



The PAACS Bulletin

Monthly Newsletter • Issue 262 • May 2026



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.

VISION

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

IN THIS ISSUE

- From the Desk of the CEO
- Ebola Update from the Democratic Republic of the Congo
- PAACS and the CMDA National Convention
- Minimally Invasive Surgery in Africa
- You Will Never Catch God by Surprise!
- GASOC Anesthesiology Conference: Kijabe Hospital
- Celebrating 30 Years of PAACS
- Call for Abstracts
- Good News
 - Held by His Hands Concert
 - PAACS Storefronts
- Prayer Requests/Praises
- Articles on Surgery

FROM THE DESK OF THE CEO



Susan Koshy, JD, MPH
Chief Executive Officer

Dear PAACS Family,

As we near the close of another fiscal year on June 30 at the Pan-African Academy of Christian Surgeons (PAACS), I give God all praise for His continued faithfulness to this ministry. This year is especially meaningful as we celebrate 30 years of God's provision, guidance, and blessing upon PAACS.

One of the many highlights of this spring was the PAACS Spring Board of Directors Meeting held May 1-2 in Chicago, Illinois. Our time together included fellowship, prayer, board orientation and training, organizational and financial updates, strategic planning, council and committee reports, and research discussion. We also spent time reflecting on all God has accomplished through PAACS over the past 30 years. We were pleased to welcome five new members to the Board of Directors, each bringing valuable experience and commitment to advancing the mission of PAACS.



May 15 marked the final application deadline for trainees who will begin in January 2027. We are humbled to have received more than 750 applications for approximately 55 available positions. While we are only able to accept about 7% of applicants, the overwhelming response reflects both the tremendous need for the PAACS training and discipleship programs and the growing desire among Christian physicians in Africa to serve through surgery and Christ-centered care.

As we begin the interview and selection process, we trust that God is calling and preparing the right individuals for this next class of trainees. Please join us in praying for wisdom, discernment, and unity for all involved in the selection process in the weeks ahead.

Your faithful prayers and support help move PAACS forward. As we prepare to close this fiscal year, we are also laying the financial foundation for the future growth of PAACS training programs across Africa. If you have not yet made a year-end gift, I invite you to prayerfully consider supporting the ongoing surgical and discipleship training of future Christian surgeons and related specialists. Please give today.

Thank you for helping make these past 30 years of ministry possible. As we look ahead, we do so with faith and anticipation for all God will continue to accomplish through PAACS. Together, we are investing in lives that will impact generations to come.

Blessings,

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

Susan A. Koshy, JD, MPH
Chief Executive Officer



EBOLA UPDATE FROM THE DEMOCRATIC REPUBLIC OF THE CONGO

Dana Witmer, MD
Clinical Pediatrician
Centre Médical Évangélique (CME)
Bunia, Democratic Republic of the Congo

Ebola has brought Bunia, Ituri Province, D.R. Congo, into the daily news. The Evangelical Medical Center of Bunia has become a major Ebola treatment center, with healthcare workers serving on the front lines of the crisis amid overwhelming medical, logistical, and security challenges.

As the outbreak grows, Congolese healthcare providers are at serious risk of Ebola infection. One CME physician has already died, others are sick, and some have recovered. One missionary physician at CME Nyankunde, in Nyankunde, Democratic Republic of the Congo, was infected and is now recovering in Germany.¹ They face the stresses of being short-staffed, experiencing a shortage of personal protective equipment, lacking approved antiviral treatments, and the anger of loved ones who want to be with their sick family members. This overwhelming social stress can lead to violence.

This viral outbreak dates back to March 27th;² public health authorities were able to identify it as Ebola on May 15th.³ In its early phase, Ebola testing was negative because the locally available tests were designed to assess for the Ebola Zaire strain, while the current strain is Bundibugyo, thus early testing missed identifying the current outbreak as Ebola. The lethal disease was being called “a mystery disease,” which led to significant exposure among the population and specifically in healthcare workers before the true cause of the outbreak was recognized. In the week after identification, the number of suspected cases grew from 200 to over 900.

