

Dear Colleagues,

PAACS is maturing as it grows, and you'll see that as you read this issue of the Bulletin. For those of you who remember the year Tenwek opened its program with two residents (2007), the photo of the crowd of residents and faculty shown below confirms that visually. Bongolo marked its 17th birthday with two outstanding graduates, one of whom is PAACS's first Gabonese and Bongolo's first graduate planning to stay on as faculty. An American internist gives high praise for a PAACS graduate serving at a remote hospital in Guinea and describes how that graduate has become one of Africa's most broadly proficient general surgeons. Another of our recent grads describes his return to provide surgical services to a remote mission hospital in northern DR Congo that has waited for more than a decade for a surgeon. These and other stories are clear evidence that God is "Changing the healthcare of a continent" through our graduates and through our training programs. We are privileged and blessed to join Him in this work, and we invite you to come with us on this amazing journey!

The Editors



The Pan-African Academy of Christian Surgeons (PAACS)

BULLETIN #121

July 2014



Tenwek Team

*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.

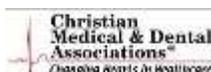
Our goal: To train and disciple 100 African surgeons by 2020.

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BONGOLO GRADUATES TWO!

Bongolo Hospital celebrated the graduation of two more general surgeons. On Sunday, July 6, Simplice Tchoba and Jacques Ebhele donned cap and gown and marched to the strains of Pomp and Circumstance as the 11th and 12th surgeons to graduate from the PAACS Program since it started at Bongolo in 1997.

The church, festooned with palm branches and ribbons, was packed. PAACS was represented by Keir Thelander, Program Director; Zachary O'Connor, Assistant Program Director; Jen O'Connor, faculty member and Bruce Steffes, Executive Director of PAACS. Many dignitaries and pastors from the Alliance church, as well as Serge Botouboko, the Executive Director of Bongolo Hospital, were in attendance. The mayor of Lebamba community, the prefect of the region



and the Regional Director from the Ministry of Health were in attendance and addressed the crowd during the ceremony.

A brief PowerPoint presenting the history of PAACS (celebrating its start in Bongolo 17 years ago) and reflecting the need for surgical training in Africa was given. All residents were presented with the certificates of training for the year and diplomas were awarded to the graduates.

Tchoba was warmly received by the assembled group of family and friends. He is the first Gabonese trainee accepted into the program and will stay on as faculty at Bongolo. He intends to write the national surgical exams in a year. They are given in French and he will be studying in that language in the interim.

In his address to friends and supporters, Ebhele drew attention to the fact that training in the DRC can easily take 10 years or more. He went on, "We feel free to say that an institution like PAACS (Pan-African Academy of Christian Surgeons) is also an answer and a solution to the difficulties faced by young doctors looking for specialization. It is a blessing for us, a blessing for young African doctors in terms of quality of training, and a real salvation for the local population in terms of quality of service. It is unique in that one can become a specialist in general surgery, able to heal the body but also to win souls for Christ. It is therefore no exaggeration to say that PAACS allows the emergence of a new generation of Christian surgeons in Africa."

Ebhele was already in a surgical residency in Bunia in northeast DRC and had spent a year there in training when in 2007 he learned of PAACS through a barber that his father-in-law talked to in Wheaton Illinois. The barber's brother had already been involved in PAACS. He then moved his family to Uganda for 9 months to learn English before applying to PAACS. He was originally accepted at the program in Ngaoundéré and then transferred here when that program closed. He will finish his training in December and his plans for the future are still uncertain. He is looking at an opportunity in Burundi but would like to return to northeastern DRC which is home for him. In the future, he hopes to seek orthopedic training once his obligation to PAACS has been repaid.

After a reception line and the obligatory pictures, the PAACS wives served a wonderful meal to the PAACS family, the friends and families of the graduates and the dignitaries. The celebration continued well into the evening.



TRAINING SURGEONS IN NORTH AFRICA

[Editors' note: This article is by Dave Thompson and reflects what he has discovered and learned in opening his second program, this one in N. Africa.]

