Dear Colleagues,

This August PAACS Bulletin is filled with reports from the individuals who help make up the real substance of PAACS. August is always an interesting month – chief residents have left or are in the process of leaving, new faculty may be arriving and new wide-eyed surgical trainees are trying to figure out what they have gotten themselves into.

Normally, the PAACS Bulletin *is a truly a newsletter, but this month we have decided to focus on some of the reports and communications that we have received from various places. It is here that you can listen to the heart of the people doing the business of PAACS and better understand the challenges and joys of being a Christian surgeon in Africa.*

Please use the new 2013 Prayer Guide and pray daily for these amazing men and women. Pray for wisdom for the administration. Pray for the residents that they will learn to become the full-flowered Christian surgeon. Pray for the missionary surgeons. Pray for God's leading for all of us.

The Editors

The Pan-African Academy of Christian Surgeons (PAACS)

BULLETIN #111

August 2013

New resident at Galmi: Dr. Juvenal Musavuli (middle) scrubbed with Dr. Tabetha Bradley (right).

"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:

[Galmi Fully Accredited - Report from Niger]

[PAACS Graduate Passes Ethiopian Exam - Report from Ethiopia]

[Kenya's Global Missions Health Conference (GMHC)]
[Diving into the Deep End - Report from Tenwek]
[The Christmas Present – Report from Kijabe]
[Report from the Jungle - Report from Nebobongo]
[News Shorts:]
2013 Prayer Guide Available
Seen around Campus
Blogs of PAACS Surgeons
[Announcements:]
2013 COSECSA AGM
Birth Announcement
Home Assignments
Help Needed at Soddo
Coverage Needed at All Programs
[Prayer Requests]

Galmi Fully Accredited

[*Editor's note: Dr. Yakoubou Sanoussi (Assistant Program Director) gives the following report of the impact of COSECSA five-year accreditation for the SIM-Galmi/PAACS program.*]

Dr. Sanoussi writes, "A year ago, our training program started with 2 residents. We were so thankful to God, the PAACS administration and Galmi hospital for making it possible. Our major goals for this, our second year, was to see a third resident in the program and have COSECSA approve our program."

"We are most grateful to see Galmi Hospital accredited as a training institution. We needed this encouragement to help us move forward in all aspects of our patient care and hospital life. The accreditation process culminated three years of intense work to upgrade our hospital standards including: management of critically ill patients, provision of secure and clean wards, improvement of our laboratory and X-ray capabilities and above all, improvement of our nursing care."

Professor Rwamasirabo is in the foreground in blue. Professor Jani is astride the camel on the right. A camel ride is a traditional event for Galmi visitors.

"We received 100% support from SIM, the Galmi Hospital administration and all of our hospital staff members. This milestone is by no means an end

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of our efforts to improve our care, but it affirms our progress to date.”

Professors Emile Rwamasirabo and Pankaj Jani with Program Director Joe Starke

in front of the SIM-AIR missionary plane

From L to R: Yakoubou Sanoussi, Joe Starke, Prof. Emile Rwamasirabo; Prof. Pankaj Jani

“I was delighted to meet Professor JANI and Professor Rwamasirabo, two dedicated and experienced African academic surgeons. In them, I saw a “team out for progress.” That is to say they have a great vision for the development of surgical education on the continent of Africa. Their insights and encouragement were of great benefit to us.”

“As a native Nigerien, I rejoice that PACCS will shine in this nation. Our residents are happy to have such a valuable organization recognize the training they are receiving. This accreditation came at the appropriate time because we are hoping to meet with the Niamey University Chancellor on October 15th to talk about PACCS and our program. Pray for us.”

Other comments from the administration and faculty included:

Stephen Montgomery, Hospital Director: For a long time we (the hospital) and PAACS thought we were good enough, but now we are confident that we are on target…We’re playing with the big boys now!

Dr. Joe Starke, PAACS Director: COSECSA accreditation says that our facilities and program meet their standards. It indicates that we are at the level of a training institution – an unusual accomplishment for African countries.

Dr. Tabetha Bradley, PAACS teaching surgeon: COSECSA not only came and said we met the norm, but they gave ideas for continued improvement. They… are willing and able to help us attain new levels.

