ON CALL

for theirs
IS THE KINGDOM

INSIDE: NIGER • KENYA • TOGO
12 FOR THEIRS IS THE KINGDOM

“THERE’S STILL WORK TO BE DONE”

A trauma surgeon turns semireirement into an opportunity for long-term medical ministry.

BALANCING ACT

Sharing the responsibilities as parents and medical providers keeps a Post-Resident couple on their toes in Togo.

“MY HEART IS IN CHOGORIA”

Community and collaboration bring a Florida medical resident back for her third mission trip to Kenya.

WHERE IS GOD CALLING YOU?

Look at the latest “Calling for Help” to see which mission hospitals need volunteers in your specialty.
DEAR FRIEND

As we enter the 45th year of the ministry of World Medical Mission, I would like to thank all of the healthcare workers who have played a part in supporting the work of dozens of mission hospitals around the globe. You have helped to enrich the story of a remarkable heritage of faith and service in Jesus’ Name.

One of those hospitals is located along the fringes of the Sahara Desert in Niger and has been in operation since 1950. We currently have four doctors serving at Galmi Hospital through our Post-Residency Program. Short-term volunteers are also coming, including Canadian couple Hudson and Alisha Kroeker, who contributed their skills as an optometrist and surgical nurse earlier this year (see pp. 12-17). It is exciting to see Christian medical professionals return to the mission field after two years of pandemic-induced travel restrictions.

Ministering to the physical and spiritual needs of patients has produced a fruitful harvest, and we praise God for using modern medicine as an access road to sharing the Gospel. More missionary doctors are needed. Whether you can go for two weeks or two months, or somewhere in between, we invite you to contact our staff and discover where you can make an eternal impact for our Lord Jesus Christ. “Nor is there salvation in any other, for there is no other name under heaven given among men by which we must be saved” (Acts 4:12). God bless you.

Sincerely,

Franklin Graham
President, Samaritan’s Purse
I was challenged mightily by a young brother and sister who presented for umbilical hernia repairs. They both have the rare and life-threatening disorder of Hurler syndrome with extreme distortion on the upper airway. This syndrome is so rare that it is not encountered by most anesthesiologists in a whole lifetime. Nevertheless by God’s grace secure airways were obtained, allowing for the safe care and recovery of these precious blessings from our Father. We prayed over each patient before surgery. We did our limited best and God mightily moved for the rest. Like the sign in our operating room says, ‘We try, Jesus heals.’

**Niger**

Dr. Barbara Okamoto is a general surgeon living in Colorado who served for seven weeks at Galmi Hospital. This was her third trip to Galmi with World Medical Mission.

“Doing complex surgeries that I have not done in a while and having to do everything by hand without staplers was a challenge. I love working with the residents and teaching them while they teach me. One of the greatest blessings was to be able to work with female residents, which is a rarity in most PAACS (Pan-African Academy of Christian Surgeons) programs. To be able to encourage them and come alongside of them both spiritually and surgically was a blessing, and I hope that we will be able to maintain a relationship even in my absence from Niger.”

**Nepal**

Dr. Danny Joseph and his wife, Nancy, are serving in Nepal through the Post-Residency Program. Danny is a family medicine physician.

“Working in the ER in a mission hospital is a humbling experience. Frequently, I encounter patients who come in not knowing that they just suffered a stroke, or what that may even mean for their future. Many times they arrive too late for optimal treatment to be given. We still provide medications to improve their outcomes after their stroke, but these challenges constantly remind me of the vast difference of medicine in the West versus in the more rural areas of Nepal. One thing that remains constant is that Jesus is able to provide a quicker recovery and healing to those who suffer, so please continue to pray for those who are affected by various ailments here in Nepal.”

**Honduras**

Dr. Robert Fisher, an anesthesiologist, and his wife, Tanya, served at Hospital Loma de Luz for three weeks this past winter. The Nevada doctor enjoyed working alongside full-time medical missionaries.

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After 27 years of service with Samaritan's Purse, Scott Hughett is embracing his new role as director of our World Medical Mission program. He succeeds Dr. Lance Plyler, who in January began serving as the chief medical officer at Samaritan’s Purse. From its foundations, World Medical Mission has encouraged and equipped overseas Christian hospitals to be messengers of the Gospel. Hughett is excited to build on that past and step into an even more dynamic future.

Q: What is your personal and career background?

A: I’m from Indiana and grew up in Indianapolis. I attended Taylor University and studied political science. For five years I worked for the late Senator Richard Lugar, doing a lot of constituent services and grassroots work around Indiana on his behalf. Dr. David Stevens came to my church and spoke at one of our missions conferences. At the time he was a doctor at Tenwek Hospital. His encouragement began to nudge me toward service overseas. I think within a few months of that visit to my church, he became the director of World Medical Mission. I find it interesting that all these years later—it’s probably been 30 years—and now I’m serving in the role that he had. Dr. Stevens has been instrumental in several ways in getting me here.

Q: After 27 years of service with Samaritan’s Purse, what inspired you to accept the director of World Medical Mission role?

