DEAR FRIEND,

I believe missionary medicine is one of the most effective ways to reach people with the Gospel. It is especially exciting to see God raise up a new generation of medical professionals who are answering His call to serve as career missionaries.

World Medical Mission’s Post-Residency Program was established in 2004 to prepare young doctors and dentists for the rigors and rewards of service in overseas hospitals. During their two-year assignment, these men and women gain valuable experience, share the love of Christ with patients, and adapt to living in a different culture. After completing the program, most decide to transition to long-term service through a sending mission agency.

Does the Post-Residency Program offer what you have been looking for? If so, I hope you will contact our staff to learn more. May God open a door for you to use your skills to lead people to His saving grace. As Jesus said to His disciples, “Those who are well have no need of a physician, but those who are sick: I did not come to call the righteous, but sinners, to repentance” (Mark 2:17b, NKJV).

Sincerely,

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Dr. Daren Tompkins and his wife Elissa first became acquainted with Mukinge Mission Hospital in 2006 when he volunteered for a two-month service trip with World Medical Mission. At the time their oldest son Zach was 2. Nate was just 4 months old.

It’s a long journey from Wichita, Kansas, where Daren was in a family medicine residency training program, to the remote hill country of southern Zambia. Since college, Daren and Elissa had sensed God leading them on a path toward missionary medicine. Still, Elissa had concerns about their children. Mukinge would be a good litmus test.

Soon after their arrival, Nate became very sick and was diagnosed with dysentery. For young parents in an unfamiliar situation, it was scary. But seeing God’s healing power at work in their family, as well as the care demonstrated by the staff at Mukinge, ultimately cemented their conviction to serve overseas.

The Tompkins family returned to Mukinge in 2008, this time for a two-year assignment through World Medical Mission’s Post-Residency Program. “It was a wonderful experience. We were thankful to have that time before committing to

RAISING CHILDREN ON THE MISSION FIELD BRINGS A STEADY DOSE OF JOY AND CHALLENGES.
A FAMILY AFFAIR: As of January 2012, there were 42 children on the mission field with their doctor parents through the Post-Residency Program.

“We are a close-knit group—missionary families and Zambians all living and working together. The sense of community we have here is unlike anything I have experienced anywhere else. We love that for our kids.”

In January 2012, the Tompkins family relocated to Mukinge as long-term medical missionaries with the sending agency Serving in Mission (SIM). To the family’s delight, they moved into the same staff house where they had lived during their post-residency assignment. All the house needed was a little refurbishing and decorating to make it their own.

Now the couple’s fun-loving, spirited household includes Zach, 12; Nate, 10; Emelyn, 8; Drew, 6; and Ethan, 17 months. What they lack in conveniences and entertainment options (the nearest shopping mall and movie theater are hours away) is a small sacrifice compared to the blessing of spending quality time together as a family. Daren’s commute to the hospital is a two-minute drive. Elissa home schools.

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“Who have a two-year situation, you are there long enough to really get an idea of what life is like.”

Tompkins conducts a follow-up visit with a young mother and her newborn in the maternity ward at Mukinge.

It is a great childhood for them. They have a lot of outside and play and climb trees and enjoy freedom. They weighed the options of serving in another part of the world—or staying in the United States—long term,” said Elissa. “When you have a two-year situation, you are there long enough to really get an idea of what life is like.”

After completing the Post-Residency Program, they went back to Kansas to raise missionary support and seek God’s direction for the next step. The couple’s daughter Emelyn had been born while they were in Zambia and their fourth child, Drew, was on the way. The family’s daughter Emelyn had been born while they were in Zambia and their fourth child, Drew, was on the way. They weighed the options of serving in another part of the world—or staying in the United States—long term,” said Elissa. “When you have a two-year situation, you are there long enough to really get an idea of what life is like.”

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MISSION HOSPITALS ARE ONE OF THE BEST TOOLS FOR EVANGELISM THERE IS." That is what Franklin Graham told my brother Lowell and me when we started World Medical Mission.

