1. Doctor Lync Introduction

The ultimate dream for health care in India is to have a general physician in every village. Physically speaking, this is not possible now and extremely improbable in the future. Disease prevention and health promotion are essential attributes of a people-oriented welfare state. The health of its people reflects the health of the nation.

GFA World and Believers Church Medical College Hospital (BCMCH) exist to take the good news of Jesus Christ to communities in Asia and, through the church (Believers Eastern Church), to assist the poor and vulnerable overseas. We are motivated by the love of Jesus Christ to cherish, preserve, and uphold the sacredness and dignity of all human life.

Often our first engagement with people is in ministering to their physical, emotional, and spiritual needs. We do this through a variety of programs that have been developed over the past 40 years. These programs include medical camps; a state-of-the-art hospital; providing clean drinking water through Jesus Wells; literacy and enterprise programs for women; and Bridge of Hope Centers, which provide food, education, and clothing to the most impoverished children in India.

Through faithfully caring for the needs of the most vulnerable people and investing in community development, GFA World’s field partners have been able to directly share Christ’s love with millions of people across Asia. Today, GFA World supports thousands of national missionaries serving congregations all across India, Bangladesh, Myanmar, Nepal, and Sri Lanka.
While GFA World is an international organization with offices in the U.S., UK, Germany, Canada, Australia, New Zealand, South Africa, and South Korea, our strength lies in our project work being directly delivered by individuals that have been recruited and trained from within Asia. We invest in local people and local infrastructure to help build stronger communities that are improving the lives of men, women, and children across Asia for generations to come.

One of the many ways we have supported people across Asia has been through improving access to health care. For many years this has been delivered through:

- Medical Camps ([https://www.gfa.org/compassion-services/medical-ministry/](https://www.gfa.org/compassion-services/medical-ministry/))
- Sisters of Compassion ([https://www.gfa.org/women/sisters-bringing-compassion/](https://www.gfa.org/women/sisters-bringing-compassion/))
- Bridge of Hope Centers ([https://www.gfa.org/pray/bridge-of-hope/](https://www.gfa.org/pray/bridge-of-hope/))

In 2016, in recognition of the need for more high-quality medical facilities and highly trained medical practitioners in India, GFA World’s field partners opened Believers Church Medical College Hospital (BCMCH), a state-of-the-art hospital and medical college in Kerala. From here, we can provide a wide range of specialty medical care and train more doctors in the very best practices.

Doctor Lync is a telemedicine initiative started by Believers Church Medical College Hospital based out of Thiruvalla, India, to provide quality health care for rural health care clinics across deprived rural communities in India. Utilizing our knowledge capital of highly trained medical personnel, we are well-positioned to initiate telemedicine and to oversee its rapid expansion. The project will allow doctors based in rural health care clinics to access the knowledge base of specialist consultants and receive ongoing medical training, drastically improving the quality of health care provided in rural areas of India.
The ideal solution to address these challenges would be to ensure that every rural health care clinic is suitably staffed by qualified doctors, nurses, and health care professionals. We are working towards a long-term solution through our field partner’s Medical College in Thiruvalla, India, which is currently training 100 medical professionals every year. However, with 638,000 villages inhabited by more than 740 million individuals across India’s extensive geography, this process is going to take a considerable amount of time.

Our immediate solution, therefore, is to get alongside these existing rural health care clinics with optic fiber web-based links to help improve the quality of care they provide. This telemedicine approach will allow us to address the needs highlighted above through consultations, training, and, in some cases, remote diagnosis. Telemedicine has the advantage of being affordable, scalable, and quick to roll-out to many health care centers across rural India. The ability to communicate with the specialists at BCMCH both audibly and visibly will significantly improve both the quality and quantity of health care delivery in these remote areas of India. The knowledge and information given to the centers by the specialist will also enable the centers to deliver better health care as they learn from the specialist.
2. The Need For Telemedicine - Rural India

Health care is the right of every individual, but the lack of quality infrastructure, the shortage of qualified medical functionaries, and non-access to essential medicines and medical facilities thwart the reach of roughly 60% of the population in India. A network of government-owned and operated sub-centers, rural health care centers (RHCs), and community health centers (CHCs) are designed to deliver primary health care to these communities. Besides being unreliable for the illiterate, it is also unaffordable for the often low-income rural population to utilize these facilities.

