



THE KNOCK

A NEWSLETTER OF OPPORTUNITY
PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

A SERVICE OF THE UNITED METHODIST VOLUNTEERS IN MISSION

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

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A LETTER TO KATRINA

February 19, 2006

Dear Katrina,

Your recent visit had a devastating impact on millions of Americans, yet still provided a positive wake-up call to do things better throughout our society. I need to talk about both sides of this event so people will never forget, will hold accountable those that failed, and force changes that will protect us from a future threat.

At first, we were surprised and stunned by your strength. You turned the Gulf into a 'war zone' with your Cat 3 winds, your storm surge and your torrential rains and tornadoes.

However, our complacency was generated somewhat by your smaller, but more powerful sister Camille in 1969, which we survived much better. She gave us a false sense of security that, when coupled with arrogant pride in our levies, flood control and drainage systems, and our disregard, even disrespect, of natural wetlands and their role in protecting our shores, resulted in our undoing and created the worst man-made and natural disaster to impact the US, ever. Therefore, you were not just a natural disaster, but rather an equally man-made one.

It was this realization that led to our next reactionary emotions: frustration and anger, which were directed at the federal, state and local governments, most particularly FEMA, the Corps of Engineers, President Bush, Governor Blanco and Mayor Nagin. There were even those that saw you as God's response for sin, global warming, politics in general or other equally cynical rationalities.

You made us cry when images of people trapped on rooftops wrote signs like "Help Us"; when communities denied safe passage to evacuees or would

not take them in; when bodies were found in hospitals, nursing homes and on the streets, in homes and in piles of debris; and when people in positions of public trust avoided their responsibility with excuses casting blame elsewhere. All this while human suffering reached unimaginable proportions in the Superdome, the Convention Center and in hospitals and other 'safe' places.

In spite of all this, Katrina, you brought underlying issues of race, poverty and health status to the surface, even though both a beloved American iconic city and Gulf Coast residents were inundated by flooding and destruction. You revealed inadequacies in our government and the man-made institutions and facilities that were designed to protect us. But most importantly, you provided a wake up call to all of us who were touched by you to come together and help our fellow Americans no matter what their economic status, their way of life, their age and health, or their skin color.

Today, there are more volunteers in your wake along the Gulf Coast than residents, more people helping people than governmental presence, and a far greater human spirit than would have been the case had you never visited our shores. This is indeed a blessing.

Therefore in the end, Katrina, we have won. You are gone. But we are here, rebuilding, recovering, and are of one accord to never, ever let you or your kind so affect us again. Many more of us now are committed to remembering these lessons.

An American Volunteer

A list of teams seeking volunteers, including many medical teams, can be found at: http://www.umvim.org/PriorityNeeds_TeamNeeds.htm

Alice White, RN

Address: 6928 Cabin Lane, Gloucester, VA 23061

email: amwhite1@earthlink.net

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

GUIDELINES for UMVIM Teams

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

PRESIDENT’S LETTER

So, what can UMF/HCV do for you?

Do you think going on a medical mission trip is too daunting? Think again. UMF/HCV is a specialized arm of Volunteers in Mission (VIM). We work to enable you to contribute your healthcare skills on a short term mission team.

VIM provides needed logistical support. VIM helps arrange your air transportation arrangements and visas. VIM provides for you the needed onsite transportation, lodging, food, and drinking water.

Volunteers in Mission has already established relationships with local Methodist contacts overseas, helping to determine healthcare needs.

UMF/HCV helps provide the training of the team leaders for your medical mission team.

We can provide invaluable resource information to you about your personal health issues (such as recommended immunizations). We can provide for you educational resource information about the diseases and health issues specific for the location where you will be serving. UMF/HCV has developed extensive detailed background information about many of the specific locations where you may be going.

UMF/HCV has identified resources that your team can use to obtain needed medications and equipment.

We help to provide the context of your work — that it be done in the spirit of Christian servanthood.

So, what’s in it for you? This should be a new opportunity to use your skills, to share your knowledge, and to grow with experience and in spirit. A chance for you to have new and interesting experiences. Fellowship with members in your mission group and with your new onsite friends. An opportunity to serve God and those in need.

We want you to make more of a difference in this world. The opportunities are here. And that’s where we want you to be.

THE KNOCK

Editor: Mike Watson, M.D.
 4446 Charleston-Augusta Road
 Bamberg, S.C. 29003
 803/245-2296 (H)
 email: <mikewsr@pol.net
 Web site:

<http://gbgm-umc.org/vim/features/umfhcv.htm>

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STATEMENT OF PURPOSE

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

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

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CONSULTANT'S CORNER, SPRING 2006

Roger Boe,
Consultant, UMF/HCV

This is the first column that I have written since the decision was made to have the KNOCK available on the website as soon as it is published. You will be able to access the copy at www.healthcarevolunteers.org. I don't know about you, but I would very much miss being able to pick up the hard copy, reread it at my leisure, and refer back to information in back issues. For those of you who also feel that way, and want to continue to receive your issue by regular mail, you can per our distinguished editor, have it sent the old-fashioned way. Donations would be necessary, \$25 a year contribution, or more if you would like, to The KNOCK, attn Michael DeBorja, Mission Volunteers, GBGM, 475 Riverside Dr. Rm 330, New York, NY, 10115.

I hope that all of you will consider attending the North Central Jurisdiction Medical Rally, the Rx ConneXion, held this year in Indianapolis May 4-6. For further information contact Lorna Jost, umvimncj@brookings.net. Or you can go to the Southeast Jurisdiction Medical Fellowship Rally ("Connect") at Lake Junaluska, NC, June 28-30. Contact sejinfo@umvim.org. Of course, you can always attend both, like I do. Give yourself a chance to fellowship with others interested in mission health care, and learn of opportunities for service, new challenges in mission, and new ways to approach old problems. Rallies give us an inspiring dose of spiritual renewal, and the periodic rejuvenation that we all need. See you there.

Roger Boe, Consultant, UMF/HCV

CHRONIC DISEASES CAUSING INCREASING GLOBAL BURDEN

Wayne A. Hale, MD, MS, Associate Professor,
UNC Dept. of Family Medicine

The rapidly increasing ill effects of the obesity epidemic are evident to all who work in clinical medicine. The problem is that affluence brings a decreased need to exercise to meet the demands of life, while food calories become more available. As patients' body mass indices increase, so does their tendency to develop complications from hypertension, diabetes, and hyperlipidemia. Our populations are achieving ever-greater life spans, but are carrying heavier burdens of chronic diseases into their lat-

ter years. In the developed countries, we are meeting the challenges of these diseases by devoting more resources including manpower. The need is so great that our health systems are recruiting skilled medical workers from less developed parts of the world.

Those of us making medical mission trips to the same areas over a period of years are noting a discomfoting trend. As people living there escape poverty, some soon develop the medical complications of affluence. It is increasingly necessary to include diabetes medicines and anti-hypertensives in the clinic pharmacy stocks. This brings the challenges of providing chronic medications to patients whose disease management is limited to sporadic care by visiting medical brigades and distant practitioners. Due to limitations inherent in this situation, it is very unlikely that these patients will receive all of the treatment measures necessary to prevent complications of these diseases.

Drs. Murray and Lopez published the Global Burden of Disease Study in 1996 with sponsorship by the World Bank in collaboration with the WHO (World Health Organization). The GBD study divided diseases into three groups: Group I consisting of communicable diseases, maternal, perinatal, and nutritional disorders, Group II being non-communicable diseases, and Group III including all intentional or unintentional injuries. They then compared the relative importance of diseases from each category in mortality lists for each country. Subsequently the data was adjusted to represent the amount of disability produced by each disease, resulting in a disability adjusted life years (DALY) measurement that is thought to more accurately reflect the burden due to that disease. Although Group I diseases remain very important in the less developed countries, the WHO is very concerned about the rapid growth of non-communicable chronic diseases in those parts of the world which are least equipped to manage them. By 2020 it is predicted that Group II diseases (particularly cardiovascular disease, diabetes, cancer, and COPD) will cause 7 out of 10 deaths in developing countries and will make relatively greater demands on the medical care resources of these nations.

We should consider these trends when planning the patient education components of our medical missions. A balanced calorie-limited diet and daily exercise are necessary parts of everyone's healthy lifestyle. As representatives of a developed nation whose way of life is being emulated by the newly prosperous, we should strive to be role models of healthy adaptation. Walk around the areas where you are working and visit the homes. The exercise will be good for you and the interaction educational for everyone.

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www.who.int/chp/chronic_disease_report/en/

Lakou Trankil (Peaceful Place)

Lauren James

indigobomb@aol.com

Life in Port-au-Prince has certainly been a learning experience on many levels in my life. Since my departure for the Christmas holidays, my life has changed more drastically than ever. I'll give a brief explanation of this period of time for those who might not completely understand the current political and social situation in Haiti. This recount is based upon my personal experiences and daily life:

I slowly awake to the orange light of the sun coming through my bedroom window and the sound of roosters crowing and little bells chiming. The bells come from men who walk the street looking to polish the dusty shoes of other "piétons." Car horns have already begun honking in the streets outside and I know that the traffic will be bad soon.

