

Dear Colleagues,

In his book "Movements that Change the World," Steve Addison wrote, "Great leaders grow leaders. They create opportunities that equip and mobilize others. They focus on the whole person: hands, head and heart. And they don't just grow leaders, they multiply them." Jesus did this so effectively that with just 12 faithful men (including the Apostle Paul), he changed the world. At this very moment, PAACS volunteers and PAACS donors are training the hands, heads, and hearts of 39 African surgery residents in five countries in Africa. With enough help, we could double that number within five years! Growing great leaders does not happen by administrative fiat, but by the sweat, money, and personal investment of God's people as the "create opportunities that equip and mobilize others." Come join us as we change the physical and spiritual health of the continent of Africa through the men and women we train!

PAACS Editors



The Pan-African Academy of Christian Surgeons (PAACS)

BULLETIN #92

January 2012



New Tenwek residents being introduced to the laparoscopic training lab .

"Changing the spiritual and physical health of a continent"

Our vision: PAACS trained surgeons living the gospel and ministering to the sick.

Our Mission: PAACS exists to train and disciple African surgeons to glorify God and to provide excellent, compassionate care to those most in need.

Our goal: To train and disciple 100 African surgeons by 2020.

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LLU ACCREDITATION TEAM INSPECTS PAACS PROGRAMS

A team consisting of three experienced surgeons associated with Loma Linda University has completed an inspection tour of all of the PAACS training programs in Africa. Leaving the States January 3, the tired group arrived back home in the US January 22, having visited all the programs in Kenya, Ethiopia, Cameroon and Gabon. These generous volunteers traveled over 23,000 miles by air and road – nearly equivalent to the distance around the world at the Equator.

Dr. Clifton Reeves, Dr. Walt Johnson and Dr. Don Nicolay comprised the team. Reeves, a thoracic and general surgeon, and Johnson, a neurosurgeon, are affiliated with the LLU Faculty in California and Nicolay is a surgeon in Colorado. Dr. Bruce Steffes, CEO of PAACS, accompanied them.



The LLU team in the front row (Nicolay, Reeves and Johnson) at the Tenwek White Coat ceremony.



Harry Kraus lectures to the trainees and faculty at Kijabe Hospital



LLU team with the PAACS team at Soddo Christian Hospital in Ethiopia



LLU team with the PAACS team at Mbingo Baptist Hospital in Cameroon



LLU team posing with a passenger, Steffes and Steve Straw, pilot with Aviation Medicale de Bongolo



LLU team with the PAACS Team at Bongolo

At each training site, the team rounded with the residents, reviewed all program and resident records for completeness, interviewed the faculty and residents and met with administrators, nurses, OR personnel and anesthesia providers. After the report is written, it will be distributed to the PAACS administration at each site and a response to the suggestions for improvement will be required from the administration and from each program.

This is the third time that a team from LLU has visited the PAACS programs since the association began in 2001. The last visit was in 2007. A Memorandum of Understanding between PAACS and LLU has been recently revised and signed.

Comments from the team:

Dr. Walt Johnson: "PAACS is one of the most marvelous training programs in the world, and I pray that our report will be meaningful and help to bring up the quality level of PAACS."

Dr. Don Nicolay: "To see the dedication of the program directors and realize the difference that is being made in the spirituality and surgical care for Africa was so gratifying. I have to admit that my [previous] time in Rwanda was both interesting and depressing, because I realized how much work and time it would take to train a surgeon in Africa to become anything close to competent. This trip offered hope for the reality of a significant program that will impact the spirituality and surgical excellence so badly needed in the vast continent."

When asked what was the greatest surprise he had encountered on the tour of the PAACS programs, Dr. Clifton Reeves replied, "The level of spirituality of the residents. You won't find anything like it in the United States."

Steffes said, "I deeply appreciate the support from Loma Linda and tireless enthusiasm, kindness and professionalism shown by Doctors Reeves, Nicolay and Johnson. My hat is off to them as they gave unselfishly of their time and expertise to take a hard look at what PAACS is doing well and to discover where we need to improve. I also want to express my gratitude for the hard work by the program directors, faculty, residents and administrative assistants necessary to prepare for this inspection. May we use the results to continue to improve PAACS."

REPORT FROM SODDO – PART II

[Editor's note: In the December PAACS Bulletin, first part of the report from Paul Gray was published. This article continues with stories from and about the first two PAACS Soddo graduates.]

