Dear Colleagues,

Quiet. The sound of the PAACS administration wrapping up the academic and fiscal year. The sound of preparing two 200-question multiple choice exams and the oral examinations for early July. The sound of residents studying like mad for those exams.

But listen more closely – there is the sound of dozens of hospitals in Africa calling for surgeons to help them carry out the mandate of surgical care in Christ's name. It is the sound of 56 million people in Sub-Saharan Africa who need surgery today – and probably won't get it.

The fiscal year for PAACS finishes in a few days - June 30. We want to be in a strong position this coming year when we hope to open two new programs. Please consider a gift to PAACS. Send your gift to CMDA-PAACS, PO Box 9906, Fayetteville, NC 28311-9906 or give online at www.cmda.org.

Most of all, keep PAACS and all the trainers and trainees in your prayers. May God richly bless you.

The Editors

The Pan-African Academy of Christian Surgeons (PAACS)

BULLETIN #109

June 2013

Jack Okumu (4th year Tenwek resident) and Carol Spears operate at the Memorial Christian Hospital in Werkok, S. Sudan

"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.

Topics in this Newsletter:

NEW PAACS RESIDENTS – PART III

[Editorial note: In the April and May PAACS Bulletins, we have introduced the new residents who will work at Galmi Hospital in Niger, Mbingo Baptist Hospital in Cameroon and Bongolo Hospital in Gabon. This last installment introduced the remaining new residents who work at the PAACS Ethiopia programs.]

Gezahegn Tilahun Tesfaye has worked for nearly a year at Soddo Christian Hospital in Ethiopia as a general medical officer. He grew up in a rural area with very little medical access. When he was a teenager, he and his friends chewed 'chat', a local drug that is widely used in Ethiopia as a stimulant. He tried several times to stop using it, but could not get free. One summer when he was a teenager, an aunt who had paid his school fees as he grew up and who Gezahegn loved dearly suddenly fell ill and died. That day, Gezahegn decided to become a doctor.

He had grown up attending church, but some time later when a friend gave him a tract that explained the way of salvation in simple terms. Gezehegn suddenly understood that to follow Jesus he had to believe in him and invite him into his life. In reply to the question at the end of the tract, "Do you want to repent and receive Jesus Christ as your Savior and Lord?" he said "Yes, I do." Afterwards, he prayed the prayer written on the paper and he suddenly felt hope. As he read the Bible, he found answers to his questions and his heart began to change. To his surprise, he started to share with others what he believed. One night when he was at prayer meeting, God delivered him from addiction to chat.

Years later after becoming a doctor, Gezahegn was assigned to a rural area in Ethiopia where he observed many people in need of surgical care. He saw patients with bowel obstructions, strangulated hernias, perforated appendicitis, typhoid perforations, and penetrating trauma to the abdomen and chest. He thought, *"I could help these people so much if I had surgical knowledge!"* So he prayed, *"Oh Lord, use me to reach these people. Teach me and give me the opportunity to become a competent surgeon so I can serve people with a good heart."* Today God is answering Gezahegn's prayer through PAACS.

Dr. Dereje Lemma Dube is young general medical officer from western Ethiopia. He grew up in an incredibly dark spiritual environment. His entire village worshipped a local god whose name in the local language means "Father of Anxiety". The village lived in fear of this god. Its earthly representative, the local religious leader, would routinely take wives and possessions as his own, saying that his god demanded it.

Dereje was eventually set free through the gospel of Jesus when an Ethiopian evangelist who came to the area, lived sacrificially, and preached the Good News. This pastor eventually lost his child, but God used his faithfulness, kindness, and perseverance to change Dereje's life.

After he became a doctor, Dereje was assigned to a hospital near his home village. He recalls a night where three young children came in with upper airway obstructions and were in urgent need of a surgical airway. There was no surgeon available and the families had no money to travel to another hospital. Dereje donated money of his own and tried to collect money from the other hospital staff, but the families lost hope and gave up. That night, Dereje watched all three of the children die. God used that terrible experience to convince Dereje that he needed to become a surgeon. Dereje is deeply committed to Jesus and is focused on becoming a PAACS surgeon in service to Jesus in Ethiopia.