I listen for the sound of my inverter — do we have EDH (Electricité d'Haiti) or am I totally on inverter? The answer will tell me whether or not I will be having toast for breakfast or just coffee. Most mornings, it's just coffee. The inverter cannot support a toaster oven or microwave. I make my coffee, Café Rebo, one of the few domestic products available for purchase in Haiti.

The water is tepid, that little rusty water heater hidden under trash and leaves on the balcony is certainly not enough to provide a hot shower, but then again, ANY water is good at this point. I cannot count the number of mornings I've awoken to nothing..... yes, that's right, no running water. You know what you do in that case—bucket it. Yep, you bathe, flush, brush, and clean from the bucket. Luckily, this morning, I have running water, so life moves along as "normal."

I live alone in a small flat, surrounded by palm trees, in the suburb of Petionville. I travel to and from work alone, in my own vehicle, and try to maintain as normal a life as possible. I work for a microfinance organization called Fonkoze and also have a radio show two nights a week on the national station Radio One. My weekends usually are slow and relaxed, spent by the pool, or sometimes, going to a restaurant in Petionville in the evening.

Page 4 Beginning in November and continuing into De-

ember, the number of kidnappings rose dramatically in Port-au-Prince. Fear was (and still is) prevalent, as was violence and overall instability. During this time, I saw first-hand the poverty and violence that is everywhere here. My closest friends were journalists who spent much of their time in the sprawling slum of Cité Soleil and hospitals where shooting victims were taken after student riots or street protests.

A friend of mine from North Carolina had been staying with me for nearly a month on an endeavor to produce a documentary film about Haiti. During my weeklong vacation stateside for the holidays, he was kidnapped with another DJ from the radio station — in front of my house. The two victims were taken to Cité Soleil and the car they were driving was stolen in the process.

I heard about the incident the day before I returned to Port-au-Prince. After two more days of waiting, listening for the phone to ring, planning, stressing, and waiting more, my friend was finally released. This was New Year's Eve—not exactly what I expected for my favorite holiday. The other kidnapping victim was released the following day.

My life has changed in a way that I honestly believe no one but God can understand. In these types of situations, all one can do is pray. I prayed, my mom and dad prayed, I think just about everyone was praying. And it worked.

That was before, now is after. Preval, the preferred presidential candidate amongst the majority poor, was elected president and will take office at the end of March. Things have calmed significantly, but one never knows when something will just explode. The citizens are hoping that Preval will have a positive impact on the nation and will lead Haiti in a new direction.

In this moral vacuum of a place, where desperation is so obvious everywhere everyday, it is sometimes hard to think that God can deliver. But, he did, he can, and he will.

So, I guess that the moral of this story is not to give up on God. When you really, truly need him, he will come through. I pray for electricity when there is none and I definitely pray for water, but sometimes, those are not the real things that we need to survive. We need hope and a clear sense of what is driving us to move forward.

THE GIFT OF SIGHT

By Ann Burger

While serving in Chile as a long-term missionary volunteer, I had the opportunity in March to assist with a medical/dental project for one week in Pachica, Chile, in conjunction with EMANA (Methodist Extension to Andean Youth). A team of doctors, nurses, dentists and many others from Mississippi provided medical and dental care to

over 575 people from many different small villages in Northern Chile. During that week, I was able to visit with the Andean people from the villages and discovered that many were in need of eyeglasses. Owning a pair of eyeglasses or contact lenses to correct vision is quite normal in the United States and is often taken for granted. Can you imagine living the rest of your life without seeing clearly? Most of those people know nothing different as they have never owned a pair of eyeglasses, but so desperately need them.

As a part of EMANA's Integral Health Project, the need for eyeglasses is being addressed and a new project is underway. Donations of eyeglasses, reading glasses, sunglasses (both prescription and non-prescription), and eyeglass cases will be collected and then distributed to the Andean people in Northern Chile. Financial contributions are also needed to help cover travel expenses to each village. Each pair of eyeglasses should be in a plastic zip lock bag, clearly labeled with the prescription. We must have the prescription of the glasses as we do not have the means to do so ourselves. Please contact us if you have donations so we can arrange for a way to receive them.

Not only do we need donations of eyeglasses, but just as importantly, we are also requesting the assistance of individuals and/or small groups with some experience and knowledge in this area who would be interested in coming to Chile to help with this project for a period of one to two weeks. We will be visiting many small villages in Northern Chile to set up areas where we can properly distribute eyeglasses to the people. We would prefer people with some experience or knowledge in this area; however, anyone who is interested and has a desire to serve the Lord in this way is encouraged to contact us. Currently, we would like to begin visiting the villages with eyeglasses as early as this August 2006.

We ask that you please keep this new project in your prayers as we seek to find ways to provide the Andean people with "The Gift of Sight." To receive more information about the eyeglass project of EMANA, please contact us at: EMANA, Casilla 832, Iquique, CHILE e-mail: ann.burger@hotmail.com or emanaproject@yahoo.com phone: 011-56-57-412-718 website: www.emana.org

EYE CLINIC TEAM IN GUATEMALA

Charles Ellinwood,
Kewadin, Michigan, chiela@aol.com

How many team members does it take to fit a pair of eyeglasses? Generally it was two, and sometimes three.

Translation was the challenge. Very few persons spoke English. Many did not speak Spanish. So frequently we needed a local person who could speak the

local Mayan language and Spanish. After conversing with the Mayan speaker, the local translator would pass the message in Spanish to our hired translator. Finally the message came in English to our team member.

Despite the cumbersomeness of the process we dispensed hundreds of prescription glasses to the people who came in the six days of our work. All who were examined also received a pair of non-prescription sunglasses. Most were eager to have attractive frames. Matching the aesthetic look was easier with the sunglasses than the prescription glasses.

One of the added challenges was the regular unpacking, setting up and packing again. We worked in four different locations so this process happened four times with the 12 large suitcases that contained the eyeglasses and the equipment.

Our first two settings were in clinics of Salud y Paz. These provided multiple rooms in which the various processes of the team could function.

Our third setting followed a launch ride across beautiful Lake Atitlan. After docking, the luggage was carted up a hill to a waiting pickup truck. When the luggage had been deposited the driver returned to load the team who had started the steep climb. Standing tightly packed in the pickup meant the chance of falling was low. The clinic was held in a large home with the team's functions scattered vertically in the house. A wooden ramp with rope hand rail brought patients to the top floor to receive their glasses. Though the climb was difficult the setting was airy and bright with a view of the community and the lake.

We moved from the vertical to the horizontal for our final clinic. It was in a small community church. The optometrists examined patients in the caretaker's bedroom. All other functions were spread throughout the small sanctuary.

Mayan people are friendly and patient. Sometimes people came in crowds which backed up the process. But they waited and smiled.

Patients needing cataract surgery were identified and appointments were made for an eye surgery team which will arrive later this year. The glasses which were not dispersed were left to be given out by later eye clinic teams.

It is good to experience this continuity with the regular arrivals of United Methodist Volunteers in Mission teams.

Book Review

RX FOR SURVIVAL

Why We Must Rise to the Global Health Challenge
By Philip Hiltz: Penguin, 2005.

This book was designed as a companion for the recent widely acclaimed PBS series of the same name. **Page 5**

However, this small volume easily stands on its own as a succinct, well-written analysis of what many regard as THE major danger of the current wildly accelerated pace of globalization, that of widespread uncontrolled epidemic disease. Mr. Hilts is a veteran prize-winning health and science reporter for the New York Times. His major thesis is that, although the threat of epidemics is real and immediate, we have the means at our disposal to deal with the problems. We have the economic resources. We have the knowledge and technology. What we lack and what we need desperately is the political will to carry out programs that have already been proven successful.

He begins with an introduction that describes how global interchange has increased the speed at which an epidemic travels, leaving less time for an effective response. It has also increased the opportunity for interchange of genetic material between organisms, altering virulence and antibiotic resistance. The major underlying cause of the problem, however, is the breakdown of a large portion of the world public health system in both rich and poor countries, the same system that was responsible for so many advances, and the lessening of epidemic risk during the 20th Century.

The second part of *Rx for Survival* goes on to describe four remarkable stories of interventions that have been notably successful.

1. The introduction of Oral Rehydration Solution in Bangladesh—the first massive field trial, responsible for reducing the death rate for babies with severe diarrhea from 50% to 1%, and in the process forming what has been called the world’s largest NGO (Non-Governmental Organization).

2. The routine administration of vitamin A to children in Nepal, virtually eliminating night blindness and xerophthalmia, and markedly reducing the rate of severe infections.

3. The attempt to eliminate one of the last pockets of polio in rural India.

4. The mass treatment of AIDS patients with anti-retrovirals in Botswana, the first such treatment in a developing country in history.

The success of these programs, and similar ones to which the author refers, are due to the presence of a number of key factors that combine to form what Hilts calls the Smart Aid Approach. (These are remarkably similar to the principles of Community Based Primary Health Care.)

Strong leadership, often local or regional, with long range commitment.

Project is planned and set up by the community, uses community personnel and supervisors.

People have a sense that they are doing this for themselves and for their community.

Extensive use of volunteers or minimally compensated personnel.