Solomon Endrias

In 2009, Solomon, a graduate of the PAACS Soddo program, became the only surgeon at the Otona Hospital in Soddo. Otona Hospital is the original SIM mission hospital that was taken over by the government in the late 60's. Solomon worked there for about a year and a half after his graduation. In August of 2011, he accepted a new position in Hawassa, the capital of the region, and moved there with his family. Solomon is currently the only surgeon in Hawassa. The hospital is new, having recently been rebuilt and upgraded from its previous status as a health station. Solomon has two operating rooms and forty beds, of which twelve are allocated to surgery. When he arrived, there were no surgical supplies, so he spent his first month equipping the operating rooms so he could perform emergency and elective surgery. Since then, he has become progressively busier and the people have started to come to him preferentially. The hospital is gaining a reputation as a place where there are good patient-doctor relationships. His OR is now reasonably well stocked, but for a while, he could not perform elective cholecystectomies because he lacked a retractor. Soddo Christian Hospital donated several Deaver retractors, and now he has done several cholecystectomies. He also told the gathering that when he had no chest tubes at Hawassa, Soddo Christian Hospital sent several to him.



Solomon is presently operating three days a week at his primary hospital and is spending two days a week at the Hawassa Regional Referral Hospital. This second hospital exists on the outskirts of town and serves as the regional tertiary hospital. Solomon reports that it is in bad shape and that surgical patients do not always receive good care. There exists a large backlog of general surgery cases, which he is trying to gradually whittle down. Good orthopedic care is also lacking. There had once been an orthopedic surgeon there, but he and another surgeon were fired because of poor care and neglecting their duties. Solomon is now tackling these cases.

It is not uncommon in Africa for surgeons to recruit patients, referring them from the government's system to their own private practices. Solomon reported, for example, that operations for neural tube defects (including myelomeningoceles) were being diverted to private clinics where patients paid high fees. In an attempt to help indigent children with these conditions, Solomon offered to do their surgery at the Hawassa Referral Hospital. Initially, he faced stiff opposition from the surgeons who were benefitting in their private clinics, but he persisted and has now successfully treated several of these cases. Solomon is also actively involved in teaching medical students and house officers at the Hawassa medical school.

Recently, Solomon was grieved to learn that patients who were transferred from the Hawassa Referral Hospital to the provinces of Shashemane and Bale were not receiving good care in their home provinces. However, God may have intervened, because Tewodros, the next PAACS resident scheduled to graduate, is planning to serve in Bale province at a hospital in the city of Goba. When he arrives,

Tewedros will be one of two surgeons for 1.8 million people in Bale. The PAACS resident scheduled to graduate after Tewodros is Daniel, and he is planning to work in Shashamene.

Others tell a story about Solomon when he worked at the Otona Hospital in Soddo, before moving to Hawassa. One day, the hospital ran out of water. Because there were patients who needed urgent and emergent surgery, Solomon paid out of his own pocket for porters to deliver water on donkeys. When the water arrived he recalled the OR team that had gone home and operated on his patients.

Haileyesus Tesfaye

After his graduation in December of 2010, Haile worked at a new government hospital at Gimbi in west Ethiopia. Similarly to Solomon's story, when he arrived he found inadequate OR facilities. Fortunately, he had a supportive administrator and was eventually able to set up a functional OR. His initial routine included surgery five days a week and daily surgical clinics on top of that. He quickly recognized this was unsustainable and changed his schedule to 3 operating days a week and 2 surgery clinics days a week. Emergencies requiring surgery come in almost every night.



Haile's overwhelming clinical load has not stopped his efforts to talk to his patients about Christ. His first operative case was a pregnant patient with appendicitis, referred from the obstetrician. At the beginning of his first operation at the new hospital, he didn't know whether he should pray openly before surgery or not. Haile was the only professing Christian in the operating room, and he debated about what he should do. With his heart racing, he finally announced to the room that the routine he had learned during his training was to pray before each operation. Therefore, he was going to pray. He prayed loudly and firmly, and afterwards the room was silent. But the peace of Christ replaced the fear and intimidation in his heart. The operation went well and the entire hospital is now well

acquainted with his practice. In fact, his anesthesia team keeps the patients awake until he has prayed with them! Haile told one story where he was about to operate on an emergency patient and asked for the knife. His scrub nurse, who was not a Christian, stopped him, reminding him that he had not prayed yet. Patients coming in from the community come with the expectation that Haile will pray over them before he operates.

