



The PAACS Bulletin

Monthly Newsletter • Issue 249 • April 2025



OUR MISSION

PAACS' mission is to glorify God by training and discipling African surgeons and related specialists to become Christ-like leaders and servants providing excellent and compassionate care to those most in need.

OUR VISION

PAACS envisions a growing number of African surgeons and related specialists living out the Gospel and ministering to the sick.

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FROM THE DESK OF THE CEO



Susan Koshy, JD, MPH
Chief Executive Officer

Dear PAACS Family,

We are nearing the end of another fiscal year on June 30th and marking another phenomenal year for PAACS. Just a few weeks ago, from April 11-12, our Board of Directors met in Chicago. It was a great way to begin wrapping up our fiscal year and preparing for the years ahead. We engaged in governance training, reviewed our financial standing, and took decisive steps toward refining our next 5-year strategic plan, set to commence in 2026.

This month, we also held two successful fundraising events in Minnesota and Wisconsin. These experiences reminded us of the strong support we enjoy from the PAACS community. Every contribution and word of encouragement reinforces our commitment to training and discipling the next generation of African Christian surgeons and related specialists.



In our monthly prayer call on April 14th, we focused on Angola, discussing the economic situation, the PAACS program at CEML, its faculty and residents, as well as our alumni and the broader organization. A heartfelt thank you to all who joined us. Our next call is scheduled for Monday, May 12, 2025. Please mark your calendars; we look forward to your participation.

As the fiscal year draws to a close on June 30th, we find ourselves in a period of reflection and anticipation. We are meticulously preparing to wrap up the year while also setting a strong foundation for the future. This time allows us to assess our achievements and identify areas for growth, ensuring the optimal use of every resource entrusted to us.

Looking ahead to the next fiscal year, we are excited to soon celebrate a significant milestone—30 years of ministry. Reflecting on God's faithful guidance over these years, I am grateful and continue to trust in His wisdom to lead us forward. With His guidance, I am confident that together, we will continue to make a lasting impact on healthcare and God's kingdom in Africa.

Blessings,

A handwritten signature in blue ink that reads "Susan A. Koshy".

Susan A. Koshy, JD, MPH
Chief Executive Officer

PAACS BOARD OF DIRECTORS MEETING SPRING 2025

From April 11th to the 12th, PAACS hosted the Board of Directors meeting in Chicago, IL—a gathering marked by learning and focused, strategic planning. A majority of board members—16 in total including ex-officio members—were able to attend in-person, along with two honored guests, eight members of the administrative team, and an additional six who joined via Zoom.

The meeting began at 7:30 AM on Friday with a time of devotional, prayer, and worship, led by Rev. Stan Key, the former Spiritual Dean, setting a spiritually grounded tone for our discussions. Presentations began with an orientation to the board on the workings and structure of the organization. Chief Executive Officer, Mrs. Susan Koshy, outlined the overarching structure, followed by an explanation of the academic programs from Executive Vice President, Dr. Keir Thelander. Spiritual Dean, Rev. Ed Scarce, then discussed the spiritual programming, and the session concluded with financial insights from Chief Financial Officer, Mrs. Renee Fink, and Treasurer, Mr. George Bayless.

After lunch, the session continued with spirit-led governance training led by Dr. John Mellinger. This was followed by productive updates from each committee, discussing their actions and progress over the past year. One of the day's highlights was the discussion on new programs for PAACS, which culminated in the approval of a new specialty in Urology. This new program is expected to begin at AIC Kijabe Hospital in January 2026.

The meeting also included a full comprehensive report from Executive Vice President, Dr. Thelander and other discussions on topics such as avoiding mission drift and a session titled “Who and Where Does God Want PAACS to be in 2031”. New faculty members were approved, and detailed discussions took place around research, faculty development, the PAACS Alumni Travel Fellowship, and fundraising initiatives.

