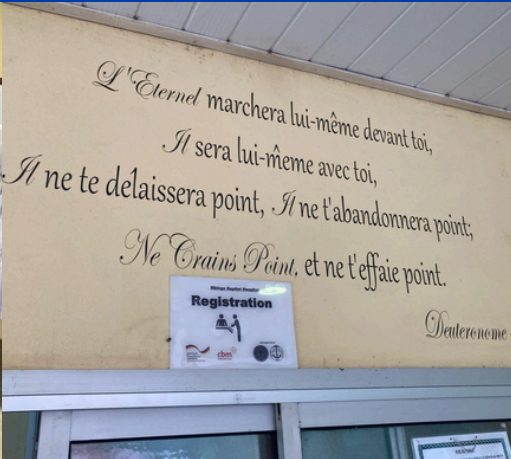




The PAACS Bulletin

Monthly Newsletter • Issue 253 • August 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 past month, I had the joy of attending the Global Leadership Summit in Chicago. I was encouraged by speakers such as Craig Groeschel, Christine Caine, and my personal favorite, John Maxwell, who is a true guru on leadership. Their messages reminded me how God calls us to steward our influence well, especially in seasons of great opportunity and growth.

Committees and councils have been meeting in preparation for our annual PAACS Conference this October, with discussions centered on spiritual development, program expansion, and fundraising. Plans for launching new programs in 2026 and beyond are also beginning to take shape. If you have not yet registered, I encourage you to do so today at this link - <https://form.jotform.com/250514064443146>.

We are also conducting our annual PAACS Alumni Survey, with 74 responses already received. These responses not only provide valuable data on patients served and procedures performed, but also reveal the deeper impact of the gospel through our graduates. Here, they share stories of transformation that are both inspiring and humbling.

Our annual financial audit is also underway, reaffirming our commitment to transparency and excellence in every area of ministry. In the weeks ahead, we also look forward to welcoming one of our graduates, Dr. Philadelphie Dembele, for a special visit across the United States. We are equally excited to welcome four new employees into the PAACS family, Mahlet, Patience, Robert, and Melissa. You can learn more about them in the "Good News" section of this bulletin. Please join us in praying for them as they step into their new roles.

Looking ahead, we are preparing for a PAACS reception at the American College of Surgeons Clinical Congress in Chicago this October. It will be a wonderful time to reconnect and share updates on the mission God has entrusted to us.

Thank you for walking alongside us.

Blessings,

Susan A. Koshy, JD, MPH
Chief Executive Officer
PAACS



John Maxwell during the Global Leadership Summit in Chicago, Illinois



MBINGO UPDATE

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



Despite many challenges, the PAACS General Surgery residency remains alive and well at Mbingo Baptist Hospital in Cameroon. Case volumes fluctuate due to road closures and threats related to a protracted armed conflict in the region, yet patients continue to seek out care at Mbingo due to its longstanding reputation of excellence. Hospital staff embrace a level of risk simply by coming to work each day or when going to the city to run errands, yet the hospital has remained operational by the mercy of God since the conflict flared up eight years ago.

The residency program anticipates graduating four chief residents this year, the largest cohort of graduates in any year since the program began almost 2 decades ago. Four young attending surgeons, Dr. Nwegbu, Dr. Ngwang, Dr. Ngam, and Dr. Tankombo – all previous Mbingo graduates – are providing the backbone for the residency education, while Dr. Elit (gynecological oncology), Dr. Ngock (pediatric surgery), and Dr. Acha (ENT) have continued contributing to the robust multi-specialty clinical experience for the surgery residents. Orthopedic surgery experience is also offered to the junior residents, mostly through off-site rotations.

Other surgeons and related specialists also contribute invaluable teaching to the residents. Mbingo residents have participated in the ALL-SAFE laparoscopy training and research grant, and other research projects are also ongoing. The hospital is constructing a facility with a linear accelerator for radiation therapy which will likely boost the surgical case volumes and increase options for care of cancer patients. Residents regularly pray for patients and for each other throughout the course of their workweek.

Yet it seems clear to everyone involved that continued success is only possible by the gracious favor of God, and the “daily bread” of Jesus Christ is needed to nourish the soul of each PAACS participant. Let us pray diligently for our Mbingo colleagues to receive peace, wisdom, resources, physical protection, and joy.

