

Dear Colleagues,

It is easy to sometimes forget the reality in which some of the PAACS residents live. A note from one of our residents this week read in part, "After [my rotation at] Kijabe, I went to visit my family in Congo. I was very happy to be home but my mum was and is still very sick. I spent 5 days in the hospital with her. She is diabetic for more than 20 years now but since December last year, it has become uncontrolled....My family in general is doing well despite the insecurity around Beni town where they are still killing people like animals."

PAACS is not designed to train residents so they can escape from those situations, but to serve Christ and flourish in the midst of them. You can help make a difference – give your time, your resources and maybe even your career.

God is working. You will see story after story in this edition of the Bulletin that will give you a glimpse of Him at work through people just like you – and their perspective on it. Come join us in sharing what God is doing!

The Editors



The Pan-African Academy of Christian Surgeons (PAACS)

BULLETIN #130

April 2015



Residents at Kijabe Hospital take the basic science exams for the first time

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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Chung Healed!

PAACS Graduate Relocates
PAACS Alumni Newsletter Launched
PAACS Basic Science Exams Completed
Poenaru Update
Arusha Trainee Published Author

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Wanted- Volunteer N. American Student or Resident
Thompson Soon on Home Assignment
Thelanders on Home Assignment
Orthopedic Coverage Needed
Birth Announcement
PAACS Resident Weds Billy Graham (Mugambi)
PAACS Commission Meeting

[Prayer Requests](#)

FROM THE EXECUTIVE DIRECTOR

Dear PAACS Family:

Over the past several months we have been seeking God's help and wisdom in finding the best candidate for the position of the PAACS Chief Development Officer. Many hours of prayer, interviews and discussion preceded our selection of who we believe to be God's candidate for this position and the next member of the PAACS administrative team.

It is therefore a great privilege for me to announce that Robert W. Barto has been selected as the PAACS Chief Development Officer. Rob comes to PAACS with 25 years of development experience, many of which are specifically in the healthcare industry. He is a seasoned development officer and has been very successful in his field. More importantly, Rob is a devoted follower of Jesus Christ. His father was a minister and Rob believes that He is being called to serve God through PAACS. He is excited about the mission of our organization and wants to help further God's Kingdom in Africa. Rob will begin his new duties on June 1st.



Rob Barto, Susan Koshy and Bruce Steffes

PAACS is also in the process of sending its spring fundraising letter. We will be sharing the testimony of one of our PAACS residents in the fundraising letter. Fasto Ladu Theoplose Yugusuk, a PAACS resident at

Tenwek Mission Hospital in Kenya, shared how God brought him to PAACS and how his life has been transformed through this program. It is a very heartwarming story and he thanks PAACS supporters for making his dreams come true. His testimony reflects the impact that PAACS supporters are having on the lives of our young residents in the surgical training programs. Please pray for our spring fundraising effort so that we will be able to train more African surgeons like Fasto Ladu Theoplose Yugusuk, to be able save lives and souls for His Kingdom.

If other residents are interested in sharing their stories and testimonies about how PAACS has impacted their lives, we would love to receive them. We want to share the impact of PAACS in Africa, not only in terms of saving lives but touching souls for the Kingdom of God. Please contact me at susan.koshy@paacs.net with your testimonies.

We are thankful to God for providing for PAACS and taking care of this organization for all of these years. We are grateful that he brought Rob into the PAACS team to be His hands and feet to help grow our PAACS organization and to bring glory to His name. However, we continue to look to Him alone as the supplier of our needs and trust our Lord as our source in all things. He is truly our Jehovah Jireh and we honor and praise Him for His care of the PAACS program and each member of the PAACS family,

Your Humble Servant,

Susan Koshy

Executive Director

BROWN NAMED TO TIME'S 2015 LIST OF 100 MOST INFLUENTIAL PEOPLE

On April 16, Dr. Jerry Brown, 2013 PAACS graduate of Mbingo Baptist Hospital, was once again honored by Time Magazine. He had been previously named as the Person of the Year by Time Magazine in December for his role in fighting Ebola in Liberia and was recently named as one of the year's 100 most influential people. The writer says, "His courage and determination to fight this disease undoubtedly kept alive many health workers and helped communities fight this deadly virus."

The full article can be read at <http://time.com/3823160/jerry-brown-2015-time-100/>



The 100 Most Influential People

Titans Pioneers Artists Leaders Icons

TIME 100 ICONS

Jerry Brown

By Idris Elba

April 16, 2015

A West African lifesaver

Last summer many around the world were shocked as we watched the Ebola crisis unfold. We were devastated by what we saw and keen to help. One man, Dr. Jerry Brown, watched too and did just that. He took action and stopped people from dying of Ebola. Through his work as medical director of the Eternal Love Winning Africa Hospital in Monrovia, Liberia, and in the face of skepticism and misunderstanding, he trained, taught and treated waves of people who came to his hospital.

I am in awe of the health workers who worked so hard to prevent the spread of this disease, but I am especially in awe of Dr. Brown. His courage and determination to fight this disease undoubtedly kept alive many health workers



BONGOLO WHITE COAT CEREMONY

A white coat ceremony was held for Dr. Sam Fabiano at Bongolo Hospital on Feb 24th during the morning staff prayer meeting. Sam is from Angola and completed his undergraduate studies in California and medical school in Russia. He has worked for several years under Dr. Steve Foster and Dr. Annelise Olsen at the Evangelical Medical Center of Lubango. He arrived in Gabon in September of 2014 and completed several months of French language study prior to his arrival at Bongolo Hospital. His wife, Amanda, and 1 year old daughter, Isabella, were also in attendance. During the ceremony, Dr. Keir Thelander reminded the staff of the importance of surgical education and how each person plays a role. Sam was presented with a new white coat as well as the 10th edition of Schwartz. At the conclusion, all the physicians, residents, and pastors were invited to lay hands and pray over Sam and Amanda.



HARPUR WHITE COAT CEREMONY

Three months ago, Dr. Amgad Amir stepped onto Harpur Memorial Hospital's surgical floor for the first time, knowing little about what he'd signed up for. A few days later, he found himself at the PAACS Basic Science Conference with 31 other PAACS residents from all over Africa. Now, after three months of working elbow to elbow with our team, he understands what it means to become a PAACS resident.