Our sessions resumed early on Saturday morning with worship and prayer led by PAACS Founder, Dr. David Thompson. The morning was dedicated to discussing the next 5-year strategic plan for PAACS, guided by Dr. David Ugai from Mercy Ships, ensuring that our future initiatives align with our vision and mission. The day also included various break-out sessions for smaller groups to hold deeper discussions. This meeting has set a strong foundation for the future of PAACS. We are grateful for the dedication and spirit-led guidance that characterizes our PAACS community.



WHITE COAT, WASHED FEET, AND THE MAJESTY OF HUMILITY



Gezahegn Tilahun, MD
Assistant Program Director, General Surgery Program
Soddo Christian Hospital

On Wednesday morning, February 12, we celebrated a treasured tradition at Soddo Christian Hospital — the white coat and foot washing ceremony for our new surgical residents. This year, we joyfully welcomed Dr. Bantayehu Jifara and Dr. Misgana Gallo into our General Surgery program and Dr. Biruk Tafesse into the Orthopedic Surgery program.

The white coat ceremony is a symbolic and sacred event, marking the beginning of a resident's journey. Historically, this tradition began with black coats, symbolizing scholarly seriousness. Over time it shifted to white coats, signifying purity, service, and the commitment to care.

But here at Soddo and in other PAACS training programs, we've given this ceremony an even deeper meaning. For us, it's not just a formal rite — it's a time to remember, reflect on, and imitate the humility of our Lord Jesus Christ. That's why we include a foot washing ceremony, echoing the powerful moment when Jesus, the Creator of the universe, knelt to wash the feet of His disciples.



Think of it: This Lord, who designed the galaxies, who holds all things together — He washed the dusty feet of His followers like a servant. Our Earth, just a speck in the cosmos, contains over 8 billion people.

And Jesus knows every one by name — he knows the number of hairs on their head and the DNA in every cell. He hears their prayers in an instant. He knows all the creatures in every forest and the mysteries that lie beneath every ocean. Do you comprehend that? He is truly beyond comprehension!



And yet—He knelt and washed feet. He served. He humbled Himself (John 13:1-20). This is the Lord we follow who is beyond comprehension in His might and also humility.

Our foot washing day is more than just a ceremony or another Wednesday morning chapel service. It is full of longing—a day we eagerly await each year. It refreshes our spirit and renews our purpose. It reminds us that once we were lost, but now we are rescued. Once we were sinners, but now we carry His holiness. We are called to be humble like Him in His grace. Yes, humility is possible in His grace.

