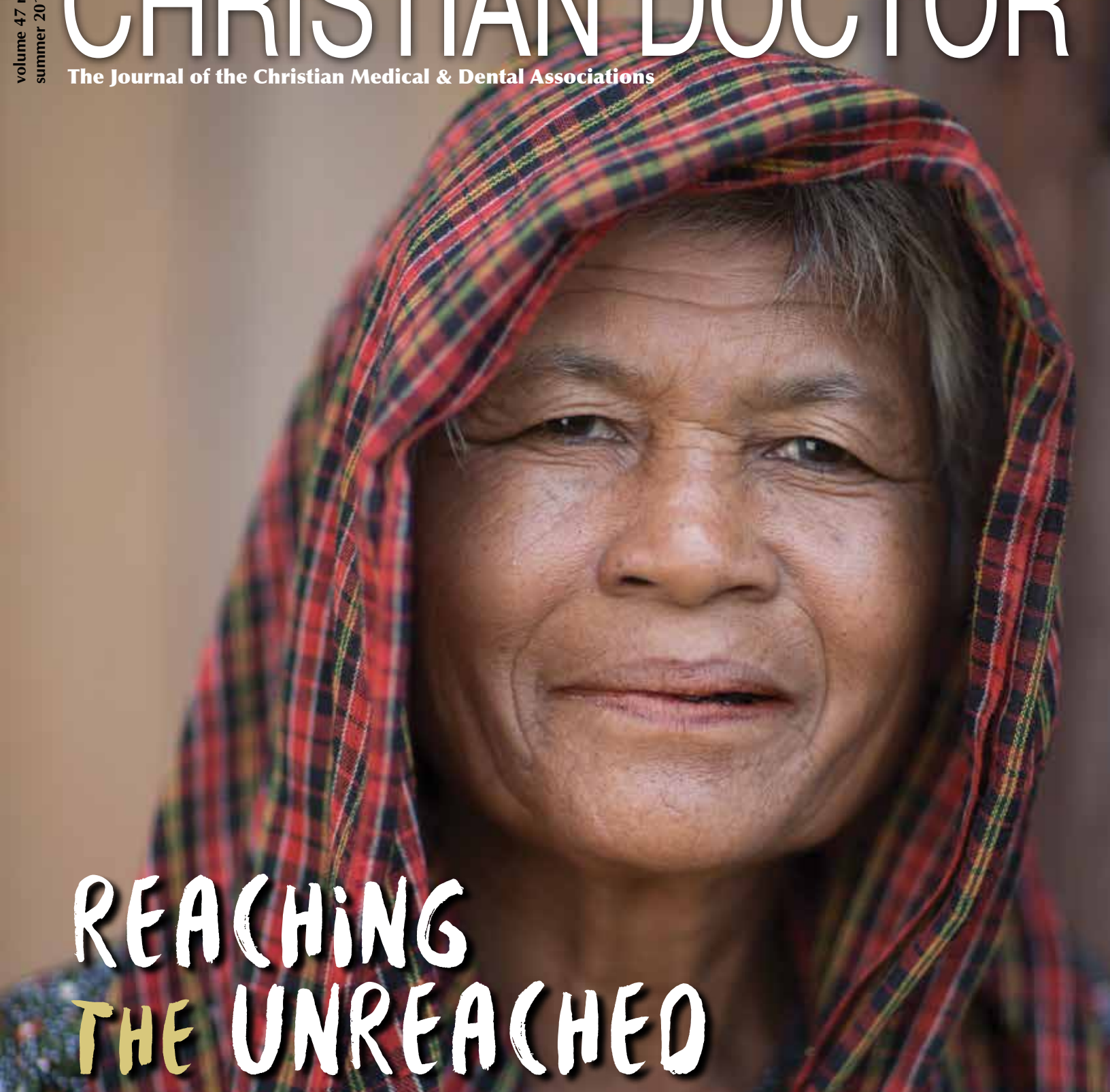


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TODAY'S

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## REACHING THE UNREACHED

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Preparing to serve in cross-cultural ministry



Changing the healthcare of an entire continent



Helping missionaries find spiritual renewal



# Making Disciples in Africa for Africa

by Bruce C. Steffes, MD, MBA, MA

*“Five hundred million heathen have not yet been evangelized, so it is computed! Yet our great Missionary Societies have reached high water-mark, and if they have not already begun to retrench they are seriously thinking of doing so. Meanwhile, the heart of Asia, the heart of Africa, and well nigh the whole continent of South America, are untouched with the Gospel of Christ.”*

C.T. Studd, the famous British cricketer turned missionary, made that statement more than 120 years ago, long before smartphones, internet and international flights. And yet, the statistics he quoted are worse now in 2016, despite the fact that parts of those great continents have been reached with the gospel to varying degrees. There remains hundreds of millions of souls on the continent of Africa who face physical suffering on this earth and an eternity without Christ. In fact, there are billions—

not millions, but billions—of people around the world who are still untouched with the gospel.

