SMILES FOR WHITNEY

A little girl’s cleft lip surgery deepens the bonds between three doctors who met through the Post-Residency Program.
INSIDE

8 GLORIFYING GOD IN ETHIOPIA

24 Notes from Around the World
Read updates on how God is at work through World Medical Mission.

“STEPPING OUTSIDE THE BOAT” IN THE CANGREJAL
Following God’s call is a faith-building exercise in the Honduran rainforest.

THE POWER OF BEING PRESENT
Real-world ministry makes classroom training come alive for a medical resident.

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.
THE YEAR HAS ALREADY gotten off to an exciting start for World Medical Mission with our first-ever hospital chaplains conference in Kenya in February. We heard glowing reports of how much the educational sessions inspired and challenged the chaplains. I pray that they will return to their places of service with a deeper desire to tell hurting people the Good News of the Savior who heals bodies and saves souls.

The other exciting news is the change in location for what will be our 30th annual Prescription for Renewal conference. Having outgrown the space at The Cove in Asheville, North Carolina, we are moving the venue to Orlando, Florida. We are honored to have Ambassador Nikki Haley and Governor Mike Huckabee among our speakers. Please note that the conference dates have also been changed to Sept. 19–22. (See pages 6 and 7 for more information.)

We praise God for all of the new opportunities He brings to us, including partnerships with more mission hospitals. With those opportunities comes the need for more medical volunteers who have a heart for sharing the Gospel of Jesus Christ and who want to contribute their professional skills in underserved areas of the globe. “For it is the God who commanded light to shine out of darkness, who has shone in our hearts to give the light of the knowledge of the glory of God in the face of Jesus Christ” (2 Corinthians 4:6).

God bless you as you shine His light and love at home and around the world.

Sincerely,

Franklin Graham
President, Samaritan’s Purse
Register Now!

Join us for engaging breakout sessions, dynamic Bible teaching, inspiring speakers, and firsthand testimonies from the field.

For best rates, register today at samaritanspurse.org/pfr or call 833-874-7398

Full Conference Registration Includes:
• All General Sessions
• Friday & Saturday Breakout Sessions or CME/CEU Courses
• All Conference Meals
• Conference Materials and Mobile App Access

Scholarships available for medical students and residents. Apply online at samaritanspurse.org/pfr

Early Rate: $405.00 (Through June 3)
Advance Rate: $430.00 (June 4 - August 1)
Regular Rate: $465.00 (August 2)

*Prices do not include accommodations. Special discounted room rates are available upon registration.

We will continue to offer sessions with CME (Continuing Medical Education) credit for physicians and CEU (Continuing Education Units) credit for nurses. This activity has been approved for AMA PRA Category 1 Credits.™

Franklin Graham serves as President and CEO of Samaritan’s Purse. Under his leadership, the organization meets the needs of the poor, sick, and suffering in over 100 countries.

Ambassador Nikki Haley
Nikki Haley is the former U.S. ambassador to the United Nations and the former governor of South Carolina. After serving three terms in the South Carolina House of Representatives, she became the state’s first female governor.

Governor Mike Huckabee
Mike Huckabee served as the governor of Arkansas (1996-2007) and as lieutenant governor (1993-1996). Before entering the political arena, he pastored two churches in Arkansas. He currently hosts the television program Huckabee on TBN.

Dr. Kent Brantly
While serving with Samaritan’s Purse in Liberia, Dr. Brantly joined the fight against the Ebola outbreak. In July 2014, he contracted the virus and was evacuated to Emory University Hospital, where he became the first person in the U.S. to be treated for Ebola.

Skip Heitzig
Senior pastor of Calvary Albuquerque in New Mexico, Skip also serves on the board of directors at Samaritan’s Purse and on the World Medical Mission Committee. He hosts a daily 30-minute radio program that reaches thousands of people around the world.

SEPTEMBER 19-22, 2019
ORLANDO, FLORIDA

“...medicine is one of the best tools for evangelism.”
– FRANKLIN GRAHAM
Glorifying God in Ethiopia

A California couple takes a break from their busy careers to experience ministry and fellowship on a whole new level.