PAACS Graduate Passes Ethiopian Exam

Jon Pollock, Assistant Site Director at Myungsung Christian Medical Center, writes, "I spent the morning (August 12) with Daniel Gidabo at Black Lion Hospital (Addis Ababa University) while he took his external exam. He performed very well and received very nice feedback from the senior faculty at Black Lion. Sixty percent is considered passing for this exam and Daniel scored 73.5%."

"The exam was very fair and I was impressed with the change in the disposition towards our program from the senior surgeons. When I observed Tewodros' exam last year, the same examiners were very disparaging toward our training, but this year they were very positive and supportive. The junior examiners were, as always, very supportive of PAACS and our residents."

Daniel's graduation ceremony is being held August 31. That story will be featured in the September *PAACS Bulletin*.

Kenya's Global Missions Health Conference (GMHC)

Dr. David Thompson (PAACS Director for Africa) was one of the plenary speakers at Kenya's first GMHC, sponsored by Southeast Christian Church and its African partner, Life in Abundance. The conference was held at the Kenyatta Conference Center in central Nairobi. This conference was the offshoot of the Global Health Missions Healthcare conference held in Louisville, Kentucky each year.

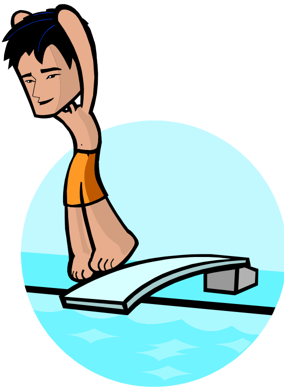
Approximately 300 people attended the conference, including delegates from Ethiopia, Somalia, Egypt, Korea, Mozambique, Malawi, Sudan and South Sudan, Djibouti, Uganda, the DRC, Tanzania and the United States. Dr. Russ White attended with his son and several PAACS residents. He spoke at a breakout session on "Jesus: Model for Long-Term Transformational Impact." Thompson's plenary topic was "Be the Light of the World," and his breakout session topic was "Why Doctor's Should Pray." Rev. Oscar Muriu, the senior pastor of Nairobi Chapel gave an excellent talk on "The Four Qualities of Effective Partnership," outlining the obstacles to partnerships, and their solutions.

Dr. Florence Miundi, a native to Kenya with specialization in public health intervention and community development, led the team that organized the conference and spoke in the third plenary session on the theme, “It’s Time: Africans for Africa.” Rev. Francis Omondi, founder and director of a ministry that has sent out African missionaries closed the two-day conference with an outstanding challenge entitled, “Serving in Challenging Places.” Omondi shared his experience of serving for more than 20 years in one of the most difficult places in Africa. He stated, “Just as God directed and empowered Moses to lead his people out of Egypt and into the Sinai “with everything that they had” to worship him, he calls us to die to ourselves and worship him in hard places. It’s only in the hard places where we meet God, come to know him, and learn to worship him in our humble service to others. During the conference, more than 30 of the attendees dedicated themselves to be the light of Jesus and follow him.

Most of the messages and lectures will be posted on www.medicalmissions.com and can be listened to there.

Diving into the Deep End

[*Editorial Note: Dr. Eric Mitchell is the new general surgeon at Tenwek Hospital in Kenya, working under the Post Graduate program of World Medical Mission. This is the report of his first time on call at Tenwek. See later in this Bulletin for his blog address*]



My first night taking call as a missionary surgeon and teacher of PAACS residents at Tenwek Hospital in Kenya was filled with teachable moments...for both the residents I shared the call with and for me! As usual for my call nights, my attempt to drift off to sleep was abruptly halted when I was summoned to the hospital's casualty department (emergency room) by the second year resident on call. My family and I have been slowly recovering from jet lag since we moved to Kenya one week ago. We were making progress regaining our energy and normal sleep patterns, but I wasn't about to gain any ground this night. Dr. Kanyi informed me he had three patients to present. The first was a 3 year old with deep partial thickness burns to the forearms. Dr. Kanyi had already dressed her wounds and tucked her in to the Peds ward. He then directed my attention to the two other patients awaiting me. He presented the history and physical of both patients in a clear and concise fashion. I was impressed with how well it was done. Both patients had sustained blunt abdominal trauma (a boy hit 4 days ago with a stick, and a 30 year old male hit two days ago by a plank of wood being carried on a motorbike. The resident wanted to take both to the OR, but I wasn't going to be so hasty. I was skeptical of his assessment and decision making and wanted to examine the patients myself. However, after laying eyes and hands on each patient, I quickly realized Dr. Kanyi had been spot on. Both had peritonitis on examination. I asked when