PAACS-Egypt has been up and running for six months. We thought you might like to hear what we've learned during these past months and how God has helped us move forward. We'll start by describing the unique challenges we face and discuss our three-pronged approach to develop the training program



Resident Nayer and Thompson in OR



Residents Nayer and Shady take the Annual PAACS Examination

There are numerous differences between the medical environment in Egypt and that of sub-Saharan Africa. One of the most important is the ratio of physicians to population. According to the 2013 WHO statistics, in 2013 Egypt had 28.3 physicians per 10,000 population, Kenya had 1.8, Ethiopia had 0.3, and Malawi had 0.2 (statistics were not available for Tanzania, Gabon, and Niger). South Africa, which is considered to be one of Africa's most medically developed countries, had only 7.6 physicians to 10,000 population. Interestingly, the United States had 24.2, a lower ratio than Egypt! The WHO statistical report did not list what the surgeon:population ratio was in these countries had but from other studies, we know that the ratio of surgeons to populations is a fraction of that for physicians.

The increased number of physicians in Egypt means an increased number of surgeons in all of the surgical subspecialties. In the town of Menouf, where Harpur Memorial Hospital is hosting one of PAACS' newest training programs, an estimated 50-60 licensed surgeons are practicing as general surgeons, orthopedists, urologists, ENT surgeons, neurosurgeons, and obstetrician-gynecologists. Only a few have completed training programs that would be considered equivalent to residency programs in the U.S., Europe, and the developed nations of Asia. Most of the surgeons who operate at Harpur have become moderately proficient by practicing on their patients, and a few have achieved impressive technical skills, including the ability to perform laparoscopic cholecystectomies. PAACS-Egypt must compete with these surgeons for cases, something we have not seen in other training programs.

The low level of surgical proficiency and poor understanding of sterile technique among too many of Egypt's rural surgeons has consequences that affect our team because few of our patients have a high opinion of surgeons. Some who are completely outside of the medical profession consider their medical and surgical judgment to be as good as or better than ours. In addition, PAACS-Egypt has two other hurdles to overcome: 1) our faculty members are foreigners, and 2) our patients have a hard time understanding why we are practicing in Menouf and not in our homelands or in Cairo.

The first prong of our project was of course to open the residency program on January 9 with a 10 day "surgical boot camp," with residents Shady Fayik and Nayer Naiem. We've written about this in a previous bulletin. Despite the problems we face, PAACS-Egypt has made significant progress in

building a credible reputation for itself. It is one of the reasons why patients list Harpur hospital as one of the city's best places to go for surgery.

The second prong of our project was to revamp the operating rooms. When I arrived last September, I found three operating rooms that were equipped and functioning the way North American operating rooms functioned in the 1950's. The ancient, almost medieval, operating tables in two of the rooms were relics I had never seen anywhere else in the world. The same was true for the IV poles, bowl stands, instrument tables, and Mayo stands, all of which were rusted, chipped, and impossible to clean. The rooms were filled with old equipment that no longer worked but seemingly could not be thrown away (I soon solved that problem!). But even worse than the rust and useless equipment were the frequent breaks in sterile technique by the operating teams and anesthetists. The lack of the most basic safety procedures to protect patients from infections, accidents, unsafe equipment, complications, and wrong procedures kept me awake at night. The instrument packs had far too few instruments, the rooms were understaffed, there was no recovery room, and surgeons just had to make do.



Before



After – Note the sealed floors, safety list on the wall and new laparoscopic equipment

With the hospital's enthusiastic support and aided by a major donation of new equipment and surgical instruments from Samaritan's Purse, we launched a major overhaul of the operating rooms. This included retraining the staff, redesigning the rooms and layout, sealing the floors, establishing a host of new procedures and policies, instituting surgical and anesthesia safety checklists, setting up a new scheduling system, and enlisting the cooperation of the anesthetists. With the help of generous donors from the U.S. and Canada, we were able to purchase new laparoscopic equipment, new monitors for the ORs and recovery room, and three new anesthesia machines.

The third prong of our efforts was to build our team and set up appropriate, furnished housing. The hospital administration responded magnificently by constructing two additional floors on top of the three story main inpatient building, adding seven new apartments. Three of these were for PAACS. The hospital extensively remodeled two additional apartments for PAACS to house long term faculty and to serve as a guest housing for visiting doctors. Later, the hospital gave us a third apartment for nurses who joined our team. The cost of all these projects--half of which have been financed by hospital reserves--now total nearly a quarter of a million dollars.

