WORLD MEDICAL MISSION®

POST-RESIDENCY PROGRAM

INSIDE: CAMBODIA | MALAWI | NEPAL | TOGO

Ministry ON THE MEDICAL FRONTIER

A MINISTRY of SAMARITAN’S PURSE®
DEAR FRIEND

I AM ALWAYS INSPIRED AND IMPRESSED by the talented men and women who serve through our Post-Residency Program. Their skills qualify them to work in some of the most prestigious medical facilities in the U.S., but they choose to go to remote corners of the world to minister to the least of these—without glamour or wealth.

This new generation of Christian surgeons, general practitioners, dentists, pharmacists, and others go overseas because they feel called by God to a greater place of service. They provide excellent medical care, certainly. However, they do so much more as they address the spiritual needs of their patients by sharing the hope of the Gospel.

The most recent group of post-residents include a husband-and-wife team, Will and Mary Bailey Smith, who are serving at PCEA Chogoria Hospital. “Our goal is to focus on how we can enrich long-term healthcare and spiritual care here in Kenya,” says Will. “We see in the Bible how Christ healed the sick, and we are called to follow His example.”

Since 2004, Samaritan’s Purse has placed 250 post-residents on two-year assignments in mission hospitals. These experiences prepare them for lifelong service as medical missionaries, following in the footsteps of the Great Physician who said, “Those who are well have no need of a physician, but those who are sick. I did not come to call the righteous, but sinners, to repentance” (Mark 2:17).

I hope you will consider joining the Post-Residency Program, and that you will pray for those who are currently serving overseas. May God bless you abundantly as you seek to bring the hope of Jesus Christ to a hurting world.

Sincerely,
Franklin Graham
President, Samaritan’s Purse

“He heals the brokenhearted and binds up their wounds.”
—PSALM 147:3
“Would you be interested in going to India to work briefly at a mission hospital? The surgeon there is greatly overworked.”

That’s the question a missionary surgeon asked my brother Lowell and me in 1977 when we were attending a Billy Graham crusade. At the time, we were running a busy general surgery practice in Boone, North Carolina, and neither of us had ever considered doing medical work overseas.

We decided to do it, and Lowell went first. When he got back, he described a tremendous difference in terms of equipment and patient load between the mission hospital in India and our practice. Lowell suggested an exciting possibility to me. What if we could persuade more doctors to serve at mission hospitals? I went on a mission trip after Lowell, and I came back through New Guinea, where I met up with Franklin Graham and Samaritan’s Purse founder, Bob Pierce. I presented Lowell’s idea to Franklin, and he agreed to help us—leading to the start of World Medical Mission. The first year, I think we sent four doctors. It was seven doctors the second year. Now we send several hundred a year to mission hospitals.

Some of the hospitals were short of staff and pleading for our assistance. Doctors were retiring, and the sending agencies were not able to find new doctors to come to replace them. Dr. Jim Foulkes, who was serving in Zomba at the time, pointed out to us a very real problem. If a hospital is run by four or five career physicians, and that number goes down to three and then to two and maybe down to one physician, one of three things is going to happen: the hospital will close, it will be turned into just a clinic, or it will be turned over to the government.

We started thinking, how do we get doctors to go full time to the mission field? We started the Post-Residency Program with the idea of sending doctors to see what it’s like and find out if that’s a good fit for them. After several years, we realized only about 20 percent were staying beyond the two years. So we at World Medical Mission had to determine what our call is and what we are committed to do. We concluded that we need career doctors on the field. That’s when we changed our Post-Residency Program application to read, “We want missionaries who happen to be physicians.”

During this year’s commissioning service, I told the doctors that they are committing their lives to the Lord for Him to use. The day that they get to that mission hospital, they will start building the platform of their career for the Lord. Samaritan’s Purse has a platform, and it’s based on excellence. We want to be the best that we can be. As the post-residents go out to serve, or the spouse or family of the physicians, they are going to be building a platform. Proverbs 23:7 says, “As a man thinks in his heart, so is he.” Keep that in mind, that we want to represent God. We want to build a platform on what He stands for.

