ON CALL

INSIDE
MEXICO
KENYA

Surgery Subspecialty Team In Togo

POST-RESIDENTS | CLASS OF 2019
ON CALL

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CACTUS,
CATARACTS,
AND CREATIVE
ENGINEERING

A trip to Mexico delivers adventure for a biomedical technician and summer intern.

World Medical Mission assists evangelical mission hospitals and clinics by sending Christian medical professionals as volunteers, and by providing equipment, supplies, and other resources that help them treat patients in the Name of the Great Physician.
DEAR FRIEND

WHEN GOD CALLS, HE EQUIPS. Sometimes that involves years of mental and spiritual preparation. The young men and women who serve through our Post-Residency Program have overcome many obstacles and worked hard to become outstanding medical professionals. In this issue of On Call, we will introduce you to the 12 newest members of the program. They, along with their spouses and children, have boldly answered the Lord’s call to serve overseas as medical missionaries.

The Post-Residency Program has grown dramatically since 2004 when we sent out the first physician—to Afghanistan. Now we are sending doctors and dentists to more than 30 partner hospitals around the globe. Last year one of the doctors came from Australia. This year we have a dentist from Guatemala.

We praise God for their talents and their willingness to follow His leading so that those who are sick can declare: “Heal me, O Lord, and I shall be healed; save me, and I shall be saved, for You are my praise” (Jeremiah 17:14). Please keep them and the hundreds of healthcare workers who serve with us each year on short-term mission trips in your prayers. Be open to God’s leading. He may have a special assignment for you too!

Sincerely,

Franklin Graham
President, Samaritan’s Purse

After serving at Tenwek Mission Hospital in Kenya through the Post-Residency Program, Dr. Will Copeland and his family have decided to return there with a long-term sending agency.
Notes from Around the World

Insights from some of the medical personnel who serve in mission hospitals in more than 20 countries through World Medical Mission.

**Honduras**

Dr. Talitha Sannes-Venhuizen, a family practice physician in Minnesota, her husband Jason, a nurse, and their three teenage children, Jana, Tevia, and Tovin, served at Hospital Loma de Luz.

I have always known there is a tremendous healthcare discrepancy in the world, but have never truly experienced it. Working in a place where all we have is what we can do was incredibly impactful. There were many times when I was able to see God’s hand at work in the gap between what the patient needed and what we could provide. The greatest blessing was seeing Him working. The gate at Loma de Luz says Dios obra aqui (God works here) and we saw that again and again in the way God worked through the pastors and their prayers for the patients. I loved that the focus was on recognizing that, without God, we can do nothing of value.

**Gabon**

Drs. Drew (plastic surgeon) and Kim Huang (family medicine/anesthesia) serve at Bongolo Hospital through the Post-Residency Program.

Working in a small, rural African hospital is, in one sense, so completely different from any sort of medical practice we’ve experienced in Australia, Canada, or the United States. On the outpatient side, all patients are first seen by a nurse before being seen by a physician. The nurses act as primary care providers, leaving the physicians to see only more complicated cases, or the cases requiring operations. On the inpatient side, the patient rooms are, for the most part, semi-private as opposed to a large, open ward typical of many other African mission hospitals. Our work-life balance has been a pleasant surprise. Most days we’re able to walk up the hill home for lunch, and we almost always share dinner together as a family as the sun sets outside our window.

**Papua New Guinea**

Taylor Myatt joined his wife, Laura, an OB/GYN, on a short-term mission trip to Kudjip Nazarene Hospital in June. The couple is from Michigan.

On my first full day, a Thursday, I had the opportunity to observe my wife delivering a baby via C-section. The baby was premature and given a 30% chance of survival due to limited resources for proper care. On Friday, I watched her deliver another new life, this one a bit discolored but good size and seemingly healthy. On Monday we discovered that baby had died over the weekend of unknown causes. The premature Thursday baby was through the worst and gaining weight and was expected to make it. I left overwhelmed with joy that this one would survive, yet sorrow and confusion how another had not. In the midst of suffering, we are stripped of answers and left to allow a sovereign God to do His work in His time, a reminder I will carry with me for a long time.
The urologists’ universe of kidneys, urethras, and bladders may not be the subject of dinner conversation in a typical home, but imagine the consequences if the medical care they provide was simply unavailable?

In the tiny West African country of Togo, that situation is a reality, especially outside of the capital city. The lack of urological services is a common problem in developing nations, and those who are directly affected may suffer for years or even die as a result.

While there are missionary physicians with urological experience who have stepped up to help alleviate this need overseas, far more specialists are needed. That’s why World Medical Mission sent a team of two staff and six volunteers—including two urology surgeons—to impact the lives of 34 male patients and to train staff at Hospital of Hope in Mango, Togo.

