

Dear Colleagues,

We have just celebrated an event that most of the world considers quite impossible: the resurrection of Jesus, God's Son, from the dead. Our belief that God can do the impossible with ease and on our behalf is what sets PAACS apart from most of the other surgical training programs in Africa. Once again, we are at fork in the road and must decide which road to take. The easy choice would be to continue doing what we've been doing for the past six years of phenomenal growth and hope for the best. The harder choice requires that we take a deep breath, step out in faith once more, and follow the path God has opened before us. In this issue, we will describe in some detail which direction the PAACS Commission chose during its meeting in Chicago a few weeks ago. We believe that once again, God is ready to do the impossible on our behalf, but as in the past, He will call on dedicated men and women to pray, to work sacrificially, to give generously, and to recruit others who are looking to join God in a growing work that is quite literally changing the health of the continent of Africa. Our hope and prayer is that as you read this issue, you will hear God calling, and once again step out in faith with us.

The Editors



The Pan-African Academy of Christian Surgeons (PAACS)

BULLETIN #118

March 2014



An Egyptian lad responds to a gift of a lollipop

*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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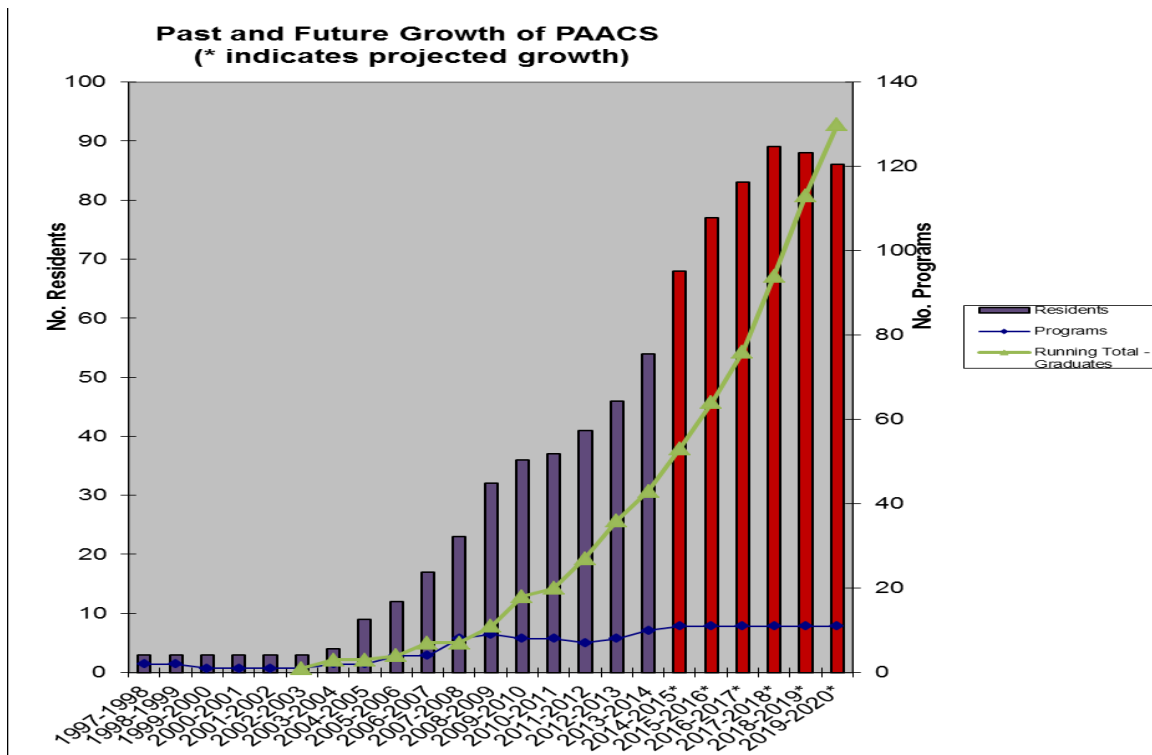
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PAACS COMMISSION TAKES STEP OF FAITH



The PAACS Commission of the Christian Medical & Dental Associations met April 11 and 12 at the Hilton Garden Inn of Des Plaines, IL. Twenty-one members of the PAACS Commission, Advisory Council and administrative staff were in attendance. Six visitors and Dr. Jon Pollock, missionary surgeon at Myungsung Christian Medical Centre in Addis Ababa, Ethiopia, were also present.