Many years later we were informed: “When a mission hospital that once had four or five missionary doctors gets down to one, that hospital will either close or be handed over to the government to run.” Retired missionary doctor Jim Foulkes told us of his concern for the mission field as it was progressing in today’s society. He had been on the mission field for 38 years at Mavinga Mission Hospital in Zambia. Foulkes had watched their sister hospital Luampa go down to zero doctors and barely remain open with only a couple of nurses overseeing care of the patients. Missionary doctors were retiring and their mission organizations were unable to recruit young physicians just out of residency to take their place. We were seeing hospitals that once had an abundance of doctors begin to downsize to the point of not being able to have the effect they once had. The replacement problem centered on young physicians who were completing their residency. Most had debt, and even though they felt called to the mission field, they would postpone their calling for a few years in order to work a while and begin paying off their debts. The hitch was they would get a job and buy a car and perhaps a house, and then they would realize how long it was going to take to get their debt paid and never make it to the field.

The Post-Residency Program was started to encourage doctors just out of residency to go to the mission field immediately rather than postponing and never making it. Initially the idea was to support post-resident doctors for a two-year period to let them get a feel for missionary life. The experience would help them know if this was something they should do for the remainder of their medical careers.

A few years after the program was started, it was pointed out by a missionary in Kenya that it was not answering the problem. We were informed that the real need to keep mission hospitals operating depended on full-time doctors, not two-year doctors. They appreciated the two-year help, but the real need was for physicians who would give their lives for ministry. This discussion with the Kenyan missionary made us do some soul searching. Only about 20 percent of our post-residents were actually staying on the field for full-time work.

That was when we began focusing on the doctors who felt called to full-time ministry. We wanted doctors who not only had the desire to go but also the commitment to serve full time. Many had the desire but few had the commitment it would take to stand firm when difficulties arose on the field. The application now reads, “We are looking for missionaries who happen to be doctors.” The number of doctors who stay on the field after completing the two-year post-residency introduction period has quadrupled from 20 percent to 83 percent.

We at Samaritan’s Purse and World Medical Mission are so thankful to be a small part of the lives of these young doctors who are giving their all for the Lord’s work. We thank God for letting us be a part of a family relationship with these young physicians that serve far more than simply a two-year period. And we say: “Not to us, O Lord, not to us, but to your name give glory” (Psalm 115:1a, ESV).

ESTABLISHING A NEW GENERATION of MISSIONARY DOCTORS

BY DR. RICHARD FURMAN

The co-founder of World Medical Mission reflects on the reason the ministry was initiated—and why missionary doctors are needed now more than ever.
I grew up in deep south Texas, the son of a surgeon. My parents imparted to my two siblings and me a deep sense of faith and concern for the things God cares about. It was during my sophomore year at Wheaton College that I really decided to pursue medicine. During my chief year of residency at Vanderbilt University Medical Center, I heard about Kijabe Hospital. At that point in my training, I had been accepted into a pediatric surgery program. To my surprise, I became keenly interested in the possibility of training African surgeons and “being a missionary.” My wife, Amanda, and I had never planned to move overseas, but as God so often does, He changed our hearts. We wanted to be long-term, cross-cultural missionaries, so we also pursued how we could transition smoothly at the end of the two-year post-residency stint. When we spoke with folks from Serving in Mission (SIM), it seemed clear that this was the route we wanted to go.

My wife, Amanda, and I had never planned to move overseas, but as God so often does, He changed our hearts. Into a pediatric surgery program...
program, which is run as a partnership between BethanyKids and Kijabe Hospital. I am one of two consultant pediatric surgeons, and I have administrative responsibilities within the hospital.

We not only care for hundreds of children each year, but we also train surgeons from countries all over sub-Saharan Africa in pediatric surgery. I value very highly the opportunity to teach and train surgeons. Capacity building is so vital to the development of healthcare in the region. Kijabe is a place where training is a fundamental part of the work we do.

I treat children with all types of surgical issues, with the exception of neurosurgical or orthopedic problems. These include a host of congenital intestinal and urologic malformations, cleft lips and palates, as well as acquired problems such as traumatic injuries, tumors, cancers, and the like.

Kijabe Hospital is also well known in the country for being unwavering in its commitment to God’s kingdom. As part of the “Time Out” before each procedure, we pray for the patient and the operation. I attempt to pray with every family prior to an operation and many times in the clinic, especially as we deal with difficult problems.

While I was initially uncertain how my patients from other faith backgrounds would respond, I have found that they welcome my prayers in Jesus’ Name. Being the hands and feet of Christ to the suffering children and their families is an honor and a blessing.
I imagine dealing with the agony of an abscessed tooth for weeks or even months—with no relief in sight—simply because no dental services exist in your community. That’s the reality for many of the inhabitants of Papua New Guinea’s rugged highlands.