Dr. Adel prays for Amgad



The Harpur PAACS Team (minus Shady Fayik)

Dave Thompson, the Program Director, welcomed Harpur Hospital staff members to Harpur's second White Coat Ceremony with the story of PAACS. Thompson and Hanna then read to Amgad the PAACS Resident's

Prayer in English and in Arabic and invited him to make it his own prayer, with God's help. When Amgad made that commitment, Thompson placed a white coat with the blue PAACS log on it over Amgad's shoulders, symbolizing his formal induction to the team. The faculty and residents laid hands on Amgad and prayed for God's anointing and blessing during his years of training. Among those who prayed for him was newly appointed adjunct faculty member Dr. Adel Azziz, an outstanding Egyptian surgeon who has served God faithfully at Harpur for more than 30 years.

When the ceremony was over the Harpur team (minus Dr. Shady Fayik, who is on a four-month rotation at Mbingo Baptist Hospital) gathered for what might be best described as an Egyptian "photo frenzy," as family, friends, and hospital staff flooded their memory cards. In fact, you might have already seen on Facebook and on other social media sites photos of our team's multi-hued coats and Amgad and his lovely pediatrician wife, Rasha!

Amgad's welcome to the Harpur PAACS team officially brings the number of residents in training to three, though in a few months we could be ready for a similar welcome to yet another son of PAACS.

WHITE COAT CEREMONY AT KIJABE HOSPITAL



Dr. Barasa introduces the new trainees. L-R: Dr. Ezra Mitei, Dr. Kenneth Shinga (PAACS GS Resident), Dr. Eric Opondo, Dr. John Deng (PAACS GS Resident), Dr. George Ngock (PAACS Pediatric Surgery Fellow)

On April 22nd, at Kijabe Hospital, the new surgical trainees were introduced at the Wednesday morning chapel. Three of these were PAACS trainees, including Kenneth Shinga and John Deng with General Surgery and George Ngock, fellow in Pediatric Surgery. The other two trainees, from the orthopedic

department are not PAACS residents but do spend a lot of time with the PAACS residents during their first two years of training (MCS level).



Dr. Jack Barasa (Assistant Program Director, PAACS Graduate 2012) introduced the General Surgery trainees. Dr. Erik Hansen, PAACS Faculty in Pediatric Surgery introduced Dr. Ngock. Then Dr. Richard Davis (Program Director, General Surgery) shared some thoughts about the white coat and the responsibility that comes with it. After his prayer, Dr. Chege Macharia, 5th year General Surgery resident, shared a message, describing us as laborers in God's



vineyard. He concluded with the exhortation, "We will labor, not on our own strength, but as He strengthens us."

FRENCH SPIRITUAL CURRICULUM AVAILABLE

"En termes de la formation chirurgicale notre but est assez clair et bien défini. Nous envisageons de former des chirurgiens capables de diagnostiquer avec précision des problèmes médicaux et prodiguer des soins chirurgicaux professionnels de plus haute qualité. Beaucoup d'examens et de tests de compétence permettront de vérifier l'atteinte de ces objectifs tout le long du processus. Mais qu'en est-il des buts spirituels pour les internes de PAACS? A quoi voulons-nous que nos diplômés ressemblent spirituellement?"

Make sense? Perhaps not to you – at least if French is not one of your heart languages. This introductory paragraph of the introduction to The Blue Book, the first volume of the PAACS Spiritual Curriculum, reads in English, "In terms of surgical training, our goal is quite clear and well defined. We aim to produce surgeons who are able to diagnose medical problems accurately and provide the highest quality of professional surgical care. Numerous examinations and competency tests along the way will verify that these goals are being achieved. But what about the spiritual goals for PAACS residents? What do we expect our graduates to look like spiritually?"

It is exactly because English is not a heart language for a goodly portion of our residents and because spiritual discipleship is largely a matter of the heart that there has been a strong desire to translate all five volumes of the PAACS Spiritual Curriculum into French so they won't struggle like you did with the first paragraph. We are pleased to announce that this has been accomplished with the first two volumes. Many thanks are due to Ms. Jennie Lovell of the Francis Asbury Society and Rev. Stan Key for spearheading this project and to Nancy Berends, the Director of the ABWE International Healthcare Ministries; Ms. Annette Williams, General Director of the Hôpital Baptiste Biblique in Togo and a team of translators led by Germain Amèvi Fayosseh, the Administrative Counselor at HBB and a legally certified translator/interpreter in Togo. His team of translators consisted of Barthélemy Badanam Tebye and Kafui Fayosseh. We deeply appreciate their help.

The files for Le Cahier Bleu (The Blue Book – Volume 1) have been uploaded to the password-protected pages of the PAACS website and program directors can download them from there. Le Cahier Vert (The Green Book – Volume 2) will soon follow.

SURGEON’S FIRST EXPERIENCE WITH PAACS

[Editor’s note: Steve Doane has written to tell us of the impact that his first experience in a PAACS program has affected his life. He is praying about more future service with PAACS – and we are praying it will be a career! How about you? Have you visited? Is God asking you to consider service with PAACS? Teaching these young men and women – and serving the Lord God almighty – is an amazingly heady experience.]

Story by Steve Doane:

I had enjoyed multiple surgical rotations in developing countries as a medical student, including a meaningful month at Mbingo Hospital, but I did not get to travel during residency in general surgery. Eager to support PAACS in any ways that I could, and unable to commit to long-term overseas mission at this time, I had been awaiting the opportunity to serve for a short visit at one of the residency sites. Meanwhile, as a new surgeon in a large community hospital group practice, I tried to be flexible and available, and demand little exceptional schedule accommodation from the other surgeons. From conversations with other surgeons, it seemed that 2 weeks off was the usual maximum vacation permitted at a time. The CMDE conference was upcoming, so although 2 weeks was brief compared to the usual length of surgical visits, I thought to overlap my trip with the conference and help with PAACS staffing in the absence of some of the long-term surgeons and senior residents.