Local infrastructure is built up for the long haul (Good systems don’t come and go. They come and **STAY**.)

Inexpensive and sustainable interventions.

Combination of scientific basis and ongoing research.

The last part of the book discusses the forgotten link between health and wealth, the basic connection between disease prevention and economic development. We now have the demonstrated capability and the wealth to end the worst of the world’s health problems. It is in our self-interest to use this capability in this new era of globalization. It is also our shared interest. He uses the analogy of the Marshall Plan, surely the most successful aid program in history. Hilts does not use a scholarly approach with extensive documentation. As a skilled reporter, he tells the story and boldly speaks the truth. *Rx for Survival* closes with a note of guarded optimism. We have the knowledge. We have the wealth. The question remains. Do we have the will?

I recommend this book, not just for anyone with an interest in public health, but also for anyone interested in the survival of the human race.

Roger Boe

HONDURAS MISSION OF LOVE & SERVICE, A DIETITIAN’S PERSPECTIVE

Penny Pinson, RD
Registered Dietitian/Nutritionist
October 8-18, 2005

“All who call upon themselves the name of Christ are called into ministries of love and service by the example of Christ.”
(from Commissioning for Christian Service)

This story serves as a testimony to the value of a dietitian on a health care mission, and also how her ingenuity and forethought supplied us with basic laboratory services. As a result of her experience, Penny will be leading a medical team to Honduras next February. Roger Boe

HONDURAS

First impressions: airport confusion, hills and valleys, pine trees, green everywhere, just a beautiful landscape. Eastern Idaho sent its first UMVIM-sponsored medical/construction team to Honduras October 8-18, 2005. Our enthusiastic team included a pastor/construction worker, three additional construction members, three physicians,

one pharmacist, four public health nurses, one nurse from industry and one registered dietitian. We incorporated four local translators into our team when we arrived in the capital, Tegucigalpa.

During our medical team pre-departure meetings we discussed clinic flow and division of tasks. As a dietitian my duties were not as straightforward as others. Much of my career had been serving the nutrition needs of pregnant women and children in a public health low income setting. We agreed I would be the “lab” — to weigh and measure children, perform hemoglobin and blood sugar testing and do urinalysis. I read up on malnutrition, diseases seen in the area and the typical foods of Honduras. My biggest fear was that I would not be useful or busy.

We were planning to work in the village medical clinic in Escuapa near the Nicaraguan border, but rains from Hurricane Stan washed out the road. La Jagua, a rural village that had never had a medical team visit, was our Plan B location for the first two days and the Danli Central Methodist Church in Danli the next three. Our construction crew spent four days in La Jagua constructing the foundation of a pastor’s respite/outbuilding for their beautiful little church.

This bright turquoise church along with two small classrooms was the site of our clinic. To my delight the “lab” was busy! In fact, I was thankful that the nurses joined in to help with the testing or weighing when there was a press of clients. We found an infant scale, adult scale, measuring system (standing and recumbent), HemoCue (hemoglobin testing), blood sugar monitor and urine dip sticks were very valuable diagnostic tools. As I weighed infants I would encourage the mothers who were breastfeeding to continue in my Level 1 Spanish. Warmly congratulating them on their contribution to their infant’s health was goal number one. During the noon break I was able to talk with one of the local church leaders about the foods available in the community, the location of the community wells and get a general idea of the community nutritional status (other than my own observation).

Towards the end of that first busy day a young woman came to the clinic with classic symptoms of diabetes. She had been hospitalized for this condition in the past. Upon discharge she was given a prescription for diabetic medication but was unable to pay for it. In the hospital she had not been taught how to eat to help keep her blood sugars in control. Now she was again very sick with a high blood sugar. The doctor asked if I would like to talk with her about how she should be eating. With the valuable assistance from the area Pastora (female pastor), Doralbis Hildago, and a translator we discussed the principles of a diabetic diet. The Pastora planned to follow-up including monitoring her medication.

In La Jagua we did identify nine children out of fifty-seven screened who were mild to moderately malnourished and/or had low hemoglobin values.

The second clinic site was in the open, airy Danli Central Methodist Church sanctuary and classrooms. Our clinic flow was running smoothly. I began getting more nutrition counseling referrals from the doctors. They included weaning from the bottle, constipation issues, several diabetics and a possible growth delay syndrome. This was enjoyable and challenging. From an interpreting and a cultural perspective the translators were invaluable. The downside was I took the translator away from another station.

There is definitely a place on the medical mission teams for a registered dietitian/nutritionist. Contrary to my concerns I was both useful and busy. It would be most advantageous for the dietitian to arrive at least a half day ahead of the clinic opening. Then there would be time to visit the local market, grocery store, pharmacy and maybe even a home. One could get an idea of the familiar foods and their cost. This would be helpful during counseling. It was a joy to meet and talk with people of another culture about food and nutrition and I would encourage other dietitians to look into joining a team.

Working with the Honduran people was a great blessing to our entire group. I believe the public health background of many of the staff contributed to the smooth, upbeat running of the clinic operation. They’ve had experience working in areas with limited equipment, limited supplies, large families and less than ideal surroundings. In the future I would like the opportunity to return, God willing.

MISSION TO HONDURAS

Josh Nielson, D.O.

As a second-year family practice resident I was recently invited to go on a medical mission to Honduras sponsored by the Methodist Church. I felt a sense of accomplishment and enjoyment while caring for the people of Honduras. During this medical mission I quickly realized we were only there to help them and not to have a “third world medical experience” that everyone would want to sit around the table and hear about. By the end of this experience it was not the practice of medicine that I learned the most about. I feel I learned far greater lessons about people, life and teamwork.

Honduran people have important health care needs like the rest of the world, but they do not have the access much of the world has. In La Jagua, a small town we served in for two days, many people told of the great difficulty to get good health care. Several people walked for miles with their small children just to let a physician lay eyes and hands on them. Others described their great faith in God as the primary means to treating their ailments since a doctor was not available. We were able to provide some basic health care measures. These brief visits

may very well be the last they have until the next mission team comes along. The Honduran people may be lacking in medical care but they have an abundance of love for their children, and faith in God.

My emotions were very close to the surface as I sat and listened to the neatly dressed middle-aged woman tell me about each of four different kids she brought to the clinic along with her own children. These were neighbor kids whom she and her husband had taken in. They chose to make their hard life even more difficult by doing this. Each of these kids had a scraggly appearance, each obviously missing some of the daily cares we often take for granted. One child in particular was missing the signs of being loved and taken care of. He was dirty, all of his teeth were rotting, he was shy and avoided eye contact. We talked about his diet and if he liked to run and play like the other kids. The humble woman who brought him explained that he had been eating much better since he started coming to her house and that now he was able to keep up with the other kids. Their life was difficult but there was happiness in their eyes.

I can't say enough about the charity, love and unity of the mission team I worked with. From the moment I met them these attributes were displayed. The bright countenance from the team members was projected onto the people of Honduras. As everybody worked together closely, things fell into place. As patients presented to the clinic they were triaged to a specific doctor. After visiting with the doctor, patients were directed to our small laboratory section for dietary counseling. Lastly, they stopped at the pharmacy. Patients had translators available throughout the entire process. Without this teamwork we never would have been able to treat hundreds of people in such an efficient but loving manner.

There have been many mission teams before ours and there will be many after. I feel privileged to have had this experience with a great team. I learned so much from the people of Honduras. I can only hope I was able to help some of them, which was my simple goal from the beginning.

Dr Josh Nielson is a Family Practice Resident. By special arrangement with his program director, he was able to take 10 days away from his responsibilities and accompany us. He was invaluable. Josh is a Mormon, and fluent in Spanish from his two-year experience as a Missionary for his Church. His love for the people of Honduras was obvious, and his witness profound. His experience emphasizes again the value of involving health professionals in training on our mission teams.

Roger Boe

Neil Patel

Neil.patel@healthcarevolunteer.com

HealthCare Volunteer, a new non-profit organization attempts to improve ease of finding a global healthcare volunteering opportunity.

HealthCare Volunteer is a new organization launched in January, 2006, that specifically connects health care professionals of all kinds with global volunteering opportunities based on the volunteer's preferences.

Both biomedical engineers and now a medical and dental student respectively, Elliot Mendelsohn and Neilesh Patel pulled countless all-nighters to build the non-profit web site, which they believed provided an easier way for busy volunteers to quickly find a volunteering opportunity by connecting the thousands of healthcare volunteering organizations all under one web site. The web site boasts an online volunteering calendar for every U.S. state and country in the world. Non-profit organizations, volunteer dental missions, religious groups, school-based groups, individual professionals, civilians, and any other individual with a volunteering opportunity may add an opportunity to the web site. In addition, volunteers may search for opportunities by religion, health care specialty and over 10 other criteria. There are even listings of volunteering opportunities for trainable people wishing to volunteer. It's most recent initiatives were to allow volunteer organizations to supplement their listings with a logo, volunteer pictures and even application forms. This month it announced the launch of Project Requirements, which aims to create a database of volunteering licensure and malpractice laws in all countries (and some territories) of the world.