Haile's service to the Lord does not end with prayer in the operating room. He admits that he is busy enough that there is little time to share the gospel. However, he continues to pray for his patients during rounds. His time in the clinic affords the best opportunity to specifically share the gospel. He told about one time when he treated an older man with a stab injury to the chest. The man was an alcoholic and was in the habit of beating his wife. The wife's grown son from a previous marriage stabbed the man in the chest, in retaliation for attacking his mother. Haile treated the injured man with a chest tube. During the man's recovery in the hospital, Haile spoke to him each day about Christ. During a follow-up visit, the man accepted Christ as his Lord and Savior and repented of his sin. The wife was present at the time, and she was skeptical that her husband would change. Haile encouraged her to trust Jesus to change her husband's behavior. He also encouraged her to follow Christ. She was reluctant to make the decision and said wanted time to think it over. Sometime later, Haile and a Christian colleague traveled out to the couple's home on a weekend to follow up. The couple lived in a very poor home, and the wife's son had

moved away, fearing retaliation from his stepfather. They were surprised to see their doctors at their door! As the two doctors encouraged the husband in his new faith and challenged her to consider her need to follow Jesus, the wife was convicted by the Spirit. The son was no longer living in the home because he feared retaliation from his step-father. Haile encouraged the man to drop any legal action against his step-son and to make peace with him. He told the man that he had been forgiven by Christ, so he should forgive his step-son. As they were talking, the step-son suddenly walked in. Haile and his colleague were eventually able to bring about reconciliation between the son and his stepfather and lead him to faith in Christ too! So the entire family placed their faith in Christ.

Haile reported that he is coordinating his witness to his patients with his local church, referring people who become believers to his local church for discipleship and fellowship.

One challenge Haile faced early on in his surgical practice was his need for a productive partnership with those providing anesthesia and nursing care. As it was a new hospital, most of the nurses were young and new to the job. They were pliable and eager to learn, and Haile was able to model for them a high standard of care that they are now following.

Not everything was smooth sailing, however. He faced strong opposition from his anesthetist. The man was experienced and used to working at his own pace. He resisted Haile's desire to work quickly and efficiently to get the work done. The man was also an alcoholic. Haile related they had several heated discussions, including the anesthetist's ultimatum that one of them would have to leave. The administration eventually named Haile the head of surgery, which improved the situation. The true solution came through when through Haile's witness the man accepted Christ as his Savior and gave up alcohol. The administration then hired another anesthetist who turned out to be a Christian. Today, they have a good team.

To his audience of junior residents and faculty, Haile repeatedly expressed his thankfulness for the training he received from PAACS. He felt well trained and prepared for his surgical duties. He was also thankful for the spiritual lessons he learned from PAACS and for the spiritual ministry he now has because of his training. He felt a burden to let the other residents and the PAACS faculty know this.

INTRODUCTIONS: NEW KENYAN RESIDENTS

Six new first-year residents have joined the PAACS programs in Kenya. A new fellow in pediatric surgery was introduced in the October, 2011 PAACS Bulletin.

Seno Ivan Saruni grew up in Kenya and then went to Tanzania for his Medical School Training. Seno returned to his home in Narok, Kenya where he worked in Narok District Hospital for his internship. He continued to work in Narok as a Medical Officer, but his heart's desire was to pursue advanced training in surgery. He visited Tenwek several times to meet the faculty and residents and to tell them of his interest in the PAACS program. He relates that he prayed for God's will to be done and for God to guide his path and his training. Seno joins the Tenwek Surgery training program this year as a first year resident. Seno has a big heart and his long term plans are to serve the people of Kenya as a Christian surgeon and he desires to teach surgery.



Seno also has many interests outside of surgery. He has been active in drama and theater and in the Christian Union. He enjoys the outdoors and wildlife, his interest stemming

from growing up near the beautiful Maasai Mara and all of the wild game. He enjoys swimming and interactive sharing of knowledge and is a good cook (by his own admission!). Seno is unmarried.