Testing capacity in Bunia is currently limited to 60 tests a day, which is insufficient for the numbers of exposures, making it difficult to determine who actually has Ebola. Alcohol hand gel and face masks sold out in the city on the first day after confirmation that this was the Ebola epidemic. A first shipment of seven tons of supplies from the World Health Organization arrived in Bunia on May 21st. Bunia has over 1.5 million people, and 5.7 million live in the province, many of them displaced into IDP camps due to persistent insecurity and ethnic fighting. Ebola is already impacting these densely packed camps.

Samaritan’s Purse is working to establish an isolation and treatment center at CME Bunia Hospital. Their advance team arrived in Bunia on May 26th with limited supplies, with additional equipment and supplies remaining in Entebbe because Bunia’s runway could not accommodate the size of the aircraft. MAF has been transporting the most urgently needed supplies to Bunia using a 12-seat plane. Meanwhile, regional travel restrictions have further hindered the response. In an effort to limit the spread of Ebola, on May 21st, Uganda severely restricted border crossings and on May 23rd, the government of Congo closed the Bunia airport to all commercial traffic.

EBOLA UPDATE FROM THE DEMOCRATIC REPUBLIC OF THE CONGO (CONT'D)

International and government funding⁵ is still in process. Please pray that the supplies and personnel for a massive response can reach Bunia soon. Pray for the medical staff at CME Bunia and surrounding facilities—that they will remain healthy and protected from infection as they continue serving despite exhaustion, heavy workloads, and constant stress. Pray for other doctors to come to help the response. Please pray for financial provision as well. Treatment and care are being provided free of charge by many, including CME Nyankunde, in order to encourage those who are sick to enter isolation rather than remain at home and unintentionally spread the disease to others. Covering the costs of care and continuing to pay staff salaries without charging patients places a tremendous financial strain on the hospital.



If you would like to help support the ongoing Ebola response and the work of CME Bunia, you can give through the mission organizations Serge or Crossworld:

[Give Here to Serge](#)

[Give Here to Crossworld](#) - Please add the instructions "Ebola Response for CME Bunia" for the financial office when making your gift.

For up-to-date information, please contact dana.witmer@crossworld.org.

1 <https://serge.org/blog/american-medical-missionary-tests-positive-for-ebola-in-democratic-republic-of-congo/>

2 <https://www.nbcnews.com/health/health-news/3-red-cross-volunteers-die-ebola-number-cases-rises-uganda-rcna346662>

3 <https://www.nytimes.com/2026/05/24/world/africa/ebola-virus-congo-response.html>

4 <https://www.nytimes.com/2026/05/24/world/africa/ebola-virus-congo-response.html>

5 <https://www.state.gov/releases/office-of-the-spokesperson/2026/05/ebola-response-update-may-19-2026>

Please join us in prayer for the CME medical staff and the seven PAACS graduates currently serving in the Democratic Republic of the Congo, and for the millions across the DRC who are suffering amid the ongoing Ebola outbreak, conflict, displacement, and uncertainty.

Father God, we lift up the surgeons, related specialists, nurses, and healthcare workers serving in the Democratic Republic of the Congo. Strengthen and provide a hedge of protection around those who continue caring for the sick and injured in the midst of suffering, uncertainty, and exhaustion.

We pray especially that needed medications, medical supplies, and resources will safely arrive where they are desperately needed. Make a way for treatment to reach the vulnerable, the wounded, and the critically ill.

We also pray for the people of the DRC who are hurting, displaced, grieving, hungry, fearful, or waiting for care. Comfort the families of those who have lost loved ones.

Lord, let Your presence be known through every act of kindness, every prayer spoken, and every life touched. May those who suffer experience not only healing for their bodies, but also the love and compassion of Christ through those serving them.

In Jesus' Name
Amen



PAACS AND THE CMDA NATIONAL CONVENTION

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

As PAACS' "birthing" organization, it is always a joy and pleasure for PAACS to be an exhibitor at the Christian Medical & Dental Associations (CMDA) National Convention on April 23-26. This year's convention, in Loveland, CO, themed "Lift Up Your Eyes" from Psalm 121, exceeded 1100 attendees, participating in plenary sessions, breakout sessions, and visiting with Joanna and Keir Thelander (PAACS EVP) at the PAACS booth. Dr. Peter Saunders, CEO of ICMDA, opened the conference plenary sessions expounding on CMDA across the world, even giving multiple shout-outs and time to talk about PAACS!! Thanks, Dr. Saunders.