I was placed at Tenwek Hospital, which was a great experience. I enjoyed the operative teaching opportunities immensely. I was impressed with the residents’ clinical maturity and learned many things from them also. They were appreciative of some electronic textbooks and review materials that I brought them, in light of their upcoming PAACS exams, as well as synthetic and biological meshes donated by vendors at my hospital. The fellowship with the residents, some visiting doctors, and other hospital staff was a delight, especially joining the residents in their bi-weekly habit of leading praise singing with interested patients in the hospital wards. An added bonus of visiting Tenwek was the mutually encouraging stay in the apartment of a good friend and medical school classmate, now an ophthalmologist serving for 2 years at Tenwek.

I feel that the Lord blessed the little that I had to offer, mixed with the prayers of supportive friends, and providentially arranged conversations and relationships to make a very worthwhile trip. My appreciation for the profound medical and spiritual contribution of PAACS faculty and residents deepened, and God renewed my conviction that He desires to transform our daily work routines to bless those around us. I am excited to see how God will open doors for future service with PAACS.

“My purpose is that they may be encouraged in heart and united in love, so that they may have the full riches of complete understanding, in order that they may know the mystery of God, namely, Christ – in whom are hidden all the treasures of wisdom and knowledge.” (Colossians 2)

REPORT FROM A RECENT PAACS GRAD – CENTRAL KENYA

[Editor’s note: Elijah Mwaura Chege, a recent 2014 graduate from Tenwek Hospital, has set up practice at the Chogoria Mission Hospital in central Kenya, writes, “I am glad to share this with you; it reminds me that am not in this alone.” PCEA Chogoria hospital is situated on the eastern slopes of Mt. Kenya, 200 km from

Nairobi, in Maara district. The Hospital was established in 1922 by Scottish missionaries. It is currently owned and managed by the Presbyterian Church of East Africa.]



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most unbelievably, it has now been three months since I joined the staff of Chogoria Hospital, located to the east of Mount Kenya. It's been quite an experience but I can say that I am now happier than when I began.

I came in January only to find the long-term surgeon on leave but I was glad to have a locum surgeon helping for the first month. It made my settling in easier as I did not have to take any calls for the first month. However, my hopes were disappointed when the long-term incumbent surgeon did not return from leave as expected. Instead, he chose to resign which meant I now have to work as the lone surgeon for an unknown period of time. The district surgeon however gladly offered to continue covering some of the weekend calls (on locum), which I appreciated.

My plate is full during the week. I get to do endoscopic procedures (mostly diagnostic gastroscopy and colonoscopy), do lots of orthopedics, general surgery and sometimes get called on OB/GYN cases that the Medical Officer (MO) there cannot handle.

I have two clinic days in a week and do ward rounds on patients thrice a week. Gladly, nights are not really busy in comparison to my nights during residency (most of the cases at night are fracture wash-outs and fresh wounds that the MO takes care of).

I have two theater days and half or more of the cases are orthopedic in nature. For this, I have thoroughly appreciated the two PAACS textbooks: *PAACS Orthopedic Curriculum* book and the *PAACS Principles of Reconstructive Surgery in Africa*. One typical case is that of Morris (see the picture) who came from the level 5 hospital with bilateral infected tibial fractures and needed



Morris and I outside the surgical ward.

external fixators, multiple wash-outs, soleus flap and skin grafting. His patience and faith in us has helped a lot in his recovery. And God has rewarded him with splendid outcome.

The hospital staff members have been supportive which has helped immensely as I meander through the challenges in the OR. For example the C- Arm has a fatal flaw and I have had to do interlocking nails without it since arrival and the diathermy fails too often (it's a very old design). I am putting pressure on the management to buy SIGN nails to make it easier.



At the Ritchies with the team

Away from work, I have a wonderful neighbor and mentor in Dr. Jim Ritchie who is the first missionary here in long while. My wife is learning baking from Jim's wife which worries me as I am yet to receive my first electricity bill. We have started a Bible study on Wednesdays (a first in 3 years there) and pizza nights are on Fridays at Jim's which have become a hit.

On weekends, we get to shop at Meru town which is 39 km away or Chuka 15 km away. We got to visit Meru National Park recently and plan to attack Mt. Kenya once a bit more physically fit!

The hospital faces some financial strains currently largely due to outstanding payments due from NHIF (National Health Insurance Fund) and these constraints show in their responses to my requests for needed supplies and equipment. We would appreciate your prayers for us in this area.

REPORT FROM A RECENT PAACS GRAD – WESTERN KENYA

[Editor's note: Dr. Jack Okumu, also a recent 2014 graduate from Tenwek Hospital, has set up practice west of Kisumu near Lake Victoria. He is at the Vihiga County Referral Hospital. He is working in the government system and sends us the following report.]

After training at Tenwek, I moved with my family to the western part of the country. I was very confident with the fact that I had received one of the best and unique surgical training in the region. I soon discovered that most of the institutions over here were only familiar with University surgery training programs and were not familiar with PAACs, COSECSA or community hospital training. However, they did acknowledge Tenwek hospital's excellence in health care provision in this region.

I secured a job as a surgeon at Vihiga County Referral Hospital. The hospital is situated 19 km west of Kisumu City Kenya. There are two operating rooms, with running water and stand-by generator. It is a busy hospital (almost like level 5 hospitals in Kenya) with varied emergency and elective surgical cases. The hospital will this year also serve as a teaching site for Family Medicine program from Maseno University and has been Internship center for many years.

Other attending physicians here include an OB-GYN, Internal medicine and a Pediatrician. I was glad to discover that all were either my high school or med school alumni, so inter-departmental consults are easy to carry out. The hospital also gets visiting surgeons who come from the local universities from time to time. A

new (and older) surgeon is scheduled to join me in few weeks. We do daily ward rounds, 2 elective operating room days and 1 day for clinic per week. We have started a fortnightly morbidity and mortality conference and every Wednesday is Surgery C.M.Es. My surgical team includes one medical officer, 2 medical officer interns and 8 clinical officer interns.

Despite what we know about government-run facilities, I was impressed with the staff's attitude and their desire to give their best and embrace new ideas. On my first ward round, I asked everyone whether any of them had ever prayed for a patient. All said they did quite often although did it silently, usually asking God to protect the most critical patients. Though majority of patients cannot afford to pay even the already over-subsidized hospital charges, all are grateful and optimistic. This encourages us all to strive to do our best despite the apparent constraints in resources.



Jack Okumu is second from the right. Dr. Ali, medical officer in surgery is to the left of Dr. Okumu and the person to the right of him is a medical intern.

