



Volunteers in Medical Missions

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V I S I O N



The “river team” was the first to provide medical care to this remote village.

by Stephanie Davis, PhD, RN, FNP, BC
Pendleton, South Carolina

Seven team members traveled for six hours up the river in canoes to remote villages to provide medical care. Pastors from Ambato ministered to the villagers’ spiritual needs.

I was fortunate to be able to take nursing and nurse practitioner students on the trip to Macas, Ecuador, for the third time in March. One of my dearest friends, Lisa Duggan, participated in the trip again this year and we were able to take thirteen undergraduate and two graduate nursing students. Another faculty member, Catherine Murton, tagged along to help and “learn the ropes” for future trips. The Clemson students are graduating seniors or graduating nurse practitioners who volunteer to go to Macas over their Spring break when most of their friends are home reconnecting with family and friends. It is always such an honor to “show them off” and to let others know how proud we are of them.

The “Clemson Gang” met Dr. Keith Scott, the team leader, and several other team members in Atlanta and we flew to Miami where we met other team members. We landed in Quito and then traveled for about three hours to Ambato where we spent the night. We did not arrive until after 3 a.m. so we were all exhausted.

The next morning we were blessed to attend the same local church service as

in previous years. The members of the congregation are always gracious to us and we never fail to be touched by their love and support. We had a great lunch and then traveled several hours over the mountains to our destination for the week—Macas. There are several active volcanoes in Ecuador and many can be seen while crossing the mountains. The scenery is amazing. We stayed in cottages in a gated compound near town. The team immediately noticed the inviting pool.

Brother Miller and his family served as hosts to the team as they had in previous years. Sister Ruth, Brother Miller’s wife, serves as chef for the week and she is a great one. No one goes hungry on this trip for sure. She made delicacies over an open fire. We spent the next four days providing healthcare to the Schuar Indians and the Ecuadorian people. As usual, the team became as one almost immediately. It never ceases to amaze me how quickly a group of over twenty people can mesh. We saw nearly 1,500 people in the four clinical days. We saw some great patients and we had some very

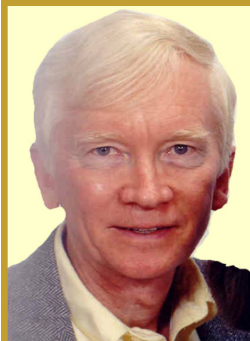
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(The "river team"---continued from page 1)

trying experiences. Many of us are still thinking about the one year-old little girl who weighed a mere ten pounds because her mother refused to nurse her. We can only hope and pray that the talk Keith and Brother Guillermo had with the mother and father reached them and they will care for the baby in the future. I still pray for this child and her safety.

The Lord shined on us and we were provided with shelter for every clinical site. We began clinical in the police compound in Macas. The local police were so generous to us and provided us with a bus and two officers as drivers for the week. We could not have been more protected throughout this journey. The second day we visited Sagrado Corozon and had a great day until time to leave. Our bus was stuck behind another bus that had broken down in the road. We had to walk for nearly two miles. I felt so sorry for Kenny and Keith who had to carry a bag of medications and supplies weighing fifty pounds. They ran a stick through the handle and loaded the ends on their shoulders for the long trip. The Lord blessed them about halfway to the bus. A cab picked them up without charging any fare. On the way to the bus after seeing several hundred villagers in the clinic, we noticed a posting on one of the homes indicating Dengue fever. This was sobering. If any of us become ill in the next few months and the doctors cannot figure it out—suggest Dengue fever!

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From the Director's Desk

by Larry Secret

We are very thankful for all our volunteers, the sacrifice of our donors and for those who host our teams in remote areas of the world. The past couple of years have been filled with extraordinary suffering worldwide as a result of armed conflicts, natural and manmade disasters and economic hardship, yet our mission outreach has not only survived but continues to thrive.

