

Dear Friends of PAACS:

Do you have the spiritual gift of shopping? Finally, PAACS can be the beneficiary of your calling! Read the article on how you can bless PAACS with everything you buy on Amazon Smile.

As civil unrest in Cameroon slowly cools off, things are heating up in Ethiopia – pray with us for peace and stability in that country. COVID19 continues to upset the apple cart – is there any chance you can cover for the next two months at the Bongolo Evangelical Hospital in Gabon?

The second revised volume of the PAACS spiritual curriculum is due soon. Also, a book about the history of PAACS is in the works which will be released before the end of the year to celebrate the 25th anniversary of the founding of PAACS (February 14, 2021). Keep an eye out for its publication.

The Editor



PAACS PAACS Bulletin Bulletin

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

**No. 194
August, 2020**

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.

IN THIS NEWSLETTER

[From the Desk of the CEO](#)

[Unrest in Soddo](#)

[Update from Mbingo Baptist Hospital](#)

[Huang Bids Bongolo Adieu](#)

[Seven Months in Malawi](#)

[Covid-19 Impact and Responses](#)

[Work Continues on Revision of PAACS Spiritual Curriculum](#)

[A Missionary Surgeon Made a Difference](#)

[News Shorts:](#)

90 Seconds of Encouragement

Lemfuka Presents

Spiritual Gift of Shopping

Hospital Seeks PAACS Graduate

[Announcements:](#)

Short- and Long-Term Surgeons Needed at Bongolo

Short- and Long-Term Surgeons Needed at Harpur

New Address for Donations to PAACS

Mark Your Calendar

[Prayer Requests](#)

FROM THE DESK OF THE CEO

Dear PAACS Family:

We are praying for you.

We realize that this has been a difficult season for many. The global Coronavirus crisis, political upheavals, natural disasters, as well as violence and unrest in some parts of the world may seem overwhelming. It may appear that darkness has surrounded us on all sides and many things are unknown. It is in these times I am reminded of a poem written by Minnie Louise Haskin called "God Knows" which has brought some comfort.

"God Knows"

And I said to the man who stood at the gate of the year:

"Give me a light that I may tread safely into the unknown."

And he replied:

"Go out into the darkness and put your hand into the Hand of God.

That shall be to you better than light and safer than a known way."

So, I went forth, and finding the Hand of God, trod gladly into the night.

And He led me towards the hills and the breaking of day in the lone East.

This portion of the poem reminds me of some truths. In times of darkness and uncertainty, there is no safer and better refuge than complete dependence on God. Our vision is cloudy and limited but He sees the future with great clarity. In His hands are provision, protection, peace, healing and all that we need. We have nothing to fear because "God Knows" how to bring us through this season. Corrie ten Boom stated that we should "never be afraid to trust an unknown future to a known God." She also writes, "If you look at the world, you'll be distressed. If you look within, you'll be depressed. If you look at God, you'll be at rest." May we all put our hands and futures into the care of a known and faithful God and let His light lead us through these uncertain times.

On a more practical note, the PAACS leadership determined to go forward with its Fall Board of Directors meeting virtually. The Board of Directors had been hoping to meet face to face. However, they decided that the safety of the participants should be primary, and chose to hold this meeting virtually. The Fall Board of Directors meeting will be held on Friday, October 30th. The meeting will have an Open Session portion where the leadership, faculty, and guests are all invited to participate. The Open Session will consist of reports, updates, and presentations. The Closed Session portion of the meeting will be only for the Board and staff. During this time, the PAACS Board of Directors will make policy, budget, and other programmatic decisions. Please let me know if you would like to learn more about the meeting and to potentially participate. Please email me at susan.koshy@paacs.net.

Blessings to everyone,

Susan Koshy, JD, MPH

Chief Executive Officer

Pan-African Academy of Christian Surgeons (PAACS)

UNREST IN SODDO

By Tim Love

While the receipt last year of a [Nobel Peace Prize](#) by our prime minister, Dr. Abiy Ahmed, might lead one to think that Ethiopia is leading the way in African peace and democracy, it seems our current trajectory is

anything but. Since taking office in April 2018, Dr. Abiy has made sweeping changes in Ethiopian politics, most notably by allowing numerous exiled political dissidents to re-enter the country and by lifting the ban on opposition political parties with plans to hold the first multiparty election in Ethiopian history. Previously the ruling party controlled political life here with an iron fist and “democratic” elections were in name only with only one name on the ballot. Unfortunately, numerous circumstances have resulted in the postponement of the election and this has brought fairly widespread civil unrest and violence throughout the country.

In the United States, boundary lines between states are largely determined by natural geographic boundaries, topography, etc. However, here in Ethiopia we have ten regions (and two city-states) which are determined by ethnic group, or what is called ethnic federalism. The problem becomes apparent when one learns that there are over 80 ethnic groups in Ethiopia, many of which are grouped into regions with larger ethnic groups. The region where Soddo Christian Hospital (SCH) is located (Southern Nations, Nationalities, and Peoples Region, or SNNPR) is one of the most ethnically/linguistically diverse regions. Over the past year the Sidama people in a nearby area went through a violent and difficult process to gain their status as the tenth independent region in Ethiopia.