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the OR would be ready. He responded with "I had already informed them of these cases, and they are ready now." Nice work!! Both patients required small bowel resections, and we walked our way through the cases together. I shared tips with him that I had gleaned from my practice, and I relied on him to ensure our hand-sewn anastomosis was solid. I didn't reveal to him that the last hand-sewn small bowel anastomosis that *I* had done was as a fourth year resident on my pediatric surgery rotation. His technical skills were on par with U.S. residents I had taught in the states. My first impression? These residents must be getting good training. So far I had witnessed excellent patient evaluation, decision making, and operative technique – all from a second year resident.

After operating all night, both Dr. Kanyi and I were fatigued, but I was impressed with his enthusiasm and vigor as he continued to work the entire next day, scrubbing in on a distal gastrectomy I did for a gastric outlet obstruction. He didn't *have* to scrub in and help, but he did. I thought to myself, "Perhaps this work ethic and exposure to good cases are a few of the reasons for his early competence."

Before I arrived at Tenwek, I was excited to participate in the education of PAACS residents. After one week of surgery at Tenwek, my excitement has actually risen, as I have witnessed excellent camaraderie, caring attitudes, and a passion for learning the art and science of surgery. I look forward to getting to know each resident on a personal level and not only teaching them surgery, but helping them grow in their love for Christ and understanding of our purpose here on earth. I'm sure I will learn many things from them as well.

THE CHRISTMAS PRESENT

[*Editor's Note: Dr. Rich Davis, the Program Director at Kijabe Hospital in Kenya, also recently posted his memories of interaction with a resident he was training. This was posted on August 12, 2013 at his blog: http://surgerytraininginkenya.wordpress.com/.*]

I was on call on Christmas Eve 2009, with Jack Barasa as the resident. He was at the end of his second year of training by then. We had not worked together for a while, as he had been rotating with other surgeons. Somehow, it had been many months since we had operated together. I remember thinking as I fell asleep, "I hope nothing bad happens tonight. It's Christmas, after all."

I was dead asleep when the phone rang at 3 AM. I rolled over and grabbed the receiver, "Mmmghwellowh?"

"Dr. Davis, this is Jack. I have a patient with a stab wound to the neck."

Instantly, I was wide awake. Jack went on, "He is 39 years old. He was stabbed in the right neck about half an hour ago. He is awake and alert. His airway is patent and he is speaking normally. His blood pressure is 135/80, heart rate 105. He is neurologically intact and is oriented. He has a 3 cm stab wound in the right neck, zone II anterior to the sternocleidomastoid. The neck on that side has a large tense hematoma. I've talked to theatre staff and we're on our way there for neck exploration."

"Okay," I reply, "I'll meet you in theatre."

On my way to the hospital, I thought about what Jack had said. In those few sentences, he had told me pretty much everything I would want to know about someone with a stab wound to the neck. The patient was getting enough blood flow to his brain and air to his lungs, and his vital signs were as normal as could be expected. There was no indication of damage to his voicebox, laryngeal nerve, or brachial plexus. He had been stabbed with a large knife, in an area rich with blood vessels and other bad things. And the tissues in his neck were full of blood. This poor guy definitely needed an operation.

"I remember when I was a second or third year resident, sitting in the trauma bay getting ready to call my own attending surgeon and making sure I had all the patient's details ready. Sometimes I'd prepare notes. Always, I was nervous about the call, sometimes more nervous than I was taking care of the patient. The trick is to give all the information without anything unnecessary. Ramble on for too long and you'll lose the attending's confidence. You'll know this has happened when he starts asking questions about things you've already said – that means that he stopped listening. But you can make it too brief and leave out crucial information, too; that's an even quicker way to lose an attending's confidence. You want to let him know that you understand the big picture here. That you're thinking the way an experienced surgeon would.

In this case, Jack had hit all the high notes. He started with the diagnosis, then told me everything that was of interest and nothing that wasn't. And I had rewarded him by agreeing to meet him in the operating room. If he hadn't earned my confidence, I would have told him to not put the patient to sleep until I had examined him myself.

