An Alabama neurologist’s innovative work helps diagnose patients in distant corners of the globe.

SHINING THE LIGHT ON EPILEPSY

An Alabama neurologist’s innovative work helps diagnose patients in distant corners of the globe.
A Haitian teenager praises God through her trials.

We want to acknowledge and thank the men and women who volunteered at mission hospitals worldwide.

Noah says, “We have to believe that God can never be denied. God can never be denied access to any person.”

A word from World Medical Mission co-founder, Dr. Richard Furman

A DIFFERENT KIND OF RESCUE MISSION

It’s not just nuts and bolts that make the work of biomedical technicians so crucial in mission hospitals.

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.

SHINING THE LIGHT ON EPILEPSY

ABOVE: An Alabama neurologist’s groundbreaking work is transforming the lives of epilepsy patients in medically underserved nations.

A young doctor and her patient find comfort in God’s watchful care.

Where is God calling you? Look at the latest “Calling for Help” to see which mission hospitals need volunteers in your specialty.
JESUS TOLD HIS FOLLOWERS, “Inasmuch as you did it to one of the least of these My brethren, you did it to Me” (Matthew 25:40b, NKJV). He was encouraging them to be intentional in showing compassion to those whom the rest of the world may overlook or ignore—the downtrodden, the poor, the sick, the brokenhearted. Their humble service would in turn honor the Lord.

The Christian healthcare professionals who serve with Samaritan’s Purse through World Medical Mission have a tremendous heart for “the least of these.” They are willing to go wherever God directs them to minister to the physical and spiritual hurts of people from every corner of the globe. In this issue, our medical volunteers share stories about some of the patients who have touched their lives. Among them are a young mother who is battling cancer with quiet bravery, epileptics seeking to overcome cultural stigmas, and a teenager who sings praises to the Lord in the midst of great hardship.

I thank God that our physicians are saving lives and shining a light for the Gospel. If you have never served in a mission hospital, there is no better time than now. Pray about it, talk to our staff, and see what opportunities the Lord opens up for you.

Sincerely,

Franklin Graham
President, Samaritan’s Purse
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.

Peru

Dr. Alexander Brunner (internal medicine/pediatrics) and Dr. Laura Brunner (pediatrics) and their children served for three weeks at Hospital Diospi Suyana.

Alex had a patient with malaise and vomiting. A year ago, she was told she had cancer but she had never received treatment. The prognosis was very poor. She was in her early 50s and likely had less than six months to live. Alex talked to her about Jesus and the hope of eternal life and peace with God. Her husband asked what church Alex attended, as he wanted to take his wife to learn more about Jesus. It was almost like asking for a “spiritual prescription.” This woman and her husband seemed to genuinely understand that hope is not in this life, but in trusting in Jesus. Please pray for this patient, that she and her family will be changed by the hope and love that Jesus has to offer in a broken world of sin, sickness, and sadness.

Haiti

Katie Reiff is a family nurse practitioner who served at Haiti Health Ministries Medical Clinic in April.

I’ve come to learn that what wears me out here is not the physical aspects of the job, but the burden of the decisions we have to make. When I’ve lost kids, there’s been a tendency within me to say that I didn’t sign up for this—to fight what often seems like a losing battle. It’s a reminder that the impossibility of our work is only made possible by His power and sufficient grace. Our work is much more than medicine. It’s also a display of His grace and mercy for each patient. It’s a ministry of hope. It’s a declaration that there is a God who cares intimately for the sick and broken.

Malawi

Dr. Christina Miller is a family medicine and preventive medicine physician serving on special assignment through the Post-Residency Program.

A pastor’s wife explained to me how last month’s re-hydration training, a donated thermometer, and a $15 supply of Tylenol impacted their ministry. Local families had been bringing their sick to the pastor for over a year to receive prayer for healing. But for the past month, as he prayed for the families, his wife checked temperatures and provided Tylenol to those with fevers. She explained that, because the village is over an hour away from any health centers, the Tylenol or hydration solution can help save lives along the way.

“We always give glory to God for healing,” the pastor said, “so people see that it is really God who brings the healing. It is nice to have something to give people in addition to prayer.”
A young doctor and her patient find comfort in God’s watchful care.
When Leah arrived at Kijabe Hospital, I was immediately struck by her infectious laugh and her smile that lit up the room. She was pleasant and kind. Even when her prognosis took a turn for the worse and her future appeared uncertain, her deep-rooted joy still radiated.

Leah is 29 years old and came to the hospital experiencing severe stomach pains and coughing up small amounts of blood. She was at about 30 weeks pregnant with her fourth child. We quickly ruled out labor and admitted her for the night, thinking she might have some bad reflux. We started her on some anti-reflux medication, but it didn’t help. We tested her for many things, but everything was normal except her blood count. That was extremely low.

The stomach pains persisted, so the next day we consulted with our general surgery team. They looked into her throat and stomach to see if she might have an ulcer or gastritis.

Unfortunately, the OGD revealed that Leah had stomach cancer. We were shocked. She was so young! A CT scan showed metastasis to the liver—Stage 4 cancer.