Cindy Albertson, the manager of World Medical Mission’s new surgical subspecialty teams program, headed up the group that included two surgeons, four nursing specialists, and a biomedical technician. The surgeons, Dr. Dan Bohl from North Carolina, and Dr. Joe Klink from Indiana, passed along their knowledge to two missionary doctors who are serving long term at the Togo facility.

“Dan is old-school trained, and Joe is new-school trained,” said Albertson. “They did an excellent job of training Dr. Bryce Nattier and Dr. John Briggs, and the different training/experience levels of Dan and Joe were phenomenal and a great complement of present-day technology and a remote mission hospital environment.”

The hospital physicians received training in how to do TURP (transurethral resection of prostate) surgeries, removal of kidney stones, and numerous diagnostic and minor urological interventions.

The arrival of the U.S. medical team was welcome news for Francis, a 49-year-old man who was scheduled for the first TURP surgery that week.

For nearly two years, Francis had used a Foley catheter to pass urine. He had an enlarged prostate—a common problem in men as they age—that was obstructing the urethra. Unable to urinate, the only recourse was the insertion of a catheter.

Unfortunately, this temporary solution can lead to chronic urinary infections and eventual renal failure. That would mean certain death since dialysis is not an option.

Dr. Klink instructed and encouraged the surgical team through the successful one-hour procedure, which involved removing excess tissue until the urethra was no longer restricted.

The next day Francis was sitting up in his hospital bed, praising God with such joy that the staff and other patients in the recovery area took notice.

“He was very happy that the problem had been fixed and he can get back to a regular life,” said Klink. “The catheter can come out in about a week and then his life will be transformed.”

Dr. Bohl focused on teaching the missionary doctors and medical residents how to perform cystoscopies, urethral dilation and urethroplasty, and kidney stone removal. The May trip was his first to Togo, but his 11th service experience with World Medical Mission.

Like Klink, Bohl used scopes and monitors to perform some of the procedures. However, for the removal of stones, he has experience doing open surgery when other technologies are not available.

“Hospital of Hope doesn’t have robotics or CAT scanners. I am comfortable performing old-style surgery that may be obsolete in the United States, but it is the standard of care in
hospitals in developing countries,” Bohl said. “I showed the doctors how to take care of medical conditions the way we did them in the 1970s and 1980s.”

One of his patients was a man named Djibol who had severe pain in his side. Djibol had only one kidney, and an intravenous pyelogram test helped Bohl isolate where the 7 millimeter stone was causing blockage.

“If you have blockage in your only kidney, you won’t be alive very long,” said Bohl. He guided Dr. Nattier, a general surgeon who was unfamiliar with open cut removal of stones, through the 40-minute operation. In the U.S. the procedure would have involved laser surgery when the video monitor broke, but Scott cleverly rigged a replacement. The sheath was incompatible with the other instruments in their surgical arsenal, so he modified it into a useable form. He also spent a great deal of time servicing and repairing defibrillators, blood pressure equipment, and machines.

Completing the urology team were nurse practitioners, Rachel Klink and Sarah Seaton, clinical nurse specialist Brigid Bohl, and registered nurse Nishelle Lacaze. The Togo trip was Rachel’s second with World Medical Mission. Last year she, Joe, and their two children spent about a month serving at Tenwek Mission Hospital in Kenya. The Klinks encouraged Sarah Seaton, who attends their church and works with Joe in the urology department at Deaconess Hospital in Evansville, Indiana, to join them. This was Seaton’s first mission experience and first time outside of North America.

Seaton and Mrs. Klink taught the Togo nurses and nursing students about the urology care of patients in the PACU (post-anesthesia care unit) and on the general ward. Klink also worked with her husband in the pre-op clinic. Dr. Bohl’s wife, Brigid, primarily taught the operating room staff how to carefully prepare and select instruments for the surgeries.

A video monitor was preferred equipment and registered nurse Nishelle Lacaze, a nurse from Michigan, also trained staff and student nurses and took care of patients in the recovery area and in the wards. Having served at Hospital of Hope previously, Lacaze acclimated quickly and remained at the hospital for an extended stint into the summer.

“Despite the challenges, it was a successful campaign and God showed up in a big way,” said Rachel. “We plan to develop an extended relationship with the hospital where we go back regularly and bring more medical people with us. We have already told doctors and nurses at our church, ‘You need to come and see what God is doing.’”