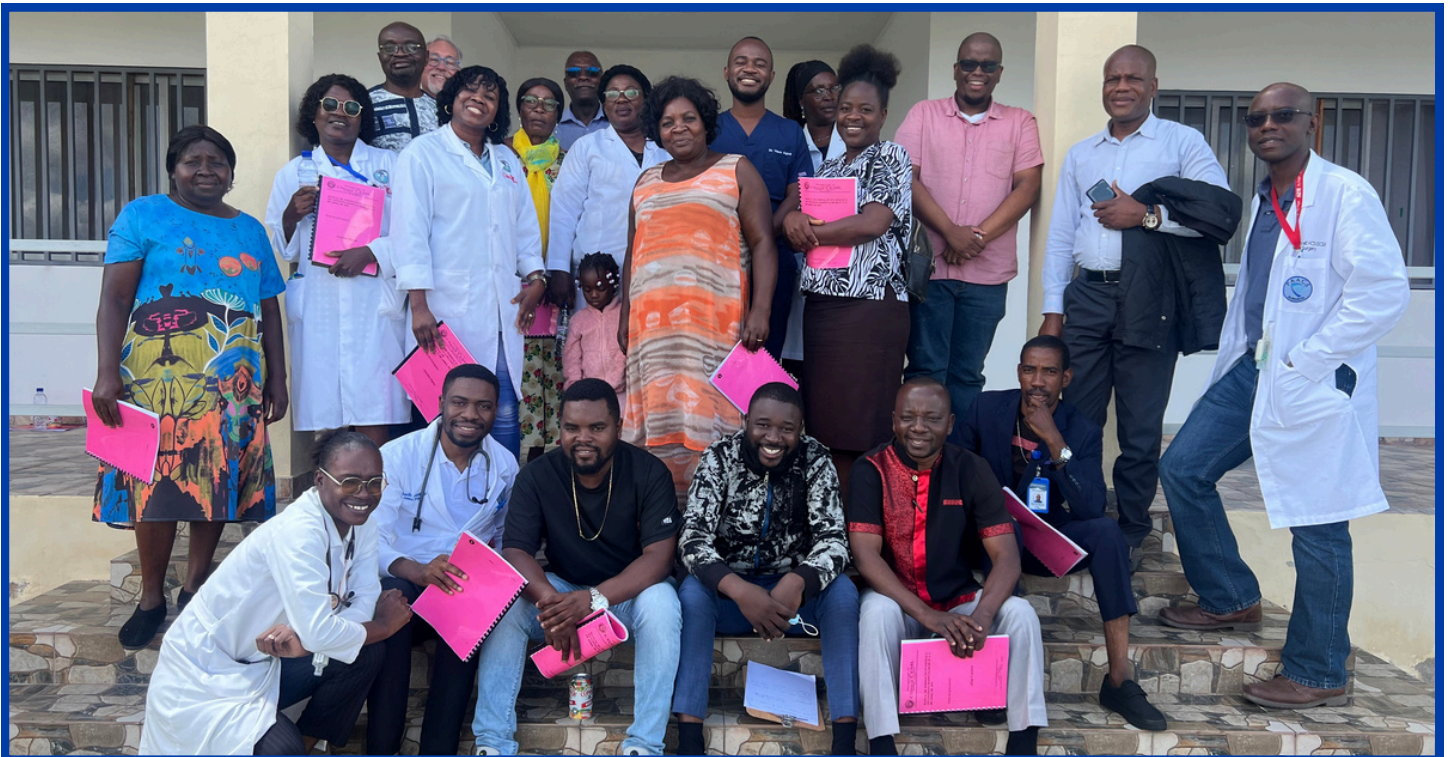
And this Lord who once washed feet is coming back again soon. And this time He will not come to suffer, but to reign and bring salvation to those who wait for Him (Heb. 9:28). Let's be patient and wait upon Him. We will be changed instantly when He appears in the cloud (1 Cor. 15:51-53). "The Spirit and the bride say, "Come!" And let him who hears say, "Come!" Amen. Come, Lord Jesus (Rev. 22:17,20).



SALINE PROCESS TRAINING AT CEML

**Ed Searce, DMin, ThM
PAACS Spiritual Dean**

Dr. Annelise Olsen and Dr. Sam Fabiano, the Program Co-Directors at Centro Evangélico de Medicina do Lubango (CEML), recently shared that during the second week of April, the PAACS program at CEML hosted a Saline course for its residents and extended the invitation to the hospital staff. They had 40 participants, including their 4 residents, and representatives from every department of the hospital. It was a delightful time of learning from the trainers, Dr. Augustin and Dr. Sobekwa. The staff and residents were very happy with the training, with many saying that they now have the tools to engage with patients regarding their spiritual needs. CEML has set a goal to train every staff member in the Saline process. At least one more training is being planned for this year, and another for next year. Pray that CEML's residents will be able to use what they have learned to further the kingdom of God here on Earth.



ELECTIVE ROTATION AT ELWA HOSPITAL

Brent Sherwin, MD
Program Director, General Surgery
Malamulo Adventist Hospital

Just this past month one of our fourth-year residents, Dr. Matthew Kolleh, had the privilege of rotating with three PAACS surgeons working at ELWA Hospital in Liberia. Please see Dr. Kolleh's story below of how these three surgeons impacted him with their Christlike leadership.

"Although ELWA Hospital is not a PAACS training center, my rotation there was exceptional, enriched by the presence of three PAACS surgeons. The holistic approach to patient care, characterized by compassion, dedication, and resident mentoring, fostered a sense of unity. Our shared moments of prayer and family gatherings outside the hospital underscored our bond as a community devoted to discipleship in the name of Jesus Christ. Working alongside such a humble and brilliant team allowed me to appreciate the far-reaching profound impact of PAACS beyond its designated training sites and countries. I pray that the Lord sustains this ministry and provides ample support as it trains men and women to deliver excellent care in the spirit of Christ Jesus. Without these skilled individuals, many lives across Africa would be at risk."

