eyeglass component is added. Medical laboratory is being added; help required for laboratory. Projects involve setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala. People from the surrounding areas will be invited to come to the clinic. **Page 15**

Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala. Contact: Dr. Phil Plunk (Medical Coordinator), Apartado Postal #65 Quetzaltenango, 9001 Guatemala

011-502-217-1985 pplunk@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, about 4 in total, are open when medical teams are present. The critical need is for medical teams. Most teams are one week in duration with a minimum of one doctor and 2-3 support people per doctor. Contact Jim/Dianne Thompson, jodmthompson@hotmail.com

CURAMERICAS

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

919-821-8000 gladys@curamericas.org

HONDURAS

LA MOSKITIA: SEND HOPE

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

a Dios Honduras 011-504-898-7552

THE HONDURAS INITIATIVE

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

wilsonfey@aol.com

LIMON: CAROLINA HONDURAS HEALTH FOUNDATION

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

MAMA PROJECT (MUJERES AMIGAS MILES APART)

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

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

NICARAGUA

THE RAINBOW NETWORK - CIUDAD SANDINO MANAGUA

The Rainbow Network provides medical services (needs especially dentists and ophthalmologists), public health support, housing, education and economic development assistance to their community. Teams may participate in these areas as well.

Contact: Peter D. Schaller, Rainbow Network Ciudad Sandino, Zona #6 Managua Nicaragua 011-505-269-7585

arcoiris@ibw.com.ni

MANAGUA: THE METHODIST CHURCH OF NICARAGUA

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

Clinic 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 - 704-723-4845 -

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

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 919-832-9560: 1-800-849-4433

staylor@nccumc.org

Azerbaijan Refugee Clinic Assistance

UMCOR Azerbaijan is seeking an Individual UM-VIM 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 2008.

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

TALLINN: TALLINN CHILDREN CENTER LIGHTHOUSE

Dentists are needed in this 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 UMVIM Coordinator, 9153 Yarrow St. Westminster CO 90021 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 011-52(55)53-64-15-54

camvoluntarios@iglesia-metodista.org.mx

SOUTHEAST CONFERENCE

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

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

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

USA

Alaska

CHUGIAK: BIRCHWOOD CAMP

needs camp nurse for summer camp programs. Contact: Dave Kobersmith, PO Box 670049 Chugiak AK USA

907-688-2734 birchwd@alaska.net

WESLEY REHABILITATION & CARE CENTER

needs registered Respiratory Therapist for nursing home residents.

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

Georgia

MURPHY-HARPST CHILDREN'S CENTERS

Therapists to work with emotionally disturbed children/youth,

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

Kentucky

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

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

RED BIRD CLINIC

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

Oklahoma

UNITED METHODIST CAMPING MINISTRY

United Methodist camping ministry needs volunteer nurses. Food and lodging provided; background check required.

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

SOUTH AMERICA

BOLIVIA

CURAMERICAS

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

Page 18 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 021 5573542: 021 5577999 - evangelmed@yahoo.com.br

CHILE

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

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

Iquique: Nurse - Nurse needed at Iquique.

Contact: Fabiola Grandon Toledo, Casilla 67, Sargento Aldea 1041, Santiago Chile 011-56-2-2692923 fgrandon78@hotmail.com OR voluntarios_proyectoschile@hotmail.com

EMANA - (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

011-56-57-412-718; emanaproject@yahoo.com
www.emana.org

Puerto Bermudez - Medical Volunteers needed.

Contact: Bishop Marcos Ochoa, Iglesia Metodista de Peru, Apartado 1386, Paisaje Baylones 186, Lima 05 Peru 011-51-1-424-5970: 011-51-1-447-4820

iglesiamp@terra.com.pe

Iquitos - Project Bushmaster -

www.HopeUnites.org

- Medical teams are sought for work in Iquitos at a school in an area of profound poverty. Medical and dental services are needed by children with no resources.
- Also, medical teams can travel the Amazon by

medical boat to provide medical services isolated villages on the riverbank.