Though we face unique challenges, our experience confirms the pattern we have seen each time a new PAACS training program is opened. A successful start-up requires the full, enthusiastic participation and collaboration of all the partners involved. These include PAACS, the hospitals and their sponsoring denominations or organizations, the volunteer faculty surgeons, the residents, and very importantly, many generous and committed donors.



Two floors of apartments being built on the top of the main inpatient building

PAACS-Harpur is now open for visiting surgeons, so please come and help us train our residents--especially in October and November when the weather is perfect for sight-seeing!

REPORT ON PAACS GRADUATE

Dr. Drew and Lindsay Hall spent 2 years in Guinea working at Hope Clinic during the years that Jean Yaradouno was in training at Bongolo. Drew is an internist. They are back at Hope Clinic for a month and he wrote this report about what is happening there. He forwarded this note with this disclaimer, "It must be emphasized that this is an internal medicine doctor singing the praise of a surgeon, so something good *must* be happening."

He writes:

Greetings from N'zao. We are spending our school break here in Guinea [at the Hope Medical Center]. I wanted to share with you what I have seen as a way of encouragement. Jean Yaradouno is doing a fantastic job. He has a heart of compassion, such as when he re-buttoned the shirt pockets on the little boy with Burkitt's lymphoma when we decided to refer him to the capitol city. He is faithful in prayer and is a really good leader - delegating, keeping the difficult nurse in line, and staying up till 1:30 in the morning with the medical director in order to give the 7:30 PowerPoint review quiz of the year's teaching subjects to date. They made a fun atmosphere out of the learning. They've had a good curriculum and the staff has learned well.

My first morning rounds were more like board review than anything else. Things were well organized and ran smoothly with good humor. We saw the usual kids whose lives had been saved from malaria. I could stop there and that would be amazing. Then the surgery patients: First - a man for whom Jean had reversed his colostomy. The colectomy had been done urgently 6 weeks earlier due to gunshot wound. There was also a young man with right middle finger tendon release and then a diabetic woman who they nursed for two months to save her foot (the diabetic ulcer was skin grafted). Jairus showed me the club foot program they had begun 4 months ago. They've done more than 16 kids and people are bringing their boys but also their little girls. After that, I saw a woman after a huge goiter was removed and Jean

explained his thyroidectomy technique. Just when I thought enough had been done, I passed a 5 year old with hydrocephalus...Yes, Jean had done a shunt. This is a great example of the success of PAACS.

Thank you for starting this program and training Jean. May grace and peace be yours in abundance,

Drew Hall

REPORT FROM PAACS GRADUATE

Dr. Degaulle Mifila was a graduate from Mbingo Baptist Hospital in Cameroon in 2013. After some delay, he has finally reached his place of service in the DRC and writes this report:

I just wanted to inform you that I am now back to Tandala Hospital since Sunday, the 29th June. We praise God for Safe journey mercy.

I just started consulting on patients this AM and I will have to operate in a temporary OR while waiting for the architect to complete the renovation of the old one.

I was just shocked to see how limited we are here. It is going to take a while to get up to the standard of Mbingo Baptist hospital. For an example, this morning I saw a 30 year-old female with an obvious stage VI breast cancer, but I was completely unable to help her in this facility where almost all is missing: no pathology, no chemotherapy, not even Tamoxifen.

Thank you for praying for me as I go into this challenge. I know it is just starting!

Also pray for our kids' education as there is no adequate school here in the region.

Yours in him,

Mifila

BONGOLO INCREASES PARTNERSHIP WITH PAACS

After talks with Pastor Serge Botouboko, the Bongolo Hospital Executive Director; Keir Thelander, the Program Director; and Bruce Steffes, PAACS Executive Director, a new Memorandum of Understanding will be signed soon between PAACS and Bongolo Hospital which caps the PAACS support of the training program.



