ON CALL

Seeing the Faithfulness of God

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BLOG

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.
World Medical Mission is built around thousands of volunteers who give of their time and medical skills to minister to the sick in our partner hospitals. Their contributions over the past 45 years are invaluable, as these men and women have shared the love of Jesus Christ with patients and helped bolster the work of national staff.

Two years of COVID-19 challenges put a strain on mission hospitals and accentuated the ever-present lack of surgeons and other doctors. These facilities were further burdened by the greatly reduced volume of medical volunteers who were able to travel overseas in the midst of the pandemic.

To enable more volunteers to serve, beginning in 2022 Samaritan’s Purse will cover the expense of the medical professional’s airfare to and from the mission hospital. We hope this incentive will make it more attractive for volunteers to take their spouses and children with them and enrich the missions experience for the entire family.

If you feel the Lord leading you to explore service opportunities with us, please contact our staff by sending an email to worldmedmission@samaritan.org. I want to express my sincere thanks to everyone who has supported this ministry. Together, we will continue to answer Christ’s call to reach the world with the Good News, so that “repentance and remission of sins should be preached in His name to all nations” (Luke 24:47). God bless 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.

Papua New Guinea

Dr. Daniel Dyer is a family medicine physician who is serving at Kudjip Nazarene Hospital through the Post-Residency Program.

"As one of the twins reached out his hand and found the hand of his twin sister, I knew that I had to take a picture. These two little babies of Ruth have been in our nursery for close to a month. Born early at around 7 months, they were 2.9 pounds each at birth and have needed intensive care in the nursery to help keep them alive while they grow. Ruth lives in a town about a 20- to 30-minute drive from the hospital and was thankfully able to make it here before delivering her two infants. Please keep them in your prayers as they continue to need help growing and facing the numerous challenges to premature infants in Papua New Guinea."

Niger

Cindy Albertson, a nurse and manager of the World Medical Mission Surgery Subspecialty Teams Program; Monte Oitker, a staff biomedical technician; and Dr. Bruce Steffes, a volunteer general surgeon, were part of a surgical campaign trip to Galmi Hospital in July. Cindy shares the following story:

"The hospital got a call that they were receiving a mass casualty. There were over 20 patients with various severities of injuries from a taxi accident. For several hours, the hospital staff and our team worked to triage, stabilize, and perform surgery on these patients. In the middle of the chaos was a little boy with no injuries, but somehow he had managed to swallow a coin. The hospital had a C-arm X-ray machine which Monte had spent days repairing. With the use of the C-arm, Monte and Bruce were able to locate the coin in the boy’s esophagus.” Monte completed the story with the good news that a staff doctor used graspers to extract the coin on the first attempt!

Zambia

A first-year resident in neurology at Thomas Jefferson University in Philadelphia, Dr. Peter Li served for three weeks last summer at Chitokoloki Mission Hospital. His wife, Anita, taught chemistry and physics classes at the local secondary school.

“The greatest blessing to me during the trip was the hospitality of the missionaries and their willingness to share their lives with Anita and me. I got the chance to spend some quality time with each of the missionaries, often over a meal and sometimes through work or an invited ministry event. Through these interactions, I was able to truly get a sense of what long-term missionary life can be like, which was one of my main motivations for this trip. I was also very encouraged through the missionaries’ stories of God’s faithfulness over the years. God meets needs in a very real way.”
Henry had supported his family for years by relying on the steady, rhythmic swinging of his hammer. Back and forth, up and down, the metalsmith swung the hammer and fashioned items to sell at the market near his village in Malawi.

The only livelihood he had ever known was snatched away the moment a car hit him while he was walking home from work one evening. Henry spent two weeks in a hospital, only to be sent home with an unrepaired, fractured humerus because the orthopedic surgery he needed was not available.

That was 18 agonizing months ago and his afflictions have been relentless ever since. “There’s still pain inside the bone,” Henry said. “This has been so hard.”

Losing his job meant Henry had a difficult time meeting the critical needs of his four children, including food, clothing, and school fees. “Their quality of life has decreased,” Henry said. “They’re struggling with so many things.”