We discussed our next step. Our surgeons were not optimistic about the chance of successful surgery. The chemo center in Nairobi, about an hour away, was not comfortable treating a pregnant patient. Our nursery was full of premature babies and almost at capacity, but they would save one incubator for Leah’s baby.

After some deliberation, we decided to allow Leah’s baby to get to 32 weeks, then do a cesarean section, after which she could get palliative chemotherapy in Nairobi once her baby grew big enough and strong enough to travel with her.

As we talked through the options with Leah, she made one thing clear: she wanted to give her baby as much time as possible to grow and develop. Her selflessness was incredible.

When surgery day arrived in early February, Leah was smiling as usual. One of our long-term OB-GYNs performed the C-section.

I had the privilege of holding Leah’s hand throughout the surgery. She broke into happy tears when Lovelynn Angel was delivered. We rejoiced with her. As Lovelynn was whisked away to the nursery, our general surgeon scrubbed into the operation. Unfortunately, he found what looked like metastasis to the abdominal wall and the fatty layer covering the inside of the abdomen.

Our pediatrics team did a wonderful job with Lovelynn, and she progressively gained weight. On the first day outside of the incubator at two weeks old, she looked beautiful in Leah’s arms.

“She wanted to give her baby as much time as possible to grow and develop. Her selflessness was incredible.”

“She’s getting so big and doing so well,” I told Leah. Pointing skyward with her right index finger, she exclaimed, “It is God!” I choked back tears.

Our hospital chaplains met with Leah several times. We prayed with her, too. She knows Jesus and is secure in her ultimate eternal home. That’s not stopping her though—or us—from praying for a miracle as she starts chemo.

Leah is so grateful and has chosen joy in the midst of a seemingly impossible situation. I know that through Christ all things are possible. I’m believing this for Leah and her family. Please pray for her.

What a privilege to be at Kijabe and serve at a mission hospital. I came to Kenya last October for language school and started working at Kijabe with World Medical Mission as a Post-Resident in family medicine in January. When I consider the journey God has taken me on, I stand amazed.

My favorite chapter in the Bible is Psalm 91. In the very first verse, the psalmist declares, “He who dwells in the shelter of the Most High will abide in the shadow of the Almighty” (ESV).

Resting in His shadow every day is what sustains me, and it really has. I never dreamed about being a doctor. I was the kid who fainted at the sight of blood. When I was in college at Carnegie Mellon University in Pittsburgh, I majored in biology, thinking I’d get my Ph.D. and do research.
I wasn’t following the Lord at the time, but during my third year, God began drawing me back to Himself. I was involved in a campus ministry and we went on a missions trip to Zimbabwe for two weeks. We visited a few hospitals, and a nurse on our trip told me one night she believed God was telling her that I was going to be a doctor and that I would return to Africa.

I told her she was totally crazy. But it wasn’t long before I began sensing God wanting me to trust Him for the real possibility of medical school and that through Him all things were possible.

To be honest, I suppressed those thoughts for the next two years. But I wasn’t comfortable with where I was and wasn’t feeling fulfilled. Finally one day, I surrendered and told God, “OK, I’m going to trust You that You’re going to be with me if I go through with this process and in this direction.”

I applied to medical school and was accepted at what is now called Geisinger Commonwealth School of Medicine in Pennsylvania. The first day I watched an open-heart surgery and didn’t pass out!

It’s been miraculous since then, and the Lord has been there every step of the way. I did my residency in family medicine in Waco, Texas, and during my second year, I applied to the Post-Residency Program with World Medical Mission. God has now led me to Kijabe Hospital.

I love it here! I enjoy family medicine because we’re able to do a bit of everything. And I really enjoy helping my Kenyan colleagues train young doctors who have a passion to go to “all nations” using their skills in medicine to minister to others.

Every day is a new day to trust God Almighty.

A DIFFERENT KIND OF RESCUE MISSION

It’s not just nuts and bolts that make the work of biomedical technicians so crucial in mission hospitals.

They may not set broken bones or make skin grafts, but the two biomedical technicians who traveled to Bangladesh in January performed their own special brand of surgery.

Monte Oitker and John Souto spent two weeks installing and fine-tuning a host of medical machinery at Memorial Christian Hospital, a long-time ministry partner of Samaritan’s Purse. Their work was part of our multifaceted response to help Rohingya refugees who have fled from neighboring Myanmar. We also deployed nurses and other medical personnel to serve in the Rohingya Care Unit at the hospital.

In December, Samaritan’s Purse sent a DC-8 cargo plane loaded with 20 tons of medical equipment and supplies to Memorial Christian Hospital. The World Medical Mission technicians arrived a few weeks later, entrusted with the critical responsibility of getting the equipment up and running, and training hospital staff in the operation and maintenance of that equipment.
Their “patients” were high-tech gadgets like anesthesia machines, C-arms, vital signs monitors, and portable X-ray machines.

“What we do is equip and empower healthcare workers who are on the frontlines,” said Oitker. “We support their work by giving them functional tools so they can meet physical needs, but also so that they can build relationships with their patients and share the Gospel.”

In addition to setting up the donated equipment, the technicians made repairs or did routine maintenance to older model machines the hospital was already operating.

