



# The PAACS Bulletin

Monthly Newsletter • Issue 250 • May 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,

This month marks a special milestone—the 250th issue of the PAACS Bulletin! The Bulletin began in 1996 as a simple means of communication between a few mission hospitals. It has now become a powerful tool to share extraordinary news of the PAACS programs, residents, graduates, and ministry. In those early days, there were no residents yet—just a bold vision and a willingness to step forward in faith. Today, that vision continues to unfold in ways only God could orchestrate.

As we celebrate this milestone, we do so with hearts of gratitude—for how far the Lord has brought us, and for partners like you who have faithfully walked this journey with us. Each issue tells a part of the PAACS story, a story that continues to grow as we train and disciple more Christian surgeons and related specialists to bring healing and hope across Africa.

Now, just as in 1996, we are looking ahead with dependence on God and a clear sense of purpose. With June 30th marking the end of our fiscal year, we are trusting Him to help us reach our goal of raising over \$4.2 million to support the training of 186 residents in 2025. Your partnership makes this possible.



*Susan with Dr. Jennifer Jukanovich, Executive Director - Kijabe Children's Education Fund*

As we celebrate the past, we are also planning boldly for the future. The next 5-year strategic plan is in development as we seek God's direction for how PAACS can continue to grow in both depth and reach. At the same time, we are preparing for a major fundraising event in Houston this June, praying it will plant new seeds of support to carry the ministry forward.

While we are preparing for what's ahead, our residents are also hard at work. In early June, many will take their annual PAACS exams. Would you please join us in praying for wisdom, confidence, and peace for them? Pray that each resident would feel God's presence, recall what they have studied, and continue growing into the compassionate, Christ-centered surgeons they are called to be.

Finally, as we look for fresh insights and opportunities to strengthen our work, I had the privilege of attending the Christian Leadership Alliance Conference recently. It was great to connect with a few of our current partners, build new relationships, and learn from others serving in Christ-centered ministries around the world. Moments like these reaffirm how much we need one another—and how powerfully God works when we come together for His glory.

From that very first bulletin to this 250th issue, one truth has never changed: PAACS belongs to God. We are simply stewards of the story He continues to write—and if you are reading this today, then you are part of it. And for that, we thank you.

Blessings,

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

Susan A. Koshy, JD, MPH  
Chief Executive Officer



# FROM A MUSTARD SEED TO A MINISTRY: CELEBRATING THE 250TH ISSUE OF THE PAACS BULLETIN



When the first PAACS Bulletin was published in June 1996, there were no residents, no official programs, and no certainty of what would come next.

There was only a vision—rooted in faith—that missionary surgeons should do more than meet today's need. They should train African doctors to be surgeons who could go further and do more, offering both skill and the love of Christ where it was most needed.

The bulletin was born out of necessity. In an era when reliable internet access was rare and program directors were isolated, the PAACS Bulletin became a lifeline—sharing ideas, raising urgent questions, and building community across scattered mission hospitals. Issue after issue, it captured the hope and realism of a growing ministry.

In those early years, PAACS was described as a “mustard seed,” and without any residents it was like a “sailboat without a sail”. The first ten issues, spanning nearly five years, tell a story not just of ambition, but of humility and hard-earned perseverance. Programs opened and closed. Civil wars disrupted progress. Skepticism lingered. It was once said that PAACS would not survive unless God wanted it to survive.

## And God did.

*Note: You will see in these original bulletin excerpts the ministry is referenced as PACCS. It was originally called the Pan-African College of Christian Surgeons (PACCS) until 2004 when the name was changed to the Pan-African Academy of Christian Surgeons. (PAACS).*

## Bulletin Excerpts

### Issue #1

June 1996

The P.A.C.C.S. Bulletin: information and a forum for P.A.C.C.S.? - Bulletin # 2 will come out in a few months when there are new developments and after I've heard your reaction to some of these ideas. Since frequent meetings between us will be difficult, if not impossible, I would like to suggest that these bulletins become a forum where we can air ideas and propose solutions. Let me hear from you!

David C. Thompson, MD  
P.A.C.C.S. Co-ordinator

### Issue #2

August 1996

#### Editorial

It is my belief that if African governments or existing medical institutions are unable or unwilling to train enough surgeons to care for their populations, missionary surgeons have a responsibility to do more than try to fill the void. And when we eventually wear out and go home, where are the surgeons going to come from to replace us? The Association of Surgeons of East Africa? Approved government training programs? It hasn't happened yet. We need to be training qualified African doctors to do all that we can do and more, and we need to be doing it right now. More missionary surgeons are not the solution.