The staff at Kudjip Nazarene Hospital in the Jiwaka Province received a huge answer to prayer in June 2015 when they welcomed Dr. Sheena Li, their first full-time dentist. In the past, visiting dentists came to the hospital for a couple of weeks or a month—not nearly long enough to treat the overwhelming needs of the indigenous peoples.

“How I ended up in Papua New Guinea was a whirlwind of a journey,” said Li, a Canadian who is serving for two years through the Post-Residency Program. “In 2014, Samaritan’s Purse had assigned me to serve in Liberia at ELWA Hospital. As my departure date approached, it was apparent that I was not to be placed in West Africa at the height of the Ebola crisis. I praise God for His sovereign purpose in planting me in Papua New Guinea.”

Li treats 15 to 25 patients a day, with cases ranging from preventive care to restorative dentistry to oral surgery. She is assisted by two community health workers who are being trained to clean teeth and perform simple procedures.

“The goal of the hospital and the dental clinic is to increase the spiritual impact of God’s love among the people of Papua New Guinea,” she said. “We have hospital evangelism periodically where a group of us sing praises in Pidgin, and we share Scripture and the Gospel with the patients and their families on the ward. We also spend time listening and praying with patients.”

One of those patients was a man named Marten. He had been admitted with a severe leg wound after his wife slashed him with a bush knife during an argument.

“We spoke to him of the hope and reason of our joy, and also how Christ is able to make all things new,” she said. “He is doing well.”
HONDURAS

**LEFT:** Drs. Isaac and Anne Hofer Hotz pictured with their children Josiah and Madelyn and their miracle patient, KP.

**ABOVE:** Dr. Cortney Cash performs an ultrasound on an expectant mother.

**KUDJIP NAZARENE HOSPITAL**

**16**

The dental services that Dr. Sheena Li provides are much needed in Papua New Guinea’s underserved highland villages. Above: Dr. Li enjoys a challenging hike through lush backcountry.

**POST-RESIDENCY**

**ABOVE:** Marten did not want to continue living his life the way he had been and he repented and things new. Marten did not want to continue living his way or the other, and finding the correct balance is something only God can help us with.

**IN HONDURAS**

**“STRETCHED.” “REWARDING.” “A TIME OF CHALLENGE, GROWTH, AND BLESSINGS.”** That’s how three young doctors describe their experiences as they wrap up Post-Residency assignments at Hospital Loma de Luz.

**DRS. ISAAC AND ANNE HOFER HOTZ**

** Husband and wife team Drs. Isaac and Anne Hofer Hotz specialize in family medicine and surgical obstetrics. They met during residency training in Colorado and came to Honduras in January 2015 through World Medical Mission. Anne relishes her multiple roles—first as a wife and mother to their two children, Madelyn, 4, and Josiah, 2—and as a physician working part-time in the hospital.

“The reward for me is that I love being able to work with Isaac,” Anne said. “We both had similar training, so our style of practicing medicine is very complementary. It is especially fun to do cesarian sections together!”

One of their most memorable patients was a 12-year-old girl suffering complications from dengue fever. “KP” went into respiratory failure with both lungs collapsing. Although her prognosis was poor, the hospital staff prayed fervently for KP, placed her on a ventilator, and provided around-the-clock care for weeks. For brief intervals, KP was able to breathe on her own. It was during one of those nights that she said she wanted to accept Jesus into her heart. “I had to look away as I held her hand because I was crying so much,” said Anna.

KP surprised everyone when she survived into the next day, and the next week. She continued to show signs of progress and regain lung function. Six weeks after being admitted into the hospital, she was able to return home to her family. Even though KP experienced a miracle of healing, the doctors must come to terms with the reality that many of their sickest patients will not survive. How they handle those times of grief and brokenness play directly into their longevity on the mission field.

“It’s a constant battle and can wear on a person over time,” Isaac cautioned. “Yet, we can also allow our hearts to grow calloused in order to continue to function as medical providers. It seems that missionaries often err in one way or the other, and finding the correct balance is something only the Lord can help us with.”

**DR. CORTNEY CASH**

** Family medicine physician from Pennsylvania, Cortney Cash came to Loma de Luz two years ago with her husband, Joe, and their daughters, Carolina, who is now 5 years old. Their son Alistair was born at the hospital soon after their arrival in Honduras.