Mathew Kolleh, MD
General Surgery Resident
Malamulo Adventist Hospital



Drs. Audry Banza, Elvis Mbanzabugabo, Matthew Kolleh, Musavuli Juvenal



MALAMULO WHITE COAT CEREMONY

Brent Sherwin, MD
Program Director, General Surgery
Malamulo Adventist Hospital

The Malamulo family had a wonderful white coat ceremony for our newest residents, Drs. Francis Donda and Joela Hayibor. The support from the hospital was the best I have ever seen and we were able to incorporate several of our staff into the program. The highlight of the ceremony was the foot washing and having our hospital chaplain, Pastor Moyo, give some words of encouragement as the residents continue on their journey of becoming Christlike surgical leaders. We finished the program with a prayer of dedication for the residents, their families, and the entire hospital team. We thank God for leading Francis and Joela to our program and look forward to the plans He has in store for them!



PAACS WELCOMES "THE STREAM TEAM" TO ITS FAMILY OF TRAINING PROGRAMS



Ronald S. Sutherland, MD, FACS
Co-Director PAACS Urology Council

On Saturday, April 12, 2025, the PAACS Board approved the establishment of the first Urology training program at AIC Kijabe Hospital in Kenya. Anticipated to start in January 2026, the program will welcome its first fellow. For Drs. Irungu Juma and Jack Barasa, both urologists at Kijabe, as well as many other general surgeons at Kijabe who have cared for countless numbers of urological patients, this is a dream come true, an answered prayer. With great respect for our PAACS general surgery colleagues throughout Africa who have had to manage urological disease alone in rural areas, help is on the way!

The burden of urological disease in Africa is part of the overall sad story of unmet surgical needs in Africa. Like general surgeons and other subspecialty surgeons, the need for urologists is enormous. In a recent review of general surgery case logs, 15% of all PAACS cases were urological; among pediatric surgeon cases, the list was as high as 40%. When PAACS faculty surgeons were asked whether they needed a urologist in their program, all answered with a resounding, "Yes!"

In 2005, Dr. Jean Claude Bataneni, then resident at the program in Gabon, asked me if I could help him to get extra training in urology. "Prof! There are so many urology patients we don't know how to care for them all!" he exclaimed. Sadly, at that time, the more pressing need was for general surgeons, and Dr. Bataneni followed the Lord to the Democratic Republic of Congo to honor his commitment. Now 20+ years later he is challenged while taking care of urology patients and hopes to start a PAACS general surgery training program in the DRC. Upon learning that a urology training program was in development, he told me, "Maybe one day I can send someone from my hospital to Kijabe to become a urologist to help us here in DRC." One day, indeed, by God's grace.

Weary of taking on thousands of urology patients at Kijabe each year, Drs. Juma and Barasa, are more than ready to multiply the urology force at Kijabe and beyond. A new addition to the faculty at Kijabe is likely to start in the coming months, urologist

Dr. Emmanuel Kiniga, will provide much needed support and expertise. By God's grace, the new urology fellow will enter a well-staffed, three-year fellowship program after having completed 5-years of general surgery. Upon graduation, the PAACS Urology Council recommends the urologists, fully trained in both general surgery and urology, serve at other PAACS training programs where they can be of maximal support. In the future when general surgery programs have sufficient staffing and the number of urologists has increased, consideration will be made to take trainees after only 2 years of general surgery, rather than require the full 5 years.

Now with an approved curriculum and PAACS recognition, the AIC Kijabe Urology Program, under the direction of Drs. Juma and Barasa, will begin the search for its first fellow. We urge the PAACS family to pray for that individual, whoever he or she may be, as well as for the program faculty and the program itself as they move to the starting line. As the race begins, pray also for the referees: the PAACS Urology Council, the Board, the College of Surgeons of East, Central, and Southern Africa (COSECSA), and the Kenya Medical Dental Practitioners Council from whom the program still requires certification. God continues to grow the PAACS family, and now we welcome our latest "baby," Urology.

