ON CALL

INSIDE:
- BIOMEDS
- ANGOLA
- SAMARITAN LODGE ALASKA

Compassion in Action
LUKE 10:37
WHERE IS GOD CALLING YOU?
Look at the latest "Calling for Help" to see which mission hospitals need volunteers in your specialty.
A NEW YEAR has just begun, and many of the challenges we experienced in 2020 still abound in 2021. That means the Lord has a lot of work for us to do! For those in the medical profession, this is especially true.

Mission hospitals were hit very hard by the coronavirus pandemic. Financial losses, limited resources to treat COVID-19 patients, and staffing shortages made the past year especially difficult. Regrettably, the international travel restrictions prevented many of our medical volunteers from serving. This situation created an even greater burden for our hospital partners.

Our fervent prayer is that the world will be able to return to pre-pandemic normalcy as soon as possible. What has not changed is that sick people need doctors, and everyone needs to know the Good News of a loving Savior who came into the world to deliver mankind from the worst pandemic of all—our sins. As a Christian medical professional, you can be an effective witness for Jesus among your patients and your co-workers. I encourage you to make the most of every opportunity to share, “always being ready to make a defense to everyone who asks you to give an account for the hope that is in you, but with gentleness and respect” (1 Peter 3:15, NASB).

I also hope you will consider going on a short-term mission trip with World Medical Mission this year. The mission hospitals have urgent needs for all specialties. Please refer to the list on pages 32-35 for specific hospitals and their needs. Thank you, and may God abundantly bless your service in His Name in 2021.

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.

Kenya

Ashley McCurry is a wife, mother of four, and missionary doctor. To that list she can gratefully add “COVID-19 survivor.” The family medicine physician has been practicing at Kapsowar Hospital in Kenya since 2014 when she and her husband, Mike, moved there to serve through the Post-Residency Program. Ashley contracted the coronavirus in August 2020. The following is an excerpt from her Sept. 27 blog post. As of December, she was back in Kapsowar and regaining her stamina.

I never thought I would still be talking about COVID 40 days after my symptoms began. Slow and steady is the name of the game. I have seen significant improvements in my oxygen levels. However, those improvements only show up on my good days and are usually followed by 2 to 3 bad days of low oxygen levels. Healing from this virus is a rollercoaster and is testing my patience daily. My energy levels are slowly improving but small tasks like washing the dishes require me to rest afterward. My daily routine is created around my need to nap from 3 to 5 p.m. Chest pain and fatigue have become my norm and serve as my “service engine soon light,” indicating that I need more rest.

On a more positive note, the rest of the family is doing well. We are still in Kijabe, and plan to stay here until my oxygen levels are consistently better and my energy levels improve. I cannot overstate how thankful we are to be able to stay in our friends’ house while I heal. It’s such a blessing! Thank you all for praying and for supporting us during this time. What a trial this has been.

Togo

The chaplaincy program at Hôpital Baptiste Biblique focuses on the spiritual needs of patients.

World Medical Mission is thankful for the opportunity to partner with so many incredible hospitals all over the world, like Hôpital Baptiste Biblique. The chaplains at HBB have committed to sharing God’s love with the patients, even in the midst of the COVID-19 pandemic. Pastor Jérémie, pictured right, has served at the hospital for 10 years. We are praising God that from January to September 2020, there were 522 patients who decided to follow Christ! Follow-up discipleship is also a key part of the chaplains’ outreach ministry.
THE CALL CAME IN. IT WAS EARLY IN THE MORNING, AND THEY FEARED A LOCAL RESIDENT HAD SUFFERED A STROKE IN THE CLOSE-KNIT COMMUNITY OF PORT ALSWORTH, ALASKA…
Dr. Peter Kwan was the only physician anywhere near the Alaskan wilderness town, and the only person for more than 100 miles who could respond. Addressing a complicated medical emergency in a remote location like Lake Clark National Park isn’t something he routinely does as part of his service with Operation Heal Our Patriots. However, it is well within his scope of experience as a family physician in Houston, Texas, and overseas.