Elizabeth "Liz" Okemwa is joining the Tenwek Surgery Residency program as a first year resident - but she is already a familiar face around Tenwek. Liz grew up in the Mombasa area, completed her Medical School Training at the University of Nairobi and came to Tenwek Mission Hospital for her internship in 2010. After her internship, she worked as a Medical Officer in two other hospitals before returning to Tenwek as an MO in September 2011. Liz states that her time away from Tenwek had intensified her love for surgery and a desire to pursue advanced training in surgery. She has the complete support of her fiancé', Dr. Michael Mwachiro, and after many discussions, they decided to both apply for residency in the same year. They will be married later in 2012.

Like Michael, Liz also desires to be at an academic institution in the long term where she can share her knowledge in surgery by teaching residents. She has many interests outside of medicine including music, hiking, sports, traveling, and outreach. She is happy to be back at Tenwek and is a big part of the spiritual ministry to patients and to the interns and residents - especially the women. Her prayer request is for God's guidance in achieving balance in her time with Him and surgery residency and family.

Michael Mwachiro joined the surgery residency at Tenwek Hospital as of January 2012, but he also is already a familiar face there. Michael completed his internship at Tenwek in 2009 and stayed on for two years of research and Endoscopy work in 2010 and 2011. He grew up in the Mombasa area in a Christian home. He graduated from the University of Nairobi Medical School before coming to Tenwek for his internship. His long term plans include a desire to be able to teach residents - hopefully in a Christian setting - perhaps Tenwek.



Michael has many interests outside of medicine. He enjoys theatre, music (playing the guitar), and sports. Michael and Liz Okemwa (another first year resident) are engaged and will be married later this year.

Michael comments, "I believe that life is one big work of art, God is the painter and I am the paintbrush. I may neither like the colours nor the canvas or even yet the location of the painting, but I do know for a fact that He is producing a masterpiece, even when the painting looks all black and gloomy with no other person in the frame, and someday I will look back at the completed work and catch my breath in wonder! I love reading, writing and the intense world that is the practice of medicine where humanity and science merge into one continuum."

John Kanyi (Kanyi, as he prefers to be called) grew up in Kenya in Njoro in Nakuru county and then went to the University of Nairobi Medical School where he won several awards. He did his internship at Nakuru Provincial Hospital and worked as an Medical Officer there and at Narok District Hospital. He later served as Medical Officer in charge at Gilgil Sub-District Hospital. During this time, his desire to

pursue surgery training intensified as he saw the need for surgeons in Kenya. Kanyi joins the Tenwek Surgery Program as a first year surgery resident.

Kanyi enjoys singing and has been a member of several choirs and active in the Christian Union and Bible Studies. He plays several musical instruments - including keyboard and guitar. He loves hiking and mountain climbing and the outdoors. He is unmarried.



Beryl Akinyi Ooro went to medical school at the University of Nairobi and subsequently did a general medical internship at Tenwek Hospital. She then worked as a Medical Officer at Kapsabet District Hospital. Beryl says that she first began to put her trust in God when, living in Nairobi at 17 years of age and away from her family for the first time, she turned to Him. Through the influence of other Christians, she understood her own sinfulness and need for a Savior.



Beryl believes that as a physician she can minister to both the spiritual and physical needs of her patients. She was moved to become a surgeon while working at the District Hospital, seeing preventable deaths as a result of surgical emergencies. She feels that Kenya is suffering from a deficit of

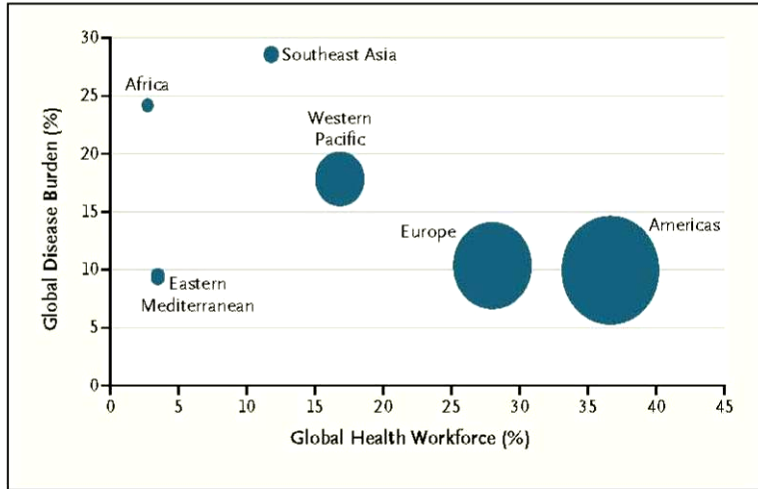
surgeons in rural areas and she wants to work in this setting.