WHERE IS EVERYONE ELSE?

[Editor's Note: Eric Mitchell, his wife Erin and their children are about to finish a two-year Post-Residency Fellowship with Samaritan's Purse. They are serving with the PAACS program at Tenwek Hospital in Kenya and looking critically at the transition from being a fellow to career medical missions. Erin has shared his heart and thoughts – and asks the right questions!]

By Erick Mitchell

Approximately 80% of graduating surgery residents today pursues fellowship training after residency. I chose to do a fellowship, just not a traditional one. Instead of learning robotic thyroid surgery through the axilla, or how to do an EVAR, I have served at Tenwek Hospital in Kenya with the World Medical Mission Post Residency Program and learned how to do surgery in the developing world. My two years here working with seasoned missionaries and PAACS residents has taught me a lot. I became a true “general surgeon,” learning how to do operations never taught to me in my surgery residency. I learned how to teach and conduct myself in another culture, how to be concerned with cost and practice medicine on a budget, and about how mission hospitals are constantly balancing patient cost and their institution's financial sustainability.

While at Tenwek, I also learned more about PAACS. I learned a few practical things like how the finances work, what COSESCA stands for, and what the resident's academic requirements are. I learned many spiritual lessons and the value of dedicated Bible study time with the residents. Overall, I learned that we are training a generation of Christian surgeons that are going to bring about a surgical revolution to the continent of Africa. My fellowship experience has been worthwhile.



Erik Mitchell (on right) with Tenwek Graduate Elijah Mwaura Chege in December 2014

At the PAACS conference in Brackenhurst this year, I also learned an aspect about PAACS that I believe was an unintended consequence. Before PAACS existed, there were missionary surgeons at various mission hospitals throughout Africa all practicing with minimal collaboration. They all shared similar vision yet had similar struggles. The creation of PAACS not only set up the structure to train residents, but it also brought missionary surgeons around Africa together. The PAACS organization and meetings like Brackenhurst brings over 30 surgeons together and gives them the ability to collaborate, have camaraderie, provide emotional support, and pray together.

Participating in the meeting this year and helping out at Tenwek brought to my attention that many of these surgeons are struggling. They are doing the work of several people, juggling a full surgical practice with residency program director responsibilities, hospital administration responsibilities, mission agency duties and family life. Many

surgeons stated they had too many hats to wear and not enough heads. Burnout was close at hand, but the love of the ministry and the PAACS residents kept them going, one day at a time.

Hearing all these program reports and prayer requests made me feel excited that I will be graduating from “fellowship” soon and could help alleviate the burden. I had been researching future locations of service, but in Brackenhurst I really began networking with people to figure out where to go. Where are the greatest needs? Where would my family fit in? After many lunch and dinner conversations I suddenly I found myself feeling like I need to be everywhere, helping all these programs. But the reality is that I can’t. I can only be one surgeon. There are 14 active PAACS programs at 10 sites, and by my assessment, approximately 10 more surgeons are needed to fill these programs with full time faculty. Ten more surgeons would share the responsibilities with the existing PAACS faculty and allow the PAACS training sites to be sustainable. And, this need only considers the existing programs. There are also approximately 10 hospitals located in countries with atrocious access to surgical care that need to start up PAACS programs but lack the necessary 2 full time faculty to start the program. One example is in Burundi at Kibuye Hope Hospital where Dr. Jason Fader would like to start a PAACS program. I spent three weeks with him this year and really felt a pull to join him with the hopes of starting a new surgery residency program. There are so many places where full time missionary surgeons are needed.

As I pray for wisdom and insight to where God is calling our family to go next, I sit and wonder, “Where is everyone else? Why are so many missionary surgeons looking to me to be the cavalry coming at a time of need? What is preventing other people from coming and joining what God is doing?” He is doing something amazing as PAACS is growing and on target to train 140 surgeons in Africa by 2020. The PAACS budget is increasing, the number of administrative people is growing, and the number of residents is

“Where is everyone else? Why are so many missionary surgeons looking to me to be the cavalry coming at a time of need? What is preventing other people from coming and joining what God is doing?”

increasing. In order for PAACS to continue to train quality Christian surgeons, the number of faculty must increase as well.

As I prayerfully consider what my future holds, I find myself at one of those critical points in the decision tree of life. What hospital do we serve at next? Do I help start a new PAACS program in an area desperate for well-trained Christian surgeons? Or, do I provide reinforcements to an already existing program that needs more faculty surgeons? No matter what, I want to serve God with the gifts and abilities He has entrusted to me. It is also my prayer that He would be stirring the hearts of more surgeons in the first world and convicting them that there is an opportunity to get on board with the work He is doing in the rest of the world.

PERSPECTIVE OF A POST-RESIDENCY FELLOW

[Editor's Note: Todd Lavery and his wife, Jen, have recently finished a two-year Post-Residency Fellowship with Samaritan's Purse. They served with the PAACS program at Tenwek Hospital in Kenya and are making the transition to career missions with PAACS at Harpur Memorial Hospital in Menouf, Egypt. If you would like to encourage them or help with their support, please contact them at drlavery@gmail.com. Todd will be looking for another young general surgeon to join him at Menouf within a few years – pray for God to provide.]

By Todd Lavery

Can two years be over already? It seems like just yesterday that we were being dropped off at the Delta counter at Detroit's McNamara terminal. We knew right away that exchanging Michigan's icy January-grip for Kenya's warm equatorial embrace was from the Lord, but we hadn't a clue what else He had in store for us. Filled with sundry surgical adventures, enigmatic ethical dilemmas, and spiritually stretching moments, if our two years with the Samaritan's Purse Post-Residency Program at Tenwek Hospital were the appetizer, then I can't wait for the main dish.

My time at Tenwek was nothing short of a MIS (*Maximally Invasive Surgery*) fellowship. Cataracts, intramedullary rods, prostatectomies, and Caesarians came in addition to the traditional list of hernias and bowel obstructions. There was never a shortage of humility-inducing cases that stretched my "general" surgery training. It's been a great privilege to face new surgical challenges with the support of experienced partners and a full cast of talented residents. It's definitely not an opportunity afforded to every surgeon.