A: I began to help coordinate the My Hope project of the Billy Graham Evangelistic Association, which was broadcasting Mr. Graham’s sermons in Arabic in the Middle East and Sudan. That pulled me into the Middle East quite a bit. Then Franklin Graham asked me to serve at the Annoor Sanatorium for Chest Diseases in Mafraq, Jordan. Aileen Coleman was in her 70s at the time, and still working sometimes 15 hours a day, but there was no clear plan of succession for the next generation of leadership at Annoor. In 2009, we not only identified a plan for transition, but Franklin asked me and my family if we would move there to serve. We thought we would be in Jordan maybe a year. We wound up serving there until 2015. I continue to be involved in coordinating the ministry, and I serve as chairman of the Mafraq Sanatorium Association. When I came to work for Samaritan’s Purse in April 1994 and served at the office we opened in Nairobi until December 2009. Through those years, I had a lot of opportunities to serve with our different outreaches in Africa. After Mogadishu, Samaritan’s Purse sent doctors to a clinic/hospital in the Upper Nile region of Sudan (became South Sudan in 2011) to combat something called relapsing fever. Samaritan’s Purse had medical teams on the ground from September 1993 to March 1994. During that same time, genocide in Rwanda was beginning. Samaritan’s Purse ended up running various wards at the central hospital in Kigali in Rwanda as a response to the genocide. On all of these responses, I helped to provide logistical support from the Nairobi office.

We sent in a team to reopen and operate the hospital in Lui in South Sudan in 1997. It was there that I really learned the impact of medical missions on a community. The original hospital was founded by Dr. Kenneth Fraser, an Anglican missionary, in the early 1920s. A century later, they still celebrate him because he brought the two things the Moru people needed most—medicine and the Gospel.

I was also very involved in starting the church reconstruction program in South Sudan, a program that eventually led to the building of 535 churches.

Q: How did you become acquainted with Samaritan’s Purse?

A: In January 1993, I moved to Kenya to work for a Christian organization in Nairobi. Samaritan’s Purse was sending medical teams to Mogadishu during the civil war in Somalia, and the organization I was working with assisted Samaritan’s Purse with their finances, supplies, and logistics. Back then Samaritan’s Purse had no operations overseas. During this time I met a lot of missionaries who were serving at Tenwek and Kijabe. They were coming into and out of Nairobi to serve with Samaritan’s Purse in Mogadishu.

Q: Describe your work for Samaritan’s Purse in Africa.

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Q: Tell us about your work at the Annoor Sanatorium for Chest Diseases in Mafraq, Jordan.

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to Boone, I began to work directly with Franklin Graham, helping with the Decision America tour and traveling to all 50 state capitals. It was a very exciting way to reorient myself to my home country after living overseas for over 20 years.

**Q:** You have been heavily involved in developing the chaplaincy training program, which will be implemented at our partner hospitals in Kenya this year. What is the objective of this program?

**A:** In February 2019, Samaritan’s Purse organized a conference in Nairobi for all of the chaplains serving at our World Medical Mission partner hospitals. Rev. David Kilel, who served at Tenwek Hospital as a chaplain for over 40 years, taught the chaplains at the conference. Out of that we thought, why don’t we turn his teaching into a course? Working with the Billy Graham Evangelistic Association, a video series was developed called “The Heart of the Chaplain.” It’s 20 lessons, a 12- to 15-month curriculum, and we are looking at training 30 people in the first wave this year. Eventually we hope this program will be offered in some form at all 50 of our partner hospitals.

I think it’s misleading, however, to call it a chaplaincy training program. It’s more of a hospital evangelism program. We feel that the doctors, nurses, administrators, everyone at the hospital needs to understand that they are there to represent our Lord in their service. So what we want to do is create an atmosphere in which patients know they have come to a place where people know Jesus and where they will hear the Good News of the Gospel.

**Q:** How have your previous work and overseas experiences prepared you for your new post as director of World Medical Mission?

**A:** I’ve learned how to function in cross-cultural settings, and I have spent most of my life working overseas with missionaries and missionary institutions. I understand the dynamics of living and working cross-culturally. I have a real respect for medical missions as an incredibly effective way of opening the door for the proclamation of the Gospel. I think just having lived and worked as a missionary in those places, I have a sense of what the medical people are going through, so I am able to better serve them.

**Q:** What is your vision for the future direction of World Medical Mission?

**A:** My first thought as I consider the ministry of World Medical Mission is the patient in the bed at the mission hospital and his or her need to hear the Gospel, someone who needs physical and spiritual healing. Everything we do is to help facilitate that. I want to find ways as a team to build on the 45-year history of World Medical Mission. For me it’s personal. My wife’s father and uncle [Drs. Richard and Lowell Furman] founded World Medical Mission. I love and admire these men, and I want to build on their legacy and protect their legacy. I see this work as an honor and a great opportunity, but I also believe in it in my heart.