I arrived in the operating room a little later, only to find the patient already asleep on the ventilator. There was a rolled-up towel under the patient's shoulders and another towel, tightly wrapped into the shape of a ring, under his head. These had the effect of tilting his head back and turning it to the left, exposing his swollen right neck to us. The operating table was turned sideways in the room to give us space to stand around the area of interest. The headlight was nearby, plugged in and ready to shine into the deep recesses we'd be exploring. The scrub tech was getting the back table ready. On it, I could see my favorite head and neck instrument set, the one with all the different sized retractors for holding tissues out of the way in a tight space. Another instrument set was also on the back table, the one with vascular instruments and clamps for operating on delicate blood vessels if necessary. The circulator was off to

one side arranging some vascular suture and a closed suction drain, getting them ready for when we'd need them. Jack was over in the corner, talking quietly with the anesthetist.

Clearly, Jack was in total control of the situation. He had given a series of orders to the other staffers and they had followed through. The result was this well-ordered room. This man with a life threatening injury had quickly been made ready for the operation he needed, and there was not a hint of tension or ill-will among the staff.

This is the delicate balance that we try to walk while educating specialist surgeons. We want them to be independent someday. We want them to review a new patient, make the correct diagnosis, decide on the correct treatment, explain things to the patient and get their consent, take the patient to the operating room, and lead the team in preparing for the operation. All of these steps are just as important as the operation itself.

At first, trainees don't understand this fact. They are overwhelmed by all the other little duties we give them, like knowing all the patients' vital signs, caring for tubes and catheters, making sure that blood is cross-matched and that laboratory values are in the file. A young doctor may spend hours doing all these things and then come to the operating room late only to complain, "Dr. Davis won't let me do the operation! He just makes me stand there and watch him do the whole thing!"

I do let the trainees perform parts of the operation. But what I'm waiting for is this moment, when I see that a trainee finally gets the whole picture. Somehow, in the months since I'd worked with him last, Jack had experienced that "light bulb" moment. He had risen above all the little details and grasped the big picture. Under my mask, I smiled a little.

Jack gave some last instructions to the circulator, put on the headlight, and we went together to the scrub sink.

The best book on trauma surgery that I've ever read calls the neck exploration "a safari in tiger country." We don't have tigers in Africa, but there are plenty of lions waiting in a neck that's been stabbed and presents with a tense hematoma. Jack and I both knew that the best way to approach this situation is to isolate the vessels away from the area of injury, to make it easy to clamp them if things get out of control. So we started down low in the neck, just above the collarbone. Jack gently teased the sternocleidomastoid to one side. I held it for him with a retractor as he delicately found the jugular vein and common carotid artery. The jugular vein is unforgiving, capable of bleeding very quickly if mishandled. (When it bleeds, it makes a little sound like a mountain stream in the springtime.) But under Jack's gentle handling with forceps and scissors, it came off of the vagus nerve and carotid artery cleanly. We slipped sterile rubber bands around both blood vessels. Our work in the lower neck done, we headed north.

Carefully we took out little pieces of the hematoma and looked around. As we did, we talked about how we would address various findings. High internal carotid injury? Laryngeal injury? Esophagus injury? Jugular vein injury? Jack had a plan ready in his mind for most of these possibilities. He was thinking like a mature surgeon.

Once we had removed the hematoma, we could readily see that the knife blade had gone harmlessly into the trapezius muscle. It had passed very close to the big vessels. It had been nowhere near the esophagus, recurrent laryngeal nerve, vagus nerve, larynx, and other structures that are all so vulnerable

in that area. Jack told me that he would close everything up. I agreed, took off my gown and gloves and I left.

It was 5:45 when I got home. I put on a pot of coffee and sat down on the couch to close my eyes for a few minutes before the kids' wide-eyed Christmas morning wake up call. I had been working as a surgeon in rural Kenya for three years. Jack had been a trainee at our hospital for two years. I had been watching him take little steps for all of that time. This morning, I had been rudely pulled out of bed to take care of someone who had been violently injured. And I'd received a better gift than I could ever have imagined. I had seen one of our trainees pass a significant milestone on his way to becoming a mature surgeon.

REPORT FROM THE JUNGLE:

[*Editor's note: Jean-Claude Bataneni is a PAACS graduate working at remote Nebobongo Hospital in northeastern DRC. This is his recent e-mailed update on the situation there. Jean-Claude is not the only one who is facing these types of challenges – please pray for all the PAACS graduates.*]

> "Hello from the jungle, next to nowhere. I know it has been so long since you heard from us. Our family is doing pretty well but our life is as expected – full of struggle. It is a good battle though."