Before first volunteering as a staff physician with Operation Heal Our Patriots eight years ago, Dr. Kwan had volunteered with World Medical Mission in places like Haiti and Zambia. Trauma, general surgeries, and a litany of diseases had become common practice for him in countries where high levels of medical care are often hundreds of miles away.

Dr. Kwan’s skill as a physician saved the life of this stroke patient in Alaska, just as it had on numerous occasions elsewhere in the world.

Wounded veterans, their spouses, and their struggling marriages are in the balance each summer week at Samaritan Lodge Alaska, where he helps provide medical care for U.S. military veterans and their spouses who come through Operation Heal Our Patriots. The Samaritan’s Purse program gives these couples opportunities to strengthen their relationships with God and with each other.

Medical emergencies are very rare—with the exception of the aforementioned stroke patient and one instance of a mild seizure—but Kwan’s skill and presence are necessary for the ministry that happens there.

Though he is grateful to use his skill in Jesus’ Name to help patients in dire circumstances overseas, his desire to practice medicine and to serve on medical missions is driven by a deeper calling—and that is to share the hope of the Gospel of Jesus Christ in whatever setting God provides.

Wounded veterans, their spouses, and their struggling marriages are in the balance each summer week at Samaritan Lodge Alaska, and each medical interaction is an opportunity for Kwan to help hurting couples take another spiritual step toward true healing. He adds that he also routinely treats the medical needs of the Samaritan’s Purse staff as occasions arise.

But this year an additional element was added to Kwan’s work at Samaritan Lodge Alaska, as COVID-19 became a reality and testing of staff, volunteers, and couples became necessary.

“I’ve never served as a medical lab technician,” said Kwan, who was in charge of running the COVID-19 tests on everyone.

“But that’s just what we do. We do whatever is needed.”

He has come to expect surprises as a physician who has made himself available to be used by God all over the world. Sometimes that requires him to draw on training he might have received many years before and never used.

He recounted the incident of a man in Zambia who had a collapsed lung.

“He had made his own beer, gotten drunk, and fallen from a tree,” said Kwan, who was most likely the only person in that part of Zambia who could save the man’s life. This...
was his job on those final few hours of his stint in Africa—keeping the man alive until medical reinforcements could arrive.

“It was just one of those things I had to do,” he said. Kwan inserted a chest tube to drain the collection of blood and to re-inflate the man’s lung. It was a procedure he had done only once, decades ago during residency training. “I was reminded that I was probably the best person to do it within a 100-mile radius, and I was praying between each step that God would guide my hands.”

Opportunities to practice flexibility and resiliency are part of what make it so exciting for Kwan to work with Samaritan’s Purse—a very different experience from his work at the practice in Houston.

In recent years, Kwan has worked at our Emergency Field Hospitals—first for several weeks following the earthquake in Ecuador in 2016, then for two stints during our response in Iraq treating victims of ISIS.

He says treating patients in the field hospitals has showed him firsthand a breadth of human suffering that few rarely see—such as the trauma experienced by patients brutally attacked in Iraq by Islamic State terrorists.

Most recently Kwan served at our response in Manhattan during the deadly COVID-19 outbreak in New York City.

“We had very little experience and lots of unknowns in how to take care of the patients,” Kwan said. “And we weren’t sure how dangerous it was for the medical staff. We had to just trust in the Lord and do what we had to do.”

The daily work involved 12-hour shifts followed by a few hours sleep in a rented room four blocks away in the Mount Sinai dorm. Each day was filled with a mixture of patients who recovered and some who deteriorated from stable to critical in just a few hours.

Kwan recalls one patient who became a believer through the work of medical staff and chaplains.

“He asked us, ‘Why do you do this? Why are you here?’” Kwan said. “We told him we’re responding to what God has asked us to do. We invited him to speak with one of our chaplains.”

Kwan said this patient was a bilingual Spanish speaker who became a translator for other Spanish speaking patients. He also became an ambassador for Christ, sharing the Gospel with others in Spanish. This is why the work is so important to Kwan and why he continues to serve.