Heavy-duty equipment like the anesthesia machines and C-arms were stationed inside the surgical theaters. That posed an interesting challenge at times, since surgeons and the technicians both needed use of the rooms.

“We worked on those machines between surgeries,” explained Souto. “We may have an hour or more before the next surgery. Sometimes we had to hurry.”

Souto was responsible for the anesthesia machines and the vital signs monitors, while Oitker focused on installing the C-arm and X-ray machine that had come on the plane.

Oitker was excited to help set up a digital X-ray PACS (picture archiving and communications system) that introduced digital imaging technology to Memorial Christian Hospital. The new system produces sharper, better quality images and can display those images within seconds.

As sometimes happens on the mission field, a few unexpected problems developed with the installation of equipment. Oitker said he was impressed by the gracious attitude of the doctors who pressed on despite the challenges.

“It showed me that the missionary doctors are serving there for the right reasons. They are there to fulfill God’s calling, and what they care about most are people’s souls.”

Both technicians visited the Rohingya patient ward and saw how the refugees were impacted by the Christ-like compassion of their caregivers. It was especially gratifying for them to know that their expertise plays a vital role in bringing the Good News of God’s love to hurting people in Bangladesh.

“We were able to help the Rohingya and to give them hope,” said Souto. “But this isn’t just for them. It is a long-term commitment to support the continued work of the hospital.

"Long after the Rohingya have been treated and released, the hospital will still be using this equipment," he said. “We are meeting the immediate needs of the hospital as well as its future expansion. The staff will be using the equipment for many years to come.”

World Medical Mission is looking for Christian biomedical technicians to volunteer with us on one-to-two week overseas assignments to mission hospitals. First-time volunteers will work alongside one of our staff technicians on the field. All trip expenses will be the responsibility of the volunteer. If you are interested in serving, please contact us at (828) 278-1987 or samaritanspurse.org/medical/contact-wmm/
Shining the Light on Epilepsy

An Alabama neurologist’s groundbreaking work is transforming the lives of epilepsy patients in medically underserved nations.

Epilepsy has been commonly known since antiquity, yet it remains one of the world’s most misunderstood medical conditions.

Julius Caesar and Alexander the Great suffered from the neurological disorder. So did Charles Dickens and Vincent Van Gogh. Epilepsy is also mentioned in the New Testament as one of many diseases that Jesus healed (Matthew 4:23-24).

From the famous to the obscure, both affluent and impoverished, an estimated 50 million people across the globe battle epilepsy. Those living in countries with advanced medical technology can live productive, normal lives with the help of medication, surgery, and diet.

Unfortunately, 80 percent of those with the condition live in developing nations where the stigma and lack of understanding of seizure-related disorders is severely problematic. Only 20 percent of these individuals receive treatment. The rest often endure lifelong physical and emotional abuse and have little hope of getting an education or a job.

Dr. Peter London* is planning to change all of that. Relying on God’s abundant grace and a little ingenuity, the Alabama neurologist has already made significant strides to transform the lives of epilepsy patients around the world.

New Frontiers in Telemedicine

On trips with World Medical Mission and other organizations, London has heard horror stories about epileptics chained to trees, spat on, and having their belongings burned because they...
Electroencephalogram (EEG) machines are a neurologist’s most essential tool for diagnosing and identifying the proper treatment for various forms of epilepsy. Unfortunately, many rural medical facilities in developing nations have limited or nonexistent expertise in neurology.

The great irony is that treatment for epilepsy—most commonly with the drug phenobarbital—is both inexpensive and effective in developing countries. The medication can cost less than $5 (U.S.) per year, and the World Health Organization estimates that 70 per cent of patients can lead normal lives if they are properly treated.

In February 2015, London was scheduled to go on a mission trip to Senegal. However, the trip was canceled due to the Ebola outbreak in West Africa. A week later, an opportunity opened up to travel with a team to the orphanage Children’s Hope in Jacmel, Haiti, to set up a community medical and dental facility.

London is neither a builder nor a dentist. “I felt God calling me to go on this trip, even though I didn’t know why or how He would use me,” he said.

During the visit, London met a girl with epilepsy. Inquiring about her condition, he was told that she had an EEG reading taken at a hospital in the capital city of Port-Au-Prince.

“The Children’s Hope staff showed me the report, and I noticed that it had been read in Miami, Florida.” It was an epiphany for the neurologist. “I thought, ‘I can do that. I can be in Haiti or in Africa or anywhere in the world. All I need is a portable EEG, and I can have the results read remotely.’”

“That’s when the Lord began to give me the vision to help people with epilepsy around the world that can’t come to us, but we can go to them and through telemedicine give them hope and have a platform for sharing the Gospel,” he said.

After doing some research, London found a brand of laptop EEG machines that can be powered by battery and are small enough to fit into airplane carry-on bags. The reader software also does not require an individual user license. This is crucial to make it possible for multiple physicians anywhere in the world to access the studies.

He decided to test out his plan during the next visit to Haiti. A sales representative agreed to loan London a demo of the unit he wanted, and he conducted EEGs on three Haitian children. He then transmitted the data to a medical practice partner in Alabama, who in turn interpreted the readings and replied back with the results.

The next step was to work with a website developer to build an online cloud storage database that could house a large volume of studies for interpretation.