24.3% of the population earned less than US$1 (PPP, around US$0.25 in nominal terms) a day in 2005, down from 42.1% in 1981. 41.6% of its population is living below the new international poverty line of $1.25 (PPP) per day, down from 59.8% in 1981. The World Bank further estimates that a third of the global poor now reside in India.

Considering the picture of these grim facts, there is a dire need for new practices and procedures to ensure that quality and timely health care reaches the deprived corners of the Indian villages. The Government is looking for others to join with their efforts to reach and implement these policies in the most effective ways possible.
Often many of the rural medical practitioners, who provide 80% of outpatient care, have no formal qualifications for it. They sometimes even lack a high school diploma. In 2005, the central government launched the National Rural Health Mission (NRHM) under which it proposed to increase public expenditure on health as a proportion of the GDP to 3% from 1%. But increased spending without appropriate policy reform is unlikely to suffice.

India accounts for the most significant number of maternity deaths which the government is actively trying to address. A majority of these are in rural areas where maternal health care is inadequate because the need is so vast; additional solutions are welcomed by the government.

Due to non-accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. If we look at the health landscape, 92 percent of health care visits are to private providers, of which 70 percent is urban population. However, individual health care is expensive, often unregulated and variable in quality.

To control the spread of diseases and reduce the growing rates of mortality due to lack of adequate health facilities, special attention needs to be given to health care in rural areas. The critical challenges in the health care sector are low quality of care, poor accountability, lack of awareness, and chiefly limited access to facilities.

Statistic Sources:
1. The Brookings Press
2. National Rural Health Mission
3. The World Bank
3. The Proposed Solution

There is a viable solution to meet this great need for quality medical education and health care within rural India. Doctor Lync is preparing to connect these villages through an initial pilot phase of 100 telemedicine facilities in partnership with vetted and established rural hospitals. We aim to scale rapidly both quantitatively and qualitatively, eventually connecting all rural India. We envision Doctor Lync impacting neighboring countries of India and involving an international community of medical professionals to assist in this effort as well one day. Believers Church Medical College Hospital (BCMCH) is the base of operations, already having a vast array of highly skilled and specialized doctors. BCMCH aims to develop a reliable platform that can genuinely reach rural villages effectively.

Utilizing our knowledge capital of highly trained medical personnel, BCMCH is well-positioned to initiate Doctor Lync and to oversee its rapid expansion. We have successfully sought out numerous world-renowned doctors, who share our passion for creating a new paradigm in health care that is affordable and accessible to the underprivileged. We are making accommodations for even more doctors to soon join us in this endeavor. BCMCH strives for quality medical care, excellent service and uniquely affordable access for all.

The primary function of this platform is to be a specialty consultant for other doctors and hospitals throughout India, completely free of charge to the rural hospitals. BCMCH hopes to be torchbearers in providing an efficient and effective model for rural health care. Creating a large group of committed, patient-centered health care professionals who will make this happen is a crucial ingredient of any effort to provide holistic care to rural India. We are looking for public sector funding to get this program up to scale, as well as substantial consideration for private sector funding in the days ahead.
3.1 Our Telemedicine Concept

In 2016, Believers Church Medical College Hospital (www.bcmch.org) opened its doors. This 500 bed, a super specialty hospital, and medical college provide high-quality medical care, primarily assisting the poor and needy.

BCMCH is situated in a 25-acre campus, housing a comprehensive range of specialist departments including obstetrics & gynecology, pediatrics, ENT, ophthalmology, psychiatry, anesthesia, pulmonary medicine, orthopedics, dentistry, dermatology, cardiology, neurology, nephrology, gastroenterology, endocrinology, neonatology, neurosurgery, adult & pediatric cardiac surgery, plastic surgery, oral & maxillofacial surgery, gastro-intestinal & hepato-biliary surgery and urology.

BCMCH provides an outstanding level of care. The hospital houses state-of-the-art medical equipment and is delivering health care using the most up to date methodologies. Disease prevention and health promotion lie at the heart of our hospital’s patient-centered approach to medical care.