Mark Mwangi Waithaka attended medical school at the University of Nairobi after attending Strathmore University and obtaining a diploma in Information Management Systems. He did a General Medical Internship at Bungoma District Hospital. Following this training, he worked as a Medical Officer at Friends Lugulu Mission Hospital and Muthale Mission Hospital. Mark was raised in a Roman Catholic family, but he heard the Gospel regularly as a child while attending Sunday School at a Baptist church with a friend. He says that upon reading the life story of C.S. Lewis, “the truth of Christ’s gift penetrated my heart.”

Mark decided to pursue medicine after seeing his parents treated for various medical problems, including a misdiagnosis on his father. He feels that addressing surgical problems is more “interesting and fulfilling” than medical, non-surgical ones.

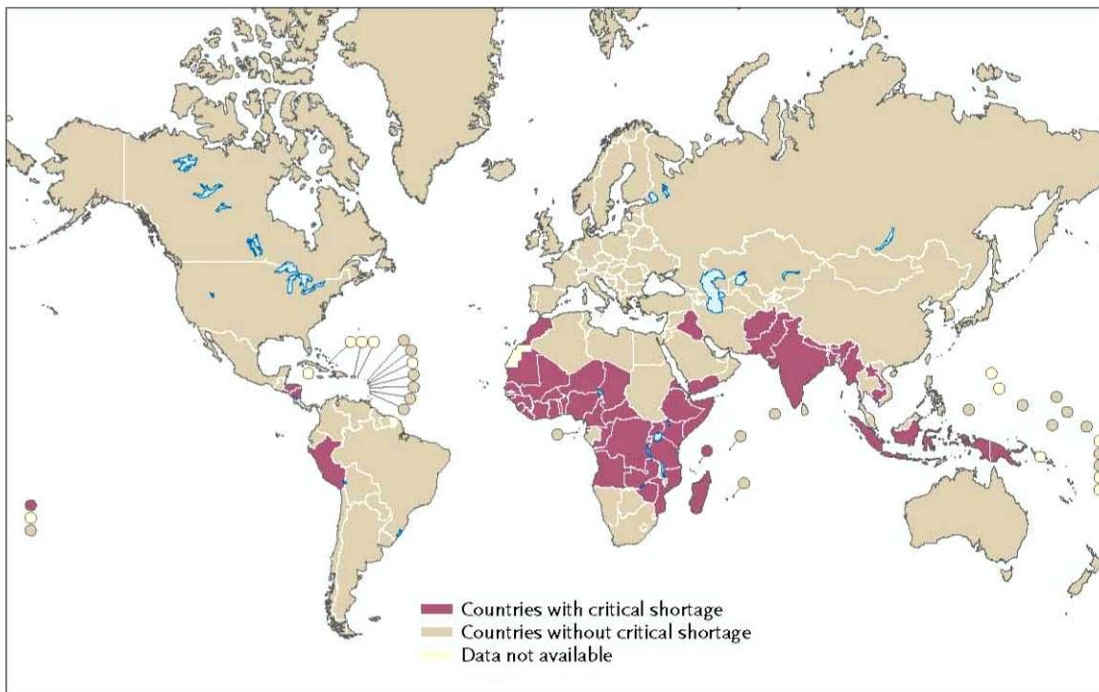


FROM THE LITERATURE:



Global Distribution of Health Workforce by Level of Expenditure and Disease Burden in Six WHO Regions.

The size of the dots represents total health expenditure. Data are from the World Health Organization, Global Atlas of the Health Workforce (www.who.int/globalatlas/default.asp).



Critical Shortages of Health Service Providers (Nurses, Doctors, and Midwives).

Data are from the World Health Organization, Global Atlas of the Health Workforce — 2006 (<http://www.who.int/globalatlas/default.asp>).

CMDA NIGERIA MAKES STATEMENT ABOUT THE VIOLENCE WITHIN NIGERIA

[Editor's Note: This e-mail was sent out December 28, 2011 by the National Secretariat of the CMDA-Nigeria to protest the violence within their own country. This violence has escalated since they wrote the appeal. It is being shared so that you might pray for our brothers and sisters there.]