Every private organization looks weak and inauspicious at its creation. We should not be surprised when candidates confident of winning better credentials in established training programs express skepticism at what we have to offer. There will still be others equally gifted who will see in our program a heaven-sent opportunity to serve God and their fellow man with skill and faith. Until we begin to produce outstanding surgeons, we should not be surprised that African governments or anybody, for that matter, finds it difficult to take the P.A.C.C.S. seriously. *So lets get started!*

- David C. Thompson

### Issue #3

January 1997

#### EDITORIAL: How can we communicate?

Despite the revolution in communication that began a decade ago with the fax machine culminating in international E-mail, our eight Training Centers (nine with Djoungolo EPC Hospital) seem to be working in almost complete isolation from each other. Is the problem because the communications revolution has bypassed much of Africa, or is it something else? My best source of information about the trials and blessings of trying to train surgery residents on a shoestring has come from Dr. Harold Adolph in Niger. Over the past year he and I have communicated between Niger and Gabon using the postal service. Could the problem be that our busy or even exhausting schedules make it difficult for us to sit down and write to each other? I know this is my biggest problem. But unless we Program Directors make an effort to communicate with each other, our organization will remain disjointed, disorganized, and probably ineffective. Until the day comes that we can talk to each other on an E-mail electronic PACCS bulletin board, **this bulletin may be our best means of talking to each other.** Join in the discussion, and reach me by e-mail at **ARNOLD R. SOLVIG.102760.2314**, or send me a letter.

- David C. Thompson, MD

### Issue #4

September 1997

My 20 years in Africa have convinced me that with few exceptions, Africans are pragmatists. What government official would tell a missionary surgeon not to pass his skills on to an African doctor? The only difference from what has been done in the past and what we are trying to do now is that now we are beginning to train surgeons under the more rigorous academic rules of the PACCS. If we persevere, we will in time have something to back up our claims that we are a serious international organization. The old saying goes, “the proof is in the pudding.” At this point we have little more than a recipe for pudding. Only when we have succeeded in making great pudding will we have something interesting to offer our host governments to consider.

What about the “official recognition” of the PACCS? Those of us who are certified in surgery by the American Board of Surgery or by similar boards most likely did not ask the governments of the countries in which we work to recognize the validity of our certifying boards (at least I don't know of anyone who has). We simply presented our credentials to our host governments, and because our certifying organizations have a good reputation, our host governments took it on faith and gave us authorization to practice surgery on their citizens. **The PACCS is an international and pan-African organization, albeit the size of a mustard seed, and it does not need approval by African governments to exist. However, those who will eventually receive certification by the PACCS will at some point want their governments to recognize their status as fully-trained and qualified surgeons. That is when we will need to pull out all the stops, produce every credential we have, and prove that we are worthy of official trust.** Until then, we need to do a great deal of work and preparation. In addition to training surgeons, we will need to more closely involve in our programs Christian academic surgeons from the United States, Canada, Europe, and South Africa.”

David C. Thompson, M.D.  
Coordinator for Africa

# FROM A MUSTARD SEED TO A MINISTRY: CELEBRATING THE 250TH ISSUE OF THE PAACS BULLETIN

By April 2001, PAACS had just three residents in training. Today, 250 issues later, 187 surgeons have graduated, and 186 residents are currently being trained and disciplined across 28 programs in 12 African countries.

The communication challenges of the 1990s are long behind us, but the heartbeat of those early bulletins remains: PAACS exists to equip African physicians to be the hands and feet of Christ in the operating room and beyond. From that mustard seed has grown a movement—not just of surgical excellence, but of discipleship, compassion, and multiplication.

Looking back on the early bulletins, one truth resounds: this ministry was never about quick success. It was about obedience, step by step, through uncertainty and delay, believing that God could do more than anyone dared imagine.

As we celebrate the 250th issue, we give thanks for those who prayed when it seemed impossible, who taught when resources were scarce, and who gave generously to train the first—and now the next—generation of Christian surgeons and specialists for Africa.

**This is no longer a dream.  
It is a testimony.**

**Let us keep praying, writing, and working—until every corner of  
Africa has access to both healing and hope.**

## Issue #10

April 2001

### IN CONCLUSION

The PACCS appears to be gaining enough momentum for free flight, after a long period of slow development and aerodynamic self-assessment. In December, the first resident to complete four years of

PACCS training will return to Angola to the church and mission that supported him. A second resident will complete his training and return to his church's hospital in Madagascar the following year.

