

Dear Friends of PAACS:

Fear is ruling the world. God has proven man's sense of self-sufficiency to be illusory. Economic disaster looms if the lockdown is not relaxed; death threatens if restrictions are loosed too soon. The mission hospitals risk financial collapse. Training cannot be done without patients and without the financial donations to underwrite it. Theologians argue whether all of this is sent from God or merely that He is permitting the natural consequences of sin-induced changes in a broken world to run rampant. We are not wise enough to know all of the right answers.

But we claim the reality of 2 Timothy 1:7 (NKJV). "For God has not given us a spirit of fear, but of power and of love and of a sound mind." PAACS and its wonderful crew of missionary surgeons are making contingency plans and figuratively girding our loins. Our trainees are on the front lines. We pray that we will continue to show the love of God during this time and that all will be done for His glory – and that His mercy will be shown upon His servants and the peoples of the world. We pray that our nations will again turn to Him and that people will come to know Christ as their personal Savior. II Chronicles 7:14 is still true, "if My people who are called by My name will humble themselves, and pray and seek My face, and turn from their wicked ways, then I will hear from heaven, and will forgive their sin and heal their land." (NKJV). We rest, knowing He is still on the throne!

The Editor



PAACS PAACS Bulletin Bulletin

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

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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.

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FROM THE EXECUTIVE DIRECTOR

Dear PAACS Family:

These are truly difficult times with all that is going on in this world with COVID-19. It is especially during these moments that we need to keep our eyes steadfastly focused on Christ and not on the darkness and the circumstances surrounding us. Be encouraged because God's word says in Isaiah 41, "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand."

I speak with a degree of personal understanding from the trenches of this pandemic. Admittedly, I have not been on the frontlines daily caring for large numbers of patients as many of you are doing. However, I have been caring for two elderly parents who tested positive for COVID-19. During this time, I had to remind myself daily, and sometimes moment by moment, not to be fearful and to keep my faith in our powerful God. I called out to God many times during those days and asked for His help and divine intervention. There were many sleepless nights when I kept vigil due to their 103°F/39.4°C fevers, fluctuating blood sugars, and respiratory issues. There were many nights that I felt afraid. I prayed harder than I have ever prayed and depended on an unseen God. Several times I simply didn't know what to do. I would sincerely pray and ask God for help. Inevitably, something would happen to turn the situation around. It has been a difficult journey for me, but I experienced God's faithfulness and help in incredible and miraculous ways as He promised in Isaiah 41. I had to focus on faith over fear and remember that God was always with me. He has truly been my help and upheld me daily with His righteous right hand. His promises are absolutely true.

As I write this, my loved ones are over the worst part and on the mend, all by God's grace. I share my experiences to encourage you to trust God regardless of your circumstances. God is faithful and His word is TRUE. He is who He says He is, and He will do what He says He will do. I have experienced God's promises and faithfulness and wanted to testify.

Blessings,

Susan Koshy, JD, MPH

Executive Director

COVID-19 AND PAACS HOSPITALS

[Editor's note: PAACS sites were surveyed to find out how they were doing both as a hospital and as a training site. This article summarizes their reports. Much prayer is needed for the patients, the care providers and the institutions.]

Africa waits for the other shoe to drop. So far, the African continent has been relatively spared from the ravages of the COVID-19 pandemic but has watched with trepidation what has happened to the rest of the world. For them, the lack of suitable PPE (in needed amounts), minimal testing capability, and limited ICU beds with ventilators is very frightening. Surgeons at some PAACS sites are amazed that they are NOT seeing the disease given the usual traffic between Africa and China and other places. As of April 28, Egypt is the second most-affected and Cameroon is the fifth most affected nation on the African continent – the rest of the PAACS countries have yet to report many cases. The lack of testing is perhaps one reason that the numbers are low, but they are not seeing

the clinical syndrome either. Still, the PAACS program are preparing for the tidal wave while praying that it never comes.

A successful training program depends on having enough cases and having enough patients is dependent upon the ability to access the hospital, adequate numbers of personnel (including teaching faculty), adequate personal protective wear, adequate testing and adequate supplies. Extensive thought must be given to the problems for each unique site. Some PAACS training sites have developed extensive protocols and others have not yet done so.