The most significant item of business that was discussed was the expected growth in the number of residents and its effect on the administrative and development demands on the organization. This expected growth of residents, accelerated this year by the acceptance of three new programs, represents a significant increase in the impact of the PAACS ministry. The growth of residents is the major cause of the increased need for funds. However, to properly run the organization, and in light of the desire of Bruce Steffes, Executive Director, to have PAACS find a replacement for that position, PAACS will need to convert from a volunteer organization (which presently has only 3 part-time administrators, only one of which is paid) to a salaried administration. Those additional costs will require the creation of a fund-raising and development arm. Growth in the number of programs will be halted during this period of retrenchment until a solid financial footing is regained. A small part of the increased budget also represents a new program that PAACS plans to enact to enhance and support the over-stretched missionary faculty.



At the present time, the only two choices are either growth or a slow involution. An extensive proforma of the financial consequences of all options was presented to the Commission. It showed that even if the growth envisioned in the number of residents could be achieved with the present minimalistic administrative and development staff (which it probably cannot), significant additional financial growth will still be required. Without an increase in funding, we would go through most of our reserves in the next five years, even without hiring the first critically-needed administrator. However, this level of growth will not be possible without the establishment of a salaried administration to properly lead and administer the growing number of residents, programs, and dollars that will be under the PAACS umbrella in the coming years.

The addition of the administrative team we will require will deplete PAACS resources within a few years if our fund-raising does not keep pace, but Africa’s need for surgeons will not abate. In addition, we need to gain organizational capacity to welcome future programs in places like Togo, Chad, Uganda and the DRC that are gearing up. We believe that such growth into other nations in Africa is God’s plan for PAACS. A component of development/fund-raising will be necessary to raise the necessary funds for both the ministry and the expanded administration.

After long discussions and much prayer, the Commission accepted the following changes and appointed a search committee, led by Academic Dean Dr. Bill Wood, to immediately begin the recruitment process. This will involve:

1. **Replacing the Executive Director (ED) and creating a new Chief Medical Officer (CMO) positions.** As the number of programs and residents have increased, it has become impossible for one person to do both jobs. This is one reason behind the present Executive Director’s request to be replaced in that role. He has spent nine unpaid years trying to do

this. This proposal envisions creating two separate positions. The Executive Director position would be full-time and the Chief Medical Officer position would be a .80 FTE (Full Time Employee). Both positions would be fully funded at these levels by the PAACS budget. Bruce Steffes would step into the CMO role, once an ED is hired.

2. **Hiring a full-time Chief Development Officer (CDO).** Adding administrative salaries to what we already budget for resident support will require us to significantly increase our budget. We will need to hire a seasoned professional with expertise in development and provide him with resources (perhaps including additional development officers) to conduct an ongoing and effective fundraising campaign.
3. **Hiring a part-time Chief Operating Officer (COO), to assist the new Executive Director.** This individual would serve at the same level as the current administrator but would assume responsibility for the overseas operations of the organization. This would leave the current administrative assistant free to provide support for the new ED, the CMO, and the CDO and the domestic side of PAACS activities.
4. **Creating a part-time position for a Chief Financial Officer (CFO).** Currently, some of this work is being provided by the CMDA and the rest by an unpaid volunteer (Michelle Steffes), who donates approximately 60 - 80 hours a month. As the number of donors and the number of dollars received and spent grow exponentially, this aspect of the ministry must be significantly reinforced to ensure that we maintain unimpeachable accountability.
5. **Creating a program that will provide experienced surgeons who work for PAACS to “backstop” our training programs when missionary surgeons must be away for furloughs or leave for other reasons (stress, illness, etc.).** The validity of our program depends on a proper ratio of faculty to residents, but with furlough, health, stress, etc. at least a few of our programs are often “on the edge,” and currently we have way to plug the gap. It has been proposed that something like Samaritan’s Purse’s Post-graduate Residency Program be developed, utilizing experienced surgeons. These surgeons would ideally be retiring surgeons (military or civilian) who would sign a two year contract with PAACS. We anticipate hiring the first one in January 2015 and adding one per year. These surgeons would NOT be employed until the money required for their support has been raised.
6. **Establishing a program to provide limited support for the missionary surgeons serving in the field.** PAACS presently provides salaries and benefits for its residents, but not for missionary surgeons. A fund for this project would be established to provide discretionary support on a flexible and as-needed basis.