Teaching was a major focus of the work of Drs. Mark and Melissa Agness during their service at Soddo Christian Hospital in Ethiopia.
A s first-time volunteers with World Medical Mission, Drs. Mark and Melisa Agness didn’t have any lofty goals when they arrived at Soddo Christian Hospital in Ethiopia last fall. They simply wanted to minister to patients and staff and make whatever difference they could. Not only did the experience exceed their expectations, but the California couple looks forward to doing more short-term missions work.

They had considered medical missions for years but were busy with their careers—Mark as an emergency medicine physician at a large hospital and Melisa as a diagnostic radiologist who operates her own imaging center and teaches community health. The couple also have two sons, now in their 20s.

“We prayed about it and decided now is the time,” said Melisa. “Then we started looking for a hospital that needed our specialties.”

Soddo Hospital, a 140-bed facility in southwestern Ethiopia, was the answer to those prayers. Mark had some experience serving with church planting/mobile medical care teams working in Kenya, Mexico, and Bulgaria. Melisa had never gone on an overseas medical mission trip.

“We wanted to make sure we were going to Ethiopia for the right reasons, with the right motivation,” Mark explained. “We didn’t want to go for adventure or for medical tourism. We just wanted to be faithful in serving God and encouraging the full-time staff that work so hard in the midst of difficult circumstances.”

There were a few snags, principally the delay that turned into an 18-month wait to receive medical licensing approval from the Ethiopian government.

With Melisa planning to join him two weeks later, Mark traveled alone to Ethiopia Oct. 23 with arrangements for someone from Soddo to pick him up at the airport. He arrived on schedule, but due to a mix-up no one was there to meet him.

Some anxious moments ensued, but Soddo staff helped him find a ride with a cab driver who spoke English and who transported him 75 miles to the hospital.

“Everyone at Soddo was very welcoming. They broke me in gently to make the transition from working in a Western hospital to a hospital in the developing world,” he said. “The tremendous medical and spiritual needs of the people were eye-opening. It’s all abstract until you are actually here and you see the immensity of the needs.”

He experienced those harsh realities very quickly—sick people who came to the hospital, sometimes walking for miles, and then waiting all day in a long line to see a doctor. Medications and equipment were limited, necessitating that the staff devise new strategies of care based on available resources.

In one instance, they were treating a young man whose lungs were filled with fluid due to rheumatic heart disease. Unlike what Mark is accustomed to in the United States, there was no cardiac surgeon to consult at the hospital and no blood chemistry analyzer. And liquid oxygen is hard to come by outside of Ethiopia’s capital city. Their only recourse was to give the man “as good a quality of life as possible,” he said.

What impressed him, however, was how much the hospital staff relied on God’s providence and provision each day and the strong spiritual focus that was integrated into patient care. He found it refreshing to see chaplains accompany doctors on their rounds, praying with patients and sharing the eternal hope of Jesus Christ.

During one of the weekly chapel services, Mark and Melisa were moved by the testimony of a former patient at Soddo who had committed his life to Christ and started a church in his community. Although Melisa was unfamiliar with the Amharic language, she rejoiced to see God glorified through the powerful message and music.

“It was the first time for me to experience the worship of God in a language and culture that is different from my own,” she said. “I didn’t know the language, but my heart joined with them. God is everywhere in the world, and He is worshiped in every tongue and nation.”

Melisa’s own faith grew as she turned to the Lord for insight during critical moments of decision. One of those answers came on a Saturday night as she was summoned to the hospital to perform an ultrasound on the abdomen of a baby. Pediatrics imaging was something she hadn’t done since residency.

“I said, ‘Lord, I need your help.’ I had to determine if the child needed surgery.” Based on the scan results, Melisa recommended an operation. “The doctor did the surgery that night and probably saved the child’s life,” she said. “I had three more cases like that at Soddo.”

Mark and Melisa relished the opportunity to work together, something they had not been able to do in their professional careers for many years. Melisa took radiology scans and the next day they would review the images with staff.

Mark also enjoyed teaching some of the doctors and medical residents, an unexpected blessing that he found both fulfilling and fun.

“I planned to do direct patient care, but my role quickly changed to supervising, mentorship, and teaching. I was able to develop great relationships with the Ethiopian doctors,” he said.

“Similarly, they were open and willing to share their expertise with me.”
Melisa, a diagnostic radiologist, consults with members of the hospital medical team. The Ethiopia trip was her first overseas missions experience.

the nuances of a new system and encountered a mixture of illnesses not usually seen in the West. I came away with a new appreciation for the challenges and opportunities for medical care in Ethiopia.”