This trend toward ethnic separatism is gaining popularity and, among other issues, has contributed to the civil unrest in Ethiopia. Our zone where the hospital is located is called the Wolaitta zone and local leaders have officially entered into the process to follow the footsteps of the Sidama to become an independent region as well. The town is now full of Wolaitta flags and other propoganda, some falsely indicating that Wolaitta is already an independent regional state long before the process is even underway.

On the afternoon of Sunday, August 9th numerous pro-independence Wolaitta political leaders, community elders, and activists gathered for a meeting which abruptly ended when the Federal police arrived and arrested everybody in attendance. There were accusations that this group was preparing to breach protocol and usurp federal government authority. With nearly all local Wolaitta government leaders incarcerated, the town of Soddo erupted into protest. From our hospital compound we heard hundreds of gunshots fired as the federal police tried to control the subsequent arrests and protests occurring just across the street from the hospital. A mass casualty of gunshot victims descended upon the SCH emergency department and PAACS faculty and residents spent a harrowing night working on these victims while our families hunkered down in windowless rooms to avoid stray bullets. Sadly, the following days were characterized by continued violence and unrest, not only in Soddo, but spreading into surrounding areas. All roads in and out of Soddo were blocked by protestors burning tires and throwing rocks.

Dr. David Jeffcoach, SCH PAACS Program Director, and his family have been back in the US for a number of months on a planned furlough, but the SCH compound at large had undergone a profound attrition of other expatriate staff leaving only the families of Dr. Nate Ross (OB/GYN) and Dr. Tim Love (General Surgery and Assistant Program Director) as the remaining long-term missionary staff. Given the unrelenting violence, blocked means of egress, and the imprisonment of the local government, the Love’s sending agency mandated their evacuation. With the assistance of a police escort, the Loves and Rosses evacuated together to the town of Arba Minch two hours away where they were able to catch a domestic flight to the capital.

Wolaitta political leaders have all been released on bail, but are not allowed to return to work. The political climate remains tense as federal, regional, and local leadership try to search for a peaceful way forward in tedious meetings. Thankfully, the violence and protesting has largely stopped, but there are fears that this will almost certainly erupt again in the days to come as the local leaders will likely be deposed and replaced by federal leadership. As is typical in times of unrest here, the local radio and all internet have been shut off.

At the time of this update, Dr. Nate Ross and his wife have returned to the hospital to provide much needed obstetric services. Dr. Gezahegn Tilahun has remained in Soddo to support the general surgery services. The CEO for Soddo Christian Hospital has recommended that the remaining foreign doctors and staff not return to Soddo until the middle of September with the hopes that the political situation will be more stable and violence

will have completely ceased. As such, Dr. Tim Love and his family (wife, Laura, and three children) have not yet been given clearance to return to Soddo by their sending organization, but hope to return soon. The Jeffcoaches' return has also been delayed until they receive clearance to return.

Please pray with us for...

- 0 peace in the Wolaitta region of Ethiopia as the local leadership continues to seek national regional state status
- 0 safety, wisdom, and rest for Dr. Gezahegn Tilahun (PAACS graduate now General Surgery Faculty member), PAACS residents, and their families who were left to "hold down the fort"
- 0 safety for Dr. Nate and Cheryl Ross as they are back in Soddo
- 0 wisdom and safety for Dr. Tim Love and Dr. David Jeffcoach, and their families, as they hope to return to Soddo as soon as possible



Photo credit: Addis Standard ([link](#))

UPDATE FROM MBINGO BAPTIST HOSPITAL

By Jim Brown

[Editor's note: Jim Brown is the Program Director at Mbingo Baptist Hospital. After returning home for family matters this spring, the COVID pandemic prevented him from returning to Cameroon in a timely fashion. He finally returned in the last month and was asked to give an update on the program there as it reopened after being closed due to civil unrest in the country of Cameroon.]

After five months of being "stranded" in the US, I was able to return to Mbingo on July 28. International travel is particularly difficult these days with frequent flight cancellations and COVID-related restrictions.

Drs. Snell, Sama, Ngock, and Acha, along with our six PAACS residents, did an outstanding job in my absence. The clinical work and academic program never faltered in the least. The hospital is seeing a few COVID patients but not as many as I expected. Patients with suspicious symptoms are isolated and screened right away. The previous Eye Ward, which is in a building separate from the main hospital, serves as the site for COVID patients that require hospitalization. We decided early on that we would not ventilate COVID patients since we cannot isolate them in our ICU, and ventilator care would quickly deplete our limited resources. At least 14 of our staff have now tested positive but none have had severe disease. The hospital mandates masks at all times, and handwashing stations have been set up around the hospital. Although COVID has been disruptive and brought many changes, most of our patients are those like we have always cared for- complicated illnesses presenting late, trauma cases, advanced cancers, and many necrotizing soft tissue infections. The overall patient volume is reduced, partly due to COVID travel restrictions, and maybe because of the deterioration of the roads.