The PAACS booth had visitors old and new. Some, having never heard of PAACS before, engaged in excited conversations, and others came by for the latest news on programs they had visited years ago. More than a few conversations included possible growth and expansion of PAACS. What a wonderful time to network with healthcare professionals from across the USA and beyond, advocating for the work the Lord continues to do in and through PAACS.

We truly treasure our history with CMDA and their launching of PAACS as an independent organization. We remain committed to one another's ministry activities, being on the same team, on mission together.





MINIMALLY INVASIVE SURGERY IN AFRICA

Christopher Moir, MD
PAACS Academic Dean

Doing something new is disorienting. Take, for example, jumping out of an airplane. Actually, that's not so hard. It's surviving the 10,000-foot fall that makes one think. In just 10 seconds, you're approaching 200 kph while losing 350m (1500 feet). Not a lot of sky left to puzzle out the problem.

Learning surgery isn't nearly so dramatic...until it is. 10 seconds might be all a patient has if major bleeding doesn't stop. Or when a critical airway that won't open creates saturations too low to read. Or the baseline fetal monitor descends to a crash-section tracing.

Now, try responding to a surgical crisis when all you've got to work with are 2 skinny sticks attached to flimsy graspers. Skydivers have 2 parachutes, anesthesiologists have choice equipment, and OB has created whole teams to respond...but the laparoscopist? Sticks. As many as you'd like, but really only 2 at a time.

That's the simplicity and terrifying elegance of minimally invasive surgery. When it works, patients thrive. It's a proven high-tech innovation that could see the greatest benefit in the lowest of tech worlds. Where resources are few, a healthy patient walking out of the hospital after surgery is better than in-house care for an open procedure.

It's also safe, effective, and nearly universally practiced where possible. PAACS surgeons know this and have created programs to deliver this surgical gift of improved recovery to their patients. Not just recovery, but reduced perioperative mortality, lower complication rates, decreased incisional hernia formation, better preservation of immune function, earlier initiation of adjuvant chemotherapy, and in some cancers, comparable or even superior long-term oncologic outcomes.

Wonderful, wonderful. But at what risk? What about trocar injury, gas embolism, respiratory compromise, elevated ICP, cautery injury, and port site metastasis? Not to mention the cost and maintenance of the equipment and the specialized training of staff.

Oh, and the bleeding. A recent study reported greater-than-expected blood loss in 55% of cases in LMIC settings. And the surgery was harder with more conversion to open than HIC countries. These results are not what patients or surgeons want to see. Or not see, as the surgeon's laparoscope becomes obscured by blood and the screens turn dull red.

So, is laparoscopy a bad idea? No way. African patients have the same potential to respond to the reported benefits as everyone else. But early on, there will be challenges. Patients will have more advanced pathology, teams may not be fully prepared, and experience will be limited.

MINIMALLY INVASIVE SURGERY IN AFRICA (CONT'D)

But this is PAACS, and our surgeons, our residents, and our staff know how to do the new and challenging. We know to not expect the published results without doing the hard (and often boring) work to make it so. We know training, homework, and wise judgment make for better patient care. And we know our patients deserve the hours, months, and even years behind the scenes that we must prepare before it's their turn to lay on the table.

Skydivers don't jump before preparing. Neither will we. PAACS surgeons are doing minimally invasive surgery, but we as an organization can work to offer it to more patients who deserve the benefits. We'll start a PAACS-wide simulation program next year that can help found and reinforce the learning of new procedures. With improved communication technology, we can connect our diffuse network to learn from those who've already started. We will teach and test competency. And our experts can share what they know.

Not many of us have jumped out of perfectly good airplanes (some have), but all of us have seen bleeding. We know risk, we know how to reduce it, and we know when it's right to take it on for our patients. We are PAACS surgeons, after all.





YOU WILL NEVER CATCH GOD BY SURPRISE!

