

THE KNOCK

A QUARTERLY NEWSLETTER OF OPPORTUNITY

PHYSICIANS, DENTISTS AND ALLIED HEALTH PERSONNEL

A SERVICE OF THE UNITED METHODIST VOLUNTEERS IN MISSION

UNITED METHODIST FELLOWSHIP OF HEALTH CARE VOLUNTEERS

VOLUME XVII

SPRING, 2005

NUMBER 2

OPERATION DOCTOR

AN INTERESTING AND EXCITING CHALLENGE TO MEDICAL VOLUNTEERS

Operation Doctor, a United Methodist medical program of Operation Classroom, has been in partnership with the UM Maternity and Health Center in Kissy, Sierra Leone for the past 10 years. We have assisted in upgrading the health care for the poor people in the Kissy community. In 2003-4 we constructed a 2-unit surgical ward. We are now in the process of completing a 30-bed post-op ward.

We are also undertaking a new venture and request your assistance. For the past six years we have been working with an executive from the World Bank. He is assisting us in obtaining funding for a Tele-medicine project whereby we can communicate with our physicians and hospital staff in Sierra Leone. Our goal is to provide consultation and training by way of satellite/Internet. We are working to have this connection so that it would be real time transmission. Thereby physicians in the States will have the capability to help with the immediate needs at Kissy.

We also want to use this connection for training. This would help with the continued cost of continuing education for our hospital staff, particularly our doctors who are nationals.

We are asking you to consider participating in this project by:

1. Being available three hours per month for consultation via the internet for consultation with the physicians in Sierra Leone for two years.

2. Provide one training session in your specialty each year for two years. The training session would be taped for play at a convenient time for our mission staff.

Our goal is for you to be able to connect with the system using your home or office computer. If you

START AT THE BEGINNING

Tom Brian, DDS

I have heard someone call them 'Methodist Monuments'. They were referring to buildings that were built by good intentioned volunteer groups, yet when the building, a clinic or orphanage or whatever, was finished there was no one to work in the building and it sat empty. If you have worked in missions very long, you have probably seen some of these monuments.

When I was last in Honduras, I was in on a conversation about a clinic in a rural area that had no doctor or nurse to work there. The lady from the health department said a medical group went there and worked in an old building. They talked with the people in the village and decided a nice clinic should be built. However, the health department was never contacted so the clinic was not high on their priority list to staff. So the building sits empty.

A book that I found helpful is The Great Omission, by Steve Saint. Steve was three years old when his father, Nate Saint, was killed in Ecuador in the 1950's along with four other missionaries, the most notable, Jim Elliott.

(Please continue on Page 10 THE BEGINNING)

would like to participate in this Tele-medicine mission program, please e-mail or send a brief vita to me by surface mail to the address below.

Thank you for your support.

Yours in Christ,

Joseph Wagner, MD, PO Box 246, Colfax, IN 46035

Ph: 765/436-2805 <ocmission@frontiernet.net>

Web: <http://www.operationclassroom.org>

"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

Dr. Mike Sluss, President, United Methodist Fellowship of Health Care Volunteers

Every year the "Top Ten Most Underreported Humanitarian Stories" are reported by Doctors Without Borders. Each year this list includes underreported humanitarian crises around the world, mostly in Africa. Each year there is one story that never gets reported on that list.

What is that story? It is the grassroots effort by healthcare volunteers responding to provide care, compassion, and hope to those in need.

Unfortunately, most of us will not have the opportunity or time to participate on a Doctor's Without Borders mission.

Welcome to The Knock. This is your opportunity to learn more about how you can participate in the medical Volunteers in Mission programs of the United Methodist Church. If you have any questions, please contact one of us listed in the back of The Knock. We want to help enable you to be a part of the "grassroots" work of the Holy Spirit.

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

FROM THE JURISDICTIONS SOUTH CENTRAL JURISDICTION

Kathie Mann

Texas Conference Building
Mobile Medical Units

Mobile Medical Units (MMUs) are a growing and important part of the mission of the Christian Alliance, which is located south of Houston and part of **Page 2** the Texas Annual Conference. Medical clin-

THE KNOCK

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Published by: **UM FELLOWSHIP of HEALTH CARE VOLUNTEERS**

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.

Table of Contents

Subject	Page	Subject	Page
Operation Doctor	1	Bulletin Board	11
Start at the Beginning	1	Bulletin Boards	12
President's Letter	2	Future Teams,	
Jurisdictional Report	2	Planned	13
Consultant's Corner	3	Opportunities For	
Belize M/S Clinic	3	Medical Teams	17
Progress Note	5	Sources of Medical	
Bits and Pieces	5	Supplies	23
Journey to Guyana	6	Jurisdictional and	
Marburg in Angola	6	National UMVIM	
The Haiti Mission	7	Coordinators	25
More than a Bandage	8	UMF/HCV Board	
Nicaragua Reports	10	Of Directors	26
Jesus MD	11	Editorial	26

ics are converted from former 40-foot shipping containers and are easily transported to any location. The shipping containers can be adapted to the specific needs of the recipients into medical facilities for dentists, general practitioners, and obstetricians.

Each clinic contains three examination stations with privacy clinics, sinks with water filtration, storage area with supplies and an air conditioning unit. Churches around the Greater Houston area are accepting the empty white container on their own church property and volunteers from their congregations are finishing the inside as requested. This has given the congregations a way to be in ministry to people all over the world but volunteering in their own backyard. The medical clinics can be built in approximately three to four weeks with churches spending anywhere from \$5-10,000 per unit, depending on items donated.

Mobile Medical Clinics provide medical facilities in remote areas of the world where medical and dental care is not readily available. This expanding ministry has met the immediate medical needs of thousands of people around the world. The newest clinics are set to be delivered to the region hit so hard by the Tsunami. To date, the Christian Alliance has been able to place MMUs in these areas:

Mutare, Zimbabwe (African University Medical Clinic)

Guatemala, Central America

Nicaragua, Central America

Honduras, Central America

Mombasa, Kenya

Venezuela, South America

Remote areas of South America

Remote areas of Africa

Houston, TX (East Houston Medical Clinic)

For more information, or to sponsor a Medical Clinic, please call Christian Alliance at 281-412-2285.

Kathie Mann, Director of Partners In Mission

Texas Annual Conference

5215 Main St., Houston, Texas 77002

PH. 713-521-9383; FAX 713-521-3724

CONSULTANT'S CORNER, SPRING 2005

Roger Boe

Maybe it is my selective vision, but I have no-

ticed a recent upsurge in articles about tropical medicine and emerging diseases, both in the medical literature, which I would have predicted, but also in the newspapers, the internet and the mass circulation magazines. The newspapers report the latest findings from the New England Journal of Medicine, sometimes even before I get my copy. The net is also full of information, a mixture of the excellent and useful and the ridiculous. Malaria is news, and so is Marburg.

A recent article from the New York Times related a reporter's personal experience with dengue fever, which provided the stimulus for the article on dengue in the last KNOCK. The information age is certainly making it easier for us to access information, in fact much more information than we can possibly digest.

If we are to provide optimum care for the patients we see in mission settings, we certainly need to do everything in our power to keep up with the pertinent information that is out there. Mike, our esteemed editor, and I felt that keeping you abreast of information and news is an important purpose of our newsletter. The result of our brainstorm is a new feature called Bits and Pieces, which begins with this issue. We strongly invite and encourage your input. Remember to keep it brief.

Also, keep in mind the dates for the North Central Jurisdiction RXConneXion Medical Consultation, May 6-8th, Westlake, Ohio, and the Annual Meeting of the Southeast Jurisdiction Medical fellowship on June 30-July 2nd at Lake Junaluska. Put those dates on your calendar now.

Roger Boe

Medical Consultant, UMF/HCV

Belize Medical/Dental Clinic Opens

Forest Home, Belize

By Jim Flach, D.D.S.

A fourteen-year-old dream became reality Oct. 15, 2004, when a completely equipped dental clinic was opened for patient treatment.

I did my first dental mission to Belize in 1990. At that time the First United Methodist Church helped me raise funds to purchase a portable dental unit, generator, shop-vac (for suction) and enable a friend and me to do silver and tooth colored fillings and extractions anywhere we were directed to set up. We were completely self-contained.

We worked in Punta Gorda, Forest

Page 3

Home, and Mafredi. It took us approximately an hour and a half to set up at each site, and about that much time to load back up each evening. They were rather long days. The need for dentistry in Belize, as in every country, including the US is never ending. Over the years I have been back to Belize and several other countries doing the same thing. During this time, things have changed drastically with the airlines... cost, weight restrictions, hazardous materials (which includes silver filling material) and a variety of other things that make it difficult to take everything, including the kitchen sink, to do dentistry in underdeveloped settings.

Quite a few dentists have contacted me over the years with interest in doing a dental mission. Very few have actually gone. When I fax them my list of equipment and supplies necessary for a mission that does more than just extract teeth, they shy away.

My dream was to one day have a clinic where a dentist could walk in and start work. I feel that Belize is an excellent "First Mission" country. They speak English, the people are friendly and gracious, and anywhere but Belize City is very safe, even to the point of walking around at night.

About three years ago I was moved to decide it was time to build the clinic in Belize. I am on the Board of the Florida Conference UMVIM. I went to one of the meetings and expressed my desire to begin a clinic. I was told I needed to talk to Fred Marquis of the Palm Bay Harbour United Methodist Church because they were already planning to build a clinic in Forest Home. (The Lord does work in mysterious ways!!) We got together, modified the plans a little, and the dream started becoming a reality.

Now, a little over three years later, through government red tape and the usual extraordinary effort (as many of you well know) it takes to build something in a foreign country, we have a functional two-chair dental clinic with an x-ray unit, x-ray processor, central vacuum, compressor, overhead lights, fiber optic hand pieces, steam sterilizer, forceps, fast halogen curing lights, etc. and three medical exam rooms.

We did dentistry for four and a half days. We only had two patients cry during the week. (One of them was just one tear.) We use topical anesthetic prior to local anesthetic on every patient. We did root canals on six patients that had critical teeth we wanted to avoid extracting.

One of them was a twelve-year-old boy who had fallen two years ago and broken one of his front teeth. It was black and abscessed. He did not have any other decayed or missing teeth in his mouth. The local government dentist had referred him to the clinic because **Page 4** he was not able to provide that type of treat-

ment. He left with a root canal and a white bonded tooth that will hopefully last him many years.

We were not able to take a physician on this mission, but we did partially equip two of the medical exam rooms. There is a third, that I am hoping we will equip for some form of specialty treatment if we find an interested physician(s) that would like to become involved. The medical rooms have Welch/Allyn Pan Optic units (BP, otoscopes, automatic thermometers, etc.), floor based halogen exam lights, fetal Dopplers, suture setups, one electrosurgical unit, exam tables (with stirrups) and doctor's stools.