“When a call comes in it’s hard to refuse,” Kwan said. “I’m glad to be a part of Samaritan’s Purse and I’m happy to serve. That’s why my bag is always packed.”
Jesus is commonly called the Great Physician. He “examined” His followers both physically and spiritually. He diagnosed their diseases. He healed them of their illnesses. He restored their lives. He even brought patients back to life after they had died. He practiced medicine, ophthalmology, gynecology, pediatrics, psychiatry, otolaryngology, trauma, and hand surgery. He was a “physician of the skin and its contents”—a true general practitioner. Luke, too, was a physician who combined his medical training with his commitment to spread the message of Jesus Christ. Luke authored both the Gospel that bears his name as well as the book of Acts. Some believe that this physician may also have written one or more of the Apostle Paul’s letters as dictated.
Luke was the only one of Paul’s followers that remained, as all of the others had abandoned him. Paul fondly refers to Luke in several places in his letters, where he calls Luke both a “dear friend” and “beloved physician.” As both companion and dedicated physician, Luke was present to treat and heal the many wounds Paul sustained in numerous beatings as he preached the Gospel. After Paul’s death, Luke continued to spread the message of Jesus Christ until he died at the age of 84 in Greece.

We physicians possess certain common traits. We are typically inquisitive with a desire to understand the “whys” and “hows” of our patients and their illnesses. We tend to be detail oriented. After we examine a patient and review the available data, we meticulously document our findings in a report that is shared to educate others.

Luke wasn’t an eyewitness to Jesus’ ministry, but according to his own writings, he “carefully investigated everything from the beginning” (Luke 1:3), much as a physician might learn about a disease by studying its presentation, pathology, physical examination findings, and treatment. He talked at length to many eyewitnesses of Christ’s ministry on earth and kept careful records of his research. As a traveling companion of Paul, he likely had direct access to several of the other apostles as well as Jesus’ mother, Mary. He was therefore able to interview those who had spoken and lived with Jesus, gaining valuable insight into Jesus’ life and ministry.

As one might expect from a physician, Luke was especially interested in Jesus’ healing ministry, which he documented in detail. The Greek word σωζó, meaning “to save” or “to heal,” appears frequently in Luke’s writings. As Pastor Skip Heitzig has pointed out in his book The Bible from 30,000 Feet, Luke wrote more about the healing ministry of Jesus Christ than Matthew and Mark combined. Luke recounts these healings using precise medical terminology, including physical details such as the presence of anasarca or “hupodikos,” as well as the laterality of injuries which Matthew, Mark, and John leave out of their accounts. Such medical terminology is used nowhere else in the Bible.

Luke was a detailed historian whose accounts of Jesus’ life and teachings were enhanced by the critical thinking and communication skills he learned as a physician.

Luke was more than just a historian and Paul’s companion, however. He used his position and stature in the community as an educated physician to preach the message of Christ Jesus and bring non-believers to salvation. People looked up to him as a physician and respected what he had to say. We are in a similar position and are trusted by an audience that others wishing to preach the Gospel must work harder to reach. Perhaps no other profession is afforded access to a person’s physical, emotional, and psychological privacy like a physician. This places us in a unique position as physician believers to share the wonderful news of Jesus Christ.

Luke, a physician like us, documented Jesus’ ministry in order to share the message of salvation with the world. We all have a list of physician role models whom we admire from our medical training or practice. Perhaps Luke the physician AND evangelist should be at the top of our lists.

We can trust that his interpretation of the data and formation of a “differential diagnosis” regarding the life and ministry of Jesus Christ is accurate and correct.
Whether she is providing dental care or serving on a special assignment with Samaritan’s Purse, Dr. Monica Jordan prays daily for her patients. Jordan serves in Central America through the Post-Residency Program.
With hands as steady as a surgeon’s, biomedical technician Will Roberts makes intricate electrical repairs to hospital equipment.

**IT’S ALL IN THE DETAILS**

The behind-the-scenes work of World Medical Mission’s warehouse team translates into lives saved at overseas mission hospitals.

Legendary UCLA basketball coach John Wooden once quipped, “It’s the little details that are vital. Little things make big things happen.”

Details indeed matter, and the staff at World Medical Mission’s warehouse in North Wilkesboro, North Carolina, worked harder than ever in 2020 to ensure that their stock of medical supplies is in working order and ready to ship when needed.