A highlight of their five-week trip was the medical outreach to a rural community called Ajora. Half of the adventure was the two-hour drive from Soddo on dirt roads where their team had to dodge deep ruts and wandering cattle.

The villagers had essentially no access to medical care and suffered from a variety of chronic illnesses, infectious diseases, skin ailments, and malaria. As part of their outreach, Mark and a nursing student set up a gynecology clinic that enabled them to identify several women who are candidates for surgery. The hospital will cover the costs for the procedures through its benevolence fund.

After long days at the hospital, the Agnesses appreciated the hospitality and friendship that was lavished on them by the missionary doctors and their families. Melisa was touched when one family invited them over for a dinner that included chicken as the main course—a special treat since poultry is not readily available. And most memorable was the exhilarating group hike up Mount Dhamota with the sweeping view of the Great Rift Valley.

The couple plans to make a return trip to Ethiopia, as well as venture out to more locations with World Medical Mission. Their only regret is that they didn’t serve sooner.

“If we could do it over again, we would have taken time off from our careers and brought our boys on mission trips with us,” Melisa said.

“The field is open for anyone who has a heart for missions. What you think are obstacles really aren’t. You have to be intentional and make it happen.”
Smiles for Whitney

A trio of former Post-Residency Program doctors deepen their bond of friendship and bless a little girl needing cleft lip surgery.

Whitney was born with a unilateral cleft lip, one of the world’s most common birth defects. Other than orthodontic work when her permanent teeth come in, she should not need any further procedures.

Dr. Shannon Potter and her husband Ryan were thrilled to welcome their third child—Whitney Celeste—into the world on June 14, 2018. The delivery went smoothly and remarkably quick, just like the births of their daughter, Sydney, 5, and son, Zachary, 3.

If the volume of her screams was any indication, their little girl certainly was healthy and had a robust set of lungs. Shannon eagerly gazed into the newborn’s face for the first time, but one feature took her by surprise. Whitney had a cleft lip.

A barrage of thoughts raced through her mind. “She received prenatal care in six countries. I did my own ultrasounds. Why didn’t I catch this earlier?”

An OB/GYN, Shannon has delivered hundreds of babies as a medical missionary in Africa, but she had not seen a lot of cleft lip cases.

At Kijabe Hospital, Shannon had received excellent care. In fact, she felt at home since moving to Kenya the previous year. The Potters were especially excited to reconnect with friends they met while attending World Medical Mission’s Post-Residency Program orientation in North Carolina during the summer of 2014.

Otolaryngologist David Nolen and his then-fiancée Brittnée, and pediatrician Arianna Shirk and her husband, also named David, had become fast friends with the Potters that week. The Shirks and Potters discovered they shared a passion for board games. Late into the night, they stayed up playing and envisioning what the future held as they followed God’s call to be medical missionaries.

Later, the Nolens and Shirks served together at Kijabe Hospital, enjoying their experience so much that they decided to remain long term after completing the two-year Post-Residency training. The Potters received their first assignment at the Democratic Republic of the
Congo, followed by a stint in Togo. Although on opposite shores of the African continent, the Potters continued to stay in touch with their friends through Facebook and email.

During a World Medical Mission weeklong retreat in Kenya in 2017, the three families were reunited and immersed themselves in a few more friendly game competitions. The Potters were looking for new missionary service opportunities and inquired about the possibility of joining the Nolens and Shirks in the Kijabe community.

Shannon had a familiarity with Kenya having spent significant time there on mission trips during college. Ryan was interested in a teaching position at nearby Rift Valley Academy. God opened doors for them and the

Potters made the move in August of that year. Now, as she cradled her newborn in her arms with feelings of immense joy and nagging concern, the first person Shannon turned to for reassurance and professional advice was Arianna Shirk.

**BALANCING MEDICINE AND FRIENDSHIP**

Arianna had been checking on patients in the pediatric ward when she received word that Shannon’s baby would arrive soon. She came to the delivery room to meet Whitney and to be on hand if the newborn needed any medical care. She also called her husband, a professional photographer, to come and take pictures of Shannon and Ryan with their little bundle of joy.