As I am not independently wealthy, my goal is to "administer" this clinic by helping interested physicians and dentists to go on a mission and utilize this magnificent clinic. My suggestion (for those who might wish my input) is a nine or ten day mission and plan on working four or five days. This allows for a day of travel each way and a day and a half for some form of recreation or sightseeing.

I feel it is important for a team to not only work but also be rewarded for their good deeds by enjoying some aspect of the country. Belize has a nice variety of things to do and see, depending on your taste and budget.

Speaking of budget, we are planning a fee of one hundred and fifty dollars a day for the use of the clinic. This money will be used to build up a fund for service and repair of equipment and building. To fly a technician down to repair equipment is not cheap.

The cost per person for a mission to Belize will run in the neighborhood of \$1,600 to \$1,800 which includes air fare of approximately \$650. Depending upon your budget, you may reduce cost by staying in a Mayan Village Co-op (cold water, no AC, bunk beds) or increase to a fly fishing resort with beautiful bungalows, meals provided, vanishing edge pool, and guided fly fishing trips for "Permit" fish. My "average cost mission" utilizes a motel in Punta Garda with AC, hot water, and cable TV. Not glorious, but very comfortable.

I pray that you will feel led to make this a successful clinic. Please discuss it among your friends and I will be happy to help you plan an enjoyable, rewarding mission. It takes two months to get a temporary license prior to the mission. I would suggest a minimum of four months lead time to prepare for a mission unless you have a good bit of experience.

Please contact me for more information:

James (Jim) Nolan Flach, D.D.S. P.O. Box 173
Mount Dora, Florida 32756

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PROGRESS NOTE

The compilation of End of Year Statistics is sometimes a joy and sometimes an opportunity to practice the standard quality known for volunteers - flexibility!

As the reports come in and finally slow to none, we start to add the numbers and polish the report. Just when we think, "That's it!", either one more report comes in or a conference UMVIM Coordinator calls to say, "I have some more numbers for you!" With that in mind, as of this writing, April 8, 2005, we have received reports and sometimes last minute updated reports from 62/63 Conferences.

Thanks to every one of you who diligently sought out the figures. By this time next year we will be comparing your reports to those sent in by the charge conferences, an action ruled by the 2004 General Conference.

That report will give us two figures - the number of UMVIM teams from the local church and the number of UMVIM team members from the local church. It will not break down the medical/construction teams, nor will it yield monetary contributions. So, Conference Coordinators, keep on keeping those stats! Herewith is the 2004 End of Year Report on Health Care Teams.

Jeanie Blankenbaker, Assistant General Secretary,
Mission Volunteers, GBGM

North Central Jurisdiction
Medical Teams - 40; Members - 805
Contributions - \$65,242

Northeastern Jurisdiction
Medical Teams - 46; Members - 240
Contributions - \$1,130,400

South Central Jurisdiction
Medical Teams - 120; Members - 1,536
Contributions - \$820,987

Southeastern Jurisdiction
Medical Teams - 90; Members - 1,345
Contributions - \$492,287

Western Jurisdiction
Medical Teams - 17; Members - 209
Contributions - \$620,400

Totals:
Medical Teams - 313 (A 10% increase from 2003)
Members - 4,135 (A 54% increase from 2003)

Contributions - \$3,129,316 (A 33% increase from 2003)

BITS AND PIECES

(Note: This is the initial effort for what we hope will become a regular section of short items of information pertinent to mission health care. You are all encouraged to submit Bits and Pieces for inclusion.)

Rotavirus Epidemic in Nicaragua and El Salvador: Many epidemics of rotavirus have been reported in Latin America in recent years. This winter 41,000 cases were reported in Nicaragua, with 145 deaths. Just this month El Salvador is reporting an outbreak (details not available). The reasons for these epidemics are not clear. Most cases are in children, as adults usually have at least a partial immunity. Unlike traveler's diarrhea, there is usually vomiting, and low-grade fever. Dehydration is the main serious complication, and fluids the only treatment, IV in case of severe vomiting. Of course antibiotics, including Cipro, are of no value. It is not a significant risk for travelers to visit these countries at this point.

Malaria Vaccine: According to a recent study reported in Lancet, Oct 15 2004, a recent large-scale controlled trial of an experimental vaccine in Mozambican children prevented malaria in 30% and caused a 58% reduction in severe cases of falciparum malaria. Although the results are preliminary, this is the most encouraging news ever in the fight to develop an effective vaccine.

Pepto-Bismol vs Doxycycline: According to Dr. John Erramouspe, Professor of Pharmacy at Idaho State University, studies show that concomitant use of Pepto-Bismol significantly interferes with the absorption of doxycycline. If you plan on taking doxycycline for malaria prophylaxis, it is strongly recommended that you avoid Pepto-Bismol, or consider another prophylactic agent.

A JOURNEY TO GUYANA

Rev. Pat Smith & Judy Neal, RN

A waterline high on a red picket fence dramatically shows the height of the floodwater in the New Hope Community just east of Georgetown. Georgetown is the capital of Guyana. Almost three weeks after the floodwaters hit the coast of Guyana, **Page 5**

water still remains in this hardest hit of all areas. The coast of Guyana is normally eight feet below sea level but no flood like this had ever hit before. As the floodwaters recede, an awful odor comes up from the wet, soggy ground. Garbage is in piles on the ground along with the occasional bloated remains of a dead animal. Stray cattle pick at the rubbish.

Since 80% of Guyana's population lives along a mile and a half strip of the coast, this flood affected about 80% of the Guyanese. Most of the people who live here are desperately poor already and now they have lost everything. They are in shock trying to comprehend how they will recover their lives. As you drive by, you see women sweeping, scrubbing, and pouring bleach on the wood and concrete trying to reclaim a living space. Mosquitoes thrive in the stagnant water and bring the threat of dengue and malaria fever. The contaminated water threatens the health of any who are around it and certainly those who must wade in it. Leptospirosis has killed several people and all Guyanese are now taking Doxycycline for prevention. This natural disaster that came to the nation of Guyana would have made headlines except the world was still reeling from the loss of 200,000 lives in the Asian Tsunami. Any other disaster was dwarfed by comparison. Yet still the people of Guyana cried out for help.

Help came from their neighbors and from outside countries. Their own government was caught unprepared and was slow to respond to this disaster. The Red Cross was there. The U.S. government provided help. UMCOR gave relief in food and medical supplies to the people. The local Methodist Church of the Caribbean and the Americas (MCCA) also responded as its resources allowed. Neighbors helped neighbors. Sadly, there were also bandits who looted homes and took money from victims at gunpoint. This flood will impact this nation for years to come. Some of the poorest people need new houses but there are none to be had and no place for them to be relocated. The people are afraid that rains expected in May may bring further flooding and hardship.

Another nurse and I were in Guyana to visit with Bill and Diana Upchurch, GBGM missionaries to Guyana. Bill and Diana have served in Guyana for nine years. They seem to know everyone in Georgetown and are known affectionately as "mama" and "papa", a term of respect and affection. Our mission was to meet with them and the VIM facilitator for Guyana, Kurt Jordan, to learn all we could about sending VIM construction and medical teams to Guyana. We also wanted to learn as much as we could about the HIV problem in Guyana. Diane had been

and children's HIV ward at the hospital. God gave this couple a vision to build a children's home for abandoned children who are HIV positive. These children are often excluded from other homes and end up alone on the streets. The Upchurch team has built an organization of other Christian churches and local organizations to make this children's home a reality.

Already the Lord has provided land, a contractor, and VIM teams to begin preparation for the construction of the building. They have drawn from their experience and examples from other nations to plan a children's home that is a care center—"care" in every sense of the word from spiritual, physical and emotional aspects. The residence will be 16,000 sq. foot, three-story building with a flat roof that will serve as a garden area as well as a conference area. There will be rooms for an infant nursery and dormitories for boys and girls. Caregivers will have apartments there.

There is already a clinic and a school next door to the residence. The surrounding community is being included in the planning stages and some community activities will be held at the residence. It is hoped that this facility will become a prototype for use elsewhere in Guyana and around the world.

The ongoing ministry in this country by Missionaries, Bill and Diane Upchurch (and Guyanese co-workers Kurt Jordan and Maurice and Bea Evans) is an exciting and dynamic ministry. This excitement is contagious and affects everyone who comes in contact with it. Our hope is that you will prayerfully consider joining in this very special ministry that is paving the way in helping us, as the church, respond with Christ's love to the horrific epidemic of HIV in the developing nations—an epidemic leaving tens of thousands dead and untold numbers of abandoned and vulnerable children.

As a result of this exploratory trip, we will have a destination manual available on CD for anyone interested in planning a trip to Guyana. This manual will include all information needed to plan construction, VBS and medical teams. If you have questions, please contact: Judy Neal in Lexington, KY jjneal8801@aol.com or Pat Smith in Gallatin, TN psmith1947@aol.com.

MARBURG IN ANGOLA

A Deadly Outbreak of a Rare Virus

Roger Boe, MD

Last October an outbreak of a few cases of Marburg Virus began to be reported in the Uigi Province, an isolated area of Northern Angola near the border

with Congo. The number of cases has quickly risen, and as of April 12th 214 cases have been reported, mostly in children under age 5, and 194 have died, making it the most severe epidemic of this deadly virus in history. So far all cases have been confined to this one area, but alerts have been issued for the rest of Angola, and the neighboring countries of Congo, Namibia and Zambia.

Symptoms of Marburg begin abruptly after a 4-10 day incubation period, with high fever, severe headache and muscle aches similar to influenza or malaria. Severe diarrhea and vomiting soon follow. At day 5 bleeding from many sites occurs, quickly followed by shock, kidney failure, and death in 50-75+% of cases. Treatment is supportive only. No antiviral agents are effective and there is no vaccine.

The Marburg virus is closely related to the Ebola virus. In fact the clinical course and high mortality rate are remarkably similar. Spread is usually by direct contact with body fluids, less often by respiratory fomites. Groups particularly at risk are health workers not wearing protective clothing, inpatients in hospitals, and persons caring for the ill and preparing bodies for funerals. The origin of this epidemic of Marburg remains obscure. At this point there are no travel restrictions except to the immediate area of the epidemic, but it is important for us as health care workers to be acutely aware of the relentless course of this disease, to institute strict isolation for any patient suspected of having the disease, and to practice universal precautions. It will also be important for us to keep updated on the course of the epidemic and the risk to travelers and missionary personnel. Hopefully this epidemic will be as self-limited as previous outbreaks of Ebola and Marburg viruses.

Roger Boe MD
Consultant UMF/HCV
Ref: Strickland, Tropical Medicine and Emerging Infectious Disease 2000

THE HAITI MISSION

**Friends For Life
La Connexion** **February 26, 2005**
About the January 2005 Medical Mission...

Alice White, RN

There sometimes emerges a theme - a thread that runs through everybody's experience. It wasn't on the schedule or in the information, but it changed everything. It was The Weather..