The week of surgeries provided the team with a unique opportunity to share the love of Jesus Christ with patients of other faiths, some who had come from the neighboring country of Burkina Faso to receive life-giving surgery. A patient named Amadou could not stop expressing his thanks to the Bohls for the urethraplasty procedure that will now transform his life. On the day of their departure, he purposefully waited outside the hospital entrance to bid the group farewell as they loaded up the van to head to the airport and begin the journey home.

“Amadou thanked Dan, and he reached out and shook Dan’s hand,” said Brigid. “Then he did something unexpected for the norms of his culture. He looked at me and reached for my hand too. He double-clasped my hand in his and smiled.”

That simple gesture spoke volumes for the entire team. Their far-reaching impact continues through patients like Amadou who have returned whole and well to their villages, by the staff at Hospital of Hope who now can perform urological procedures on their own, and for the influx of new patients who come for physical healing but leave with so much more.

Next year the surgery subspecialty teams program will focus on obstetric fistula repairs for women, orthopedic procedures, and neurosurgery.

For more information about the program or to apply as a volunteer, contact Cindy Albertson at calbertson@samaritan.org.
World Medical Mission welcomes 10 doctors and two dentists to the Post-Residency Program’s Class of 2019. This year also marks a milestone as we celebrate the 15th anniversary of the program.
**Dr. Caren Abraham**  
Doctor of Dental Surgery  
University of Missouri–Kansas City School of Dentistry, Kansas City, MO; University of Nebraska Medical Center, General Practice Residency, Omaha, NE  
**Assignment:** Kapsowar Mission Hospital, Kenya  
**Vision:** “I felt led to missions from an early age. Our church was very involved with missions, and I grew up hearing stories of the physical and spiritual needs around the world. The Lord started speaking to me about this even as a child. I cannot say I was called to a particular place, but I always knew the Lord was leading me into a life of service to Him on the mission field. I went into healthcare because I knew it could open unique doors for the Gospel. My goal is to help the Gospel go forth, and to do this using my professional training.”

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**Dr. Britney Grayson and Micah Wilfong**  
Pediatric General and Thoracic Surgery  
Vanderbilt University School of Medicine, Nashville, TN; Vanderbilt University Medical Center, Nashville, TN; Indiana University, Riley Hospital for Children, Indianapolis, IN  
**Assignment:** Kijabe Mission Hospital, Kenya  
**Vision:** “I went on a silent retreat in the fall of my chief resident year in 2016 to pray specifically about my calling toward missions. I went on a hike one afternoon during that week, praying and speaking to God out loud. To make a long story very short, I ended up in the middle of a forest in rural Kentucky staring at a field of rotting corn that had been meticulously planted, in rows, without a road or path in sight. I pondered how the corn got there. I wondered why someone would take the time to plant this corn and then leave it there to rot. And then I heard a voice within me say, ‘The harvest is plenty, but the workers are few.’ I dropped to my knees in prayer, understanding that this was the word from the Lord that I had been praying for all week.”

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**Dr. Nathan and Bethany Gilley**  
Family Medicine  
Medical College of Georgia, Augusta, GA; University of Tennessee Family Medicine Residency Program, Murfreesboro, TN  
**Assignment:** Hospital Loma de Luz, Honduras  
**Vision:** “I was baptized as a confession of faith at age 4 by my grandfather, a pastor who prayed that he might have a grandson called into the ministry. A year later I awoke from a strange dream with childlike certainty that I was called to be a missionary. Formative in shaping my calling were multiple stays at St. Jude Children’s Hospital with my cousin who was born with retinoblastoma. It was there I felt compelled to become a medical missionary, as I saw the doctors being the hands and feet of Christ in a tangible way that was so needful. I desire to serve God, wherever He leads, for however long He allows.”