Since its launch, tens of thousands of visitors have flocked to the site to search for and add new volunteering opportunities. And after only three months, the site already has hundreds of listings and the largest online listing of global dental volunteering opportunities. "However, we expect to have thousands of volunteering opportunities by the end of the year," says Elliot Mendelsohn, "as new opportunities are being added every day."

Previously, access to emergency volunteering opportunities was difficult to coordinate, such as in Southern Sri Lanka after the Tsunami or in Louisiana and Mississippi after Hurricane Katrina. In the event of a public health disaster, HealthCare Volunteer would be an avenue to post volunteering opportunities so that relief volunteers could be mobilized much quicker. Coupled with valuable information from Project Requirements, in the future temporary licensure requirements and application process would also be expedited during these types of disasters. The web site also provides health care professionals the chance to cultivate valuable, cultural cross-breeding through volunteering

experiences anywhere in the world. For more information, visit the organization's web site at www.healthcarevolunteer.com. HealthCare Volunteer is an independent, 3rd party, non-partisan, non-governmental organization (NGO) unaffiliated with any country or entity and recently received its non-profit 501 (c) (3) status in the USA.

SCABIES IN BONGO

A Problem Solved?

Rufus Jennings, MD
jpedscard@aol.com
(239)-415-8399

Over a period of seven years, my wife Pat and I have led and participated in nine UMVIM medical missions to the rural area of Bongo. This is a relatively isolated area in Western Panama near the Costa Rican border. We have reported the results of this ongoing mission in previous editions of the Knock. For the first two years we went twice a year. Subsequently we have gone to Bongo only once a year, as another UMVIM medical group from University United Methodist Church in Chapel Hill, NC, has joined our efforts to improve the healthcare of the Bongo community. This medical group is led by Dr. Wes Wallace, an emergency room physician in the Chapel Hill area. Our own group is currently divided into four services: Optometry (Dr. Brad Middaugh), OB/GYN (Nancy Reddick, ARNP), Adult General Medicine (Dr. Rob Collins), and Pediatrics (Dr. Rufus Jennings). We are strongly supported in our efforts by Faith United Methodist church in Ft. Myers, FL. In this brief report I will discuss my own pediatric experience with the skin disease scabies. I can generally state that my pediatric experience has been paralleled by the experience of the physicians treating the adult patients, including Dr. Wallace and his group from North Carolina, although I have more complete data for my own pediatric patients.

Scabies is caused by the mite *Sarcoptes Scabiei*, subspecies *hominis*. The mite enters into the skin, and then usually burrows beneath the epidermis, eating the dermis, and defecating. This causes an intense allergic reaction and itching, and in children, often causes uncontrolled scratching. This may lead to skin excoriation and infections in untreated cases. The results of untreated scabies can be seen in many patients, where the children exhibit extensive excoriation of the skin, leading to skin infections. There were patients seen two and four years ago, and represent typical patients seen by me in the first eight medical missions to this area.

Scabies is transmitted primarily by close personal contact, and to a lesser extent by clothes and bedclothes, as

the mite can exist outside the human body for only a few hours. (1.) The diagnosis can be made clinically, and/or by microscopic examination of scrapings from the lesions. With our patients the diagnosis is always made clinically.

The treatment options are: 1% lindane lotion or 5% permethrin cream applied to the entire body and left on the body overnight, or 10% crotamiton cream applied daily for two days, and washed off after 48 hours. In addition, another option is oral ivermectin, which is probably most effective if given as two doses, two weeks apart, but is not yet FDA approved for scabies. (2.) The ivermectin treatment is usually more expensive than topical permethrin. Until two years ago, we used 1% lindane lotion in children (and adults) over the age of three years, and 5 % permethrin cream in children under the age of three years. Lindane has a much greater rate of systemic absorption than permethrin, and has rarely led to hyperexcitability and convulsions in very young children. (3.) We have also treated all of the children in the family, and attempted to treat the close adult contacts. Until recently, Lindane was the least expensive treatment option. During the last two years, however, lindane has become much more expensive in the United States, making treatment with 5% permethrin cream a much more attractive option. Therefore for the past two visits, we have used only 5% permethrin cream for all of the children in my pediatric clinic.

Until the past year, the incidence of scabies has remained fairly stable at 20% to 30% of all of the children seen for pediatric visits in my pediatric clinic, with many advanced cases. During our last visit, Jan. 23-27, 2006, only three children were seen with scabies out of 180 pediatric visits, an incidence of 1.3%. These three children were all in one family and had mild, early disease. This is a very striking change in incidence, and this marked decrease in the diagnosis of scabies was also noted by Dr. Collins among the adult patients during our 2006 visit, and by Dr. Wallace and his North Carolina medical group in July of 2005. I would comment that we were surprised by this result, as we never really expected to virtually eliminate scabies from the Bongo area. We felt that merely improving the quality of life of the treated patients for some period of time was a worthwhile goal. Searching the literature, I found a report by Drs. Taplin, Porcelain, et al., from the University of Miami School of Medicine. They had used lindane and crotamiton products with a group of Kuna Indians in the San Blas Islands of Panama for 18 years, with no improvement in the scabies incidence of 33%. When they switched to 5% permethin cream, the incidence rapidly fell to less than 1% of the population of the island. When their visits were temporarily interrupted by the US invasion of Panama, the incidence rapidly rose again to 12%. (4.) This report implies a superiority of permethrin to the other products, at least in this population. Another very recent report by Zargari, et al., also verifies the superiority **Page 9**

of permethrin over lindane. (5.) We must wonder if the sudden decrease in the incidence of scabies in our own population might be related to the recent change in treatment of our patients with the exclusive use of permethrin in our patients instead of permethrin and lindane, and the use of permethrin and ivermectin by the medical group from North Carolina.

Both we and our colleagues from North Carolina are committed to continuing to give health care to the people of Bongo. Although we cannot be absolutely certain of the reason(s) for the sudden decrease in the incidence of scabies in this area, I think that it is imperative that we continue to aggressively treat whatever scabies cases that we find with 5% permethrin cream and possibly ivermectin, rather than using 1% lindane lotion. Whether this improvement in the incidence of scabies will continue, and whether the scabies mite in Bongo will eventually become resistant to Permethrin, remains to be seen.

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MISSION TEAM TO CHILE

Rev. Walter A. Whitehurst
1761 Princess Anne Rd., Virginia Beach, VA 23456
Tel. 800/729-9136 (Access code 02) FAX 757/426-3742
Indvol@aol.com
March 20-31, 2006

It was a great honor for my wife, Betty, and me to lead an UVMIM team to Chile from our local church, Charity UMC (Norfolk District, Virginia Conference), where I am part-time associate pastor. We had 13 persons
Page 10 on our team including two from neighbor-

ing churches. Our primary goal was to help repair the parsonage in the city of Puerto Montt, where we had lived from 1966 to 1969, while I was missionary pastor of the circuit of churches there. We stayed in the homes of parishioners which made it possible for us to get to know the people there in a more complete way, and Betty and I stayed in the parsonage. We had provided Spanish classes for the team members a few months in advance, which helped with the communication between them and the people of Puerto Montt. This group tried harder to use their Spanish than any team we had taken before.

The people treated us with such a deep love as they received us in First Methodist Church and in their homes. They provided excellent meals for us. One day they took us on a tour of the Lake Region including the Llanquihue Lake, the Todos Los Santos Lake and the waterfalls at Petrohue. The beauty of the country and of the people left a major impression on our team members.

In addition to the parsonage repair, we also had some medical personnel on the team. They were Dr. Charles O'Dea, a chiropractor, Diana Palmer, a nurse, Dr. Rebecca Sievers, a physical therapist, and Silvana Grandon, daughter of the local pastor Rev. Pedro Grandon and a nurse who is studying full time in the medical school of Puerto Montt to become a medical doctor.

One day that team went to Rio Sur, a rural community, to provide medical attention. They had planned to return to Puerto Montt at 4:00 PM, but they had to stay on until 6:00 because so many patients came to see them. There is socialized medicine in Chile, but the clinic in that community is open only one day a month. Even though medical attention is free, medicine itself is very expensive. Therefore, many persons who are given prescriptions cannot afford to fill them. Our team had taken a lot of medicine which they were able to make available to patients free of charge. We also purchased some medicines in local pharmacies to share with the people.

Back in Puerto Montt, several patients came to the church for medical attention. One in particular came due to headaches and pains in the shoulder and back. She told us that a friend of hers who is a member of the church told her about our medical personnel. She explained that she was a Christian and that she prayed every day but did not go to any church. Her only friends were people at work. These severe pains had started after she became divorced. At first we thought she might have high blood pressure and so we asked Diana to check her blood pressure. It was slightly high but nothing serious. Charles gave her treatment on the shoulder, back and head. We encouraged her to come to church, indicating that she needed the support and encouragement of brothers and sisters of Christ in the church. She indicated that she would come to church. Since that was our last day there, we do not know if she has come to church or not. However, I did inform Pastor Pedro about

our session with her and encouraged him to follow up and visit her.

With reference to upkeep of the parsonage, members of the church shared that they had been negligent in caring for it. They promised that they would do a better job. So our work wasn't just repairing a parsonage or providing medical attending, but also encouraging persons in the faith and their responsibilities. We ministered to them as well as their ministering to us.

