

PAN-AFRICAN ACADEMY OF



CHRISTIAN SURGEONS
PAACS

the PAACS Bulletin

September 2012

*A Commission of Christian Medical & Dental Associations dedicated to
bringing Christians together from all over the world to train and disciple African surgeons*



INSIDE: Special 100th Edition



A Note from the Executive Director Bruce Steffes, MD

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Plus, read testimonies and personal accounts from residents who have graduated from or are currently participating in PAACS programs across Africa.

To subscribe to future editions of *The PAACS Bulletin*, visit www.paacs.net.

PAACS is a commission of Christian Medical & Dental Associations. For more information about CMDA, visit www.cmda.org.



Dear Friend,

Can you believe that you are looking at the 100th issue of *The PAACS Bulletin*?

Since we started sending out these newsletters back in 1997, the Pan-African Academy of Christian Surgeons has certainly grown by leaps and bounds. As we look ahead to the future, we are excited to see what God has in store for our ministry.

To celebrate the 100th edition of our newsletter, we've taken a little extra time and space to share more about PAACS and the work we are doing in Africa. This issue of the magazine is written especially for those who know little about this unique ministry. I hope you enjoy reading and learning more about PAACS as we focus on where PAACS came from, why it exists and continues to grow, what it is doing to change the healthcare of an entire continent and the dream that God gave us for the future. Please take a few moments to read through this issue and see the incredible things that God is doing through PAACS.

Are you ready to get more involved with PAACS? The success of our outreach ministry depends on people like you who personally invest in training and discipling young African surgeons. And we need your help to continue following God's leading in this endeavor. Visit www.paacs.net to learn more about our ministry and to get involved.

In His Service,
Bruce Steffes, MD
Executive Director

On the Cover:
Dr. Jim Brown, Assistant Program Director at Mbingo Baptist Hospital, assists Dr. Nesoah Ngoe on a case.



Making a Difference in Africa

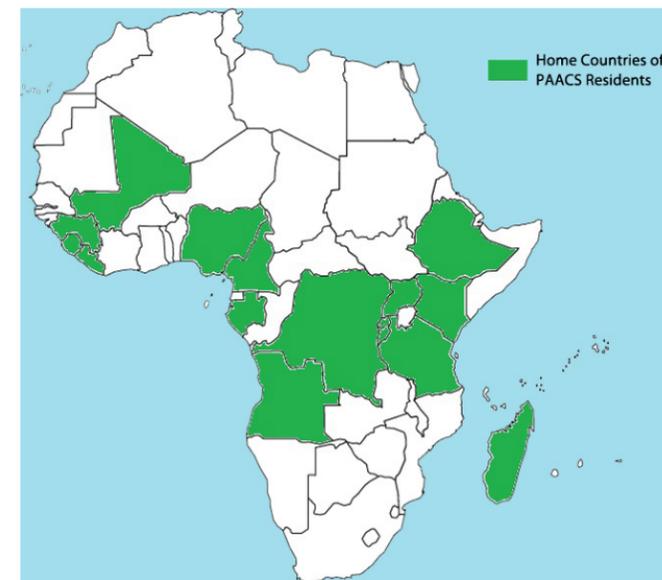
Our programs make a difference as we train and disciple African surgeons. These testimonies from residents provide encouragement for our mission.

"For me to whom two occultists had said, 'You cannot go far in your medical studies with only your Jesus Christ,' PAACS is the proof that Jesus my Lord is better than all! For someone who has been praying since 2000 for the opportunity to qualify, PAACS is the evidence that our God answers prayers and meets our needs. For me, coming from a country where Islam buys the poor young Christians through scholarships and job offers, PAACS is the testimony that Christians around the world still have compassion like the Lord Jesus Christ."

Jean Lenga Lenda, first year resident

"I found PAACS an exceptional program in its training method, integrating Christianity into a high standard of surgical training and compassionate care. It was here where I understood my calling to serve others for God's glory, and where I learned what it means to be a Christian surgeon. I learned from extraordinary, highly gifted and humble teachers who were servants of God. I came to fully understand that I am a steward of all I am given, be it knowledge, skills or spiritual life, to use for God and God alone, serving Him without any preconditions."