UROLOGY FACULTY AT AIC KIJABE



*Dr. Jack
Barasa*



*Dr. Irungu
Juma*



*Dr. Emmanuel
Kiniga*

PAACS VISIT BERE ADVENTIST HOSPITAL IN CHAD

Keir Thelander, MD, FACS, FWACS, FCS (ECSA)
Executive Vice President



PAACS Executive Vice President Keir Thelander and PAACS Academic Dean Emeritus John Tarpley had the opportunity to visit Bere Adventist Hospital. Chad is a country of about 17 million people and around 40 surgeons. Meeting PAACS grad, Dr. Asaph Elvam in N'Djamena allowed us a visit to Guinebor 2 Hospital situated on the outskirts of the city. This humble facility initiated us to the 105 degree heat and welcoming attitude of the Chadian people. After a couple days to adjust, the three of us embarked by plane for Bere. The contrast from the lush green forests of Gabon could not be mistaken, being surrounded by dust and just a few trees. The just over one hour flight brought us to being received by the Bere Adventist Hospital team. After a short rest, a tour of the hospital revealed a few of the challenges of this context, where almost all the patients spent most of the day outside due to the stifling heat inside buildings. The sense of team unity was obvious throughout the visit as they clearly carry each other's burdens mentally, emotionally, and spiritually. Separated buildings allow a space to reflect when moving from one building to the next. Our tour culminated in a dusk visit to the under-construction "future PAACS trainee" housing units and 4-room theater providing space for a huge advancement in sterile processing, preoperative care, postoperative care, and more than adequate for surgical training. The next morning devotions were engaging as we heard from the chaplain team and then moved just a few meters to present to a packed room of staff interested in learning about L'APACC (PAACS). Meetings with administration clearly demonstrated their interest in such a collaboration in surgical training and discipleship to help address the immense needs in this country. The courage and perseverance of the staff including Director Staci Davenport, surgeons Andrew Trecartin, Laurel Guthrie, and Stephen Waterbrook, and the rest of the team show clearly in their love for Bere Adventist Hospital, its staff, and patients. Pray with us as we advance this partnership. May the Lord guide us to the correct timing to begin training in this austere environment.



REFLECTIONS FROM THE SOCIETY OF SURGICAL ONCOLOGY (SSO) ANNUAL MEETING – 2025



Joseph Mkandawire, MD
General Surgery Resident
Malamulo Adventist Hospital

Attending the SSO Annual Meeting in Tampa, Florida (March 27–29, 2025) was an inspiring experience. Over 1,000 surgical oncologists from more than 40 countries gathered under the theme “Discovery.” As a new resident-member, I presented a poster on Esophageal Cancer in Malawi—a cohort study from Malamulo Adventist and Queen Elizabeth Central Hospitals.



Several key themes stood out:

1

Robotics vs. Laparoscopy:

A robotic pancreas surgeon noted, “Laparoscopy is 1980s technology.” While robotics offers exciting potential, the reality in low-resource settings like ours is that even laparoscopy remains underutilized. The challenge remains access and affordability.

2

Precision Oncology:

A Widening Gap Sessions highlighted the rise of biomarker-driven treatment. Yet, routine biomarker testing is still inaccessible in most African contexts, signaling a growing disparity and urgent need for diagnostic infrastructure.

3

Training African Surgical Oncologists:

I raised concerns about limited fellowship pathways under COSECSA/WACS. Encouragingly, I learned of emerging collaborations with institutions like Loma Linda University aimed at developing Africa-specific solutions.

4

Local Innovation, Not Imitation:

Dr. Kapoor’s talk on context-driven breast cancer care echoed my own workflow in Malawi—performing bedside ultrasounds and localizations. Practices I once viewed as temporary are, in fact, efficient and sustainable solutions being adopted globally.

This meeting affirmed the relevance of African voices in global oncology. I return motivated to apply these insights in building more equitable, locally-driven cancer care systems.