"The National Secretariat of the Christian Medical and Dental Association Nigeria finds it very necessary to make a statement regarding the evil acts of wickedness going on in our country, orchestrated by human beings who seem to have lost all sensitivity to light, but rather have chosen the path of reveling in darkness, death, and evil with principalities, powers and rulers that stimulate wickedness in high places. We are reminded in the scriptures that someone transacts and gets strengthened by every drop of shed blood... the serpent and his agents who was also bent on crucifying our Lord. But the blood of these people cannot be shed in vain.

"The condemnable deaths witnessed daily, the kids rendered orphans, whole families wiped out, children killed, pastors slain, people rendered homeless, and even the sights experienced by colleagues dealing with the situation in several hospitals are extremely provocative. Moreover, some of our members and their relations have also been affected in one or the other, and many live in fear while carrying out their daily activities. We must rise up to the challenge of supporting these ones, calling up our brethren who are in affected parts of the country to encourage them, helping agencies that are providing financial support for those affected, supporting children who are orphaned, as well as widow, opening up our homes to those who are losing homes because of this and supporting them to get re-established. Such acts of righteousness are necessary at this time, and are characteristics of 'true religion.' If we are leaders and members of Christian fellowships, we must motivate our congregations to raise offerings (financial and otherwise) and prayers for such people... these were the main things that made the early church to be 'called Christians.' We must also offer our medical services where this is needed including to recently displaced people who may meet us cashless in our private facilities and public ones, knowing that we are only channels for the Lord. We call on all our chapters across the country to create and work with platforms set up for this purpose.

"We must however be cautious on one hand. There is a point that the 'serpent' always wants to get Christians to - to listen to the world and cooperate with the flesh to work unrighteousness. The pains being inflicted on people in the country have been helping create such atmosphere and we really should be praying for ourselves, Christians across the country and the Leaders as well - that God should keep them from evil - in thought and word and deed. It's a difficult time really and not everyone has the strength to keep the mind from such 'fiery darts'. We must be careful with comments that imply we should react violently to the acts of violence. If we fall to such, the devil and his agents will be delighted because that is exactly what they want to do... and violence is not our heritage... neither can we win the devil in that battle. We must also be cautious with desiring the breaking apart of the country...Having traveled through the country on many occasions in this service, I have worked with so many of our brethren who are from affected parts of the country, live in it and have all there pedigrees written in these places. They have been honest and wonderful brethren who have helped move the gospel forward in these lands and constantly face challenges to their faith and life in ways that those in southern parts of the country could never imagine. That in itself was what Christ and the early apostles faced. The truth is even though a division of the country looks reasonable from the view of the world, it means offering these our brethren and millions of other Christians who do not have any other home to the knives, guns and armory of

wickedness. It means giving them up as offerings for sacrifice to those who would seek to cleanse the land they have 'won' of 'infidels'.

“Put on the whole armour of God, that ye may be able to stand against the wiles of the devil. For we wrestle not against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this world, against spiritual wickedness in high places. Wherefore take unto you the whole armour of God, that you may be able to withstand in the evil day, and having done all, to stand. Stand therefore, having your loins girt about with truth, and having on the breastplate of righteousness, and your feet shod with preparation of the gospel of peace; and above all, taking the shield of faith, wherewith ye shall be able to quench the fiery darts of the wicked. (Eph 6:11-16)

“While we clamor for decisive response to this issues by the entire society and the security personnel, we must not forget what we share in common... that if we cry... together and sincerely in prayers to our Lord, the heavens will reveal himself as 'I AM'. We need to act more and talk less in this direction. Let us not be overcome with evil... rather, let us overcome evil with good.”

Signed, “The Secretariat. CMDA Nigeria”

References:

<http://www.reuters.com/article/2011/12/25/us-nigeria-blast-idUSTRE7BO03020111225>

<http://www.vanguardngr.com/2011/12/boko-haram-attacks-adeboye-oritsejafor-oyedepo-spit-fire/>

NEWS SHORTS:

- **Errata:** In answer to a previous prayer request, Drs. Steve Murray and Mark Snell will be covering Mbingo Baptist Hospital in Cameroon in February during the Brackenhurst CMDA-CMDE conference. The December PAACS Bulletin wrongly reported that Dr. Mark Ranzinger would be covering during that time. He did volunteer but Dr. Murray and Snell had preceded him in their requests to help.
- **Soddo Breaks Ground on PAACS Housing Units & CT Scanner:** Soddo Christian Hospital has broken ground January 31 for the first stage of the on-campus PAACS resident housing. The building is 6048 ft² and will contain 7 apartments. There are 3 one-bedroom apartments, 3 two-bedroom apartments and 1 three-bedroom apartment. Each half of the second floor has the option of being configured as either 1 two-bedroom and 1 one-bedroom or 1 three-bedroom and an efficiency apartment, depending on how internal doors are locked. The total budget for the project is \$255,000, an increase over previous figures because of the decision to build as to allow a third floor to be added at a later time. The third floor would add two more



apartments. The scheduled date of completion will be October, 2012. A second phase of building (a second connected building which mirrors the first one) will be necessary to fully meet the housing needs of the planned-for number of 15 residents at the Soddo & Myungung combined program. Plans were drawn by MSAADA Architects (<http://019ae74.netsolhost.com/wordpress/>). Cornerstone Construction is overseeing the construction.

Ground has also been broken to begin construction on a building which will house the new CT scanner at Soddo. It will be completed in approximately one year.

ANNOUNCEMENTS:

- **Kelemu Leaves Soddo:** We are sad to announce that Dr. Kelemu Desta has left Soddo Christian Hospital to seek his own professional and personal goals. Co-founder of Soddo Christian Hospital with Harold Adolph, he played a valuable role in the development of the hospital and served for a short time as the first PAACS Program Director. Steffes, PAACS CEO, said, "Dr. Kelemu has been a vital part of PAACS and his help in bringing us where we are today will not be forgotten. We wish him all the best in his future endeavors and success to his new hospital in Sheshamane."
- **Mark Your Calendars:** The 3rd PAACS Surgical Principles and Basic Sciences Conference has been scheduled for March 4 – 14, 2013 at the Brackenhurst International Conference Centre in Limuru, Kenya. All first and second-year PAACS residents and all Program Directors and Assistant Directors will be requested to attend.
- **Birth Announcement:** Soddo chief resident Tewodros and his wife Addis were blessed with another child. This is Mahanayim Tewodros born on 03/05/2004 E.C. (January 10, 2012 for the rest of us) weight 3 Kg (6.6 pounds) and a length of 50 cm (19 ¾ in).



PRAYER REQUESTS:

- Pray for the Loma Linda University inspectors as they face the daunting task of writing reports and recommendations for each of the PAACS training programs they visited. Pray that God gives them wisdom and insight, and that PAACS will have the resources and the vision to implement them.
- Please pray for Hubert Kakalo Lisasi, one of our PAACS graduates, who has developed diabetes and who is having trouble with the control of his disease and the symptoms due to the medications.
- Pray that the negotiations for accreditation of PAACS going on between the Ministry of Higher Education of Gabon and Bongolo Hospital will proceed with good will and openness. Pray that the draft agreement recently presented to the government will require minimal modification and will be signed within the next few months.

- Pray that the accreditation agreement for the PAACS between the government of Cameroon and Mbingo Baptist Hospital will be signed within the next few months. It has been sitting on a Minister's desk for a year, awaiting signature.
- Pray for the PAACS grads and residents from Soddo that are featured in this bulletin, and that their lives will continue to shine with love for their patients and for Christ in the difficult places where they serve.
- Pray for the new residents at Tenwek and Kijabe, that they might adjust to the new environment, learn to study well and work hard.
- Pray for our brothers and sisters in the church in Nigeria and for peace for the country.
- Pray for the leadership of Myungsung Medical Centre and Paul Gray, Jon Pollock and Bruce Steffes as they work out more detailed terms for a working agreement with Soddo and PAACS.
- Pray that God will provide for the PAACS's continuing budgetary shortfall. Should it continue, it will impact our ability to add new residents.
- Pray for Jen and Zach O'Connor as they continue their French language studies in Switzerland. They are scheduled to move to Bongolo in May 2012.
- Pray for SIM-Galmi Hospital in Niger as surgeons Joe Starke and Yakoubou Sanoussi work with the administrators and builders to prepare the hospital to begin training PAACS residents in August, 2012.
- Pray that God will call more short term surgeons, anesthesiologists, gastroenterologists, radiologists, and pathologists to volunteer short term at our smaller PAACS hospitals.

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