From syringes to wheelchairs to anesthesia machines, World Medical Mission receives thousands of donated materials each year from hospitals, clinics, and doctors’ offices, as well as individuals.

Warehouse staff receive donation inquiries on average three or four times a week. Sometimes that donor is a medical facility that is replacing its equipment with the latest digital technology. The older equipment still works fine and may be an ideal match for the needs of a mission hospital. Simpler operation also means fewer headaches for overseas hospital staff who don’t have advanced training or easy access to replacement parts when a machine malfunctions.

As part of the screening process, the biomedical team asks the donor details about the age and condition of the equipment and the model number. They also ask for pictures.

“A picture is still worth a thousand words,” said David Bucklin, technical support supervisor at the warehouse. “We know which models we are looking for and what’s best suited for mission hospitals.”

The criteria includes equipment that has a proven track record for durability and requires minimal maintenance. If the machine is an older model in which parts are not available, the staff “turn it down gracefully.”

Crutches, wheelchairs, and home-care hospital beds are popular items that individuals donate to the ministry. After a loved one passes away and no longer needs these medical supplies, family members sometimes contact World Medical Mission to see if we can find a worthwhile use for them. If not, our staff commonly refer people to organizations such as the Red Cross or Salvation Army.

Upon arrival at the warehouse receiving area, donations are inspected, equipment is tested, and items are added to the digital inventory system. Approved equipment is covered in protective dust covers or placed in boxes with the batteries and other accessories included and is shipment-ready.

A new QR coding system is being implemented for greater efficiency in the cataloging process. With a quick scan of the label on each box, technicians will know all of the pertinent details about that instrument—from serial numbers and parts suppliers to repairs or refurbishing history.

“**When equipment leaves our warehouse, we are as 100 percent confident as we can be that it is fully functional and has all of the accessories for a mission hospital to use.**”

“When equipment leaves our warehouse, we are as 100 percent confident as we can be that it is fully functional and has all of the accessories for a mission hospital to use,” Bucklin said.

Having that assurance is essential for our partner mission hospitals. The equipment we send, especially anesthesia machines and breathing devices, can help save countless lives.

One dramatic example occurred last year at Nyunikunde Hospital in the Democratic Republic of the Congo. Eleanor (name changed) had a terrible dental abscess that had spread to her chin and was pushing up her tongue. Doctors performed an emergency drainage of the abscess, and she seemed to improve.

However, hours later Dr. Warren Cooper was summoned to the hospital. The patient’s tongue was obstructing her airway and she was
having great difficulty breathing. By the time he arrived, Eleanor had stopped breathing and her pupils were dilated.

Dr. Cooper found a cricothyroidotomy kit from World Medical Mission in the hospital supply room. Cooper inserted a tube in her trachea and began ventilating her. Although her oxygen saturation levels rose, she was still not making spontaneous respirations. The surgeon continued bagging her for almost an hour without the desired response. He was at the point of giving up.

“I remembered that we had received two old ventilators on a container from World Medical Mission,” said Cooper. “I hooked her up to one of them and it worked fine. It was a very basic ventilator, but it did the trick.”

All was well until the power at the hospital went out at midnight and the ventilator stopped running. Nurses bagged the patient for some time, and finally, she began to breathe spontaneously.

The next morning Cooper found Eleanor breathing on her own, communicating, and asking for food and water!

“The airway kit and the ventilator were both gifts from World Medical Mission. They were procured, packed, and shipped by people who care,” said Cooper.

“Eleanor and her husband are praising God for His mercy. Her four children will hear the story of how her life was spared,” he said. “We will continue to speak to her and her family about God’s goodness.”

World Medical Mission typically ships dozens of containers of equipment and supplies to our partner hospitals each year. Although that volume was greatly reduced in 2020 due to the pandemic, we were able to send shipments during the past few months to Zambia, Togo, Angola, and Kenya.

To fill voids in our inventory, we purchase equipment at discounted rates from medical auctions. Last year, World Medical Mission bought an oxygen generating system and PAX lights at a government auction. Those materials will be used to furnish one of our mobile Emergency Field Hospitals in a future deployment.

Bucklin says mission hospitals continue to have a high demand for infant warmers and incubators, patient monitors, and anesthesia machines.