Hospital evangelism should be a major focus. Yes, post-residents are going overseas to do medical work. But as Bob Pierce used to say, “We’re not just about doing good. We’re about doing Jesus.” That’s our basis for the Post-Residency Program. It’s not just a two-year program, it’s a lifelong program.
Where Have Our Post-Residents Served?

AFGHANISTAN
- CURE International Hospital—Kabul
- Hope Family Medicine

ANGOLA
- Centro Evangelico de Medicina do Lubango
- Kalekenbe Hospital

BANGLADESH
- Memorial Christian Hospital

BURUNDI
- Kibuye Hope Hospital

CAMEROON
- Mbingo Baptist Hospital

DEMOCRATIC REPUBLIC OF THE CONGO
- CME Nyankunde Hospital
- Vanga Hospital

ECUADOR
- Hospital Vozandes—Shell

ETHIOPIA
- Myanmar Christian Medical Center
- Soddo Christian Hospital

Gabon
- Bongolo Hospital

GHANA
- Baptist Medical Centre—Nalerigu

GUATEMALA
- Hospital Shalom

HONDURAS
- Hospital Loma de Luz

KENYA
- PCEA Chogoria Hospital
- Kapsowar Hospital
- AE Kijabe Hospital
- Tenwek Mission Hospital

LIBERIA
- ELWA Hospital

MACAU
- Hope Medical Group

MALAWI
- ABC Clinic

MEXICO
- Hospital Mision Tarahumara

NEPAL
- United Mission Hospital Tansen

NIGERIA
- ECWA Hospital Egbe

PAPUA NEW GUINEA
- Kudjip Nazarene Hospital

PERU
- Diospi Suyana Hospital
- La Fuentte Centro de Salud Integral

REPUBLIC OF THE CONGO
- Pioneer Christian Hospital

UGANDA
- Uganda Heart Institute

ZAMBIA
- Mukinge Mission Hospital

ZIMBABWE
- Karanda Mission Hospital

“Where Have Our Post-Residents Served?”

“Since 2004

COUNTRIES AND HOSPITALS

Some countries are not listed for security reasons.

AFGHANISTAN
- CURE International Hospital—Kabul
- Hope Family Medicine

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- Kalekenbe Hospital

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- Mukinge Mission Hospital

ZIMBABWE
- Karanda Mission Hospital

“The Spirit of the Lord GOD is upon Me, because the LORD has anointed Me to preach good tidings to the poor; He has sent Me to heal the brokenhearted.”

—ISAIAH 61:1
Physicians are planners. For as long as most of us can remember, we have had five-year plans. As teenagers, we explored colleges and majors that would make us more marketable for graduate school. As medical students, we pursued research opportunities and electives that would help us match into our chosen residencies. As residents, we carefully weighed post-graduate training and employment options. Many of us have made pros and cons lists for every major life decision, including whether to get married or have children.

The Kingdom of God does not depend on our carefully laid schemes, however. In fact, human ideas are often so contrary to God’s that Scripture cautions us: “Many are the plans in a person’s heart, but it is the LORD’s purpose that prevails” (Proverbs 19:21, NIV). History’s unfolding globally and individually shows us we can trust God’s sovereignty.

This is our story—the story of a New York preacher’s daughter (Elizabeth) and an Arkansas grocer’s son (Ethan) who met as writers in a group of medical mission bloggers. Growing up outside of Buffalo, I was moved by the stories of missionaries who visited our rural church. Faith-based and humanitarian trips to Latin America during high school, university, medical school, and residency reinforced my desire to care physically and spiritually for marginalized people around the world. My husband’s experience with Stage IV Hodgkin lymphoma as a teenager forced him to confront the sovereignty of God. While visiting remote areas of Kenya with a mentor during college, he realized his survival would have been extremely unlikely in much of the world. He pursued a career in medical missions, hoping to help children survive in the developing world. Over time, he became convinced that treating physical illness was insufficient to improve the plight of those who suffer. Coupling medicine with the eternal healing of the Gospel became his passion.