Over a year ago, the PAACS Commission decided to cap the support of mature training programs at 50% of the total cost of training a resident. At a time when budget is increasing rapidly for PAACS, it was pointed out that PAACS has already supported several programs for several years to the point that they are mature and a source of income for the hospital, rather than a drain on resources. Bongolo

has received support for resident training for most of the 17 years of the program's existence. Both Bongolo Hospital and PAACS express the desire to extend the benefits of PAACS training to other mission hospitals and recognize that it is desirable to assist the present programs to work toward sustainability of the training program. It was felt that the surgical programs should be self-sustaining before the profits are diverted to other projects and other forms of patient care.

Given the unknown nature of the future, Pastor Botouboko feels that Bongolo must plan for the possibility of the loss of missionary trainers and PAACS support – yet continue to train the badly needed surgeons for Africa. He pointed out that the loss of support of the hospital by the Christian & Missionary Alliance relatively recently was one of those events that could have been disastrous, had they not planned for it appropriately. This new method of financial support will also give more freedom in budgeting and expenditures to the Program Directors.

In an attempt to minimize the impact on hospital finances, the hospital and missionary team will be responsible for achieving the 50% level on only the new residents which arrive each year, so that generally it will take five years for the hospital to be responsible for 50% of the total training costs. The calculations will be adjusted each year and do not include the majority of the stateside administrative costs which will continue to be borne by PAACS. It is planned that similar MOUs will be negotiated and signed with Tenwek Hospital and Mbingo Baptist Hospital in the near future.

NEWS SHORTS:

- **New Regional Directors for PAACS:** At the request of the founder of PAACS and present Director for Africa, Dr. David Thompson will share his responsibilities of overseeing the PAACS Programs. Thompson will become the new Regional Director of North and East Africa and Dr. Keir Thelander will become the new Regional Director of West and Central Africa. The North and East department will include the programs in Egypt, Ethiopia, Kenya, Tanzania and Malawi. The West and Central department will include programs in Gabon, Cameroon and Niger. These positions are not reimbursed and their willingness to take on this additional responsibility is much appreciated. As Regional Directors, they will work with the Executive Director in budgeting, discipline issues, counseling, faculty relationships, and program development. They will receive budget support for a visit to each program in their area each year. Please pray that God will give them discernment, wisdom and stamina.
- **COSECSA Team Inspects Malamulo:** On July 8, an inspection team from the College of Surgery of East, Central and Southern Africa inspected the program at Malamulo SDA Hospital in Makwasa, Malawi. The final decision regarding their findings is pending a meeting in August, but they have been told that a five year (MCS and FCS) certification will be recommended. Congratulations to Dr. Ryan Hayton, the Program Director and Arega Leta, the Assistant Program Director for leading this effort to get the program approved. PAACS is very appreciative of all the doctors, nurses and missionaries who helped with this visit.
- **Remediation Exam Given:** Over the dates of July 25-27, the 2014 remediation exam was given to 18 who need to take it and another 14 who wanted the practice. This exam is similar to the exams given before the exams were divided into a junior and senior level exam and therefore the residents in the first years have a lower grade

considered as passing.



Remediation exam scene: At several programs, even those who passed the original exam chose to take this one for further practice.

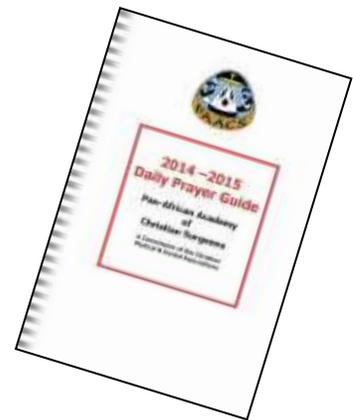
- **ENCORE - Need for Short-term Faculty Coverage:** There are several programs which will need coverage for career PAACS faculty during their assignments back in North America. If you can help, please contact those listed in the e-mails below:
Galmi – Dr. Joe Starke will be home on assignment from **June, 2014 through May, 2015**. Please contact gqambill@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 gqambill@samaritan.org and Keir Thelander at keir.thelander@paacs.net.
 - **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**. Please contact her at gracethewendylady@hotmail.com.
 - **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 gqambill@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 needed help during the months of **August, September and October, 2014**. In June 2015, Dave Thompson will return to the U.S. for a six month furlough and during that time, Sherif Hanna will be the sole PAACS

surgeon at Harpur. If you can help during either time, please contact ggambill@samaritan.org and Dave Thompson at justthebeginning@hushmail.com.