Ed Scarce, DMin, ThM
Spiritual Dean

As I write these words to you this morning (May 19, 2026), we have learned that the Ebola outbreak in eastern DRC is rising. We pray for all those who are being impacted. I do not know what the situation will be by the time you read this. Which leads me to say, “You just never know what a day holds!” To that statement, many Christians will say “but we know who holds the day”! This is not just a cliché. It is true always because of who God is. Though it can be much easier to say when the seas are calm and the sky is blue. But how about those times when you are blindsided by trouble, even tragedy? I want to bring a text before you in this issue of the PAACS Bulletin that has been very meaningful to me. It is found in Lamentations 3:22-24.

²² The steadfast love of the Lord never ceases; his mercies never come to an end; ²³ they are new every morning; great is your faithfulness. ²⁴ “The Lord is my portion,” says my soul, “therefore I will hope in him.” La 3:22–24 (ESV)

You must study the surrounding context to get the powerful impact of these verses. Lamentations was written by the prophet Jeremiah. He was used by God to prophesy about Israel’s capture by the armies of Nebuchadnezzar and then to be taken into exile to Babylon. God further tells them it will be seventy years before anyone will return home. That means most of the older generation will never make it back.

Though God is using him mightily, perhaps Jeremiah is somewhat surprised at the events. In verse 16, the prophet reveals his emotions.

¹⁶ He has made my teeth grind on gravel, and made me cower in ashes; ¹⁷ my soul is bereft of peace; I have forgotten what happiness is; ¹⁸ so I say, “My endurance has perished; so has my hope from the Lord.” La 3:16–18 (ESV)

When Jeremiah utters these words, Jerusalem lies in total ruins. Many of its inhabitants are in exile, dead or greatly scattered. For Jeremiah, things look very bleak. Maybe his state of mind paralleled that of Judah. His outward affliction (v. 19a) and inward turmoil (v.19b) have pushed him to despair (v. 20).

But then in the next verse we read:

²¹ But this I call to mind, and therefore I have hope: ²² The steadfast love of the Lord never ceases; his mercies never come to an end; ²³ they are new every morning; great is your faithfulness. ²⁴ “The Lord is my portion,” says my soul, “therefore I will hope in him.” La 3:21–24 (ESV)

YOU WILL NEVER CATCH GOD BY SURPRISE! (CONT'D)

What powerful statements. It's like Jeremiah did a 180-degree turnabout in his heart and mind. Surely this was not a new revelation to him. He already knew this, but in the midst of his despair he simply forgot. So, he recalls that which he already knew and it brought him great hope. A hope that is shared with us through God's Word in the year 2026.

What are we to do when life's circumstances catch us by surprise and turmoil clouds our thinking? I suggest we do what Jeremiah did.

- Recall what we already know is true about God
- Remember that God is faithful in all circumstances
- Receive the hope that comes from that truth
- Thank God for His never-ending love
- Rejoice every morning in the freshness of God's mercy
(It is God who wakes you up every morning)
- Say to God "you are my portion, therefore I will hope in you"

Those who hope in the Lord can have peace that God will provide deliverance in His timing.

²⁵ The Lord is good to those who wait for him, to the soul who seeks him. ²⁶ It is good that one should wait quietly for the salvation of the Lord. La 3:25–26 (ESV)

May God bless you with His steadfast love and mercy!

Dr. Ed Scarce



His mercies
are new every morning;
great is Your faithfulness.

LAMENTATIONS 3:23 (ESV)

GASOC ANESTHESIOLOGY CONFERENCE: KIJABE HOSPITAL



Matthew Kynes, MD
Program Director, Anesthesiology
AIC Kijabe Hospital, Kenya

From May 4–9, 2026, AIC Kijabe Hospital hosted a six-day workshop on advanced airway management, regional anesthesia, and point-of-care ultrasound (POCUS), generously sponsored by the Global Anesthesia, Surgery, and Obstetric Collaboration (GASOC). The workshop drew enthusiastic participation from anesthesia providers across Kenya, reflecting a deep desire for advanced clinical training. International collaborators joined from the United Kingdom, Cameroon, and Zambia to contribute their expertise, and worked for several months with PAACS Anesthesiology Chief Resident Dr. Archie Odhiambo and Assistant Program Director Dr. Greg Sund to bring the conference together.

The workshop was thoughtfully structured into two parallel tracks to meet participants where they were in their training. Nurse anesthetists and junior residents attended a foundational course covering core principles and essential skills, while senior residents engaged in an advanced curriculum. Demand for spots far exceeded availability, demonstrating how urgently providers across Kenya are seeking opportunities to grow. Residents traveled from multiple training programs around the country, creating a vibrant hub of learning and professional exchange in Kijabe for the week.