- Common maladies include tooth infections, eye infections, parasites and lice.

o Contact: Gael Orr, 585-346-3310

gael@hopeunites.org

VENEZUELA

EL RENUEVO GLOBAL MINISTRIES MEDICAL TEAM MEDICAL BOAT

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

Two 9-day trips in June 2008.

RURAL AREA ORINOCO-DELTA (TOWN OF URACOA): EL RENUEVO 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 2008.

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 La-Fayette AL 36862 USA

334-864-9135: 334-864-0932 el-renuevo@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 sandyo@4-him.net For more information: www.4-him.net where you can fill out an application for needed medical supplies and view a partial listing of our current medical supplies.

Blessings, International

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

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

Offers a wide selection of prescription and over-the-counter medicines, including vitamins. Also has medical supplies. Small equipment items such as thermometers, stethoscopes, sphygmomanometers, ophthalmoscopes, nebulizers. Dental needles and medicines, but no dental supplies or equipment. Does not handle large equipment. Dr. Harder, the director, is a pharmacologist, and can advise on drug selection and therapeutic choices.

Contact them for an application form and current lists of available drugs and supplies. Prescription drugs can be ordered by any health professional with US prescribing privileges

CHOSEN Mission Project

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

rich@chosenmissionproject.org

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

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

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

Christian Dental Society

P. O. Box 296, Sumner, Iowa 50674
Phone & FAX: 563-578-8887 cdssent@iowatelecom.net

www.christiandental.org

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

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 person: Melinda Matzen, Project Manager

Glasses for the Masses

Ed Irwin Asst. Direct, Fairview UMC

2505 Old Niles Ferry Rd.

Maryville, TN 37803 865/983-2080 Res 865-984-2468

Cell 865 250-4366 Email: enirwin@charter.net 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 281-398-7525 - supply house for new glasses

www.infocusonline.org

Interchurch Medical Assistance, Inc.

Paul Derstine, Pres.

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

8726 imainfo@interchurch.org

www.interchurch.org

Has extensive stocks of donated and purchased drugs and medical supplies. These can be ordered by an MD with a DEA number. Contact IMA, request a current list of available drugs and supplies and an application form.

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

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

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

International Aid

Myles Fish, president,

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

www.internationalaid.org

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

Major source of medical equipment. Has a staff of trained biotechnicians who refurbish and check out medical and dental equipment. Will take orders, then contact when equipment becomes available and has been refurbished.

Provides technical training for operators and repair technicians, both on site and overseas. Contact Mark Heydenburg for further information.

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

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

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

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

3123 Kenwood 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, Brunswick, GA 31521-5000

Contact: Customer Services P.O. Box 215000

Phone: (912)265-6010 Fax: (912)265-6170
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 ligibility 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 eye-glasses & 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 Phone 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)

UNITED METHODIST VOLUNTEERS IN MISSION JURISDICTIONAL COORDINATORS

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

North Central Jurisdiction

Lorna Jost, Old Sanctuary, 928 4th St. Office #2, Brookings, SD 57006 Tel (605) 692-3390. Fax (605) 692-3391 E-mail: umvim-ncj@brookings.net

Northeastern Jurisdiction

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

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

South Central Jurisdiction

Barbara Stone, PO Box 331, Mexico, MO 65265
Tel (573) 253-1374

E-mail: umvimscj@ktis.net

Website: <http://scj.umportal.org>

Southeastern Jurisdiction

Nick Elliott, 315 West Ponce de Leon Ave.~ Suite 750, Decatur, GA 30030

Tel (404) 377-7424. Fax (404) 377-8182

E-mail: sejinfo@umvim.org

Western Jurisdiction

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

E-mail: love2trvl@imbris.com

MISSION VOLUNTEERS OFFICE

Clint Rabb

Assistant General Secretary

Michael Deborja

Manager, Network Services, General Board of Global
Ministries, 475 Riverside Dr., Suite 330, New York,
NY 10115