More difficult than dealing with the case diversity, however, was managing the moral and ethical waters of surgery in a resource-limited environment. Never before had a family's ability to pay for school fees entered into my pre-op risk/benefit analysis, but it became common fare. The true worth of extensive oncologic resections had to be reexamined in light of the difficulty many patients had obtaining post-op chemo/radiation. Even seemingly trivial questions caused more pause for thought: if most of our



Jen and Todd Lavery

anastomoses are hand-sewn, which cases actually warrant dipping into the limited pile of donated staplers? How many ties should you get from each suture, knowing that too much thrift risks a higher rate of needle sticks?

Through it all remains this lingering question, “What does it mean to be a Christian surgeon?” While it’s not less than wielding a scalpel while personally accepting Christ’s saving grace, it’s certainly more than only praying for patients when they’re beyond our help surgically. I think rather than having a perfect, sufficient answer to that question, God wants us to practice surgery in such a way that we’re continually asking ourselves, “What does it mean to be Christ to this patient, right here in front of me?” At Tenwek, that involved praying with patients daily and considering their spiritual condition as part of a holistic approach to their medical care; it involved regular worship and Bible studies with the surgical residents as we discussed ways that our faith can turn our work into an offering pleasing to the Lord; and it involved like-minded people encouraging one another to renew these priorities when they became displaced by the demands of another consult to see, another paper to written, or another chart to be completed.

Tenwek allowed me to realize a career potential that had piqued my interest as a second year medical student when I first heard about PAACS at the Global Missions Health Conference in Louisville, KY. My experience was that a great divide existed between my medical studies and my relationship with Christ, and yet I heard that it was not just possible, but essential, to unify these aspects of my life. For two years at Tenwek, I was able to intertwine, albeit imperfectly, operating and disciple-making, praying and educating. Despite my imperfect mingling of the spiritual and the surgical, I know that I’m on the track to something amazing that most doctors finish their careers without realizing.

As Jen and I explored potential future long-term options, we were hoping to continue working with PAACS. While at the CMDA conference in Greece, we were especially encouraged by a conversation with Dave and Becki Thompson about the potential for us to serve in Egypt, and we were excited at the opportunity to provide coverage at Harpur Memorial Hospital for a month while Dr. Sherif Hanna was away. Our time was brief, but we were both able to explore what it might look like to partner with the work in Menouf. God has continued to impress upon us His desire for His light to shine in darkness. Our prayer continues to be that God would strengthen the faith of His disciples there, and that the flickering light of the recently formed surgery program would grow into a bright flame. The potential for the fruit of a PAACS program in this area of the world can be a bit overwhelming at times, so we pray that it would be fully realized to the glory of God.

Today, we’re just trying to get our footing now that we’ve landed on American soil. Our time at Tenwek certainly served to whet our appetite for more of the things God is doing in Africa through PAACS, but there are several steps before the main course. Pray for us as we look for a sending agency and begin to raise the necessary support to serve in Egypt long-term. Pray that the Lord would allow us to sell our home in Detroit and handle my medical school loans so that we can depart within a year’s time. Pray that Jen and I would have great patience and grace for one another as we transition back to the States and process our time in Kenya; we’ve already been surprised a bit by what struggles we’ve encountered. Finally, pray that our love for each other and for our Lord would grow.

MINISTRY AT GALMI

[Editor’s note: Hyon and Dr. Peter Chu, along with their two daughters, are presently serving for several months at SIM-Galmi Hospital in Niger during the home assignment of Dr. Joe Starke. Peter is a general surgeon in Toronto, Ontario. He is a member of the PAACS Advisory Council and has served several times in the past at Galmi. This is from their April newsletter. This letter demonstrates the valuable role that a

spouse can have in a PAACS hospital – and what God is doing in Niger, a country where Christians make up only a small fraction of the population. All names of the nationals have been changed.]

One day, Peter asked me to speak to one of his patients, “Saratou”, a young woman who had recently undergone surgery for colon cancer. Saratou had her cancer diagnosed in a larger medical center in a neighboring country, but her family chose to bring her to Galmi for her operation. Peter was concerned that Saratou was depressed and needed encouragement. Fortunately, I found a Nigerian missionary friend and wife of one of the surgeons, and asked her to come with me to Saratou’s bedside. Upon entering the room, we found a despondent-looking woman looking vacuously out the window. Her husband was at her bedside along with their chubby toddler daughter. We exchanged a few pleasantries and offered Saratou prayer for healing in Jesus’ name. After we prayed, Saratou looked more at peace and we quietly left the room.

The next day, God reminded me of Saratou. The last meeting with her wasn’t terribly encouraging, but due to Peter’s concern, I felt it was important to go back and see her. This time, I asked the evangelist to go with me. Upon entering the crowded room, I was pleasantly surprised to find Saratou smiling at us and looking much happier than she has been the previous day. I greeted her and asked her a few simple questions about her family and her health. Quickly exhausting my Hausa vocabulary, I turned it over to the evangelist. A gentle conversation unfolded and since I could not understand it, I just watched and silently prayed. Then came the cue, “*Muna addua*” (Let us pray). We bowed our heads, and as the evangelist prayed, I heard a small female voice interspersed between his baritone intercessions. I wondered, “*Huh?*” *Who’s that?*” I discreetly tilted my head up and snuck a peek with one eye. It was Saratou! I thought to myself, “*What is she doing? Is she? Is she? Is she praying? She isn’t doing what I think she’s doing? Whoa, Hyon, don’t get too excited. Confirm it first before you celebrate.*” After the prayer, I turned to the evangelist and asked him what had happened. He calmly replied, “*I asked Saratou if she was ready to accept Jesus and she said she was. She wants to follow Jesus so we prayed for her to receive Him.*”. I stood there blinking back tears and in that moment, I felt the truth of Jesus’ words, “**I tell you that in the same way there will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent.**” (Luke 15:7). Chucking aside all proper Hausa etiquette, I hugged Saratou and told her “*Da kyau, da kyau, da kyau!*” (Good, good, good).

In the following week, we returned to Saratou several times to greet and encourage her through prayer. When we asked if she had shared her decision for Jesus with her husband, she lowered her eyes and shook her head “no”. We hoped to speak to her husband, but we learned he had left for a neighboring country to look for work. Without any Christian contacts in her community and being illiterate, I just prayed that God would make a way, although I could see no way, for this young woman to grow in her new fledgling faith.