Dr. Arega Fekadu Leta



Home Countries

Countries shaded in green on the adjacent map show the home countries of our residents. Since the program's beginnings in 1997, our residents have come from various countries across the African continent including:

- | | |
|------------------------------------|----------------|
| • Angola | • Kenya |
| • Burundi | • Liberia |
| • Cameroon | • Madagascar |
| • Democratic Republic of the Congo | • Mali |
| • Ethiopia | • Nigeria |
| • Gabon | • Sierra Leone |
| • Guinea | • Uganda |

What is PAACS? - A Brief History

In 1996, an exhausted missionary surgeon realized after 20 years of maximum effort that the demand for his services was steadily outstripping his strength and stamina. The few African surgeons he met were not interested in helping him serve the poor in such a remote place or in sharing the gospel with the sick.

He realized he would return to his homeland when he eventually grew too old to continue and the work he had sacrificed so much for would suffer the same fate as hundreds of mission hospitals across the continent of Africa: a slow death. The only solution was to train and disciple African surgeons, but how? In many countries, the ratio of formally trained surgeons to people was between 1:250,000 to 1:2.5 million, and starting up an academic program alone was impossible.

God gave him the idea to establish surgical training programs at existing Christian hospitals all across Africa. These hospitals already had the manpower and the facilities to train and disciple surgery residents. To make it happen, he needed to call on Christian physicians from all over the world to donate their time, expertise, lives and money.

In 1996, a group of missionary and academic surgeons met at Brackenhurst, Kenya, and created PAACS. With the help of volunteer surgeons and generous Christians from all over the world, that surgeon from central Africa started the first of eight surgical training programs. Other training programs followed in Cameroon (2003), Ethiopia (2006, 2012), Kenya (2007) and Niger (2012).



More than 15 years after its inception, PAACS is now a unique strategic response to the urgent need for surgical manpower in Africa. It trains and discipled national physicians at relatively low cost; schools them in modern surgical thought adapted to resource-poor environments; teaches them God's Word both in word and in deed; and gives them a vision to serve and proclaim Christ among the poor.

Training residents at hospitals in Africa gives graduates the ability to serve effectively in a wide range of Africa's medical environments and motivates them to remain to serve their own people. PAACS is non-denominational, multi-national, faith-based, non-profit and staffed mostly by volunteers. It is building capacity within the healthcare sector and strengthening the faith-based healthcare facilities that have traditionally provided a significant percentage of the healthcare on the continent. It is also a commission of Christian Medical & Dental Associations.

Candidates for PAACS training must be African graduates of recognized medical schools, be less than 35 years of age (the training program lasts five years), be open and unashamed followers of Jesus Christ, have a valid medical license in their home country and speak English fluently. Those admitted undergo training at one of several well-established evangelical mission hospitals in Africa, under the direction of experienced, board-certified surgeons. The multi-national PAACS network allows increased opportunities for laparoscopic training, flexible endoscopy, trauma training in South Africa, improved networking and international educational opportunities. During their five years of training, most graduates perform and as-

sist in more than 1,500 major cases, assisted by PAACS faculty surgeons.

PAACS is affiliated with Loma Linda University in California (www.llu.edu). It has also signed a memorandum of understanding with the College of Surgeons of East, Central and Southern Africa (COSECSA), participates in its examinations and attends many of COSECSA's conferences.

COSECSA and Loma Linda University have inspected PAACS training sites twice in five years, and all but one has full approval for five years of training. (Soddo Christian Hospital was approved for three of five years, but Myungsung, a partner under the Soddo Program, was approved for the full five years.) COSECSA allows our residents to sit for fellowship examinations at both the second and fifth year levels.

PAACS is also currently seeking similar approval from the West African College of Surgeons (WACS). As a result, PAACS graduates have all been able to work as surgeons upon completing their training and returning to their home countries.

The intent of PAACS is to directly participate in efforts to raise the quality of surgical education on the African continent. We also want to foster the development of "Centers of Excellence" in urology, orthopedics, obstetrics-gynecology, laparoscopic surgery and cardiothoracic surgery, and to raise the general level of surgical services to the poor.