Sometimes there are associated health concerns when a baby is born with a cleft lip or palate, so Arianna performed heart tests and took lab samples. She also brought in their friend David Nolen—whose ENT specialty at Kijabe is facial plastic surgery—to examine the extent of Whitney’s cleft condition.

“Nowhere in America would you have a pediatrician, an ENT, a midwife, an audiologist, occupational therapist, speech pathologist, and a professional photographer, all in the same room 20 minutes after the birth of a baby,” laughed Arianna. “We provide world-class care at Kijabe.”

David’s assessment resulted in encouraging news. Whitney had a unilateral cleft with no palate deformity. She would need corrective surgery around 4 months of age and orthodontic work several years later. Her speech and ability to eat should not be affected.

In the meantime, Whitney would have to spend her first night in the hospital, despite Shannon’s pleas to take her home.

“I told her no, that we need to keep Whitney here a while longer to monitor her. I asked her to trust me, that this is what we need to do for Whitney,” said Arianna. “It was hard, but that’s part of the balance of being a friend and being a doctor.”

Later that evening, Arianna baked a homemade pizza and delivered it to Shannon and her family in the hospital for supper.

**A SURGERY OF MILLIMETERS**

Cleft lip is one of the most common birth defects around the world. According to healthychildren.org, one in every 700 babies is born with a cleft lip, palate, or both.

An OB/GYN, Dr. Shannon Potter served in the Democratic Republic of the Congo and in Togo through World Medical Mission’s Post-Residency Program.

**1 IN 700**

babies is born with a cleft lip, palate, or both.

 According to healthychildren.org

![Cleft Lip](https://via.placeholder.com/150)

Cleft lip is one of the most common birth defects around the world. According to healthychildren.org, one in every 700 babies is born with a cleft lip, palate, or both.
just one aspect of their work. The ENT clinic offers a full spectrum of treatment ranging from tonsillectomies to removal of tumors in the head and neck to facial trauma surgeries. When the time came to do Whitney’s surgery in November, Kijabe was the Potters’ obvious hospital of choice for their daughter.

“With David’s special training in facial plastic surgery, I had no reason to think that the care given would be any less than Whitney would have in the States. I trusted him completely,” Shannon said. “There was also the benefit of having our mission community around us and Arianna here for Whitney’s medical needs and advice.”

After a two-week delay when Whitney got sick with a cold, the surgery was set for Nov. 16. At 7 a.m. Shannon set out with Whitney down the hill, a mere five-minute stroll from their house to the hospital. David met them on the path and they walked the rest of the way together.

Including preparation and surgery, the entire procedure lasted about two hours. Shannon spent most of that time with Arianna talking and praying.

Everything went so smoothly that Whitney was released to go home only a couple of hours after the operation. Shannon simply scooped Whitney into her arms and they walked home.

“David took a stitch out at his kitchen table after a Christmas party at his house,” said Shannon. “That’s the kind of personal care we got in Africa.”

Saying he was “very pleased” with the initial results of Whitney’s surgery, David noted the precision that is required in such a delicate undertaking. Just being off by one or two millimeters could mean permanent disfigurement.

Whitney’s face and mouth will continue to change as she grows, so the true results of David’s work won’t be apparent until years from now. Orthodontic treatment will be needed when all of her permanent teeth have come in, around the age of 8 or 9.

“It’s really special to me to be able to do this for Whitney and to be connected with the Potters in a new and deeper way now,” he said. “We all have a bond that is very unique.”

After a two-week delay when Whitney got sick with a cold, the surgery was set for Nov. 16. At 7 a.m. Shannon set out with Whitney down the hill, a mere five-minute stroll from their house to the hospital. David met them on the path and they walked the rest of the way together.

Including preparation and surgery, the entire procedure lasted about two hours. Shannon spent most of that time with Arianna talking and praying.

Everything went so smoothly that Whitney was released to go home only a couple of hours after the operation. Shannon simply scooped Whitney into her arms and they walked home.

“David took a stitch out at his kitchen table after a Christmas party at his house,” said Shannon. “That’s the kind of personal care we got in Africa.”

Saying he was “very pleased” with the initial results of Whitney’s surgery, David noted the precision that is required in such a delicate undertaking. Just being off by one or two millimeters could mean permanent disfigurement.