After medical school, Ethan moved north to marry a “Yankee” who was finishing family medicine residency and beginning preventive medicine residency in Rochester, New York. As a result of chemotherapy and radiation as a teenager, Ethan had been told he wouldn’t be able to have biological children. It was a surprise for us when I became pregnant during my intern year. It might not have been part of our five-year plan, but God’s plan was better!

When our first child, while still in the womb, was diagnosed with agenesis of the corpus callosum in the brain, we prayed for healing. Many specialists and abnormal ultrasounds later, he was born and we named him Josiah (“God heals”). Repeat testing...
proved his brain was fully intact, and he proceeded to meet all his milestones early to live up to his name.

During medical school and residency, Ethan visited India, Lesotho, and Bangladesh in search of a long-term site of service. These locations didn’t work out, but when we learned about World Medical Mission’s Post-Residency Program, we applied. After we were accepted, we were placed in northwest Cameroon at Mbingo Baptist Hospital, where we were given the best launch into medical missions we could have imagined. We had neighbors who became mentors and friends, and we routinely think back on advice given us by the veteran missionary couples we were privileged to do life alongside. Even though Cameroon wasn’t anywhere in our plan, God’s plan was better.

Attending Continuing Medical Education (CME) conferences and retreats through the Post-Residency Program introduced us to a large but close-knit community of medical missionaries around the world. These relationships helped us through some tough situations we would face in the next few years. Without the encouragement of the many wonderful people we met through Samaritan’s Purse, we likely would not still be serving overseas.

As our term with the Post-Residency Program concluded, the area we were living descended into civil war. For many years, Ethan had felt burdened to serve in an area with few Christians. We moved to Phnom Penh after the birth of our third child and began to learn Khmer. The ministry plans we anticipated did not come to fruition. In the meantime, Cambodia—along with the rest of the world—battled headlong into pandemic.

Through a series of events, we learned about Hebron Medical Center, a Korean mission hospital in Phnom Penh, not far from where we lived. During COVID-19, gatherings and access to healthcare in Cambodia were extremely limited. Nonetheless, Ethan began working as a pediatrician at Hebron and teaching pathophysiology to nursing students through a partnership with a government program. God willing, he will begin teaching at a respected medical school within the next few months. We did not anticipate any of these opportunities, but God did. His plan through illness, loss, and global catastrophe has always been better than ours.

Many times, I have looked back at difficulties and realized: God knew I needed this.

I have continued studying Khmer, have been completing many informal medical consults for expatriate and Khmer friends, and have focused on educating our children. Ten years ago, I didn’t even expect to have children. Having attended public schools all my life, I certainly couldn’t have imagined homeschooling them. The Lord planned for me a job I never knew I needed, and it’s the best job I’ve ever had.

The Cambodian church is very young, but God is moving. People want to know how to incorporate discipleship at home into daily life. Social media has provided a platform to encourage these families in pursuing Christ.

The medical system in Cambodia is rebuilding after the Pol Pot regime in the late 1970s resulted in the preferential killing or exile of educated individuals. While development has progressed substantially during the last few decades, poverty and access to healthcare remain significant challenges. We are thankful for the opportunity to share resources from generous donors through a charity fund for needy patients at Hebron and elsewhere. Children who would otherwise die of diseases like aplastic anemia and untreated lupus have received the medications and care they need to survive. Through their challenging medical experiences, many have come to hear and embrace the life-giving truth of the Gospel.

Faith allows us to hold our plans loosely to better embrace His. We are often asked how long we will stay in Cambodia. In sincerity, we can answer: God knows. We have come to regard our plans as unimportant after all the unexpected turns our paths have taken. Walking through whichever doors He opens, we will serve where we are until He moves us. He has slowly undone our need to have a plan by showing us that whatever stories we might have written for ourselves, He writes better ones.

Embracing the Unfolding of God’s Plans.
A 36-year-old woman was rushed through the doors of the ICU after ingesting a large quantity of an unknown insecticide. Medical staff at PCEA Chogoria Hospital in the mountains of Kenya were unsure of the best way to treat her. The patient was disoriented, vomiting, and had difficulty breathing—among other issues—as her body was reacting to the toxins slowly taking over. A staff member picked up the phone and dialed the number of the doctor on call.