The first week, the weather was constant precipi-

tation. Our team of pediatricians and adult docs, with nurses and support staff. worked at the Tovar Clinic. This is about 15 miles from Cap Haitien, Haiti's second city. On the roads, the potholes became swimming pools and the rivers became deeper rivers, through which we had to pass.

Rain affects Haitians more than it does Americans. Clothes won't dry, food won't cook, and they have to walk through it. Drivers don't seem to mind splashing mud on the people walking. Trouble is, everybody's headed for the same place in the road, and if you don't have a little running start, you are in the bog to stay. Many people could not get to the clinic, and if they could, they didn't want to bring sick children out. In spite of tough travel, we usually had a full day's work. That may have been because we had trouble seeing. The sky was dark and we need more lights at Tovar.

Dr. Ray Ford was team leader and spent his time trying to do two things at once: working in the clinic and tending to the children at the orphanage down the road at Grison-Garde. Funded by the Ford family, it is one year old and home to 52 orphans and educates 300 children at their new school.

Dr. Pat Wolff did two things at once, too. She tended to 300 children in the malnutrition program, which she had researched before, and founded, and coached two photographers who came with her to do a photo-story about the project. See www.medsandfoodforkids.org. In addition to the special diet for children in the MFK Project, almost all of the children seen at the clinics received supplementary cereal and powdered whole milk.

We had the privilege of having with us our Senior Minister from Providence UMC in Charlotte, Dr. Ken Carter. This mission started its long stand at Providence. It was about 25 years ago, and this winter Dr. Carter and the church invited us down to celebrate all those years. It was a lovely time for Bill and me, and I rather imagine that Ken Carter was at the wheel when the idea was born. He's not only a joy to have about, he's a good preacher at a moment's notice, and did the sermon at the downtown church the first Sunday we were there. In English, with Reverend Dorcely interpreting, followed by a chorus of "Amen's" by the congregation.

On the last evening he was there, our team shared Holy Communion together. He wrote on his return to this country, "We worked and worshipped alongside dedicated Haitian Christians, who have lived through something like a tsunami for the past two hundred years."

The second week, the weather was better. Evenings were cool and days were breezy. **Page 7**

We worked at Latannerie Clinic, now being managed by Chris Lowe RN and Bill Lowe, from Manassas, VA, and it is going well. It is also about 15 miles from Cap Haitien, in the other direction. Procedures are being established, equipment being put to practice, and Haitian personnel are being trained to keep the clinic operating when our teams are not in the country. There is no end to the patients, and they are able to easily understand and adapt to the routine of a clinic visit. This is a very serviceable facility with improvements made recently, including power and water.

The most difficult part of the mission were the trips to and from the clinics, in good weather or bad. Paved highways are a thing of the past, having been neglected so badly that all of the tarmac is gone, leaving the most incredible surfaces, washboards, golf balls, and the roads that have never been paved are like bomb craters. In the city the streets are paved, mostly, but the excessive number of tap taps (roughly 9 of 10 vehicles are tap taps*) that block the little streets to pick up and drop passengers is hard on everyone trying to go anywhere—no pulling over to the side, no designated stops, no staying on the right side of the road. We should ride tap taps. They get there first.

Except for the traffic, everything involving the medical clinics has enough good happening to be rewarding, and makes one want to hang in there. There is so much energy and activity. In addition to the medical staffs, heads of construction, Tom Benjamin and Bill Lowe, are putting in all of the modern conveniences we can think of. If we need to build anything, we need only ask them. Bill White went down to do the drawings for an addition to Tovar, because I felt we needed it.

Reverend Dorcely is the Acting Superintendent of the Cap Haitien Circuit, and his agreeable and warm bearing have been a source of support and encouragement. Like any complex and serious project, with much of the organizing being done on opposite sides of the Gulf Stream, it's two steps forward and one step back kind of progress. A tricky step, but we're still dancing.

Quotes.....

*On first trip.....*I am just so overwhelmed at all I have learned through this experienceWow, you would not believe this place; this IS the experience of a lifetime.....These people need far more than anyone would ever realize....*On the Haitian people....*To witness the strength of the human spirit in spite of severe physical and economic hardship

Page 8 was truly inspiring....*On "Blest Be the Tie*

*That Binds"....*When I listened to that hymn being sung in French in that service, I realized that our faith binds us together across national borders and economic disparities and differences in language and culture and almost everything else.....*On possible closing of Tovar Clinic due to lack of funds – from a Tovar church member....*If you close the clinic you may as well close the church.... *On bad weather, the team getting home, and grounded flights.....*Due to weather and mechanical plane problems, we got stuck in South Beach and then Key West. Now we are stuck here in the Bahamas. Please, no sympathy. Send Money.

*Tap tap is the Haitian equivalent of a small bus used for commercial transportation, but is often an open truck. Its passengers tap on the roof of the cab when they want to stop. Hence the name "tap tap."

Alice White, RN, 9574 Lightview Ln., Gloucester, VA 23061 USA 804/695-2803

MORE THAN A BANDAGE

A site visit to an innovative health promoter training program, Tlancualpican Mexico, -Sept 2004

Roger Boe, MD

In late September, 2004 I attended a week of the Health Promoter Training Program for More than a Bandage at the invitation of the Directors, Terry and Muriel Henderson. I was accompanied by Dr. Robert Rush, a retired OB/GYN physician who is interested in mission.

The project. More Than a Bandage is an integral part of Give Ye Them to Eat (GYTTE), a social outreach project in the Puebla area of Mexico, founded in 1977 by the Southeast Conference of the Methodist Church of Mexico, under the leadership of Terry and Muriel Henderson. The Hendersons, GBGM Missionaries, have been with GYTTE since its beginnings, and have devotedly served both as designers and directors. GYTTE offers development opportunities in six areas:

- Agricultural development
- Community development
- Animal husbandry
- Church and Faith development
- Alternative work study
- Community and family health

The community and family health program is called More Than a Bandage.

The Tree of Life Training Center. A number of years ago GYTTE purchased a 40-acre plot of land

near the town of Tlancualpican, about 75 miles southwest of the city of Puebla. This former badly eroded non-productive land has been turned into the Tree of Life Training Center. The Center includes an experimental farm designed to demonstrate and teach sustainable agricultural methods, a livestock unit used to demonstrate environmentally sound livestock management and production, and an extensive learning center that provides space for classes, courses and workshops. This represents an ideal setting to teach the Health Promoters Class, because teaching and demonstrating the vital contributions to overall health of agriculture, community development, and faith can be integrated into the course.

The purpose of the More Than a Bandage Program is to give rural communities and families the opportunity to learn about preventive health measures. It does so by training village women to become volunteer workers for community-based health care, and enabling them in turn to teach others. The program empowers people to prevent serious disease by changing the conditions that cause it and by treating an illness or injury in its earliest stage right in the local community.

The course for health promoters is taught in three one-week sessions held over a period of 16-18 months. The first week, the one that Dr. Rush and I attended, is the basic course, covering such topics as self-esteem, parenting, child development, nutrition, dental health and sanitation. The second week, the intermediate course, includes common diseases, treatment of fever and dehydration, and first aid. The last session covers women's issues, pregnancy and delivery, family planning, and medicinal plants. Between the courses, the promoters in training are expected to go into their communities and apply and teach what they have learned. More Than a Bandage also provides twice yearly regional meetings where the promoters gain additional information and learn new skills. In addition occasional continuing education retreats are held.

Over 100 women have now been trained through More Than a Bandage. In the last twelve months, the promoters have served over 12,000 people

Initially women were selected for these classes from the villages in the region. They often came from impoverished situations, and had little formal education. Recently the circle has widened to include a much broader geographic area. The basic course that we attended included students from 3 other conferences of the Methodist Church of Mexico. The students in this class were somewhat atypical, in that they included professional teachers, pastors, and community leaders as well as women from the vil-

lages. They were selected by their churches and their communities for these skills, with the intention that they would in turn train other health promoters in their respective regions and facilitate a more rapid dissemination of the program, a "train the trainers" approach.

Observations. The Tree of Life Center is an impressive place, an ideal location for the course. The facilities have been constructed using many of the innovative technologies developed at the Center. The setting was subtropical and lush during the rainy season. Many local people are employed in a variety of ways, managing the farm and the animals, working at new construction, teaching the courses, and fixing the meals. The variety of projects is bewildering at first, but seems to work according to an excellent overall plan. The course itself was very well organized and the materials had just been updated. Although Annette Smart RN, the nurse consultant responsible for much of the course development, was unable to be present, the local leadership functioned very effectively. The teachers were experienced, and had previously been trained as health promoters. They used a combination of lectures liberally mixed with lively discussion, practical demonstrations, and skits, often put on by the students. Although the students and faculty took their roles seriously, there was room for a lot of humor.

We were particularly impressed with some of the innovative simple technologies that were introduced and demonstrated. The most impressive and worthy of further description and wider distribution was the so-called ecologic dry latrine.

These two holed latrines are simple to construct for a cost of \$80-120. The key factors are:

The separation of urine and feces, which allows the feces to dry.

The treatment of feces with ash or lime. Water is not used in any part of the process. The end product is sterile and odorless. This avoids a major source of water contamination.

The latrine does not have to be moved or rebuilt.

Conclusions. More than a Bandage is a well planned, well taught program for training health promoters that is already making a significant impact on communities in the Puebla area. Training is in progress to extend this program to other areas of Mexico. The program has the support of the Methodist church of Mexico and the UMC General Board of Global Ministries. The main differences between More Than a Bandage and other programs in Community Based Primary Health Care supported by GBGM is the shorter duration of training (3 weeks versus 3 months) and the lesser degree of emphasis in the training on medical diagnosis and treatment. Although the course does go through some basics I do not feel the course as

taught prepares the promoters for assuming full responsibility for patient care. Several world leaders in community based health care have stated that, although they agree that the most important goals for such programs are prevention, education and basic public health, it is very important to include basic elements of curative medicine and some connection with a regional health care system for referral of sicker, more complex patients and to provide for additional training. Providing this additional training for the More than a Bandage program would require greatly increasing the course duration and complexity.

I am not at all certain that this is necessary or entirely appropriate in this setting. Unlike some other countries, the Mexican Public Health Clinic System is well established in most communities, giving most people potential access to at least some medical care if needed, and providing the promoters with a source for referral and opportunities for networking on community health projects. I feel that health promoters working in a village setting need to know their limitations as well as their strengths. The concept of triage is an important one here, where health workers learn to separate what they can handle and what they need to refer. I also recommend that they develop collaboration with the health services in their region for consultation and referral.

Would health promoters trained by More Than a Bandage fit with the needs of the border ministries programs of the Methodist Churches of Mexico and the U.S? I feel that they can play a vital role in introducing much-needed public health education and promotion to these needy areas. More Than a Bandage is a program developed in Mexico of proven worth. I think that this project deserves our full efforts to incorporate what it can offer into our mission programs.