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<th>HAVE AN ITEM TO DONATE?</th>
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<td>Please call our biomedical department at (828) 278-1954 or email <a href="mailto:Biomedsupport@samaritan.org">Biomedsupport@samaritan.org</a>.</td>
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As the all-terrain vehicle clambered up the steep slope, Lena Gamble tried to absorb the breathtaking scenery of the Haitian countryside. The fourth-year medical student was traveling with a group of her peers and three physicians to set up a one-day clinic in a remote village.

What saddened Gamble were the ugly wounds of poverty that marred the lush surroundings. The village itself was a loose cluster of tiny pre-fabricated dwellings erected in a cornfield. Those gathered for the arrival of the medical team, many of them mothers and their children, stared at the newcomers with a mix of curiosity and hope.

Gamble’s excitement over her first mission trip and first experience outside of the United States grew as the team treated about 70 patients that day. Some had common ailments that her medical training had prepared her for—surface wounds, infections, stomach bugs. For others with chronic health conditions, there was precious little the doctors could do. Once they left, Gamble knew this small community might not see another healthcare professional for months or longer.

“My eyes were opened to the needs,” she said, “and I realized that I could see myself doing this kind of work in a rural setting for a long time.”

After her two-week adventure in Haiti in 2012, Gamble returned to medical school at the University of Alabama at Birmingham with greater resolve to become a missionary doctor. She decided to focus on rural family medicine.

During her residency training in Alabama, she made three more mission trips—a return visit to Haiti, a monthlong sojourn in South Sudan where she discovered a love for medical teaching, and Zambia.

The young doctor found her niche when she learned about World Medical Mission’s Post-Residency Program while attending the Global Missions Health Conference. “This is exactly what I needed,” she told staff. “I had no idea at the time where I wanted to go. I just knew that I liked Africa and I wanted to practice rural medicine.”

In her application to the program, Gamble wrote: “My dream is to travel about in a Jeep with my black bag, heading to places off the beaten path and loving the people I meet while caring for their physical needs.”

Off the beaten path would probably be a fitting description for where she lives now, dividing her time between two mission hospitals in the southwestern African nation of Angola. She spent 6½ months in language school to learn Portuguese, the...
in summer science and research projects. I read everything I could get my hands on.”

At age 14 she enrolled in a summer science program for youth at Georgetown University, prompting her desire to become a biomedical research scientist. In 10th grade, she was honored to attend NASA’s space camp in Huntsville, Alabama.

But the high school valedictorian did not know if her educational preparation was sufficient to handle the rigors of college level academics.

“I was insecure and had no idea if I would have what it takes to do well. It was fear that drove me,” she recalled. “I studied like there was no tomorrow, day and night, except for playing basketball occasionally with my friends.”

She also had little time for God, until one evening during her sophomore year of college. Gamble grew up in a Christian home and attended church, but she did not make a personal commitment to Christ until she was 19.

“I decided that I wanted to give God my best, my youth, vigor, time, talent, my entire life,” she shared. “So that night in my dorm room I prayed sincerely that Jesus would take away my sins and be my Lord. I went to sleep with such peace.”

PUTTING IT ALL TOGETHER

In September 2020, Gamble received a special request to oversee the installation of a COVID-19 ward in Centro Evangélico de Medicina do Lubango (CEML) Hospital in Lubango, Angola. A quick response was needed as several patients had suddenly shown up at the hospital with symptoms of the virus. Three official language spoken in the country, before beginning her Post-Residency assignment at Kalukembe Hospital in December 2019.

Adapting to the cultural differences and nuances of practicing medicine in Africa brings daily challenges, but Gamble’s plucky determination already has helped her overcome innumerable obstacles. She praises God for the remarkable direction her life has taken, and she encourages others to make the most of every opportunity God provides to pass along His blessings.

DETERMINED TO SUCCEED

The Washington, D.C., native grew up in what she calls the “poor side of the city” in Congress Heights neighborhood. Drugs, teen pregnancy, and a high dropout rate from the local school system has derailed a bright future for many of its youth.

But Lena, the youngest of four siblings, showed academic promise early on. While still a toddler, she began learning her numbers and the alphabet. By age three, she was reading.