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**Dr. Matthew and Liberty Harris**  
General Surgery  
University of Arkansas for Medical Sciences, Little Rock, AR; Cooper University Hospital, Camden, NJ  
**Assignment:** United Mission Hospital Tansen, Nepal  
**Vision:** “The realities of disease, poverty, and a fallen world are around us all the time. This often feels inescapable and nearly impossible not to grapple with on a daily basis. There is no place untouched by these stark realities, yet the mission field can sometimes magnify these disparities and class distinctions on a startling scale. The ability to assist, serve, and truly help someone to heal or improve is rewarding and humbling beyond measure. To see God’s hand directly at work in His people’s lives, and to give for the sake of giving because that is what Jesus would do and is doing through our extended hands ... serving as a part of that mission is worth far more to me than the things I will inevitably have to let go of.”
Dr. Kristin Hummel
General Surgery
Kansas City University of Medicine and Biosciences, Kansas City, MO; University of South Alabama, Mobile, AL
Assignment: Galmi Hospital, Niger
Vision: “Late in high school, I was reading David Thompson’s book On Call. In it, he describes when he and his father watched a man die and all they could do was pray since neither of them had medical training. It was at that time I felt called to healthcare, thinking it would be a great platform to get into people’s lives and share about a greater Healer than myself. I was lucky enough to enter medicine and furthermore, surgery, with the intent of pursuing a full-time career in medical missions. Through my limited experience, with a heart of love for others, medicine, education, and sports are some of the easiest ways to connect with individuals and people groups allowing for relationship building, and ultimately leading to opportunities to share the Good News of Christ.”
Dr. Jennifer and Jordan Smith
Pediatrics
University of Louisville, Louisville, KY; Naval Medical Center, San Diego, CA; Naval Aerospace Medical Institute, Pensacola, FL
Assignment: Hospital of Hope, Togo
Vision: “I have been interested in missions from a very young age, and it was a driving factor in several life decisions. One of the reasons my undergraduate degree was in biomedical engineering was so I could possibly devise makeshift instruments as needed in resource-limited settings. And one of the reasons I even considered a career in medicine was so that, if I was called, I would have the opportunity to enter countries that might otherwise be closed to me without medical training. I think the Lord has been preparing both my husband and myself for a possible life abroad through the various life experiences He allowed us to have—both in our singleness before marriage, and now as a family.”

Dr. Daniel and Rebekah Smith
General Surgery
Pacific Northwest University of Health Sciences, Yakima, WA; Henry Ford Allegiance Health, Jackson, MI
Assignment: CEMI Hospital, Angola
Vision: “I was exposed to the healthcare needs of the developing world during my first international trip to Haiti in 2002. This inspired me to become a physician. During my third year of medical school, I was exposed to PAACS, which served to draw me toward surgery. As my residency was nearing completion, I was undecided whether we should serve in missions immediately or first pay off education debt and gain experience. My wife and I really sought the Lord’s answer to this question, and strongly felt God’s confirmation that we should pursue mission work immediately. We took a slight detour and I completed a one-year Global Surgery Fellowship in California. I am grateful for the preparation God has taken us through. We are excited to serve as medical missionaries wherever God calls us.”

**Post-Residency Program**

**Stats**

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<th>HOSPITALS &amp; CLINICS</th>
<th>COUNTRIES SERVED</th>
<th>DOCTORS AND DENTISTS</th>
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<td>39</td>
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- Representing 35 countries
- Representing 5 countries (U.S., Canada, United Kingdom, Australia, and Guatemala)
- 212 Children who have accompanied their parents to the mission hospitals.
Dr. John and Alicia Weston
Orthopedic Surgery
University of Toledo College of Medicine, Toledo, OH; Mayo Clinic, Rochester, MN
Assignment: Tenwek Mission Hospital, Kenya
Vision: “I expect practicing orthopedics in a mission hospital to be quite difficult. I will be seeing patients with advanced or neglected pathology and will have limited resources with which to address it. On top of that, there will be an added layer of complexity secondary to cultural differences in the practice of medicine. On the positive side, the joys will include caring for people who might not otherwise receive medical care, training a new generation of orthopedic surgeons who love Jesus and are committed to practicing in an underserved area, and having the opportunity to freely share the Gospel with patients.”

Dr. Kimberly and Kristopher Walhof
OB/GYN
Michigan State University College of Human Medicine, Grand Rapids, MI; University of Utah, Salt Lake City, UT
Assignment: Kapsowar Mission Hospital, Kenya
Vision: “I first began to experience a call to work in Africa when I was in middle school. My youth group participated in an event called the 30 Hour Famine, a World Vision event for teens to raise money and awareness for global hunger. As part of this event, we watched a video about the worldwide HIV/AIDS epidemic. I was blown away by the scope of this epidemic, and the experience sparked an interest in going to Africa. From there, I developed an interest in science and ultimately medicine and obstetrics and gynecology. Underlying all of these decisions has been an ever-present sense of calling to serve in the developing world.”

Drs. Andrew and Bailey Patton
Family Medicine/Family Medicine with Surgical Obstetrical Training
Andrew: University of Kansas School of Medicine, Kansas City, KS; John Peter Smith Family Medicine Residency, Fort Worth, TX; University of Missouri Kansas City Advanced Obstetrics Fellowship, Kansas City, MO
Bailey: University of Kansas School of Medicine, Kansas City, KS; John Peter Smith Family Medicine Residency, Fort Worth, TX; John Peter Smith Maternal Child Health Emphasis Track, Fort Worth, TX
Assignment: Hospital of Hope, Togo
Vision: Andrew “After becoming a Christian during college, I struggled with whether or not I should remain a pre-medical student. I felt called to Christian ministry, and many of my peers and mentors who I looked up to were going into full-time vocational ministry. Ultimately, I came to see that God had uniquely gifted me to use medicine as a vessel for ministry—for healing the sick and preaching the Gospel. Charles Fielding’s book, Preach and Heal, was a book God used in my life to confirm that call before medical school started.