The narrative on the proforma that was presented to the PAACS Commission states, “We believe that God has brought PAACS to a place where we have a significant opportunity for greater and more effective ministry. We can significantly increase the number of surgeons we train, the quality of our programs we offer, and the number of lives we impact in Christ’s name. The plan increases the attractiveness of PAACS to potential supporters and simultaneously allows us to convey our mission and message to them and invite them to join us. It also provides a solid base for leadership, stewardship, and administration of PAACS, all of which should result in greater long-term

sustainability. Amazingly, God has also provided us with a sufficient base of financial resources to allow us to take these next important steps with an optimal balance of confidence and faith.”

Comments by Dave Thompson, Founder of PAACS:

Seventeen years ago, it was my privilege to present to a group of missionary surgeons in Kenya an idea that God gave me when I was desperate. I was overwhelmed with surgical cases and could not find another surgeon to help me. The other ten surgeons in that meeting were facing the same crisis: they could not work any harder, there was no relief in sight and without surgery, their hospitals would eventually go under financially. Africa was dying for lack of well-trained, Christian surgeons, and unless we reproduced ourselves in African men and women of faith, our accomplishments and our hospitals would end up as footnotes in the dustbin of history.

The idea God gave me was that if each of us committed to establish and lead surgical residency programs at our hospitals and also invited Christian surgeons to volunteer short term to help us, God would help us succeed. The only way we could reverse the downward spiral of surgical care in Africa was if many hospitals trained and mentored African surgeons, not just a few. We had no money, no experience in setting up residency programs, no assurance that African governments would allow us to do it, and no assurance that African doctors would apply. Nevertheless, we prayed together and agreed in faith that if God was calling us to do this, He would make it possible. That same year we asked God to allow us to train 100 African surgeons by 2020. The year was 1996.

The next year, I started training the first resident at our hospital in Gabon, and each year I added another resident. Four years later, I helped start a second program in Cameroon and began sending out bi-monthly reports that I called “The PAACS Bulletin.” By 2006, the PAACS Commission grew to 10 members and took on greater responsibilities. In the field, however, I was overwhelmed by the administrative tasks, most of which I was doing poorly. By then we had five training programs in Gabon, Cameroon, Ethiopia, and Kenya, and all of them needed more help. It was at that point that the Commission asked Bruce Steffes to take over as the Executive Director, which he accepted to do as a volunteer, paying all of his own travel expenses.

Bruce had earned his stripes in Africa the hard way, filling in for missionary surgeons who needed a break, serving on the Mercy Ship, and briefly directing an ambitious project to build a new pediatric charity hospital in East Africa. Due to interference from high government officials, the project collapsed before it got started, but it prepared Bruce well for what was to become an even more challenging assignment.

Bruce accepted to serve as the Executive Director of PAACS with some reluctance, not because he would be an unpaid volunteer, but because he understood the challenges we faced. Nevertheless, by the end of the first year, he had made major improvements in codifying our policies, raised additional funding to support the growing numbers of residents, engaged with two of Africa’s colleges of surgery, recruited additional PAACS faculty and short term volunteers, expanded the Commission, and had increased its role. My job as the Director for Africa shifted to establishing MOU’s with the hospitals, recruiting and screening

new applicants, adjusting and refining the requirements for admission, and helping our program directors and advising them on how to improve their facilities. Through all these changes, my mission agency (the C&MA) continued to support me financially. Soon both Bruce and I were answering more than 100 emails a day and spending three to four months of the year traveling across Africa. Bruce added a part-time administrative assistant in 2009 (to this day, our only paid staff member) and I turned over the leadership of the training program I had established to a younger surgeon, in order to have more time for the organization's increasing administrative demands and to answer God's call to start a new program in Egypt.

In early 2012, PAACS confronted its first serious financial shortfall. The Commission was faced with two choices: cut back the number of residents in training and cancel plans to add additional training programs (the sensible course), or move forward in faith that God would provide. I remember well the desperation of our prayers during that Commission meeting in Chicago. Before it ended, our Commission members committed to give sacrificially \$100,000, encouraging others to match it. God exceeded our expectations by a wide margin, and as a direct result, this year we opened new training programs in Tanzania and Egypt and an orthopedic training program in Kenya. In August, we are planning to open another PAACS program in Malawi. Let all that I am praise the Lord!

Today, we have 11 training programs and more than 40 residents at hospitals in Gabon, Cameroon, Niger, Egypt, Ethiopia, Kenya, and Tanzania. What started as a small group of surgeons in Africa who listened to God's heart has now blossomed into an expanding partnership of missionary surgeons, the CMDA, Christian hospitals and their supporting denominations, African residents, African surgeons, American surgeons and volunteers, missionary sending agencies, Loma Linda University, World Medical Mission/Samaritan's Purse, COSECSA, MedSend, MTI, and WACS! Let all that we are praise the Lord!