Our medical mission teams have already made two trips this year to both Honduras and Peru, as well as individual trips to the Dominican Republic, the Sudan, Bolivia, Ecuador, Guatemala and Tanzania. These teams demonstrate a vibrant ministry that is moving forward at a time when mercy and compassion are needed more than ever.

Our needs are simple. First, we need to see continued growth in our financial support from individuals, churches and grants so that we can expand our outreach. Second, we need more team leaders. We regularly receive invitations to send teams to areas of dire need around the world, but we are limited to the number to which we can respond. Thirdly, we need your prayers for the above concerns. A good foundation has been established on which we can expand but expansion without the earnest prayer

support of God's people will only yield another well-meaning humanitarian outreach.

We also need your involvement in the promotion of this work. This is a ministry that affects patients, team members, team leaders, our foreign hosts as well as our donors. Please consider the possibility of including VIMM on the agenda of your church's missionary committee or of hosting a VIMM fundraiser (yard sale, bake sale, car wash, BBQ, etc.) for medical supplies. Another opportunity to be involved would be to invite a VIMM volunteer, a board member or one of the staff to present this work in your church, civic club or community event. This is a spiritual outreach that uses the training and expertise of medical professionals from different backgrounds to demonstrate the loving compassion of the Savior so that lives

can be transformed. Please consider these needs and labor along side of us so that this mission outreach will continue to grow and that our God will receive glory and honor through this ministry. ✝



The Ecuador team was assisted by the local police who were a great asset. They provided a bus and two officers as drivers. The sign advertised the clinics, "National Police of Ecuador-The Health Center Macas".


(The "river team"---continued from page 2)



Dr. Keith Scott and Kenneth Davis carried a heavy bag of medicines and supplies after the bus was blocked by a stalled vehicle.

Seven team members, the "river team", spent six hours in canoes going up river to the awaiting villagers. Paul and Laura had spent time with the villagers prior to the team's arrival in order to build their trust. Unfortunately, due to rainy weather they did not get to see as many patients as they would have liked. Travel is very difficult when it is raining. The villagers use poles to move their canoes and going up river when the river is elevated can be treacherous. Laura, Paul, Betsy, Ian, Christi, Keith W., and Katie opened the door for many more excursions upriver.

The third day we visited Guadalupe and had a great clinic. The final clinical day the two groups came together again and we visited Chiguaza where we saw over 400 patients. The last day of our mission was spent sightseeing and visiting some of the local towns and markets. The team once again visited the most amazing waterfall imaginable. The true blessing was the fact that everyone made it back up the cliff yet again. The usual cable car ride to another local waterfall was very sad. A mudslide had completely filled the river and broken the waterfall into two sections. When we reached Ambato we had a great dinner at a wonderful restaurant where we said goodbye to our hosts. We will miss them dearly.

On the way back to Quito the bus had a flat tire. Luckily and by God's graces, no one was hurt and we arrived at the hotel for the night safe and sound but very late. We arrived at about 1 am and had to be at the airport at 6 a.m. (a few at 4 a.m.). We made new friends and none of us will forget the experience. We were all touched by His grace during this mission. I am already looking forward to next year! 

Team's Path Orchestrated in Bolivia

by Karrissa King, MD
Greenwood, South Carolina

Our trip to Bolivia at the beginning of March was amazing – great team, lots of patients, safe travel, and a wonderful host family. However, the best part of the trip for me was seeing how God was orchestrating our path along the way. For example, God used



a strike by the public bus companies along with blockades in the streets to direct our patient care toward homeless, drug abusing young people and families living in a park near the clinic. Because patients could not get to the clinic due to the strike, we were able to care for these desperate people that were so open to learning about Jesus. Several

were saved in the clinic and made arrangements to attend a local church with one of our translators.




A patient that stands out to me was a pastor who had traveled



seven hours to reach our clinic. The government in Bolivia is corrupt and has been promoting pagan beliefs and discrediting Christian beliefs throughout the country.