Almost all sites are reporting significant drops in patient visits and surgical case volume. Sometimes it is because a ban on regional and in-country travel and sometimes because the national insurance schemes have diminished the type of cases they will approve during this time. In Kenya, the long curfew at evening and night has diminished the number of road traffic accidents.

Many countries have set-up regional centers to concentrate the care of the COVID-positive patients. Even so, all hospitals have some sort of active screening at the gate. They are stopping visitors, triaging them, checking temperatures and using a checklist, actively promoting hand-washing and insisting on social distancing. Patients who are suspected to be positive are sent to a nearby center if that option exists. Almost all PAACS sites have converted wards, outside areas or the chapel into holding areas for suspected cases. Egypt has required the private hospitals to take care of the patients rather than transferring them which has intensified the need for an isolation ward there.

In amount and type, the supply of personal protective equipment ranges from abysmal to inadequate. The closure of country borders has interfered with trucking and the distribution of the materials. Almost no hospital has enough of the right type of supplies and some hospitals have begun making cloth masks, face shields and full body suits. No hospital has a supply adequate for a full onslaught of infected patients. Some hospitals are advocating prolonged wear of regular surgical masks and trying to save N95 masks for procedures at risk for spread via aerosolization. The wisdom of that decision remains to be seen. The decreased travel and the closing of government offices has shut down national blood banks – some hospitals are running their own blood drives.

Some hospitals have identified one operating room to be reserved for suspected COVID cases. Most hospitals are still continuing with elective cases but plan to stop if COVID actually becomes an active threat. One hospital in a country with increasing numbers of cases still refused to allow the surgical department to stop doing elective cases. When possible, elective cases are done without intubating the patient to diminish the risk to the anesthesia team. Emergent cases are being done under strict protocol with limited personnel and maximal PPE equipment and without intubation if possible.

In general, most of the surgical residents are not involved in the COVID specialty teams and will not routinely take care of them. An urgent or emergent procedure is an obvious exception. An overwhelming wave of patients could change that. Tenwek has run mock cases through the emergency and operating rooms in an attempt to identify all of the potential errors which could endanger the crew.

Tough decisions are being made. Even in hospitals that have ventilators, most COVID patients will not be ventilated. Each possible case will receive careful consideration as to the benefits versus the risks for both the patient and the hospital personnel. Hospitals without central oxygen supplies have limited numbers of oxygen concentrators.

On the upside, the pandemic has improved communication between departments within the hospitals. Frequent meetings are being held. Fear amongst the hospital staff is palpable and is being addressed with education and reassurance. Hospital staff and anesthesia departments are being instructed on the local protocols.

The surgical manpower varies by institution but generally is at near normal levels (which is often suboptimal to begin with). Many hospitals had other types of missionary physicians who were instructed by their sending organizations to go home before the borders closed and some missionaries on home assignment were caught at home and cannot return until the closed borders are re-opened.

With fewer cases in clinic and in the hospital, all training sites report that there has been more time for teaching on wards and in the classroom to improve the learning experience. Residents' hours have often been cut. Conferences and quizzes are continuing – all while taking notice of social distancing and wearing masks. At a few sites, this allows them to emphasize the COSECSA MCS curriculum in particular and some residents have done several modules' worth of academic work in a short period of time. Egypt has begun video-conferencing but most sites have not; a few sites report that it would not be possible given their poor internet.

The falling case numbers – no matter what is locally deemed the cause – has certainly affected the bottom-line for the hospitals. They are all trying to keep people employed where possible but layoffs, cuts in hours and losses of bonuses are inevitable. The almost impossible to obtain PPE equipment is expensive and was never budgeted for. If patient case numbers do overwhelm the hospital, the cost of that care is very unlikely to ever be reimbursed by the patient or government and could significantly affect the economic viability of the hospital in the long run.

The Ethiopian government has banned groups of more than four people which has effectively closed church gatherings. However, three weeks ago, the PAACS residents and numerous faculty members prayed and fasted for three days for the hospital, the community, the region and nation. They have recommended this to all sites – and for all friends of PAACS.

Please join us in praying for our heroes in the trenches, the survival of their patients and their hospitals. May the peace of God and His presence be real to all and may the name of the Lord be glorified during this disquieting time.