Bailey “God has called us to go, and I intend on obeying. He can give visions and dreams, but He has called us to be His messengers of the Word. He does not need our witness, but He desires our witness. I want to fulfill that. And when I am in hard situations, I cling to God. I love clinging to God. People frequently tell me, ‘There are lots of people in the U.S. who need your help.’ That is absolutely true. But there are also lots of workers here. The Lord of the Harvest is calling us to other areas, where the workers are few.”
Dr. Kuhn Hong (center in white coat), a radiologist, leads a Bible study on the book of Ephesians for pastors and some of the staff serving at Myungsung Christian Medical Center in Ethiopia.
“THE SUM OF LITTLE THINGS”

For 20 years, Dr. Charles Ford has used his ENT skills to bring joy to hundreds of children in Kenya. His work took on greater meaning this spring when it became a shared family endeavor.
The marathon week in Kenya was grueling. High-pressured. Exhausting. And Dr. Charles Ford is ready for more.

The 66-year-old otolaryngologist from Boone, North Carolina, has been making the annual trip to the AIC-CURE International Children’s Hospital in Kijabe for two decades. “By now I know what to expect, I am fond of the people I work with, and I enjoy doing cleft lip surgeries,” he said. “I think it makes me a better surgeon because the work is so exacting.”

Ford was part of a team of 19 surgeons, nurses, and other volunteers who performed the cleft lip surgeries in March. World Medical Mission sent a second team to the hospital in June, and a third group will be bringing smiles to the faces of boys and girls this fall. Some will be first-time patients. Others will be youngsters who are returning for additional work, such as palate surgery.

“When we say we’re coming back, the staff know we will be back, and they know they will see some of the same team year after year,” said Ford. “That consistency isn’t found everywhere in Africa. It’s a beautiful picture of good healthcare because without good follow up, you can’t know if you have done a good surgery.”

Ford estimates that he has performed close to 600 cleft lip surgeries at the children’s hospital. He thrives in the demanding environment. “Every cut has to be precise. There’s no room for error. If your work on a person’s lip is off by even a fraction of a millimeter, it is noticeable,” he explained. “Doing cleft lip surgery is all about the sum of little things that ultimately produce a good result.”

Their success depends on a spirit of teamwork with a deeply-rooted trust in God and each other. Delicate surgery is one of many challenges. If a child has health problems such as tuberculosis or malaria, surgery of any kind could be life-threatening.

That’s why it takes a team of specialists who can provide basic healthcare and do a thorough examination. Sometimes this means telling disappointed parents that surgery is not recommended or must be delayed.

The cleft lip and palate repairs are available for children regardless of their family’s economic situation. World Medical Mission volunteers charge no fees for their services. The children’s hospital also partners with an organization called Smile Train that helps defray the costs for care.

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Dr. Charles Ford was excited to have his son-in-law, Dr. Joseph Garner (top right, below), join him in the operating room. Several of Dr. Ford’s grandchildren (including some of the Smith family pictured below right) made stuffed animal toys for the youngsters who underwent surgery.

During a previous trip to Kenya, the World Medical Mission cleft lip team made new friends while visiting a Maasai village.

ALL IN THE FAMILY
This year’s trip to Kijabe held special significance for Ford because he brought his son-in-law, Dr. Joseph Garner, with him. Garner was wrapping up his final year of medical school at East Tennessee State University and was excited to go on his first overseas missions adventure.

“Joe said it was the best thing he has ever done—next to marrying my daughter,” said Ford. “He helped me in surgery and I taught him a little bit about surgical technique. I think he gained tremendously from the experience.”
“It’s a gentle reminder that God is the One who holds the keys to life and death, and He is the One who heals.”

Now Garner is doing residency training at the University of Florida and is specializing in otolaryngology. He may be doing more short-term missions work in the future. “I’m very proud of him,” Ford said. Ford’s experiences on the mission field have inspired the youngest members of his family to want to get involved. He and his wife, Diane, are blessed to have 23 grandchildren, and it is his hope that one day he can take some of them to Kenya.

In the meantime, half of them found a way to contribute to their grandfather’s and Uncle Joe’s mission efforts by making stuffed animals for the children who received cleft lip surgery. Last year five grandchildren initiated the project by making animals native to Kenya, such as elephants, lions, and snakes. In January the project gained momentum as more of the children wanted to make soft, cuddly toys for the patients. In just a couple of months they sewed more than 50 stuffed animals. Their grandfather had to carry extra luggage to transport the treasures.