That physician was Paul Opare-Addo, a family medicine doctor serving in World Medical Mission’s Post-Residency Program. He jumped into action, reaching out to Poison Control authorities in the United States for advice. He worked with his colleagues in the hospital to intubate the woman and give her a central line to receive medication.

Without knowing how much of the poison she had taken and just how serious her condition was, Dr. Opare-Addo was unsure if his efforts would prove fruitful. Would his new patient ever come off her ventilator alive? Over the next few days, vial after vial of medications was emptied into her body to fight the toxins. Finally, she awoke after days of unconsciousness, only to begin a new battle against delirium and psychosis.

Once she stabilized and returned to a clear mind, she spoke with the hospital chaplains and made the decision to surrender her life to Jesus Christ and accept Him as her Savior. Not only had Opare-Addo and the medical staff saved her physical body, they helped her find eternal life. After a streak of deaths in the ICU, this recovery brought a moment of hope and joy to the staff.

“Stories like hers are a constant reminder of the salvation story—we were all dead, and Christ restored us,” Opare-Addo said. “Then we were able to see the light and surrender to Him. Medicine is a great avenue to show humanity God’s restorative power and also that medicine can give people a chance to experience and respond to this love and power.”

The Chogoria Connection

Experiencing GOD’S Restorative POWER

Treating patients at PCEA Chogoria Hospital has been very rewarding for Dr. Paul Opare-Addo. He divides his time between patient care and teaching medical residents.
FROM HUMBLE BEGINNINGS

Opare-Addo’s journey into medicine first started with his family.

His interest in healthcare was sparked by his experiences growing up in Ghana. When Opare-Addo or his siblings and friends suffered a scraped knee from playing outside or the sting of an insect bite or even a broken bone, they always went to his grandmother for treatment.

“She could pretty much treat any ailment,” Opare-Addo said. “She knew exactly what plants to use, what regimens to put you on, and the importance of how much sleep you get. She was the first person to open my eyes to medicine, although at the time as a young boy I didn’t know what medicine in itself was. She was planting a seed I couldn’t see at the time.”

Outside of his grandmother, Opare-Addo saw the impact one could have with medicine through the sole doctor who worked in his community. He was the only source of primary medical care available to them.

“We always looked up to him and we listened to what he had to say,” Opare-Addo recalled. “I saw the large influence that he had, not monetarily, but the influence that he could shape the lives of us young kids because we all looked up to him. That is why for me, medicine is not just taking care of patients but also involves public health.”

IN THE HOSPITAL

Fast forward to his time at Chogoria today. Opare-Addo can be found starting his day in the hospital teaching young doctors enrolled in the family medicine residency program. Now he shapes the lives of the next generation of healthcare providers just as his was shaped as a boy.

“Besides teaching and grading exams, my responsibilities involve mentorship to these young residents—mentorship in health, in personal life, and most importantly, mentorship in spiritual life. Those are all things that bring life to me,” he said.

“At the end of the day, I’m hoping the residents that we are training will also go into the hinterlands of Kenya to start residency programs, build clinics, open hospitals, and engage their community. That helps fulfill my vision and my goal of medicine in missionary work.”

PUTTING THE FAMILY IN FAMILY MEDICINE

One of the most unique aspects of the Post-Residency Program for Opare-Addo is that he can go home to his family after he is done with his work at the hospital. Paul and his wife, Lynn, have three children with them at Chogoria—Elizabeth, Abigail, and David.

“The Post-Residency Program is one of the best things that could have happened to us as a family,” he said. “It allows us to get to the missionary field quicker. It allows us some time to continue fundraising before we go full term and try out what that would look like with children.”

Life on the mission field certainly looks different from life in the United States, but the Opare-Addo family feels comfortable with the routine they have developed at their new home in Kenya. Paul and Lynn have set aside Monday nights as their date night. On Thursday nights they gather with other members of the hospital community for Bible study, where Paul plays drums to help lead a time of worship. Elizabeth, Abigail, and David get together with other children on Fridays for movie nights.