REPORT FROM NYC EPICENTER

By Jim Brown

[Editor's note: This was written April 18, 2020 from the Samaritan Purse Field Hospital in Central Park, NYC.]

Carolyn and I returned to the US on February 22 to be home when our granddaughter had heart surgery at the Medical University of South Carolina. The surgery went well, and she is recovering nicely. We were originally scheduled to return to Cameroon by way of the CMDE meeting in Greece, but in the meantime, the meeting was canceled, Cameroon closed its borders, and our international flights to Cameroon were canceled. We found ourselves in the unique situation of being stranded in the US.

About this time, I received an email from Samaritan's Purse asking for volunteers to deploy to a yet undisclosed location in the United States in response to the coronavirus pandemic. I applied and on Sunday, March 29, received a call asking if I could be in New York by the following morning. Carolyn drove me to Charlotte where I

flew to New York and was on the ground before noon on Monday, March 30, as SP was erecting a field hospital in Central Park just across 5th Avenue from Mt. Sinai's main hospital.

My assignment is 12-hour night shifts in a 10 bed ICU and 12 bed stepdown unit of a 68-bed field hospital. All of



The mid-April night shift of the SP Emergency Hospital in Central Park of NYC. Brown is on the far right.

our patients are COVID-19 patients that are overflow from other NYC hospitals, mostly from lower socioeconomic backgrounds. The main criterion for hospitalization is the need for supplemental oxygen therapy. Most patients do well on nasal cannula or face mask oxygen, but those that require higher oxygen levels are admitted to the step-down unit or the ICU. Most patients are elderly and most have other medical comorbidities that complicate their management. My learning curve has been steep. COVID pneumonia is a unique illness with constantly changing and sometimes conflicting management protocols and recommendations which must be learned on the job. I am somewhat handicapped as a surgeon working

in a medical ICU caring for the most critically ill patients I have ever seen. There is no operating room here where I can retreat to feel more at home. The only procedures I do are an occasional central venous line placement or chest tube insertion. Most of my time is spent making ventilator adjustments and assessing patients in the hospital that deteriorate and require admission to the ICU or intubation and ventilation. By God's grace, I work with incredibly capable and experienced ICU nurses and CRNAs who have graciously assisted me when I was over my head. The work is complicated further by the need to be in full personal protective equipment (PPE) during all patient care. The inpatient area of the hospital is cordoned off as a "hot zone" where anyone who enters must be in PPE.

Samaritan's Purse has extensive experience with infectious disease outbreaks, including Ebola, cholera, and diphtheria. They do this very well. Safety for the staff is a priority, and we never lack for PPE or any personal need. I am also amazed at the capability of the ICU. Every bed has a ventilator, monitor, infusion pump, suction machine, and individual lighting. We have 24-hour onsite pharmacy, lab, and portable X-ray. We also have ready access to consultations and additional support from Mt. Sinai Hospital just across the street. We are able to provide an incredibly high standard of care at a time when the NYC hospital and emergency services are strained beyond capacity. Chaplains and member care staff are available for individual patient and staff needs. We have access to the social workers, palliative care teams, and placement staff of the Mt. Sinai hospital system.

COVID patients are isolated from their families and friends by the contagious nature of their illness. Visitors are not allowed except in very few situations, usually only if a patient is not expected to survive. Fear and panic stalk these patients. Breathlessness is a cruel, anxiety provoking symptom that most patients experience.

Consequently, we have many unique opportunities to minister to these patients. They are never alone. They are encouraged and supported. Their questions are answered. We communicate with their families. They are bathed in prayer. This is at the heart of what Samaritan's Purse does so well- providing the highest possible standard of clinical care in a challenging, unstable crisis, while never overlooking compassionate personal ministry in Jesus' name. It is a powerful combination.