PAACS is a broad partnership of Christians from churches, charitable organizations and professions. All of these partners—including CMDA which serves as the parent organization—contribute critical pieces to the training programs. Since 2000, Loma Linda University has served as a key partner and North American academic connection, in addition to inspecting and validating each of the programs every three years. Loma Linda University also appoints PAACS program directors as assistant or associate professors at the university.

National health systems including the Ministries of Health enable short- and long-term expatriate surgeons to train the residents and allow both foreign African physicians and their own nationals to train.

Both mission and church organizations serve as government-recognized national sponsors of PAACS through their hospitals. Every single hospital in the program comes from a different mission and church organiza-

tion. While mission hospitals benefit from the faculty and residents, they also contribute furnished housing and the required surgical facilities and levels of staffing. Mission organizations, especially World Medical Mission (www.samaritan.com/wmm), support the long-term teaching faculties critical to the success of the mission.

The PAACS program remains dedicated to fulfilling its mission: "PAACS exists to train and disciple African surgeons to glorify God and to provide excellent, compassionate care to those most in need."



{ But the shortage of surgeons in Africa remains huge. }

Year after year, this shortage takes the lives of hundreds of thousands of men, women and children. Just recently, we received a plea from a missionary surgeon in Ghana who needs help. She wrote that she and her husband were desperate and exhausted as the only doctor at a 90-bed mission hospital. It was for these desperate needs that PAACS was born.

Personal Notes from the PAACS Leaders



Adrian Park, MD
PAACS Commission Chairman

"I spent some of my formative years growing up in East and North Africa. My father worked as an engineering consultant for governments, and we always became acquainted with the local missionaries. I developed a love for Africa and determined to return one day, though medicine was not a serious consideration.

"God then took me on a different path than I envisioned. I ended up in academic surgery, involved in innovation and development of new techniques and technologies in surgery, and in training surgeons. This was a far cry from serving in a remote African setting.

"In 1998, Dr. Bruce MacFadyen invited me to speak at the CMDE Brackenhurst conference for medical missionaries in Kenya. That proved to be a seminal trip for me, most notably because of the relationships I established there. I met Dave Thompson who shared

the vision he had to train African doctors to become surgeons and provide care for their own people.

"I was a career surgical educator with a love for Africa, so this fresh vision resonated hugely with me. It was my joy and privilege to become involved at that early stage of PAACS and continue as it grew and evolved. PAACS has come a long way. This ministry is producing well trained surgeons who love the Lord Jesus, want to provide the best care for their patients and then share His Good News. PAACS graduates are now starting to have an impact as they take positions in remote and underserved areas of Africa where the surgical care is either absent or abysmal, and where the gospel is little known. They are already involved in training the next generation of surgeons and caregivers in these places—an exciting and evolving vision.

"I continue to be amazed at how God uses such broken vessels as myself to accomplish His purposes. This is His work and ministry, and He will continue to provide and be glorified through it. My job is to support and facilitate the brothers and sisters He has drawn to it, and otherwise get out of the way!"

Bruce Steffes, MD
Executive Director

"PAACS is heavily dependent on God's favor and the participation of people like you—and I wouldn't have it any other way. I've been involved with the Commission since 2003 and have been the volunteer CEO/Executive Director since 2006. Despite the inevitable growing pains, it is the best thing I have ever been involved with. We have 40 residents in training, will add three more in January and will train five more for part or all of the academic year. We have 27 national and career missionaries as approved faculty in eight programs in seven rural mission hospitals. This past year, we had more than 150 short-term faculty volunteers come and make a vital difference in the lives of these young African men and women.

"Why do I continue to volunteer with PAACS? Because God is working and I get to have a front-seat, because teaching rounds are sometimes interrupted with prayer and with the introduction of a patient or family member to Jesus Christ—we are serious about professional training and discipling. I volunteer be-

cause I hear residents tell each other to do something the way "Professor" Smith told them to do it—and he was a short-term faculty member from two years ago who made a difference before returning to his small town.