Henry is grateful to the friends who stepped up to help the family as best they could, providing the needed funds for his children to stay in school. He also received many prayers from his church. “Though we are struggling, you can see the hands of God. The church has been encouraging me to never lose hope. One day, God will do wonders.”

Our surgery subspecialty team helped restore hope for 23 orthopedic patients in Malawi.
Henry knew God was at work when he heard about a World Medical Mission orthopedic surgery team that Samaritan’s Purse was sending to Nkhoma Mission Hospital in Malawi. “They did a good job, and I’m very happy. Thank you so much,” he said after his surgery.

The September trip was the second orthopedics-focused campaign coordinated in 2021 by World Medical Mission’s Surgery Subspecialty Teams Program. Another team performed similar surgeries at Galmi Hospital in Niger in July.

The Malawi group included two orthopedic surgeons, four nursing specialists, a field electrician from the Samaritan’s Purse biomedical department, a logistics coordinator, and World Medical Mission Director Dr. Lance Plyler.

Nearly all of the cases the medical team treated proved challenging and time intensive due to how long people have been suffering with these bone injuries or infections.

“The lack of orthopedic surgeons and equipment in the country has made everything we’ve seen more difficult,” said Dr. Dylan Nugent, lead orthopedic surgeon on the team and a former World Medical Mission Post-Resident who served in Kenya.

Dr. Nugent discusses the procedure to reset Manase’s broken leg. The surgeon gave renewed hope to patients as he ministered to both their physical and spiritual needs in Jesus’ Name. “We’re a tool to open doors for the Gospel,” he said.

“The amount of cases they’re able to take care of acutely is minimal compared to the overwhelming volume.”

One of the first patients our team saw was Felix, who, like Henry, had also been waiting a very long time for surgery. He injured his leg in May 2020 in a car accident on his way home from a soccer match. “The car crushed us,” Felix said. “The accident should have been fatal.”

Felix remembers seeing a speeding car headed toward them, and then the next thing he knew, he was waking up in a hospital with no idea why or how he got there. Felix has endured much pain and was unable to do all the things he once enjoyed, such as hiking and playing with his 5-year-old son.

“I was scared, but I still had faith in God,” Manase said. “I have seen the faithfulness of God.”

“Sometimes I couldn’t even move my leg. I wondered: Is this how my life is going to be?
Am I going to have to resign myself to being someone who can just stay home?”

Felix and Henry were among the 23 patients who received orthopedic care during the week our team was in Malawi. The team offered hope in Jesus’ Name and demonstrated God’s love to patients who had long awaited critical surgery.

“That’s where Jesus started—reaching into people’s lives physically,” Dr. Nugent said. “We’re a tool to open doors for the Gospel.”

BOLSTERING LOCAL CAPACITY
A priority for our orthopedic team was serving alongside the medical professionals at Nkhoma and equipping them with orthopedic surgical skills so that they can care for even more patients in desperate need. Nkhoma has never had an orthopedic program, so the training provided by the team was especially crucial.

“This has been a life-changing experience. There’s so much I’ve learned from our mentors,” said Dr. Yamikani Limbe, one of two general surgeons at Nkhoma who worked closely with the team. “These skills are going to impact the whole society in a great way.”

Nugent shared that some of his most rewarding experiences in medical missions have come from equipping local staff as well as learning from them. “They will multiply our efforts and do better than we ever could because they are cultural insiders,” he said.

Nugent and the Nkhoma staff worked together, trusting God for wisdom and for the outcome of every procedure.

“As the Great Physician, He can do for what we cannot do,” said Nugent.

DESPERATE TO STAY IN SCHOOL
Shakira’s 20-minute walk to school had always been quite ordinary—until it gradually turned into a threatening roadblock poised to wreck her entire future. The walk from home to school and back again became a labored one for 11-year-old Shakira when her leg became badly infected. Eventually the pain was so severe that Shakira was unable to walk, meaning she had no way to get to school.

The family realized that unless Shakira was healed, school would never again be possible. And, without an education, any thoughts of a better life would disappear.

Manase, a 22-year-old orthopedic patient, had worked diligently for many years in order to put himself in a position to get a good job and to be able to provide for his family. Manase was studying to take his college entrance exams, but after fracturing his leg and being unable to walk and care for himself at boarding school, he was forced to drop out and move home with his mother and sister. Without surgery, he would never be able to continue his studies.