Whitney’s face and mouth will continue to change as she grows, so the true results of David’s work won’t be apparent until years from now. Orthodontic treatment will be needed when all of her permanent teeth have come in, around the age of 8 or 9.

“It’s really special to me to be able to do this for Whitney and to be connected with the Potters in a new and deeper way now,” he said. “We all have a bond that is very unique.”

After a two-week delay when Whitney got sick with a cold, the surgery was set for Nov. 16. At 7 a.m. Shannon set out with Whitney down the hill, a mere five-minute stroll from their house to the hospital. David met them on the path and they walked the rest of the way together.

Including preparation and surgery, the entire procedure lasted about two hours. Shannon spent most of that time with Arianna talking and praying.

Everything went so smoothly that Whitney was released to go home only a couple of hours after the operation. Shannon simply scooped Whitney into her arms and they walked home.

“David took a stitch out at his kitchen table after a Christmas party at his house,” said Shannon. “That’s the kind of personal care we got in Africa.”

Saying he was “very pleased” with the initial results of Whitney’s surgery, David noted the precision that is required in such a delicate undertaking. Just being off by one or two millimeters could mean permanent disfigurement.

Whitney’s face and mouth will continue to change as she grows, so the true results of David’s work won’t be apparent until years from now. Orthodontic treatment will be needed when all of her permanent teeth have come in, around the age of 8 or 9.

“It’s really special to me to be able to do this for Whitney and to be connected with the Potters in a new and deeper way now,” he said. “We all have a bond that is very unique.”

“We feel that this is one of the reasons God put us in Kenya for a season—to provide just the right people that our daughter would need when she was born.”
Chaplain Taime Dirye served for more than 20 years at Kudjip Nazarene Hospital in Papua New Guinea, leading thousands to faith in Jesus Christ. The five chaplains who currently serve at Kudjip were among more than 90 who attended the World Medical Mission Chaplains Conference in Kenya in February.
As I stepped on the plane home-bound for Minnesota after my six-month term on the mission field, I was conversing with God about the uncertainty ahead. I prayed, “I’m not sure what’s ahead of me. I don’t know what you have for me, but I don’t feel like you’re done with me in Honduras. I want to be fully present where you have me, and wait on you to show me when and if you want me to go back.”

God is big enough to make things that are confusing clear, and until that clarity comes I feel confident in just walking next to Him. He is the God that withheld the sea for Moses, the dew for Gideon, and sent an archangel to Mary’s front porch. A relationship with Him is not a Sudoku puzzle; it’s a hike through the mountains with your best friend. He doesn’t try to lose you or send you off a cliff.

I signed up last February to volunteer for World Medical Mission on a whim—a restless feeling that I hadn’t been able to shake off. I was working as a nurse at a local pregnancy center and felt it was time for a new challenge. Along with the dozens of applications I sent in to local hospitals, ministries, and clinics, I sent one to Samaritan’s Purse. I didn’t expect anything to come of it, much less six months living in the middle of the protected Honduran rainforest known as the Cangrejal. But God does unexpected things with life, and I chose to say yes to the opportunity.

Living on the mission field was scary; scary in obvious ways but also scary in ways I hadn’t planned. The walk from the Jungle Hospital where I volunteered as a nurse to my apartment was often laden with reptiles and amphibians that were soccer ball-sized. I’d hop around the dew for Gideon, and sent an archangel to my head crouching behind it. I killed it with a broom, as the standard issue spider-weapon of a shoe wouldn’t have been big enough for the job.

When you leave everything you build your security on, it feels like you’re volunteering to jump overboard in piranha-infested waters. At the beginning, it feels almost foolish. I’m abandoning my friends and family. I’m electing a life of unemployment with no benefits. I’m going toward areas that are blacklisted because of crime and gang violence. Yes, that sounds good; sign me up.

But once you step outside the boat and see that the piranhas swim around you, you realize God is and will always be swimming with you. In the jungle, I saw a new side of Jesus. I experienced Him giving me more strength and peace than I ever thought possible. It was sad to be away from all the comforts of home and family. It was challenging to sleep in 100-degree temperatures when the electricity that powered my gnat-repelling fan was out of order. It was exhausting to brush my teeth in preparation for bed only to be called to the hospital for an unexpected midnight emergency. With each challenge though, I saw a new side to what Jesus meant when He promised His grace is sufficient.