Gamble’s parents, an administrative assistant and a truck driver, placed a high value on their children’s education and were concerned that Lena would not be challenged in her course work and would lose interest in school.

“My family was immensely supportive and they sought opportunities for me,” said Gamble. “I went to after-school programs and took part in the Great Expectations
patients and hospital workers. Despite her extensive education, she readily admits she has had to “learn how to do things the way they are done here.”

She is also deeply grateful for the network of friends in Angola and back home in the United States, who keep her grounded and encouraged. Drs. Daniel and Priscila Cummings and their children have been like family and helped Gamble acclimate to life and medicine at Kalukembe. The Cummings came to Angola through the Post-Residency Program in 2012.

Although Gamble does not know what the future holds, she rejoices to look back and reflect on seeing God’s hand in all of the steps it took to get her where she is today.

“I’m happy to be here. It may sound unbelievable, but I have caught myself smiling before when I was awakened by a call to go to the hospital at 3 a.m.,” Gamble said. “It’s not a burden or a chore. Being there for my patients and giving them the best care possible is what makes me happy.”

2022 SLOTS ARE AVAILABLE for the Post-Residency Program.
Apply today at samaritanspurse.org/prp.

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

We are going through some tough times getting World Medical Mission doctors to the mission field. So many of our hospitals are not able to accept outsiders into their country because of the COVID-19 pandemic. Never have we seen such times like this where the missionary doctors are so overworked and needing the help of World Medical Mission physicians.

Could this pandemic be a part of the wars, pestilence, and earthquakes we read in Matthew, Daniel, Revelation, and other passages about the beginning of the end times—the beginning of the birth pains?

No one knows when the end times begin, and I am not insinuating that we are at such a beginning, but the possibility does cross my mind when I read Matthew 24:7-8 (NIV):

“There will be famines and earthquakes in various places. All these are the beginning of birth pains.”

I also read an article that stated the number of “great” earthquakes nearly tripled over the last decade.

This pandemic reminded me of Braxton Hicks contractions, which are mild contractions felt before the birth pains of labor actually begin. The question I had was this: could the COVID-19 pandemic be an event that happens prior to the actual birth pains that lead to the end times?

No one knows, but one significant factor does come into play for us as followers of Christ. We should use this virus attack to be a wake-up call as a time to pray, as a time to draw near to God. It should stir a greater interest to study His Word, to talk with Him more often in prayer, and to ask what plans He has for each of us from this time on.

All of this has made me realize that I want Him to use me as much as possible to glorify Him in whatever way I can.

“Not unto us, O Lord, not unto us, but to Your Name give glory.”
—PSALM 115:1

Above: Dr. Gamble teaches in the operating room.
Below: Gamble helped set up a 13-bed ward for COVID-19 patients at CEML Hospital. “All of the training and education I received has prepared me for what I am doing now,” she said.

“I’m happy to be here. It may sound unbelievable, but I have caught myself smiling before when I was awakened by a call to go to the hospital at 3 a.m.,” Gamble said. “It’s not a burden or a chore. Being there for my patients and giving them the best care possible is what makes me happy.”

“For we do not live to ourselves, and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or die we are the Lord’s.” —2 Corinthians 5:15

“I’m happy to be here. It may sound unbelievable, but I have caught myself smiling before when I was awakened by a call to go to the hospital at 3 a.m.,” Gamble said. “It’s not a burden or a chore. Being there for my patients and giving them the best care possible is what makes me happy.”

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**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**
- Baptist Medical Centre, Ghana
- Bongolo Hospital, Gabon
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Bapiste Biblique, Togo
- Hospital Dioipi Suyana, Peru
- Hospital Lima de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Jungle Hospital, Honduras
- Kapasowar Mission Hospital, Kenya
- Karanda Mission Hospital, Zimbabwe
- Kibogora Hospital, Rwanda
- Kijabe Mission Hospital, Kenya
- Kundip Nazarene Hospital, Papua New Guinea
- La Fuente Centro, Peru
- Macha Mission Hospital, Zambia
- Memorial Christian Hospital, Bangladesh
- Restricted Country