Tel (212) 870-3825 • Fax (212) 870-3624

E-mail: voluntrs@gbgm-umc.org

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

INDIVIDUAL VOLUNTEERS

Nancy Eubanks, Consultant

Individual Volunteers - Global Ministries

426 Eubanks Road, Brownsville, Tn 38012

731-772-0458 nteubanks@gmail.com

Nick Elliott (SE Jurisdiction only)

315 West Ponce de Leon Ave., Suite 750, Decatur,

GA 30030 Tel (404) 377-7424 • Fax (404) 377-8182

E-mail: sejinfo@umvim.org

FROM THE EDITOR'S DESK

A number of years ago a major hurricane struck the Florida keys. A man in the Northeast remembered a friend who lived in the area that was hardest hit by the storm, so he sent him a telegram saying, "How are things there?"

Soon he received this reply, "Everything that was fastened down has done come loose."

That describes how I felt when I received the news that the United Methodist Fellowship of Health Care Volunteers (UMF/HCV) was no longer in existence and THE KNOCK would be funded for only two more issues by the UMGBGM.

I have been the editor of THE KNOCK for about twenty years after the BOD of the UMVIM, SEJ asked that I organize a medical component for that group. It was a great help in the organizing, and the Medical Fellowship of the SEJ grew in a gratifying way in the Southeast and later in the denomination. When the UMF/HCV asked that the newsletter represent them as well, I consented. In 2002, this group stopped asking the readership for support and began depending on the UMGBGM finances entirely.

I expressed my alarm at this but to no avail and
Page 22 now my worst fears had ma-

terialized. It took some time for me to collect myself and plan for the future.

One thing that I knew for sure was that I was certain that THE KNOCK needed to be continued. It was a necessary component for the movement to grow and become even more successful for a number of reasons.

I decided to send a letter to all on the mailing list and explain the situation and if they felt that it was worthwhile, perhaps they would contribute enough to keep it afloat.

I did this and waited. Within a few days I had my answer - an almost overwhelming, it seemed to me, affirmation! Due to your generosity, the future of our newsletter is assured for the next several issues. We are not wealthy, by any means, but we can continue through next year. At the end of next year we can come to you again for the following year.

I sense a personal affirmation for this. For the past twenty years, I have not had much in the way of evaluation of my work. Along with the money you sent, you included words of encouragement. Thank you!

I feel that we are on the brink of a major addition to our ability to help the people to whom we minister.

I have been in close communication with Dr. Earle Goodman, DVM. Through him I have found that there are many veterinarians who are anxious to be involved in mission work using their knowledge and skills. In fact there seem to be more volunteers than known places for them to serve. They have organized the Christian Veterinary Missions (CVM) for the purpose of increasing their ability to serve.

As a result of the interaction between Earle and myself, I am beginning to formulate a plan of operation between the two groups.

First we must learn as much as we can about the ability of the veterinarians to make life more healthful for the people we serve in the underdeveloped countries. Believe me, they could be a BIG help.

After we learn how they can have a positive impact on communities that we visit, we call in the veterinarians for their expertise.

More on this subject later.

Please remember that I need your help with this newsletter. Let me know what I can do to improve it in any way. Send me accounts of missions accomplished and planned.

The next issue will go to bed on April 15, so get the material in prior to this date.

A big thank you to Roger Boe for all his very valuable help. Mike Watson, MD, Editor

UNITED METHODIST VOLUNTEERS IN MISSION

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

Please type or print

NAME _____ DATE OF BIRTH ____/____/____
ADDRESS (Home) _____
(Work) _____
E MAIL _____
TELEPHONE (Home) _____ (Work) _____ FAX _____
LOCAL CHURCH AFFILIATION _____
PROFESSION/SPECIALTY OR AREAS OF EXPERTISE _____
OTHER SPECIAL SKILLS/INTERESTS _____
LANGUAGES SPOKEN OTHER THAN ENGLISH _____
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You can help promote and improve the health of people locally and in other countries by your prayers, your service, and your tax deductible gifts. Please give \$25 or more annually. Please mail this form, voluntary contributions, and inquiries to:

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Michael C. Watson, MD

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THE KNOCK

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

Matthew 10:8 (CEV)

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

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

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