The two Baptist hospitals in northern Cameroon that are applying as one Training Center perform almost 4000 major surgeries a year. Other hospitals, like the smaller SDA Life Hospital in Nigeria, Tenwek Hospital in Kenya, and SIM's Evangel Hospital in Nigeria perform sophisticated procedures that are rarely seen in Bongolo and that can be of great benefit to PACCS residents. Dr. Kelumu Desta's hospital in Ethiopia also shows promise and may offer unique training opportunities, particularly in plastic and reconstructive surgery.

Dr. Dick Hart's statement that "the most important thing we bring to the table is credibility and integrity and we are glad to share and partner from this foundation" demonstrates the seriousness of the University's commitment.

If the Baptist Hospitals in Cameroon are approved as a Training Center at the Board of Governor's meeting in November, by January of 2002 the PACCS could have the potential to admit 4 additional residents (1 at Bongolo, 3 at Bango/Mbingo), raising the total from the three we have at present to six. Now is the time for all who are interested to be looking and praying for God to provide the qualified candidates we exist to train. Please be in prayer as well for the upcoming site visits, and that the PACCS will spread its wings and fly true to God's plan.

David C. Thompson, M.D.  
Editor

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# BONGOLO RETREAT: THE BEAUTY OF TRANSFORMATIONAL LIVING

Ed Searce, DMin, ThM  
PAACS Spiritual Dean

I was privileged to visit Bongolo Hospital, April 29th – May 4th. Several days were spent making rounds, observing in the OR and leading the Thursday morning Bible study.

Then we headed to Lambarene for a three-day spiritual retreat with the residents. Dr. Bintou Peterson, an ophthalmology resident at Bongolo, joined in the retreat also.

It was a wonderful time of fellowship, study, and fun at the retreat. The theme was “The Beauty of Transformational Living.” It was a study based on the 21 verses of Romans chapter 12.

The residents were very encouraged and appreciative of the time to get away for a few days to rest and study the Word together.

Here are a few of their comments-

*“May this message from Romans 12 and the teaching and revelation from this text be a life transforming moment for us all.”*

*“May we always hold first to what is good!”*

*“There are two lives. The first begins at birth, and the second begins when we discover the reason.”*

*“This study has truly blessed and inspired me, drawing me closer to God and deepening my understanding of His Word.”*

*“God’s love fills the entire universe. Let this love flow into our hearts so that we can see the world differently.”*

The beauty of the transformational life is that it is God who is doing the transforming through the power of the Holy Spirit. Which means God has supplied every strength we need, every grace we receive and the ability to love those who are hard to love. Praise be to the glory of God!





# TRAINED TO TRUST

Christopher Moir, MD  
PAACS Academic Dean

I knew it! I told you so! And you still did it! A few of us friends were discussing Jonah's anger at God for saving Nineveh. He couldn't abide God's mercy. But just a minute, we asked, wasn't this what prophets do? Get a win and not get all frothy with God for a good outcome? Did Jonah really drive away in wah-wah-wambulance of self-pity, whining at God for being gracious, compassionate and merciful, slow to anger, abounding in steadfast love, and relenting from disaster?

We were kerflummoxed. This was the same Jonah, right? The prophet who was growing algae instead of hair after hanging out inside a giant fish. How could he think he knew better?

One of us said gently,

***"Hey folks, remember we're all surgeons here."***

Oh right.

**We're good at this. Work hard, gain skills, make great decisions.**

**PAACS trains us so.**

We're critiqued if we don't. So, Jonah told God, I've trained hard as a prophet and I know this city. It must be destroyed. This is my job and I trust my professional opinion. But here, Jonah's trust was misplaced. He forgot what they told him in prophet school: hard work flows from transformation, it's a result not a precursor. Our skills are worked out of faith. They never buy it. Never. Jonah thought he owned his knowledge. And so, the reversal: Trust me, God, I'm right on this one.

OK, so he looked to his training instead of to God. But some of us were still confused. Wasn't this dude just saved from a whale? How could he not trust God? Do people ignore miracles? Yes, all the time, we reluctantly agreed after thinking about it. People still ask if God really meant it. Or, in pride and fear, channel CS Lewis who said we're not actually doubting God, we're just "wondering how painful the best for us (or Nineveh) will turn out to be." Whatever our pride and insecurities, woe to us for retreating into trusting ourselves, unrepentantly seeking solace in the world, anchoring our worth in shifting sands.

OK, so we felt the woe. Why didn't Jonah? Well, just like he worked hard to become a good prophet, he was actually right about Nineveh. The suffering of innocent civilians had to stop. It was time for consequential justice. No need to pray like Nehemiah before facing danger, this was a time of action. His trained response as a religious prophet-surgeon was to do a terrible cure for Nineveh. But here, Jonah was wrong again. God is sacred justice. He healed rather than destroyed the city.