- **Soddo Hospital** – There is a critical need for short-term faculty at Soddo Christian Hospital in Ethiopia to cover from late November until mid-January. Please contact ggambill@samaritan.org or Jeremy Gabrysch jeremy@soddo.org.
- **Tenwek Hospital** – Russ White (GS) will be in the US **July 17, 2014 until January 2015** on home assignment. Mike Chupp (GS) will also be in the US **July 2014 until August, 2015**. Paul Espy (Urology) will be gone from late **December 2014 until July 2016** in order to take a fellowship in reconstructive urology. Please contact ggambill@samaritan.org and Russ White at kenyawhites@gmail.com.

ANNOUNCEMENTS:

- **Fall Prayer Guide Goes to Press:** The 2014 Fall Prayer Guide has been sent to the printer. It is the largest ever at 68 pages and is divided into 30 days. The user of the Prayer Guide will be able to remember every program, every faculty member and every trainee in prayer over the course of a month. If used faithfully, he or she will pray for everything in PAACS at least 12 times. If you are a financial supporter of PAACS or have served as a short-term faculty member, you will receive a copy in the mail. For all others, if you would like a printed copy, please notify Terry McLamb at info@paacs.net and ask for the 2014 Prayer Guide. It should be available in early September. If you would like an electronic copy, it will be available for download from the Resource section of www.paacs.net after August 7.
- **Twins Born to Bongolo Resident:** Alliance and Cynthia Niyukuri, presently at Bongolo Hospital, celebrated their first year wedding anniversary with the arrival of twins on July 6. Tracy Shiphrah Niyukuri was the first born. Both weighed in at 1975 grams. Mercy Shiphrah Niyukuri was born with a large posterior encephalocele. Please pray for God's hand upon both of the twins and the new parents.



Alliance holding Mercy and Cynthia holding Tracey

- **Surgeons Tie Knots:**



Top Left: Philip Blasto Ooko married Sandra Margaret Chao in Mombasa, Kenya on June 21, 2014. Blasto is a 4th year resident at Tenwek and Sandra is a journalist by trade.

Top Right: Surafel Mulatu married Kebron Senay July 12 in Addis Ababa at their home church, the Evangelical Church Mekane Yesus. Surafel is a rising third year resident in the PAACS-Ethiopia program

Left: Valentine Cherono Mitei and Peter Mbithi were married in April 19th in Kenya. Valentine is a second year resident at Tenwek.

PRAYER REQUESTS

- Pray with us as PAACS steps out in faith to respond to what we believe is God's leading to expand PAACS. Pray that God will lead the PAACS Search Committee to the men or women who will lead PAACS during the next stage of development. The most urgent of these are the Executive Director and the Chief Development Officer. Three candidates for the Executive Director position will be interviewed in Atlanta August 23.
- 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 families as they adjust, and for the inevitable cross-cultural and educational issues they will face.

- 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.
- Praise God for the results of the COSECSA visit to Malamulo SDA Hospital in Malawi and pray that the Board will grant a full five year accreditation.
- Pray that Mbingo Baptist, SIM-Galmi, Bongolo and Malamulo Hospitals will all receive government recognition for their PAACS training programs within the coming year.
- Pray for each of our graduates – that they will find effective and fulfilling ministries and glorify God in the midst of hardships and limited resources.
- Praise God that the single largest gift by an individual, \$250K, was received in the office this month. The gift was given by a patient of a PAACS Commissioner who was impressed both by his surgeon but by his surgeon's heart for the continent of Africa.
- Pray for those residents who have recently married and are now engaged on their life journey as a couple.
- Please pray for the work permit from South Africa to come through for Agneta Odera. She has been waiting a long time and it is the last hurdle before beginning her pediatric surgery training in Durban.

Editors:

Bruce Steffes, MD, MBA, MA (Bib. Min), FACS, FWACS, FCS(ECSA), FICS
 David Thompson, MD, FACS, FWACS