Roger Boe MD, Medical Consultant, UMF/HCV

REPORTS FROM NICARAGUA

Teresa Miller

My experience with Rotavirus.

During our last trip to Nicaragua it appears we were in the midst of a Rotavirus outbreak. Too bad we didn't realize it before our time in the RAAN. (North Atlantic Coast)

Near the end of the week of clinics I suddenly was so tired I took a morning nap, but had an underlying nausea the rest of the day. That night at dinner I didn't eat, and started on the Cipro figuring I had
Page 10 caught something. Many felt it was the

fruit we'd had at breakfast, but I was the only one not feeling well. I went to bed thinking I'd feel better in the morning.

But that didn't happen, I just felt worse and the diarrhea started. A fun thing to deal with since we were moving to a new location that day. I took more Cipro and couldn't understand why I wasn't getting better. After pushing myself to get packed up, I crawled onto the bus and lay down in my seat. (It's a good thing I'm short!) When we got to Botania I stayed on the bus and slept, along with trying to get sips of water down.

At lunch they brought me a cold soda that tasted good at first, but then didn't sit very well. I began thinking then that this feels more like a virus than a bacterial infection. By mid afternoon I had lost all the fluids I had taken in, and for the first time wished I had IV supplies for someone to give me a liter of fluids. I'm a good nurse, but I like being on my end of a needle, but I felt so horrible I knew an IV would have helped.

We went back into town and continued to rehydrate with oral fluids, started with antidiarrheals, and stopped the Cipro. The next morning I felt much better, slowly started back on food again. Later when we saw a newspaper and read about the epidemic, we figured that was what I had. I was the one going between the two rooms helping, the rest of the team stayed in a room and had minimal contact with the people. Upon our return home, we received an email from a contact in Puerta Cabezas telling us of the problems they were having. Several children died from this epidemic.

Working in Puerta Cabezas

During March 2005, 9 people from West MI flew on the little planes to Puerta Cabezas Nicaragua. We then went on a bus out of town about 3 hours. At the river we drove the bus onto the barge, and then they asked if we could help pull the barge across, since the motor was not working. So there we were, a bunch of gringos pulling on the cable to take the bus across the river. I'm sure the locals all had a good laugh.

Our first community was called "53". We saw 145 people that day and the team was working well together. The next morning we moved to Maniwatla and held clinics for three days. During this time God led several people to us. As we were setting up the local nurse brought a mom and baby to us. The baby was severely burned on his buttocks and back. Over the next hour the baby was treated and the mom brought the baby each morning for treatment. By the end of the week, he looked so good that there should only be minimum scarring. Then another mom

brought in a boy that had not urinated for three days. We paid for the fuel for the ambulance to take him into Puerta to the hospital. It turns out he had Hepatitis, which they are unable to treat, but they hydrated him and he was discharged.

The following day another mom came in carrying a three-year-old girl who was very emaciated and small. This girl was so ill we paid for our bus to take her to the ambulance; they started an IV on her before transporting her to Puerta. This story doesn't have the same happy ending. They were treating her for pneumonia, and dehydration. The following morning they wanted to give her blood. On Friday when we returned to Puerta we went to see her and found that the mother refused and took the child home. After coming home we found out the little girl died on the way home.

I have a dream! One of the biggest obstacles we saw in that area was a lack of clean water. In "53" there are no wells at all, they use the river water which is also where they bathe. In "41" and Maniwatla there are four wells for 100 people. We had a chance to meet a man from the Red Cross who was putting in a good deep well. My dream is that next winter when we return, that we can leave some good wells for them. The cost will be around \$5000. This includes the maintenance of each of them. Please join in our prayers for God to provide long lasting help for the lost people of the RAAN.

Teresa Miller- Healing Hands - Michigan
rbkids@acd.net Ph 517/699-4116

BOOK REVIEW

JESUS MD

A Doctor Examines the Great Physician

By David Stevens MD with Gregg Lewis

Dr. David Stevens, the Executive Director of the Christian Medical Association, uses this book as a means of making an extended comparison of Jesus as the Great Physician to our modern day experience as medical caregivers. Although he writes from the perspective of a physician, his words are completely pertinent to anyone involved in mission health care. Jesus is our personal attending physician. He accompanies us on our hospital rounds and busy clinics. He guides our hands in the surgical suite. He is present with us when we talk to a dying patient, when we cry with them, and particularly when we pray with them. Jesus is our teacher, mentor, wise counselor and role model.

Dr. Stevens uses vivid stories from his eleven-

year experience as a missionary in Kenya to highlight this relationship. Unabashedly evangelical, he reminds us of the incredible importance of witnessing our faith, but even more of modeling Christ's compassion, and Christ's dedication to evaluating, treating and healing the whole person. The Gospels contain 75 references to the healing ministry of Jesus, provide us with a comprehensive roadmap for our practices, and tell of His promise to be our ongoing consultant for our difficult cases.

Jesus MD also issues a challenge for us as health providers to consider mission service at every point in our professional lives. At the start of our careers, an investment in Mission provides for the maximum spiritual returns. (The interest is compounded.) It is so easy in mid-career to put mission aside, as we are consumed with family and practice responsibilities. Yet Mission can rejuvenate our spiritual and professional lives, and give us a new sense of purpose. Retirement can be a renewed opportunity to invest our lives in Mission. It is never too late!!

Dr. Stevens is as dynamic and persuasive in print as he is in person. Don't read this book unless you are willing to risk being persuaded to devote more of your life to the call to serve under the Great Physician, Jesus MD.

Roger Boe MD

BULLETIN BOARD

Medical personnel are sought for the following team to Honduras in July

Honduras (Medical) - July 16-24, 2005

North Alabama team needs additional medical personnel to Yorito, Honduras (about 100 miles south of La Ceiba). They will set up a "clinic" in a part of the local pastor's church to serve the patients who come. There is no charge to the patients. They will do blood pressure checks, give worm medicine to children, give out vitamins, prescribe antibiotics for those who are ill. The mission will also have a construction component.

Contact: Dr. Tom Camp, Jasper, Al.

<llamacamp@direcway.com>

Cost of the trip is \$1500, which pays for air fare, hotel fees, food, bus transportation from the site to the hotel each day, and medicines and vitamins that are bought. For more info www.honduranmissions.com

BULLETIN BOARD

Volunteers registered in the jurisdictional databases:

NEJ - 4,175;

SEJ - 7,415;

NCJ - 6,248;

SCJ - 12,041;

WJ - 3,806

Total - 33,685

Are you and your team registered with the jurisdiction?

BULLETIN BOARD

Team being organized to go to Tialamac, Mexico, July 30-August 7. This will be a joint medical/construction effort and need physician and dentist who will be working in a clinic. If interested contact Neil Vander Linden, 864/859-3652 <ngvl@charter.net>
March 17, 2005

BULLETIN BOARD

Ganta Hospital Laboratory Needs Your Help

Laboratory at Ganta Hospital, Liberia may get a new look. I am planning a trip to Ganta this coming fall or late summer. Much of Ganta Hospital was destroyed during the eleven-year civil war. It is my hope to work with the laboratory staff, administrator and others with a few new pieces of equipment, books, and materials to restore the laboratory to its former status. Please think of helping me find some equipment, materials to get this job done. Please make sure the equipment that is sent is suitable and in good working condition. If you have questions about the materials please check with me.

Betty Palfy betpalfy@hotmail.com

Mary Zigbu umcliberia@yahoo.com

Materials can be accumulated at Operation Classroom contact Joe Wagner at <OCMission@frontiernet.net> also Jim Perry may also help with shipping. <jimperryassoc@nc.rr.com>

List of materials will follow. Many Thanks, Betty Palfy, Individual Volunteer

Equipment Needs for Ganta Hospital Laboratory:

1-2 binocular microscope with 10X,40X,100X oil
Page 12 objectives, condensor, built-in halogen

lamp, mechanical stage, fine and coarse adjustment.
dry powder stains 25g. carbol fuschin, 25g methylene blue, 25g crystal violet, 25g. Field A & B stain, 25g. safranin, 25g. Wright's stain,

Misc. 250g. Phenol crystals, 200ml. glycerin, 200 ml. Gram Iodine solution. 4 assorted size test tube racks for tubes, sizes 7ml, 3ml, 4ml.

1 centrifuge with 6-8 tube holder for 7ml. tubes, table model, 115 volts. for urines 300 plastic conical tubes for Urine sediment size 7ml 1 serofuge small centrifuge for 3ml.tubes used for serology, head with 6-12 tube holders.

1 microhematocrit machine to hold standard hematocrit tubes capillary tubes head with 6-12 places. 600 capillary tubes for hematocrits heparized 100-200 per/vial 1 box sealant for capillary tubes 10 trays pipettors with plastic tips 2 50ul non variable, 2 100ul non variable 1 10-50ul variable, 1 200-1000ul variable with tips to fit. 10 boxes microcope slides standard size glass 6 cover slips glass, 22 x22 mm.glass 100 wooden applicator sticks 100 hemocult kits 2 sedimentation rate racks and tyubes. 1000 lancets 1000 vacutainer tubes needles 20g, 21g, 22g assorted lengths of 1 inch to 1 1/2 inches. 500 vacutainer tubes purple tops with EDTA size 3-5 ml. 500 vacutainer tubes red tube without anticoagulant. 500 3-5ml. plastic syringes with needles 21g, 22g needles 200 plastic transfer pipettes 10 bottles /100 stix urine dipstick with at least indicators of protein, glucose, acetone, nitrites, leukocytes other incadators ok. glucometers with 1000's of strips that are compatible and indate models Prestige, Elite, Accu -check . Glucometers should all be of same make and compatible with strips. Try to get glucometers that the strips are a reasonable price to reorder. 1 balance simple 1g.-500g books 1 copy of each Monica Chesseborough Vol.I, Vol.II Medical Laboratory for tropical Countries. WHO Maanuel for Health Technology 2003 edition, Blood Cell Atlas Funds to purchase materials in country such as alcohols, acetone etc. Other reagents that are needed are blood typing reagents.

THE BEGINNING

(Continued from page 1)

Steve said one day reading the Great Commission in Matthew, that the word "teach" jumped out to him.

He goes on to say consider two scenarios. One, a couple goes to a developing country to translate the Bible. The first day someone comes and asks for medication, and because they have brought some, they give it out.

Each day more and more people come for medication and soon they have no time to translate the Bible. So they found they had four or five different medications and they color code the groups. They teach a local person to become the pharmacist and give vitamins for a blue card and pain medication for a green card. This frees up their time and in time they teach the pharmacist to diagnose, and the couple can spend all their time translating the Bible. The local man teaches another local to be the pharmacist and later to diagnose. Later the local man goes to another village to teach more people.

In the second scenario, after the couple finds they are spending all their time with medications, they decide to build a hospital. Since there is no one to staff it, they raise money to hire a staff. Then they might realize they need to build a school for the staff's children and need more money for teacher's salaries.