# TRAINED TO TRUST (CONT'D)

That was the real reason for Jonah's anger: he looked inside himself for the surgical plan, trusting his trained sense of legal righteousness instead of God's. Sounds crazy for a prophet to be that way, but how about us surgeons? Jonah's danger is ours. When we're right we, too, just want to get it done. We're criticized for delay. We must get to work.

And then, the Counsellor spoke. With perfect empathy, God asked Jonah (and us) what was right. God used Jonah's own sense of right and wrong to help him see beyond himself. He encouraged thought rather than confrontation. God engaged with mercy and forgiveness.

We turned the page to see how it worked out. Alas, not well. Jonah sulked outside the city in his failed, selfish logic. He never did repent. We knew some surgeons like that but were still shocked to discover the book of Jonah ended without resolution. What? Raised on movies where the good guys always won, Jonah's no-answer was no way to finish.

Or was it? In one of the greatest non-statements of the Bible, Jonah was given another chance to figure it out. We who are loved, searched for, taught, and made not much lower than angels...we too are given that choice.

Later, Scripture told us our antihero Jonah likely said yes to God. Would we? Let's see. God said, give up yourself. Trust Me completely. Even when you're right, sacrifice yourself to knowing I am God and may have an even better answer. Where did we think truth came from anyway? So die to our own learned, trained, surgical sense of right.

Die? Give up all our teaching? No. Last month we said that'd be like Nehemiah giving up all his street smarts learned as a cup-bearer to King Ataxerxes. No. Die instead to the false sense of personal responsibility that once touched by God, it's now our turn to act with all our new knowledge and spiritual insight. Jonah made that mistake after being vomited by a whale. He was resuscitated but wasn't truly changed.

Thankfully, we can be fully transformed. Now, instead of saying thanks, God, we'll take it from here, we surgical experts can join with Christ and operate with Him at our sides, grace in our hands, and wisdom in our minds. And we don't have to smell like a fish. Well, not always. 3 AM perforations might still do that. But once touched by God, Jesus says open yourselves to the freedom of caring with Christ, celebrate that union, live rather than survive, love rather than live. We get to choose. Life in a piscine duodenum? Or love in the Divine? Make that choice and know God. Pray before each patient, pray in the operating room, listen even when the alarm bells are demanding action. God will always be there.

**PAACS trains us to be extraordinary,  
but only God makes us healers.**

**Every day, every patient, every  
operation. Toss the substitutes and  
find true joy.**



# THE POWER OF JESUS



**David Thompson, MD**  
**PAACS Founder**

About twenty years ago when I was a PAACS surgeon at Bongolo Hospital, I saw a 13-year-old boy from the Republic of Congo. His mother was a widow and she and the boy had walked more than 100 miles from their village in the Congo to get to our hospital. The boy had developed visible tumors in his neck, under his arms, and in his groin. On ultrasound we saw tumors in both organs. We biopsied one of the more accessible tumors and sent it to a pathologist in the U.S. with a visitor.

Two weeks later the diagnosis came back that he had non-Hodgkins Lymphoma, and the mother and her boy were still in the area. We explained to the boy's mother that without aggressive chemotherapy, her son had no chance of surviving a few more months. We had no access to chemotherapy at our hospital, and we sadly explained to his mother that the only place in the country that could treat him was in the capital city, 350 miles to the north.

When I suggested that I could perhaps pay for their travel, the mother shook her head emphatically and said, "We're not in this country legally and I don't know anyone in the capital city. I'll just take the boy home."

In that moment, the Lord whispered to me to pray for the boy's healing, so I said to the mother, "Since you've been here at our hospital, have you heard the chaplains talk about Jesus?" She nodded.

"Did they tell you that Jesus healed the sick with a touch or a word, because he is the Son of God? Did you hear him say that Jesus died for your sins, and that if you and your son put your faith and trust in Him today, He will forgive all your sins and adopt you into His own family?" Again she nodded. "Have you decided to follow Jesus?" I asked. At that, she looked down and shook her head. I hesitated, but the Lord was telling me to pray. I asked, "May I pray to Jesus for your son to be healed?" She looked up in surprise and nodded, so I laid both hands on the boy's shoulders and said, "Lord Jesus, we cannot help this boy, but You can. Please strengthen this woman's faith and heal her son!"

When I opened my eyes, the tumors were still there, but I felt an assurance that God was going to heal the boy. So I said to his mother, "Listen, I believe God is going to heal your son, but he's going to do it through your prayers, not mine! I want you to take him back to your home, and every morning, I want you to pray to Jesus as I have prayed for your son's healing. Will you do that?" Tears of hope were streaming down her face, and all she could do was nod.