Dereje's participation in this year's class is dependent upon the release from a government hospital which has not yet been granted. If it is not, he will need to wait a year or more before starting the program.

Dr. Ebenezer Gezehegn Fanta is a young general practitioner who grew up in Sheshamane, Ethiopia. After graduating from medical school he finished his government service at Sawla Hospital, about 130 km away from Soddo.

Ebenezer grew up in a Christian family in southern Ethiopia, and from a young age, his parents and teachers in church taught him from the Bible. He believed in Jesus and loved God from his early childhood, but when he was 16, he made a decision on his own to follow in Jesus in baptism. He wrote in his application, *"The secret to being content is Jesus. The secret power to joy in life is Jesus."*

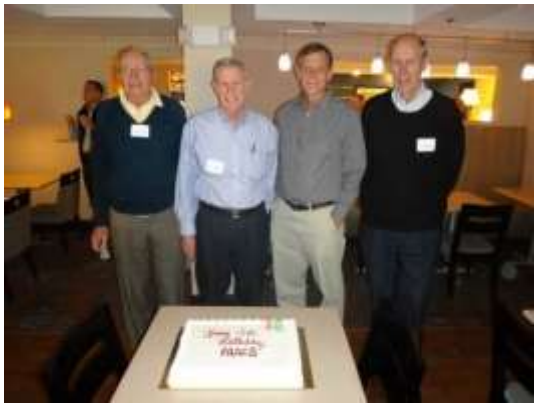
Paul Gray writes about Ebenezer, "*While in medical school at Addis Ababa University, Ebenezer was a member of the Christian Medical Fellowship. At one of their meetings three years ago, he heard me speak about PAACS in Ethiopia and he felt God leading him in that direction at that time. When he came to SCH to express his interest in PAACS, he still had my business card from that night three years ago. Ebenezer is a passionate young man who has been an active servant in his work in Sawla, independently starting a diabetic treatment association to care for people that were not otherwise receiving it. Like his colleagues, he too desires to serve the Lord in an underserved area in the capacity of a surgeon."*

UPDATE ON PAACS PROGRESS – HOW ARE WE DOING?

PAACS has been in existence for 17 years, starting in 1996 when a group of Christian surgeons met in Kenya to find a way to respond to the growing shortage of surgeons at their hospitals and throughout the continent. In faith, they created the Pan-African Academy of Christian surgeons. They set an initial goal to train 100 African surgeons by 2020 who would serve rich and poor alike with the compassion and love of Christ, sharing his message with their patients.

Back in 1996, the goal of training 100 surgeons within the next 24 years when starting almost from scratch seemed wildly optimistic. Things did not look optimistic a few years later when the first program at Galmi Hospital in Niger folded after Program Director Harold Adolph developed macular degeneration

and had to return to the U.S. for treatment. God ultimately healed Dr. Adolph and enabled him to build Soddo Christian Hospital in Ethiopia, which would eventually become a PAACS training program. It would be another 15 years before other surgeons—including one of Galmi's original residents--could reopen the program at Galmi.

Dr. Yakoubou Sanoussi (pictured with his family) eventually completed his surgical training at the University of Senegal and now serves as the Assistant Program Director at Galmi Hospital, Niger. Above right: The 15th anniversary of PAACS two years ago--Harold Adolph is on the left, then Dr. Bruce MacFadyen, Dr. Thompson and Dr. Jim Smith

Bongolo Hospital in Gabon opened its program with first resident starting in the fall of 1997. By 2000, there were four residents in training. It remained the only PAACS program until 2002 when a second program was opened at Banso Hospital in Cameroon. Between 2002 and 2012, PAACS opened nine more programs at hospitals in Cameroon, Ethiopia, Kenya, Bangladesh, and Galmi, seven of which are still going strong. Kijabe Hospital in Kenya has two programs at the same site—one in general surgery and a second one in pediatric surgery.