NEWS SHORTS:

- **Over 200 PAACS Applicants for 2021:** There was once a time almost a decade ago when PAACS wanted to take a dozen applicants – but found only three qualified applicants. Over the last several years, PAACS has seen an increasing number of applicants that has outpaced the increase in open training slots. Due to some changes in COSECSA's deadlines and with the hope of increasing the national diversity at many training sites, PAACS moved the application process early enough in the year to be completed by July 1. PAACS began accepting applicants immediately after last year's deadline. Prior to the recent April 15 deadline for the initial application, we had received the most inquiries and applications ever, over 200 from 21 countries! Praise God! Of course, we are thankful for this increasing pool of future residents, yet at the same time, we are sobered because the overall options for surgical training in Africa are such a miniscule number compared to the overwhelming need for surgeons. The most training slots PAACS will have available next January is 33, assuming all potential programs are approved. That leaves over 150 applicants without a possibility to be trained this year in the PAACS system! Pray that the Lord of the Harvest will enlarge the surgical workforce in mission hospitals to provide even more sites for PAACS training and discipleship. Maybe He is calling you to be one of those trainers?
- **Soddo Surgical Skills Course:** On March 14, the Soddo PAACS program hosted a Basic Surgical Skills (BSS) course. COSECSA mandates that all first- and second-year residents complete this course annually.



Dr. Duane Anderson is both instructor and test subject as Dr. Yohannis (first year ortho resident) applies a cast



Dr. Nate Ross harasses Dr. Tsegaye (fourth year resident) and Dr. Ebsa (ortho GP) with the blindfolded knot tying challenge

After discussing the curriculum and options with our local faculty, Dr. Tim Love created six skills stations. All surgical residents, both senior and junior, as well as our orthopedic surgical general practitioners participated. The stations were as follows: Tendon repair, basic casting and splinting, knot tying, bowel anastomosis,

vascular anastomosis and fundamentals of laparoscopy. Each station was staffed by a PAACS faculty member. This event was well received by residents and the faculty found it effective and enjoyable as well. The residents have requested an additional Advanced Surgical Skills course which is planned for the fall. At the conclusion of the day, the families joined the group to celebrate with a feast and fellowship.



Dr. Gezahegn instructs Dr. Leul (second year resident) and Dr. Dawit (ortho GP) in bowel anastomosis



Second year resident, Dr. Leul, at the bowel anastomosis station

- Article on Surgical Training Published:** Parker, R. K., Topazian, H. M., Ndegwa, W., Chesang, P., Strain, S., Thelander, K., Parker, A. S., Riviello, R., & Parker, R. K. (2020). Surgical Training Throughout Africa: A Review of Operative Case Volumes at Multiple Training Centers. *World Journal of Surgery*. It was published online March 10, 2020 and you can see it by [clicking here](#). The results of the study showed that “twenty PAACS trainees, from five programs in four countries, performed 38,267 unique procedures. ACGME reports on 1211 residents from 251 programs. PAACS graduates logged more major cases (median 1448) than ACGME graduates (median 993) (p value = 0.0001). PAACS graduates performed more gynecology and obstetrics, orthopedics, head and neck, urology, endocrine, operative trauma, pediatric surgery, plastic surgery, and skin and soft tissue cases. US graduates performed more cases in abdomen, alimentary tract, breast, thoracic, and vascular categories. Comparison between regions demonstrated volume and category variations between Kenya and Gabon, Ethiopia, and Cameroon.” Their conclusion was that “PAACS trainees perform more operations than ACGME trainees with differences in distribution. This experience can serve as a model for regional educational programs seeking to address the broad and largely unmet burden of surgical disease.”
- Article Published:** An article titled [Academic Partnerships in Global Surgery: An Overview American Surgical Association Working Group on Academic Global Surgery](#) was published in the *Annals of Surgery* in March. Ken Muma, Jim O’Neill and John Tarpley were PAACS-related co-authors.
- Nkhoma Hospital** – Dr. Jens Vaylann has been at Nkhoma Mission Hospital in Malawi for half a year now after serving at Tenwek Hospital for 2½ years working with the PAACS residents. Recent Arusha graduate, Dr. Yamikani Limbe, has joined him on the surgical faculty and they are working hard with the hopes of starting a PAACS Program within two or three years. They request prayers from the PAACS family that the additional surgeons can be found, the funding raised and all the requirements would be met. Vaylann writes,



(L to R) Jens Vaylann, Yamikani Limbe

“The need is huge, Malawi as the third poorest Country in the World has many, many needs and the population is too poor to pay for most essential things in life.”