“They have heard the stories about Kenya and wanted to be a part of doing something,” said Ford. “And when those kids set their mind to do something, they don’t stop.”

Their simple but heartfelt gifts brought delight to the young patients in Kijabe, some of whom smiled for the first time after recovering from their procedures. It was the sum of these small blessings that will continue to make a life-changing impact on the Kenyan girls and boys and their families.

Ford said he tries to use his work as a surgeon to project God’s love and communicate the Gospel to the parents. With the help of an interpreter, he likens the child’s visage before surgery to God’s view of humanity left marred by sin: “After the surgery, their child may now look perfect in their eyes. Likewise, after we have Christ in our life and receive His forgiveness through the shedding of His blood for us, we can now look more perfect in our heavenly Father’s eyes.”

Of all of the Kenyan patients he has had the privilege of operating on over the past 20 years, Ford remembers most vividly the 2-year-old boy on whom he performed his first cleft palate surgery. Complications developed during the procedure and would have led to tragic results without God’s intervention.

The toddler’s tongue swelled and Ford had to do an emergency tracheostomy. The desperate doctor cried out to God to spare the child’s life. He stayed with the boy day and night for 72 hours. The child pulled through. During his recent March trip, Ford talked to a Kenyan pastor who said that boy has grown up to become a fine young man.

“It’s a gentle reminder that God is the One who holds the keys to life and death, and He is the One who heals. “I’ve always wanted to see the boy, just to know how he is doing,” said Ford. “It would be really nice to see him again.”
Most people are familiar with green eggs and ham from the classic Dr. Seuss children’s book. But green cactus and eggs for breakfast?

“I got it down. It was all right,” said John Souto, a biomedical technician with 17 years of experience with World Medical Mission.

“I wasn’t a huge fan,” Jacob Landreth, a biomedical summer intern confessed. “The cactus tasted sour to me.”

The dish is called nopales con huevo and is a classic breakfast staple in Mexico. Just cut off the prickly spine, slice and dice the inside meat, and fry it with eggs and onions.

Acquiring a taste for cactus with eggs was one of many adventures Souto and Landreth experienced during their assignment with World Medical Mission to Mexico in June. The technicians traveled to Hospital Mision Tarahumara, a relatively new hospital partner for World Medical Mission that serves indigenous people groups in the rugged western Sierra Madre.

The purpose of the trip was two-fold: to strengthen our relationship with the hospital staff and leadership, and to ensure the operating rooms were fully equipped and ready before Samaritan’s Purse deployed a team of eye doctors to perform cataract surgeries in August.

Their preparatory mission went smoothly and paved the way for dozens of elderly Tarahumara Indians to receive free restorative eye surgery—a precious gift that otherwise would not have been available for them.

The technicians went through a detailed checklist, examining and fine-tuning the ophthalmological equipment and supplies. During the three-day trip, they also worked on general hospital equipment, including a ventilator, anesthesia machine, oxygen concentrator, and sterilizer.
As a Samaritan’s Purse summer intern, Landreth was grateful for the opportunity to travel on behalf of World Medical Mission and experience daily life in a mission hospital. The 21-year-old is a senior engineering student at LeTourneau University in Longview, Texas. The trip to Mexico was not his first; he has gone there before on church mission trips.

“Most of my time was spent watching John and assisting him and learning what our biomedical technicians do when they go to a mission hospital,” said Landreth. “I learned to be prepared for anything and to be flexible.”

A case in point was the broken faceplate on one of the hospital’s sterilizers. In the United States, the technicians would have ordered a new plate and received it the next day. But the cost and time required to ship the faceplate to a remote Mexican hospital was completely impractical. So they remedied the problem with a cheaper, faster solution—epoxy glue.

“We don’t glue things in America, we just order another one,” said Souto. “However, in a mission hospital setting you have to work with what you have. You learn to do things in unconventional ways.”

In another instance an oxygen concentrator was not functioning properly and doctors asked the technicians for help. Landreth explained the culprit was a part that was not screwed on correctly.

“It took us two minutes to fix the issue,” he said. “The staff often encounter situations like that involving small problems that aren’t serious enough to upend the hospital, but those minor problems can still create inconveniences. Our work as biomedical technicians can help make the lives and work of the staff a little bit easier.”

These are the kind of lessons Landreth won’t learn in a college textbook, and he enjoys the real world problem-solving challenges.

“I think you don’t get to use your innovative mind as much in the U.S. due to so many regulations and restrictions. But here you have to find a solution for an issue with only the resources that you have. That gives you the freedom to push yourself to try to find creative solutions.”