**Q:** Tell us about your family and personal interests.

**A:** I met my wife, Trish, in Kenya when she was a teacher at Rift Valley Academy. We got married in 1999 and spent the first 10 years living in Kenya. We have two daughters, Sadie who is 17, and Sophie, who is 19. As for hobbies, I like to garden and I’m a bird watcher. That’s a real passion of mine that I developed while living in Kenya—one of the world’s best bird-watching countries.
A second-grade Sunday school classroom in Edmonton, Canada, holds a special place in the lives of Dr. Hudson and Alisha Kroeker. It was in that room where the two first met, as 8-year-olds. It wasn’t love at first sight; that came later when they were reacquainted in high school and attended college together at MacEwan University.

Neither can recall exactly what they learned in that long ago Sunday school class, but it’s fairly safe to assume that they heard stories about Jesus healing the sick, the blind, and the disabled. Over the years those seeds of faith took root in their hearts. Both became followers of Jesus Christ, compelling them to want to serve others using the medical giftings God had given them.

“Hudson and I have always wanted to do a mission trip together,” said Alisha, a surgical nurse who assists in cardiac and oncological procedures. “We have skills that are greatly needed on the mission field, and we felt called to go on a short-term trip.”

The couple married in 2018. After their original plans for a summer 2020 trip were halted by COVID-19, they contacted World Medical Mission again last year.

Unbeknownst to the Kroekers, Galmi Hospital in Niger had reached out to World Medical Mission a few months before with an urgent request for an optometrist—Hudson’s specialty. Our staff told hospital administration we rarely have optometrists to apply to serve, but we would let them know if anyone did.

A brief time later, in January 2022, Hudson and Alisha were on a plane heading to Galmi for their first missions experience and their first trip to Africa.

“We knew that Niger was very impoverished and that there would be a lot of need there. We wanted to be challenged, to be put into an uncomfortable position,” Hudson said.

“Going to Niger, it did exactly that.”

A CHANGE IN PERSPECTIVE
In 2021, the United Nations ranked Niger as the least developed country in the world based on its Human Development Index (HDI). An estimated 43 percent of the population lives in poverty, earning less than $1.90 per day, as reported by concernusa.org. Twenty percent of Nigeriens are not able to meet basic daily food and nutritional needs.

“If there is something beyond Third World, Niger would fall into that category,” said Alisha.

The staff at Galmi Hospital taught the Kroekers an oft-repeated word in the Hausa language: “wahala.” It means “suffering,” but for the people of Niger, the depth of meaning implies more than just a momentary hardship or setback. For them, to live is to suffer.

A 30-year-old woman came to Galmi to have removed what Alisha described as,
a “grossly enlarged” thyroid. The typical procedure would involve taking out the entire thyroid and then placing the patient on hormone replacement medication (which costs about $1.00 a day in Niger). That cost may sound like an amazing bargain compared with prices in North America, but for this woman, it was beyond her financial ability.

The surgeon, an African medical resident who understood the patient’s plight, agreed to leave some of the woman’s thyroid intact so she could continue to produce hormones. “The resident told me that medical textbooks do not account for poor people in Third World countries,” Alisha said. “Post-operative patients in Niger have no access to wheelchairs, crutches, canes, regular medication, home care, physical therapy, or even a pillow. I never thought I would be thankful for something as simple as a pillow.”

RESTORED VISION
Hudson’s main objective was to set up an eye clinic to treat hospital staff, their families, and retired staff. Most of them had not been examined by an eye doctor in years. “I think the last eye professional to work at Galmi was an ophthalmic nurse, and that was maybe eight years ago,” he said.

The hospital had a slit lamp that the nurse had left behind, but little else related to optical equipment. So Hudson brought his own supplies—a 50-pound auto-refraction machine to screen patient prescriptions and measure eye pressure, a retinoscope, various kinds of eye drops, and 350 pairs of glasses. He trained three people to assist him in pre-screening tasks, giving him more time to focus on diagnosis and treatment. Some patients only needed new glasses to improve their vision, while others discovered their vision was impaired due to glaucoma, cataracts, or corneal diseases.

“I had to tell some of the patients that there were no magic pills to save their vision,” he said. “I’m not trained to do surgeries, and they would probably have to go to Niger’s capital to find an eye specialist. The costs of travel and the operation make that option improbable for most people.”

For the majority who Hudson was able to help, the results were significant. One of the hospital chaplains received encouraging news when he visited the eye clinic. The man’s eye exam revealed that he had moderate glaucoma. Thankfully, the condition was caught early. The chaplain praised God for the eye drops Hudson gave him that will help preserve his vision and maintain his quality of life.

“LET THE LITTLE CHILDREN COME TO ME”
In addition to being one of the poorest nations in the world, Niger’s population is one of the most youthful. An estimated 58 percent is below the age of 18, according to UNICEF.

Malnutrition, inadequate sources of clean
water and sanitation, and limited access to healthcare all contribute to the epidemic of sickness and suffering for the country’s most vulnerable group of people.

“There are a lot of children here in Niger, but little childhood,” said Alisha.

Among the patients she saw were a “never ending flow” of babies and children with typhoid, resulting in intestinal perforation that requires surgery. More often than not, families wait too late to bring their little ones to the hospital. Such deaths are all the more tragic because they are preventable.