Now, I am not suggesting that hospitals and clinics should not be built. However, I do think we jump into things too quickly and do not start at the beginning.

We need to talk to the people who are responsible for staffing a clinic and find out where they want a clinic, if they can staff it, and if they can provide the medication once it is finished.

Actually starting at the beginning should mean a long talk with God for His guidance.

Tom Brian, DDS, 720 Main Street, Suite A, Allen, TX 75002 Ph. 972/727-5001 Fx. 972/727-6335 <atbdds@yahoo.com>

FUTURE MEDICAL TEAMS

May '05 & beyond

Type Mission Code

E = Education; VBS = Bible School; Y = Youth; IV = Individual Volunteer; O = Other

HTM* = Hands Together MEXICO 405/530-2131 vim@okumc.org

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

To **ANGOLA**
California-Nevada is coordinating 4 UMVIM teams to

Angola this July and August. Of those teams, 3 are desperately in need of a medical doctor volunteer to go.

July 21 - August 9: Korean-Caucus Team - volunteer must be Korean or Korean-American.

July 27-August 19: open to anyone

August 13 - September 2: open to anyone

Please contact JP McGuire, UMVIM Coordinator Cal/Nev Conference jpmcguire@calnevumc.org (O) 916-372-1584 (cell) 916-803-4424

To: **Mexico**

May 5-8 Mini-Medical/Construction; Gloria Robinson; Contact: Rev Larry Norman, Home: 225-201-0094 Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **American Samoa**

May 6-15 Med/surgical/retina Partners in Mission tex-aspim@methodists.net Texas Annual Conf \$2,000

To: **Mexico**

May 11-15 HTM* clinic David Mingus Wilson/Asbury UMCs

To: **Houston**

May 14- Partners in Mission Dental Clinic tex-aspim@methodists.net Texas Annual Conf \$300

To: **Mexico**

May 19-22 HTM*-remote First UMC of Tulsa Paula Beasley

To: **Mexico**

May 19-22 Mini-Medical/Construction; Jim Gilbert; Contact: Rev Larry Norman, Home: 225-201-0094 Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Guatemala**

May 20-28 Jan Stokes stokesj@coffey.com

To: **Tobago** medical

May 22-27 Partners in Mission texaspim@methodists.net Texas Annual Conf \$1600 +/-

To: **DR Congo**

May 26-June 14 Kurt/Jan Kaiser love2trvl@imbris.com

To: **Haiti**

June DBA medical Partners in Mission tex-aspim@methodists.net Texas Annual Conf \$600

To: **Mexico**

June 2-5 Mini-Medical/Construction; Pat Rice; Contact: Rev Larry Norman, Home: 225-201-0094 Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Peru**

June 2 - 10 NCNY+ Contact Sylvia Reimer mar-syl5141@aol.com

To: **Mexico**

June 2-5 HTM*-clinic Foyle/Oolagah UMCs Coleen Shafer

To: **Guatemala**

June 3-12 Ardmore UMC Dan Patman vim@okumc.org

To: **Matamoros Mexico**

June 9-12 medical Partners in Mission texaspim@methodists.net Texas Annual Conf \$250

To: **Kiandegwa Kenya**

June 9-28 medical/construction Partners in Mission texaspim@methodists.net Texas Annual Conf \$3,000

To: **Mexico**

June 9-12 HTM*-clinic Chapel Hill UMC Morgan Green

To: **Houston** dental clinic

Jun 11 Partners in Mission texaspim@methodists.net
Texas Annual Conf none

To: **Guatemala** dental clinic

June Partners in Mission texaspim@methodists.net
Texas Annual Conf \$2,000

To: **Belize**

June 11-19 Medical/surgical Partners in Mission texaspim@methodists.net Texas Annual Conf \$1,000

To: **Kenya**

June 11-26 med/construction Partners in Mission texaspim@methodists.net Texas Annual Conf \$3000 +/-

To: **Peru**

June 20 - July 1 Contact Roxana Bowgen missionariesonc@optonline.net NY

To: **Peru**

June 17-26 Description: Kentucky Conference Contact Ted Pass <t.pass@morehead-st.edu>

To: **Guatemala**

June 19-26 McFarlin UMC George Shepherd vim@okumc.org

To: **Bolivia**

June 24-July 10 Arnie Scheer arnoldscheer@estreet.com

To: **Mexico**

Page 14 June 30- July 3 Mini-Medical /

Construction; Tabatha Earnhart; Contact: Rev Larry Norman, Home: 225-201-0094 Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Mexico** 6/25 - 7/12 Irene Schneider bandischneider@comcast.net BW

To: **Mexico**

July 7-10 Mini-Medical/Construction; Anita Smith; Contact: Rev Larry Norman, Home: 225-201-0094 Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Bolivia**

July 8-24 Arnie Scheer arnoldscheer@estreet.com

To: **Honduras**

July 8-16 med/dental Send Hope Tom Brian <atbdds@yahoo.com>

To: **Peru**

July 8-17 Description: Kentucky Conference Contact: Jay Barrett <barrett@big sandybb.com>

To: **Panama**

July 9-23 Description: North Carolina Conference Med/Cons Contact: Dr. Jan F. Sassaman Home: 919-933-1609 Work: 919-933-6625 JANOPUS@NC.RR.COM Conference: NCC

To: **Houston** dental clinic

Jul 9 Partners in Mission texaspim@methodists.net Texas Annual Conf none

To: **Tobago**

July 10-19 medical Partners in Mission texaspim@methodists.net Texas Annual Conf \$1600 +/-

To: **Matamoros Mexico**

July 14-17 medical Partners in Mission texaspim@methodists.net Texas Annual Conf \$250

To: **Mexico**

July 14-17 HTM*-clinic La Criox UMC Bill Leming

To: **MONTSERRAT**

July 16-23 Description: Florida Conference Contact: Judy Barefield Home: 386-451-1959 jbarefield@navigant.com Conference: FLA

To: **Mexico**

July 21-24 HTM*remote NEED TEAM

To: **Mexico**

July 21-24 Mini-Medical/Construction; Mark Schiltz; Con-

tact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Pitoreal, Mexico**

July 23-31 Miami UMC Nancy Horton
vim@okumc.org

To: **Bolivia**

July 22-Aug 7 Arnie Scheer arnoldscheer@estreet.com

To: **Bolivia**

July 29- Aug 4 medical Partners in Mission tex-
aspim@methodists.net Texas Annual Conf \$2,000

To: **Guatemala**

July 30-Aug 7 Oklahoma Conference Bill Brewer
vim@okumc.org

To: **Pitoreal, Mexico**

July 30-Aug 7 Church of the Good Shepherd UMC
Jeanne Hathcock

To **Mexico**

July 31-Aug 6 HTM* First UMC of Heber Springs Jimmy
Hudspeth

To: **Mexico**

Aug 4-7 HTM* NEED TEAM

To: **Mexico**

August 4-7 Mini-Medical/Construction; Irvin Boudreaux;
Contact: Rev Larry Norman, Home: 225-201-0094Work:
888-239-5286 lduckn@aol.com; Conference: LA

To: **Mexico**

August 11-14 Nuevo Progresso Medical Martha Brice,
marthabrice@hotmail.com 513/661-7443 W OH

To: **Mexico**

Aug 11-14 HTM* NEED TEAM

To: **Matamoros Mexico**

Aug 11-14 medical Partners in Mission tex-
aspim@methodists.net Texas Annual Conf \$250

To: **Honduras**

August 12-20 Med/Dental Send Hope Tom Brian
<atbdds@yahoo.com>

To: **Houston** dental clinic

Aug 13 Partners in Mission texaspim@methodists.net
Texas Annual Conf none

To: **Mexico**

August 18-21 Mini-Medical/Construction; Barbara

McGill; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Mexico**

August 25/28 HTM*-clinic Enid UMC Larry Kiner

To: **Ghana**

Sept 5-15 Oklahoma Conference Health Screening
vim@okumc.org.

To: **Mexico**

Sept 8-11 Mini-Medical/Construction; Bubba Penick; Con-
tact: Rev Larry Norman, Home: 225-201-0094Work: 888-
239-5286 lduckn@aol.com; Conference: LA

To: **Houston** dental clinic

Sept 10 Partners in Mission tex-
aspim@methodists.net Texas Annual Conf none

To: **Guatemala**

Sept 10-25 J. P. McGuire umvim@calnevumc.org

To: **Mexico**

Sept 12-18 HTM* -clinic St. Andrews UMC Lisa Lentz

To: **Mexico**

Sept 15-18 Mini-Medical/Construction; Tom Dungan;
Contact: Rev Larry Norman, Home: 225-201-0094Work:
888-239-5286 lduckn@aol.com; Conference: LA

To: **Honduras**

September 16-24 Med/Dental Send Hope Tom Brian
<atbdds@yahoo.com>

To: **Guatemala**

September 17-Oct 5 RxConnexion Medical + construction
Penny Krug/Jean Morrison pennyjkND@aol.com 574/289-
1256, N IND

To: **Mexico**

Sept 22-25 HTM*-remote Goodridge UMC Sharon
McGuire

To: **Mexico**

Sept 29-Oct 2 Mini-Medical/Construction; Rob Rowell;
Contact: Rev Larry Norman, Home: 225-201-0094Work:
888-239-5286 lduckn@aol.com; Conference: LA

To: **Honduras**, Tegucigalpa

Sept 30-Oct 8 Medical Dean Sawyer \$1,000 Contact: Rev
Larry Norman, Home: 225-201-0094Work: 888-239-5286
lduckn@aol.com Conference: LA

To: **El Salvador**

October 1-8 Medical/surgical Partners in Mission texaspim@methodists.net Texas Annual Conf \$900

To: **Mexico**

Oct 6-9 HTM*-clinic La Croix UMC Bill Leming

To: **Mexico**

Oct 6-9 Mini-Medical/Construction; John Bergstedt; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Houston** dental clinic

Oct 8 Partners in Mission texaspim@methodists.net Texas Annual Confnone

To: **Mexico**

Oct 13-16 Nuevo Progresso, Medical, Jo Powers jspowers@gte.net 419/825-2361 W OH

To: **Mexico**

Oct 13-16 HTM*-remote Ardmore UMC Dan Patman

To: **Matamoros, Mexico**

Oct 13-16 medicalPartners in Mission texaspim@methodists.net Texas Annual Conf \$250

To: **Mexico**

Oct 20-23 Mini-Medical/Construction; Asbury UMC, Lafayette; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Honduras**

Oct 21-31 Med/Dental Send Hope Tom Brian <atbdds@yahoo.com>

To: **Mexico**

Oct 27-30 HTM*-clinic Lawton District Kip Wright

To: **Mexico**

Oct 27-30 Mini-Medical/Construction; Fred Reid; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Fiji**