His greatest thrill involved pushing himself to do something that was definitely unconventional for a biomedical engineer. When a surgeon invited him to scrub in and assist during a dislocated wrist operation, Landreth responded without reservation. He held the retractors and wasn’t a bit squeamish.

“I thought it was really exciting,” said Landreth, whose parents are both medical professionals. “I totally enjoyed the opportunity to watch a surgery up close.”

After graduation, Landreth plans to pursue a master’s degree in electrical engineering. As for future plans, he replied, “I’m just going where God leads me.”

The biomedical department at World Medical Mission was blessed to have two interns serve this summer. Saad Dawood, a trained technician from Egypt, worked with our staff to hone his skills in troubleshooting electronics.

World Medical Mission also has a husband-and-wife team, Drs. Willy and Jessee Bustinza, who are serving at Hospital Mision Tarahumara through our Post-Residency Program.

Hospital Mision Tarahumara opened in 2000 and is a 25-bed facility tucked away in the Sierra Madre in northern Mexico.
ON CALL WORLD MEDICAL MISSION - A Ministry of Samaritan’s Purse

Now our mission is once again expanding as we feel the Lord is directing us to build up the chaplaincy program at our partner hospitals. We have come to realize how important chaplains are for sharing the Gospel with patients and their families. Franklin Graham has reminded us that hospitals are one of the greatest tools for evangelism. Yes, the doctors are evangelistic, but most of their time is spent catering to the patients medically. The chaplains minister full time.

Samaritan’s Purse held a chaplain’s conference earlier this year in Kenya, and close to 100 chaplains from around the world attended. I was able to explain to them that chaplains are more important than doctors, because a patient’s spiritual health is even more important than their physical health.

Most of the hospitals need more chaplains. Most cannot afford to hire as many chaplains as are needed, and many of them have not had the training tools to be as effective as they could be.

World Medical Mission is in the process of developing a one-year online curriculum that will cover evangelism and topics such as grief and suffering, dying and death, and hospice care. The program will center on helping patients begin and strengthen their relationship with the Lord.

Please pray for the Lord’s direction as we launch this endeavor. I recently traveled with a group from World Medical Mission and the Billy Graham Evangelistic Association to Tenwek Mission Hospital in Kenya. We met with the chaplain committee to gather input on what needs to be covered in the program for all of the chaplains at our partner hospitals to study.

I feel this may be the most important work we have undertaken in the history of World Medical Mission. Again, I ask for your prayers for His guidance as we start this exciting journey.

Dr. Richard Furman,
co-founder of World Medical Mission

ANSWERING THE CALL

When World Medical Mission began over 40 years ago, we focused on supplying mission hospitals with doctors who could serve on a short-term basis. We now send more than 600 a year to more than 50 mission hospitals. Then our focus expanded to help get career missionary doctors and dentists to the field through the Post-Residency Program. This year marks the 15th anniversary of the program, and we praise God that presently 82 percent of these young men and women are remaining on the field after they complete their two-year assignment with us.

Practicing medicine and passing along his skills to a new generation of doctors is a passion of Dr. Kuhn Hong. The Chicago radiologist served on several extended service trips with World Medical Mission from 2013 to 2018 at Myungsung Christian Medical Center in Ethiopia. In August 2018, Dr. Hong was thrilled to attend the graduation ceremony of the first class of Myungsung Medical College. He also finished training five Ethiopian radiologists who went through a two-year interventional radiology fellowship program. Dr. Hong and his wife continue to serve with World Medical Mission at various locations around the world for two- to three-month stints.
Calling for Help

Please pray for these mission hospitals and consider volunteering if you are a medical professional in one of the following specialties.

**ANESTHESIOLOGY**
Barso Baptist Hospital, Cameroon
Baptist Medical Centre, Ghana
Chogoria Hospital, Kenya
ECWA Egbe Hospital, Nigeria
ELWA Hospital, Liberia
Galmi Hospital, Niger
Hospital Bisepi, Togo
Hospital Diospi Suyana, Peru
Hospital Mission Tarahumara, Mexico
IBWA Trinity Dental Clinic, Liberia
Hospital Shalom, Guatemala
Kigbogora Hospital, Rwanda
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi

**CARDIOLOGY**
Barso Baptist Hospital, Cameroon
Chogoria Hospital, Kenya
ECWA Egbe Hospital, Nigeria
ELWA Hospital, Liberia
Galmi Hospital, Niger
Haiti Health Ministries, Haiti
Hospital Diospi Suyana, Peru
Hospital Loma de Luz, Honduras
Hospital Mission Tarahumara, Mexico
Hospital of Hope, Togo
Hospital Shalom, Guatemala
Jungle Hospital, Honduras
Kapowsin Mission Hospital, Kenya
Karanda Mission Hospital, Zimbabwe
Kigbogora Hospital, Rwanda
La Fuente Centro, Peru
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Myungsung Christian Medical Center, Ethiopia
Shalom Family Medical Center, El Salvador
Soddo Christian Hospital, Ethiopia
Tenwek Mission Hospital, Kenya

**DENTISTRY**
Barso Baptist Hospital, Cameroon
Baptist Medical Centre, Ghana
Chogoria Hospital, Kenya
ECWA Egbe Hospital, Nigeria
ELWA Hospital, Liberia
Galmi Hospital, Niger
Haiti Health Ministries, Haiti
Hospital Diospi Suyana, Peru
Hospital Loma de Luz, Honduras
Hospital Mission Tarahumara, Mexico
Hospital of Hope, Togo
Hospital Shalom, Guatemala
Jungle Hospital, Honduras
Kapowsin Mission Hospital, Kenya
Karanda Mission Hospital, Zimbabwe
Kigbogora Hospital, Rwanda
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Myungsung Christian Medical Center, Ethiopia
Shalom Family Medical Center, El Salvador
Soddo Christian Hospital, Ethiopia
Tenwek Mission Hospital, Kenya

**DERMATOLOGY**
Barso Baptist Hospital, Cameroon
Baptist Medical Centre, Ghana
Chogoria Hospital, Kenya
ELWA Hospital, Liberia
Galmi Hospital, Niger
Haiti Health Ministries, Haiti
Hospital Diospi Suyana, Peru
Hospital Shalom, Guatemala
Jungle Hospital, Honduras
Kapowsin Mission Hospital, Kenya
Karanda Mission Hospital, Zimbabwe
Kigbogora Hospital, Rwanda
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Myungsung Christian Medical Center, Ethiopia
Nihoma Mission Hospital, Malawi
Restricted Country
Shalom Family Medical Center, El Salvador
Soddo Christian Hospital, Ethiopia
Tenwek Mission Hospital, Kenya

**EMERGENCY MEDICINE**
Barso Baptist Hospital, Cameroon
Baptist Medical Centre, Ghana
Chogoria Hospital, Kenya
ECWA Egbe Hospital, Nigeria
ELWA Hospital, Liberia
Galmi Hospital, Niger
Haiti Health Ministries, Haiti
Hospital Diospi Suyana, Peru
Hospital Loma de Luz, Honduras
Hospital Mission Tarahumara, Mexico
Hospital of Hope, Togo
Hospital Shalom, Guatemala
Jungle Hospital, Honduras
Kapowsin Mission Hospital, Kenya
Karanda Mission Hospital, Zimbabwe
Kigbogora Hospital, Rwanda
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Myungsung Christian Medical Center, Ethiopia
Nihoma Mission Hospital, Malawi
Restricted Country
Shalom Family Medical Center, El Salvador
Soddo Christian Hospital, Ethiopia
Tenwek Mission Hospital, Kenya

**FAMILY PRACTICE**
Barso Baptist Hospital, Cameroon
Baptist Medical Centre, Ghana
Chogoria Hospital, Kenya
ECWA Egbe Hospital, Nigeria
ELWA Hospital, Liberia
Galmi Hospital, Niger
Haiti Health Ministries, Haiti
Hospital Diospi Suyana, Peru
Hospital Loma de Luz, Honduras
Hospital Mission Tarahumara, Mexico
Hospital of Hope, Togo
Hospital Shalom, Guatemala
Jungle Hospital, Honduras
Kapowsin Mission Hospital, Kenya
Karanda Mission Hospital, Zimbabwe
Kigbogora Hospital, Rwanda
Machinga Mission Hospital, Malawi
Mbingo Baptist Hospital, Cameroon
Machinga Mission Hospital, Malawi
Myungsung Christian Medical Center, Ethiopia
Nihoma Mission Hospital, Malawi
Restricted Country

Please see your specialty listed below, or if you have further questions, call World Medical Mission at (828) 278-1987.

If you are interested in serving overseas, please complete our Volunteer Application online at [samaritanspurse.org/medical/volunteer-application](http://samaritanspurse.org/medical/volunteer-application). We are also accepting specialists that include nurse practitioners and other nursing disciplines, physician assistants, physical and occupational therapists, and optometrists. If you do not see your specialty listed below, or if you have further questions, call World Medical Mission at (828) 278-1987.
“HE HEALS THE BROKENHEARTED AND BINDS UP THEIR WOUNDS.” —Psalm 147:3