After telling about the children and telling about the poor schools, Jean-Claude continues,

> "Their mom is doing well too. I did not know that my wife was a so good teacher and mentor! We have three young interns working for their first six months at our hospital. My wife is their best friend and she is very appreciated in Pediatric and Internal Medicine where she works the most.
>
> Myself, I am stretched between administration, church strategic meetings and surgical work at the hospital. Last year, from February to June, we had a serious malaria and Salmonella epidemics which killed hundreds of kids in our area. Then couple of months later, we had an Ebola outbreak in Isiro. That affected us emotionally as Christine had some bleeding episodes and we thought it could be the Ebola. Praise the Lord that nothing bad happened! Just a couple of months later, we suffered an epidemic that affected the pigs and goats. It was so serious that it killed almost 99% of the livestock. Pigs and goats are the major source of income for our population and the death of the livestock serious impoverished them. It also affected the finances at the hospital. For a short explanation of how that works: we would treat or operate a patient in emergency, then hand out the bill to the family members. In normal situation, they would go back to the village, bring a pig or goat sell it and pay the hospital bill. For almost 8 months, they have not had the animal to sell. That is making things very, very hard and we struggle to run the hospital. We can't afford to replace the medicine the use and pay the staff or maintain the hospital."
>
> Jean-Claude expressed his gratitude for those who have helped them. He continues, "For the last two months, we are also facing a very hard situation. For us to keep the price low and to be able to help our patients, we operate with the solar power from solar panels and batteries. But the lightning destroyed our system and it was hard to keep operating without that cheap and renewable energy source. We had to run the generator most nights and even during some days when we had emergencies like C-sections and bowel obstructions. That is significantly raising the cost to run the hospital – and patients are not able to pay."

"Normally, the surgery we do is the main source of income for the hospital. This week, I did 3 urgent prostatectomies, several hernia repairs, open urethroplasty, C-sections, and explorations for peritonitis. Sadly, our income was only 5% of what we charged."

"Please keep praying for our family as with this economic crash, we feel more pressed by work and problem solving. Please pray that patients will be able to pay so that we will keep serving God with joy and passion. May God open doors for us to have outside help so that we can at least pay our staff, especially this month as their kids will return to school in a week time. Here, parents pay school fees from the nursery to university."

"Please for us as we work hard long days and night. We are also traveling around for meetings and others reasons. Please pray for our security and safety on the road. Our car is not handling our bad roads anymore. Traveling by motorbike has become very dangerous. And believe me, if I happen to me to break my leg or have a serious accident, this area will suffer significantly as my presence and skills are very much appreciated. They trust in what we are doing."

"May God bless you."   Signed JC-Christine-Luc-Andy & Theo BATANENI

If you would like to support the Batanenis and Nebobongo Hospital, please send your check to:

CARES
6705 E. 81st Street, Suite 152 Tulsa
Oklahoma, 74133 USA

NEWS SHORTS:

- **2013 Fall Prayer Guide Available:** The 2013 Fall PAACS Prayer Guide has arrived from the printer and are presently being mailed to our supporters. They should arrive by mail soon. This 60 page Prayer Guide is divided into 30 different segments so you can pray for someone or some part of PAACS each day. Pictures, maps and prayer requests make it a multimedia experience. It is a great way to put a face with a name for the new folks and to see how the families are growing.   If you want to make sure that you get a printed copy, please contact Terry.McLamb@paacs.net. You can also download a PDF version for your smart phone, tablet or computer by going to can be downloaded from the following URL: https://www.dropbox.com/s/t90nzpu9i0qwwq8/PAACS%20Prayer%20guide%202013.pdf.