## About PAACS

These statistics and the philosophy behind Studd’s comments are exactly what drive the mission of the Pan-African Academy of Christian Surgeons (PAACS). And it’s something we take extremely seriously as we seek to make a difference in the spiritual and physical health of an entire continent.

As a commission of CMDA, our goal is to train African physicians to become surgeons in Africa for Africa, with the intent of serving their fellow Africans for a lifetime. With academic credentialing provided by Loma Linda University and recognized by both African colleges of Surgery, PAACS uses mission hospitals to give training in general surgery, orthopedics and pediatric surgery. Additionally, a one-year fellowship in head

and neck surgery recently joined the PAACS family in Cameroon. Through these residency programs, we strive to serve the poor of Africa, build capacity within the healthcare sector and help maintain the faith-based healthcare facilities that provide a significant percentage of the healthcare in Africa.

To be accepted into the program, candidates must be African graduates of recognized medical schools, be less than 35 years of age, speak English fluently and have a valid medical license in both their home and training countries. Those who are admitted undergo training at one of several well-established evangelical mission hospitals in Africa, under the direction of experienced, board-certified surgeons.

## Making Disciples on a Daily Basis

In the years since Studd's proclamation about the lost, much has been made of the concept of the 10/40 Window in order to increase awareness of the need to reach unreached peoples in those parts of the world. However, it has been overemphasized at times, creating somewhat of a false dichotomy. Christ died for the lost in all of the countries of the world, and much work remains in the countries outside of the 10/40 Window. This is especially clear considering that most missiologists consider 2 percent of the population becoming Christ followers as the "tipping point" at which the group is generally considered "reached" with the gospel. Clearly, by that definition, there remains a huge amount of work to be done even in a "reached" country. As Africa includes countries both inside and outside of the 10/40 Window, much remains to be done.

In Matthew 28:19, Christ calls us to make disciples as we are going about the daily activities of our lives. By our very nature as healthcare missionaries, the care we give our patients is reaching the "least of these." On a continent where the shortage of surgeons is huge and difficult to even quantify, the excellence of care we provide is a magnet that draws in believers and unbelievers from all strata of society. But it doesn't stop there. Healthcare in Africa provides a unique opportunity to share the gospel as we deal with patients and their families who, as they face critical questions about their health or the health of their loved ones, almost invariably consider the spiritual and eternal implications of possible impending death.

## Spreading the Word in Africa for Africa

So what does this look like within the PAACS residency programs, most of which are located in countries considered to be "reached" but where large percentages of the inhabitants are still not followers of Christ? Additionally, in the most classic of mission

hospital paradigms, some of the faith-based hospitals are in countries which are partially or wholly considered to be non-Christian. For example, SIM Galmi Hospital is located in Niger, a country where the estimated percentage of Christians in the population is between 0.5 percent and 5 percent. Although Egypt has a long history of Christianity, it is now predominately Islamic and Christians make up approximately only 10 percent of the population (estimates range from 3 percent to 20 percent). Ethiopia has a similar history of Christian influence and overall is estimated to have 63 percent Christians. However, the southern regions of the country have an Islamic majority.

PAACS is a symbol of hope for Africa. When all of my hope was lost and gone, when all my dreams and visions for specialization were dead, there was PAACS to reawaken my hope by offering me a golden opportunity. Souls and lives are being saved because of PAACS.

—A PAACS resident

Some of this patient draw may be internal, as patients from non-Christian parts of our own countries of service may come to be healed physically and thereby be introduced to the gospel. Other hospitals draw patients from other nearby countries, as the proximity of the hospital to the border of a difficult country draws the unreached from those countries. One program director writes, "It is not uncommon to hear that a patient came to [a PAACS Hospital] because





he was told in [the capital city of an Islamic country] that he would be treated fairly and with love at our hospital.”

Because of this draw from other countries, even those hospitals in countries open to Christianity are able to have a large impact on unreached people groups. For example, Kijabe Hospital in Kenya has a special draw for people from the Horn of Africa, both those who are immigrants within Kenya and those who must cross the border to come for care. Tenwek Hospital in Kenya has long fostered a relationship with South Sudan. Mbingo Hospital in the Northwest province of Cameroon draws patients from Nigeria, the Central African Republic, Chad and the Islamic north of Cameroon. Soddo Christian Hospital in Southern Ethiopia has a draw area that includes Sudan and Eritrea. Bongolo Hospital in Gabon ministers to the local immigrant population of Muslims who come from as far away as Mauritania, Mali, Benin, Burkina Faso and Chad. Harpur Memorial Hospital in Egypt draws patients for charity care from Syria and Sudan.