Central to the workshop's success were Anesthesiology Chief Residents Dr. Archie Odhiambo and Dr. Betelhem Belda, who served as both organizers and presenters throughout the course. Their leadership exemplified the maturity and excellence that PAACS strives to cultivate in its trainees to develop not only as clinicians but also as educators. Feedback from participants was overwhelmingly positive. Attendees highlighted not only the quality of instruction and the value of hands-on simulation and clinical practice, but also the rare opportunity to build relationships with peers and mentors from across the region. In settings where anesthesia providers often work in relative isolation — sometimes as the only trained anesthetist at their institution — the camaraderie and networking that took place during the week were deeply impactful. Many participants expressed hope that the workshop would become a recurring event on the regional training calendar.

At the same time, the workshop brought important challenges into focus. Discussions and exercises surfaced the reality that access to point-of-care ultrasound and advanced airway devices such as video laryngoscopes, as well as teaching on how to use them remains limited across Kenya — including at facilities that would otherwise be considered high-level referral hospitals. PAACS and its partners remain committed to advocating for improved access to essential tools and to training providers who will champion these standards wherever they serve across the continent.



Celebrating 30 Years of PAACS

PAN-AFRICAN ACADEMY
OF CHRISTIAN SURGEONS

This year marks a significant milestone in the life of the Pan-African Academy of Christian Surgeons (PAACS) ministry — 30 years of God’s faithfulness, partnership, and transformational impact. As we celebrate this anniversary, we are excited to debut two special videos that capture the heart of our journey, the people who have shaped it, and the vision that continues to lead us forward.



[30 Years of PAACS: Training Surgeons, Transforming Lives](#), highlights the journey that brought us to this moment: the early beginnings, the courageous pioneers, and the enduring partnerships that helped establish a foundation for future generations. It reflects on the sacrifices, prayers, and unwavering commitment that carried the mission forward year after year.



[More Than Surgery: How PAACS is Changing Lives Across Africa](#), also reminds us of the overwhelming need for safe, timely surgical and related specialty care in Africa where, in some regions, there is only one surgeon for hundreds of thousands - or even millions - of people. It also shares how PAACS trainees desire to see God work through them and in the lives of their patients through prayer and the sharing of the Gospel.

These stories remind us that anniversaries are not simply about looking back. They are opportunities to remember, to give thanks, and to continue impacting Africa for years to come.

To every supporter, church partner, donor, volunteer, and friend who has walked alongside PAACS during these thirty years: thank you. Your prayers, encouragement, generosity, and faithfulness have shaped this ministry in countless ways.

We invite you to watch these videos, share them with others, and celebrate with us for all that God has done — and all that He is still preparing to do in the future.

Here’s to the next 30 years.

Call For Abstracts

Call for Abstract Submissions – PAACS 2026 Fall Conference

PAACS is pleased to announce that abstract submissions are now open for the 2026 PAACS Fall Conference, taking place October 8–10, 2026, in Chicago, Illinois.



The poster features a blue background with a grid pattern. At the top, the text 'CALL FOR ABSTRACTS' is displayed in white and yellow. Below this, a white search bar contains the text 'Global Surgery' and a magnifying glass icon. The submission and selection dates are listed in white text. A large white megaphone with a red rim is positioned on the left side. The text 'DON'T MISS YOUR CHANCE!' is written in large yellow letters. At the bottom, the PAACS 30th anniversary logo (1996-2026) and the full name 'PAN-AFRICAN ACADEMY OF CHRISTIAN SURGEONS' are shown.

CALL FOR ABSTRACTS

Global Surgery

SUBMISSIONS DUE - **AUGUST 1, 2026**
SELECTIONS MADE - **SEPTEMBER 1, 2026**
PAACS CONFERENCE - **OCTOBER 8-10, 2026**

DON'T MISS YOUR CHANCE!

30 YEARS 1996-2026 **PAACS**
PAN-AFRICAN ACADEMY OF CHRISTIAN SURGEONS

We invite medical students, residents, and fellows to submit abstracts. Abstracts will be selected for in-person or Zoom oral presentations and poster presentations at the conference.