- **Blogs from PAACS Surgeons:** As you can read in this month's Bulletin, **s**everal members of the PAACS surgical family are as handy with a pen as they are with a scalpel. We offer these possibilities for your reading pleasure:
    - Dr. Paul Gray, general surgeon at Soddo Christian Hospital, Soddo, Ethiopia: http://paulandbecca.wordpress.com
    - Dr. Jon Pollock, general surgeon at Myungsung Christian Medical Centre, Addis Ababa, Ethiopia http://bekahandjon.wordpress.com

- Dr. David Hardin, general surgeon at Soddo Christian Hospital, Soddo, Ethiopia: hardinfamilyblog.com
- Dr. Mike Chupp, general surgeon at Tenwek Hospital, Bomet, Kenya: www.kenyachupps.blogspot.com
- Dr. Dan Galat, orthopedic surgeon at Tenwek Hospital, Bomet, Kenya: http://dangalatkenya.blogspot.com
- Dr. Eric Mitchell, general surgeon at Tenwek Hospital, Bomet, Kenya: www.mitchellmound.blogspot.com
- Dr. Stephen Burgert, gastroenterologist at Tenwek Hospital, Bomet,Kenya: http://psalm121v8.blogspot.com/
- Dr. Rich Davis, general surgeon at Kijabe Hospital, Kijabe, Kenya: http://surgerytraininginkenya.wordpress.com
- Dr. Erik Hansen, pediatric surgeon at BethanyKids of Kijabe Hospital, Kijabe, Kenya: www.uncommonroad.blogspot.com

- **Seen Around Campus:** The new surgical interns have been spotted on the grounds of Soddo Christian Hospital in Ethiopia. They seem to be thriving thus far. Upon graduation, Gezahegn Tilahun would like to either return to his home region or return where he previously worked as a GP, an area near where Tewodros is currently working and which has minimal evangelical influence. Upon graduation, Ebenezer Gezahegn is willing to work wherever God is leading, but doesn't have firm plans right now. He would like to return to his previous place of service as a GP, but the hospital is poorly equipped for surgery. Both of them are doing very well and enjoy PAACS thus far.

Gezahegn Tilahun – PAACS Ethiopia

Ebenezer Gezahegn – PAACS Ethiopia

ANNOUNCEMENTS:

- **2013 COSECSA AGM -** The Cosecsa AGM 2013 will be held at Rainbow Towers, Harare, Zimbabwe from 5-7 December 2013. The MCS oral exams are scheduled for December 3 and

the FCS oral exams for December 4. For more information please visit our website www.surgicalsocietyofzimbabwe.org and register.

- **Birth Announcement:** Dr. Njume's wife, Rachael, had a baby on Saturday, August 10. Etape Emmanuel Njume. 3.3 kg. This baby was an answer to many prayers. He was breech until just a few weeks before he was born. Also, Rachael had a C-section with her previous baby, and she wanted to have a trial of labor without a C-section, and by God's grace, she did have the baby vaginal birth. This baby is a great to joy to Njume and Rachael, coming just weeks after Njume lost his mother. So everyone here is rejoicing with them.

- **Home Assignments:** Carol Spears is now on home assignment.

- **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 still needs coverage between Dec 15 and Jan 15. He writes, "Also, we have someone coming for four weeks, either for February or March. But we don't know which one yet. It would be nice to know if others could come during the time of Feb-Mar and we can try to schedule around it." 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 in April-May, 2014:** 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 and contact wmmplacement@samaritan.org.

PRAYER REQUESTS

- Pray for the new PAACS residents, their wives and families who must adjust to their new culture.

- Pray for those who are graduating and heading toward their place of service – Dr. Daniel Gidabo (Ethiopia), Dr. Philadelphie Dembele (Mali) and Dr. Loua Ruffin (Guinea) and Dr. Jerry Brown (Liberia).

- Pray for the residents who are sitting their MCS and FCS exams for COSECSA. That written exam is at their place of training and will be held on September 4.

- Praise God for the COSECSA accreditation of SIM-Galmi Hospital!

- Pray for God's hand on those who are working to open the new program in Egypt. Please pray for safety and God's safety for all Egyptian Christians.

- Pray for wisdom for all who are working to open the new programs in Arusha, Tanzania and Malamulo, Malawi. Pray for understanding, wisdom and personnel.

- 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 confirm the call of a second pediatric surgeon to join Dr. Eric Hansen at Bethany Kids, Kijabe, Kenya. The program needs two surgeons to continue training its fellows.

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

- Pray for all our graduates. Pray for God's blessing on the hospital, adequate finances to continue to give charitable care, for safety on the roads and for educational opportunities for their children.

Editors:

Bruce Steffes, MD, MBA, FACS, FWACS, FCS(ECSA)
David Thompson, MD, FACS, FWACS