“Orthopedic injuries in the States are painful, but they are not life-altering like it is for someone in Malawi,” explained Dr. Julia Bedard, a fifth-year orthopedic surgical resident from South Carolina. “These injuries significantly change the course of your life here.”

After receiving care from the Samaritan’s Purse team, both Manase and Shakira are now on a path toward healing and a brighter future.

GOD’S GRACE SUSTAINS
Catherine was among the patients our team treated in Malawi. The bone infection in Shakira’s leg had prevented her from attending school because she couldn’t walk and had no other means of getting there.

Catherine saw the car coming for her and threw up her arm in a hasty attempt to shield her head. The car hit Catherine’s motorbike and threw her off, leaving her with a broken humerus and a shattered version of the life she thought she knew.

After breaking her arm, Catherine couldn’t travel to the market to sell wrap skirts, which had been the family’s only source of income after her husband lost his job as a cook at a boarding school due to the ongoing COVID-19 health crisis.

“I can’t do anything to generate income. My arm hurts all the time,” she said. “I want to be free from the pain.”

Without Catherine’s income, the family resorted to selling vegetables from their garden—food originally intended for subsistence living and not for making a commission.

“‘When you can’t support your family, you’re reduced to begging or relying on other people. Not only is that a burden to society, but it’s a burden psychologically,’” Dr. Bedard said. “‘God created us to work. He created us to have a purpose and the ability to work with our hands and interact with our environment.’”

Catherine was overjoyed when she learned that Dr. Bedard and the Samaritan’s Purse team could fix her arm and help get her back to work and caring for her family.

“I have seen the mighty move of God,” Catherine said. “I’m thankful for you coming and restoring hope.”
You won’t see them in the operating room, and only occasionally in patient wards, but it is not an overstatement to describe pathologists as the cornerstone of modern medicine. Without these “invisible doctors,” as they are sometimes called, there is no specificity in a patient’s diagnosis and treatment. Physicians would have to rely on physical exams and educated guesswork.

Sadly, the much-needed expertise of pathologists has been largely absent or woefully inadequate in low-resource hospitals in developing nations. The problem is especially acute in sub-Saharan Africa, where there is only one pathologist for every one million patients, according to a 2020 report in the African Journal of Laboratory Medicine. In comparison, the ratio is one pathologist for every 25,000 patients in the United States and the United Kingdom.

Most of these facilities now offer some level of clinical lab services, such as bloodwork to test for malaria and tuberculosis, and are managed by technologists. It is rare to find a pathologist on staff, however, and most rural hospitals in Africa still don’t offer anatomic services to perform analysis of tissue and cell samples—critical in the treatment of diseases like cancer.

Mission hospitals have faced the same challenges, including the lack of trained personnel, insufficient infrastructure, and the inability to keep up with technological advancements.

“Doctors at mission hospitals used to be concerned primarily with infectious diseases,” notes Dr. Philip Ferguson, an Arkansas pathologist specializing in hematology. “Now people are living longer in developing countries and there is an increase in cancer rates. That’s where the work of pathologists is greatly needed. It has quickly become obvious that mission hospitals need more robust pathology services.”

Dr. Ferguson and other World Medical Mission pathologists are working together
to eliminate some of these deficiencies and advance laboratory medicine. As one of the few mission hospitals that now offers on-site anatomic analyses, AIC Kijabe Hospital has become a flagship of sorts in Kenya and East Africa. The hospital has made exciting strides in trying to bridge the gap between the haves and the have-nots to bring modern pathology to the region.

These scientific developments have spiritual implications too. “If patients have confidence in their doctors to give them an accurate diagnosis, that gives the doctor validation in their eyes, and then they can share the Gospel,” said Ferguson. “If doctors can be trusted with their patients’ health, they can be trusted with spiritual things too.”

LAYING A FOUNDATION

Decades ago when there were no pathology services available, a missionary surgeon had few options. Perhaps he could perform a macroscopic examination of an extracted tumor and derive a rudimentary assessment. Or he could preserve a biopsy tissue specimen in formaldehyde and ship it to a lab in the United States or the United Kingdom for testing.