COSECSA–JAPAN SURGICAL SOCIETY EXCHANGE FELLOWSHIP: A MEMORABLE EXPERIENCE

Joseph Mkandawire, MD
General Surgery Resident
Malamulo Adventist Hospital

Ngam Blessing Ngoin, MD
2024 PAACS Graduate
Mbingo Baptist Hospital

In an earnest effort to boost collaboration and provide trainees and younger members of the College of Surgeons of East, Central and Southern Africa (COSECSA) with opportunities to present their work at international meetings, the Japan Surgical Society (JSS) selected three trainees in 2024 to deliver podium presentations at their Annual Congress from April 10-12, 2025, in Sendai, Japan.

Dr. Joseph Mkandawire, a PGY5 PAACS trainee in General Surgery at Malamulo Adventist Hospital Malawi, and Dr. Ngam Blessing Ngoin, a recent General Surgery graduate from Mbingo Baptist Hospital Cameroon, emerged winners of this travel grant.

Dr. Mkandawire presented on “The Impact of Diagnostic Delays on Esophageal Cancer Outcomes in Southern Malawi,” while Dr. Ngam presented on “Leveling the Playing Field for Laparoscopy: The Impact of a Low-Cost Simulation-Based Training Tool in Cameroon.” In addition to their presentations, they attended various product exhibitions, including hands-on practice on robotic surgical systems such as the Da Vinci 5, Hugo, and Hinotori™ robots.

Drs. Mkandawire and Ngam also participated in facility tours and observerships—Dr. Mkandawire at the Jikei University Hospital in Tokyo and Dr. Ngam at the Institute for Science in Tokyo, both focusing on hepatopancreatobiliary and other GI surgeries.

“It was amazing to witness a segmental hepatectomy for colon cancer metastasis performed live in such a technologically-advanced setting. However, what struck me more was that, having observed the procedure from start to finish, with the right training, these are not procedures beyond the reach of our ECSA region—despite current technological limitations.” - Mkandawire Joseph

“The comfort zones of some surgeons will remain the graveyard of many cancer patients. We can provide better care. Let a research culture be the rudder that stirs us toward the uncharted waters. LMIC surgeons are ingenious people who can adapt practices from around the globe to provide better care in our resource-limited settings. Knowledge about these endless possibilities can only be acquired through exchange programs like this. Grateful!” - Ngam Blessing



MEDEAFRICA CONFERENCE 2025

A circular portrait of John Tarpley, MD, with a white beard and mustache, wearing a light-colored shirt. The background of the portrait is a dark, textured pattern.

John Tarpley, MD
Prior Academic Dean

The MedEdAfrica Advancing Medical Education in Africa: A Collaborative Leadership Conference, took place in Kigali, Rwanda March 24-25, 2025.

Dean Abebe Bekele of the University of Global Health Equity (UGHE) saw the need for the deans of the medical colleges in Africa to meet and consider forming an association to share best practices and developing a common curriculum across the continent. The conference was his brainchild in part when he, a Professor of General and Thoracic Surgery, assumed the CEO position of the Black Lion Teaching Hospital and Dean of the School of Medicine of Addis Ababa University, the premier medical school in Ethiopia, with little to no orientation.



Abebe Bekele, MD, FCS (ECSA), FACS is the Dean and Deputy Vice Chancellor for Academic Affairs and Research at the University of Global Health Equity, Butaro, Rwanda

A long-standing good relationship exists between the UGHE and PAACS. On the one hand, Dean Abebe* has been a leader in COSECSA where he currently serves as a member of the Governing Council, Chairman of the Examinations and Credentials Committee, and Editor-in Chief of the East and Central Africa Journal of Surgery. PAACS colleagues at UGHE include Dr. Barnabas Alayande, an organizer of the MedEdAfrica Conference, and Dr. Robert Riviello of the Mass General Brigham. Dr. Phil Hsu of the University of Michigan, now based in Rwanda as part of his Personal Development year (formerly called “research year”), attended and presented.

Attendees included 137 deans of African medical schools, 115 in-person and another 22 virtually. The program involved plenary sessions, keynote addresses, panels, breakout sessions, and poster presentations covering the gamut of current realities, challenges, needs, and priorities across the continent.