In affiliation with Kerala University of Health Sciences, BCMCH also provides medical education and training to students. At present, the Medical College sees 100 medical
practitioners qualify each year. Currently, the college can educate students up to Doctor of Medicine (MD) level; however, in the upcoming years, the college will also be able to provide doctoral qualifications in specialized areas of medicine.

As part of its students’ training, over the last two years, they have joined faculty members in completing field work in RHC’s across India. During these two-week excursions, students have supported rural health care practitioners with their case-load while faculty members have delivered specialist clinics for more complicated ailments. These field trips have given rural health care practitioners much-needed respite and the opportunity to receive training in the latest medical practices by faculty members. They have also provided their medical students the opportunity to experience delivering medical care in rural settings, which has led to some considering this as a potential career avenue after they qualify. Already, we have seen some of the medical students choose to spend their vacation days returning to volunteer in these rural health care clinics. By encouraging more medical students to consider pursuing careers in rural India, we hope to address the shortage of qualified doctors in these settings over the longterm.

The field work we support in rural health care clinics has resulted in the establishment of ongoing relationships between these centers and BCMCH. The field work has highlighted that there is a real need for doctors in RHC’s to be able to seek the specialist advice of consultants for diagnosing and managing the treatment of numerous ailments. It also has shown the vital need for these doctors to be able to receive the latest medical training without the requirement to take a leave of absence from their health care clinic. While field trips to deliver onsite training, support, and deliver specialist clinics are immensely helpful (and BCMCH aims to continue to develop this program), this approach is limited in its potential reach because of the cost, and there is a finite number of faculty members and students at BCMCH. Therefore, there is a need for a cost-effective and scalable solution to regularly engage with RHC’s to support their medical staff. It has been this realization that has led to us developing our new telemedicine project, which we hope you will consider joining us to launch.

Utilizing the latest video-conferencing technology, we are now looking to make available the extensive expertise, knowledge, and experience of the staff at BCMCH to health care providers located in deprived rural communities. We will accomplish this through fiber-optic web portals. We have already received $75,000 in funding towards the first 10 RHC’s that BCMCH has established links with through the Emmanuel Hospital Association, which is a network of hospitals and health care clinics in Northern and Central India committed to caring for the most impoverished communities irrespective of caste, creed, and race.

Participants will be able to partake in interactive training, as well as arrange for a video consultation with a relevant medical specialist through Doctor Lync.
BCMCH’s experienced staff will primarily deliver these training sessions and meetings from BCMCH, but in the future could be supplemented by other specialists from across the world who want to partake in the program. Consultations, on the whole, will be delivered just to the health care practitioner without the patient present. During the meeting, a BCMCH specialists will review cases with the rural doctor, recommend diagnostic actions, and possible courses for treatment. However, for more complex cases, some real-time consultations, with the patient present, will be available using the latest medical technology to complete a remote examination of the patients’ symptoms.

We will do this through our supported field work program, sending specialists alongside BCMCH medical students to visit the RHC, run clinics, deliver training, and provide support to the RHC for two weeks. The benefit of combining the telemedicine and field work program is that it will allow us to target where we send specific faculty members during field work.
3.2 Doctor Lync Leadership

Doctor Lync will be lead by Prof. Dr. George Chandy Matteethra MD, DM (Gastro), PGDHA, FRCP, FIHS. Dr. Chandy has been a pioneer in the field of hepatology and liver transplantation in India. Prior to joining BCMCH, he was Director and Head of the Department for Gastroenterology and Hepatology at the Christian Medical College in Vellore. Alongside his medical specialties, Dr. Chandy is passionate about equal access to medical care and has published articles on the subject of human rights and health. In recognition of this vital work, Dr. Chandy has received the highest award in the field of medicine in India by the President of India, the Dr. B C Roy National Award.

Dr. Chandy will be supported in the implementation of BCMCH’s telemedicine program by a highly qualified and experienced team of doctors who share a passion for seeing a new paradigm in India where all people have equal access to health care.