To God be the Glory!

MISSION TO INDIA

Dr. Sylvia Reimer, 22325 Riverbend Drive, Watertown, NY 13601 <marsy15141@aol.com>

“There are lots of people in India!” That statement was appropriately given as part of the orientation, but also seems a fitting summary of the impressions gained by the members of a medical mission team there in February – March. The team, originating in the Louisiana Annual Conference under the leadership of Larry Norman, consisted of 19 people from Texas, West Virginia, New York, and Pennsylvania as well as Louisiana. They joined the team from several different recruitment methods, but all were called to serve Jesus Christ in service to others.

The location of service was the Clara Swain Hospital, a United Methodist Mission hospital in Bareilly, Uttar Pradesh, India. The hospital, founded in the late 19th century by a woman physician and dedicated to the care of women, has been active as a general hospital for many years and is now operated under the Methodist Church of India. The hospital had not hosted a Volunteer in Mission team for several years, so this was a learning experience for all concerned. The staff of the hospital was very enthusiastic about the team coming and had made extensive advance preparation. They had set up and publicized five “medical camps,” one at the hospital and the other four in outlying villages. At each camp not only the VIM team but hospital staff were present to see patients, with separate clinics for pediatrics, gynecology, internal medicine, dentistry, and occupational/physical therapy. Medicines had been purchased with money sent in advance, and were dispensed at the sites. Patients with illnesses that could not be appropriately addressed at the medical camps were given referrals to the hospital, which included a discount if these were followed up within a few weeks. Almost 6000 people were seen during the week of camps.

As always with the practice of what has become popularly known as “tailgate medicine,” one raises the concern of how much value there really is in such care. Clearly it is rudimentary and not comprehensive; however,

if you or your child has an acute illness and it can be effectively treated with a few days of antibiotics, it is of value! Encouragement to have children immunized is always worthwhile, as is treatment of parasites and administration of vitamins. At least two children were diagnosed with tuberculosis of the spine; if they indeed get treatment that may have been worth the trip. Another benefit was the exposure of the presence of the hospital, especially to the outlying villages, as a viable purveyor of medical care. The greatest value, however, was probably the boost to morale of the hospital staff from the team caring enough to come.

Two couples on the team, both prior missionaries to India and with experience in pastoral counseling, held sessions with staff members, letting them express their hopes, dreams, and frustrations. The hospital is in dire financial straits, in spite of infusions from the General Board of Global Ministries, the United Methodist Women, and Advance Special giving. It has difficulty in keeping physicians on staff, equipment is not up-to-date, and so patients who can afford it, utilize private hospitals. Clara Swain Hospital has been and continues to be a vital source of care for those who cannot afford to go elsewhere, but this leaves them with operating expenses and no consistent source of income to meet those expenses. The Methodist Church of India does not seem to be financially committed to preservation of the hospital in its current state. Perhaps a goal of future teams might be to help them envision an alternative mission – as a HIV/AIDS treatment center or hospice, a refuge for abused women and/or children, or expansion of the orphanage. This might encourage the Indian church to take a more active role, and might be more attractive as a project for a group or groups in the USA to financially support. Another team or teams is planning to return next year, probably a construction team, with the goal of improving the appearance and functionality of the buildings. Another medical team would certainly be welcomed, but is not currently being planned. Certainly they need our prayers as well as our financial contributions.

WOMEN LIVING WITH HIV IN MOZAMBIQUE

Stories of Hope from Chicouque Rural Hospital

Tom Mitchell

TomM8132@aol.com 314-725-4003

Around one million women in Mozambique are living with HIV, the virus causing AIDS. The September, 2005 Missouri UMVIM team to Chicouque visited three of these women in their homes in Maxixe, Mozambique, near Chicouque Rural Hospital (CRH). Here are their stories:

Elisa We met Elisa in the courtyard **Page 11**

outside her neat, reed-sided home in Maxixe. She is a pleasant young woman, of above average stature, wearing traditional Mozambique dress, and quite self-assured, thoughtful and loving in her demeanor. As we gathered, chairs from neighboring houses appeared magically until we could all be seated.

Elisa and her husband Elias have seven daughters. When Elisa became pregnant again, she became very sick and went to Chicupe Rural Hospital. She was referred to the Counseling and Voluntary Testing Center there. It's one of over 50 such Centers in Mozambique, with the abbreviation GATV for the program.

She tested positive for HIV. It was a very difficult time when she was diagnosed, but at the end of the day, she decided to get on with her life.

The counselors at GATV referred Elisa to the AIDS Day Patient Clinic at CRH. She praised the counseling she got at GATV. At the Clinic, she began a regimen of anti-retroviral drugs during her pregnancy. Elisa was the first woman to receive these drugs in CRH's program for pregnant women. The primary goal is to improve the possibility that the baby will not acquire HIV.

Elisa followed the regimen of drugs. She says the drug regimen is difficult, but she was determined to follow it. The counseling she received was very helpful in complying. She is able to get to the hospital using the regular local mini-van services.

She gave birth to twin boys in a normal delivery. They are now one year old, and tested negative for HIV.

She is a member of a "People Living with HIV" support group formed around people in the CRH HIV/AIDS programs. Elisa attends their weekly Tuesday meetings.

Elisa advises people to be tested for HIV. All her daughters tested negative. She says, "Life is good with or without HIV, but being tested shows the way to live." She believes many people resist testing because of a fear of death. She replies, "Don't live your life in the dark."

She advises her children to be careful, and to accept people living with HIV or AIDS.

Lidia Lidia also lives in a reed-sided house. Her house is surrounded by a fenced compound with several other buildings, attractive flower plantings and numerous animals. She invited us into her well-furnished living room to talk with her and her grown daughter. She also dressed traditionally, and was very confident and knowledgeable in our conversation and showed great resilience and wisdom in her dealing with her situation.

Lidia has five children at home and several others grown up. The youngest is a baby. In 2004, Lidia came down with diarrhea, skin blisters, coughing and other diseases. She had been sick before, but she knew this time it was very different.

Lidia had knowledge about HIV and AIDS, and knew she should go to the GATV program to be tested. She took the older daughter with her for support and because the daughter spoke Portuguese, which facili-

tated communication at CRH.

Lidia tested positive for HIV. She told all her children right away about the results. The children promised they would not abandon her. She advised her children to be careful with their friends, and to have only one partner.

She was placed in the antiretroviral drug program at CRH, and now says she feels well. She had no problem taking the drugs.

When asked about her plans and hopes for the future, Lidia says she doesn't know what will happen, but she will continue to follow the instructions given at the hospital. Lidia gets to the hospital by being given rides by neighbors. She is also a member of the People Living with HIV support group.

Rosa Maria Rosa Maria and her sister invited us into their masonry home in Maxixe, large, but dimly lit. Rosa Maria is a widow with children ages 4 and 10. She is very quiet and thoughtful, but appears still bruised in spirit by her recent experiences. She lives with her sister and her grandmother. The grandmother was starting a pot of food in the kitchen when we arrived.

Several months ago, Rosa Maria came down with malaria-like symptoms, fever, a skin condition, and some mental confusion. She was initially treated for malaria at CRH, but after a month with no improvement, the doctor advised her to be tested at GATV.

Rosa Maria wanted to go for the testing alone, but her sister convinced her she should come along for support. The sister has been very assertive in helping Rosa Maria through her difficulties.

Rosa Maria tested positive for HIV. The counselors found it very hard to tell her this, but in the end told her the truth.

Her sister notes that there is prejudice against anyone going for testing, regardless of the reason or the results. People will go to great lengths to avoid detection of testing and treatment for HIV or AIDS. This includes traveling distances for testing or treatment, avoiding detection of home visits by health care persons, and going to CRH to receive food given to HIV/AIDS patients, rather than having it delivered to their home.

The sister went for testing also, because she was applying to be in the police force. She tested negative.

Rosa Maria is feeling better, is gaining weight, and the skin condition is gone, after four months on antiretroviral drugs from the CRH day clinic. She does find it difficult to get to the clinic. She had no drug side effects to report. The sister observes that "all the people who are taking the drugs right are doing well."

Chicupe Rural Hospital HIV/AIDS Programs CRH has a multi-faceted program for dealing with HIV/AIDS.

Many of the patients in the internal medicine ward are persons living with HIV or AIDS; so much of the hospital's regular operations are dealing with these problems.

GATV, the Counseling and Voluntary Testing program, counsels persons coming for HIV testing, tests those

who agree, and counsels after the outcome is known. The test takes 15 minutes to be learned. This program was started several years ago at CRH with support from Missouri United Methodists through the Mozambique Initiative.

The Vertical Transmission program works with pregnant women to help prevent passage of HIV from mother to baby. Some of the tools used in this program are testing, antiretroviral drugs, special drugs during delivery, Caesarian delivery and counseling on nutrition for babies.

The AIDS/HIV Day Clinic serves people with HIV/AIDS through antiretroviral drugs and related counseling on the exacting schedules for taking of the drugs.

The People Living with HIV support group meets weekly, and has grown out of the clients served in the other programs.

The Home Visit program provides visitation to determine progress and health status, and delivers food supplies twice a week.