One goal was to see if the deans were willing and ready to create an Association of African Deans of Medical Schools, as prevails in other regions globally. The deans did agree and launched their association. They selected Dean/Prof Lionel Green Thompson of the University of Cape Town as their leader going forward.

PAACS Executive Vice President Keir Thelander and I—as prior Academic Dean—attended this conference to stay attuned to medical education challenges and realities in Africa, to show PAACS’s interest and involvement, and to promote PAACS.

See [MedEdAfrica - Google Search](#) and [University of Global Health Equity](#)

**Order of names in Ethiopia - Search: In Ethiopia, individuals receive three names: the first is the individual's name; the middle name is their father's name; the final name is a grandfather's name. There are no surnames, and women do not change their names at marriage.*



MESSAGE FROM THE ACADEMIC DEAN

Christopher Moir, MD
PAACS Academic Dean

How do we make decisions? Some surgeons choose correctly whereas others—don't, and patients suffer. We say the right ones have good judgement. Their wisdom seems almost mystical. Especially when under attack at 3 AM. What is it that makes them so good? How do we avoid being stalked by anguish?

This was an ancient question that Nehemiah answered as leader of the refugees from Babylon. It was his job to rebuild the walls of Jerusalem and restore the Israelite culture of covenant community. Yet, his workers were priests and goldsmiths who knew nothing about walls. And against him were enemies and fools. No way Nehemiah could have good judgement in that situation. How did he choose the right path, discern the truth of his opponents, uncover foolishness, and foil their attacks?

First, he saw the problem clearly. Each opponent was a powerful type: political, spiritual, and economic. Together they used pre Machiavellian, nay devilish, brilliance to stop Nehemiah. The attacks weren't just external, but from within the system Nehemiah worked. He saw what was going on. These were real. Just like attacks on us at work. Face the fear.

Next, in that fear and disappointment, Nehemiah chose wise actions. He didn't quit or plot revenge. Instead, he had long anticipated suffering and faced each hardship as a choice to know God's will. He had spiritual alertness, used prayer, knowledge of God's word and trust when afraid. It was a formula we can recite from biblical memory. But how does it work?

Try the **4P approach** to know God's will and make the right decision. (And for those hesitant to ask—no, none refer to the prostate.)

- **Prompting** of God's Spirit
- **Principles** of God's Word
- **Providence** of God's Hand
- **People** of God's Church

Pretty good but still, isn't this just spiritual discernment? Nehemiah was street smart. How could these spiritual truths cover everything in his day job? These didn't say what to do when invited to an ambush in the desert. Or, how to know the corrective actions for our susceptibility to perfectionistic honor and hyper-responsibility. How did he get that way? He learned. And yes, we must also read a book or two. We must. PAACS trains us to do so. Much must be done. But to stay at that level means nothing to a world that doesn't care about our struggle to discern God's will. Instead, all they know is that smart people can still be idiots, easily deceived. When virtues of compassion and duty are out of balance, we are manipulated and corrupted. Nehemiah wasn't. Why?

In the Sistine Chapel, Adam ever reaches for the fingertip of God's outstretched hand. Michelangelo's *The Creation of Adam* poses a central question of character and wisdom. How do we liminal beings touch God? How do we discern? How do we be as courageous as Esther, as loyal as Ruth, as visionary and resolute as Nehemiah and not as stupid as Jonah? Michelangelo painted the mystical tension between divine clarity and human frailty.

Christ died to resolve that tension. The gap that held our hungry but hesitant, passive longing became a complete embrace as He took on the iniquities that separated us. Through embodied love, He brought us near.

MESSAGE FROM THE ACADEMIC DEAN (CONTINUED)

External tension become internal Presence. We are empowered, not embittered. Not vengeful. Not clueless.

Maybe those truths of Nehemiah and the 4Ps do cover it all. Maybe following Christ through Nehemiah's example is the most basic story of all. So basic it is foundational. So foundational, it is hard. And so hard, it leads to dying to self and life-changing transformation.