Oct 27-Nov 5 Medical/surgical Partners in Mission texaspim@methodists.net Texas Annual Conf \$2,500

To: **Mexico**

Nov 2-6 HTM*-remote Asbury UMC of Tulsa Marilene Long

To: **Mexico**

Nov 3-6 Mini-Medical/Construction; Glenn Cambre;

Page 16 Contact: Rev Larry Norman, Home: 225-

201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **Bolivia**

Nov 4-13 Medical/surgical Partners in Mission texaspim@methodists.net Texas Annual Conf \$1,300

To: **Matamoros, Mexico**

Nov 10-13 medicalPartners in Mission texaspim@methodists.net Texas Annual Conf \$250

To: **Mexico**

Nov 10-13 Mini-Medical/Construction; Nancy Wofford; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286 lduckn@aol.com; Conference: LA

To: **MEXICO**

Departs: 11/11/2005 Returns: 11/14/2005 Description: WMI

Contact: Colleen R. Bremer Home: 989-386-4096 d_cbremer@hotmail.com Conference: NCJ

To: **Mexico**

Nov 11-14 Nuevo Progresso Medical Collen Bremer 989/386-4096 W MI

To: **Houston** dental clinic

Nov 12 Partners in Mission texaspim@methodists.net Texas Annual Confnone

To: **Mexico**

Nov 17-20 HTM*-clinic First UMC of Tulsa Paula Beasley

To: **Mexico**

Nov 20-23 Mini-Medical/Construction; Jim Maker; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286

lduckn@aol.com; Conference: LA

To: **Mexico**

Dec 1-4 HTM*-remote Wickline UMC Terry Anderson

To: **Mexico**

Dec 1-4 Mini-Medical/Construction; Scott Cagle; Contact: Rev Larry Norman, Home: 225-201-0094Work: 888-239-5286

lduckn@aol.com; Conference: LA

To: **Matamoros, Mexico**

Dec 8-11 medical Partners in Mission texaspim@methodists.net Texas Annual Conf \$250

To: **Houston** dental clinic

Dec 12 Partners in Mission texaspim@methodists.net Texas Annual Confnone

Dec 15-18 HTM*-remote NEED TEAM

To: **Nicaragua**

Fall 2005 RxConnexion medical Teresa Miller rbkids@acd.net 517/699-4116 Contact: Rev Larry Norman

Home: 225-201-0094Work: 888-239-5286

lduckn@aol.com Conference: LA

OPPORTUNITIES FOR MEDICAL VOLUNTEERS

Medical Projects for Teams
and Individuals - April 25, 2005

This list, and the next one - Sources of Medical Supplies - are compiled by the UMVIM, SEJ. Additions, deletions or changes should be sent to: Nick Elliott, UMVIM, SEJ, 315 West Ponce de Leon Ave., Suite 750, Decatur, GA 30030 ; Tel. 404/377-7424 Fax.404/377-8182 Email: <nick_elliott@umvim.org >

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

AFRICA - GHANA

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

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

AFRICA - KENYA

Maua: Maua Methodist Hospital is requesting a volunteer physician for a period of 2-6 months for diagnosis and treatment of medical patients. Need doctors to do eye, gynecological, orthopedic and other surgeries. Living accommodations & 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 Phone: 011-254-167-21107
Phone 2 : : 0 1 1 - 2 5 4 - 1 6 7 - 2 1 1 2 1
mckhosp@africaonline.co.ke

Kiandegwa Health Clinic 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

Phone: 011-254-2724841 or 272-4897 Phone 2:: 011-228-272-3812 mck-conf@nbnet.co.ke

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

Contact: Lighthouse For Christ Mission and Eye Centre ,

PO Box 81465 Mombasa, Kenya

AFRICA - LIBERIA

Medical facilities need extensive renovation, medical supplies, volunteers.

Contact: Bishop John Innis, West Africa Central Conference , P. O. Box 10-1010, (DHL Delivery – Tubman at 13th St., Monrovia, Liberia), 1000 Monrovia, Liberia
Phone: 011-231-227-154 Phone 2:: 011-231-227516
Bishopinnis@hotmail.com or Liberiaumc@yahoo.com

AFRICA - MOZAMBIQUE

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

Contact: Chicucue Hospital Projects, Hospital Administrator, Jeremias Franca, hrchicucue@teledata.mz

AFRICA - NIGERIA

Rural Health program; medical doctor, 1 year; hospital administrator, 1 year; Hillcrest School: school nurse, 2-3 years.

Contact: Gregory Forrester, GBGM - Mission Volunteers - Individual Volunteers, 32 North Church St. Cortland, NY 13045 USA; Phone: (607) 756-7799 Indvols@gbgm-umc.org

AFRICA - SIERRA LEONE

Kissy: The UMC Health Maternity Center needs help refurbishing their facilities, and to install the Dental Unit, and they need Physicians, nurses, and other medical personnel.

Contact: Rev. Joe Wagner US contact person (Operation Classroom), P. O. Box 277 Colfax, IN 46035 Phone: 765-324-2556

ocmission@frontiernet.net

AFRICA - SIERRA LEONE

Kissy: Kissy UMC Eye Hospital needs ophthalmologists, optometrists, nurses with optical training.

Contact: Dr. Lowell A. Gess, UMC, 111

15th Ave. E. Alexandria, MN 56308 Phone: 320 762 1888 gessla@rea-alp.com

AFRICA - SOUTH AFRICA

Worcester: The South African based Volunteer Africa project seeks volunteers with nursing, dental, and primary health care skills to work with mobile health clinics, homes for children with HIV/AIDS, homes for destitute single mothers, the aged, and in small local clinics. Hospitals also receive volunteers who are prepared to assist nurses and doctors. Medical students are welcome.

Contact: Gisela Hugo, PO Box 250 Worcester, 6849 South Africa, Phone: 011-27-023-347-7588 ivza@intekom.co.za

AFRICA - SOUTH AFRICA

Umtata, Transkei: African Medical Mission Umtata General Hospital needs orthopaedic and physical therapy educators. Anesthesiologists urgently needed. The Itipini Community Project needs nurses and other health care workers, particularly those with HIV/AIDS training/experience.

Contact: Cheryl Anders, USA contact, Phone: (828) 696-9930

amm@brinet.com

AFRICA - SWAZILAND

Coordinator for HIV/AIDS program

In addition to co-ordinating this program, volunteer will work with primary schools and promotion of volunteer opportunities. 6 month to 3 year position.

Contact: Gregory Forrester, GBGM - Mission Volunteers - Individual Volunteers, 32 North Church St. Cortland, NY 13045 USA; Phone: (607) 756-7799 I n d - vols@gbgm-umc.org

ASIA/PACIFIC - CAMBODIA/LAOS/THAILAND/VIETNAM

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

Contact: Larry McCumber, 721 Bentgrass Ct Dacula, GA Phone: 678-985-4311 Phone 2:: 678-985-5342 indoithai@mindspring.com

ASIA/PACIFIC - INDIA

Vellore, India: The Christian Medical College in Vellore India receives new & used equipment; the Vellore Board pays shipping costs. Medical volunteers may serve at Vellore Hospital; particular needs for anesthesiologists, cardiothoracic surgeons, ophthalmologists, and clergy who can serve as CPE trainers. Long-term volunteer terms of 6

cially needed.

Contact: Philip F. Ansalone Technology and Program Manager, Vellore Christian Medical College Board USA), Inc., 475 Riverside Dr., Rm. 243, New York, NY phil@vellorecmc.org

Crawford Memorial Hospital The Methodist Church of India - plastic surgeons, orthopedic surgeons, OBGYN, nurses, public health nurses for 27 locations.

Bareilly: Clara Swain Hospital physical therapists.

Contact: Gregory Forrester, GBGM - Mission Volunteers - Individual Volunteers, 32 North Church St. Cortland, NY 13045 USA; Phone: (607) 756-7799 Indvols@gbgm-umc.org

ASIA/PACIFIC - NEPAL

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

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

CARIBBEAN - HAITI

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

Contact: Gladys Shanklin Program Administrator, Curamericas, 224 E. Martin Street Raleigh, NC 27601 Phone: 919-821-8000 gladys@curamericas.org

Jeremie Eye Clinic - seeks ophthalmologists and optometrists.

Contact: Dr. Hal Crosswell, Columbia Eye Clinic, PO Box 1754, Columbia, SC 29202 USA, Phone: 800-922-6057 Phone 2: 803-771-7639

Cap Haitien: Tovar Health Clinic - a long-term mission of Providence UMC (NC) seeks 3 teams per year of medical professionals to work at existing clinic serving the very poor.

Contact: Alice White RN, 9574 Lightview Ln. Gloucester, VA 23061 USA Phone: 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.

Christian Mission of Pignon serves as an open window to and for Christianity to nurture the spiritual growth of both the Lord's servants and the people of Haiti, and to practically demonstrate the love of Jesus Christ to our Haitian brothers and sisters by assisting the region with long-term, self-sustaining program efforts in the areas of preventative and acute health care; functional literacy and educational opportunities; clean water and essential sanitation facilities;

agricultural development and training; and community and economic development.

Contact: David E. Wilkins Executive Director, Christian Mission of Pignon, 1200 Harpeth Lake Ct. Nashville, TN 37221 USA Phone: 615-319-7453 Phone 2:: 615-319-7453 Cmpwilkins@aol.com

Jeremie Circuit - Gebau T.B. clinic, Gebeau 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, Port-au-Prince, 105 Delmas, #3 Impasse a Thoby, Port-au-Prince, Haiti Phone: 011-509-257-3012 Phone 2:: 011-509-401-2596 vimhaiti@hotmail.com

CARIBBEAN - JAMAICA

Methodist clinics - Doctors, nurses & dentists to work in Methodist clinics. Certification takes approximately 6 months.

Contact: Dr. Alison Iton UVMIM Coordinator (Medical), Jamaica Phone: 1-876-931-8415 Phone 2:: 1-876-927-4804 or 4805 "District Medical Committee" - jamaicamethodist@cwjamaica.com

Kingston: Renal Foundation

Requires doctors and nurses to run dialysis units, which are currently under-used due to limited staffing, despite a great need for them.

Contact: Rev. Dr. Claude L. Cadogan, 3 Boone Hall Rd., P.O. Box 100, Stony Hill, Kingston, 9 JAMAICA, W.I. Ph: 876-942-2554

CARIBBEAN - PUERTO RICO

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

Contact: Rev. Miriam Visot UVMIM Coordinator, Iglesia Metodista de Puerto Rico

Antonio de los Reyes, #955, El Comandante, San Juan, PR 924 Phone: 1-787-769-2564

CARIBBEAN - ST. VINCENT

Chateaubelair: Hospital at Chateaubelair

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

CENTRAL AMERICA - COSTA RICA

Two major medical mission sites are Centro Atención Integral Parálisis Cerebral Guadalupe (a day care center for clients with cerebral palsy and spina bifida) and Patronato Nacional de Rehabilitación Hogar de Rehabilitación in

Santa Ana (a residential center for clients who suffer from polio and cerebral palsy). Both are in the San José area. Wesley Campus Ministry sets dates for volunteers according to the number of requests received who are available during a particular period relative to their university schedule; spring break is often the best time for volunteers.