Nkhoma Mission Hospital is located 60 kilometers – about 37 miles – south of Malawi’s capital city of Lilongwe and has grown into a 250-bed hospital facility from a medical outpost started one hundred years ago. Now owned by the Presbyterian Church of Central Africa (CCAP), it serves a rural catchment area of some 64,000 people – but patients come from all over Malawi, as well as from neighboring countries, for treatment. It partners with World Medical Mission, Medical Benevolence Foundation and African Mission Healthcare. The country was

ordered into complete lockdown due to COVID19 but the courts have intervened – pray for the patients that need to get to care and for the finances of the hospital.

- Resources for Mission Hospital Teams Available.** In light of COVID-19 crisis, Incision Academy contributed to COSECSA by giving free access to its e-learning academy with more than 400 surgical courses for the OR team, covering the full training curriculum of residents, scrub nurses and interns. Topics include surgical procedures, anatomy, OR equipment and skills. There is also a special program "Medical Skills Refreshment Course" for those who are being asked to assist on the ward and in the IC unit. Members or trainees of COSECSA can register by visiting <https://tinyurl.com/shwrhzi>
- OR Nurse Impacts Malamulo:** Jackie Griffith is an experienced OR nurse who has worked at Mbingo Baptist Hospital in Cameroon for several years. The surgical department at Malamulo Adventist Hospital in Malawi felt they needed help in their central sterile supply department and OR nursing department. In response to a request from Dr. Moses Kasumba, the Chief of Surgery there and a PAACS graduate of Mbingo, money was raised to underwrite the travel to Malamulo for Ms. Griffin and much of her expenses for the time there were paid. She found her work was cut out for her. She wrote, “At Malamulo, it was overwhelming to see all the work that needed to be done; it was like starting over again.” She went on to explain, “[I taught] the Perioperative Course every day for 8 weeks, 7 weekly exams, one final exam and the clinical exam. Students can learn details and answer questions correctly but never implement what they learn – because they don’t “own it”, it hasn’t been taken into their hearts. This is a part of this teaching and training that is a particular challenge...helping students understand with HEARTS and minds. When I came the first week and was just observing for three days before starting classes, I was disappointed at the amount of resistance I was feeling from some who were to be in the class. What was really exciting and encouraging was seeing their attitudes change as they came to see the need for and believe in the changes being introduced! Not only did I see those with negative attitudes turn around, but I saw many in the class who put into action before I could even have time to do follow up clinical training. I would teach a class late one afternoon and come to work the next morning to see them already implementing!!! What encouragement I found in the change in their attitude and in their ability to put ideas into action!”

Dr. Kasumba wrote in gratitude to the donors, “Nurses at Malamulo had no clue that perioperative nurses work closely with surgeons, anesthesiologists, nurse anesthetists, surgical technologists, and nurse practitioners; it was always us against them. Ma Jackie taught them that working as a team is an experience one has to live and not simply talk about it. The nursing process as an integral part of patient care in the perioperative setting that included performing a nursing assessment, creativity, and anticipating the surgeons' needs never existed across the board. As they graduated, all felt so fulfilled and ready to implement [what they had learned]. The short time Ma Jackie spent at Malamulo, were worth the donation. We are so grateful.”

Such teaching is helpful in almost all of the PAACS sites. If you are an experienced OR nurse or technician and want to make a difference, please let us know. E-mail info@paacs.net.

ANNOUNCEMENTS:

- **Surgical Instruments Needed:** *[Editor's note: This announcement ran in September 2014 and the need continues (and he now has more time with the stay-home orders!)]* Many, if not most, of our graduates go to hospitals which are inadequately supplied with the tools of their trade. A few years ago, one graduate reported that he had done over 600 cases in 6 months – with one set of instruments that would be cleaned and sterilized between each case. Bruce Steffes has again set up an instrument repair lab to clean, repair and sharpen used instruments which, if able to be repaired and cleaned, will then be contributed to the PAACS training hospitals or graduates. If you have stainless steel instruments (German steel only please) that you would like to donate for this purpose, please contact him at Bruce@s3ministries.com.
- **Birth Announcement:** Born to first-year PAACS-Mbingo resident Dr. Guillaume Nzepah Foletia and his wife Elodie, a baby girl, Donfack Gabriela Foletia, was delivered 27 March. Her birth weight was 3.8kg. This is their third child; all are girls.