"I do it because I see PAACS making a difference in the Colleges of Surgery in Africa, and those changes may affect the entire continent; because we are serious about academic excellence amidst the challenges of serving the sick in rural Africa; because I see residents returning to mission and district hospitals, making a difference not only spiritually and medically but in the financial security and level of care in these hospitals; and because it is the most cost-effective ministry I know. For the price of supporting one North American missionary for one year, we can train an African physician for five years. They will stay in Africa, caring for the bodies and souls of their own people for a lifetime."



William C. Wood, MD
Academic Dean

"Our Lord sent His emissaries to preach the gospel and heal the sick. Medical missionaries are privileged to obey that injunction in remarkable ways, transforming the areas where they serve. Participating with them are those who support them in prayer and giving. Short-term missions is a way for physicians, surgeons, nurses and others to enjoy a greater degree of involvement in that service. CMDA strongly supports and encourages this through Global Health Outreach. Through Medical Education International, they also reach out in support of missionaries and national physicians, applying educational expertise in support of the kingdom.

"When I learned about PAACS, I was excited about the synergy of medical missions with discipleship development, globalizing the mission of the church in a new way. It helped that the spokesmen for the program were paradigms of discipleship as well. We are called to service with excellence. The possibility of helping the program excel in providing the best

equipped surgeons for Africa as well as a new generation of leaders for African churches provided great appeal. I was teaching at the CMDE conference in Kenya, visiting PAACS programs and working with a few academic and governmental centers in Africa regarding research in sustainable oncology care when I was approached about serving as Academic Dean of the PAACS program. Judy and I prayed for guidance, but I was eager to accept.

"The labor involved in developing superb residency programs in mission hospitals falls heavily on the program directors, the Executive Director and the entire commission. Any help that I can provide to them is a pleasure. My primary task is listening to the needs and developing metrics that can be used to demonstrate the program strengths to the African Boards of Surgery. I look forward to partnership with Bruce, Stan, Adrian and all of the PAACS partners."



Rev. Stanley Key
Spiritual Dean

"I first became acquainted with PAACS in 2006 when I was the spiritual life speaker at the CMDE conference in Kenya. Meeting leaders in the organization introduced me to an exciting world of kingdom activity I knew nothing about.

As a missionary in Europe and then a pastor in New York, I had little involvement with medical missions. The world of surgeons was like a foreign country to me! But the passion of these men and women for touching a continent with God's grace was infectious. When I was invited to serve on the PAACS commission, I immediately said yes.

"The role of a Spiritual Dean highlights the importance of the 'C' in our name. PAACS intends to not only send forth an army of highly trained medical professionals, but also produce a body of believers known for their deep spiritual commitment and godly lives.

The vision recognizes that the real need in Africa goes much deeper than bodily health and medical care. As in all cultures, the deepest needs are spiritual. Addressing healthcare while ignoring soul care is not sufficient to meet the needs. PAACS aims to do both.

"As Spiritual Dean, I want to work with program directors to develop spiritual materials and programs. Working and living with the residents over a five-year period gives program directors a prime opportunity for discipleship. We must not miss this opportunity to raise up godly leaders and persons of influence in the places where they are sent to serve.

"The level of spiritual commitment and zeal throughout the organization is palpable. We are thankful to God for the high quality of Christian integrity that has characterized PAACS from the beginning. We will hopefully become even more intentional and find ways to do it with more effectiveness, comprehensiveness, cohesiveness and purpose. The rewards to be reaped from sharpening our spiritual focus throughout the organization will make our efforts worthwhile."



What Does PAACS Do?