The conflict in our region is also reduced, although there has been no formal peace agreement. Sporadic fighting still occurs but none close to the hospital for many months. However, there are still many internally displaced people, and many businesses and government schools remain closed. Many people have lost their livelihood and there are more patients who cannot pay for health care.

The PAACS program at Mbingo looks very different than it did 3 years ago before the war when we had a constant stream of visitors, provided rotations for outside residents, hosted multiple university affiliations, and had a reliable supply chain to sustain a very diverse surgical service. Hebrews 6:12 says that through faith and patience we inherit the promises of God. And Peter says that the proof of our faith, being more precious than gold, which is perishable, even though tested by fire, will result in praise and glory and honor at the revelation of Jesus Christ. Jesus says it is the small and weak that are mighty in the Kingdom of Heaven. So, for all that Mbingo has suffered and is suffering, we rejoice that God has tenderly cared for us, preserved us, and made us a jewel for His own adornment in a very broken world.

HUANG BIDS BONGOLO ADIEU

By Drew Huang.

I first heard about PAACS 17 years ago, during my second year of medical school. *That sounds amazing*, I remember thinking, "I would love to be a part of that." I was not even sure at the time that I wanted to be a surgeon; but I knew that PAACS was a special and prescient organization.

Fast forward through medical school, residency, fellowship, four years of practice during my wife's residency and fellowship, two children, and one year of language school later, and we arrived at Bongolo Hospital, Gabon, in 2017 under Samaritan's Purse's Post-Residency Program. It felt oppressively hot and humid; the air conditioning was broken at the guesthouse; our kids were immediately covered in small, itchy bites and welts. We were reassured that we had arrived during a more pleasant season, and that we could soon expect worse.

On paper, Bongolo would not have seemed like the natural placement for our family and for me in particular, a fellowship-trained craniofacial plastic surgeon at one of PAACS' smallest and most remote locales. However, we specifically requested placement at Bongolo. We were keen to serve in a francophone environment. Kimberley's Canadian training as a family practice anesthetist seemed to fit well into the hospital's environment. And even though I knew that my plastic surgery skills might grow rusty, I relished the opportunity to pick up the new, broad surgical skills that PAACS' own graduates acquire. The latter mindset is a direct result of my previous time spent at Kapsowar Hospital in Kenya with Bill Rhodes, a man I consider a mentor and who himself, though a plastic surgeon, does not limit himself to his own specialty.

This, however, necessitated a sharp learning curve, to reacquaint myself with some operations with which I once had familiarity with (e.g., hernias, laparotomies, thoracotomies) and some that I had nearly none (e.g., medullary nailing, cystoscopies, ventricular shunting). I was grateful to work with talented co-faculty and senior residents, who patiently taught me the pertinent anatomy and surgical techniques. Once in a while a plastic surgery case would come in, and I could enjoy turning the tables and become the teacher for a bit, rather than the student.

I do not wish to sugarcoat the process – adjusting to life in Gabon was difficult on many levels, including the aforementioned climate and the biting insects. Nonetheless, even during the worst of times, the interactions I enjoyed with the PAACS residents would brighten my day significantly. They were all motivated and eager to learn surgery, of course, but they were also spiritually wise and often had profound theological insights unique and apt to the African context. It is difficult to overestimate the personal and professional satisfaction that came from learning, teaching, and living side-by-side and day-by-day with all of the eight residents (hailing from seven different African countries) during my time there.



Our time with Samaritan's Purse was ending, and it became evident that Bongolo was not where we were to stay long-term. Complicating matters were the pandemic-provoked border closure and Kimberley's third pregnancy. We thus evacuated Gabon rather precipitously in late June and spent seven weeks with my parents near Portland, Ore., mostly in self-quarantine after Kimberley was diagnosed with Covid-19 herself. We arrived in mid-August in Taipei, Taiwan (Kimberley's family home), where we plan to send our children to Taiwanese school for a semester while awaiting the birth of our third child. Thereafter, borders and visas permitting (which is not at all assured), we plan to move to Melbourne, Australia, in early 2021, where I will spend a year doing another plastic surgery fellowship, this time in pediatric hand and microsurgery at the Royal Children's Hospital. Our plans thereafter do not yet exist. We have learned throughout this journey that God does not often grant us the luxury of five- or ten-year plans, but we trust Him and His goodness even though we walk down a path darkly.

We hold our Bongolo teammates in our hearts dearly, and we pray for relief for the current Bongolo PAACS faculty and provision of new faculty. I personally look forward to continuing to interact with PAACS, promoting its vision and mission, and advocating for its residents who taught me so much during my time in Gabon.

SEVEN MONTHS IN MALAWI

By Ron Cheney

[Editor's Note: Ron Cheney, a general surgeon in practice in Iowa, recently changed his employment to allow him the ability to spend more time with PAACS programs each year.]