The reason I am telling this story today is to point out another great challenge: since 2008, our administrative team has been Bruce Steffes, his part-time assistant, and me. Today, I am not just the Director for Africa but also the Program Director for the new PAACS program in Egypt. Bruce Steffes and his assistant, Terry McLamb, have worked miracles these past few years, but the three of us are swimming underwater and about to run out of air! There are many things which need still to be done.

Each year, God has opened new doors to us – doors that give us breathtaking opportunities to quite literally change the health of the continent of Africa; doors that allow us to share the love and gospel of Christ to more and more nations; doors that will enable us – if we will trust Him - to reach the humanly impossible goal we set for ourselves in 1996 to train and disciple 100 African surgeons by 2020.

After all that I have seen God do over my 65 years, I am certain that first goal was simply the first one God wanted to challenge us to trust Him for. This, I believe, is the next one: "Provide adequate and capable administrative leadership for PAACS, and pay for it out of My resources."

Comments by Bruce Steffes, Executive Director

In Ephesians 2:10 (The Message), we read, "He creates each of us by Christ Jesus to join him in the work he does, the good work he has gotten ready for us to do, work we had better be doing. [our emphasis]" Henry Blackaby in his book "Experiencing God" encourages us to realize that God is at work, that He invites us to join Him, that belief requires faith in action, and that we must make major adjustments in our lives to join God in what He is doing. That is what we in PAACS wish to do.

The Pan African Academy of Christian Surgeons is a non-profit Christian ministry. We specialize in providing surgical training integrated with evangelism and discipleship training for African Christian physicians. This gives them the advanced training they need to witness to their own people in both Word and deed. Because the demand for life-saving healthcare is so great in underserved countries, the PAACS Commission has decided to almost double its capacity for surgical residencies.

We believe that God has prepared the way for this expansion. PAACS is recognized in both the secular and missionary world as a leader in the medical training of nationals. We are recognized by the Christian medical community as perhaps the most effective and sustainable way to save lives and lead the lost to Christ. PAACS is entirely faith-based and therefore has no guaranteed income, except as the people of God give in response to the need. Yet, by following God's leading, PAACS has experienced significant growth since 2004-2005 in terms of revenue, expenses, and the number of residents in training. God has blessed the ministry abundantly, allowing us to grow from nine residents in 2005 to 54 currently, with a target of 90 trainees. That is ten-fold growth in just nine years! We have now graduated 36 surgeons and over the next five years we will expand to 86 residents in training. By 2020, we will graduate more than 100 surgeons!

This has been accomplished with an all-volunteer staff and one part-time faculty member. That must change. The need for an orderly succession and the ever-increasing administrative burden calls for an expansion of the administrative staff. We are searching for a new Executive Director. After we find one, I will stay on to mentor the new person and to assume the newly-created role of Chief Medical Officer.

PAACS remains focused on and committed to the training programs and the residents which they train. We have opened four new programs this year. This growth, plus the required administrative support for it, will significantly increase our future budgets. To meet that need and lead that effort, we must hire a Chief Development Officer, too.

We have approved a five year plan which will significantly increase our present budget. The majority of that new cash budget will be used to continue our main thrust – the training and discipling of African national physicians. Approximately one-third of it will cover the new administrative and development arms and begin a project to better support the programs and missionary surgeons through additional manpower. We are certain that this required reinvention of PAACS will result in a more effective and larger training program in the future.

The first year of this initiative will be the most demanding. To break even, we will need to raise \$640,000 more this coming year than we did last year – a 75% increase! We can

move ahead only by knowing that this is God's leading, that He is Jehovah-Jireh, the God who provides, and that we have faithful partners in this endeavor.

Please pray for wisdom for us and for the search committee. We also need your financial gifts. After you have given to your church, we ask you to consider giving sacrificially to invest in the lives and ministries of these dozens of new African Christian surgeons through PAACS. This is a great step of faith. We invite you to walk with us.

Other Items of Business:

During the last Commission meeting, the following visitors participated:

- Tom Kendall – missionary surgeon appointee to Togo, W. Africa
- Joshua Meyer – graduating medical student, interested in service with PAACS after residency
- Jim Carson – minister and orthopedic surgeon who has served several times with PAACS
- Ken Rutledge – retired urologist from Marietta, GA who has served several times with PAACS
- John Donkersloot – third year medical student at U. of Michigan, interested in missionary surgery
- Dane Smith – General Surgery Program Director, Greenville SC

The following faculty members were approved on a probationary status. After a satisfactory review after serving for one year, they will be made permanent faculty members.