“We rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out His love into our hearts by the Holy Spirit, whom He has given us.” (Romans 5)





MORBIDITY AND MORTALITY

Christopher Moir, MD
PAACS Academic Dean

The guy coming straight at me was at least 40 kg heavier but I stood my ground. We were the junior champions and this mass of destruction was not going to shatter our defensive line. He was an “old boy”, a famous graduate who had returned with other alumni to challenge us. I was going to stop him. No matter that he was a professional fullback, an athlete recently retired from American football. No matter he weighed a good 120 kg. He was out of shape. We kids were in top form. And no matter he had just scattered the flailing bodies of my still-champion teammates to the sides of his stumping charge. I tackled him anyway. In perfect obedience to instruction, head-lowered into his chugging bulk, I rammed shoulder-first into his legs while shooting bench-pressed arms around him. This behemoth was going to go down. Then, in the last microsecond before contact, I saw his knees come impossibly high to his chest, battering forward with unbelievable strength into every exposed cm of my fully committed body. This thumping force of a man hit like a rock...actually two rocks...alternately smashing my arms, face, chest and legs with his knees as he hammered me to the ground. I'd never been hit that hard. Shorn neurons discharged as he first coup'd me head-on and then contra-coup'd my shocked brain on the way to the ground as his trajectory was barely slowed by the speed bump that had been me. Rolling up, I saw through flashing stars that no one else remained to stop this juggernaut of inevitability. So, I got up and ran to tackle him again. This time he simply dragged my clutching body across the goal line to end my youthful hubris.

The fans cheered and I was humiliated. There's nothing like getting off the ground as people celebrate the opponent while your teammates remain an unfocussed blur at the far, far end of your skid marks in the turf.

What next? With no time for sorrow or recrimination, the game went on. By then, embarrassment had turned to frustration and then to the realization I'd never encountered anything like him. I and our team could do better. We'd get this guy.



MORBIDITY AND MORTALITY CONT'D

The chance never came. After that run, the fullback left the game. I like to think he expended everything trying (successfully) to pulverize me. But for a few infamous minutes, he showed us what it meant to be a professional athlete. He also taught a young confident team there are hard lessons ahead. Lessons that warn of forces greater than our ability. Of times we won't succeed. For surgeons, that meant not always will we do good. Not always will our best plans work. Sometimes, and in some places, we will lose a lot of patients. How we deal with such losses will define us as much as the accomplishments. Paradoxically, losing might even make us whole.

In surgery, we call those public moments of loss, M&M rounds. Standing in front of your colleagues is like climbing out of the mud while the crowd looks on. There, your every move is described in every disturbing detail. Worse, it's a patient who's had the complication, not you. It's far more serious than a game lost. You wouldn't be human if their pain didn't affect you. But you wouldn't be a surgeon if you didn't walk straight to that podium and pledge to do better. No matter what the disease and how overwhelming it was, no matter whether the labs were abnormal or whether some other factor let you and your patient down; improvement is always possible. And you won't be alone. At M&M, surgery becomes a shared profession, a mutual understanding of our terrible responsibility and the acceptance we don't always succeed for our patients. Instead, we learn from each other and move on with hard, painful wisdom.

In the long discipline of surgery we place our hope in reporting systems to identify error and analyze trends. We benchmark across the profession and learn best practices. We engage teams in quality and safety initiatives. We step up and move forward. It's what we do, what we teach, and what we celebrate. And yet, sitting there in rounds, a nagging sense of futility can worry apart these constructs of healing to uncloak the awful pain we so desperately wish to conceal. At some point, the bowel obstructions recur, the perforations are too devastating and the cancers too advanced. Like the American football player, there will always be a bigger opponent, always defeat. At some point, our patients' suffering will profoundly affect how we think and act.