“They told us not too long ago they feel like this place is home to them, which for us as parents is a huge win, because we’ve moved quite a bit,” Opare-Addo said with a smile on his face, grateful for the Lord’s faithfulness to his family during their time in Kenya. “It’s a blessing that we are all together. I couldn’t imagine myself without any of them.”
The Chogoria Connection

‘GOD IS THE HEALER’—DR. ELENA ROUMAYA

Dr. Elena Roumaya’s passion for medical missions began in high school, when community service trips exposed her to the realities of abject poverty and physical suffering.

“After every trip I went on, it was like confirmation, this is what I’m supposed to be doing,” said Roumaya. “Seeing the hurt in the world just broke me. I realized I could help bring about a small change.”

That motivation set her on the path to become a physician, focusing on family and emergency medicine. The Post-Residency Program gave her the opportunity to launch her missionary career at PCEA Chogoria Hospital.

Roumaya has witnessed God’s hand of healing in the lives of many patients since her arrival in November 2021. Recently, a man in his 20s came to the hospital with shortness of breath and a very rapid heart rate.

An ultrasound revealed he had a massive pericardial fusion. A catheter procedure was necessary to drain the fluid away from his heart. “I saw him last week and he was like a whole new person. For us to have the tools here to be able to diagnose what he had, a condition that would have killed him, it was definitely one of those triumphant stories,” said Roumaya.

“We do the medicine, but ultimately God is the Healer. These patients can see that, and they are able to accept Christ and have salvation.”

Serving Together—The Smiths

Will and Mary Bailey Smith had never worked together until they came to PCEA Chogoria Hospital in 2022 through the Post-Residency Program. Will is an internal medicine physician. Mary Bailey is a clinical pharmacist. Both have skill sets that are greatly needed on the mission field.

“We felt like we were uniquely positioned to serve abroad. We don’t have kids at the moment. It’s just been a fun experience and one that’s been full of growth and opportunity,” said Mary Bailey.

The couple appreciates the practical and emotional support supplied by World Medical Mission staff who helped them navigate the early stages of acclimation into a new culture. Neither one previously had lived overseas.

A typical day for Will involves rounding in the patient wards and teaching Kenyan medical interns who are receiving comprehensive training at Chogoria.

“Our clinical officer interns and our medical officer interns go on to graduate and become the backbone of the healthcare system here in Kenya,” Will said. “What that does is create this top to bottom culture of learning and sharing knowledge, all with the intent of bettering the care for our patients here.”

Mary Bailey also conducts educational sessions with the interns and assists physicians with medication-related questions. She is one of the first pharmacists to serve in the Post-Residency Program. Another pharmacist is Jacob Grasser, who is serving at Galmi Hospital in Niger.

“Pharmacists know so many things about medicines, and they have the ability to teach and get involved in so many different aspects of patient care,” said Mary Bailey. “There is certainly a need for pharmacists to serve abroad and help support our national staff, to help to educate medical students, and to help physicians enrich their pharmacology knowledge.”

Recognizing the importance of prayer and a spirit of humility has helped to ground the Smiths. They believe that their time in Kenya has transformed them for the long term.

“Putting ourselves in the shoes of our Kenyan brothers and sisters has really changed how I think my wife and I tackle problems both personally and professionally,” Will concluded. “I hope it leaves a strong mark for us to want to serve and feel that need to help for the rest of our careers.”
His roots run deep. The Harrises were the first missionary family in Honduras to partner with Samaritan’s Purse to initiate the building of Hospital Loma de Luz. Travis was 10 years old at the time.

From the beginning, Travis saw firsthand how medicine serves as a powerful tool to share the wonderful news of Jesus Christ. He went to medical school in Puerto Rico and did a residency in Alabama, but “medical missions was always the end goal,” he said.

Travis is also trained as a commercial pilot and a flight instructor. He and his wife, Kelsey, spent their first year of marriage serving in Uganda, where he worked as a pilot in East Africa. The physician has served with Samaritan’s Purse in Sudan and Kenya, but he was thrilled to return to Loma de Luz with his young family through the Post-Residency Program in January 2022. The Harris children—Helena, 9; Wesley, 7; and Mariah, 5—enjoy outdoor adventures such as hiking to waterfalls and going to the beach.