Somewhere in the noise of growing into adulthood, I think we’re tempted to lose sight of what it means to be a city on a hill. We forget life isn’t about finding a partner, living for the weekend, building a family, and ascending the career ladder to pay for our mortgages and college loans. Life is about loving Christ and loving His people.

I am grateful that I had the opportunity to see a version of life that’s focused on our love-centered purpose. While serving with World Medical Mission, I hiked up jungle mountains to bring medical relief to remote villages, helped clean diabetic ulcers that would have compromised the patient’s ability to walk, and delivered needed antibiotics to babies with lung infections. I had the privilege of getting to know permanent missionaries who gave up their stateside life to help with the work God is doing around the world.

Aside from the Robinson Crusoe-like stories I experienced firsthand, I was reminded of God’s heart toward His people. Whether on the global or local mission field, God is implored us to love and feed His sheep. Even if I never have another opportunity to live in the developing world again, I am convinced it’s my calling as part of Christ’s body to minister and give to those around me.

That vocation is just easier to hear when the only noise around you is the croaking of geckos and the beating of jungle rains on tin roofs. ☺

Joy Dordal is a registered nurse who served from May to November 2018 at Jungle Hospital in Rio Viejo, Honduras. She is currently working at a hospital in Minneapolis and attending language school to become proficient in Spanish.
World Medical Mission hosted a hospital chaplains conference Feb. 18-20 at the KCB Leadership Center in Karen, Kenya.

Designed to encourage and equip chaplains who serve in our partner hospitals, the three-day event brought together more than 90 chaplains from 32 mission hospitals in 16 countries. Those who attended enjoyed fellowship and received practical training to assist them in their ministries and to renew their commitment to advance the Gospel around the globe. Among the topics discussed were evangelism and discipleship in multifaith settings and a Biblical understanding of illness and death. “The conference helped the chaplains in attendance and gave us a new focus,” said World Medical Mission Co-Founder Dr. Richard Furman. “I pray we can look back five years from now and see how the Lord gave new breath to our ministry for Him by using us to spread the Word of Jesus Christ.”

Mexico

Drs. Willy and Jessee Bustinza, a general surgeon and pediatrician, are serving at Hospital Misión Tarahumara through our Post-Residency Program.

A sweet Tarahumara girl was admitted to our hospital with severe malnutrition. She is 2 years old and weighed just 13 pounds. Out in the Copper Canyon, all she had to eat was watered-down cornmeal. Although children are improving at our mission hospital, a real challenge is continuing to support them when they return to their rural villages. We’ve designed a special backpack for them to take home that contains beans, fortified calorie-rich cornmeal, hygiene articles, utensils, age-appropriate toys, and an MP3 player with recorded Biblical songs and Scriptures in their language. Our goal is to follow-up with these children in their communities to provide routine medical screening and nutritional support.

Papua New Guinea

A family practice physician from Australia, Dr. Richard Wong volunteered at Kudjip Nazarene Hospital in November and plans to serve this year at Myungsung Christian Medical Center in Ethiopia and at ELWA Hospital in Liberia.

What a blessing to know that God can use all people who are willing and ready to serve Him humbly. When I saw the often desperate faces of the patients, I was reminded of the fearful hold that demons, death, and disease had on people in Jesus’ time. When one develops a fever in the Western world, it is generally not met with the same degree of concern that is felt in places like Papua New Guinea. Seeing the long-term missionary doctors and general missionary team work and train with the local staff to try to reverse and prevent in some way the curse of sin on the health of the people was a blessing for me. I am considering more of these ministry opportunities.

Dr. Richard Wong’s experiences in Papua New Guinea have inspired him to continue serving in mission hospitals.
Anyone who has survived medical school knows the experience can feel like a perpetual marathon—a grueling four years of mental and physical weariness—followed by another round of three to seven years of residency training.

So when Dr. Daniel Dyer needed a break from the books, he looked for a place where he could put his classroom knowledge to work in a real-world setting. During most of his medical school career at Creighton University in Nebraska, that place was a student-run clinic in the local homeless shelter.

“I loved it. At the shelter I was able to put into context what I was learning in medical school,” said Dyer, who volunteered there an average of 10 hours per week. “But more than that, it kept me grounded and I was able to build relationships with people that I wouldn’t have interacted with otherwise.”