Contact: Rev. Thomas R. Modd, Wesley Campus Ministry, 1113 Market St., Galveston, TX 77550 USA Phone: 409/765-6587

WCMGalv@aol.com

CENTRAL AMERICA - GUATEMALA

Curamericas works to provide primary health care to 26,000 women and children in Guatemala. NEEDS: mission trip volunteers to construct a maternal birthing center and health centers.

Contact: Gladys Shanklin Program Administrator, Curamericas

224 E. Martin Street Raleigh, NC 27601 Phone: 919-821-8000

gladys@curamericas.org

CENTRAL AMERICA - GUATEMALA

Quetzaltenango: Medical/Dental Clinic

Coatepeque: Medical/Dental Clinic

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.

Chichicastenango: Medical / construction mission

Contact: Carla González Ranero UVMIM Coordinator, Iglesia Evangélica Nacional Primitiva Metodista de Guatemala, 7a. Avenida 16-73, zona 5, Apartado 125, Quetzaltenango, Guatemala Phone: 011-502-761-9985 coordinador@guatemala vim.org

Paquila: Boca Costa Medical Mission

Medical teams are needed in 'The Boca Costa de Solola' area of Southwestern Guatemala. A group of medical clinics, both regularly scheduled and team based, maintained and staffed by Jim and Dianne Thompson, serve the Indigenous people of this area since February 4, 2003. The base clinic, in the village of Paquila, is about 1 ½ hours south of Quezaltenango and about 2 ½ hours west of Guatemala City.

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

with coffee and banana trees, sugar cane, corn and rubber trees.

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 Medical Coordinators, Guatemala; jodmthompson@hotmail.com

Camanchaj / Urbina: Salud y Paz clinics in Camanchaj and Urbina. 60-70 patients seen daily for medical and dental. Once a month, eyeglass component is added. Medical laboratory is being added; help required for laboratory.

Contact: Dr. Phil Plunk (Medical Coordinator), Apartado Postal #65 Quetzaltenago, 9001 Guatemala Phone: 011-502-217-1985 pplunk@saludypaz.org

CENTRAL AMERICA - HONDURAS

MAMA Project (Mujeres Amigas Miles Apart) welcomes medically oriented medical brigades and people for deworming and vitamin A distribution teams. Long-term volunteers also welcome.

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

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

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

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

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

Also needed is an individual to coordinate long-term medical mission ministries of the congregations of the United Methodist Mission Church of Honduras. Intermediate Spanish required.

Contact: Rev. Dan and Kathy Wilson-Fey UMVIM Coordinators, The United Methodist Mission Church of Honduras; Apartado 30509, Toncontin, Tegucigalpa, Honduras, C.A. Phone: 011-504-230-2721 (tel/fax) or 504/231-0012 Phone 2: 011-504-232-2555 (h) wilsonfey@aol.com

Page 20

CENTRAL AMERICA - NICARAGUA

Managua: The Methodist Church of Nicaragua - Seeks nurse or MD to work with persons in very poor areas of Managua, especially to promote the practice of preventive medicine.

Contact: Pastor Elmer A Zavala, Methodist Church of Nicaragua; el@ibw.com.ni

The Rainbow Network www.rainbownetwork.org/ - Ciudad Sandino Managua

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

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

arcoiris@ibw.com.ni

CENTRAL AMERICA - PANAMA

Medical teams are needed for indigenous areas including Potrero Palma/Cieneguita Health Clinic Bongo Health Clinic Guaymi Indian Villages Punta Mani. There is also a need for clean water for these communities.

Contact: Rev. Rhett Thompson UMVIM Coordinator, Evangelical Methodist Church of Panama Phone: 011-506-618-2633

rhettj@cwpanama.net

EUROPE - ARMENIA

Lachin AGAPE Hospital - http://www.nccumc.org/missions/project_agape.htm

Contact: Mark Barden, the AGAPE project, P.O. Box 10955 Raleigh, NC 27605 USA Phone: 800.562.7929 ext 120

mbarden@wnccumc.org

EUROPE - BOSNIA

Dental team is requested to provide exams and offer basic dental. Hygiene lessons to refugee children and families are needed in the Zenica area. Donations of toothbrushes, floss, and toothpaste are requested along with supplies for dental exams.

Contact: Carol Van Gorp GBGM Special Projects Coordinator,

70 Loch Muller Rd., P.O. Box 156, Schroon Lake, NY 12870 USA Phone: (518) 532-7694 Phone 2: 518 526 0112

carolvangorp@earthlink.net

EUROPE - GEORGIA, REPUBLIC OF

Chalovani Village Community Development UMCOR's Chalovani Village Community Development & Cultural Interaction program needs persons to work in

medical services, & public health education.

Tbilisi Youth House & Zugdidi Youth House; A project to provide Gender Equity Training with emphasis on AIDS/HIV/STD education for teens in Youth House setting.

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

Contact: Carol Van Gorp GBGM Special Projects Coordinator,

70 Loch Muller Rd., P.O. Box 156, Schroon Lake, NY 12870 USA; Phone: (518) 532-7694 Phone 2:: 518 526 0112

carolvangorp@earthlink.net

EUROPE - UKRAINE

Kiev: Kiev UMC - This newly formed UMC has a ministry with Kiev street children under the guidance of Rev. Helen Lovelace. A medical missionary team is needed to help with these street children, who are in risk of super-resistant tuberculosis, hepatitis and AIDS. They also have extensive dermatological and dental needs. The Lovelace's have been in correspondence with Dr. Beth Valentine (evalentine@psu.edu) of the Central PA conf., who approached them about the possibility of a medical missionary team. A medical VIM team would be greatly appreciated.

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

MEDICAL RESIDENCY ABROAD - In His Image International residency and training programs for Christian doctors in a wide variety of settings, with a particular emphasis on medically underserved locations.

Contact: Lauren Cruikshank, Phone: 918-493-7816 x.4 international@inhisimage.org

MIDDLE EAST - ISRAEL/PALESTINE

Four Homes of Mercy

Physical therapists needed.

Contact: Bonnie Jones UMVIM Coordinator, 9153 Yarrow St. Westminster, CO 90021 Phone: 303-403-2325 bjg1232@aol.com

NORTH AMERICA - MEXICO

Southeast Conference (Conferencia del Sureste)

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.

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

Contact: Ms. Priscila Rojas Quintero UMVIM Coordinator, Southeastern Conference (Conferencia Sureste), Calle 4 Pte. #311, Col. Centro, Puebla, 72000 Pue. C.P. México

Phone: 011-52(222)242-1895 Phone 2:: 011-52(222) 220-1326 (h)

pris_13@hotmail.com

NORTH AMERICA - MEXICO

Eastern Conference (Conferencia Oriental) King's District Reynosa: Clinica Betania - Complete Surgery room at this Methodist Clinic in downtown Reynosa.

Contact: Engineer Willie Berman UMVIM Coordinator, Eastern Conference (Conferencia Oriental) Río Elba #402, Col Fuentes del Valle Reynosa, Tamaulipas México; Phone: 011-52(899)-924-1091 wberman@prodigy.net.mx

NORTH AMERICA - MEXICO

North Central Conference (Conferencia Nor-Central) Chihuahua District, Chihuahua District: Pitorreal Clinic, Medical teams sought

Contact: Rev. Javier Ríos UMVIM Coordinator, North Central Conference (Conferencia Norcentral) Chapultepec No. 1989, Colonia Hidalgo Ciudad Juárez, CP 32300 Chihuahua México

Phone: 011-52-614-415-7737

NORTH AMERICA - MEXICO

Mexico Conference

La Joya & Tlalamac

Medical volunteers for clinics

Contact: Jorge Alceron UMVIM Coordinator, Mexico Conference (Conferencia de Mexico)

MARIANO MATAMOROS NO.33, OZUMBA. EDO. DE MEX., MEXICO, C.P. 56800 México

Phone: 011-52-5-979760184

jrg_alarcon@yahoo.com

NORTH AMERICA - USA - Alaska

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

Contact: Dave Kobersmith, PO Box 670049 Chugiak, AK USA

Phone: 907-688-2734 birchwd@alaska.net

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

Contact: Judith Ann Martin, PO Box 430 Seward, AK USA

Phone: 907-224-5241

NORTH AMERICA - USA - Georgia

Murphy-Harpst Children's Centers - Therapists to work with emotionally disturbed children/youth,
Contact: Vance Voinche, Murphy-Harpst Children's Centers., 740 Fletcher Street, Cedartown, GA 30125 USA Phone: (800) 648-1234 Phone 2: (770) 748-1500 contact@murphyharpst.org

NORTH AMERICA - USA - Kentucky

Red Bird Clinic - can use volunteer physicians, nurses, lab technicians, dentists, dental hygienist, mental health counselors and substance abuse counselors willing to become licensed (if applicable) in KY for outpatient clinics for fill-in coverage for providers in a Primary Care/Health Care/Rural Health Clinic. Service for about 1 week or longer. Lodging, some meals provided.
Contact: Joel Medendorp PhD, Clinic Administrator, Red Bird Clinic, HC 69 Box 701, Beverly, KY 40913 USA Phone: 606-598-5135 health@rbmission.org

NORTH AMERICA - USA - Kentucky

Mt. Vernon: Christian Appalachian Project Volunteer Program - needs volunteer nurses for summer camp (2 overnight camps and 1 day camp).
Contact: Volunteer coordinator, Route 6, Box 43 Mt. Vernon, KY 40456 USA Phone: 800-755-5322 volunteer@chrisapp.org,

NORTH AMERICA - USA - Oklahoma

United Methodist camping ministry needs volunteer nurses. Food & lodging provided; background check required.
Contact: Randy McGuire, 1501 NW 24th St. Oklahoma City, OK 73106 USA Phone: 404-530-2016 rmcguire@okumc.org

SOUTH AMERICA - BOLIVIA

Curamericas www.curamericas.org - Curamericas provides primary health care to 75,000 women and children in Bolivia. Is seeking mission trips volunteers to reconstruct a hospital in the highlands of Bolivia and to build a maternal center in the lowlands of Bolivia.
Contact: Gladys Shanklin Program Administrator, Curamericas
224 E. Martin Street Raleigh, NC 27601 Phone: 919-821-8000 gladys@curamericas.org

SOUTH AMERICA - BRAZIL

Rio de Janeiro: Evangemed - Medical and Dental teams work with Dr. Wilson Bonfim in a mobile clinic attending people in small towns and villages, or on a Medical
Page 22 Boat through the Amazon, working

through the local Methodist Church. Groups may also work at People's Central Institute in inner city Rio de Janeiro, giving medical and religious assistance. Other areas for service include the Northeast, the Amazon, and Minas Gerais.