“It would take two to three weeks or even as long as a month-and-a-half for a report to come back to surgeons in Africa,” says Dr. Lee DeMeester, a Michigan pathologist who has made 20 service trips to Kijabe with World Medical Mission. “By then the patients would have disappeared in the bush and couldn’t be located. Even if they were found, there was a significant delay in treatment.”

A nonprofit organization called Pathologists Overseas recognized the dire need and sought to establish diagnostic services in eastern Africa. One of their first projects was setting up a centralized histopathology laboratory in Nairobi in the early 1990s to serve mission hospitals in Kenya. The project was transferred to Kijabe in 1995, due to its proximity to courier services in the country. Pathologists Overseas also donated equipment and funds for the construction of accommodations to house visiting pathologists. All that was needed was trained pathologists, and Kijabe turned to World Medical Mission for recruitment assistance.

Dr. DeMeester and Dr. Asa Barnes, who began serving at Kijabe in 1996, became the driving forces behind building a team of pathologists to volunteer on a rotating basis. They referred colleagues to World Medical Mission staff, who developed a schedule to maintain continuous coverage. Barnes typically committed to serve three months, leaving nine months of the year for other pathologists to fill. He passed away in 2019.

Overall the arrangement worked well. However, the occasional month or two when there was a service vacancy meant no pathologist was on-site. Lab technologists managed clinical testing, but they were not licensed to do anatomic work.

NEW VENTURES

Kijabe took a major step forward two years ago with the hiring of Dr. Rosemary Wangari Kamau, a native Kenyan, as the first full-time pathologist on staff. Her team includes two histotechnologists and an administrative assistant.

The hospital sees more than 3,000 surgical pathology cases annually, according to Dr. Kamau. In addition, they examine about 1,000 gynecological cytology cases (pap smears) and about 500 non-gynecological cytologies.

The demand for more pathologists is expected to increase due to three exciting developments at the hospital. This past summer, Kijabe opened a bone marrow clinic. An operating theater construction project that is currently underway will increase the capacity from 10 to 15 operating rooms. Also in the works is a residency program for plastic surgery and head and neck surgery. All of these projects will greatly expand the need for both permanent pathology staff and short-term volunteers.

Until four years ago, Kijabe’s pathology department served as the hub for mission hospital diagnostic pathology services in Kenya and neighboring countries, serving more than 40 hospitals in the region. “That was the case up to 2017. However, many of the mission hospitals withdrew from bringing samples to Kijabe because we didn’t have enough volunteer pathologists coming to serve throughout the year, so the service was inconsistent,” said Kamau.

The sharp decrease in medical volunteers of all specialties due to COVID-19 has put a strain on the operation of mission hospitals around the globe. Kamau hopes that more pathology volunteers can return soon to lend a hand in her busy department.

“It can be overwhelming to work as the only pathologist in a practice where there are complex cases,” said Kamau. “Most of the time it is very challenging, but knowing there is someone I can share the work with and exchange ideas is an honor, and I am grateful for that. Short-term volunteers support me a lot.”

EXPANDING CAPACITY AND CONNECTIVITY

Although the network of World Medical
Mission pathologists was providing an invaluable service to Kijabe, some felt they could contribute in more far-reaching ways. Acquiring more up-to-date equipment was one glaring need. The lab had two aging tissue processors, both of which had been donated to them by Pathologists Overseas in the mid-1990s. Volunteer pathologist Dr. Brad Jensen secured a donated model and Dr. Darrell Davidson initiated a fundraising campaign in 2017 to purchase a second instrument for backup.

Poor quality histology slides had also been troublesome. Dr. Ferguson, together with a team of U.S. lab specialists, undertook a study to identify the causes and find solutions. Making adjustments to the fixation process and installing a donated microtome to section tissue consistently produced immediate improvements.

Ferguson began exploring the potential of bringing the collaborative synergy of digital technology and the precision of immunohistochemistry (IHC) to Kijabe. It seemed like an impractical dream when he and several World Medical Mission pathologists launched the initiative in 2018.

Armed with equipment and reagents, Ferguson made a trip to Kijabe that year to determine the feasibility of manual immunohistochemistry in a mission hospital setting. IHC is a diagnostic tool that uses antibodies to detect abnormal cells or tissues. It is highly effective in classifying tumors so physicians can select the best course of treatment for their patients. If successful at Kijabe, the process would mean faster, more accurate patient intervention and lives saved.