Drs. Heath (GS) and Angela (Ob-Gyn) Many – Tenwek Hospital (late summer, 2014)

Drs. Bob (GS) and Andrea (GS) Parker – Tenwek Hospital (January, 2015)

Dr. Andrew Chew (GS) – Soddo Christian Hospital (January 2015)

Dr. Henry Ndasi (Orthopedic Surgery) – Adjunct faculty, Mutengene Hospital

Program Director named: With full approval of the PAACS faculty in Ethiopia, Dr. Jon Pollock was named the PAACS-Ethiopia Program Director to replace Dr. Paul Gray. Pollock will become the Site Director at Soddo and Chi Chung will remain the Site Director at Myungung. We congratulate Dr. Pollock and pray for God's hand upon him.

WACS Agreement Approved: Continuing an ongoing discussion, the PAACS Commission has approved an agreement with the West African College of Surgery. Drs. Chris Bode and Bruce Steffes will clarify some of the details and notify the Faculty of Surgery of WACS of our interest.

1. All residents are expected to obtain COSECSA fellowship, in addition to any WACS agreement or training. There are two classes of PAACS trainees created by this agreement:
 - a. Graduates who are FCS(ECSA) and who began PAACS training before August 2012. Fellows of COSECSA will only be permitted to work as senior residents at the Member level of the WACS. To obtain fellowship in WACS at the present time, they would have to pass the Primary Exam and would need to work as a senior registrar in a WACS

hospital to gain the extra two years and to write their dissertation. This would be at the residents own expense.

- b. Residents in training: This agreement described hereinafter will only apply to residents who began their training in August, 2012 or later. This will only be available to trainees at the Central and West African programs (Bongolo, Mbingo, and Galmi) whose hospitals have obtained the required WACS approval. The residents will be required to pass a basic science exam by the end of their third year and to pass the PAACS in-training exam to include an oral exam (to which the WACS may send examiners) before entering their fourth year. This is so that their 4th and 5th year of training will count for WACS (training in the 4th and 5th years of training will count only if WACS approves the hospitals for that level of training). If the hospitals do not receive WACS approval the trainees will be required to do additional training in WACS hospitals as a senior registrars, before being allowed to write the Part 2 exam. This additional training will be at the residents' own expense. They will also be required to write a dissertation.

PAACS Position on Training for Essential Surgery: Dr. Lelan Sillin presented a rough draft outlining a proposed position on the issue of training non-surgeons to do essential surgery. There is a significant variance about this issue by the various training sites and the countries in which they serve. The Commission's ad hoc team will continue to refine our position and present its work at the November meeting.

Pollock to Undertake Research on Impact of PAACS Graduates: Jon Pollock, Program Director of PAACS-Ethiopia, has been accepted into the 2014-15 Ethicon Endo-Surgery Surgical Educational Research Fellowship (SERF) program. The purpose of his study for this fellowship will be to measure the impact of the PAACS program and its graduates on their communities, their hospitals and their countries. This will provide PAACS valuable information for the commission as they make decisions affecting the future of the program, for funders who, rightly, expect their investment in the PAACS program to be high impact, and for publication to disseminate the experience and expertise of PAACS and to establish PAACS as a leader in surgical education on the world stage. Additionally, comprehensive follow up with PAACS graduates will allow assessment of the challenges and difficulties that they face while working in difficult environments.

Pollock has an aggressive plan to visit all the PAACS graduates in their place of service. The information that he gains is vital for PAACS and is likely to also have significant fund-raising impact for PAACS. The fellowship is unfunded and if any one wishes to help fund the required travel, please contact jon.pollock@paacs.net.

PAACS Basic Science Conference: The fourth Basic Science Conference for the first and second year PAACS residents will again be held at the Brackenhurst International Conference Centre in Limuru, Kenya, from 26 January to 5 February 2015. Drs. Bruce MacFadyen and Douglas Lundy will serve as the program chairmen. Rev. Stan Key will be the Spiritual Life Speaker.

Training of Non-African Citizens: The Commission unanimously reaffirmed its historic position to limit training in Africa to citizens of African countries.

Anesthesia Task Force: Dr. Donna Spratt presented the recommendations of the Anesthesia task force.