The team will consist of:

- Dr. John Valietthu - an internationally recognized pediatric cardiothoracic surgeon who has pioneered the use of minimally invasive surgery in this field.
- Dr. Suresh Kumar - one of the most experienced pediatric cardiologists in India.
- Dr. Satish Thomas - a specialist in ophthalmology and strabismus.
Dr. Philip Finny - an endocrinologist specializing in thyroid disorders, metabolic bone disease, and osteoporosis.

While this will be the team leading the roll-out of the telemedicine project, other doctors across BCMCH will be made available to deliver training sessions and consultations through Doctor Lync.

3.3 Doctor Lync Implementation

Health care centers in deprived rural villages that are committed to delivering high-quality medical care in their area can join our telemedicine program. These health care centers will be established operations within their community and will be vetted by the Leadership Team to ensure they have the willingness and ability to make the most of the telemedicine program. BCMCH have already completed this vetting process with 100 health care centers, and the intention is to trial the program with them first. These are health care centers that BCMCH has either conducted field work in or are part of the Emmanuel Hospital Association’s network, whose vision and values aligned closely to our own.

On installation of Doctor Lync, the partner health care center will receive training on how to use the equipment, how to access the satellite training and the process for requesting a consultation with a specialist at BCMCH.

The partnerships are in place for the first ten rural health care clinics, and we have already mapped out how we will implement the telemedicine program in these initial centers within three months of receiving funding.

Each of these health care centers will have our Doctor Lync telemedicine equipment installed in their facility.
The installation includes:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Staff Hours</th>
<th>Notes</th>
<th>Funded By</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)Windows Based Smart TV</td>
<td>$1,580</td>
<td>4</td>
<td></td>
<td>GFA World</td>
</tr>
<tr>
<td>Internet Set-up Expenses</td>
<td>$3,187</td>
<td>-</td>
<td>Many of the rural health care centers have limited internet connectivity, and we will need to ensure a reliable connection. The figure quoted is the highest we anticipate the cost will be.</td>
<td>GFA World</td>
</tr>
<tr>
<td>Router</td>
<td>$158</td>
<td>2</td>
<td></td>
<td>GFA World</td>
</tr>
<tr>
<td>Video Camera</td>
<td>$106</td>
<td>2</td>
<td></td>
<td>GFA World</td>
</tr>
<tr>
<td>Project Administration</td>
<td>$887</td>
<td>-</td>
<td>First-year administrative overhead costs.</td>
<td>GFA World</td>
</tr>
<tr>
<td>Solar Array and Energy Storage</td>
<td>$737</td>
<td>7</td>
<td>We will have solar arrays installed to provide uninterrupted service.</td>
<td>GFA World</td>
</tr>
<tr>
<td>3-hours of back-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam Furnishings</td>
<td>$632</td>
<td>2</td>
<td></td>
<td>GFA World</td>
</tr>
<tr>
<td>Multi-Parameter Patient Monitor</td>
<td>$606</td>
<td>2</td>
<td>To monitor and record patient vital signs.</td>
<td>GFA World</td>
</tr>
<tr>
<td>Air-Conditioning</td>
<td>$526</td>
<td>5</td>
<td>To ensure the longevity of the equipment.</td>
<td>GFA World</td>
</tr>
<tr>
<td>Exam Spotlight</td>
<td>$105</td>
<td>2</td>
<td></td>
<td>RHC</td>
</tr>
<tr>
<td>First-Year Fixed Costs</td>
<td>$8419</td>
<td>26</td>
<td>Per Health care Center</td>
<td>GFA World</td>
</tr>
<tr>
<td>First-Year Fixed Costs</td>
<td>$105</td>
<td>2</td>
<td>Per Health care Center</td>
<td>RHC</td>
</tr>
</tbody>
</table>
### 3.4 Ongoing Costs

In addition to the initial outlay required by GFA World and the partner health care center to install Doctor Lync, there will be an ongoing annual cost for delivering telemedicine in each center. These costs are:

<table>
<thead>
<tr>
<th>Item</th>
<th>Annual Cost</th>
<th>Notes</th>
<th>Funded By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Electrical Cost</td>
<td>$196</td>
<td></td>
<td>RHC</td>
</tr>
<tr>
<td>Comprehensive Maintenance Contract</td>
<td>$131</td>
<td>Ensuring that Doctor Lync's equipment is well maintained and has excellent longevity.</td>
<td>RHC</td>
</tr>
<tr>
<td>Internet Connectivity</td>
<td>$425</td>
<td></td>
<td>GFA World first-year only. (Partner Health care Center in subsequent years.)</td>
</tr>
<tr>
<td>Project Coordinator</td>
<td>$534</td>
<td>BCMCH coordinator for the initial set-up and then ongoing scheduling of telemedicine training and consultations.</td>
<td>GFA World (By breaking this cost down per medical center, it will allow us to employ the right level of administrative support as the project scales up.)</td>
</tr>
</tbody>
</table>

| First-Year Total Cost               | $9378       | Per Center                                                           | GFA World          |
| First-Year Total Cost               | $327        | Per Center                                                           | RHC                |
| Future Annual Costs                 | $534        | Per Center                                                           | GFA World          |
| Future Annual Costs                 | $752        | Per Center                                                           | RHC                |
3.5 Doctor Lync Roll-Out Plan

GFA’s field partners are looking to pilot the introduction of telemedicine into an initial 10 health care centers in deprived rural communities across India. This initial pilot will provide the opportunity to test the approach and equipment and give us a full understanding of the time and infrastructure required to run telemedicine in multiple health care centers across India. The pilot will also give us the chance to refine our approach and monitor the types and frequency of consultations that the health care centers require. BCMCH will have the opportunity to improve its approach to training via satellite video. We will also collect comprehensive data during this pilot phase, allowing us to approach some of the more significant international development grant funders to fund a larger-scale roll-out of the program.

Once the pilot has been completed, we will then roll-out telemedicine to the other 90 health care centers that we have already vetted as suitable to benefit from this program entirely. Delivering telemedicine to a total of 100 RHC’s will allow us to see how Doctor Lync works when scaled up. Again, we will take the opportunity to monitor progress and further refine our approach.

After this point, we intend to recruit, vet, and install telemedicine in at least 50 rural health care centers per annum. To address the issue that many villages in the extreme rural areas of India do not have a health care clinic to partner with, once the telemedicine program is well established, we are going to begin partnering with rural schools, tuition centers, or Bridge of Hope centers (community centers that deliver support to the most impoverished children and their families in Asia) to use their facilities as a clinic outside of the teaching timetable. In these instances, we will look to identify the individuals already providing health care within the rural village, and provide them with training, consultations, and assist them in establishing their operation within the school. We will only begin this once the Doctor Lync approach has been thoroughly tested and developed in established health care clinics over a four-year period. Our goal is to be supporting 350 centers through telemedicine within five years. A summary of our five-year plan is as follows:
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot Fundraising</td>
<td>Raise $937,800 for the first 100 RHC’s ($75,000 has been raised as of 2/1/2020)</td>
<td>2020</td>
</tr>
<tr>
<td>Deliver Pilot</td>
<td>Closely monitor and evaluate the results of the pilot. During this period, our approach will be refined, and we will use the learning to inform our second phase roll-out program. Information will be collected and compiled by the Project Administrator.</td>
<td>2020-2021</td>
</tr>
<tr>
<td>Further fundraising</td>
<td>Once the approach has been refined, and the data has been collected, we will be in a strong position to approach large international development funders. These funders will not consider us until we have evidence that the approach has worked in a pilot. We will also be able to offer sponsorship for the installation of Doctor Lync to GFA World supporters, who could make a one-time donation of $9,500 to cover the cost of a single clinic. Our international offices have had success in the past in raising major gifts for other medical relief projects. We will also look to increase regular giving to our medical programs amongst our general supporters through direct mail and online campaigns, church presentations, and fundraising events. Partner health care clinics will also be asked to contribute $752 per annum to the Doctor Lync program. As the project scales, this will provide a growing source of income to cover a proportion of the costs for rolling the program out to other centers.</td>
<td>2021-2024</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Launch in 90 clinics</td>
<td>Closely monitor and evaluate the results of the increased rollout. During this period, our approach will be refined, and we will use the learning to inform our extensive roll-out program. As the project scales up, BCMCH will look to resource the additional demand by employing further specialists in the fields that require the most consultations. These additional doctors will be employed between the hospital, medical college, and telemedicine project spreading the cost. We will also look to partner with other doctors across the world who are interested in participating in our telemedicine program. Finally, in the upcoming years, BCMCH will be adding postgraduate programs to its medical college. These postgraduate students will be encouraged to participate in the telemedicine program as part of their studies.</td>
<td>2021-2022</td>
</tr>
<tr>
<td>Roll-out to 50 clinics per annum</td>
<td>Project leaders from BCMCH will identify and vet suitable health care clinics to add to the program each year.</td>
<td>2022-2024</td>
</tr>
<tr>
<td>Launch clinics in schools and tuition centers</td>
<td>In extremely remote rural villages, BCMCH will partner with schools to launch Doctor Lync clinics using their facilities outside of the school timetable. We are anticipating that the internet connectivity costs will be higher in these areas because they have less infrastructure. BCMCH will, therefore, be looking to partner with the Government of India, Rail Wire, and BNSL to negotiate a subsidized arrangement for rural internet connectivity at these schools and tuition centers.</td>
<td>2025</td>
</tr>
</tbody>
</table>
3.6 Initial Funding and Financial Sustainability