“When a new study is uploaded, the website emails the physician that it is ready to be read. The doctor logs into the site, reads a short history of the patient, downloads the files to his or her own computer, reads the study, and then goes back to the website to write the report,” London explained. “The website converts this report to a PDF and emails the facility that the study is finished. Then they can download the report and put it in the patient’s chart.”

With all of the right tools in place, London established International Neurology Services, a nonprofit project of the Christian Medical and Dental Association. He also partnered with the ROW Foundation, which generously donated an EEG machine.

That was one of two EEG machines that London brought with him when he went on a World Medical Mission service trip to Tenwek and Kijabe hospitals in Kenya in September 2016.

In just five days, he and a U.S. EEG technician trained four Kenyan technicians in the basics of how...
to perform EEG studies and send compressed files through his new INS server. When he returned home, London and his team continued to train the Kenyan techs via an online video conferencing program.

London was eager to return to the field, but he realized the portability of the EEG equipment was not the only challenge. In isolated places far from a hospital or an electrical grid, he needed a machine that could operate for hours without a traditional power source.

Using his background in engineering, London developed his own solar-powered system that includes a military grade laptop, a solar generator, and a waterproof, hard shell case. The entire package weighs about 35 pounds.

During a World Medical Mission trip to Tanzania in March, London and two registered EEG technicians crossed Lake Tanganyika in a small boat and brought their equipment to a remote fishing village where there was no electricity or cellphone coverage.

“We did six EEGs one day using only the sun as power. The computer still had 100 percent power at the end of the day,” he said. “We even did an EEG under a tree with the tech sitting on a rock.”

**Empowering Global Medical Communities**

Although these technological advancements are exciting, London sees them as tools that can become a platform for sharing the Gospel, particularly in remote communities where outsiders are not welcomed.

“If you go to a village chief and say, ‘I want to help your people who are having seizures,’ they are usually astounded. They want to know why you would come from the other side of the world to help people that they consider outcasts,” he explained.

“I can find these people and take them out of the shadows of epilepsy and into the light of the Gospel. When they hear the story from Mark 9 about the love Jesus showed to the boy with seizures, that Jesus even touched him, that changes their lives. It also changes the perspective of other villagers toward the person who has epilepsy.”

During a March 2017 return trip to Haiti, London met a 15-year-old boy named Jamile who suffered from the disorder, but the teen’s greatest anguish came from enduring years of abuse and rejection. Jamile dropped out of school several years ago after a harrowing day in which he collapsed on the classroom floor with convulsions that terrified the other children. His teacher, angry and fearful herself, told him never to come back. He didn’t.

A mobile medical team has visited Jamile four times in the past year, doing follow-up checkups and bringing him medication. As part of those visits, the team has had opportunities to present the Good News of Jesus Christ to the youth, his family, and his neighbors. Jamile received Jesus as his Savior, and now seven more people from the village are following the Lord.

“That’s why I am doing this work, so people can come to Christ and churches can be planted in places where we would otherwise have no access,” London said. “Through this technology, we have something to offer people that no one else has. My goal is to empower mission hospitals and global medical communities to make a difference for those with epilepsy and to do it all for God’s glory.”

The fields are indeed “white for harvest” (John 4:35), and London is requesting help through prayer, God’s provision of specialized EEG machines, and most of all Christian neurologists who can offer assistance by reading the EEG studies in their offices. London said he continues to do EEG readings—over 300 since September 2016—that are sent to him from the hospitals where he has served in Haiti, Kenya, and Tanzania.

To learn more about this program, please contact Dr. London through World Medical Mission’s Placement and Logistics Coordinator, Cathy Burleson. Call (828) 278–1371 or email Cathy at cburleson@samaritan.org.

**TOP LEFT:** Children and older adults have the highest incidence rate for developing epilepsy.

**TOP RIGHT/BOTTOM LEFT:** In one Tanzanian fishing village, EEGs were performed on 22 people who had a history of seizures. Only two of those individuals had previously sought medical treatment.

**Watch the video about London’s work with epilepsy patients! Go to vimeo.com/jeffbushvideography/tanzania2018**
It was a busy day in the clinic when Dachna entered my life. She came in at her highest weight since we have been following her at the clinic—only 79 pounds. She stands just a few inches shorter than me, with legs and arms so skinny that you wonder how she can walk or carry a bag. This time, she was in our clinic for high blood sugar related to her Type 1 diabetes.

Dachna came to the clinic wearing the one outfit that she had—a torn blouse and a skirt that she was gifted so that she would be able to attend church. She began to tear up as she told us of how desperately she wishes to go to school, which she hasn’t attended for over six years. She dreams of one day leaving Haiti, getting healthy, finding work, and attending church every week.

When I asked to pray with her, she promptly said in Creole, “I’ve got a Bible.” She pulled it out to read one of her favorite passages, Psalm 113 (NIV):

“In the midst of her desperation and dire circumstances, she was still able to lift her voice to praise the One who had given her life.”

This girl who had nothing had everything. In the midst of her desperation and dire circumstances, she was still able to lift her voice to praise the One who had given her life.