Ferguson recalls one instance in which he ran an IHC stain test on tissue taken from the chest mass of a pediatric patient. Doctors needed to know if a little girl had what they suspected was Burkitt’s lymphoma, or if it was another form of sarcoma.

Having an accurate diagnosis was crucial. If the diagnosis was Burkitt’s, it would be considered an emergency situation since that form of cancer grows more rapidly than others. However, Burkitt’s is very treatable if caught soon enough.

The next morning, lab results from the IHC test confirmed the cancer was Burkitt’s. “The doctors did not have to send the child to a hospital in Nairobi for testing, and they were able to start chemotherapy treatment quickly,” said Ferguson. “There were no delays, and the girl responded well to treatments and eventually became free of cancer.”

Although the process needed tweaking, Ferguson knew he was on to something. The next step was refining the IHC methodology for sustainability and obtaining slide scanners to review slides remotely.

Dr. Jensen facilitated the acquisition of a digital slide scanner, which was donated by an organization from the United Kingdom in June. It’s a giant leap into the 21st century for Kijabe and potentially for other mission hospitals, as pathologists on the other side of the world can support on-site work by serving as consultants.

All of the planning and praying led to a resounding success in October when Ferguson and Davidson made a special trip to Kijabe. They installed two slide scanners—one digital and one manual for backup—and they set up the pathology lab for manual IHC processing.

Kamau calls the new services a “milestone” for her hospital, as they gradually transition to more on-site work instead of sending their IHC samples to a referral laboratory in Nairobi. This will produce a quicker turnaround time for results and more definitive diagnoses to enhance patient care.

With the added capabilities and connectivity, Ferguson is excited that Kijabe’s pathology program will become both sustainable and replicable.

Already there are high hopes to partner with Pan-African Academy of Christian Surgeons (PAACS) and help improve pathology services and training at more of their program sites. Kijabe in Kenya and Mbingo Hospital in Cameroon are currently the only two PAACS training locations that have on-site pathology, but he believes there will soon be others.

In the meantime, Ferguson consults remotely with lab staff at both hospitals, and he looks forward to returning to Kijabe this summer. “During medical school I knew that I wanted to serve on the mission field, but at the time I didn’t know how God could use a pathologist,” Ferguson reflected. “A friend told me, ‘Do what you enjoy, and God will find a way to use it.’”

He is glad he acted on that friend’s advice, and even more pleased to work with a team of Christian pathologists who are helping to transform missionary medicine. “The service I do is not something to mark off a bucket list. It’s not for a highlight reel,” he added. “This is what we do in service to God by giving of our time and talents, and it is something we want to keep doing on a regular basis.”

“There were no delays, and the girl responded well to treatments and eventually became free of cancer.”

TOP: Histotechnologists Jecinta and Peris examine stains. LEFT: Dr. Tayza Ostroski (center), a World Medical Mission pathologist from Brazil, served at Kijabe in August. ABOVE: Dr. Ferguson’s wife, Amy, visits with a member of the lab staff.
A chaplain prays with a patient in the men's ward at Nkhoma Mission Hospital in Malawi. Christianity came to Malawi in the 1880s when a group of Scottish Presbyterians established the Livingstonia Mission on the shores of Lake Malawi. The mission was named in honor of Scotland's famous missionary, Dr. David Livingstone.
Dr. Pam Wirth may classify herself as “just an average family doctor,” but there’s nothing commonplace about her mission to invest in the lives of others. “I believe if much has been given, much is expected. That’s where my sense of calling comes from,” Wirth said. “I have always been aware of how blessed I am, even during the times when life was difficult.”

Her September excursion to El Salvador was the physician’s second mission trip to that country and her first service opportunity with World Medical Mission. (Her original plans to go in March 2020 unfortunately coincided with the COVID-19 shutdown of international travel.)