No work week is ever the same, as Travis provides medical care ranging from treating tropical diseases like dengue fever to trauma victims from all-too-frequent motorcycle accidents. He is responsible for adult and pediatric patient care in the clinic, the emergency department, and in the wards. He also supervises other physicians, as well as Honduran medical students in their final year of training.

His father, Dr. Wesley Harris, Jr., now resides in the U.S., so it’s a special treat for both of them when he comes to Loma de Luz occasionally on short-term trips with World Medical Mission. “As I reflect on serving at Loma de Luz, I can see God’s goodness through His love for our patients,” Travis recently shared in his blog. “It is my hope that … [the stories] would testify of the great God we serve, and the privilege we have to be used by Him despite all our inadequacies.”

As he reflects on serving at Loma de Luz, Travis feels honored to follow in the footsteps of his father, Dr. Wesley Harris, Jr., treating a patient at Hospital Loma de Luz in Honduras. He was also delighted to return there.

Fond memories of life as a missionary kid in Honduras and is delighted to return there. Travis has many fond memories of life as a missionary kid in Loma de Luz in Honduras. Now the family medicine physician has served with Samaritan’s Purse in Sudan and Kenya, but he was thrilled to return to Loma de Luz with his young family through the Post-Residency Program in January 2022. The Harris children—Helena, 9; Wesley, 7; and Mariah, 5—enjoy outdoor adventures such as hiking to waterfalls and going to the beach.

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Eleven years of medical training felt like a grueling marathon for Dr. Wanda Lam, but now the surgeon sees it as worthwhile preparation for what God has called her to do.

“I thank He slowly drew my heart to medical missions,” said Lam. “All I prayed was ‘God, wherever you call me, I’ll go.’ I really didn’t know what that might mean, but I decided to be open-minded.”

Lam has been serving at Nkhoma Mission Hospital in Malawi since January 2022 through the Post-Residency Program. Despite some detours along the way, the two-year program has solidified her desire to bring quality medical care and the Gospel to underreached corners of the world.

A Hong Kong native, Lam moved with her family to New York City when she was 14. It was during her senior year of college that God nudged her heart toward mission work after she attended Intervarsity Christian Fellowship’s Urbana conference.

She was set on becoming a family medicine physician until the very end of her third year at Albert Einstein College of Medicine in New York. That’s when she did a surgery rotation—and loved it.

“I felt like my world had turned upside down,” recalled Lam. “My resume screamed primary care and family medicine. I didn’t know what I was going to do.”

Lam ultimately decided to take a break from medical school and spend a year in Uganda providing basic healthcare services in remote villages. She said she wanted to “test the waters” and find out for sure if she had the grit to do international mission work.

In addition, she served at Tewek Mission Hospital in Kenya for one month, rotating in the surgical department. Working with World Medical Mission volunteer Dr. Barbara Okamoto, an experienced surgeon of Japanese descent, had a profound impact on the young doctor.

“When I looked at her, I saw someone who looked like me, who was doing what I thought I wanted to do, and so she gave me more confidence to pursue my dreams. She became my lifetime mentor after that,” said Lam. “Because of her example, I was able to say, ‘I can do this too.’”

Through those experiences in Uganda and Kenya, God reassured Lam that her calling was as a surgeon in overseas missions. She completed a five-year residency program at Case Western Reserve University School of Medicine in Cleveland, Ohio, and was able to go on mission trips to Guatemala and to Kapsowar Hospital in Kenya. Then she followed up her training with a one-year global surgery fellowship through...
Loma Linda University Medical Center in California.

After spending what Lam described as “one-third of my life” in medical training, she did not want to wait any longer to jump into a missionary medicine career. Lam first heard about the Post-Residency Program while in medical school.

“There are definite benefits of being able to go serve overseas right away,” she said. “Because of the tremendous support from World Medical Mission, I didn’t have to wait to fundraise for a number of years first. That’s really helpful because in the United States, it’s so easy to get sidetracked and you forget about your eternal goal.”

“In fact, it may be better if you’re able to go overseas first and then start fundraising while you are in the field,” she continued. “When you are already there, it’s just much easier to tell the stories and encourage people to give. I think people are more willing to give when they see that the work is meaningful. They want to be a part of it.”