With tears in my eyes, we prayed together for God to pave a way out of her current situation. I asked God to enable her to have an education, provide her with a way to make money, fill her belly every day with good food, heal her from her disease, and grant her a family that loves and cares for her.

 woman in her home as a happy mother of children. Praise the Lord.”

A Haitian teen praises God in the midst of hardship and leaves a lasting impression on a World Medical Mission volunteer.
Before their first date, Jesse Wong and Priscilla Yeung had a very important question to ask each other.

“What do you think of missions?” Jesse was studying dentistry at the University of Western Ontario. Five hours away, Priscilla was attending Queen’s University to receive a degree in occupational therapy. Both had been born and raised in Toronto, Canada, and had met through mutual friends.

“Our very first conversation was on the topic of missions,” recalls Jesse. “Both of us felt a strong call from God leading us to one day do missions.”

They quickly discovered that both had a desire to bring the love of Christ to the First Nations peoples living in the far reaches of northern Ontario.

The year after they began dating, Jesse went on a mission trip to a Native reservation, where the team ministered to troubled youth. He also spent two weeks working in a hospital on the remote island of Moose Factory during his last year of dental training.

Immediately after being married in 2007, the newlyweds headed to Moose Factory to begin their lives and missionary service together among the Cree. Jesse provided dental care while Priscilla worked in occupational therapy and mental health services.

It was a sobering place to serve, with great spiritual as well as physical needs. One of the oldest settlements in Ontario, poverty and isolation characterize this island community of some 1,500 residents. Three months of the year the surrounding river is non-navigational due to the freezing or melting of ice. Helicopter transport is the only way on or off the island.

The Wongs felt especially burdened to help residents devastated by the crippling effects of domestic violence and substance abuse.

“NEVER SAY NEVER TO GOD”

In marriage and in missions, the Wongs have found that the best place to be is in the center of God’s will.
“We witnessed a lot of hopelessness, and a teenage friend of ours even committed suicide,” Jesse said. “As a mental health care worker, Priscilla faced these issues head on, often being called at any moment to help with crisis management at the hospital.”

The dental needs were great too. Some of the places they visited monthly were fly-in only communities that had a dentist serve a few times a year. Because the children did not receive regular dental care, their parents only sought treatment when they were experiencing severe pain. In many cases, the only option left was extraction of multiple teeth, baby root canals, and stainless steel crowns under general anesthetic, dubbed the “Moose Factory Special.”

‘Never Say Never to God’

After serving in northern Ontario for 2 1/2 years, the Wongs moved to Cobourg, a small town just an hour away from Toronto, where Jesse worked in private practice for the next four years. But he missed missions work.

“There was a part of me that wanted something for myself. After working on the reservation, I felt like I was falling behind in my career and I wanted to catch up. I began to think about my kingdom and what I could accomplish,” he said.

“When I was able to accomplish those things and be quite successful, I realized it was all empty. The Lord allowed me to seek after what I thought would bring joy and through a tough lesson, I discovered that He is my only source of joy.”

In 2013, the Wongs contacted World Medical Mission to inquire about long-term service opportunities. They were looking for a hospital setting in which they would not have to learn a new language and where they could be part of a large expatriate community. They also preferred an urban location that would have schools for their children to attend. Rwanda was not one of their top choices.

During specialty training at the State University of New York in 2007, Jesse had gone with a team to work briefly in a dental school in Ghana. That was his first time on African soil.

“I remember calling Priscilla, who was my fiancée at the time, while I lay in one of the hospitals after contracting severe food poisoning and hallucinating from all the anti-malarial medications they were pumping me with,” he said. “I told her that I would never come back to this continent.”

Jesse laughs at the irony. “After that Priscilla and I traveled to Africa twice before we came to Rwanda with World Medical Mission. Never say never to God.”

Eight months after their initial phone call to our staff, God made it clear to both Jesse and Priscilla that Rwanda was exactly where He wanted them—at Kibogora Hospital in a remote section of the country.

As in Moose Factory, the Wongs saw that deep-seated poverty was hindering people from seeking dental and medical attention. The general population around Kibogora consists of farmers who may earn what is comparable to two or three U.S. dollars per day. Most of Jesse’s patients show up at the clinic as a last resort when their dental woes have become an emergency. That means 90 percent of the procedures he performs are tooth extractions.

The majority of those patients are children. Unfortunately, candy is cheap, and sugar-filled juices are much more affordable and accessible than the healthier juices found on grocery store shelves in the capital city.

“We tell Rwandans that even mechanical brushing with the end of a tufted branch can act as a toothbrush if they cannot afford one,” he explained. “And we encourage parents to cut out sugary drinks and lollipops and give their children bananas and mangos for treats.”

A new government policy instituted last October has caused the patient load at the dental clinic to literally double. Previously a typical appointment for an exam, X-ray, and extraction cost about six U.S. dollars, but a patient with government health insurance only needed to pay a 10 percent copayment. However, the poorest one-third of the population could not even afford the $5
But that was not the way it was when we started. One of the best examples that demonstrates this journey happened the third year of World Medical Mission. Ernie Steury was the only doctor working at Tenwek Hospital in Kenya when Franklin Graham and I visited him. The one thing that stood out was that there were three patients in each bed. I couldn’t believe it. We took several pictures of a head in the middle with a pair of feet on each side of the head. Once outside the ward, Ernie informed us that he was supposed to begin his yearlong furlough the following month. He had just received a letter from the doctor who was to relieve him, stating that he was not going to come. Ernie asked if we could send a doctor a month to replace him.