One day as I was cooking dinner, the phone rang. It was my missionary friend. With breathless excitement, she asked me to pray for her as she was going back to the hospital to speak with a man who had overheard her speaking to a group of people about Jesus. This man had secretly followed her after the crowd dispersed. Once he caught up to her, he asked her, “*Madame, you told the people that the Bible (Matthew 1) says Jesus and all the prophets sent by God are part of the family of Israel. I believe what you say is true. Then why is our prophet buried in Mecca?*” Then as if he had answered his own question, he lowered his voice and said, “*Madame, I think we [M*slims] are all deceived. Would you please give me a Hausa Bible?*”

As I cooked and prayed, I thought of the truth of the verses, “**As the rain and the snow come down from heaven and do not return to it without watering the earth and making it bud and flourish....so is my word that goes out from my mouth: It will not return to me empty but will accomplish what I desire**

and achieve the purpose for which I sent it.” (Isaiah 55:10-11)

The next day, I met my missionary friend on the road outside the hospital. I could tell she was eager to speak to me. *“Hyon, that man I spoke to yesterday is really interested in learning about Jesus. He asked me a lot of questions and he wants to understand the Bible. He also reads Hausa and understands French very well. I gave him the Hausa Bible and we are going to meet again to talk some more! Oh – and you will never believe who he is!”* I held my breath and my eyes widened in anticipation. *“Hyon, this man’s name is ‘Issoufou’ and he is the older brother of that woman. That woman Saratou! The one who received Christ!”*, she announced triumphantly. I was overjoyed and I thought to myself, *“Wow! So this is how our Father will help Saratou grow in her faith. Lord, you are so awesome! You are making a way where there seemed to be no way. Thank you!”*

PRAYER CONFERENCE CALL

By Tom Robey, MD

The second monthly prayer conference for PAACS leadership was April 12, 2015. Once again, there was an outstanding turnout as we gathered by phone and prayed for our PAACS family. Our devotion examined the power of prayer in our Lord Jesus’ life while he was here on earth. Prayer was such a crucial part of Jesus’ ministry. In the same way, the PAACS leadership, program directors and surgical residents must rely on their individual time with the Lord to empower us to do the work God is asking of us. Mark 1:35 is a familiar verse to us all. *“Very early in the morning, while it was still dark, Jesus got up, left the house and went off to a solitary place, where he prayed.”* Later on in Mark, we also learn that sometimes Jesus would choose instead to end his day in prayer. *“After leaving the disciples, he went up on a mountainside to pray. Later that night, the boat was in the middle of the lake, and he was alone on land.”* (Mark 6:46 – 47)

Jesus was very intentional about his relationship with God the Father. He understood it was the strength that fueled his ministry. We as his followers often forget this. We frequently get up early or stay up late at night as well, but our goal is to produce more, possess more or accomplish more. We are no different than Jesus disciples who in the very next verse in Mark were also up early but were ready to conquer the day exclaiming, *“Everyone is looking for you!”* In other words, we have work to do – let’s get on with it!!

Many of us feel our days are too hectic to stop and spend time with our Father. We have meetings to attend, papers to write, patients to see, surgeries to perform and family functions to attend!! When and how are we to spend time with our Father in heaven? What we often forget is that Jesus was just as busy as us and often more so. In Mark’s story, the day prior had been full of teaching scripture, driving out evil spirits, healing Simon Peter’s mom and long lines of people waiting outside Peter’s house needing spiritual and physical healing which lasted well into the evening. Most of us would have taken a “post call” day – perhaps sleeping in, having a lighter schedule or complaining to others of all the demands on our time. Despite a life full of ministry responsibilities and opportunities, Jesus practiced a pattern of disengagement in order to be with the Father. Luke tells us Jesus at daybreak went out to a **solitary** place (Luke 4:42) and he **“often withdrew to lonely places and prayed”**. (Luke 5:16). Jesus practiced this regular rhythm of holy **disengagement** in the midst of even his busiest seasons of ministry **engagement**. How life-giving might that same pattern be for us if we often withdrew from our busy lives to quiet places and give the Father our full and focused attention?

In order to do this, we **must** practice slowing down for **hurry is the death of prayer** and only impedes and spoils our work. When we slow down and make time to be alone with God, we are able to have communion

and fellowship with God that will in turn fuel our ministry to others. We also need to learn to seek God with diligence when we make critical decisions, much like Jesus did – spending the entire night in prayer, the night before he chose the 12 disciples. **Unhurried time with the Father broadens our perspective and clarifies our vision.**

At PAACS, we are making leadership prayer a priority. We are also asking our program directors and residents to slow down and develop the rhythm of consistent disengagement from their busy lives to make time to be alone with our Father in heaven just as Jesus did.

OUR NOT-SO-FEARSOME PAACS RECEPTION

By Ron Sutherland

After my wife, Suzanne, and I returned home from our latest trip to Kijabe, as we would meet our neighbors in passing, they would ask their usual questions: “How was Africa?” “Where did you go?” “Why do you guys go, anyway?” and “Weren’t you afraid of Ebola?” We get the same questions every time we return, but we never get a chance to really explain or share in detail.

So when Susan Koshy, Executive Director of PAACS, asked if we would be willing to host a fundraising Peer-to-Peer event for PAACS, my head knew it was the opportunity to reach my neighbors, but my heart hesitated. I’m a lousy fundraiser – I don’t like to solicit people for money. I’d rather just give it myself. But I said, “Of course!”



Over the weeks leading up to the event, we prayed and God showed us that hosting this event would be more than a PAACS fundraiser. It would be an opportunity to spend time with our inquisitive neighbors and share the love of Jesus and His plan for Africa through PAACS. So a couple weeks before the event, I pedaled around our neighborhood, dropping off invitations. We also invited some friends and supporters from church to help out.