My resident made an appointment for her to return with her son to our surgery clinic in two months, and she promised to return with him. Two months went by, and the woman and her son missed their appointment. Three months passed, then four, five, ten months.

# THE POWER OF JESUS (CONT'D)



I lost count and wondered what had happened. Had she kept her promise and prayed in faith, believing in Jesus? Or had she gone back to the Nganga for more witchcraft? Had the boy died?

One day after making rounds with our residents I went to our clinic to start seeing patients. There were at least 30 people sitting in the waiting area. As I inserted my key in the door a woman came behind me and said, "Doctor, I need to see you." Without looking at her I said, "You have to wait your turn, ma'am," and began to enter the clinic with my back to her. She said again, "Doctor, wait, please, I'm here with my son!" Now thoroughly irritated I turned to her to scold her when I recognized her. It was the Congolese woman, and there, standing next to her was a good-looking teenager who was now taller than his mother. That's when she said, "Doctor, it's my son! Jesus healed him!"

Once I recovered, I invited them in, all the while staring at the boy and blinking back tears. When I examined him, there was not a trace of the enlarged lymph nodes he had come with almost a year earlier in his neck, under his arms, in his groin. Nor was there any enlargement of his liver or his spleen. An ultrasound of his abdomen showed no tumors in his liver or spleen. There was no longer even a trace of the deadly disease he came with and that Jesus wiped away.

Before starting our clinic that day, I made sure all my residents saw the boy and heard the story of his healing. A widow's simple faith had brought healing to her son and blessing to her family and her village.

It is not just the power of surgery we are teaching our PAACS residents, but also the power of Jesus to transform people's hearts and bring healing to their bodies through faith.

## **PAACS Residents and Graduates:**

We would love to hear how God is working through you! If you have a patient story of transformation to share, please send it to our Communications Manager at:  
[julie.hayden@paacs.net](mailto:julie.hayden@paacs.net)

# GOOD NEWS TO SHARE

## MEET THE NEWEST MEMBERS OF THE PAACS ADMINISTRATION TEAM

We are excited to welcome two new members to the PAACS team!

- Peggy Orlando, Executive Operations Coordinator, will be supporting the daily operations of the organization and ensuring smooth internal processes as we continue to grow.
- Amy Hewitt, Manager of Foundation Relations and Grant Development, will be leading our work with foundations and helping secure vital funding to support our mission.

**Please join us in welcoming them to the PAACS family!**



Peggy Orlando



Amy Hewitt

## WHITE COAT CEREMONY - PAACS GALMI

We at Hôpital de la SIM - Galmi in Niger had a White Coat Ceremony for our new resident for 2025, Dr. Prince Mongu (from the DRC) to formally introduce him to our hospital and PAACS General Surgery Residency Program.

**Please be praying for Dr. Mongu as he transitions to life in Niger and studies and serves the Lord.**





# 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 guidance as the PAACS Board of Directors will plan to meet and review the Annual Budget for Fiscal Year 2025-2026.

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

- Abong Innocent
- Aime Mugisha
- Aminat Fagbenro
- Brad-Lot Igiraneza
- Louisa Nwachukwu Nneka
- Melance Kabanyegeye
- Neema Christian
- Prince Nzoko
- Andrew Adel
- Georges Shokry
- Shady Onsi Anis
- Top Maad



# ARTICLES ON SURGERY, OB/GYN, AND ANESTHESIA

Compiled by Margaret Tarpley

- [Effect of interventions on surgical site infections in Sub-Saharan Africa: a systematic review](#)
- [From Moral Injury Vulnerability to Protective Equity: The Voyage Every Surgeon Must Take](#)
- [Artificial Intelligence for Surgical Trainees: A Tool for Equity, Efficiency, and Evolution in East, Central, and Southern Africa](#)
- [Is negative pressure wound therapy beneficial for post-surgical wounds?](#)
- [Entrustable Professional Activities in Postgraduate General Surgery Training: A Scoping Review](#)
- [Outcomes of cesarean myomectomy in Singleton compared with twin pregnancies: a 10-year retrospective cohort study](#)
- [Disability in Surgery—A Call to Action](#)
- [Change in willingness for surgery and risk of joint replacement after an education and exercise program for hip/knee osteoarthritis: A longitudinal cohort study of 55,059 people](#)
- [Assessment of Postoperative Analgesia in Modified Radical Mastectomy Following Instillation of Bupivacaine through Surgical Drains](#)
- [An initial benchmark of the quality of the diagnosis and surgical treatment of breast cancer in South Africa](#)

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