Franklin gathered the three of us in a tight circle and prayed that we would see God’s hand at work in getting the needed doctors. I will never forget fl ying back to Nairobi and telling Franklin that he gave Ernie a false sense of hope. I chided Franklin, explaining that we had only sent seven doctors the previous year. There was no way we could get 12 doctors lined up, especially not one for the following month.

When we got to our hotel, we had a message from World Medical Mission’s then volunteer coordinator, Becky Williams, that a doctor from Pennsylvania had called that afternoon. He was planning to take his family on a month’s vacation beginning the next month and was wondering if there was a hospital that could use him. I will never forget realizing World Medical Mission was not under the direction of Franklin, or me, or my brother Lowell, or anyone else. That was the day I realized it was completely under the direction of the Lord.

In fact, one of the greatest joys for the Wong family has been the opportunity to spend much more time together than they would if they lived in Canada. As the Lord often does, he turned their initial disappointment—in this instance not living in an urban area or with other expatriate families—into a “blessing in disguise.”

Almost every weekend the Wongs go to nearby Lake Kivu, where they have a picnic, swim in the sparkling clear water, and play baseball or soccer. The boys are becoming avid birdwatchers like their dad. The majestic malachite kingfishers that grace the lake are their favorites.

In such a setting, their daily challenges don’t seem as daunting. “We thank God for everything He has blessed us with,” said Jesse.

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

It is always great to be able to look back and see the Lord’s hand in what you are doing. We now send over 600 doctors a year to mission hospitals. We send them to more than 40 hospitals throughout the world and there are at least 15 others who need and want our help.

But that was not the way it was when we started. One of the best examples that demonstrates this journey happened the third year of World Medical Mission. Ernie Steury was the only doctor working at Tenwek Hospital in Kenya when Franklin Graham and I visited him. The one thing that stood out was that there were three patients in each bed. I couldn’t believe it. We took several pictures of a head in the middle with a pair of feet on each side of the head.

Once outside the ward, Ernie informed us that he was supposed to begin his yearlong furlough the following month. He had just received a letter from the doctor who was to relieve him, stating that he was not going to come. Ernie asked if we could send a doctor a month to replace him.

Franklin gathered the three of us in a tight circle and prayed that we would see God’s hand at work in getting the needed doctors. I will never forget flying back to Nairobi and telling Franklin that he gave Ernie a false sense of hope. I chided Franklin, explaining that we had only sent seven doctors the previous year. There was no way we could get 12 doctors lined up, especially not one for the following month.

When we got to our hotel, we had a message from World Medical Mission’s then volunteer coordinator, Becky Williams, that a doctor from Pennsylvania had called that afternoon. He was planning to take his family on a month’s vacation beginning the next month and was wondering if there was a hospital that could use him. I will never forget realizing World Medical Mission was not under the direction of Franklin, or me, or my brother Lowell, or anyone else. That was the day I realized it was completely under the direction of the Lord.

There are a multitude of similar events that prove without a doubt that the Lord has guided and directed both Samaritan’s Purse and World Medical Mission. Never forget—It is always good to be able to look back and see the Lord’s hand in what you are doing.
Mission hospitals around the world depend on the assistance of Christian physicians who volunteer to provide lifesaving care to the sick in Jesus’ Name. We want to thank the men and women listed below for their faithful service April through June 2018.

**BANGLADESH**

**MEMORIAL CHRISTIAN HOSPITAL**
- Dr. Cecilia E. DeCook
  - Family Practice Physician
  - Holland, MI
- Dr. Daniel DeCook
  - General Surgeon
  - Holland, MI
- Jean A. Ricks
  - Physical Therapist
  - Araratia, AI
- Dr. Benjamin Roscoe
  - 4th Year Resident
  - General Surgeon
  - Ypsilanti, MI

**BOLIVIA**

**RUTH BELL RIVER BOAT**
- Julie A. Baker
  - Physician’s Assistant
  - Port Allegany, PA
- Kellin M. Fuller
  - Dental Hygienist
  - Kiel, WI

**BURUNDI**

**KIBUYE HOPE HOSPITAL**
- Dr. John Dondersriet
  - 2nd Year Resident
  - General Surgeon
  - Plymouth, MI
- Dr. Eric J. Mitchell
  - General Surgeon
  - Byson Center, MI

**CAMEROON**

**BANSO BAPTIST HOSPITAL**
- *Dr. Bryan M. Cairns*
  - Family Practice Physician
  - Columbia, OH
- *Dr. Mary R. Cairns*
  - Family Practice Physician
  - Columbus, OH
- Dr. Robert H. Spencer
  - Cardiologist
  - Gulf Shores, AL
- Samuel VanderJagt, Jr.
  - Registered Nurse
  - Gainesville, GA