My time in Malawi from January 2020 to July 2020 was such a blessing. Working in the USA for 6 months and Malawi for 6 months has been a successful adventure so far. Even in this time of uncertainty due to COVID19, GOD has provided. My wife, Karla, a pediatrician, came with me but had to rearrange a quick flight to get home before the country shut down. This led to spending more time apart that we had planned on. Due to the travel restrictions, I also spent an extra month more than planned and had to arrange a charter flight to get home but everything worked out. Praise God!

Working 6 months at Malamulo was such a joy, especially working with the residents and staff. Being able to get to know people over a longer period of time helped bond our relationships. In addition to operating together, I so enjoyed Bible study time together, studying and discussing the spiritual curriculum. Watching the residents in action and helping in their education was definitely a high light.



Dr. Moses Kasumba's leadership in directing the program was great to see especially since he is a recent 2017 graduate. He is a credit to his trainers. His testimony and journey to this point in life has provided him godly wisdom.

With all this said, the most amazing thing I witnessed was the ability of the surgery attending's and residents to provide high level care with so many obstacles in the way. On a daily basis, there were challenges of poor working equipment, a lack of surgical gowns or drapes, malfunction of the autoclave, poor administrative support, no orthopedic plates or nails as well as many other hurdles. I know that many other PAACS programs experience similar issues and it is a testament to our staffs and residents that they keep things going.

Living with the persistent challenges at our programs does take its toll over time. Let us pray and give support to the residents and attending surgeons that keep these programs functioning by doing GOD's work of sharing the gospel and training and serving others. Pray with us that COVID will not affect our travel as we consider returning to Malawi in 2021. We are thankful for the prayer and support of us and are excited to be a part of the vision PAACS has for Africa.

COVID-19 IMPACT AND RESPONSES

By Keir Thelander

As the city of New York was in the throes of dealing with Covid-19 earlier this past spring, the virus was just starting to have an impact in Africa. It could be predicted that initially Covid-19 would hit the larger cities and after some time, it would make its way to the more remote areas, where the majority of PAACS hospitals are located. Many of our PAACS partner hospitals shut down elective surgery early, only to realize Covid was delayed in its arrival – so they opened back up. Subsequently, a few hospitals felt an obligation to shut down elective surgery again. Many of the challenges of dealing with a pandemic in low resource environments are not new to these environments.

PAACS programs have been impacted in many ways: there have been less elective surgeries for resident education; a few expatriate faculty members left Africa due to their own high health risks; others could not return as planned due to travel restrictions; and immigration issues were sometimes problematic.

As the crisis in Egypt was growing, Dr. Sherif Hanna, after much reflection and heart wrenching prayer, decided to leave Harpur during this time. Dr. Jim Brown had returned to the USA for family reasons and was unable to return to Cameroon due to the government-imposed travel restrictions. Only recently was Dr. Brown able to return (see the article by Dr. Brown in this Bulletin).

One of the major impacts has been the impossibility of travel for short term volunteers. The usual number of visits to all PAACS programs combined is a robust 15 – 20 visiting surgeons a month; the numbers began drying up in February and by March no one was travelling. Until now, no short-term visitors have been able to travel. Five months of a heavier-than-normal load on the backs of our faculty in the midst of a pandemic has resulted in very weary faculty members and residents. Thankfully, a minimum number of consultants remained at each site such that no programs have been shut down due to the pandemic.

Mary Everett, the head of the placement team at World Medical Mission, gave statistics that show the broader picture. Starting in March, 316 short-term trips have been cancelled and only 213 trips completed for the 8 months. They currently have only 10 short-termers on the field and only 35 scheduled for the remainder of the year. They hope that with travel restrictions beginning to lift that more can go during the remainder of the calendar year. This compares to 804 trips in 2019.

Some PAACS sites saw major influxes of Covid patients and other types of patients as local government hospitals chose to close due to the fear of the disease. Other PAACS sites were thankful to have local, coordinated government responses to the pandemic such that all Covid patients were handled by government-designated sites. These extra burdens on the hospitals come at a time when hospital revenue has decreased sharply. Since elective surgery is the main income generator for most mission hospitals, cancellation of elective operations has created increased financial strain at all PAACS partner Hospitals. Please pray for these hospitals and the patients who may have resisted coming to the hospital during the pandemic and are now suffering complications of their surgically treatable problems.

Additionally, Covid-19 has resulted in the cancellation of many valuable conferences. The COSECSA Annual General Meeting slated for December is cancelled and the oral exams for both MCS and FCS levels have been impacted. The written MCS and FCS exams are going to be attempted on September 2 using both a combination of written and on-line testing techniques. The MCS oral exams will be in early December using a combination of in-person and video conferencing platforms. The FCS oral exams have been pushed off until 2021. How that will impact these surgeon's ability to enter the work force remains to be seen. Pray that the Lord will make up for these losses in the residents' education. May He make a way, even when we can't see it clearly.