Others are left disabled or permanently damaged when parents opt to take a child to a traditional village healer whose services may be cheaper than a hospital visit, but ultimately lead to more harm.

While working in the operating room, Alisha saw patient cases that both baffled and horrified her. One day in February was especially heart-wrenching, as she relayed the stories of two pediatric patients in an email to family and friends in Canada:

looking after her. This emotionally tore me apart, because this little baby is so innocent and small, and there was nothing I could do about what she is going home to. There’s a chance she won’t make it to six months.

“The next patient I had was a 4-year-old girl. She got an infection on her hand a few weeks ago. Instead of taking her to the hospital here, her parents brought her to a traditional healer. This healer thought it would be a good idea to put splints of wood in the little girl’s arm, and cut off the blood supply. So in turn her arm got necrotic, and when she came to us in the operating room, she was left with a forearm with bones and muscles exposed. I helped the medical resident as much as I could, but we had to amputate above the affected area. The suffering of this girl is immense, and my heart grew heavier than I thought it could.”

In Matthew 19:14 (NIV), Jesus instructed His disciples, “Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.” Now Alisha has a new perspective on that verse when medical intervention fails.

“I’ve always imagined Jesus sitting on the ground, welcoming children to sit with Him and be with Him,” she said. “Now I also see that this verse could describe Jesus welcoming little ones permanently back into His arms and into heaven, where they no longer experience suffering and pain, hunger and thirst.”

THE GIFT OF GRATITUDE

In the midst of such anguish, the staff and patients alike demonstrated a remarkable resilience that deeply impressed the Kroekers. Their medical facility may have lacked state-of-the-art technology, but there was no shortage of praise and gratitude to God for what they do have.

Hudson treated about 300 patients during the four weeks he and Alisha spent in Niger. Many of those were current staff who were delighted to receive a new pair of glasses and enjoy improved vision.

“Where there is light, darkness cannot exist, and we saw so many moments of hope and life,” said Hudson. “These people are immersed in serving Christ and giving of themselves. It’s inspiring.”

Alisha agrees. Whenever they prepared to do surgery, the medical residents and anesthesia team paused to pray for God’s divine power to be demonstrated in the life of each patient. She rejoiced over those answers—like a 16-year-old who had a chest tube inserted to drain fluid from a lung ravaged by tuberculosis.

After over 2.6 quarts of fluid was removed, the youth’s breathing relaxed and a big smile lit up his face. In a frail voice, he looked up at Alisha and said in English “Thank you.”

“It was wonderful to see the immediate relief and expansion of his lungs once again. It brought tears to my eyes to see his thankfulness.”

Such examples of humble gratitude have convicted their own hearts and cemented their desire to go on future mission trips.

“It becomes a choice to be grateful. I take this choice back home to Canada, and I will hang onto it always,” Alisha reflected.

“Hudson and I made a promise to one another; to never let the other person forget that we have a choice to be grateful.”

And that’s a promise worth keeping. 🎉
A trauma surgeon turns semiretirement into an opportunity for long-term medical ministry.

Dr. Peter Meade will tell you point blank that he loathes the “r” word. That is, retirement. Even though he lives along the Southern California coast, Meade has no desire to lounge in a beach chair or play golf. “I’ve never considered retirement. Never planned on it. Never fantasized about it.”

Never want to,” he said.

The career trauma surgeon, who recently became a septuagenarian, prefers another “r” word that better fits his pace of life: relentless.

Since his first mission trip in 1988 to Papua New Guinea, Dr. Meade has served with numerous humanitarian organizations in 22 countries. Typically the length of the trips lasted anywhere from a weekend to a few weeks. Meade seized whatever snatches of time he could, while juggling responsibilities at hospitals in Los Angeles and New Orleans.

“I had the dream to go full time overseas, but I never really did until recently. It was just a matter of figuring out when to break away,” said Meade. “I took a hard look at my age and my physical health. And perhaps there was a little fear about how I would feel one day on my death bed if I had never gone full time.”

In November 2020, Meade decided the time had come. The big question was where, and with which sending agency.

He specifically wanted to serve at a hospital that trained Pan-African Academy of Christian Surgeons (PAACS) medical residents. Throughout his career, Meade has found great satisfaction in training young surgeons and taking some along with him on short mission excursions.

After contacting a few organizations, he settled on World Medical Mission. The staff recommended three PAACS-affiliated hospitals, all located in Kenya. The surgeon had never been to that country, but he eagerly said yes to an extended trip in the spring of 2021 to all three of the hospitals—Litein, Tenwek, and Kijabe.

That was a leap-of-faith commitment considering Meade had only served on a three-month stretch once—in Sri Lanka—and that had been 20 years ago.

“You don’t know when you go to a place how you are going to be received, or what exactly you are going to do when you get there. You go and create a role for yourself, whether it be teaching or operating,” he said. “What you often find out is that the experience is even better than you thought it would be, and you are able to do more than you thought you could.”