**DEMOCRATIC REPUBLIC OF THE CONGO**

**MBINGO BAPTIST HOSPITAL**
- Dr. Charles Barrier, Jr.
  - Family Practice Physician
  - Charlotte, NC

**ETIOPIA**

**MYUNGEN CHRISTIAN MEDICAL CENTER**
- Dr. Ava C. Butler
  - Family Practice Physician
  - Rocky Mountain House, AB, Canada
- Dr. Roger P. Holland
  - Family Practice Physician
  - Augusta, GA

**GABON**

**BONGOLÒ HOSPITAL**
- Dr. Charles R. Powell
  - Orthopedic Surgeon
  - Zonville, LA
- Dr. Craig A. Smith
  - Otolaryngologist
  - Glen Ellyn, IL

**HAITI**

**HAITI HEALTH MINISTRIES MEDICAL CLINIC**
- Dr. Ross Helms
  - Emergency Medicine Physician
  - Moorhead, MN
- Katie Ruff
  - Family Nurse Practitioner
  - Old Hickory, TN

**KENYA**

**CHOGORIA HOSPITAL**
- Dr. Rosaddella A. Agwana
  - General Surgeon
  - Nakuru, Kenya
- Leilicia Cate
  - Radiology Technician
  - Beaverton, OR

**HONDURAS**

**HOSPITAL LOMA DE LUZ**
- Dr. Paul B. Ferretti
  - General Surgeon
  - Biddleham, WA
- Dr. Renay Ferretti
  - Family Practice Physician
  - Biddleham, WA

**THANK YOU for serving**

Mission hospitals around the world depend on the assistance of Christian physicians who volunteer to provide lifesaving care to the sick in Jesus’ Name. We want to thank the men and women listed below for their faithful service April through June 2018.

**BANGLADESH**

**MEMORIAL CHRISTIAN HOSPITAL**
- Dr. Cecilia E. DeCook
  - Family Practice Physician
  - Holland, MI
- Dr. Daniel DeCook
  - General Surgeon
  - Holland, MI
- Jean A. Ricks
  - Physical Therapist
  - Araratia, AI
- Dr. Benjamin Roscoe
  - 4th Year Resident
  - General Surgeon
  - Ypsilanti, MI

**BOLIVIA**

**RUTH BELL RIVER BOAT**
- Julie A. Baker
  - Physician’s Assistant
  - Port Allegany, PA
- Kellin M. Fuller
  - Dental Hygienist
  - Kiel, WI

**BURUNDI**

**KIBUYE HOPE HOSPITAL**
- Dr. John Dondersriet
  - 2nd Year Resident
  - General Surgeon
  - Plymouth, MI
- Dr. Eric J. Mitchell
  - General Surgeon
  - Byson Center, MI

**CAMEROON**

**BANSO BAPTIST HOSPITAL**
- *Dr. Bryan M. Cairns*
  - Family Practice Physician
  - Columbia, OH
- *Dr. Mary R. Cairns*
  - Family Practice Physician
  - Columbus, OH
- Dr. Robert H. Spencer
  - Cardiologist
  - Gulf Shores, AL
- Samuel VanderJagt, Jr.
  - Registered Nurse
  - Gainesville, GA

**DEMOCRATIC REPUBLIC OF THE CONGO**

**MBINGO BAPTIST HOSPITAL**
- Dr. Charles Barrier, Jr.
  - Family Practice Physician
  - Charlotte, NC

**ETIOPIA**

**MYUNGEN CHRISTIAN MEDICAL CENTER**
- Dr. Ava C. Butler
  - Family Practice Physician
  - Rocky Mountain House, AB, Canada
- Dr. Roger P. Holland
  - Family Practice Physician
  - Augusta, GA

**GABON**

**BONGOLÒ HOSPITAL**
- Dr. Charles R. Powell
  - Orthopedic Surgeon
  - Zonville, LA
- Dr. Craig A. Smith
  - Otolaryngologist
  - Glen Ellyn, IL

**HAITI**

**HAITI HEALTH MINISTRIES MEDICAL CLINIC**
- Dr. Ross Helms
  - Emergency Medicine Physician
  - Moorhead, MN
- Katie Ruff
  - Family Nurse Practitioner
  - Old Hickory, TN

**KENYA**

**CHOGORIA HOSPITAL**
- Dr. Rosaddella A. Agwana
  - General Surgeon
  - Nakuru, Kenya
- Leilicia Cate
  - Radiology Technician
  - Beaverton, OR

**HONDURAS**

**HOSPITAL LOMA DE LUZ**
- Dr. Paul B. Ferretti
  - General Surgeon
  - Biddleham, WA
- Dr. Renay Ferretti
  - Family Practice Physician
  - Biddleham, WA

* Served twice between April and June 2018
Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.