We are deeply thankful to the Lord that despite some PAACS residents and faculty members falling ill with Covid, none have died and almost all have returned to work. Some are still in the latter stages of recovery. Praise God for His protection over PAACS residents, faculty members, and graduates.

Please continue in prayer as the battle against the virus is not yet over in the USA nor in Africa. May the Lord open doors for short termers to return to Africa to help spell these weary surgeons. Pray for wisdom for the PAACS administration regarding travel to our sites and to attend graduations this December and January.

WORK CONTINUES ON REVISION OF THE PAACS SPIRITUAL CURRICULUM

By Ed Searce

Over the past two years PAACS has been in the process of revising the five books that make up the Spiritual Curriculum. The first book (Blue) was completed in September 2019. The Green Book is 98% complete. The final version will be published by the middle of September 2020.

A new element of the Green book revision is the inclusion of a spiritual growth assessment tool which residents and faculty can use to measure the spiritual growth process in their lives. It is a tool which aids residents and faculty as they seek to grow in becoming fully devoted followers of Christ.

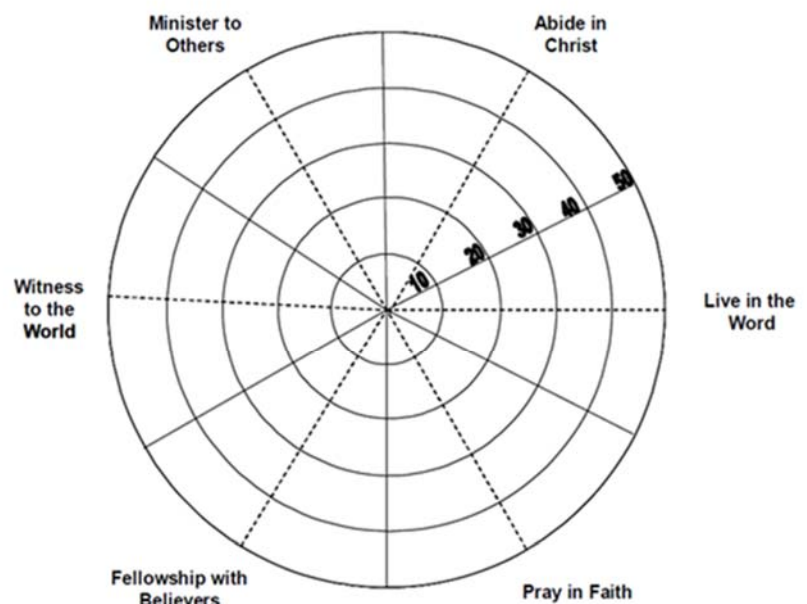
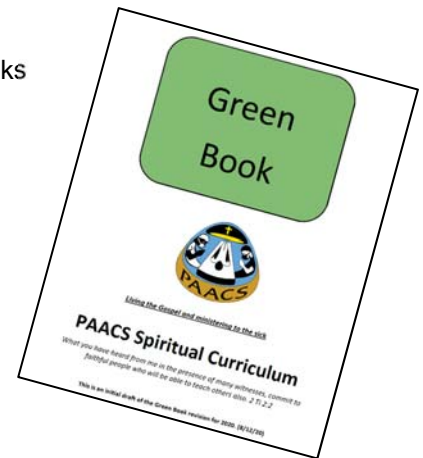
The assessment tool helps one think carefully about their spiritual development as it relates to six specific spiritual disciplines.

- abiding in Christ,
- living in the Word,
- praying in faith,
- fellowshiping with believers,
- witnessing to the world,
- ministering to others.

The assessor answers a series of questions related to each area. Each section generates a numerical value which is then plotted on a spiritual growth wheel. This provides a visualization of where one thinks he or she is on their spiritual journey. Areas of strengths and needed improvements become evident.

Then with the help of a trusted friend, specific plans for spiritual growth in the coming year is formulated.

God expects His children to grow spiritually and His Word encourages personal examination as an element of growth.



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A MISSIONARY SURGEON MADE A DIFFERENCE

[Editor's note: This article was published as a post to the What's App Images in Surgery group by Dr. Paul Abonyi on 27 August. It is unknown who the original author is or where it was originally published. You can read a more extensive handling of this by [clicking here](#). When working at Mulago Hospital in 2005, every day I used to pass under his picture in the hallway near the department of surgery's conference room. He is also remembered as the physician who pointed out the importance of fiber in the development of colon carcinoma.]

The year was 1957. A middle-aged surgeon was working in Uganda, in the Mulago hospital in Kampala. He was a devout Christian and considered himself a missionary. By his own admission, he wasn't a great surgeon. What he lacked in surgical genius, he made up for in tenacity. One day a boy named Africa walked into his clinic. The malnourished boy had a large swelling in his jaw-making him look grotesque. In a few days, the boy died of his tumor. A couple of weeks later another boy walked into his clinic, with the same kind of swelling and met the same end eventually. The surgeon was intrigued – by the striking similarity of the cases and the ferocity of the tumor. He decided to investigate.