The next step is a new AIDS Clinic facility, being planned and financed by Columbia University (New York City), through the Millennium Challenge fund. This will consolidate and expand the AIDS/HIV facilities at CRH, and provide additional equipment.

Jeremias Franca, Director of CRH, says testing is much more attractive now that treatment (antiretroviral drugs) became available in 2004. The drugs are supplied by the Mozambique government. They are financed through the global AIDS effort. However, everything besides the drugs must be funded by the Mozambique government, the United Methodist Church or other sources.

REPORTS FROM KISSY UMC EYE HOSPITAL Freetown, Sierra Lone, Africa

Lowell A. Gess, M.D. 111 15th Ave. E.
Alexandria, MN 56308
Tel. 320-762-1888 Fax. 320-762-8898
E-Mail = gessla@rea-alm.com

November 3 – November 19, 2005

It was an eventful trip.

A large waiting room overflowing with patients greeted Dr. Tim Gess and me the Monday morning after our arrival. Word had spread that Tim was bringing a new phacoemulsification machine with which to deal with cataract extractions and the implantation of intraocular lenses. Surgery began that very day. Together with Dr. Aino Fergusson, the resident eye surgeon, 52 surgeries were performed during the two-week-long stay. We were privileged to have first-rate medicines and supplies because of the generosity of corporations involved in eye care. Special mention needs to be made of Alcon Laboratories Inc. and Allergan, Inc. which were very gracious in

their donations.

We never cease marveling at the reaction of people once confined by blindness who suddenly realize that they again can see their family and friends—the world in all its beauty. They are transformed from dependency to independence; from not being able to work to being productive; from being ignored to a person with dignity. Family members enjoy Christian videos while their loved ones are being attended—and all hear the Gospel offered by the staff in singing, praying, scriptural reading and testimonies.

We were joined the second week by Mr. Peter Gilgen, a Haag Streit service specialist, who upgraded the Haag Streit slit lamps and one Javal keratometer. In a different situation this servicing and repair work donated by Haag Streit and Mr. Gilgen would have cost thousands of dollars. All the examiners now have the use of this crucial instrument in the diagnosing of eye diseases and conditions. Besides doing excellent work, his winsome ways endeared him to the Kissy staff. Our only regret was not stepping in to limit his often 11-hour work days.

We are convinced that the active and effective missionary outreach of the United Methodist Church is embodied in compassionate ministries such as Kissy UMC Eye Hospital. Without hesitation I solicit your prayerful and financial support.

February 23-March 4, 2006

It was an eventful trip to the Kissy UMC Eye Hospital the end of February. Ruth elected not to travel this time. Four days prior to my return and the 180th crossing of the ocean, she suffered a stroke that left her with a partial paralysis of her right leg. Ambulation is possible with a walker. We thank God that she is not confined to a bed.

On my way to Africa, I was joined in Minneapolis by Mr. Roger Reiners, a volunteer from Milbank, South Dakota. He and four other men from Central UMC in Milbank had constructed the original building in 1982. A week later he was joined by his wife, Melanie, and seven other volunteers from Milbank. Roger and his crew of old African friends unloaded a 40-foot container packed by the volunteers. He directed a crew that painted the interior of the original building and renewed one of the lavatories. The term “original” is used because a new outpatient clinic and hostel were underwritten and recently dedicated by Christian Blind Mission. CBM also cooperated with the Minnesota Annual Conference in the building of a new state of the art surgery. Other projects include window replacements and plumbing in the original building and tiling for the new OPD.

In London Roger and I were joined by Mr. Michael Bynum, an engineer from Prescott's Inc. He is a specialist in servicing Zeiss operating microscopes. He renewed four at Kissy and graciously serviced another being used by Sight Savers. Other items included two Javal keratometers, a sterilizer, and several slit lamps.

Mrs. Lettie Williams, administrator, continues to efficiently lead the staff in the caring of large numbers of patients. Dr. Aiyor Fergusson, our resident Sierra Leonean eye surgeon, performed up to nine surgeries a day, doing cataract extractions with intraocular lens implants and trabeculectomies for glaucoma patients. Medicines and supplies were generously donated by Alcon and Allergan Corporations specializing in eye care. Using a newly constructed refraction lane, I saw the referrals from the four optical assistants working in four other lanes. Dr. Fergusson has his own lane for pre and post op examinations. Each one of us has the privilege of using our own Haag Streit or Zeiss slit lamp. All the Haag Streit slit lamps had been serviced by Mr. Peter Gilgen of Haag Streit USA three months earlier. An autorefractor donated by Soderberg (now a part of Walman Optical) does a quick refraction which is then subjectively tested by our optician, Mr. Ernest Koroma, who has worked with Mrs. Gess and me as far back as 1972.

At 9 AM each day the staff paused for devotions with the assembled patients. Mr. Reiners and Mr. Bynum were invited to participate and brought challenging testimonies. The singing was truly spirited.

It is a privilege and honor to serve Jesus Christ at the Kissy UMC Eye Hospital. This ministry and the staff merit our prayerful and financial support. Because of Kissy, hope is alive and people once blind are enabled to see again, physically and spiritually. Praise God!

Respectfully submitted

BITS AND PIECES, SPRING, 2006

Pertussis. Whooping cough is still rampant in developing countries around the world because of inadequate immunization levels. It causes serious prolonged disease, even in adults, and can be life-threatening. Most of us have not had a pertussis booster since infancy, and are no longer protected. It is advisable that those of you who are working in a medical setting or with children in a group situation update your protection. The CDC now recommends a single dose booster of adult acellular pertussis vaccine. It is available as Tdap, which is pertussis combined with diphtheria and tetanus. Tdap is marketed as ADACEL. A single dose gives you effective protection against whooping cough, probably for the rest of your life, with minimum side effects.

Picaridin. A new insect repellent, picaridin, marketed under the name Bayrepel, has recently become available. It is odorless, and is probably longer lasting than DEET. According to the CDC, at the 7% concentration currently offered, it is

decidedly less effective than DEET. Since we use repellents to protect ourselves from serious diseases like malaria and dengue, it is important that we stick to repellants of proven effectiveness. DEET at 30% is still what is recommended. This recommendation can be reconsidered when and if a higher concentration of picaridin becomes available.

BULLETIN BOARD

The second annual Health and Wellness Conference sponsored by The General Board of Global Ministries Health and Welfare Congregational Health Ministries will be held at the St. Columba Episcopal Conference Center in Memphis, TN October 8 – 11, 2006. This year's conference theme is "Empowering Ministries of Health: Transform, Mobilize, Advocate." The presentations and speakers will bring together new ideas and many "How To's" for health and wellness ministries to use at the local level.

GBGM will provide conference tuition and meals for one representative from each Annual Conference. In addition, on-site accommodation scholarships for one representative from each of the first fifty Annual Conferences to register (date registration posted will determine date of registration) will be provided. The representatives from the remaining Annual Conferences will be required to arrange accommodations at their own expense off-site. There is an on-site lodging limit of 50 persons and a 75 attendee limit for the conference. Therefore, additional representatives may attend the conference, on a space available basis, at their own expense. The cost will be \$285 if the representative stays on-site and \$115 if they provide their own accommodations.

Annual Conferences will have first priority for both lodging and attendance at presentations. Attendees not representing an Annual Conference will be admitted on a space available first come first served basis (date registration posted will determine date of request).

Information brochures and registration forms will be mailed in late May. In the interim, contact Jim Truitt, (253) 630-1268 or jftruitt@comcast.net, for additional information.

BULLETIN BOARD

UMVIM CONNECT event at Lake Junaluska, NC.
June 28-30, 2006
(Formerly UMVIM,SEJ Rally)

This year's **CONNECT** is going to be bigger and better than ever, with leaders sharing about mis-

sion opportunities where you can serve Christ in Panama, Brazil, Ecuador, Zimbabwe, the Bahamas, the Gulf Coast Katrina recovery, the Appalachia Service Project, Nicaragua, Eastern Europe, Venezuela, and others.

Breakouts galore will offer you the chance to enhance your mission skills in everything from "Meeting the Marginalized", Bible schools across cultures, Disaster Response, and "Tropical Medicine," to "What to know before you go" and "Mission for Dummies" (for first timers), and many others (including Y.U.M.V.I.M. for Kids).

We will provide a great **poster** you can put up at your church...spread the word about this awesome event! If you need more than one, let us know, we're glad to send them to you.

To get more information about **CONNECT**, including links to on-line or printable registration forms, click on:

http://www.umvim.org/Special_Events.htm or email sejinfo@umvim.org or call 404-377-7424.