After practicing for more than 30 years in her hometown of Grand Rapids, Michigan, in 2018 Wirth decided to slow down a bit and pare her work schedule to a few days a week. She was eager to travel and to spend more time with her six grandchildren. Semi-retirement also opened up her schedule to pursue more of the mission work she had been longing to do. Previously, Wirth had participated in occasional short-term trips to Honduras, Nicaragua, and Haiti for evangelistic outreach. Now she wanted to expand her focus by combining spiritual ministry with the practice of medicine overseas.

Wirth already had a heart for the Hispanic world and regularly takes refresher Spanish language courses. Throughout much of her career she has volunteered at a local, faith-based free clinic during her off hours, where she interacts with many Spanish-speaking patients.

She contacted World Medical Mission, looking for a place where she could serve for a couple of weeks but impact souls for Christ for eternity. “I wanted to find a way to invest my time, resources, medical skills, and maybe use my Spanish a little,” she said.

Her only concern was whether she would have the physical stamina to handle the mission field rigors of typical 12-hour workdays and some night duty. Our staff suggested Shalom Family Medical Center, an outpatient day clinic. The center is operated by the ministry “Harvesting in Spanish” and is located outside of the capital city of El Salvador.

“It was completely doable, and it was an excellent fit for me,” said Wirth. “I am delighted that World Medical Mission paired me with a great ministry. I knew I was in good hands.”

Wirth’s husband and grown children were well aware of how meaningful the trip would be for her. They have seen her giving heart and sustaining faith on display throughout her life as she journeyed through her own medical challenges, including infertility issues and a bout with breast cancer.

With each struggle, Wirth discovered anew her worth in Christ. Overcoming those trials ultimately gave her a greater compassion for the sufferings of others.

**A Michigan doctor uses her medical and Spanish skills to impact lives in El Salvador.**

**FINDING HER MATCH**

That same perseverance had to be mustered upon her arrival at Shalom Family Medical Center. Even though working in a clinic was familiar territory for Wirth, practicing medicine in a foreign setting took some adjustment.
Clinic staff welcomed Wirth and made her acclimation to the practice of medicine in El Salvador easier. She wants to improve her Spanish-speaking skills so she can interact more fully with patients.

Her patients suffered from many of the medical conditions common in the U.S.—hypertension, diabetes, obesity, etc. However, knowing the appropriate tests to order and what medicines to prescribe was not a simple matter. The pharmacy had a limited formulary with medication names she had never heard of.

Adding to the challenge was the unavailability of some of the lab tests Wirth would typically order in her home practice. At other times the preferred test could be done, but she had to choose a secondary option based on what her patients could afford.

“The first day I felt overwhelmed, that I couldn’t do it,” she admits. “I remember praying, ‘Lord, help me. I don’t know what I’m doing here. I felt so inadequate.”

However, the staff doctors were very encouraging and helpful in sharing their knowledge with her.

Parasitic infections was one of the health issues she was not accustomed to treating, having seen only a handful of cases in her Michigan medical practice. It was heartbreaking to see so many children and adults sickened with upset stomachs and diarrhea due to unclean water and lack of sanitation.

Wirth was also struck by the unusually high number of cases of polycystic ovary disease among young women. The disease causes irregular menstrual cycles and can lead to infertility, but it is treatable.

One of Wirth’s patients was a 32-year-old married woman who was frustrated over her inability to start a family. Given her own health history, Wirth could relate to the young woman’s disappointment.

An ultrasound was performed to determine if the woman had polycystic ovaries. What the medical team saw on the scan took everyone by surprise.

“We looked at the ultrasound, and the problem we saw was not cysts,” Wirth recalls. “There was a baby growing in her uterus!”

The young mother-to-be marveled when she saw the beating of her baby’s heart. The fetus was already six weeks along in development.

“We were all crying,” said Wirth. “The mother was surprised by joy.”

“Christmas in September.” During the celebration she shared her personal testimony of God’s provision, including the blessing of being able to adopt three children who are now grown and raising their own families. She also participated in the monthly food distribution to the children who attend the afternoon session at the Christian school.

“I have always wanted to give back, and this trip was a culmination of God working in my heart,” said Wirth of the two-week adventure.

“But I really feel like I got so much more out of it than I gave.”

And Wirth isn’t done. She plans to return to Shalom Family Medical Center for another couple of weeks in the spring and serve once or twice a year thereafter.