Ad hoc Committee Report on Switching Specialties: The report of the ad hoc committee to address the issues of switching residencies during training was discussed extensively. The Commission felt that the disruption caused by allowing PAACS residents to switch specialties freely could be great and should be discouraged, only be permitted with the approval of the original program director.

NEW PAACS RESIDENTS SELECTED

The programs on the August-July academic year (SIM-Galmi, Bongolo and Mbingo Baptist Hospital) have selected their residents for the coming year.

Galmi SIM Hospital – Jean Luc Kazoya (Burundi)

Mbingo Baptist Hospital – Sama Akanyun (Cameroon) and Salim James Joseph Apollo (South Sudan)

Bongolo Hospital - Afidu Dieudonné Lemfuka (DRC, presently in Liberia at ELWA) and Sam Fabiano (Angola)

Jean Luc KAZOYA is 36 years old and hails from Burundi where he graduated with his medical degree in 2011. He is married without children. He has worked in Gitega Hospital and Mpanda Hospital, with a practice oriented toward obstetrics.

Afidu LEMFUKA is 30 years old and a graduate of the University of Lubumbashi (2011). He has worked as a general officer in both Kinshasa, DRC, and ELWA hospital in Paynesville, Monrovia in Liberia. He is single. He had previously applied to the program at Arusha but narrowly missed the cut.

Sama Akanyun was born in Cameroon 1988 and graduated from the University of Buea in 2012. She is presently working at Mbingo Baptist Hospital and will stay there for her training. She is single.

James Joseph Apollo Salim was born in Sudan and is married with one child. James graduated from the Upper Nile University in 2007. He has had many opportunities to immigrate to a Western country but has consistently turned down these offers to remain in his South Sudan, serve his people, and share with his patients the good news of Christ. He is only the second Sudanese PAACS has accepted, the other one being one of the first two orthopedic residents at Tenwek.

Sam Fabiano is from Angola and is married without children. He did his undergraduate work in California and graduated in 2011 from the IPPavolv State Medical University in St. Petersburg, Russia. He has been working at the Centro Evangelicao de Medecina Interna do Lubango in Lubango, Angola. He has been accepted with the contingency that he will need to learn French in Gabon prior to beginning his training and will therefore begin his training at Bongolo Hospital in January, 2015.

NEWS SHORTS:

- **PAACS Residents and Faculty to Attend CMDA-CMDE:** The fourth and fifth year residents from PAACS, as well as the majority of the PAACS faculty members, are attending

the CMDA Continuing Medical Dental Education conference to be held at Eretria Village on Evia Island, Greece April 28 – May 8. This year is the first time that the conference for Africa and Middle East will be held off the continent of Africa. It is also the first time that family members of missionaries in Africa are invited and the first time that missionaries will attend from Asia and S. America, effectively making it a trans-world medical missionary conference. The PAACS residents will participate in the full program and will also have a competition for papers they will present. We are very disappointed that the senior PAACS residents in Cameroon were unable to obtain visas to attend, after their applications at the French embassy in Cameroon were declined. However, the residents from Kenya, Ethiopia and Gabon were successful, though only after multiple attempts.