1. PAACS trains surgeons, saves lives and proclaims the gospel.

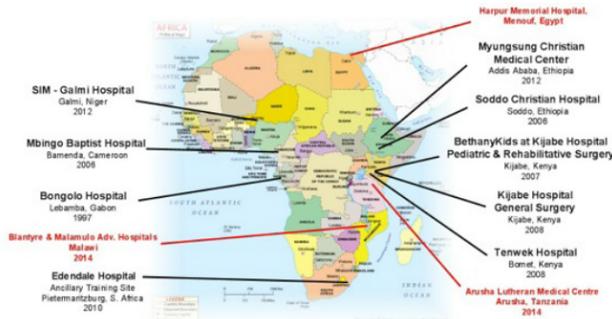
In late 2006, a patient arrived at Banso Baptist Hospital near death following trauma to his chest in a car accident. Dr. Eugene Cleek from Chico, California, had left his practice several years earlier to open the PAACS Program at Banso. He and the young surgery residents diagnosed a pericardial tamponade entirely from the history and clinical signs. They did not have a sternal saw, so they split the patient's sternum with an orthopedic hammer and chisel. When they opened the pericardium, blood sprayed from a hole in the right ventricle. Cleek controlled the leak with his finger and closed the defect within minutes. The surgical team recovered a large amount of blood from the chest, filtered it through sterile compresses, poured into transfusion bags and rapidly re-infused. Remarkably, the patient stabilized and recovered completely.

Afterwards, as one of the residents shared the gospel with him, the man exclaimed, "I am only alive because God helped me! I should have died, but He gave me another chance to get ready."

The PAACS residents involved in this case have all since graduated. One completed a fellowship in pediatric surgery at Kijabe Hospital in Kenya, and returned to Madagascar to establish a pediatric surgery service at a Lutheran hospital. A Russian-trained urologist from Nigeria served as a faculty member at two PAACS hospitals before returning to Nigeria. A third completed a fellowship in orthopedic surgery at the CURE program at Kijabe Hospital. He serves as the orthopedist at a Baptist hospital in Cameroon. A fourth returned to Sierra Leone to serve his people at a government hospital in Freetown. A fifth returned to Madagascar and is the only surgeon at a Lutheran hospital. Dr. Cleek returned to California where he serves as a trauma surgeon at Enloe Hospital.

2. PAACS sets up and directs formal surgical training programs at Christian hospitals.

Since 1997 when the first resident from Angola started his training at a PAACS program in Gabon, PAACS has spread to eight hospitals with 40 residents and fellows in training. In addition, Edendale Hospital in South Africa provides a superb six-month trauma rotation for selected senior PAACS residents, under the leadership of trauma surgeon Dr. George Oosthuisen.



3. PAACS trains residents using short- and long-term volunteer faculty.

For the fiscal year 2011-2012, a total of 146 volunteer physicians worked at PAACS hospitals for a cumulative total of 2,542 days. That included 101 surgeons, 10 obstetrician-gynecologists, eight anesthesia providers, six gastroenterologists, nine radiologists and 12 medical specialists. For the 2010-2011 academic year, 109 volunteers served a total of 2,304 workdays. CMDA estimates that the value of this donated time exceeds \$2 million.



4. PAACS invites donors to support the project through sacrificial giving.

During the 2010-2011 budget year, our generous donors gave a record \$544,000 to support PAACS. In 2011-2012, we received only \$478,000 and had to spend \$50,000 of our limited resources to balance the budget. As a reflection of the growth of the entire program, the coming year will be an even bigger challenge.

The Commission and Executive Director work without salary and without reimbursement for their expenses. None of the other leaders or board members featured in this special bulletin are paid for their efforts either. All training program faculty are supported by their mission organizations and churches.

Faith has always been the modus operandi of PAACS. We have always stepped out in faith and made a budget greater than the previous year's income, and God has provided. But this is the biggest step of faith ever. We don't want to be presumptuous regarding God's provision and we want to be good stewards, so we are planning for a severe austerity budget and the possibility of stopping all growth.

If this is a test of our faith, we want to pass with flying colors. If it is God shutting a door, we will do what is necessary. But there is not much fat in our budget and paring costs means paring vital aspects of the program that were added specifically because they bring value to the training of residents. The most effective cost-saving method is to stop training residents—and that would break our hearts.

We challenge each of our readers to get involved financially. Do you know people on the boards of private foundations, churches or businesses who might be challenged to make a difference for eternity? Can you challenge your church and its mission board to consider supporting PAACS and the 40 residents it is training and discipling to be God's men and women in hospitals throughout the continent of Africa? After you support your own church, would you consider supporting part or all of a trainee's education? Most of all, will you seek God's face with us for the requisite wisdom to make the right decisions as we trust God for the funds we so desperately need?