In PAACS we call this discipleship. M&M is not a fragile truce in an unending battle. We teach systems and analysis, but disciple hope and courage. Through mentorship and in love, we learn that honesty and confession will bring us and our patients closer to the kingdom that will stand forever, despite opponents that seem invincible. (Dan 2:44). Ours is a shared discipleship, a forgive as we forgive reciprocal acknowledgment of forces well beyond us. Tribulation, perseverance, character, and hope is the PAACS way; discipling each other to be Christ-like servants (Rom 5:3-5). Yes, perforations, obstructions, and cancer will recur, but hope will never fail. The kingdom is assured. Knowing this, we become surgeons of faith who can see the best from our discussions. M&M is a brief moment of deep opportunity to see God. Beaten and exposed on a field of defeat, we learn caring is never unilateral. We give but only because God gave first. We are strong and we have courage because the strongest and most courageous of us died so that we, and all we care for, might live. Through loss, we become whole.

At the end of the day, the only way our patients are healed is if we are too.

STANDING STRONG IN THE MIDST OF THE BATTLE (PT. 2)



Ed Searce, DMin, ThM
PAACS Spiritual Dean

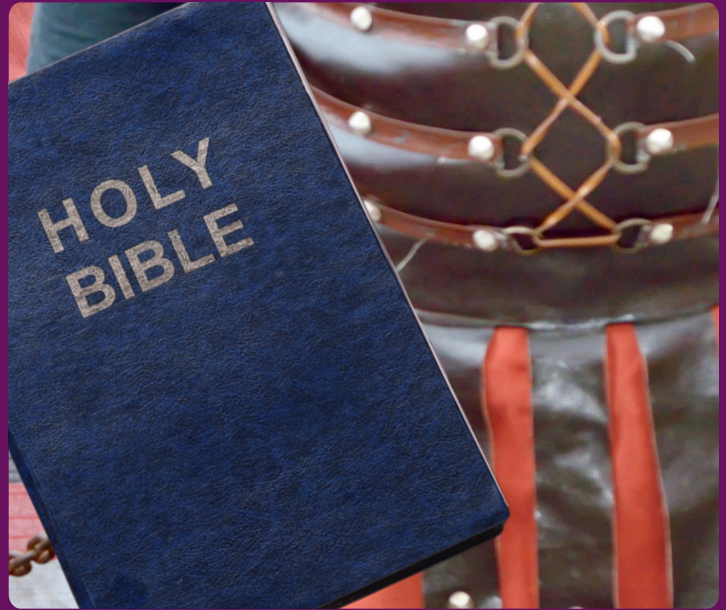
Paul reminds us in Ephesians 6 that we are in a real battle against the spiritual forces of evil in heavenly places (Eph. 6:12). It is a battle we must not take lightly for Satan is a formidable foe.

Though there are times we do, we should never fight this battle in our own strength. It is in the power of Jesus Christ that we stand strong. God provides the ability to overcome and has provided specialized armor both for our defensive and offensive postures. Therefore, take up the whole armor of God, that you may be able to withstand in the evil day, and having done all, to stand firm. Eph 6:13 (ESV)

Paul describes it as a suit of armor worn by a soldier. Remember, Paul was very acquainted with the armor of a Roman soldier; he was often chained to one. Paul uses this as an illustration of the armor God has provided for every believer. To fight successfully, we must put all of this armor on. Let's take a brief look at one of the pieces.

First, we are to put on the "belt of truth." Stand therefore, having fastened on the belt of truth. Eph 6:14 (ESV). The belt was the foundational piece of a soldier's armor. It was not like the narrow belt we use today to hold our clothing in place. It was a wide belt that added protection to the loins of the body. Every other piece of armor was fit around the belt. That is the same for us as followers of Jesus Christ. God's truth is our foundation. If we lose that foundation, we lose our footing.

One of the most often used tools of the spiritual forces of darkness is to cast doubt in the mind of a believer. That is exactly how Satan approached Adam and Eve. "Did God actually say, you shall not eat of any tree in the garden?" (Gen 3:1). See how slyly Satan altered the truth of God's direction to Adam and Eve?



Satan and all of his demons are accusers, slanderers. Remember Satan is not omnipresent so he cannot attack all of us at the same time. Thus, comes in the "spiritual forces of darkness." They attempt to defeat us by convincing us of things that are not true.

I am sure you have experienced such attempts. When the pressure is on, the spiritual forces of darkness whisper in your ear, "Do you really believe Christ died for your sins?" When you are giving attention to a deathly ill young patient, "Surely God is not a loving God." When answers did not come to your prayers, "Do you really think God cares enough to listen to you?" "Don't you think there are many ways to God. Certainly, Jesus could not be the only way." And the list goes on.