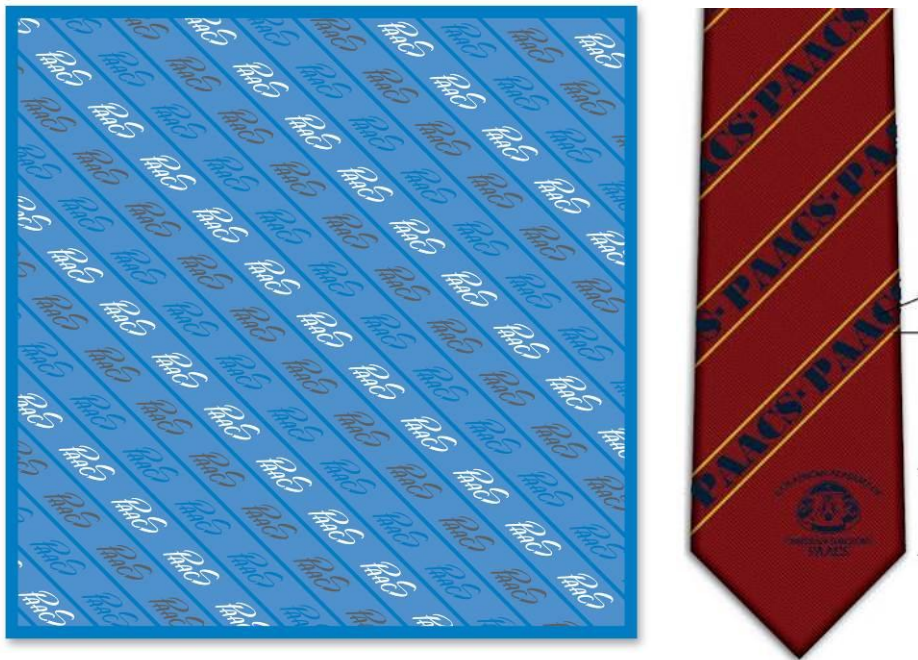
- **Need for Short-term Faculty Coverage:** There are several programs which will need coverage for career PAACS faculty during their assignments back in North America. If you can help, please contact those listed in the e-mails below:
 - **Galmi** – Dr. Joe Starke will be home on assignment from **June, 2014 through May, 2014**. Please contact wmmplacement@samaritan.org and joe.starke@sim.org.
 - **Bongolo** – Drs. Jen and Zach O’Connors will be in the US from **mid-July through October, 2014**. Please contact wmmplacement@samaritan.org and Zach and Jen at zachandjenoconnor@gmail.com.
 - **Arusha, Tanzania** – Wendy Willmore, an international worker with Commission to Every Nation (Canada) will be returning for home assignment in late 2014. The exact dates are not yet confirmed, but are likely to be **October 13, 2014 - January 12, 2015**.
 - **Mbingo, Cameroon** – There is an ongoing need for short-term help, especially during Steve Sparks’ home assignment from **June 19 - Jan 6 2015**. Please contact wmmplacement@samaritan.org and Jim Brown at jimbrownjab@aol.com.
 - **Harpur Memorial, Egypt** – Because of the need for the Hannas to return for 3 months this summer to provide leadership of MedSend Canada, Dave Thompson needs help during the months of **July – September, 2014**. In June 2015, Dave Thompson will go on furlough for six months and Sherif Hanna will need help during that time. If you can help, please contact wmmplacement@samaritan.org and Dave Thompson at justthebeginning@hushmail.com.
 - **Soddo Hospital** – There is an **ongoing need** for short-term faculty at Soddo Christian Hospital in Ethiopia. Please contact wmmplacement@samaritan.org and Paul Gray at paul.gray@paacs.net
 - **Tenwek Hospital** -, Russ White will be in the US **July 17, 2014 until January 2015** on home assignment. Please contact wmmplacement@samaritan.org and Russ White at kenyawhites@gmail.com.
- **PAACS Commission Meeting Dates Changed:** The Fall PAACS Commission meeting will be held November 21 and 22, instead of October 31- November 1, as previously scheduled.

It will be held at the Hilton Garden Inn in Des Plaines, IL, near O'Hare airport. Please put this on your calendar

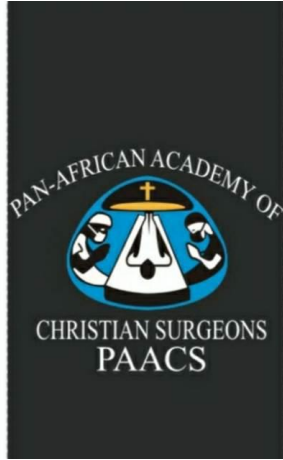
- **LAST CHANCE to sign up for a PAACS Vision Trip:** This will be the last time to offer this particular trip. If there is interest by at least four people, Bruce Steffes, Executive Director of PAACS, will arrange a vision trip to the programs in Kenya and Ethiopia. This is a great opportunity to see PAACS in action and meet the great faculty who make it happen, as well as the trainees who make up PAACS in these countries. The tentative dates are August 8 – August 20, 2014. We will visit Tenwek and Kijabe Hospitals in Kenya, looking at all three programs in those two hospitals, and then visit the two training sites in Ethiopia (Myungsung Medical Centre in Addis Ababa and Soddo Hospital in Soddo) before leaving. If possible, a short safari to the Kenyan game parks will be arranged. If you are interested, please contact Steffes at execdir@paacs.net as soon as possible.

Additionally, if there is sufficient interest, a PAACS Vision trip in the fall of 2014 could be arranged to the programs in Cameroon, Gabon and Niger. No dates are yet proposed and because of traveling distances, it may require more time. Please contact Steffes at execdir@paacs.net if you are interested in that option.