Once the pilot phase is completed, we will be in a strong position to secure grants from some of the more significant international health funders and roll-out telemedicine in further locations.

Each of the rural health care centers will be asked to contribute $752 per annum to the Doctor Lync program. While initially, this might be a difficult outlay for some of these centers as they are located in deprived areas of India, we anticipate that through participating in the program, they will see an improvement in their income as they become known as a center of health care excellence within their community. If there is a genuine reason a partner health care clinic cannot contribute to the program, they will not be excluded from participating. This annual revenue from the health care centers will help to fund the long-term sustainability of the project and its launch in other centers. Once telemedicine becomes an established program, we also believe we will be able to recruit regular monthly donors towards it from GFA World’s support base.

In recent years, there have been several private companies that have identified the positive impact of telemedicine and tried to implement it in India. Each of these organizations had to stop because they could not make it commercially viable, because health care centers in deprived rural communities cannot afford the initial set-up and fully cover the on-going running costs of telemedicine. It is, therefore, our
fundamental belief that the best approach to introducing telemedicine in rural India is to run it as a not-for-profit charitable endeavor, as described in this proposal.

4. Doctor Lync Impact

We believe telemedicine has the potential to be transformational in improving the health care available to residents of deprived rural communities across India. We have identified several clearly defined outcomes that we hope to achieve from this project:

- Health care centers will be able to access the knowledge, experience, and expertise from specialized doctors, helping to improve the diagnosis, treatment, and care of patients.

- Health care centers will be able to improve their knowledge and practice by receiving high-quality training.

- Improve the consistency in the quality of care provided in rural health care centers.

- Encourage more qualified doctors to consider a career in rural medicine.

- Will help establish health care clinics in remote rural communities that currently do not have a clinic.

- They will improve the financial position of impoverished individuals in rural communities. Through Doctor Lync, we hope to see a reduction in illness, injury, and disease as well as sick people quickly returning to health through better health care education and medical care. Ultimately, this means service users will be able to work more and reduce the amount they spend on health care long-term, leaving them with more money to support their family.
5. How Can You Help?

Please consider financially supporting one or more rural clinics for the cost of **$9,500** per clinic. In order to fund the first 100 clinics integrated with Doctor Lync, we will need a total of **$862,800** or more to achieve that goal.

Your partnership will vastly improve the quality of medical care available to residents in these communities, while also helping us to collect evidence of the positive impact of telemedicine and refine the methodology. Gathering this evidence for this pilot project will be fundamental in unlocking further grant funding from larger organizations to begin the full roll-out of the project. In turn, this will allow us to scale-up the project to make it sustainable from health care center contributions and individual givers to our charity.

As stated earlier, for any nation, the health of its people reflects the health of the nation. Thank you for taking the time to consider our proposal. We have tried to incorporate all the information you require to make a decision; however, if you need any further information, please do not hesitate to contact us.

Mike Johnson
Development Officer
Believers Church Medical College Hospital

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**Phone:** 972-300-3186
**Web:** www.doctorlync.org