It is the truth of God's Word that enables us to stand strong in all of these circumstances. We must know the truth, God's Word! We must hide it in our hearts! We must stand on it at all costs. If we are going to stand strong against the darkness of evil forces, we must first put on God's "belt of truth."

GOOD NEWS TO SHARE

MEET THE NEWEST MEMBERS OF THE PAACS TEAM



Robert Yanduya
Associate Spiritual Dean

Robert will work alongside our Spiritual Dean, Dr. Ed Scarsee. He will provide spiritual encouragement to PAACS Residents and Faculty and participate in PAACS conferences.



Mahlet Solomon
Director of Partnership Development

Mahlet will work with PAACS supporters in the West and Mid-West. She will also handle large events for PAACS.



Patience Muswamba
Communications and Fundraising Coordinator

Patience will work on communications to keep PAACS family updated on PAACS activities. She will work with specialties, short-term missionaries and special fundraising projects for PAACS.



Melissa Kaze
Accounting Associate

Melissa will assist the finance team to closely work with the PAACS programs in Africa.

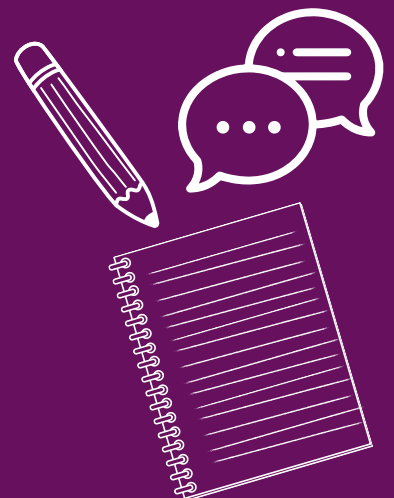
VOLUNTEERS NEEDED: USE YOUR GIFTS TO TELL THE PAACS STORY

Join the Bulletin Team!

Do you love to write, edit, or connect with people? We are looking for volunteers to help us tell the powerful stories of what God is doing through PAACS.

Whether you enjoy conducting interviews, writing articles, proofreading, or brainstorming new ideas, we would love to have you on our Bulletin team.

If you are interested, please contact our Communications Manager, Julie Hayden, julie.hayden@paacs.net.



PAACS NEWS

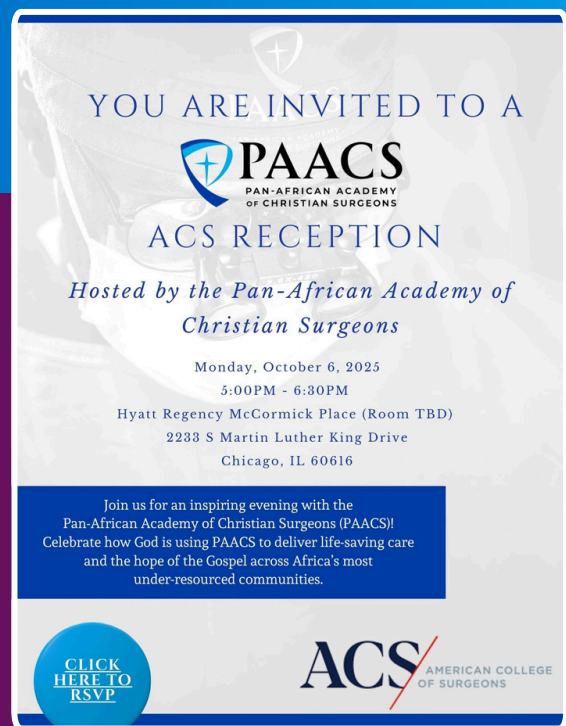
SAVE THE DATE

PAACS Reception at the ACS Conference in Chicago

SAVE THE DATE to attend the PAACS Reception at the American College of Surgeons Clinical Congress on Monday, October 6, 2025. The ACS is in Chicago this year and will follow the PAACS Fall Conference. Please register TODAY and join us at the reception from 5:00 PM to 6:30 PM.