They also have denied pastors from getting health insurance through their government system. These actions have left many churches without



pastors. However, this one particular pastor was dedicated to continue to spread the Word of Jesus. He was going house to house, reading his Bible and teaching people about God. In recent months his vision had become more blurry so he had trouble reading his Bible. We were able to give him some reading glasses and his eyes just lit up. He was so excited that he got his Bible out and began reading it to us. It was just amazing to know we were able to help him continue to spread the Word in Bolivia! Praise God! 

Medicines Seized in Guatemala City

by Kristen Gore, MD
Anderson, South Carolina



Kristen Gore said, "There was something about this girl that I will never forget."


Sometimes it's the adventures in life you plan the most for and feel like you know exactly what to expect when God teaches you about the glorious unexpected. When we gathered together, I learned that many people on our team had been on this trip multiple times and seemed to know what to expect. We were blessed to have some amazing first

timers; however, the majority was seasoned to the medical mission field experience. As we arrived in Guatemala City on Saturday March 20th, we picked up our bags as usual and headed through Customs. Then, what was a seemingly typical arrival very quickly became unsettling as we noticed all of our medical supplies and crates being confiscated by customs officials on the other side of the scanners. We were told that an old policy to notify the health department of the country of any prescription medications prior to arrival was now being strictly enforced. Our leader, Dr. Abercrombie, who had led this trip on multiple occasions, and even our Guatemalan missionary, Carlos, were unaware of this new-old policy!

Some of us began to pray immediately in our vans outside the airport expecting God for a miracle as our first clinic was to be the following morning. We tried to negotiate with money, local contacts, and whatever we could, but the government refused to release our medications until Monday. We left for the house in which we would be staying feeling somewhat defeated, but still trusting in the One who had brought us there safely. We laughed about starting on Plan A, but by the time we even left the airport we were already on Plan H! So we would wait until Monday...

I woke up the next morning at #13 in Santa Lucia, drank some coffee, and spoke broken Spanish to our cook,

Rosa. I left the USA coming off three straight months of hospital call, and as a frazzled family medicine resident was just so extremely thankful to have a quiet morning. The team was having a great time of fellowship, but still there was this underlying tone that we should be doing something! When you get that many type A go-getters under one roof, we all were just chomping at the bit! We patiently waited, prayed, and fellowshiped as Saturday, Sunday, and Monday passed without any success of getting our medications back for our clinics. There had been rioting in Guatemala City with many of the main roads blocked with tires which had been set on fire. Monday night we had a powerful rooftop prayer and worship session up on the flat roof of our house. We all sat on the roof in the dark of night, surrounded by volcanoes, the sounds of His wonder, the brilliant stars above, and fellow brothers and sisters in Christ. We prayed for one another, sang songs, and worshiped the God who is forever faithful. God was there on that roof.

By Wednesday afternoon, the Department of Health finally released our medicines and we were able to host four amazing clinics that week. After waiting for four days, we were all so excited to get out and serve! By God's grace we were able to fit in all of the previously scheduled clinics. We saw all of the children at Casa Shalom Orphanage, over 400 people at the Municipal Convention Center, over 250 people on the Isla del Chico, and finally over 200 people in the mountain city of Pixabajá. It was an enormously successful trip with thousands of medications given out and so much love shared through prayer. I feel very strongly that this trip, like all medical mission trips, was so much more than the medicine. It was about God teaching His hurried, hectic children to sit, wait for His timing, pray for each other, and truly enjoy each other's company. Our God is so faithful indeed. 

Upcoming Trips

Nicaragua	Jul. 31-Aug. 7	\$1,650
Haiti	Aug. 12-20	1,550
North Africa	Oct. 30-Nov. 8	1,750*
Mexico	Dec. 3-9	1,300*
Dom. Rep.	Jan. 1-8	1,600*
Ecuador	Mar. 21-25	1,800*

Cost is generally based on departure from Atlanta, Georgia.

