



## Medical Missions Outreach

TITLE OF PROJECT: Medical Missions Outreach

OVERALL PROJECT COST AND REQUESTED FUNDS: \$315,000

CONTACT DETAILS: Reginald D. Harris - (469) 523-1396 - Email: rharris@telinternational.org

---

## **THE SITUATION**

In developing nations, people die daily from fevers, infections and vitamin deficiencies that go untreated because basic medicines or nutritional supplements are not available. The few local clinics that exist in frequently run out of basic items such as rubbing alcohol, gauze bandages, and anti-biotic ointments to cleanse and dress simple cuts. For those not able to get medical treatment, illnesses and wounds that are easily managed with proper resources, escalate into life-threatening tragedies.

This year alone, there will be over 40 million deaths in developing countries, one-third among children under the age five. Ten million deaths will be due to malaria, acute respiratory infections, diarrheal diseases, and tuberculosis; all conditions that are easily treatable.

## **PROGRAM DESCRIPTION**

This program provides medical services, medicines, surgical supplies, and training to community leaders. Sending shipments of supplies to our ministry partners in developing countries enables them to:

- Provide antibiotics to treat infections that would otherwise result in amputations or death.
- Provide vitamins such as vitamin A to prevent childhood blindness and prevent death from measles, mumps and other viral infections.
- Provide nutritional supplements such as iron tablets to prevent anemia and the mental and physical delays that would otherwise plague children throughout their lives.
- Re-stock clinic shelves with basic medical supplies such as aspirin, antibiotics, gauze, bandages and rubbing alcohol, so local health care providers can treat illnesses and injuries before they become life-threatening.
- Provide vaccinations for children so they do not contract debilitating illnesses such as polio or tuberculosis or pass these illnesses on to others.

Our primary objective is to strengthen outreach efforts, open new areas to the gospel and provide primary care while giving the caregiver opportunities for ministry. Pre-arranged logistics to provide quality care are delivered through; clinics, community hospitals, and health posts.

<b>GREATEST NEED</b>	
1	Chest tubes (regular size 24-32 and small 10-12)
2	Cytotec 100 & 200
3	Lidocaine + Adrenaline and Lidocaine plain (1% and 2%)
4	Lidocaine – preservative free
5	Surgical Drapes
6	Ace bandages, all sizes
7	Surgical Gauze
<b>SURGICAL NEEDS</b>	
1	Prolene 3-0 ps cutting needle
2	Prolene 0 and 1, CT-2 taper needle
3	Vicryl 0 and 1, CTX taper needle
4	Prolene 0 and 1, CTX taper needle
5	Surgical blades #10 and #15
6	Epidural needles and agents
7	Marcaine for Spinal
8	GI staplers (especially the EEA type) and Skin staplers
<b>MEDICATIONS</b>	
1	Phenobabitone/phenobarbital injection
2	Ketamine
3	Pethidine
4	Adrenaline
5	Oxytocine
6	Metoclopramide injection
7	Vitamin K 1mg injection
8	Ergometrine tablets
9	Podophyllin resin powder
10	Neomycin sulfate powder
11	Potasium permanganate powder
12	Methotrexate
13	Sodium Acetate crystals
<b>ALWAYS USEFUL</b>	
1	Unsterile and sterile gloves
2	Disposable eye shields for surgery/procedures
3	Cloth tape/sports tape
4	Disposable scrub brushes
5	Foleys catheters
6	NG tubes and chest tubes
7	Urine collection bags
8	Stoma bags and related materials



610 Uptown, Suite 2000, Cedar Hill, TX 75104 · Bus (469) 523-1396 · Fax (469) 523-1301

## CONTRIBUTION/DONATION FORM

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Choose the project to help (print donation amount):

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Adopt-A-School Program      | \$ _____ | <input type="checkbox"/> Leadership Training         | \$ _____ |
| <input type="checkbox"/> Agribusiness Plan Fund      | \$ _____ | <input type="checkbox"/> Medical Missions Outreach   | \$ _____ |
| <input type="checkbox"/> Church Building Ministry    | \$ _____ | <input type="checkbox"/> Orphan Care Ministry        | \$ _____ |
| <input type="checkbox"/> Evangelism Support Ministry | \$ _____ | <input type="checkbox"/> Water, Sanitation & Hygiene | \$ _____ |
| <input type="checkbox"/> Feeding & Nutrition Program | \$ _____ | <input type="checkbox"/> Where Needed Most           | \$ _____ |
| <input type="checkbox"/> Indigenous Missions         | \$ _____ |  |          |

### DONATION INFORMATION (check appropriate box):

- ☐ No recurring payment   ☐ Monthly recurring payment   ☐ Weekly recurring payment   ☐ Yearly recurring payment

Enclosed Check # \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

### PAYMENT BY CREDIT CARD

- ☐ AMERICAN EXPRESS \_\_\_\_\_ SECURITY CODE   ☐ MASTER CARD \_\_\_\_\_ SECURITY CODE   ☐ VISA \_\_\_\_\_ SECURITY CODE

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME (As it appears on the card) \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

**Mail completed form to:**

TEL International · PO Box 763325, Dallas TX 75376