Click here to RSVP:

<https://form.jotform.com/252226027849157>



YOU ARE INVITED TO A

PAACS
PAN-AFRICAN ACADEMY
OF CHRISTIAN SURGEONS

ACS RECEPTION

*Hosted by the Pan-African Academy of
Christian Surgeons*

Monday, October 6, 2025
5:00PM - 6:30PM
Hyatt Regency McCormick Place (Room TBD)
2233 S Martin Luther King Drive
Chicago, IL 60616

Join us for an inspiring evening with the
Pan-African Academy of Christian Surgeons (PAACS)!
Celebrate how God is using PAACS to deliver life-saving care
and the hope of the Gospel across Africa's most
under-resourced communities.

CLICK
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ACS / AMERICAN COLLEGE
OF SURGEONS

MOURNING THE LOSS OF DR. THOMAS SIMS



Thomas L. Sims, Jr., age 49, of Willowbrook, Illinois, husband of Silvia Daina Heise Sims, passed into the presence of his Lord on August 16th, 2025.

Thomas will be remembered for his heart to serve the Lord and others. From that desire, his passions in life focused upon medicine and missions. Thomas was actively involved in various church ministries throughout his life. In medicine, he was also dedicated to educating and training the next generation of medical students and residents in surgery. He loved teaching, and was grateful for the many excellent teachers and colleagues who had invested in him. Most of all, Thomas strove to use his skills, knowledge, and talents to bring honor and glory to God.

Excerpt from:

<https://www.hayesfuneral.com/obituary/DrThomas-SimsJr>

Dr. Sims was a faithful volunteer of PAACS serving on both the Spiritual and Professional Development Committees. He was also a member of the Pediatric Surgery Council.



**Global Surgery
Fellowship**
CREIGHTON UNIVERSITY

Creighton University is currently recruiting for academic year (AY) August 2026-July 2027 (current PGY5) and AY August 2027-July 2028 (current PGY4). The fellowship is one year with the first six months spent in Omaha, Nebraska and the last six months internationally at a district hospital in a low-income country.

Currently, they are partnering with University of Global Health Equity in Rwanda and have two other partnerships in the planning stages. A quality improvement project at the international site is also required to be completed by the fellow, directed by their international partners.

Please feel free to reach out with any questions to the fellowship director, Dr. Gray; 1-402-516-2880.

For more information regarding their fellowship, please visit their [website](#).

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 the growing administration team at PAACS and that they will use their God-given talents with joy and wisdom as they serve through PAACS.
- Pray for the councils and committees of PAACS as they conduct their final meetings in preparation for the PAACS Conference in October. May God give them wisdom and guidance in both new ideas and decisions that need to be made.

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

- Minyali Lomnyaki
- Anya James Andrew
- Catherine Jackson-Cole
- Muse Freneh Anito
- Nicholas Mumbetsa
- Marlene Ishimwe
- Brian Musau Musau
- Fred Sebashoka



ARTICLES ON SURGERY, OB/GYN, AND ANESTHESIA

Compiled by Margaret Tarpley

- [Comprehensive Initiative for Healthy Surgical Families for Practicing Surgeons](#)
- [Global surgery in Africa: Access to surgery, an opportunity to adopt a participatory community-based approach](#)
- [Understanding Barriers to Orthopaedic and Trauma Care Delivery in The Gambia Utilizing the Social Ecological Model: A Scoping Review](#)
- [Initial Qualitative Needs Assessment of Surgical Resident Case Logging in Low- and Middle-Income Countries Across Pan-African Training Programs](#)
- [Global Utilization of Minimally Invasive Surgery: Practice and Challenges](#)
- [Gloving the Surgeon: A Practical Review of Surgical Glove Material Properties, Safety, and Waste](#)
- [The Critical Transition in Surgical Experience: Impact of the Early Years of Surgical Practice on Perioperative Outcomes and Team Collaboration](#)
- [Increased Associated Risk of Surgical Site Infections in Trauma Patients Who Are Smokers](#)
- [An Appraisal of Anaesthesia Practices for Obstetric and Gynaecologic Surgeries in a Tertiary Health Center in Zaria, North Western Nigeria](#)

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

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GIVE (Canada)

GIVE (UK)

GIVE (Other)

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