PAACS will be accepting online submissions on the following topics:

- Global surgery
- Broad-based general and subspecialty surgery (neurosurgery, CT surgery, head and neck surgery, etc.), anesthesia, and OB-GYN within a global context
- Education/Simulation within a global surgery context
- New technologies and techniques within a global surgery context
- Research performed by or in collaboration with PAACS faculty, residents, or alumni

Submissions are due August 1, 2026. Abstract selections will be made by September 1, 2026. Presenters will be responsible for making their own travel and hotel arrangements. For more information, please visit – [2026 PAACS Conference: Abstract Submission Form](#)

GOOD NEWS



Held by His Hands

A Night of Worship and Celebration
to Raise Support for the Work of the
Pan-African Academy of Christian Surgeons

Celebrating 30 years of God's faithful hands at work through the Pan-African Academy of Christian Surgeons (PAACS). Join us for an evening supporting the training and discipleship of African Christian surgeons and related specialists serving the sick and the poor.

Save the Date

20
June

New Hope Christian Church
5780 S. Main St.
Whitestown, IN 46075

VIP Dinner: 5:00 PM
Concert: 6:30 PM

REGISTER



Invite friends who would be interested in supporting PAACS' mission to join you.
<https://paacs.net/concert-rsvp.html>



NEW PAACS STORE

[Click here to easily shop our store for
PAACS-branded items.](#)

[Print Your Cause](#) – featuring 30th anniversary apparel and scrubs.

[Queensboro](#) – offering a wide range of apparel and accessories across various price points.

[Lands' End](#) – providing premium business-casual styles and accessories.

PRAYER & PRAISE

- Pray for God's favor over all PAACS training 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 discernment and guidance during the interview and selection process for the applicants who will join PAACS in January 2027.
- Pray for the PAACS faculty, residents, fellows, graduates, partner hospitals, and communities facing the Ebola outbreak. Pray for God's protection, mercy, and healing for all those affected.

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

- Ilda Cecilia Chicumbo Badukila
- Benedito Joaquim
- Vasco Kupua
- Hermenegildo Alberto Relogio Tchombe
- Fagbenro Aminat
- Ahmed Mustapha
- Prince Nzoko
- Mugisha Aimé
- Steve Tagnie Nono
- Zabreyrou Moustapha



ARTICLES ON SURGERY, OB/GYN, AND ANESTHESIA

Compiled by Margaret Tarpley

- [Host-Perceived Impacts of Unidirectional Short-Term Global Surgery Engagements: A Multi-Institutional Survey of Trainees from the College of Surgeons of East, Central and Southern Africa \(COSECSA\)](#)
- [Outcomes of Antibiotic-Only Management Versus Appendectomy for Acute Appendicitis in a Low Resource Setting \(PAACS authors\): A. F. Camara, A. Elvam, J. M. O'Connor, Z. O'Connor, H. D. Schaeffer, D. H. Skavdahl, S. Tchoba](#)
- [Evolving Frontiers in Surgical Education in the 21st Century](#)
- [Time-to-Surgery in Orthopedic Trauma Across Sub-Saharan Africa: A Scoping Review](#)
- [How I learned to talk about my religion as a scientist](#)
- [Standardized Neurotrauma Registries as the Highest Priority for Advancing Global Neurosurgery: A Narrative Review](#)
- [Arthroscopic Partial Meniscectomy for Degenerative Tear — 10-Year Outcomes](#)
- [Extended Work Periods Among Anesthesiologists and Postoperative Patient Outcomes](#)
- [Tools for Identifying Social Determinants of Health in Head and Neck Cancer](#)
- [Leadership in Surgery: Insights From the Helm of Academic Medicine](#)
- [Hemodynamic Instability in Trauma Patients Assessed by Shock Index: A Prospective Cohort Study on Injury Patterns and Early Outcomes in Tanzania](#)
- [Prevalence and Factors Associated with Depressive Symptoms Among Adults with Traumatic Spinal Cord Injury at a Trauma Referral Centre in Tanzania: A Cross-Sectional Study](#)

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

PARTNER WITH PAACS



GIVE (U.S.)

GIVE (Canada)

GIVE (UK)

GIVE (Other)

CONNECT