GOING WHERE THE NEEDS ARE GREATEST

In his overseas work, Meade finds that he has much to learn and much to contribute. Seeing immense human suffering throughout his career has fueled Meade’s drive to be what he calls “an agent of God’s love” in the world. He was exposed to dire poverty while attending medical school in Mexico. After returning to his home state of New York to complete medical school and do residency training, he moved to Los Angeles to do a trauma fellowship with Mission Doctors Association.

“If you go where the needs are great, that’s where you can make the greatest impact.”

Dr. Peter Meade served as a general surgeon at Bongolo Hospital in Gabon in March.

Working at Martin Luther King Jr./Drew Medical Center in South Central Los Angeles became his primary mission field for the next 17 years. In an area rife with gang violence, Meade became accustomed to operating on
The visits to the Kenyan hospitals primed Meade for two more trips with World Medical Mission last year. Learning of their need for a general surgeon, he enjoyed stints working alongside the staff at Nkhoma Mission Hospital in Malawi and Kudjip Nazarene Hospital in Papua New Guinea. It was like going full circle, as his first overseas missions experience took him to Papua New Guinea over 30 years ago. But you won’t find the “r” word in his missionary chronicles. Meade went to Bongolo Hospital in Gabon in March and has signed up to do a few more World Medical Mission trips later this year.

That sounds like a very ambitious “to do list” for even someone half his age. “I’m just happy to put on the uniform and run around the field,” he commented, hearkening back to his high school football days. “I feel very fortunate and grateful. Actually the work invigorates me. I feel infused with purpose when I’m doing God’s work.”

Meade noted a clear shift in the focus of his energies over the past decade. Early in his career, he says serving the poor and a desire to help others had guided his work. Now he realizes that approach was shortsighted. “The humanitarian business of doing good is nice, but it’s not all of it. God has become more and more central to what I do,” he said. “I’ve always served as one of God’s agents, but now even more so. The ultimate motivation is bringing people to Him.”

The surgeon has one more driving passion, and that is to persuade other Christian physicians—especially older ones—to contribute their medical expertise on the mission field. He feels the next generation can benefit immeasurably from doctors who have decades of knowledge and experience to pass along.

All that’s needed is a step of faith, a listening ear, and a servant’s heart. “Take a few short trips, and see what it’s like,” he suggests. “It’s not too late. Even though I’m a little older, there’s still work to be done. God is completing His perfect will in us.”

In 2021, Meade operated on a young burn victim at Litein Hospital in Kenya. The Humby knife he brought was needed for the delicate work of skin grafting.

overseas situations, you may not have a lot of technology. You do your best and you pray. Here in the States, I have a lot of stuff, and I still pray. It’s all up to Him in the end.”

‘GOD’S AGENT’

patients with gunshot and stab wounds.

His three-month sojourn in Sri Lanka in the late 1990s was during the height of that nation’s bloody civil war. Performing surgeries inside a bomb-damaged medical facility, he treated land mine victims who suffered gruesome injuries. Some lived. Many did not.

“If you go where the needs are great, that’s where you can make the greatest impact. That’s where I want to be—where I can do the most good,” he said.

At the hospitals in Kenya, Meade encountered an entirely different array of patient needs. There were patients with perforated intestines—a complication of untreated typhoid fever. Roundworms had taken up residence in the gastrointestinal tract of other patients. And perhaps most heartbreaking were young burn victims who had fallen accidentally into open cooking fires and required extensive skin grafts.

One of those patients was a boy at Litein Hospital who had suffered third-degree burns. The hospital had no Humby knives, an instrument used to collect slices of skin to perform a skin graft. By God’s providence, the surgeon had brought this specialty knife and blades with him.

The instrument was a great blessing to everyone. The delicate process of grafting went well during the procedure for the little boy, as well as for three additional burn patients. In addition, Meade was able to teach surgical residents how to use the tool.

While still in Kenya, he ordered Humby knives and blades for the hospital through the Internet. Meade contacted World Medical Mission and found out a volunteer doctor from Minnesota, Dr. Matthew Schultz, would be heading to Litein soon. He then reached out to Dr. Schultz, who agreed to have the surgical instruments mailed to his home address. Schultz hand-delivered the instruments when he traveled to Litein.

Meade relished the exchange of knowledge with local doctors about surgical techniques and the treatment of various ailments. “They taught me about some things that I have never seen in the States, so it was a two-way street. We all learned from each other.”

The common denominator between practicing medicine in the U.S. and anywhere else in the world remains the same, and that, says Meade, is prayer.

“I always depend on the Lord. In some
The Rev. Geoffrey Ndibo, lead chaplain at AIC Kijabe Hospital in Kenya, prays with a mother and her sick child. Through the “Heart of a Chaplain” program, men and women who have a heart to share the Gospel and have a burden for the sick are receiving training at our partner hospitals. The curriculum covers topics including prayer ministry, helping families deal with trauma, and addressing issues of cults and idolatry.
BALANCING ACT

Sharing the responsibilities as parents and medical providers keeps a Post-Resident couple on their toes in Togo.