The clinics provided acute medical care, OB/GYN services, and psychiatric treatment. Since some of the patients returned for ongoing care, Dyer had the opportunity to hear their stories and glimpse their struggles.

He said the experience gave him empathy for people living on the fringes of society.

“That’s the power of being present, of becoming a part of their lives and winning their trust.”

Dyer has served on short-term trips to Jamaica, South Africa, Zambia, India, and Nepal, but his first trip with World Medical Mission took place in December when he spent almost a month at Kudjip Nazarene Hospital in Papua New Guinea.

“Like the work I did at the homeless shelter, I am able through medicine to get to know people. That’s the power of being present, of building relationships with patients and their families opens doors for Kudjip staff to show the love of Christ and treat the whole person—body, mind, and soul.”
It all began when my brother Lowell and I and our wives attended a Billy Graham Crusade in Asheville in 1977. Someone on the evangelistic team asked us if we would go to a mission hospital in India for a month to help an overworked surgeon. We agreed and saw firsthand the tremendous need to get doctors to the mission field on a short-time basis to assist or relieve career doctors on the field.

Lowell and I shared our mission experience with our friend Franklin Graham and asked if he would start an organization to send doctors to mission hospitals for four to six weeks. He said he was not sure there was such a need. If there were, someone would have been doing it. He wrote 31 mission hospitals and asked if they could use short-term doctors. Nineteen of them asked him to begin sending doctors immediately. That was the answer we were looking for, and not long afterward, World Medical Mission was born.

We have gone from sending a handful of doctors for short-term service that first year to now sending several hundred per year. We have now sent more than 10,000 doctors. There is no pride in this number. There is no congratulations to be had. The word is celebration. We celebrate what the Lord has done over these past 42 years, and we celebrate being a part of what He is going to do in the future through medical missions across the globe.

So we humbly say “thank you” to God for letting World Medical Mission be a part of His plan. We continually pray and look to Him to guide us in each step we take in the future. This is a time of thanksgiving to God for all He has done over these years in calling each individual physician to use medicine as the magnet to bring people together to hear His Word. There is no doubt that He is the One making it all happen. That is why Psalm 115:1 is one of our favorite verses.

World Medical Mission recently reached the milestone of sending out doctors on 10,000 volunteer trips to the mission field. We are not congratulating a particular doctor, or all the workers at World Medical Mission who have labored so intensely over the years. This is a time of celebration to observe what God has done.

It was confirmation to me that God placed us there for a reason, and we really do make a difference.”

“Not unto us, O Lord, not unto us, but to Your name give glory.”

—PSALM 115:1

This elderly patient received treatment at Kudjip’s clinic. “He became a Christian through the early missionaries and is so thankful for the work that is being done at the hospital,” said Dyer.

Dr. Daniel Dyer (in blue shirt) and other Kudjip missionaries are received warmly at a bush church. Dr. Mathew Woodley, a World Medical Mission Post-Resident, led the worship service.
Please pray for these mission hospitals and consider volunteering if you are a medical professional in one of the following specialties.

**ANESTHESIOLOGY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**CARDIOLOGY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**DENTISTRY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**DERMATOLOGY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**FAMILY PRACTICE**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**GASTROENTEROLOGY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**EMERGENCY MEDICINE**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**ON CALL**
- Asia/Pacific
- United Mission Hospital Tansen, Nepal
- ANESTHESIOLOGY
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**DENTISTRY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**DERMATOLOGY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**FAMILY PRACTICE**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**GASTROENTEROLOGY**
- Banso Baptist Hospital, Cameroon
- ECWA Egbe Hospital, Nigeria
- Lomami Baptist Hospital, Democratic Republic of the Congo
- Myungsung Christian Medical Center, Bangladesh
- Myungsung Christian Medical Center, Ethiopia
- Shalom Family Medical Center, El Salvador
- Shalom Family Medical Center, Guatemala

**NEW HOSPITALS**
- Baptist Medical Centre, Ghana
- Kijabe Mission Hospital, Kenya
- La Fuente Centro, Peru
- United Mission Hospital Tansen, Nepal
- World Medical Mission - A Ministry of Samaritan’s Purse

If you are interested in serving overseas, please complete our Volunteer Application online at samaritanspurse.org/medical/volunteer-application. We are also accepting 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) 278-1897.