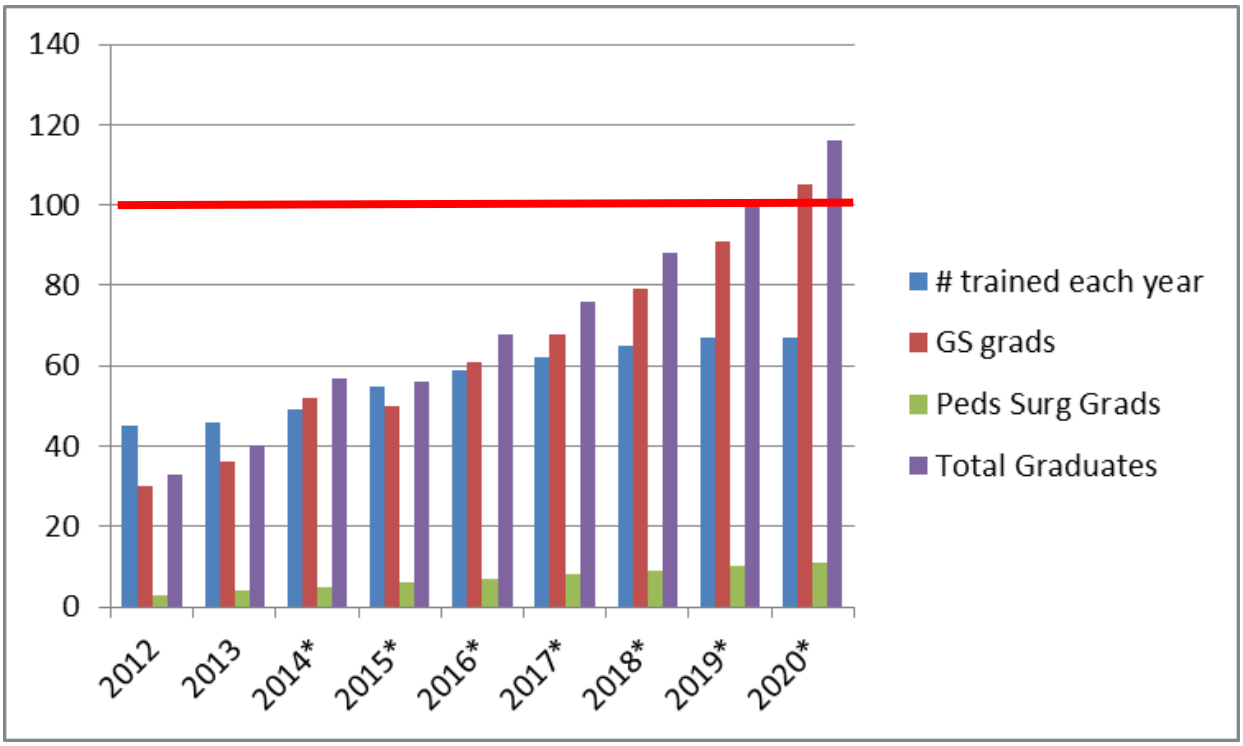


Left: Bongolo's residents in 2010; Center: PAACS Residents celebrating passage of MCS exam; Right: Mbingo's residents in 2011

By the end of 2012, PAACS had 45 residents in training and had graduated its 25th general surgeon and 3rd pediatric surgeon. By August of this year, four more general surgeons will have graduated and by December, two more general surgeons and two pediatric surgeons will have finished, bringing the total number of graduates to 36. The number of residents in training will climb to 47 in August and hopefully as

high as 55 in January, 2014. We presently have 39 expatriate and national surgeons who are in Africa assisting with the training of PAACS residents. Additionally, over 160 short-term faculty volunteers have assisted in the past year. By early 2014, we will have 10 programs in 9 hospitals. Those 10 programs all represent different agencies or denominations; most of the hospitals are owned by African denominations and church groups. The missionaries come from a much large number of agencies and denominational backgrounds. All strive to serve Christ through the sharing of physical and spiritual healing.

The graph below shows what the numbers could look like between now and 2020 if all our current residents finish and God allows us to add three new training programs by 2015 (Egypt, Tanzania, Malawi). We will hit our goal by 2019!