## Long-Term Impact

Realizing that our North American missionaries will always be limited in their acceptance in certain cultures and countries, the most effective long-term efforts will be in the hands of those we train and who are salt and light in the world where they find themselves. We train residents who may serve in mission hospitals or district hospitals in extremely difficult areas. Phila-

delphie Dembele, a graduate of the Bongolo program, is serving in Mali, a largely Islamic country. And three residents in training plan to return to their home country of Sudan to help with their country’s great need. This is true as well for other trainees who wish to return to their home countries of Liberia, Sierra Leone, Burundi, Democratic Republic of the Congo (DRC) and Malawi. That’s what makes PAACS so unique—our goal is for our residents to eventually return to their home countries with a vision to serve their own people and proclaim Christ among them.

And that’s exactly what our graduates are doing throughout the continent of Africa. Elijah Mwaura from Kenya is serving at Chigoria Mission Hospital in Kenya, while Tony Mwenyemali from the DRC is the only surgeon at Maua Methodist Hospital in Kenya. Jean Claude Bataneni has served almost five years now in Nebobongo Hospital in Northeast DRC as the only surgeon in a primitive hospital. Jerry Brown is the only surgeon at ELWA Hospital and one of the few surgeons in all of Liberia. He played a vital role in the battle against Ebola in Liberia. Martin Salia, another PAACS graduate, died of Ebola virus while serving his beloved countrymen in Sierra Leone. Pediatric surgeon Aiah Lebbie serves as the only surgeon for children in the entire country of Sierra Leone. Elson Randrianantenaina, Heuric Rakotomalala and Roseline Razanamapionona serve with faith-based organizations in hard areas of Madagascar. Nesoah Ngoe served first in the far north of Cameroon and then relocated in response to the risk posed by the Boko Haram terrorist group.

“I see people at work who could have had it all, but sacrificed many things for the sake of Christ and for His people. This humbles and challenges me... why not do it too, even for my own people.”

—A PAACS graduate

Nationals like our residents and graduates can have this long-term impact not simply due to the medical training they receive through PAACS. Nationals can go to areas Western missionaries simply can't access. They already know the language and the culture, so they don't have to spend their time in language school or learning to connect with the local people.

A great example of how our graduates are making a difference is Dr. Hubert Kakalo, the third graduate from the Bongolo program. Despite the dangers of war, Dr. Kakalo returned to his homeland of Congo with his wife and four children in 2005. Some of the remnants of the Nyankunde Hospital staff had regrouped in a nearby town and opened a clinic in a rented house. Dr. Kakalo joined them and began caring for injured patients and operating on them in one of the bedrooms. Less than a year later, he moved to another hospital, but when rebel forces threatened to attack that city, he was so fearful for his family that he fled to Kenya. In Kenya, he worked in various mission hospitals, but he longed to return to his hometown of Kisangani in Congo to establish the city's first Christian surgical clinic. Using his own money, he returned to Congo, rented a private house, gathered some beds, collected a few surgical instruments and began treating patients in Jehovah Rapha Clinic.



## Within a Yard of Hell

The migration of refugees from the Middle East has captured the headlines for months now, and the current situation in this area paints a bleak picture of what life is like for our graduates, our residents and the people we serve. However, as one missionary recently observed, “God's great work will not be stymied. If we will not go and make disciples of them in their countries, He is fully capable of making sure that His chosen can come to us to hear the gospel of Jesus Christ.”

As C.T. Studd once observed, “Some wish to live within the sound of Church or Chapel bell; I want to run a Rescue Shop within a yard of hell.” We have an obligation to share Christ's love with the world, no matter the political situation, danger from terrorists or other fears. So that's what we do each and every day through PAACS across the entire continent of Africa. We strive to take care of the ill as our Savior modeled and create African Christian physicians who are not afraid to “run a hospital within a yard of hell.”

### About The Author

**BRUCE C. STEFFES, MD, MBA, MA, FACS, FWACS, FCS(ECSA), FICS**, is the Chief Medical Officer of PAACS, having served as the Executive Director from 2006 to 2014.



He has been a member of CMDA since 1974 and is also a member of CMDA's Continuing Medical and Dental Education Commission. He graduated from the University of Michigan, studied surgery at the University of Florida, received an MBA from Duke University and then received an MA in biblical ministries from Baptist Bible College. He is also certified in tropical medicine by the American Society of Tropical Medicine and Hygiene. Dr. Steffes is a fellow of the American College of Surgeons, the West African College of Surgeons, the College of Surgery of East Central and Southern Africa and the International College of Surgeons. He received the 2015 CMDA Educator of the Year Award. He and his wife are the authors of *Medical Missions: Get Ready, Get Set, GO!* and *Your Mission: Get Ready, Get Set, GO!*, both available through the CMDA Bookstore.