He had a handicap though – a stray bouncer had damaged one of his eyes permanently during an adolescent cricket match. He was aging and was working in Sub Saharan Africa -far from where the limelight usually shone in medicine. He had no funds or great expertise to draw upon. The people he treated were poor and wanted some solace for their pain, not fancy research.

Nevertheless, with characteristic zeal, he asked around if doctors had seen similar cases. They said yes – so he pored over the records and to his astonishment found several similar cases, all of them ending in death. No one had connected the dots till then. He then looked at the literature – sure enough, there was an article about a similar tumor in 1901 in an obscure tropical medicine journal. The tumor he had seen wasn't new. The pathologists had reported each of these tumors as sarcoma.

He quickly wrote a manuscript titled "A sarcoma involving the jaws in African Children" and posted it to the British Journal of Surgery. The reply never came.

By sheer accident, he met a physician called Oettle in South Africa. Oettle was younger and his star was on the ascent. By now, the surgeon had collected grim photos of his patients. He showed Oettle and asked about similar cases in South Africa. Oettle waved his hand and said these cases didn't exist in South Africa.

With no formal training in epidemiology, the surgeon decided to send out questionnaires with the photos to doctors across the country. The pace was excruciatingly slow – it took around 4 years for 400 responses. Armed with the information, he represented each case with a pin on a map. Since he couldn't afford colored pins, he painted the pins with his daughter's paint himself. A pattern was emerging. The tumor seemed to have a geographical distribution.

He presented his finding in Middlesex. Little did he know that his presentation would trigger a multinational effort against a common enemy. Among the audience was a man named Tony Epstein, a British pathologist. The idea of an infectious agent causing the tumor began to emerge. There were skeptics – unlike other infections, there are no cancer epidemics. Nor did the brothers and sisters of these unfortunate children get the disease. What kind of infectious agent behaved like this?

The surgeon decided to do a 'geographical biopsy'. He applied for funds and got a 15-pound grant from the British government. With that and the help of his friend, he took an old four-wheeler, repaired it and started on a long Safari. In sweltering heat, he would travel to Johannesburg and then back to Kampala, covering a total of 12 countries! In each place, he collected data (even before that term became entrenched in medical literature). On a hunch, he got external review of the old slides. The results surprised him. The tumors were neither sarcomas nor carcinomas. They originated from lymphoid tissue- a lymphoma. Under the magnification of a microscope, these small round cells resembled a starry sky.

Tony quickly enlisted the help of his friend, Yvonne Barr. Since they couldn't isolate the infectious agent – it was too small – they decided to try a different approach. They looked for antibodies to the small infectious agent – presumably a virus. Sure enough, almost all the cases had antibodies directed against this agent and it even stained the tumor cells. At long last, they had discovered the first human cancer caused by virus, one that bears their name – the Epstein Barr Virus.

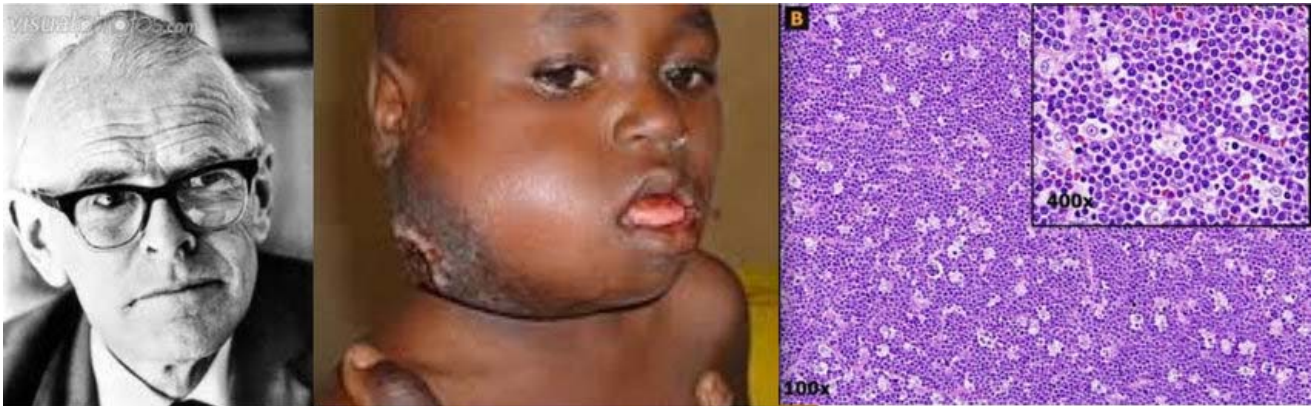
Meanwhile the surgeon's name became popular in medical circles and he received an offer to try methotrexate in these children from Sloan Kettering. To his amazement the tumor melted in these children. It returned in

some. So, he begged for cyclophosphamide from an American manufacturer, which managed to hold the emperor of all maladies at bay even if for a short while.