What about the goals that PAACS set for its graduates to remain in Africa, serve in Christian hospitals and among the poor, and proclaim Christ to their patients? Here are the numbers (2 are both GS and PS graduates; some others fall into more than one classification):

- All 27 PAACS GS graduates and all 3 pediatric surgery graduates are currently working as surgeons at hospitals in Africa. The four to graduate later this year will also remain in Africa.
- 22 of them are working in Christian hospitals
- 5 are working in government district or teaching hospitals
- 2 are working in private hospitals that serve the underserved
- 2 are working in teaching hospitals
- 2 are training in pediatric surgery

Left to right: Dembele Philadelphia (Mali); left center: Agneta Odera (Kenya); right center: Jean Claude Bataneni (DRC); PAACS Residents at Brackenhurst conference

As of August 1, the *countries* from which our current residents come from and the countries *served* by our graduates are as follows:

COUNTRY	PRESENT TRAINEES FROM	# SERVING IN
Angola	0	1
Burundi	1	1
Cameroon	4	5
DR Congo	10	1
Ethiopia	9	5
Gabon	1	0
Ghana	0	1
Guinea	0	2
Kenya	14	3
Liberia	0	2
Mali	0	1
Nigeria	0	1
Madagascar	2	4
Rwanda	1	0
Sierra Leone	2	1
Tanzania	0	1
Uganda	2	0
Grads in Fellowship training -		2
Totals	46	32

This means that PAACS residents and graduates are either *from* or *working in* 16 different African countries in West Africa, Central Africa, and East Africa. By the end of 2014 we hope that number will increase to 20 different countries and will include North Africa.

What about our graduates' spiritual ministries? We have enough positive reports from them to write a book, though we have not heard from all of them. They usually report the tremendous challenges they face, how God is helping them overcome, how they are incorporating evangelism and spiritual principles into their medical practices, and their needs for God's continued blessing and intervention. Some of the most moving reports of these ministries are from graduates serving at government district hospitals.



PAACS residents at Tenwek and Kijabe with their professors, and a resident at Soddo with his patient

One idea for helping us stay connected with our graduates would be the establishment of a "St. Luke's Foundation," designed to bring the graduates together and to support their ministries. Any suggestions our readers might have about how we might do that would be greatly appreciated! We also pray that someday someone will feel called and have the resources to visit all of our graduates, write their stories down and video them, and document what God is continuing to do in and through them that all of us can read and watch "so that men will see your good works and glorify God!"

A "Mission" Trip to South Sudan - So Many "Firsts"

[*Editorial note: Dr. Carol Spears is the Assistant Program Director at Tenwek Hospital and gives us this report of a recent short-term trip into Southern Sudan.]*

At Tenwek Hospital in Kenya, we know that God has blessed us in so many ways. We want to be good stewards with all that He has given us. We also desire to instill in our residents a passion for reaching out to areas of Africa that are far less served than our area of Kenya. To fulfill that goal, we take several trips each year into places such as South Sudan – areas of hardship, of suffering, of loss. I have had a heart for Sudan for many years and have wanted to couple my ministry in Kenya with outreach to Sudan. And though I have been to South Sudan several times and have even done surgery and seen several hospitals in that war-torn country, I was in for many "firsts" on this trip. Here are just a few of them.

- This is the first time that I was able to travel to Sudan with one of our Tenwek PAACS surgical residents. Dr. Jack Okumu and I left Nairobi on a commercial flight to Juba, South Sudan. From there, we boarded a charter flight to travel to Werkok where we worked at the Memorial Christian Hospital. What a privilege it was to experience everything with Jack and to see things afresh through his eyes. I thoroughly enjoyed operating with him and we both enjoyed teaching the Sudanese staff various things about surgery and operating room

technique.

- I had never flown with only a female missionary pilot at the helm (although I had previously had a female copilot)! Jack confidently assured everyone that he knew we were in the best hands possible because females were far more careful than men. We would therefore be totally safe (☺). We were! It was the smoothest trip and landing of the whole trip.

- Another first was being picked up by a six wheeler (yep, six not four) at the airstrip. Don't want to get stuck in the mud right off the bat. But, those of us in the vehicle did just that!!

Another first for me!!

- What about living in a room built into a container? That was a first, too!! However, it sure was nice!

- Since it is scorching hot, all of the patients just move outside to sleep. You won't find anyone inside if you go to the hospital early in the morning.

Thankfully, it was a couple of days before I noticed the sign on the Operating Theatre in door that declared it a "Bat Free Area". By that time, we had already had frogs and lizards in the OR, so I guessed that having no bats was a good thing.