Thank you for serving.
<table>
<thead>
<tr>
<th>Country</th>
<th>Hospital</th>
<th>Specialties</th>
<th>City</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabon</td>
<td>Bongo Hospital</td>
<td>Plastic Surgeon</td>
<td>Kinshasa, Democratic Republic of the Congo</td>
<td>(Currently in language training)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Surgeon</td>
<td>Kinshasa, Democratic Republic of the Congo</td>
<td>(Currently in language training)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice/Obstetrician</td>
<td>Kinshasa, Democratic Republic of the Congo</td>
<td>(Currently in language training)</td>
</tr>
<tr>
<td>Kenya</td>
<td>Chogoria Hospital</td>
<td>Family Practice Physician</td>
<td>Narok, Kenya</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice/Obstetrician</td>
<td>Narok, Kenya</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kiabe Hospital</td>
<td>Family Practice Physician</td>
<td>Waza, Tchatchoua Region, Central African Republic</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Egbe Hospital</td>
<td>Obstetrician/Gynecologist</td>
<td>Johnson City, TN</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice Physician</td>
<td>Johnson City, TN</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice/Obstetrician</td>
<td>Johnson City, TN</td>
<td></td>
</tr>
<tr>
<td>Persia</td>
<td>Loma de Luz Hospital</td>
<td>Family Practice Physician</td>
<td>Fort Myers, FL</td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td>Tansen Mission Hospital</td>
<td>Family Practice Physician</td>
<td>Kathmandu, Nepal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice/Obstetrician</td>
<td>Kathmandu, Nepal</td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>Galmi Hospital</td>
<td>Obstetrician/Gynecologist</td>
<td>Fort Worth, TX</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice Physician</td>
<td>Fort Worth, TX</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice/Obstetrician</td>
<td>Fort Worth, TX</td>
<td></td>
</tr>
<tr>
<td>Persia</td>
<td>Fuente Centro de Salud Integral Hospital</td>
<td>Obstetrician</td>
<td>Fort Worth, TX</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice Physician</td>
<td>Fort Worth, TX</td>
<td></td>
</tr>
<tr>
<td>TOGO</td>
<td>Hospital of Hope</td>
<td>Emergency Medicine Physician</td>
<td>Schuylkill, PA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obstetrician/Gynecologist</td>
<td>Schuylkill, PA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Practice Physician</td>
<td>Schuylkill, PA</td>
<td></td>
</tr>
</tbody>
</table>

**Featured Speakers:**

**Jim Cymbala**
has been the pastor of the Brooklyn Tabernacle in New York City since the early 1970s. The congregation has church plants in other parts of the city as well as missionary stations that bring the Good News to Haiti and the Dominican Republic.

**Joni Eareckson Tada**
is the founder and CEO of Joni and Friends International Disability Center. She has written more than 50 books about disability outreach, God’s goodness, and the problem of suffering. Her daily radio program has been airing for over 35 years.

To register, call 800-950-2092
Calling for Help

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

**AMERICAS**
- Alaska
- Bolivia
- Dominican Republic
- El Salvador
- Guatemala
- Haiti
- Honduras
- Peru

**AFRICA**
- Burundi
- Cameroon
- Democratic Republic of the Congo
- Ethiopia
- Gabon
- Ghana
- Kenya
- Liberia
- Niger
- Rwanda
- Togo
- Zambia
- Zimbabwe

**ASIA/PACIFIC**
- Bangladesh
- Nepal
- Papua New Guinea

**SPECIALTIES**
- Anesthesiology
- Cardiology
- Dentistry
- Dermatology
- Emergency Medicine
- Family Practice
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Pediatrics

If you are interested in serving overseas, please complete our Volunteer Application online at 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.

The needs listed below are general and ongoing. To see locations where a critical need exists, please go to samaritanspurse.org/urgent-need.
“HE HEALS THE BROKENHEARTED AND BINDS UP THEIR WOUNDS.” —Psalm 147:3
PRAY
Pray for the multitudes around the world who are suffering and dying because of a lack of proper medical care. Ask God to call more Christian medical professionals to treat the suffering and share the Good News overseas.

GIVE
Help World Medical Mission provide lifesaving medical care and support to mission hospitals around the world. Donate through this reply card or online at samaritanspurse.org.

GO
We need you! Serve short term at a medical hospital or facility overseas or平行 your way as a Post-Residency Program participant. Please contact us to discuss placements, projects, and duration.

WAYS TO INVOLVE
World Medical Mission is on Facebook: WorldMedicalMissionpage.

WAYS TO HELP

YES, I WILL PRAY
for the ministry of World Medical Mission.

I AM A CHRISTIAN MEDICAL PROFESSIONAL
interested in serving overseas. Please contact us for more information.

I HAVE MEDICAL EQUIPMENT
that I would like to donate. Please contact us.

SEND ME FREE COPIES OF ON CALL
to place in my office or hospital waiting room.

Enclosed is my gift for:

$   World Medical Mission
$   Post-Residency Program (and No)
$   Overseas Ministry Assistance Fund (and No)
$   Medical Equipment and Supplies (and No)

Payment Options:

Check Enclosed Charge My Credit Card (SEE REVERSE SIDE)

447
Please Charge My Credit Card:

Amount
Card #
Expiration Date
Name on Credit Card
Signature

Samaritan’s Purse • International Headquarters
P.O. Box 3000
Boone, NC 28607-3000

Fill in the information on the attached response card and we will send you free copies of On Call.

GET EXTRA COPIES of ON CALL for your waiting room

Call toll-free 1-800-665-2843.

Donations may also be made online at samaritanspurse.org or by calling toll-free 1-800-665-2843.