BULLETIN BOARD

Dr. Mike Watson, MD, I'm Ron McElrath I work with a friend of mine, Rev. Larry Wright (with World Missions Outreach Center) www.wmoc.org. We are in need of help in completing our medical clinic just out of Managua, Nicaragua. We have the building built, but need help on the interior. Also we are in need of medical equipment to supply the clinic. We would like to have medical, dental, optical. If you could put some info about our need in your newsletter, The Knock, I would appreciate it. We would like teams to come to the clinic when we get it done. Please contact me at 704 723-4845.
Love In Christ,
Ron McElrath

FUTURE MEDICAL TEAMS PLANNED

(Frequently these teams will welcome new and additional members. For further information, contact the team leader. Ed)

To: **BRAZIL** Departs: 5/12/2006 Returns: 5/21/2006 Description: Medical Mission to the Amazon Contact: Mr. C.M. "Kip" Robinson Home: 804-264-7856 Work: 804-232-1769 x14 KRobin7856@aol.com Conference: VIR

To: **GUATEMALA** Departs: 5/20/2006 Returns: 5/28/2006 Description: Boca Costa Medical Mission Contact: Ms Jean M Broyles Home: 540-366-9065 Work: 540-797-9996 LVQDAY@aol.com Conference: VIR

To: **BRAZIL** Departs: 6/1/2006 Returns: 6/11/2006 Description: Medical/ Construction - Dunwoody UMC` Contact: Richard A. Murphy H: 770-396-7125 W: 678-819-0168 RAM.INC@COMCAST.NET Conference: NGA

To: **KENYA** Departs: 6/8/2006 Returns: 6/25/2006 Description: General Clinic & work with school for the deaf Contact: Marty Robertson Home: 386-761-2098 Work: 386-239-0021 martyannrob@yahoo.com Conference: FLA

To: **PERU** Departs: 6/9/2006 Returns: 6/18/2006 Description: Peru Medical Mission Contact: Ralph T. Fossett Home: 606-784-7924 Work: 606-784-7551 rtfossett@adelphia.net Conference: KEN

To: **BOLIVIA** Departs: 6/16/2006 Returns: 6/25/2006 Description: Medical Mission Team Contact: Janis H. Collins Home: 803-278-2495 Work: 803-279-7525 janlyn618@aol.com Conference: SCC

To: **BRAZIL** Departs: 6/19/2006 Returns: 6/26/2006 Description: Evangelized team to the Amazon Contact: Caroline L. Dennis Home: 864-229-7175 Work: 864-980-4678 cd@agapepastoralcounseling.org Conference: SCC

To: **EL SALVADOR** Departs: 6/19/2006 Returns: 6/30/2006 Description: New Jerusalem Methodist Church Contact: George Walton (H): 757-548-9694 (W): 757-436-1033 reactives@earthlink.net Conference: VIR

To: **HONDURAS** Departs: 7/8/2006 Returns: 7/15/2006 Description: Harris Project (Medical Mission Clinic) Contact: Joe L Jones (H) 205-987-9995 (W): 205-802-3838 Conference: NAL

To: **PANAMA** Departs: 7/8/2006 Returns: 7/22/2006 Description: Medical Mission Contact: Dr. Jan F. Sassaman (H): 919-933-1609 (W): 919-933-6625 JANOPUS@NC.RR.COM Conference: NCC

To: **HONDURAS** Departs: 7/15/2006 Returns: 7/23/2006 Description: Yorito, Yoro Medical Team Contact: Carroll D. Tripp (H) 256-351-1271 (W): 256-552-4769 LMMT3@bellsouth.net Conf: NAL

To: **MEXICO** Departs: 7/16/2006 Returns: 7/23/2006 Description: Tlalamac Medical Mission Contact: Deborah Doggett (H): 334-393-9570 (W): 334-598-4473 kendebuggett@netzero.com Conf: AWF

To: **MOZAMBIQUE** Departs: 7/29/2006 Returns: 8/14/2006 Description: Chicouque Hospital Contact: Nancy Lynn Vannest Forrest (H): 540-667-0034 mrpk15@aol.com Conference: VIR

To: **GUATEMALA** Departs: 8/11/2006 Returns: 8/19/2006 Description: Medical Dental Mission Contact: Rev. Linda Kusse-Wolfe (H) : 276 - 656 - 1076 (W): 276 - 638 - 8733 pastor2fumc@kimbanet.com Conference: VIR

To: **ECUADOR** Departs: 10/22/2006 Returns: 10/29/2006 Description: SIFAT Medical Team to Cayambe Contact: Joyce Henderson (H): 321-723-7345 (W): 321-676-6922 jehwriter@cfl.rr.com Conference: FLA

MEDICAL OPPORTUNITIES FOR TEAMS AND INDIVIDUALS

AFRICA

GHANA

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

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

KENYA

MAUA: MAUA METHODIST HOSPITAL

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

Contact: Maua Methodist Hospital
PO Box 63 Maua Meru North Kenya
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 on primary health care, nutrition, clean environment and basic hygiene.

MOMBASA: COAST SCHOOL FOR THE PHYSICALLY HANDICAPPED MOMBASA

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

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

011-254-2724841 or 272-4897; 011-228-272-3812
mck-conf@nbnet.co.ke

MOMBASA: LIGHTHOUSE FOR CHRIST MISSION AND EYE CENTRE has openings for full time Medical Director, ophthalmologists, optometrists and health personnel for clinical surgery center. Teachers for Bible Institute.

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

LIBERIA

MEDICAL FACILITIES

Medical facilities need extensive renovation, medical supplies, volunteers.

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

MOZAMBIQUE

CHICUQUE RURAL HOSPITAL

Most importantly, need a general surgeon. Also ophthalmologists, dentists, surgeons, medical lab techs, pharmacists, nurses.

Contact: Jeremias Franca , Chicuque Hospital
for Chicuque Hospital Projects contact: Hospital Administrator,
Jeremias Franca hrchicuque@teledata.mz

NIGERIA

HIV Vaccine Clinics - Owerri, Imo State

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

USA Contact: Stuart Quartemont, MD, mmivel-vet@juno.com

SIERRA LEONE

KISSY: THE UMC HEALTH MATERNITY CENTER

needs help refurbishing their facilities, and to install the Dental Unit, and they

Page 16 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: 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 1888
gessla@rea-alp.com

SOUTH AFRICA

UMTATA, TRANSKEI: AFRICAN MEDICAL MISSION UMTATA GENERAL HOSPITAL

needs orthopaedic and physical therapy educators.

Contact: Cheryl Anders
(828) 696-9930
amm@brinet.com

ASIA

CAMBODIA/LAOS/THAILAND/VIETNAM

INDO-THAI LIMITED

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

Contact: Larry McCumber ,
721 Bentgrass Ct Dacula GA
678-985-4311; 678-985-5342
indothai@mindspring.com

INDIA

BAREILLY: CLARA SWAIN HOSPITAL

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

NEPAL

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 & 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 UVMIM 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.

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 & dentists to work in Methodist clinics. Certification takes approximately 6 months.

Contact: Dr. Margaret Robinson UVMIM 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 UVMIM 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

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 involves setting-up and operating a medical/dental clinic in Urbina, on the edge of Quetzaltenango, in the western highlands of Guatemala, and/or in Coatepeque, in towns or villages near the coast, in the south of Guatemala. People from the surrounding areas will be invited to come to the clinic. Clinic functions will involve teamwork between medical and non-medical personnel from the United States and Guatemala.

Contact: Dr. Phil Plunk (Medical Coordinator),
Apartado Postal #65 Quetzaltenango, 9001 Guatemala
011-502-217-1985
pplunk@pcht.com or pplunk@xela.net.gt

Boca Costa Medical Mission

— Medical teams are needed in 'The Boca Costa de Solola' area of Southwestern Guatemala. A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Christian missionaries, Jim and Dianne Thompson, serve the Indigenous people of this area. The base clinic, in the village of Paquila, is about 1 1/2 hours south of Quetzaltenango and about 2 1/2 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 & 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

LA MOSKITIA: SEND HOPE

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

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

HONDURAS

THE HONDURAS INITIATIVE

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

Contact: Rev. Dan and Kathy Wilson-Fey 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 Pennsylvania 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 of 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

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 UMVIM Coordinator, Evangelical Methodist Church of Panama
011-506-618-2633
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 UMVIM who is a medical doctor to work with a United Nations High Commissioner on Refugees (UNHCR)-funded medical project.

The refugee clinic has two general practitioners, two pediatricians, and a gynecologist who would benefit from some coaching in practical, primary health care interventions and protocols. The UMVIM medical doctor would serve as a doctor-consultant to work side-by-side with the clinic physicians to provide individual coaching as well as conduct group training sessions.

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

Time Frame: The consultant doctor would need to serve 4-6 weeks starting in early 2006.

Contact:
Carol Van Gorp
UMCOR / Women's Division Special Projects Consultant
P.O. Box 156
Schroon Lake, NY 12870

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

ESTONIA

TALLINN: TALLINN CHILDREN CENTER LIGHTHOUSE

Dentists are needed in the area.

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

UKRAINE

KIEV: KIEV UMC

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

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

MIDDLE EAST

ISRAEL/PALESTINE

FOUR HOMES OF MERCY

Physical therapists needed.

Contact: Bonnie Jones 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 & 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
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 - evangemed@yahoo.com.br

CHILE

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

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

Iquique: Nurse - Nurse needed at Iquique.

Contact: Fabiola 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

PERU

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.

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 2003.

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 2003.