There was no anesthetist to help us with surgery. So, we were very selective in which patients we operated on. This young girl had bad burn contractors of her hand. Her brave smile was so heartwarming.

There is a belief in that area of Sudan that after surgery, the patients must have a lot of additional oxygen. There is no recovery room at this hospital, so the family members would all gather around the patient in the ward and fan the patient to ensure that their loved one has plenty of air to recover well. What a testimony to community.

Although this is not a "first" because we get to enjoy this in Kenya as well, the bright smiles that lit up the faces of the South Sudanese helped to remind me of why I was there and why I am in Kenya: To try and reflect the love of Jesus. And though I often do it poorly, I am so blessed and so thankful to have the opportunity to take the name of Jesus, along with our residents, into the uttermost parts of Africa. Thank you for your prayers and support that make all of this possible. Jack said to me on the way home, "Dr. Spears, please make sure that every one of our residents gets the opportunity to experience something like this. Thank you so much." Our deepest gratitude also goes to Mango Ministries and the partnership with the Donor who provided the grant to enable these trips to South Sudan.

EXCERPT FROM "CHRISTIAN MERCY"

[*Editorial Note: In PAACS, we often refer to our goal of "training and discipling" African surgeons while providing few details. The following excerpt from Dave Thompson's recent book, "Christian Mercy: Compassion, Proclamation and Power" presents a scenario where a patient with a serious gastrointestinal bleed shows up at a mission hospital and is treated by a Christian professional. Two very different approaches to the patient are described--one that you might be quite familiar with if you practice in North America and another that seeks to follow the example and teachings of Jesus*.]

Let's assume, for the sake of discussion, that we are talking about a Christian hospital somewhere in the developing world. It's a place where people—even Muslims—do not get upset when you ask them if you can pray before you give them an anesthetic for an operation, or after you consult them in the office.

Imagine that you are a physician and are called to the emergency room to see a twenty-eight-old man who has just vomited a large amount of blood. His blood pressure is 60/0 and he is in profound shock. When you arrive, you notice that your patient is lying very still, although his eyes are open and he is looking at you sleepily. The nurses have started an IV, and fluid is pouring into his veins.

Someone is checking his blood pressure every few minutes, and as you begin to question the patient and his anxious parents, a lab tech shows up and sticks the patient's finger for a blood test.

The story that emerges is that the young man has been a heavy drinker for the past ten years. He first vomited blood two weeks ago at home. A doctor he consulted told him to stop drinking alcohol, so he did. He assures you that he has not touched alcohol for two weeks. As he says this, you notice that his mother looks out the window and his father looks at the floor. The nurse attending to the patient

announces that his blood pressure is now 100/60. The lab tech returns and shows you the lab report. The young man's blood count is a third of what it should be. You ask which member of the family wants to be tested first to see if they can give blood. The boy's mother volunteers and heads off to the laboratory.

You examine the patient and discover that his abdomen is full of fluid. This is not good, because it probably means that the young man has cirrhosis of the liver. The blood that normally flows back to the heart from his stomach, spleen and all his intestines can no longer filter through the liver. Instead, the blood has to push its way under high pressure around the liver through veins that line the esophagus. Because of the high pressure, those veins in the esophagus are likely to be the size of your little finger (called varices). One of them probably ruptured two weeks ago and bled for several hours, and soon another one will probably rupture again and bleed massively.

In America and Europe, there would be a wide selection of procedures one could choose from to help the young man. In Africa, there are only a few, and they are not very good. If you confirm by endoscopy that the young man has esophageal varices, he will still likely die within a few weeks or months.

You explain all this to the family members and the young man. He could bleed again at any time, and the next time it could be fatal. You want to transfuse him some blood so he has some reserves, and later do flexible endoscopy to confirm that he has varices and not something else. The transfusion and endoscopy will cost one hundred dollars. The family members blink back a few tears, look at their son with worried looks, and say okay. You head back to operating room and the nurses take the patient to his room.