The Thursday evening of the scheduled event arrived, and I screeched in from the hospital arriving one minute before our 30+ neighbors showed up! We served refreshments and a light dinner as folks loosened

up and got acquainted. I told the PAACS story – and ours too – in a 30-minute PowerPoint presentation. Our neighbors heard a testimony from one of our graduates. They saw pictures of our African surgeons at work and their precious patients. We shared that it was because of Christ's love that we go to Africa and partner with them. The tremendous growth of PAACS makes explaining the needs of PAACS easy. To my relief, asking people to help in a variety of ways, including financially, seemed natural (or shall I say, "supernatural"). Two children handed out materials (a folder with PAACS information and donation cards, pens, bags and some coffee mugs) to all the attendees – having the children do it seemed less intimidating that way. There were many questions afterward, and we continued the discussion over brownies and ice cream. The event wound down about 2½ hours after we started, and as people began to leave, many mentioned how inspired they were by what was happening in Africa through PAACS. All seemed so glad they came. Several gave donations at that time, but most took the material home.

God alone knows what the outcome of this event will be and whether our guests will choose to give financially. Mostly, we hope that the Holy Spirit draws them to Himself as they relive the stories and the pictures. One sure outcome: I realized that I never need to apologize about asking people to give to God's work, nor shrink back from telling about His Gospel at work.

NEWS SHORTS:

- **Chung Healed!** Chi Chung, a general surgeon serving at Myung Sung Christian Medical Centre in Addis Ababa, Ethiopia, returned earlier this year to the US with acute hepatitis C. This condition is notorious for conversion into a chronic carrier status which can cause many long-term liver issues. A note from Chung dated April 24 reads:

I want to share the wonderful news that I received today. I had my hepatology consultation at the University of Virginia earlier this week. My hepatitis C viral load result: NONE DETECTED.

My previous results in March (sent to Germany) had shown I had genotype 1B hepatitis C and my viral load was 23,770 IU/ml at the time. So the infection was real, and I am overjoyed to report that God's healing is real. I am thankful that I can continue to serve as a general surgeon and that I will not need antiviral therapy.

I want to thank you for your prayers and support during the past several months, especially with all the upheaval in the PAACS Ethiopia program. I return to Addis next week to help my family pack up for our move back to the US in June. I hope to say my goodbyes well and leave everyone with my testimony of God's salvation, both body and soul.

Before this illness, the Chungs were already planning to return to the US in May to assume leadership of a residency in California. We praise Jehovah Rapha for his healing of our brother and deeply appreciate their years of service to PAACS. We also thank you for your prayers on Chi's behalf.

- **PAACS Graduate Relocates:** Nesoah Anthony Ngoe finished his training at Mbingo last September and began working at Hôpital de Meskine in the Far North Province of Cameroon. He soon found the hospital embroiled in the battles between the Cameroonian army and the terrorist group, Boko Haram. He took care of soldiers on both sides but felt his life was in danger from both sides for

treating “their enemies.” He has recently relocated to the EELC Protestant Hospital in Ngaoundéré, Cameroon where he began as an intern before the PAACS program was closed at that hospital.

- **PAACS Alumni Newsletter Launched:** On April 9, the first edition of the [PAACS Alumni Newsletter](#), celebrating the St Luke’s PAACS Alumni Surgical Society, was launched. This biannual newsletter will be exclusively devoted to our PAACS graduates serving both as an encouragement to them and praising what God is doing in each of their lives. In each newsletter, we will highlight a few of our alumni who are dispersed across Africa doing kingdom work for Christ. PAACS spiritual dean, Stan Key, will also share with us an encouraging devotional from God’s Word. In this issue, we focused on Dr Aiah Lebbie, a pediatric surgeon in Sierra Leone, and Dr Jacques Ebhele, one of our newest PAACS graduates in the Democratic Republic of Congo (DRC). Praise God for their stories and the journeys they have embarked upon. We appreciate your feedback and prayers.



Bongolo Residents take Basic Science Exam

- **PAACS Basic Science Exams Completed:** In mid-April through May 1 (dates will vary by program), the first use of a PAACS Primary (Entry) Exam were taken by the PAACS residents. It consisted of 300 multiple-choice questions; 100 each in anatomy, physiology and pathology. It will take six hours in total. It was developed by the PAACS curriculum committee to meet the West African College of Surgeons requirement for a Primary exam. The exam was given to all

residents, including those who are not interested in WACS certification, as a learning experience for both the residents and the makers of the exam. It will be counted as valid for those who pass it and who wish ultimate WACS certification.

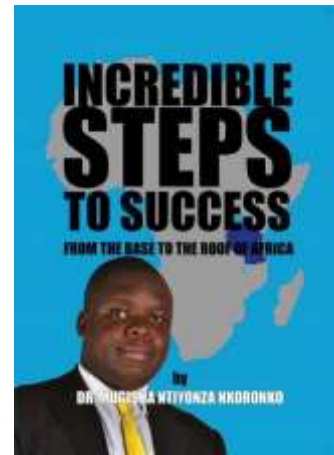
- **Poenaru Update:** Many of the PAACS Commission members not only serve in the leadership of this organization but give of their time and effort by going to Africa and working alongside our residents in various PAACS programs. Dr. Dan Poenaru, a PAACS Commission member, goes three times a year to Africa for 4-6 weeks at a time. His wife Dita joins him once a year.

Dan was recently in Addis Ababa where he functions as academic dean of a Christian medical school and assisted Dr. Frehun, the new Site Director for PAACS Ethiopia and a surgeon with BethanyKids, with some challenging surgeries. Most of his time was spent at Myungsung Medical College, a small medical school associated with the Korean Hospital where the PAACS program continues to run. PAACS residents in fact often teach the medical students, thus preparing themselves for the lifelong teaching and learning profession.

As Clinical Director for BethanyKids, Dan also visits regularly the various BethanyKids sites across Africa (Kenya, Madagascar, Uganda, Ethiopia, and Sierra Leone) where nationally trained pediatric surgeons work. His role is to encourage the national surgeons, problem-solve with them various challenges, and provide them with much-needed equipment and supplies. When not in Africa, Dan does locums in academic pediatric surgery centers across Canada, works on global surgical research, and occasionally finds time to rest with his family. This all makes for a fun, never-dull, mission-centered life – and lots of air miles.

- **Arusha Trainee Published Author:** First year surgical resident at Arusha Lutheran Medical Center Dr. Mugisha Nkoronko has authored a book entitled “Incredible Steps to Success: From the Base to the Roof of Africa.”