As they prepared to leave the comforts of their Kansas home and move to a tiny country in West Africa, Andy and Bailey asked the Lord for two things. The couple, both family medicine physicians, were heading to Togo with their young children to serve as missionaries at Hospital of Hope.

“We wanted to go where there are unreached people groups, where we could openly proclaim the Gospel and offer to pray with patients, and where the medical needs were great,” said Bailey.

“Secondly, we felt that the community here at Hospital of Hope would provide a good environment in which to raise our children, one in which they could learn and grow and flourish,” Andy said.

The couple recently completed their first year of service in Togo through World Medical Mission’s Post-Residency Program. Juggling their roles in the hospital and at home is a feat they are still learning to master, but God has graciously answered their prayers in amazing ways.

“We are getting to use all of our broad spectrum training, and our children really are flourishing here,” said Bailey. “Other than missing family, I cannot imagine them doing better anywhere else.”

RESPONSIBILITIES AND REWARDS

Andy and Bailey were both interested in mission work when they met while attending medical school at the University of Kansas, but full-time service wasn’t their first consideration.

In college Andy had questioned if pursuing a medical degree would hinder rather than help him fulfill his desire to do missionary service. Bailey originally envisioned working in an inner-city U.S. hospital, and doing short-term trips overseas occasionally.

A four-week mission trip to India during their last year of medical school confirmed their calling. By then the young couple had been married for a year, and both came to realize that missionary medicine was an ideal vehicle for reaching the world’s poor with medical aid and the Gospel.

“I was able to see that while taking care of physical suffering is extremely important and Christ-honoring, it is only temporary,” Bailey explained. “What have I benefited someone if I extend their life by 10 years, but I do not share the hope of salvation and an eternity with the Lord? In so many ways, the month in India changed my aspirations.”

The couple and their three children arrived at Hospital of Hope in April 2021 after attending language school to learn French, the official language among dozens that are spoken in Togo. Transitioning to work and life in a foreign land was challenging, but the
BALANCING ACT

The missionary community helped them adjust quicker than they anticipated. The children communicate in French with their Togolese nanny, Pélagie. One of their favorite local foods is fried dough, which they refer to as “petit pain” (little bread).

Developing a schedule that integrates their hospital responsibilities and parenthood has involved some trial and error. Andy works full time, primarily focusing on inpatient medicine and pediatric services. “The healthcare needs here are so great,” he said. “It is hard finding balance, knowing when to provide more healthcare and when it is time to pull back and focus more on things outside of the hospital.”

Bailey is in the outpatient clinic on Mondays, reviews prenatal clinic charts once a week, and helps train and support the work of Togolese midwives who serve in the maternity wards. She also does some homeschooling with their 5-year-old daughter, Cora, who is not quite old enough to attend the missionary school on the hospital compound.

“The patient was visibly shaken when told his prognosis. Andy explained that the hospital could only give him palliative therapy. However, he and the chaplain began to share that there was one more thing they could offer the patient.”

As they shared the Gospel with him during a lengthy conversation, the man revealed that he was the only member of his family who was not a Christian and who did not attend church. That day the man decided he was ready to accept the gift of salvation freely offered by Christ.

Andy was astonished when the patient came back a month later for a checkup. “He came into the clinic wearing a cross around his neck, and a huge smile on his face. While he still had a bulging liver mass, he reported that he had been praying without ceasing and attending church regularly.”

“While before he seemed distraught and downtrodden, at follow-up he seemed hopeful and full of life,” Andy continued. “What a great reminder it was of how transient our lives on this earth are, and the surpassing greatness of our hope in Christ. Thanks be to God!”

Moments like those reaffirm for Andy and Bailey that their work in Togo, though far from easy, is more than worthwhile.

EARTHWORMS, MUD PIES, AND ELEPHANTS

As for Cora, 3-year-old William, and Isabelle, now 15 months, life has been almost idyllic, and there is certainly no shortage of playmates and adventure on the hospital grounds.

In Togo, kids get to be kids. While there is always adult supervision, the missionary children enjoy a level of freedom and security that is hard to find in most United States towns.

Perhaps photos tell the story best, and Bailey has a growing collection. One picture is of William, proudly holding a plastic container of squirming earthworms he scooped up after a rainstorm. And a snapshot of Cora busily making mud pies in a puddle of water.

Another keepsake photo shows the children being hosed off by their nanny after getting covered in mud. The kids are squealing with delight over the impromptu cooling bath. “They are always dirty,” says Bailey.

Other fun outings have included a visit to a nearby gas station to buy ice cream, and a day trip to an elephant preserve where they got to see the awe-inspiring animals up close and even feed them!

In addition to Sunday morning worship services, members of the missionary community meet during the week for times of prayer, Bible study, and fellowship. Families also get together on Sunday afternoons for various team sporting events, such as flag football and soccer. The games are Andy’s favorite pastime. He said Cora joins in the action too.

“We are blessed to get to live this life in such a rich community of believers.”
Dr. Janae Fry, a third-year resident in emergency medicine, takes in some of the sights in the lush Kenya countryside.