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

SOUTH AMERICA - CHILE

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

Contact: Rev. Santiago Castellon, EMANA Casilla 832 Iquique, CHILE Phone: 011-56-57-412-718 Phone 2: 011-56-57-428-465 emana@entelchile.net Iquique: Nurse needed.

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

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

Contact: Fabiola Grandon Toledo VIM Coordinator, Luis Thayer Ojeda 2157 - Casa F, Providencia, Santiago, Chile
Phone: 011-56-2-269 2923 fgrandon78@vtr.net OR voluntarios_proyectoschile@hotmail.com

SOUTH AMERICA - PERU

Puerto Bermudez

Contact: Bishop Marcos Ochoa, Iglesia Metodista de Peru Apartado 1386, Paisaje Baylones 186, Lima 05, Peru Phone: 011-51-1-424-5970 Phone 2: 011-51-1-447-4820 or 51-562-0895 iglesiamp@terra.com.pe

Iquitos: Project Bushmaster - 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. www.HopeUnites.org

Contact: Willie Teminche, Project Bushmaster, Iquitos, Peru, willy@tucanlodge.com

SOUTH AMERICA - VENEZUELA

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.

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

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

El Renuevo Global Ministries Medical Team & Medical Boat

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

Contact: Grady Harmon U.S. Contact, El Renuevo Global Ministries, 13376 CL Torbert Jr. Parkway LaFayette, AL 36862 USA Phone: 334-864-9135 Phone 2:: 334-864-0932

elrenuevo@charter.net

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 Phone: 918/250-8101

Tulsa, OK 74146 Fax: 918/250-1281

info@blessing.org

Website: www.Blessing.org

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

Contact them for an application form and current lists of available drugs and supplies

Prescription drugs can be ordered by any health professional with US prescribing privileges

CHOSEN Mission Project

Rich Thomas

3638 W. 26th St.

Erie, PA 16506

Phone: 814/833-3023

Fax: 814/833-4091

rich@chosenmissionproject.org

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

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

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

Christian Dental Society

P. O. Box 296

Sumner, Iowa 50674

Phone & FAX: 563-578-8887

cdssent@iowatelecom.net

www.christiandental.org

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

Glasses for the Masses

Fairview UMC 865/983-2080

2505 Old Niles Ferry Rd.

Maryville, TN 37803

<http://www.fairview-umc.org/index.htm>

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

Dr. Ed Hagan

Phone/fax: 912/564-2173

114 Morningside Dr. Fax: 912/564-9349

Sylvania, GA 30467

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

Hampton Research & Engineering, Inc.

Dr. William Harris, President

2670 West Interstate 40

Oklahoma City, Oklahoma 73108

Phone: 405-232-5103 FAX: 405-232-5104

Email: hampdent@swbell.net

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

Interchurch Medical Assistance, Inc.

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

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

P. O. Box 429

Fax: 410/635-8726

New Windsor, MD 21776

Contact person: Patty Ditzel

imainfo@interchurch.org

www.interchurch.org

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

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

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

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

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

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

International Aid

Myles Fish, president,

Chuck McMillan, Mission Resource team leader,

Phone: 616 846 7490

17011 W. Hickory Fax: 616 846 3842

Spring Lake MI 49456-9712

ia@internationalaid.org www.internationalaid.org

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

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

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

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

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

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

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

3123 Kenwood Blvd. Toledo, OH 43606

Phone / Fax: 419-531-1111 Email:

james.diller@verizon.net

www.dillermedicalmission.org

Page 24

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 or Roger Boe MD, UMF/HCV, 208 234 4159, boeroger@ida.net, or from Rev Nick Elliott, sejinfor@umvim.org, and filled out and sent to King at least 2-3 months before trip. An inventory list and details of the ordering process will then be sent to you.

MAP International

International Medical Resources (IMR)

2200 Glynco Parkway 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 libility forms are also available on the website.

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

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

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

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

Medical Bridges, Inc.

Patricia Brock MD, pres, CP Hodges director

(street address: 2919 Dupree, Houston TX 77054)

PO Box 300245

Houston TX 77230-

Phone 713 748 8131

Fax 713 748 0118

Web site www.medicalbridges.org

drpattibrock@medicalbridges.org

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

MedShare International

A. B. Short
Executive Director
MedShare International, Inc.
5053 Chatooga Dr
Lithonia, GA 30038, USA
Phone-770-323-5858,
Fax-770-323-4301
email: info@medshare.org
<http://www.medshare.org/>
(receives and distributes medical supplies and equipment from Atlanta area hospitals)

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

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

Project 20/20

Nevin Robbins

Emmanuel UMC, 2404 Kirby Rd., Memphis, TN 38119-6606
phone: 901/754-6548 <http://www.emmanuelmemphis.org>
(Receives discarded eyeglasses & sunglasses, labels with prescription, provides to optometry teams.)

Rotary Club Morning Foundation

Kerrville Texas Rotary Club
Morning Foundation
Jack A. Thurmond, M.D., 206 Spring Mill Dr., Kerrville, TX 78028 830-896-0226
Medical Eye Equipment Loan Program for Mission Projects. The following equipment is available by application:

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

Various smaller hand-held items
No fee charged for short term missions except shipping costs.

UMVIM Warehouse

Dr. R. B. "Bud" Antley & Jimmy Mitchell
117 W. Church St., Batesburg/Leesville, SC 29006
803/532-9870 (Antley - o); 803/698-4652 (Antley - h)
803/698-6452 (Antley - pager); 803/532-4459 (Mitchell)
(UMVIM warehouse for medical supplies for any team in the Southeast that needs them. Will pick up medical, dental and other supplies if possible.)

World Dental Relief

Dental Missions Warehouse
Dr. Ron Lamb, President, P. O. Box 747, Broken Arrow, Oklahoma 74013-0747 Phone: 918-251-2612 FAX: 918-251-6326 dentalreliefinc@aol.com
www.dentalrelief.com
(Usually 15% of value charged plus shipping; occasionally just shipping charge for some items)

JURISDICTIONAL AND NATIONAL UMVIM COORDINATORS

North Central Jurisdiction

Lorna Jost, 21939 464th Ave., Volga SD 57071-6929 Tel: 605/826-4122, E-mail: umvim-ncj@brookings.net
Website: <http://www.gbgm-umc.org/northcentralvim/>

Northeastern Jurisdiction

Gregory Forrester, 32 North Church St., Cortland, NY 13045; Tel (607) 756-7799 Fax (607) 756-7957
E-mail: UMVIMNEJ@twcny.rr.com Web link: <http://gbgm-umc.org/umconferences/northeastern.stm>

South Central Jurisdiction

UMVIM Coordinator, 4849 Greenville Ave., Suite 1545, Dallas, TX 75206; Cell (214) 641-1332, Tel (214) 692-9081 Fax (214) 692-9083 E-mail: umvimsej@sbcglobal.net Website: <http://www.gbgm-umc.org/scjumc>

Southeastern Jurisdiction

Nick Elliott, 315 West Ponce de Leon Ave., Suite 750, Decatur, GA 30030; Tel (404) 377-7424 Fax (404) 377-8182 E-mail: sejumvim@compuserve.com Website: <http://www.gbgm-umc.org/Volunteers/>

Western Jurisdiction

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

Mission Volunteers – GBGM

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

Mission Volunteers – GBGM

Individual Volunteers (outside the SEJ)

Gregory Forrester, 32 North Church St., Cortland, NY 13045; Tel (607) 756-7799 Fax (607) 756-7957
<indvols@gbgm-umc.org>.

UMF/HCV Consultant

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

United Methodist Fellowship of Health Care Volunteers Board of Directors

North Central Jurisdiction

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

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

Northeastern Jurisdiction

Gregory Forrester, 32 North Church Street, Cortland, NY, 13045; Phone: 607-756-7799 Fax: 607-756-7957 email: UMVIMNEJ@tweny.rr.com

Dr. Sylvia Reimer, 22325 River Bend Drive
Watertown, NY 13601
(H) 315/788-5442 <marsy15141@aol.com

South Central Jurisdiction

Kathie Mann, 3215 Main Street, Houston, TX 77002
Phone:713/521-9383 Fax:713/521-3724 Email:
Texaspin@methodists.net

Tom Brian, 720 East Main Street Ste A, Allen, TX 75002 (W) 972/727-5001 (H) 972/727-5436 ©
Page 26 972/965-6534 (F) 972/727-6335

<atdds@yahoo.com>

Southeastern Jurisdiction

Jim Fields, MD, 411 Lynwood Blvd., Nashville, TN 37205; (O)615/386-9719 (F) 615/463-0008(H) 615/298-1625 Email <jpfields@earthlink.net>

Judy Neal 612 Parkside Drive, Lexington, KY 40505
(O)859/255-4411 ext. 237 (H) 859/259-9649 (F) 859/259-9649 <jjneal8801@aol.com

Western Jurisdiction

Kurt Kaiser and Jan Kaiser, RN
600 High Circle Road, Sandpoint, Idaho 83864
(H) 208/263-4094 (F) 208/263-3220
<love2trvl@imbris.com

FROM THE EDITOR'S DESK

First, I want to thank all of you for making our organization such a success!! And a success it is!!

Just look at the PROGRESS NOTE on page 5. This shows a solid increase in teams, in team members and in funding.

Then beginning on page 13, we have a listing of **93** (would you believe it!) teams that are planning to go on missions in the next few months. This is the most ever that have been reported.

I have a feeling that the figures, high as they are, are really even higher as many team leaders are not reporting mission activity.

I know this reporting is a drudgery of a kind, but it is **very** important. This is the way that responsible history is written. Many team leaders had rather not write for a publication. To them I would suggest that they designate a team member to do this. There are usually one or more team members who are comfortable with writing short articles and sending reports to the jurisdictional office. Usually they are glad to do this if asked.

Isn't Roger Boe doing a great job as our consultant? He is so valuable to our organization and his contributions to THE KNOCK are simply great.

The other contributions are of a high quality, as well. The reports of mission activity are very interesting and helpful. The front page is a good example of shaping our activity for the future. One article opens the door to a new kind of mission involvement and the other calls our attention to one way our efforts may have been misdirected. Both deserve our thoughtful consideration.

Now having said all of that, let's all be more diligent in reporting team activity to the jurisdictions and to THE KNOCK. Thanks for all you do in His name, Mike Watson, MD, Editor

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

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

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General Board of Global Ministries
475 Riverside Drive, Room 330
New York, NY 10015

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Or use VISA MC AMEX DISC (circle choice)
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Exp. date _____

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

Signature _____

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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

MONTANA	INDIANA	ALASKA
ALABAMA	GEORGIA	KENTUCKY
MISSISSIPPI	OKLAHOMA	TENNESSEE

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