“I believe God has called me here. I want to encourage others to step out and serve and find their niche.”

Wirth relished her roles as physician, teacher, and encourager during her service trip to Shalom Family Medical Center.
“We have a new patient. A girl with a snakebite,” announced the night duty nurse.

By this point, snakebites felt almost like cruise control. We had gone through a period where we would see, on average, two snakebite patients per shift. You order a clot time, give antivenom if the clot time is abnormal, then repeat six hours later until the clot time is normal and stable.

Occasionally, the patient or family would add a little extra flair to the visit by actually bringing in the dead snake. On a few occasions, they dumped the dead snake on the floor at my feet. My response was a small yelp, a jump backward, and then running behind the counter to put a barrier between myself and the snake, while asking the patient’s family to please get rid of the snake. They laugh.

But this girl was different. She was asleep outside (it was hot season, and often cooler at night outdoors than indoors) and was bitten on her face. Her upper lip had swollen to about four times the size of normal and had a slow trickle of blood dripping from the bite site. Without waiting for the clot time result, she received four vials of antivenom.

Within three hours, her entire face had blown up to unrecognizable, and the swelling was threatening her airway. the floor at my feet. My response was a small yelp, a jump backward, and then running behind the counter to put a barrier between myself and the snake, while asking the

Seeking the Great Physician’s divine help is a daily exercise, especially when learning to treat snakebites!
An estimated 2.7 million people around the world are bitten by venomous snakes each year, and about 100,000 of those people die.

Echis ocellatus, also known as the West African carpet viper, is thought to kill more people in Africa than any other species.

Venom toxins target the circulatory and central nervous systems.

Antivenom used to treat the effects of an echis ocellatus bite include Echitab-plus-ICP and EchiTabG. A shortage of antivenom is a global problem.

I consulted with a friend who advised me to also give the youth dexamethasone and Vitamin K. Nevertheless, the swelling continued. Within three hours, her entire face had blown up to unrecognizable, and the swelling was threatening her airway. At this point she was so swollen that she could not open her eyes or close her mouth. Blood-stained drool poured from the corners of her lips. Thankfully she never needed it, but I asked the surgeons to bring an emergency airway kit to leave at her bedside in case things continued to worsen.

While most snakebite patients are usually in a general medical bed for one to two days, she stayed multiple days in our ICU and then several more in a general medical ward. But she did improve and got to go home once the swelling began to go down.

The night of her admission, I learned what it means to “pray without ceasing.” Even throughout the other tasks I had, and other patients to see and care for, in the background of my mind ran a continuous prayer for this girl—that the swelling would not cut off her airway, for her healing, and that the Lord would give me wisdom in how to care for her. 
There have been several more scenarios since I started working here that have allowed me to practice this fervent prayer without ceasing. And although I would rather not be in such stressful situations, I am thankful for the frequent reminder of my dependence on the Lord and for His good promise to be always with me. I am thankful that even when things seem out of my control, I can trust that the Lord is ultimately in control.

We also give thanks that we witnessed our first baptisms since our arrival in January 2021. We celebrated with a Togolese brother who made his faith public, along with two children from a missionary family on our team, and an adult child who came to visit her parents (our team leaders). We celebrated their baptisms at the “Hippo Pond,” with the local family of hippos gathered about 50 yards away from us. Each testimony we heard was beautiful in its own right; demonstrating how God’s truth, love, and grace reaches those near and far from us, from our very children, to those entrenched in a traditional religion and animistic culture far from our own experience.

How did it all begin? How did World Medical Mission find doctors to let them know about the needs at mission hospitals? It started with Franklin Graham writing every pastor he knew, asking them to send him names of doctors in their congregations so we could contact them concerning going to the mission field. We would then write each of those doctors and ask if they would contact their Christian physician friends and host a meeting in their home to learn about World Medical Mission. My brother Lowell and I would alternate weekends, going and meeting with groups of physicians. We would invite them to join World Medical Mission and spend four to six weeks volunteering their medical skills overseas.

Since we began in 1977, the number of participating mission hospitals has grown to more than 50. The number of physicians has increased from only seven that initial year, to over 600 volunteers annually prior to COVID-19. The need is still great, and unfortunately the laborers are now fewer since the pandemic began. In fact, this past year we sent only about half of our usual number of volunteers.