ANNOUNCEMENTS:



- **PAACS Logowear:** Show that you are “PAACS Proud” by what you wear! A beautiful silk scarf and a custom-woven silk tie, both emblazoned with the PAACS acronym, are now available for those who want an excuse to tell others what God is doing through PAACS. The silk scarf for women is 36” square. The silk woven tie is red, navy blue and has gold accent stripes – a real power tie to reflect God’s power in our ministry. The price for the tie



is \$25, including shipping, handling and taxes. The scarf is \$35, including shipping and handling. Please send your check made out to CMDA-PAACS to Terry McLamb, PAACS, PO Box 9906, Fayetteville, NC 28311-9906 and tell us how many of each you wish.

- **PAACS Grocery Tote:** Go Green! Go PAACS! Exercise your spiritual gift of shopping with this reusable grocery tote emblazoned with the PAACS logo. This 80g non-woven polypropylene grocery tote has Herculean strength for those

weekly grocery shopping trips. Feel free to load up this large tote: hefty 20" double reinforced handles, an extra-large 10" gusset, and a PE board bottom stand up to large loads. Makes a wonderful reusable alternative to in-store packaging and fits more too! Size: 14-1/2" x 13" x 10".



- **Birth Announcement:** Ezekiel Aiden Axt ("Zeke") was born on 3/19/14 to Jason and Meredith Axt. He weighed in at 7 pounds 12 oz. and 20.5 inches. Ezekiel means the "Strength of God" and Aiden means "Fire". May he truly be on strong and on fire for God. The Axts will arrive at Mbingo in August and serve for 16 months as a Samaritan's Purse Post-Residency participant before returning to the US for a fellowship in pediatric surgery. Meredith is a nurse and may teach nursing, as family

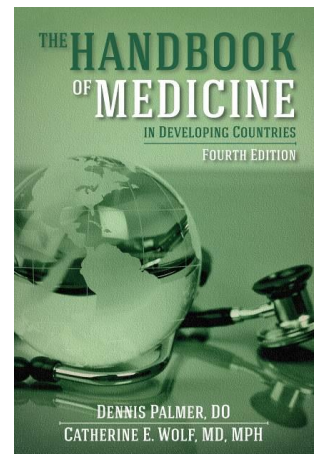
demands permit.

- **Birth Announcement:** Aime-ben BATANENI M'TUNGBE was born to PAACS Graduate Jean-Claude Bataneni and his wife on March 9th, 2014. The baby boy and his parents are doing well.
- **Free Book on Reconstructive Surgery:** Dr. Louis Carter and his team of experienced plastic and reconstructive surgeries have put together a super textbook for reconstructive and plastic surgery which focuses on the diseases and techniques available in resource-poor areas of the world. He gathered experts with both academic and practical experience in Africa to add to his experience and compiled a treasure of wisdom and surgical experience in the resource-poor



areas. This 628-page textbook is the result of their work. The book can be downloaded in PDF format at no cost from www.paacs.net. Look on the “PAACS Resources” area of the website. There is no charge for the book.

- **New Edition of Handbook Available:** For those who are doing short-term mission trips, one of the finest and most needed resources has been newly revised. “**The Handbook of Medicine in Developing Countries**” is now in its 4th edition. Edited and written by experienced missionary physicians, you would be unwise to leave home without it. It contains time-tested approaches to the field of general medicine in developing countries, usually given both the first-world and the developing world approaches. It is available from the CMDA bookstore (www.shopcmda.org; 888-230-2637). The SKU number is BK6546. For orders outside the US (50 states), please call 423-844-1000 to place your order. The price is 39.95 USD.



PRAYER REQUESTS

- Pray with us as PAACS steps out in faith to respond to what we believe is God's leading.
- Pray that God will lead the PAACS Search Committee to the men or women to lead PAACS as Executive Director or Chief Development Officer, during the next stage of development.
- Pray that God will provide the partners for the pecuniary issues.
- Pray for the new residents who were selected for the programs in Gabon, Cameroon and Niger. Pray for new residents as they move to their training sites, their family's adjustment, and the inevitable cross-cultural and educational issues.
- Pray that God will call additional career surgeons to join the PAACS faculties at Kijabe Hospital in Kenya, Soddo Christian Hospital in Ethiopia, Harpur Memorial Hospital in Egypt, and Mbingo Baptist Hospital in Cameroon.
- Pray for the team at Malamulo Hospital in Malawi as they prepare for the COSECSA inspection this spring and the opening of their program in August.
- Pray that Mbingo Baptist, SIM-Galmi, Bongolo and Malamulo Hospitals will all receive government recognition for their PAACS training programs.
- Pray for each of our graduates – that they will find effective and fulfilling ministries in the midst of hardships and limited resources.

Editors:

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