“MY HEART IS IN CHOGORIA”

Community and collaboration bring a Florida medical resident back for her third mission trip to Kenya.

Mornings in Chogoria rank high among the list of cherished experiences Dr. Janae Fry misses about her most recent trip to the Kenyan mission hospital. There was the delight of waking up to 65°F temperatures—enviable for January. Stunning views from the hospital’s seat at the lower slopes of Mount Kenya. And a leisurely 10-minute stroll to work from the housing complex.

That’s a welcome respite from her typical daily commute through rush hour traffic to a hospital in Orange Park, Florida. But what she appreciated most was the enfolding sense of camaraderie among the missionary families, both inside and outside of the hospital walls.

“The community is incredible at Chogoria. They work alongside each other. They do life together,” Fry reflected. “When I walked across campus to go to work each morning, children came up to me and tackled me with hugs. It’s like family.”

There were many opportunities to connect with staff and volunteers: Thursday night Bible studies, dinner gatherings, a weekend hike up Mount Kenya to Nithi Falls and Lake Ellis, and a safari adventure. She loved to watch the children of hospital staff play together within the safe confines of the compound. After their shifts were over, sometimes she and another doctor would join the children in playing card or board games.

The monthlong trip to Chogoria was Fry’s third assignment with World Medical Mission to the rural but thriving hospital. She bonded with the staff and patients when she first went there as a medical student from Liberty University in Lynchburg, Virginia. The emergency medicine physician, who is wrapping up her third year of residency at HCA Florida Orange Park Hospital, plans to continue going on short-term trips to Chogoria annually.

Fry has wanted to be a doctor for as long as she can remember. “My uncle was living with us during his third and fourth years of medical school. I was 4 or 5 years old at the time, but I remember looking up to him and seeing his white coat, stethoscope, and books,” she said.

“I had my Playskool plastic kit and would play doctor. I’ve really never had any ideas for a professional career other than medicine.”

Obstetrics and gynecology were her first choice of specialization. However, during her fourth year of medical school she decided to take an emergency medicine elective. To her surprise—and with the all-important match day just two months away—she discovered her true passion.

“The Lord is the One who made it happen, because I matched in emergency medicine with Orange Park Hospital. And it’s been the best thing ever,” she said.

After her first trip to Chogoria, Fry stayed in touch with staff through WhatsApp and Facebook. Now each return is an exciting reunion.

During the recent visit, she divided her days between treating patients in the casualty department (Kenya’s terminology for an emergency department), and teaching residents and medical and clinical officers. She was part of a team who taught a three-day trauma course to family medicine and surgical residents.
“The students came to me after the course and said, ‘I’m so excited to go teach people about this information.’ And I think that’s the biggest reason I was there, not to teach just a few people, but to teach a few people who will then go and teach more people and continue spreading knowledge.”

Fry saw a severe case of meningitis when a woman was brought to Chogoria with terrible head and neck pain and a high fever. The patient’s teeth were chattering and she was unable to speak. Hospital staff quickly recognized the symptoms. Within a few hours of giving her antibiotics and antipyretics, the woman improved rapidly.

But Fry took mental notes about much more than prevalent sub-Saharan diseases. She is still familiarizing herself with key differences between Kenyan and American cultures that go far beyond mere language barriers, including end-of-life discussions.

“You don’t say the word ‘death’ or that a patient is about to die, because then you are basically saying you have given up on them,” explained Fry. She marveled as she observed the medical officers speak to patients and their families, giving them options to consider and delicately making sure they understood the reality of the situation.

Praying with patients was an especially great privilege for the physician, even in instances when she didn’t have a chaplain or staff member to help her translate.

“They understand that you care. Even if they don’t understand the words in English, they understand prayer,” said Fry.

When asked if she is considering venturing out to serve at other mission hospitals, Fry responds, “at this point my heart is in Chogoria.” She has a renewed sense of gratitude for her relationships in both the United States and Kenya, and for the abundance of medical resources we often take for granted.

Fry has begun developing a global health track for future medical residents at HCA Florida Orange Park Hospital, seeking to encourage more doctors to serve overseas.

“I couldn’t agree with him more. It is so important and good for us to go to the mission field or field hospitals to treat the sick, but what is even more significant is to make sure we are about doing Jesus. We want to do more than simply good medical work, but also that all of our patients hear and learn about Jesus. That is why the mission hospitals we choose to support in Chogoria. We want to make sure that all of our patients hear and learn about Jesus. That is why the mission hospitals we choose to support center on evangelism as well as doing a good job medically. If you go to one of our partner hospitals, you can be assured evangelism is a primary factor in what you are helping to do while you are there.

Samaritan’s Purse set up a field hospital in Ukraine. Many think primarily of the good medical care that is being done to help those in need, and rightly so. But I watched some of our videos and listened to what the doctors, nurses, and chaplains had to say about the spiritual emphasis that was happening there. One of the chaplains said it best in his interview. He was telling about the patients who were being treated, about injuries and sicknesses in the wives and children fleeing the country. He told about the ones who were out of medications, ones who had cancer who had to stop treatment and try to escape. But after explaining how we were addressing the medical problems these people were having, he made a statement which put it all together in a similar way that Bob Pierce once explained to me. The chaplain stated that “it’s even more important to share God’s Word with these people.”