- **Surgeon Needed at Kijabe:** Dr Beryl Akinyi, general surgeon at AIC Kijabe Hospital, will be on maternity leave from mid-March to early July. Dr. Peter Byrd needs someone to help cover part or all of that time. Dr. Byrd is going on a one-year home assignment in July and surgeons will be needed during that time as well. Please contact World Medical Mission if you can help.
- **Long-term Surgeon Needed at Bongolo:** The Bongolo Hospital general surgery residency program is in dire and immediate need of a general surgeon who is able to serve under a sending agency for at least 2 years. Please email bongolopd@gmail.com if you are interested. There is also a need for short-term general surgery coverage during the month of August, 2020, assuming the travel restrictions are lifted. The Bongolo program trains surgery residents from a wide variety of Francophone countries, some with unreached people groups and with high maternal-infant mortality rates and low surgeon to population ratios. Would you please help?
- **Container Coordinator Needed – Bongolo:** Bongolo Hospital greatly needs a State-side container coordinator for its yearly container that ships out of Cleveland. The volunteer coordinator must already live in Cleveland or surrounding area. Please email bongolopd@gmail.com if interested.
- **Mark your calendar** for the following events you may wish to attend or uphold in prayer:
 - **PAACS Online Commission Meeting** will be held via teleconferencing Friday, May 1.
 - **African Colleges Exams & Conferences:**
 - COSECSA oral exams for MCS and FCS (Zambia) – NOTE CHANGE OF DATE! December 7-8, 2020 and COSECSA General Meeting & Conference (Zambia) – December 9-11 2020
 - **Applicants for PAACS Training Beginning 2021** must submit their application - **April 15, 2020**. The initial application and submission of required documents should be completed by this date.
 - **PAACS In-Service Exam:** The PAACS in-service exam will be given May 30, 2020 at most of the PAACS sites.

PRAYER REQUESTS:

- Pray for healing and salvation for this world in the face of this pandemic. Pray for internal peace as the PAACS family faces the uncertainty of separation from family, of unknown medical demand, and limited medical resources. Pray for all the missionaries and the hospitals – for personal health and safety and for financial viability of the charity hospitals in this tough time. Pray for all the patients who cannot get transportation to the hospitals for their care. Pray that the residents will use this extra time in studying to their own advantage.
- Please pray for the PAACS Commission to occur via videoconferencing on Friday, May 1. Pray for wisdom and that there will be no technical glitches.

- Pray for the Vaylann family and for Yamikani Limbe at the Nkhoma Mission Hospital in Malawi. Pray for Limbe's adjustment to the new place of service and pray that their dreams for a PAACS program might come true – that God would provide the additional surgeon and the resources needed.
- Peace and stability in the PAACS countries.
- 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.
- Beseech God for success and needed help for all of the 16 current PAACS programs. Pray for governmental approval of the plastic surgery program will come for the AIC Kijabe Hospital in Kenya.
- Pray for the need for general surgery faculty at Kijabe for the 15 months between March 2020 and July 2021.
- Pray for the Harpur training program in the of absence of Sherif Hanna and for all those who remain there on staff. Pray for them as the Hannas plan to retire later this summer.
- Pray for Jim Brown who is serving at the SP emergency hospital in Central Park in NYC because he cannot return to Cameroon under the present travel restrictions. Pray for all of them working there – for protection from the virus, for the patients and for Christ's name to be honored among the skeptics that abound.
- Pray for the needs at Bongolo Hospital – for coverage of their home assignment and for a shipping container coordinator.
- Pray for the Soddo-Cure Orthopedic Program in Ethiopia that has a great need for additional faculty members at Soddo Christian Hospital.
- Pray for those faculty members on home assignment – 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 that God will provide direction for those who need it.
- Please pray for full recognition of PAACS by WACS if it be God's will. Pray to God that He will provide surgical subspecialists who will answer God's call on their lives to serve in PAACS hospitals as full-time missionary surgeons – this is the largest hurdle for WACS acceptance.

- The economic downturn due to the pandemic is already starting to affect giving to PAACS. Please pray that God will provide and you are the chosen method, that He will demonstrate who Jehovah-Jireh is to you.

Editor: Bruce C. Steffes, MD