This is the story of how within a decade a cancer was discovered, its morphological fingerprint identified, its geography delineated, its causative agent discovered and its treatment started. It is the story of how a one-eyed Irish surgeon saw what all others had missed. It is a story of discovery that spans several continents in the face of impossible odds. It is a story that shows that even the ordinary can achieve great things with perseverance.

So, when you feel overwhelmed that you are in some remote no-man's land fighting a lonely battle, remember this surgeon.

The name is Burkitt. Denis Parsons Burkitt.



Dr. Denis Burkitt, a child with Burkitt's lymphoma and the classic "starry sky" microscopic appearance.

NEWS SHORTS:

- **90 Seconds of Encouragement:**
In March, Dr. Ed Searce, Spiritual Dean for PAACS, was asked to produce weekly 90 second videos from the Word. The videos were sent to all of the residents and faculty at the PAACS locations in Africa as well as staff in various locations. They have also been



posted on the PAACS Facebook page. According to the responses, these videos have been a much-needed source of encouragement and have lifted spirits during these uncertain times in our world. They have served as a great reminder of God's love and protection regardless of what is going on around us.

Dr. Ed started in Psalm 139 and is presently walking his listeners through the book of Colossians. You can watch these short messages at <https://vimeo.com/paacs/videos>.



- Lemfuka Presents:** Dieudonné Lemfuka (Bongolo PAACS alumni 2018, now at ELWA, Liberia) presented his research during the 2020 virtual meeting of the California Society of Plastic Surgeons on Aug 7.

PhD

7:16 PLASTIC SURGERY WITHIN GLOBAL SURGERY: THE INCIDENCE OF PLASTIC SURGERY CASES IN A RURAL GABONESE HOSPITAL

Andrew H. Huang, MD*, FACS, FRCSC, A. Dieudonné Lemfuka, MD, FCS (ECSA) & K. Anatole Nzanzu MD FCS (ECSA)

7:19 WHY ACADEMIC PLASTIC SURGERY SHOULD LEAD A "CLINICALLY

- Spiritual Gift of Shopping:** If you want to exercise your spiritual gift of shopping and use Amazon (who doesn't?), you can both shop and help PAACS. Now that PAACS has become an independent ministry, we have been able to complete our registration as a charitable organization with the AmazonSmile Foundation. When you start your shopping through Smile.Amazon.com, Amazon will donate 0.5% of the price of your eligible purchases to PAACS. You'll find the exact same low prices, vast selection and convenient shopping experience as Amazon.com, with the added bonus that Amazon will donate a portion back to PAACS. Register your existing Amazon account to our charity link and start shopping today: <https://smile.amazon.com/ch/84-2569391>



- Missionary Women's Retreat Opportunity:** Azmera is an organization that hosts retreats for kingdom-minded women serving cross culturally. Azmera is hosting an in-person Stateside Haven Retreat in Castle Rock, Colorado, September 24-26. This is a unique opportunity for current and past missionary women! If you are on furlough, or have been off the field for 2 weeks or even 20 years, this retreat is for you!



Becca Gray, the wife of Paul, a previous PAACS program director at Soddo, is a board member for Azmera and is helping plan and host this retreat. She invites you to find out more at <https://www.azmera.net/attend-stateside-2020-retreat> and please feel free to forward this on to others you know who may be stateside right now! You can reach Becca by e-mail at becca.azmera@gmail.com/



- Hospital Seeks PAACS graduate:** Compassion Evangelical Hospital in Mamou, Guinea (l'Hôpital Evangélique Compassion (HEC) de Mamou en Guinée Conakry), a 44-bed rapidly growing mission hospital in central Guinea which opened in 2011 is **seeking to hire a general surgeon who is a PAACS graduate** to join a general surgery residency trained Christian African missionary surgeon from Cote d'Ivoire, Dr. Paul Sidjani, and four Christian Guinean generalist physicians, including one with additional training in OB/GYN.

"Self-sustaining, African-led, whole person optimal health for Guineans" defines our long-term goal. The hospital operates according to our love-in-action mission statement, "Compassion Evangelical Hospital (CEH) shares the gospel of Jesus Christ while providing compassionate, quality, culturally appropriate healthcare and education."

Tens of thousands of Muslims have heard the gospel at CEH and hundreds have professed faith in Jesus Christ. A large number of Mayo Clinic surgical staff are involved with CEH with plans for regular short-term trips to CEH to teach, practice and facilitate research and to grow the surgical practice in the hopes of someday establishing a PAACS training site at CEH.