PAACS By the Numbers

Did you know that PAACS can train a surgeon for five years for less than \$100,000?



Training a surgeon in Europe and North America can cost four to 10 times as much. Training a national physician is also a much more cost effective alternative than a missionary surgeon. It is not unusual for missionary surgeons to have to raise \$80,000 to \$100,000 each and every year to cover their salary, travel, vehicle transportation, retirement, children's schooling and so on.

An African surgeon trained by PAACS will practice for a minimum of 25 years. That works out to only \$4,000 a year—and our PAACS graduates know their own people and can avoid culture shock and language difficulties. They are in Africa for a lifetime. They don't quit and return to North America or Europe.

In a time when dozens of mission hospitals are ready to close for financial reasons, elective surgery brings a reliable cash flow which allows it to give charity care. Emergency surgery brings life. Sharing the gospel in either case brings eternal life. And you can have a vital part. Give \$100 a month and you pay one-eighth of the monthly stipend in Central Africa. Give \$250 a month and you are paying one-sixth of the cost of educating a resident each year. Give \$400 a month and you are paying one-fourth of the cost of educating a resident each year.

PAACS is a gift and a divine mission, a unique opportunity to minister spiritually, medically and socially. I finished medical school in the DRC in 1996, during the war that we experienced. When I heard about PAACS, I decided to apply and was accepted to start residency in Gabon. I received both spiritual and academic training. I also had the opportunity to share the gospel with my patients and win some to Him.

Dr. Yali Bin Ramazani

The Future of PAACS

We believe that God called PAACS into being 16 years ago at a humble meeting of Christian surgeons in Kenya to respond to the vast physical and spiritual suffering across Africa. God cares about the people of Africa, and He calls us to care about them too.

But PAACS is more than a band-aid or short-term project. It is designed to bring lasting solutions to the surgeon crisis in Africa by training Africans and giving them a vision to follow the teachings of Jesus in their practice. We are not to be motivated by the love of money and prestige, but by love for God and for the people He loves.

A recent op-ed in the *New York Times* estimated that 56 million people in sub-Saharan Africa—more than twice the number living with HIV/AIDS—need surgery today. People die or are disabled every day because they cannot obtain the necessary surgeries. The article quoted a doctor from Zambia who said, “What people don’t understand about surgical care is that it might cost \$200 to fix a ruptured appendix, but it’s a one-time intervention. You save them for the rest of their life.” In his country, only six of the country’s 44 surgeons live and work in rural areas, and all of them are expatriate missionaries. In rural northeastern Congo, a recent PAACS graduate is the only trained surgeon for an estimated two million



in Tanzania, Malawi, Egypt and Cameroon within the next three years, and for the number of residents to grow from 43 to at least 60. That will require significantly larger budgets, more short-term volunteers and more long-term missionary surgeons. Will you join us to pray, invest and work until this dream becomes a reality?

people. The most difficult obstacle to solving the surgery deficit is not hospitals, equipment or supplies, but trained surgeons.

The vision God gave to the founders of PAACS was not simply to train and disciple a few African surgeons, but to train as many as possible at existing Christian hospitals all across the continent. The initial goal was to train 100 surgeons by 2020. To date, we have trained 28 and are in the process of training 40 more. To reach 100 by 2020, we need many more surgeons and a great deal more money.

Did we misunderstand God? We don’t think so. We may be running short of funds this year, but we know that absolutely nothing is impossible for God. If our default position as we face these daunting needs is to kneel before Him, then nothing will be impossible for those who join the PAACS team either.

Our dream is to see PAACS programs open

in Tanzania, Malawi, Egypt and Cameroon within the next three years, and for the number of residents to grow from 43 to at least 60. That will require significantly larger budgets, more short-term volunteers and more long-term missionary surgeons. Will you join us to pray, invest and work until this dream becomes a reality?

People die in Africa from the lack of ordinary surgical care – ruptured appendicitis, perforated intestines, strangulated hernias, even the need for a C-section. PAACS is totally different from the few training programs we have in our countries because it focuses on the three Es: education, excellence and evangelism. Even with all our clinical and surgical skills, we know that the Lord heals. Before PAACS, missionaries and volunteers came to Africa to disciple and treat people, but once they left, the populations they were helping were left with nothing. With PAACS, when missionaries and volunteers leave, African surgeons stay to continue the mission!