Applications and trip information are available on-line at <http://www.vimm.org/>. You must turn off your "Pop Up Blocker" or under "Pop Up Settings" add the VIMM web site as an allowed site.

Please check our web site, <http://www.vimm.org/>, for more trips to be added to the 2011 schedule. Click on the globe on the top right of the screen.

The Doctor Speaks

Altitude Illness

by Nancy Alexis, MD
Forest Lake, Minnesota



Most VIMM volunteers will find themselves working in warm climates at low altitudes, but from time to time, especially in South America a mission may be at high altitude. Then team members should be aware of symptoms of high altitude illness (HAI). Altitude is considered high from 5,000 to 12,000 feet; very high from 12,000 to 18,000; and extremely high over 18,000. The most likely type of HAI that VIMM team members are likely to encounter is the mildest, known as acute mountain sickness (AMS). AMS is rare under 8,000 feet, but individual susceptibility is highly variable, and is not dependent on sex, age, weight, or fitness level. About 20% of travelers at elevations of 6,300 to 9,700 feet will develop mild AMS, and nearly 75% of travelers to elevations over 10,000 feet will develop symptoms.


With normal acclimatization, the lower oxygen levels at high altitudes trigger faster breathing which increases the body's oxygen at the expense of blowing off carbon dioxide, creating a respiratory alkalosis. Heart rate also increases by as much as 20%. Since carbon dioxide levels are part of the normal trigger for breathing, low levels limit how much the breathing rate increases. At night this leads to periodic breathing, a series of shallow breaths followed by non-breathing spells of 10-15 seconds. Within a day, the kidneys start to excrete bicarbonate which brings the body's pH back down to normal acidity within 24-48 hours. This allows rapid breathing to occur again, especially if traveling to still higher levels.

Symptoms of AMS include headache plus fatigue

or weakness, dizziness or lightheadedness, difficulty sleeping, loss of appetite or nausea. Some describe it as similar to a hangover. Symptoms can easily be dismissed as "the flu", but a rule of thumb is that if you feel unwell within a couple of days of reaching high altitude, then it is altitude sickness unless there is another obvious explanation.

AMS is more common with a rapid ascent, as may occur when the destination airport is already at high altitude. Vigorous physical activity within the first day can increase the body's oxygen demands before it has a chance to acclimatize. Sleeping pills, alcohol or sedatives will suppress the bodies normal response and should be avoided. Since the kidneys need to excrete the bicarbonate, travelers should expect to be urinating more and drink more fluids than usual. They should follow a low salt, low fat, high carbohydrate diet. If AMS symptoms occur and are mild, a day's rest and hydration with Tylenol for headache are often all that is needed. However, one can take acetazolamide (Diamox), a diuretic that speeds the bicarbonate excretion and can cut acclimatization time in half. If a person knows he or she is susceptible to AMS (the condition may occur on one trip and not another), the acetazolamide can be started prophylactically a day before arrival. This drug cannot be taken by persons allergic to sulfa.

Team members with known heart or lung problems should discuss high altitude travel with their physicians. Patients with congestive heart failure, COPD, or sleep apnea are at greater risk.

For most VIMM volunteers, mountain mission trips are scenic and enjoyable. Just plan to drink well, rest on arrival, and avoid sedatives or sleeping pills. Notify your team leader if you do develop a headache or flu-like symptoms within your first two or three days, and ask your physician whether you should take prophylactic Diamox. 

Matching funds are an excellent source for donations. Check with your employer to see if VIMM qualifies.

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VIMM fondly remembers Roger Medlin who passed away in November 2009. He was a long time VIMM supporter who served both as a board member and a team leader. In 1997, he felt the call of God to build a medical clinic in Honduras. Working with a Honduran missionary he completed the project in Olanchito, the Iris Artz Merrill Memorial Clinic. Roger was a blessing to all who knew him.



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