You have just demonstrated the following:

1. You are a well-trained doctor, perhaps nicer than most.

2. The patient's problem is serious, but you are able to deal with the current problem.

3. The patient should have confidence in you and your team.

4. So far, nobody needs God to do anything.

Are you okay with this? If not, you will need to explain God's role to your patient and encourage his family to pray and expect God to act! So let's try this scenario again.

You explain to the family members and the young man that he has a very serious problem caused by years of heavy drinking. He could bleed again at any time and this time it could be fatal. You will need to transfuse some blood so he has reserves if he bleeds again and do flexible endoscopy to see if he has varices or is bleeding from something else in his stomach. Before you can do any of that, however, you would like to ask God to help him. Can you pray for him? (The family and the young man agree readily).

As the doctor in charge, you lay your hand on the boy's arm and pray as clearly as you can so that he and everyone else understand what you are saying as you pray. You thank God for keeping the young man alive until now and ask God in Jesus name to keep him from bleeding again. Then you ask God to give your team wisdom so that you can find out what you need to know about the problem and can give the best treatment. You ask God to help the family find the blood the young man needs and the funds to pay the hospital bill. Then you pray that God will help the young man and his family to understand how much He loves them. You mention that God sent his Son to die for their sins and that he very much wants to them to believe in him and become his own children. Finally, you pray that God will encourage them

and comfort them while they are at the hospital, and will protect the young man from the devil and the evil spirits that want to do him harm (a very big concern in animistic Africa!). You close by asking God to intervene and heal the young man, if it is his will. You close your prayer in the name of Jesus Christ.

After praying, you ask the young man if he prays to God. He shakes his head, still a bit foggy, but does not seem offended by the question. After that, you tell him that one of our chaplains, a pastor, will be coming by his room to welcome him, greet him, pray for him, and answer any questions he might have.

All of that took less than three additional minutes, and here is what it demonstrated to this family:

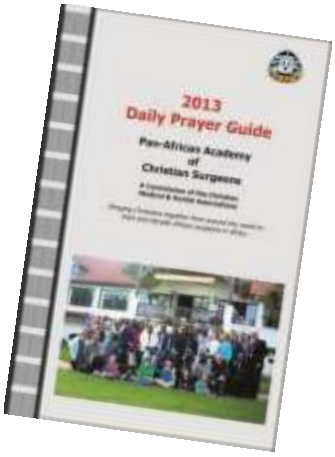
1. You are a well-trained doctor who cares about the patient and relies on God to help you. Your confidence is in God, you know him personally, and you are confident that he is listening to you.

2. The patient's problem is serious. You have a plan to help him; you're asking God to help the young man to be healed.

3. You are concerned about the patient's spiritual state; God loves and cares about the young man, and you want him to meet God personally. Not only that, but by praying to God, you have established that God is the most powerful person in the room.

4. You are asking God to guide you, heal your patient, comfort and encourage the patient and his family, and protect them from Satan and any evil spirits who might want to harm them. You will be asking the chaplain to visit him and pray for him.

Which scenario most accurately represents your practice?



NEWS SHORTS:

- **2013 Fall Prayer Guide Underway:** PAACS has begun to collect pictures and information to put together the fifth annual Fall Prayer Guide. Each faculty member and resident is asked to send a high-resolution, well lit picture of themselves and their family to ExecDir@paacs.net. They are to include the names of their family members, their place of service and up to three general prayer requests. Program Directors are also asked to send a graphic which shows the location of their hospital within their country and to send three general prayer requests for the program overall. Distribution of the new Prayer Guide will occur by September 15.

- **Willmore Accepted as Career Missionary:** Dr. Wendy Willmore, a general surgeon from Canada who is presently visiting several PAACS programs as a short-term surgeon under World Medical Missions, has been accepted as a career surgeon under Commission to Every Nation, a Canadian mission agency. She will be going to Arusha Lutheran Medical Center (in Arusha, Tanzania) in December 2012 to establish and run the new PAACS training

program. We welcome her to the PAACS team and share her excitement about the new program in Tanzania.

- **MedSend's First Grant to PAACS:** Rick Allen, president of MedSend, announced the decision of the MedSend governing board to award a grant to PAACS for $50,000 to cover the complete costs of training two PAACS residents in the 2013-2014 educational year. PAACS is the first International Affiliate of MedSend (www.medsend.org). Alliance Nyikuri from Burundi has been selected as one of the sponsored trainees and the second one has not yet been announced.