Dembele Philadelphie, fourth year resident

How Can You Get Involved?

We need your prayers and financial support, but most of all, we need YOU! General surgery in Africa is much broader in scope than in North America. Without surgical specialists of all kinds, gynecologists, anesthesiologists and selected nonsurgical specialists (gastroenterologists, radiologists and pathologists), we do a poor job of teaching our residents.

We welcome any time of service from two weeks to two years. We also need career surgeons to move to Africa to bolster the faculty at virtually all our training sites. We are asked to open new programs at new mission hospitals every year—but we need general surgeons to be program directors, and subspecialty surgeons to serve as assistant program directors or faculty. We are considering training in orthopedics and obstetrics and gynecology, but we need people willing to oversee the curriculum and assessment of the residents. You can use your experience and expertise by serving on the PAACS Commission.



“God’s calling doesn’t mean a life of comfort or lack of conflict. It is His clear and continuous assurance. In my seven years in PAACS, there have been many achievements as well as frustrations. The quality of PAACS training is obvious all over Africa, and it includes wonderful leadership and God’s workings. For me specifically, PAACS is God’s way of pushing me closer to His calling to the life He intends me to live.”

Dr. Frehun Ayele

“Because of PAACS, I can learn what my heart has always wanted. I believe without a doubt that the Lord uses PAACS to help people like me. Even more, I get to work and train with sisters and brothers who love God!”

Elijah Mwaura, third year resident



“PAACS is the most important means through which we as surgeons can reach out to people in Africa, not only operating on them but also proclaiming the Good News to those who do not know Jesus as their personal savior.”

Shigute Shuke, first year resident



A Resident's Personal Story

"I always dreamed of pursuing post graduate surgical training, but the thought of doing this at one of the local universities, given the lack of proper supervision and the lack of mentorship, did not interest me. It seemed easier to get involved with a program abroad that was already well established and of good repute.

"However, I could not ignore the great need for surgeons in Africa and was caught in a dilemma between pursuing my own dreams and comfort, versus yielding to God's calling for excellent service to a needy world.

"Through PAACS, God opened the door for me to achieve this. I train and work in an environment where I have consultants who are mentors and are constantly mindful of my academic progress and spiritual well being. I have had more exposure to disease entities and have worked with more amazing general and specialty surgeons than I could ever have imagined.

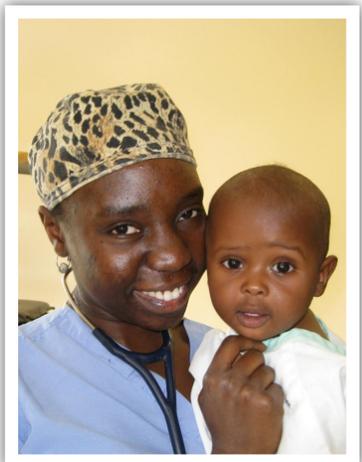
"I see people at work who could have had it all, but sacrificed many things for the sake of Christ and for His people. This humbles and challenges me... why not do it too, even for my own people?

"What blesses me even more is the thought of all the people who are involved in making the PAACS training programs a success. I see the challenges to keeping just our program running. I can only imagine what it takes to keep multiple programs across Africa all beating to one drum. It's like going to the theatre to watch a great play, and backstage are many important people serving who may be forgotten, but

without whom the play would not be a success.

"To all the sponsors of PAACS training and to the administrators, I would like to express my heartfelt gratitude for all that you do. Five years ago, the prospects of further training seemed like an unreachable dream. But standing here now in my final year of training, I can hardly fathom this blessing. I pray that many more may be enriched as doctors and as servants of Christ, as I have been. Thank you!"

Agneta Odera, fifth year resident



Get Involved with PAACS

We look forward to working with you as you join us in our efforts to change the spiritual and physical health of a continent. Please contact us for more information about PAACS:

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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.

Steve Kyota, second year resident