I would like to ask you a similar question Franklin posed to those pastors at the beginning of World Medical Mission. Do you know someone who may be interested in short-term mission service? Starting in 2022, Samaritan’s Purse is covering the airfare expenses for our medical volunteers. This is exciting news and opens up opportunities for more people to serve. Volunteer applicants can contact us at worldmedmission@samaritan.org, and we will inform them about how they can help meet the need. It would also be helpful for you to tell other physicians about your involvement in World Medical Mission and encourage them to prayerfully see if that is a ministry God may call them to be a part of.

What are your plans for mission service? It begins with prayer and seeking the Lord’s leading. My prayer is for all of us to be used for His service, whether at home or on the field, or both.

A man’s heart plans his way, but the Lord directs his steps. Proverbs 16:9

Children are central to Smith’s life. She is pictured above with her husband, Jordan, and their two daughters, Ellie and Nani. LEFT: Smith provides hospital care for a prematurely born infant.
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
- Honduras
- Peru

**AFRICA**
- Burundi
- Democratic Republic of the Congo
- Ethiopia
- Gabon
- Kenya
- Malawi
- Nigeria
- Togo
- Zambia
- Zimbabwe

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

If you are interested in serving overseas, please complete our Volunteer Application online at samaritanspurse.org/medical/volunteer-application. International travel is slowly resuming, and there are limited opportunities to place volunteers at this time.

For further questions, call World Medical Mission at (828) 278-1173.
Maua Methodist Hospital, Kenya
Nkhoma Mission Hospital, Malawi
Restricted Country
Seddo Christian Hospital, Kenya
Tenwek Mission Hospital, Kenya

HEMATOLOGY
Kudjip Nazarene Hospital, Papua New Guinea
Nkhoma Mission Hospital, Malawi
Seddo Christian Hospital, Ethiopia

INTERNAL MEDICINE
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Chitakosiki Mission Hospital, Zambia
Chegoria Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Kibogora Hospital, Kenya
Kudjip Nazarene Hospital, Burundi
Kibuye Hope Hospital, Burundi
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Maua Methodist Hospital, Kenya
Memorial Christian Hospital, Bangladesh
Nkhoma Mission Hospital, Malawi
Seddo Christian Hospital, Ethiopia
Tenwek Mission Hospital, Kenya

NEPHROLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Kibogora Hospital, Burundi
Kudjip Nazarene Hospital, Papua New Guinea
Macha Mission Hospital, Zambia
Maua Methodist Hospital, Kenya
Memorial Christian Hospital, Bangladesh
Mbingo Baptist Hospital, Cameroon
Mubinging Mission Hospital, Zambia
Nkhoma Mission Hospital, Malawi

OBSTETRICS/GYNECOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

ORTHOPEDIC SURGERY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

PLASTIC SURGERY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

NEUMONOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

PEDIATRICS
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

PHYSICAL MEDICINE & REHABILITATION
Galmi Hospital, Niger
Karanda Mission Hospital, Zambia
Lilen Hospital, Kenya
Maua Methodist Hospital, Kenya
Nkhoma Mission Hospital, Malawi
Seddo Christian Hospital, Ethiopia
Tenwek Mission Hospital, Kenya

PHYSIOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

PULMONOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

RADIOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

PSYCHOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

PSYCHIATRY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

RHEUMATOLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

Thoracic Surgery
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

UROLOGY
AIC Kijabe Mission Hospital, Kenya
Baptist Medical Centre, Ghana
Bongolo Hospital, Gabon
Choporia Mission Hospital, Kenya
EDWA Egbe Hospital, Nigeria
Galmi Hospital, Niger
Hospital Baptiste Biblique, Togo
Hospital Loma de Luz, Honduras
Hospital Shalom, Guatemala
Kudjip Nazarene Hospital, Papua New Guinea
Lembè Hospital, Kenya
Macha Mission Hospital, Zambia
Mubingo Baptist Hospital, Cameroon
Nkhoma Mission Hospital, Malawi

Calling for Help

Helping in Jesus’ Name®
“HE HEALS THE BROKENHEARTED AND BINDS UP THEIR WOUNDS.” —Psalm 147:3