Dr. Mugisha writes, “In this book, I feature a number of phenomena in my life from when I was born until now. I have captured the major blessings in my life including how I became a medical doctor with particular interest in surgery. Again, I emphasize the idea that God is the key factor in whatever you are doing and while you are looking for success. I figured out throughout in my life as I mingled with African youth that shortcuts didn't work. That is why I wrote this book. In it, I recommend simple approaches to success in whatever we do, basing it on the lessons I have learned from my experiences. It is a small book but it covers important features of our earthly lives ranging from leadership, family life and youthfulness to God as the almighty and provider of everything.”



He may be contacted at mugishankoronko@yahoo.com.

ANNOUNCEMENTS:

- **Wanted – Volunteer N. American Student or Resident:** At each CMDA-CMDE (Continuing Medical and Dental Education Conference), four medical, nursing, dental or PA students or residents are needed to assist in the administration of the conference. The 36th CMDA-CMDE Conference will be held in Greece April 4 – 14, 2016. Expected duties include administration, logistical coordination, audiovisual support and similar duties during the two week conference. Such trainees must be interested in pursuing medical missions as a career. A thousand dollar stipend is available to assist the volunteer in his or her travel, food and lodging expenses; the remainder is the responsibility of the volunteer. If interested, please contact Dr. Carl Reading at reading.carl@mayo.edu for an application.
- **Thompson Soon on Home Assignment:** Dave Thompson, PAACS Program Director at Harpur Memorial Hospital in Menouf, Egypt, and his wife Becki will be on home assignment from mid-May

for six months. His partner, Dr. Sherif Hanna, will be at Menouf alone with other help in the months of May and June. He will need help. Is God calling you to help him?

- **Thelanders on Home Assignment:** Keir Thelander, Program Director at Bongolo Hospital in Gabon, and his family will be home for a short assignment. They arrived April 16 in Cincinnati, OH and will return June 1 leave from Indianapolis, IN They will be speaking in southern Ohio, Indianapolis, IN; Pittsford, NY; and Pittsburgh, PA during their time home. Thelander will also be attending the PAACS Commission meeting in Chicago, May 15 and 16 and will attend Christian and Missionary Alliance General Council 2015 - Long Beach, CA May 24 – 31.
- **Orthopedic Coverage Needed:** Dan Galat, orthopedic surgeon at Tenwek hospital in Kenya, is on home assignment July 17- December 31. He needs help with coverage, either for short periods or for the entire time. If God is calling you to help him, please contact him at dgalat@gmail.com.
- **Birth Announcement:** Cynthia Mifila Mafika, a baby girl, was born April 9th to PAACS Graduate Mifila Degaulle and his wife, Cynthia. The child weighed 2.88 kg. The blessed event took place at the Banso Baptist Hospital in northwest Cameroon where Mifila now works. This is the first girl in the Mifila family and she joins three boys (Glodi aged 8, Dan aged 5 and Gael aged 3). The Mifilas request prayer that the child will grow up healthy, will love the Lord Jesus and will have a good relationship with her siblings



From L to R: Dan, Christine holding Cynthia, Mifila holding Gael, Glodi



- **PAACS Resident Weds Billy Graham:** Second year resident, Wairimu Yvonne Ndegwa was married March 6 to Billy Graham Mugambi, a business entrepreneur. They were married at the Mavuno Church in Nairobi. They claim Ecclesiastes 3:11, “He has made everything beautiful in its own time” and give God all the glory. They wanted to send a special mention of gratitude to the Tenwek family, who supported them in so many ways and turned up in great numbers. That is what family is! They said, “You are family, Мы приветствуем Вас нашу семью! (We welcome you to our family!)”

- **PAACS Commission Meeting:** The PAACS Commission Meeting will be held Friday, May 15 – Saturday, May 16 in Elk Grove Village, Illinois. The meeting will be held at the Holiday Inn Elk Grove Village, 1000 Busse Road, Elk Grove Village, IL 60007. The PAACS Commission meeting will begin with committee meetings at 12:15 PM and the Commission meeting will start by 3:00 pm. The Commission meeting will continue on Saturday, May 16th and will conclude by 1:30 pm. Please notify Susan Koshy if you wish to attend (susan.koshy@paacs.net) or call 847-571-9926.

PRAYER REQUESTS

- Praise God for the wonderful ministry of the dozens of short-term faculty who come to help. May God bless and teach them. Pray that others will answer the call to provide the necessary teaching of skills and the relief that is needed.
- Praise God for the healing of Dr. Chi Chung.
- Praise God for the addition of Rob Barto as Chief Development Officer. Pray for God's leading as he helps us seek the way forward while still leaning entirely on the provision of God through His saints.
- Praise God that an Egyptian medical license for Dr. Sherif Hanna has been obtained. Please pray that he will be recognized now as a surgical specialist.
- 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 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 those on home assignment (Joe Starke, Mike Chupp, Jim Brown and Keir Thelander) - for rest, for the times of speaking and fund-raising and for the times of medical work. Jim Brown will be returning the end of May to Cameroon. Joe Starke will return in June and Mike Chupp in August. Pray for those going on home assignment (Dave Thompson, Dan Galat).
- Pray for the need for a short-term surgeon to help Dr. Sherif Hanna in the months of May and June at Harpur Memorial Hospital. Pray for his strength for the six months while the Thompsons are in the States.
- Pray for the need for orthopedic coverage at Tenwek from July through December while Dan Galat is on home assignment.
- The David Halters are trying to raise their funds to come to the Arusha field as career missionaries – please pray for God's hand in that process.
- The Michael Ganeys are also trying to raise their funds to return to Tenwek. Please pray for God to provide.
- Pray for Jerry Brown, that he will remain humble, effective and focused on serving Christ. He has found favor in the sight of men – may it be used for God's glory. Pray for the other PAACS graduates facing the results of Ebola in their countries.

- Pray for the effective use of the French Spiritual Curriculum and for Rev. Stan Key as he continues the completion of three more volumes in English and French.
- Pray for those who have donned the white coats – that they will be effective witnesses and students.
- Pray for our graduates in general and in particular, for Elijah Mwaura at Chogoria and Jack Okumu at Vihiga County Referral Hospital.
- Pray for God’s hand upon the lives of Dr. Todd and Jen Lavery as they prepare to return to serve long-term in Egypt.
- Pray for the residents as they prepare for the annual PAACS examinations in June.
- Pray for the PAACS Commission – for an effective time together in Chicago at the Commission meeting.

Editors:

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