**CARDIOLOGY**
- Chogoria Hospital, Kenya
- Galmi Hospital, Niger
- Hospital Shalom, Guatemala
- Nkoma Mission Hospital, Malawi
- Restricted Country
- Shalom Family Medical Center, El Salvador
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya
- Ruth Bell Riverboat, Bolivia
- Shalom Family Medical Center, El Salvador
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**DENTISTRY**
- Baptist Medical Centre, Ghana
- Chitokoloki Mission Hospital, Zambia
- Chogoria Hospital, Kenya
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Shalom, Guatemala
- La Fuente Centro, Peru

**DERMATOLOGY**
- Chogoria Hospital, Kenya
- Hospital Shalom, Guatemala
- La Fuente Centro, Peru

**EMERGENCY MEDICINE**
- Baptist Medical Centre, Ghana
- Bongolo Hospital, Gabon
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Bapiste Biblique, Togo
- Hospital Dioipi Suyana, Peru
- Hospital Lima de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Kapasowar Mission Hospital, Kenya
- Karanda Mission Hospital, Zimbabwe
- Kibogora Hospital, Rwanda
- Kundip Nazarene Hospital, Papua New Guinea
- La Fuente Centro, Peru
- Maja Mission Hospital, Zambia
- Memorial Christian Hospital, Bangladesh
- Restricted Country

**FAMILY PRACTICE**
- Baptist Medical Centre, Ghana
- Bongolo Hospital, Gabon
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Bapiste Biblique, Togo
- Hospital Dioipi Suyana, Peru
- Hospital Lima de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Kapasowar Mission Hospital, Kenya
- Karanda Mission Hospital, Zimbabwe
- Kibogora Hospital, Rwanda
- Kundip Nazarene Hospital, Papua New Guinea
- La Fuente Centro, Peru
- Maja Mission Hospital, Zambia
- Memorial Christian Hospital, Bangladesh
- Restricted Country

**GASTROENTEROLOGY**
- Baptist Medical Centre, Ghana
- Bongolo Hospital, Gabon
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Bapiste Biblique, Togo
- Hospital Dioipi Suyana, Peru
- Hospital Lima de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Kapasowar Mission Hospital, Kenya
- Karanda Mission Hospital, Zimbabwe
- Kibogora Hospital, Rwanda
- Kundip Nazarene Hospital, Papua New Guinea
- La Fuente Centro, Peru
- Maja Mission Hospital, Zambia
- Memorial Christian Hospital, Bangladesh
- Restricted Country

**GENERAL SURGERY**
- Baptist Medical Centre, Ghana
- Bongolo Hospital, Gabon
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Bapiste Biblique, Togo
- Hospital Dioipi Suyana, Peru
- Hospital Lima de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Kapasowar Mission Hospital, Kenya
- Karanda Mission Hospital, Zimbabwe
- Kibogora Hospital, Rwanda
- Kundip Nazarene Hospital, Papua New Guinea
- La Fuente Centro, Peru
- Maja Mission Hospital, Zambia
- Memorial Christian Hospital, Bangladesh
- Restricted Country

If you are interested in serving overseas, please complete our Volunteer Application online at samaritanspurse.org/medical/volunteer-application. Due to the COVID-19 pandemic, international travel has been temporarily disrupted, but there are still limited opportunities to place volunteers at this time. Please pray for these mission hospitals and their ongoing critical needs. For further questions, call World Medical Mission at (828) 278-1173.
Calling for Help

OBSTETRICS/SYNECOLOGY
- Baptist Medical Centre, Ghana
- Bongolo Hospital, Gabon
- Chogoria Mission Hospital, Kenya
- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital Loma de Luz, Honduras
- Hospital of Hope, Togo
- Kapsowar Mission Hospital, Kenya

NEONATOLOGY
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- ECWA Egbe Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital Loma de Luz, Honduras
- Hospital of Hope, Togo
- Kapsowar Mission Hospital, Kenya

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- Kapsowar Mission Hospital, Kenya

NEUROLOGY
- Chogoria Hospital, Kenya
- Hospital Shalom, Guatemala
- Tenwek Mission Hospital, Kenya

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“He heals the brokenhearted and binds up their wounds.” —Psalm 147:3