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

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

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

MEDICAL RESIDENCY ABROAD

[In His Image](http://www.inhisimage.org)

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

Contact: 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 Ph: 918/250-8101 Fax: 918/250-1281 info@blessing.org Website: www.Blessing.org Offers a wide selection of prescription **Page 19**

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

cdsnet@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, humanitarian aid organizations, free clinics and hospitals with medicines and supplies to reduce suffering among the world's most needy.

Since 1996, CrossLink has delivered more than \$28 million worth of medical materials to 114 countries and the US in God's name.

Glasses for the Masses, Fairview UMC, 2505 Old Niles Ferry Rd., Maryville, TN 37803 865/983-2080

glassesformasses@bellsouth.net

(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

Page 20 dental equipment for Dr. Ron

Lamb and his World Dental Missions Warehouse, and with the Christian Dental Society)

Interchurch Medical Assistance, Inc., Paul Derstine, Pres., P. O. Box 429, New Windsor, MD 21776 Phone: 410/635-8720 , Fax: 410/635-8726, Don Padgett, R.Ph., Pharmaceutical Svcs Dir. Contact person: Patty Ditzel imainfo@interchurch.org www.interchurch.org

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

IMA also has available their Medicine Box, which is a 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,

Phone: 616 846 7490

17011 W. Hickory

Fax: 616 846 3842

Spring Lake MI 49456-9712

ia@internationalaid.org

www.internationalaid.org

International Aid provides and supports solutions in health-care in response to Biblical mandates. International Aid also works with qualifying partner agencies to provide containerized Gift-in-Kind products for health-related projects. Major source of medical equipment. Has a staff of trained 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.

Medical Mission Services Foundation, James G. Diller, M.D., 3123 Kenwood Blvd., Toledo, OH 43606 Phone / Fax: 419-531-1111 Email: james.diller@verizon.net

www.dillermmedicalmission.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 and filled out and sent to King at least 2-3 months before trip. An inventory list and details of the ordering process will then be sent to you.

MAP International

International Medical Resources (IMR)

2200 Glynco Parkway Phone: (912)265-6010

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

Brunswick, GA 31521-5000

Contact: Customer Services

email: custsrvc@map.org

Website: www.map.org

Has pharmaceuticals and medical supplies by individual request. Orders require the signature of a licensed practitioner (MD; DO; PA, etc.) Contact MAP for an order form and instructions. All eligibility forms are also available on the website.

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

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

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

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

Medical Bridges, Inc.

Patricia Brock MD, pres, CP Hodges director

(street address: 2919 Dupree, Houston TX 77054)

PO Box 300245

Houston TX 77230-

Phone 713 748 8131

Fax 713 748 0118

Web site www.medicalbridges.org

drpattibrock@medicalbridges.org

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

MedShare International 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)

Medical Mission Services Foundation James G. Diller, M.D., , 5555 Airport Highway Ste. 145, Toledo, OH 43615

Fax: 419-891-2345 Email: Dcroci@mco.edu

www.dillermedicalmission.org Resources medical personnel by specialty, as well as medicines, medical equipment and supplies in NW Ohio. 419-531-3111

Northwest Medical Teams Tammy Kurtz, P. O. Box 10 Portland, OR 97207-0010 800 959 HEAL

<http://www.nwmti.org> Sends teams and volunteers to many locations. Also has available medical supplies and small, non-electrical medical equipment, some dental supplies, limited pharmaceuticals. Has basic kits of supplies. Contact them for ordering information.

Project 20/20 Nevin Robbins, Emmanuel UMC, 2404 Kirby Rd., Memphis, TN **38119-6606** phone: 901/754-6548 <http://www.emmanuelmemphis.org>

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

Rotary Club Morning Foundation

Kerrville Texas Rotary Club

Morning Foundation

Jack A. Thurmond, M.D.

206 Spring Mill Dr.

Kerrville, TX 78028

830-896-0226

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

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

Various smaller hand-held items

No fee charged for short term missions except shipping costs.

UMVIM Warehouse

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

117 W. Church St. ,Batesburg/Leesville, SC 29006

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

803/698-6452 (Antley - pager)

803/532-4459 (Mitchell)

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

World Dental Relief

Dental Missions Warehouse

Dr. Ron Lamb, President, P. O. Box 747, Broken Arrow, Oklahoma 74013-0747 Phone: 918-251-2612

FAX: 918-251-6326 dentalreliefinc@aol.com

www.dentalrelief.com

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

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: umvim-nej@twcny.rr.com

South Central Jurisdiction

Barbara Stone, 3009 David Drive, Columbia, MO 65202

Tel (573) 253-1374 • Fax (573) 474-6898

E-mail: umvimscj05@sbcglobal.net

Southeastern Jurisdiction

Nick Elliot, 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

Jeanie Blankenbaker

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

Greg Forrester (All Jurisdictions outside SEJ)

32 North Church Street, Cortland, NY 13045, Tel (607) 756-7799 Fax (607) 756-7957 E-mail: Indvols@gbgm-umc.org

Website: <http://www.individualvolunteers.info>

Nick Elliot (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

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS, BOARD OF DIRECTORS

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

North Central Jurisdiction

Michael Sluss, MD (2001-2006)

31505 SW Country View Lane Wilsonville, OR 97070(H)

503-694-1408 (W) 503-692-2850 mpluss@aol.com

Teresa Miller, RN (2002-2008)

6800 Reno, Lansing, MI 48911 (H) 517-699-4116 (C) 517-

402-1608 (C) 503-951-7815 rbkids@acd.net

Northeastern Jurisdiction

Sylvia Reimer, MD (7/2004-2006)

22325 River Bend Drive, Watertown, NY 13601 (H) 315-788-

Page 22 5442 (F) 315-788-7048 marsyl5141@aol.com

South Central Jurisdiction

Kathie Mann (2001-2006)

5215 Main Street, Houston, TX 77002 (O) 713-521-9383 (F)

713-521-3724 texaspim@methodists.net

Tom Brian, DDS (7/2004-2008)

720 East Main Street Ste A, Allen, TX 75002 (W) 972-727-

5001 (H) 972-727-5436 (C) 972-965-6534 (F) 972-727-6335

atbdds@yahoo.com

Southeastern Jurisdiction

Jim Fields, MD (2/1999-2006)

411 Lynwood Blvd., Nashville, TN 37205 (O) 615-386-9719 (F)

615-463-0008(H) 615-298-1625

jpfields@earthlink.net

Judy Neal, RN (7/2004-2008)

612 Parkside Drive, Lexington, KY 40505 (O) 859 255-4411

ext. 237 (C) 859-221-2651 (H) 859-299-8801 (F) 859-253-6614

jineal8801@aol.com

Western Jurisdiction

Liz Ryder, RN (9/2004-2008)

Box 241, Tahoe Vista, CA 96148 (H) 530-546-8823 (C) 530-

448-9254 lryder1@earthlink.net

Consultant, UMF/HCV:

Roger Boe, MD 266 South Sixteenth Pocatello, ID 83201 (W)

208-234-4159 (H) 208-233-5651 (F) 208-234-4223

boeroger@cablone.net

Editor, The Knock: Mike Watson, MD- (H) 803-245-2296

(F) 803-245-6277 mikewsr@pol.net

Consultant: Pat Koontz - 401 Caroline St. Ashland, VA

23005 (H) 804-798-3500

General Board of Global Ministries Staff

Jeanie Blankenbaker, Assistant General Secretary, Mission

Volunteers, GBGM 475 Riverside Drive Room 330, New York,

NY 10115 (O) 212-870-3825; 800/554-8583 (F) 212-870-

3624 jblanken@gbgm-umc.org

FROM THE EDITOR'S DESK

This is one of the most difficult issues that I have had to get out. Trying to fit all the information into a smaller space and making the decision that there simply was not space for pictures was difficult. The problem is that we have such a little bit of money and have to cut back severely on the size of the newsletter. This creates problems for the editor! I have to use smaller font size than I would like and cut pictures back to few or none.

The quality of the articles is very good, timely and well-written. The sections dealing with helpful information, such as opportunities and resources, are great!

The one criticism I have of our donors is the scarcity of listing teams that are planned — not nearly enough are listed. I get many calls and emails from volunteers wanting to join a team and this is what I use to answer them. PLEASE send more so that I can refer these potential team members to the teams that are in the planning stage.

There is an interesting announcement on page 8 that will interest you. It is announcing the formation of a new organization to assist volunteers in their efforts to serve.

Don't forget the MONEY! See page 23 for details! Thanks for all you do in His name! Mike Watson, Editor

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

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

Please type or print

NAME _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS (Home) _____

(Work) _____

E MAIL _____

TELEPHONE (Home) _____ (Work) _____ FAX _____

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PROFESSION/SPECIALTY OR AREAS OF EXPERTISE _____

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QUESTIONS? _____

You can help promote and improve the health of people locally and in other countries by your prayers, your service, and your tax deductible gifts. Please mail this form, voluntary contributions of \$25 or more, and inquiries to:

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Mailing Address

Mission Volunteers,
Michael Deborja
General Board of Global Ministries
475 Riverside Drive, Room 330
New York, NY 10015

Checks may be made payable to:

THE KNOCK

Or use VISA MC AMEX DISC (circle choice)

Card # _____

Exp. date _____

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

Signature _____

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

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

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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 | | | |
| United States Projects | | | | |

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