Who would stay in the perpetual anxiety of being smart but not knowing Christ when the Divine yearns toward us? Can it be so difficult to change that we'd rather work at something else? Like resolve to be better, be a good person, study all the great books of surgery and morality and ethics. We can do great things but still end up on the fool side of the chart.

Nehemiah didn't because he knew God. Yes, he worked on becoming educated, but first, he knew God. And in doing so, his wisdom was able to get goldsmiths and perfumers to build a stone wall while he morally foiled his enemies. Not bad. And ultimately, it's not really that hard. Which one of us doesn't want to touch the hand of God?

As Academic Dean, my job is to work with PAACS and Dr. Keir to help teach you well. And I will. It's my pledge, that for every patient you care for, they will be touched by hands trained to do the absolute best. But know this first. Nothing we ever do, nothing, is more important than first being touched by the hand of God.

See you redeemed saints in the OR.

ALUMNI TRAVEL FELLOWSHIP

Steve Doane, MD **PAACS Board of Directors** **Member-at-Large (GS)**



Dr. Steve Doane with 2024 PAACS Alumni Travel Fellow, **Dr. Philadelphie Dembele.**

PAACS is again soliciting applications for its Alumni Travel Fellowship for 2026, to be awarded to a graduate greater than five years into surgical practice. The itinerary will include participating in promotional events on behalf of PAACS and in professional enrichment activities at local hospitals.

We are looking for general surgeons, orthopedists, and other specialists who would be eager to host a graduate at their home and/or at their hospital service for a few days in September/October of either this year or next. We are also looking for PAACS enthusiasts (of any background) who would be excited to host a fundraiser on behalf of PAACS, which would also include a presentation regarding the ministry of the PAACS graduate.

Hosts in previous years have greatly enjoyed the time to interact with the Alumni Travel Fellows and support them in this way. PAACS would actively assist with the logistics of making such a visit successful. Please contact Deborah Pedziwol at deborah.pedziwol@paacs.net if you are interested in helping us with this worthwhile experience.

PRAYER & PRAISE

- Pray for God's favor over all PAACS training and discipleship programs, that they will glorify God and be used to impact Africa for His Kingdom.
- Pray for a majority of PAACS trainees as they prepare for their annual PAACS exams which will be held in June.
- Pray for wisdom as Program Directors and faculty members begin reviewing their applicants in the coming weeks. Including all programs, PAACS has received over 450 applications to enter the PAACS program in 2026.

Each month, we pray for residents by name. Please join us this month by covering these residents in prayer:

- Armah Toko Wilson
- Benjamin Hamidou
- Glodi Tshibuabua
- Jacques Maomy
- Junior Lubanda
- Noble Tinashe Kufa
- Benedito Joaquim
- Ilda Badukila
- Tchombé Hermenegildo
- Vasco Kupua



ARTICLES ON SURGERY, OB/GYN, AND ANESTHESIA

Compiled by Margaret Tarpley

- [On the Shoulders of Giants: The Specialist Surgeon Workforce in East, Central and Southern Africa](#)
- [Communication in the operating room – No longer cold and sterile](#)
- [How teaching surgeons communicate: An analysis of intraoperative discourse among male and female surgeons](#)
- [Surgical success in obstetric fistula repair and associated factors: findings from a retrospective cohort study in Zambia](#)
- [Understanding Women's Pregnancy Intentions, Decision-Making, and Factors Influencing Reproductive Choices After Genital Fistula Repair in Uganda: A Qualitative Study](#)
- [Appendicectomy plus standard medical therapy versus standard medical therapy alone for maintenance of remission in ulcerative colitis \(ACCURE\): a pragmatic, open-label, international, randomised trial](#)
- [Innovative laparoscopic 'Tunnel' approach in managing hiatal hernia with gastroesophageal reflux disease: a retrospective study](#)
- [Removable Boot vs Casting of Toddler's Fractures A Randomized Clinical Trial](#)
- [Appendicectomy: a novel treatment for ulcerative colitis?](#)

[Read more articles compiled by Margaret Tarpley by clicking here!](#)

PARTNER WITH PAACS



GIVE (U.S.)

GIVE (Canada)

GIVE (UK)

GIVE (Other)

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