A Christian school beside the campus provides excellent grade school education through eighth grade; its graduates have scored among the highest test scores in the country. A number of young, vibrant churches have been planted in the area. CEH offers a good salary and benefits package. If interested, please contact M. Etienne Z. OUATTARA, MBA, MHA, PhD (candidate), Directeur de l'Hôpital Évangélique Compassion at cehdirector@yahoo.fr 00(224) 666 44 33 44/622 25 38 28 or BP 05 MAMOU/GUINEE

ANNOUNCEMENTS:

- **Short-term and Long-term Surgeons Needed at Bongolo:** Drs. Zach and Jen O'Connor will begin their two-month home assignment in late September. There is a desperate need for coverage during that time. Also, the Bongolo Hospital general surgery residency program needs a general surgeon who is able to serve under a sending agency for at least 2 years starting in 2021. Please contact bongolopd@gmail.com if you are interested and able to serve in either time frame.
- **Short-term and Long-term Surgeons Needed at Harpur:** Dr. Sherif Hanna will be returning in September to Harpur Memorial Hospital in Egypt for several months before retiring. The PAACS program at Harpur Memorial Hospital in Menouf, Egypt needs a General Surgeon for long term (preferably) or short term (several months) service starting in April 2021. For further information please contact Sherif Hanna via email: dr.sherif.hanna@gmail.com
- **New Address for Donations to PAACS:** All donations should be sent to:

PAACS
PO Box 735262
Dallas, TX 75373-5262
- **Mark your calendar** for the following events you may wish to attend or uphold in prayer:
 - **African Colleges Exams & Conferences:**
 - COSECSA written exams for MCS and FCS will be given on Wednesday, September 2, 2020. Online examinations for at least some of the examinees will be attempted after a successful trial in early August.
 - COSECSA oral exams for MCS and FCS (Zambia) have been cancelled. The MCS will be in the first two weeks of December but the date and locations have not yet been set. The FCS oral exam will be delayed until sometime in 2021.

PRAYER REQUESTS:

- Pray for healing and salvation for this world in the face of this pandemic.
- Pray for internal peace, in light of the pandemic, as the PAACS family faces the uncertainty of separation from family, of unknown medical demand, and limited medical resources. Pray for the MCS and FCS candidates as they take their written exams on September 2.
- Pray for all the PAACS faculty members and the hospitals – for personal health and safety and for financial viability of the charity hospitals in this tough time.
- Pray for the faculty members and residents who may have contracted the virus, have quarantined, may already have positive testing. Pray for those who carry the clinical load while others are sick and/or quarantined.
- Pray that the international flights will re-open to allow two-way traffic to the hospitals so that both long-term and short-term faculty can travel safely and conveniently. Pray that God will make it possible for the short-term missionaries to return to service in the mission hospitals.
- Peace and stability in the PAACS countries. Pray especially for the ongoing tribal unrest in Ethiopia.
- Praise God that the Cameroon situation is presently calm in most areas.
- Pray that PAACS will glorify God and be used to impact Africa for His Kingdom. Plead that many lives will be saved through surgery and many people will come to know the love of Jesus.
- Pray that God will provide the right applicants for PAACS for the 2021 training year and that the programs will make the right selections.
- Request strength, stamina, wisdom, and blessings upon the PAACS faculty as they seek to train and mentor PAACS residents. Pray that God will bring His chosen long and short-term missionary and national surgeons to help train African residents in the PAACS training programs.
- Pray for PAACS graduates that are serving God's people. Pray for God's grace, protection, provision, strength, and blessings to cover the PAACS graduates.
- Ask God for success and needed help for all of the 16 current PAACS programs. Pray that governmental approval of the plastic surgery program will come for the AIC Kijabe Hospital in Kenya.
- Pray for the programs opening in January 2021: General Surgery at Kibuye Hope Hospital in Burundi, Plastic Surgery at Kijabe Hospital, Ob/Gyn at Tenwek Hospital, Neurosurgery at Tenwek Hospital, and Anesthesiology training at Kijabe Hospital.
- Pray for the ongoing need for general surgery faculty at Kijabe, which is most necessary between now and July 2021.
- Pray for the Harpur training program in the absence of Dr. Sherif Hanna and also for all those who remain there on staff. Pray for them as the Hannas plan to return the end of September until April 2021. Pray that God will provide the long-term general surgeon they will need at that point.
- Pray for the needs at Bongolo Hospital – for them during the O'Connor's home assignment and for a shipping container coordinator. Pray that God will provide both short-term and long-term faculty at the hospital.

- Pray for the Soddo-Cure Orthopedic Program in Ethiopia that has a great need for additional faculty members at Soddo Christian Hospital and pray for the Tenwek Orthopaedic Training Program which has an equally great need.
- Pray for those faculty members on home assignment – the Parkers, the Hannas, the Jeffcoaches and soon, the O’Connors – for their rest, for the times of medical work and for the largely impossible task of meeting with their supporters and raising funds. Pray for the faculty members that must cover their absence.
- Pray for the present manpower shortage at the mission hospitals.
- Pray for the Huang family as they adjust back to life and pursue Drew’s future fellowship.
- Pray for Rev. Ed Searce and his committee as they continued to revamp the spiritual curriculum. Pray that the work there and the new video series will bear fruit in the lives of the PAACS residents and all who hear it.

Editor: Bruce C. Steffes, MD