ANNOUNCEMENTS:

- **Home Assignments:** The following PAACS surgeons are on home assignment presently or will be soon. Please pray for them.
    - **Erik Hansen –** March 24 – Aug 24, 2013
    - **Jon Pollock –** April – July, 2013
    - **Rich Davis –** April – August, 2013
    - **Chi Chung –** June 28 – August 2, 2013

- **Help Needed at Soddo:** Paul Gray, Program Director at Soddo and one of only two surgeons there, will be on home assignment December 2013 until the end of March 2014. He requests help for those four months. If any general surgeon can assist them during this time, please contact Dr. Gray at paul.gray@paacs.net.

- **Coverage Needed at ALL the Programs:** The CMDA Continuing Medical and Dental Education conference will be held April 28 – May 8, 2014. Virtually all of our faculty and our fourth and fifth year residents would like to attend. If you can cover at your favorite mission hospital during this two week stretch so they can attend, it would be so very much appreciated. Please put this on your calendar.

- **ICU Equipment Needed:** Mbingo Baptist Hospital is in need of monitoring equipment for 19 ICU beds. Pediatric and neonatal equipment is needed as part of that. Please contact Steve Sparks at missionsparks@aol.com if you can help.

- **Bangladesh Resident Resigns:** The last of two Bengali residents, John Tripura, has resigned effective mid-June without completing the training program at the Memorial Christian Hospital in Malumghat, Bangladesh. This leaves the program without trainees.

- **Future PAACS Surgeon Born:** Caleb Zachary O'Connor was born Thursday, June 20th to two PAACS Surgeons, Drs. Zachary and Jen O'Connor. Caleb was 6lb 12oz (3.1 kg) and 20 in (51 cm) long. Everyone is doing well. The O'Connors will return to Bongolo Hospital in Gabon to resume service, once Caleb has received his passport and first set of vaccinations.

PRAYER REQUESTS

- Pray for the newly selected PAACS residents and their families as they prepare to move, sometimes across several countries, and as they face the uncertainty of this new experience. Pray for their wives and families who must adjust to the new culture. Pray that they will have the funding needed to move and to buy visas.

- Pray for all the residents as they study for the PAACS written examinations to be held on July 5 and 6. Praise God for the work of all those who put in hours preparing this exam

- Pray for the oral examinations that are coming up in Cameroon in July – that all the details will come together and that the trainees will acquit themselves honorably.

- Pray for those who are graduating and leaving in July and August – Dr. Daniel Gidabo (Ethiopia), Dr. Philadelphie Dembele and Dr. Loua Ruffin (Gabon) and Dr. Jerry Brown (Mbingo).

- Please pray that Dr. Dereje Lemma Dube will receive his release from his obligation to the local district hospital and that he will be able to start PAACS this year.

- Pray for the David Halter family (headed to Arusha, Tanzania). Pray that God will provide them a team of prayer and financial partners and that they will be prepared in record time.

- Pray for God's clear leading for the Andrew Chew family (still waiting on God) as they seek to prepare for their move to Africa.

- Pray for Dr. Wendy Willmore and the whole team at Arusha as they seek God's guidance in what to do at the present time regarding the opening of a program in January.

- Pray that God will call additional career surgeons to join the PAACS faculties at Kijabe Hospital in Kenya, Soddo Christian Hospital in Ethiopia, and Mbingo Baptist Hospital in Cameroon.

- Pray that God will call a second pediatric surgeon to join Dr. Eric Hansen at Bethany Kids, Kijabe, Kenya. The program urgently needs two surgeons to continue training its fellows. Pray for Dr. Erik Hansen while he is on home assignment and praise God that he has been able to obtain (through you) adequate coverage during his absence.

- Pray for those who are on furlough (home assignment), returning from furlough or about to go. Pray that they will get rest and rejuvenation and when possible will spread the word about what is being accomplished in Africa.

- Pray that both Mbingo Baptist Hospital and Bongolo Hospital will receive the government recognition that they seek.

- Please pray that God will provide men and women for Dr. Steve Kelley to train in Bangladesh.

Editors:

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