Balancing work and family is an unending juggling act. Cortney works at the clinic on Monday through Thursday, seeing general needs patients and providing prenatal care to expectant mothers. She is also on call one or two days during the week and one weekend a month for delivering babies and emergency room coverage. In addition, she helps manage the pharmacy. Joe helps keep the hospital running smoothly, overseeing the purchasing department and inventory control, as well as daily operation of the kitchen. He also maintains the computer system. Outside of the hospital, the Cashes serve on a church planting team and assist with in-home Bible studies.

“While it has been a challenge, it has also been a blessing to work so closely, learning a new language, a new culture, and a new way of life has strengthened our marriage,” said Cortney. “It has been amazing to look back and see how God has been preparing us as a couple to serve Him together.”

For both families, the Post-Residency Program has been a stepping stone into full-time medical missions. The Hotzes are planning to go on a two-month furlough to the United States to raise support and then return to Honduras for at least another three years. Likewise, the Cashes have signed on with a Christian service agency and will be starting a three-year term at the hospital in January 2017.

**A BEACON OF LIGHT IN HONDURAS**

What a privilege it is to live among these beautiful people I have come to learn from, to love, and to serve.”

...
HOW DO I APPLY?
Applications will be made available in January. The application deadline is June 1 prior to the beginning of your last year of training. To receive an application or to be added to the distribution list, please email postresidencyprogram@samaritan.org. Please be sure to include your name, contact information, specialty, and anticipated date of completion of your training.

WHERE COULD I BE ASSIGNED?
Assignments will be in established mission hospitals and clinics in Africa, Asia, the South Pacific, and Latin America within the network of World Medical Mission partner hospitals.

WHAT KIND OF PREPARATION WILL I RECEIVE?
The Post-Residency Program staff will work with you and your family from the time your application is approved through your term of service. As an employee of Samaritan’s Purse, you will receive assistance with all ministry-related travel and country-specific field requirements. Prior to serving, you will be brought to the Samaritan’s Purse international headquarters in Boone, North Carolina, for orientation.

DO I NEED TO RAISE SUPPORT?
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WHAT ABOUT MY SCHOOL LOANS?
We are prepared to assist you as you raise support to cover your basic student loans.

HOW DO I TRANSITION TO A SENDING AGENCY?
From the outset of your acceptance into the Post-Residency Program, our staff will assist you in finding a mission sending agency that is the right fit for you and your family. We can help you make a seamless transition to a long-term sending agency and minimize the time spent at home raising support and completing the necessary sending organization requirements between assignments.

DO I GET TO CHOOSE WHERE I SERVE?
The committee will present you with two options of mission hospitals and sending organizations that can use your specialty and provide mentorship during these first two years. However, the final decision is up to you.

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HOW DO I TRANSITION TO A SENDING AGENCY?
From the outset of your acceptance into the Post-Residency Program, our staff will assist you in finding a mission sending agency that is the right fit for you and your family. We can help you make a seamless transition to a long-term sending agency and minimize the time spent at home raising support and completing the necessary sending organization requirements between assignments.

DO I GET TO CHOOSE WHERE I SERVE?
The committee will present you with two options of mission hospitals and sending organizations that can use your specialty and provide mentorship during these first two years. However, the final decision is up to you.

WHAT KIND OF PREPARATION WILL I RECEIVE?
The Post-Residency Program staff will work with you and your family from the time your application is approved through your term of service. As an employee of Samaritan’s Purse, you will receive assistance with all ministry-related travel and country-specific field requirements. Prior to serving, you will be brought to the Samaritan’s Purse international headquarters in Boone, North Carolina, for orientation.

DO I NEED TO RAISE SUPPORT?
Samaritan’s Purse will pay a modest stipend and provide airfare, insurance, immunizations, and ministry-related travel expenses to the physician. We will also provide housing and a food allowance for you and your family. You will need to raise support to cover your family’s airfare, benefits, and ministry-related expenses. Samaritan’s Purse will not take any administrative fees from the funds you raise.

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World Medical Mission® serves more than 40 mission hospitals in over 20 nations, providing a wide range of opportunities for service in missionary medicine.

To apply to serve as a Post-Resident physician, send an email to postresidencyprogram@samaritan.org. Applications are not available online.