He told about all the good they were doing in helping the people in that remote area. I will never forget what he emphasized as his primary focus for Samaritan’s Purse. What he said has also set our focus for World Medical Mission. His statement was: We are not about doing good. We are about doing Jesus.

As Franklin has said in the past, medicine is like a magnet that brings people in so they can be told about the Lord. We want to make sure that we do more than simply good medical work, but also that all of our patients hear and learn about Jesus. That is why the mission hospitals we choose to support center on evangelism as well as doing a good job medically. If you go to one of our partner hospitals, or to one of our field hospitals, you can be assured evangelism is a primary factor in what you are helping to do while you are there.

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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**
- AIC Kijabe Mission Hospital, Kenya
- Bongolo Hospital, Gabon
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital Loma de Luz, Honduras
- Hospital Shalom, Guatemala
- Kudjip Nazarene Hospital, Papua New Guinea
- Karanda Mission Hospital, Zimbabwe
- Litein Hospital, Kenya
- Maua Methodist Hospital, Kenya
- Mbingo Baptist Hospital, Cameroon
- Mbingo Mission Hospital, Zambia
- Mukinge Mission Hospital, Zambia
- Memoria Mission Hospital, Malawi
- Restricted Country
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**CARDIOLOGY**
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Loma de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Jungle Hospital, Honduras
- Karanda Mission Hospital, Zimbabwe
- Kudjip Nazarene Hospital, Papua New Guinea
- Maub Methodist Hospital, Kenya
- Maub Methodist Hospital, Zambia
- Shalom Family Medical Center, El Salvador
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**CARDIOTHORACIC SURGERY**
- AIC Kijabe Mission Hospital, Kenya
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Karanda Mission Hospital, Zimbabwe
- Kudjip Nazarene Hospital, Papua New Guinea
- Maua Methodist Hospital, Kenya
- Mbingo Baptist Hospital, Cameroon
-Newsletter

**DENTISTRY**
- AIC Kijabe Mission Hospital, Kenya
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Loma de Luz, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
- Jungle Hospital, Honduras
- Karanda Mission Hospital, Zimbabwe
- Kudjip Nazarene Hospital, Papua New Guinea
- Maub Methodist Hospital, Kenya
- Mbingo Baptist Hospital, Cameroon
- Memorial Christian Hospital, Bangladesh
- Mbingo Mission Hospital, Zambia
- Mukinge Mission Hospital, Zambia
- Litein Hospital, Kenya
- Maua Methodist Hospital, Kenya
- Mbingo Mission Hospital, Zambia
- Memorial Christian Hospital, Bangladesh
- Litein Hospital, Kenya
- Malawi
- Restricted Country
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**DERMATOLOGY**
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital Evangelico, Honduras
- Hospital Loma de Luz, Honduras
- Hospital Shalom, Guatemala
- Jungle Hospital, Honduras
- Karanda Mission Hospital, Zimbabwe
- Kudjip Nazarene Hospital, Papua New Guinea
- Litein Hospital, Kenya
- Malawi
- Restricted Country
- Shalom Family Medical Center, El Salvador
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**EMERGENCY MEDICINE**
- Bongolo Hospital, Gabon
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital Evangelico, Honduras
- Hospital of Hope, Togo
- Hospital Shalom, Guatemala
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- Karanda Mission Hospital, Zimbabwe
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- Litein Hospital, Kenya
- Malawi
- Restricted Country
- Shalom Family Medical Center, El Salvador
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**FAMILY PRACTICE**
- AIC Kijabe Mission Hospital, Kenya
- Bongolo Hospital, Gabon
- Chirakuki Mission Hospital, Zambia
- EDWA Ebge Hospital, Nigeria
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital Loma de Luz, Honduras
- Hospital Shalom, Guatemala
- Jungle Hospital, Honduras
- Karanda Mission Hospital, Zimbabwe
- Kudjip Nazarene Hospital, Papua New Guinea
- Litein Hospital, Kenya
- Malawi
- Restricted Country
- Shalom Family Medical Center, El Salvador
- Soddo Christian Hospital, Ethiopia
- Tenwek Mission Hospital, Kenya

**GASTROENTEROLOGY**
- Galmi Hospital, Niger
- Hospital Baptiste Biblique, Togo
- Hospital of Hope, Togo
- Hospital Loma de Luz, Honduras
- Hospital Shalom, Guatemala
- Litein Hospital, Kenya

If you are interested in serving overseas, please complete our Volunteer Application online at samaritanspurse.org/medical/volunteer-application.

Please pray for these mission hospitals and their ongoing critical needs. For further questions, call World Medical Mission at (828) 278-1173.
“HE HEALS THE BROKENHEARTED AND BINDS UP THEIR WOUNDS.” —Psalm 147:3