Nkhoma Mission Hospital is a 200-bed facility founded more than a century ago, but the surgical department is relatively new. The hospital had no full-time surgeon until a few years ago. Now Lam is one of five surgeons serving at the hospital, and she is excited for the future as Nkhoma recently became a training site for the highly-touted Pan-African Academy of Christian Surgeons (PAACS) program.

Mentoring young surgeons is one of the most fulfilling aspects of Lam’s work. She especially applauds the spiritual dimension of PAACS, as these Christian doctors know the local language and culture and are well-suited to share the Good News of Jesus Christ with their patients.

“They are not like other surgeons who might also be skilled and have medical knowledge. The biggest difference is that they have God. He is the One who is guiding their hands in all of the surgeries,” said Lam.

“For them to be able to understand and practice that, it is so much more meaningful than merely training someone who can operate.”

Esophageal cancer is the second leading cause of cancer deaths in Malawi, and Lam sees patients who often don’t come to the hospital until their illness is in an advanced stage. Sadly, some of these patients are in their 20s.

She remembers one patient who came to her complaining of severe throat pain and swallowing difficulty. Her operation was very challenging, and Lam prayed for God’s help to provide her some relief and hope.

“I can’t forget the smile on her face after the procedure. She looked so happy,” Lam said. “She had a sip of water and was overjoyed, because I think it had been so long since she was able to swallow anything. She was so grateful.”

“I have discovered a love for gardening and is delighted with this year’s harvest of tomatoes, carrots, and green vegetables, as well as flourishing mango and papaya trees.”

Most meaningful, however, are the relationships that she has built with other Christian doctors, and she credits the Post-Residency Program for opening those doors.

“It has been such a blessing to me to have the camaraderie with people who are like-minded. It’s rare to encounter a whole group of young doctors who are all passionate about serving Christ. They are my tribe, my family, my people,” she said.

Lam’s desire is to continue to serve wherever the Lord sends her, but for now, that place is Malawi. Eventually she would like to be a medical missionary in China.

“I love what I do. I don’t want to do anything else,” said Lam. “The operating room is where I belong.”
A Lifelong Pursuit

Preparation for overseas ministry begins in your own backyard.

People often associate the word “missionary” with Bible teachers, pastors, and church planters. However, as a youth, Daniel realized that the way to “make disciples of all the nations” (Matthew 28:19) need not be limited to those few vocations.

“It was around 11th grade I had the idea that if I were a doctor, I could study all kinds of biology and I would be able to get a visa in almost any country of the world, making it easier to get into countries that are hard to live in,” he reasoned.

Daniel saw missionary medicine as the perfect blending of his love for science and his desire to bring the Gospel to sick and hurting people in faraway places. He followed through on that goal, attending medical school at Lake Erie College of Osteopathic Medicine in Florida and doing his residency at In His Image Family Medicine Residency in Oklahoma.

During residency, Daniel served on monthlong trips to Kapsowar Hospital in Kenya and Hopital Baptiste Biblique in Togo. While at Kapsowar he became good friends with Dr. Kyle Jones, a former Post-Resident who was serving long term at the hospital.

God was laying the groundwork for future service in the hearts of both Daniel and his future wife, Melissa, a nurse. Daniel felt called to serve in Asia among unreached people groups, but he didn’t have a particular destination in mind. Melissa taught English in Nepal in 2009. The Nepali people left a deep impression in her heart, and she longed to return there someday.

Through the Post-Residency Program, God opened a door for the young couple to find a place of service at United Mission Hospital Tansen in Nepal. They arrived in January 2022 with their 5-month-old daughter, Arabella.

Daniel and Melissa admit this first year has been a time of difficult transition but also very fulfilling.

“We had to learn to live without old comforts and make use of what we had, which turned out not to be so hard,” said Daniel, adding, “even though I am really looking forward to some good tacos when we visit the U.S.”

Daniel works five to six days a week, primarily in the wards and in the high dependency unit in the hospital. Along with caring for Arabella, Melissa helps coordinate medical rotations at the hospital and teaches English and music to the children of the physicians.

It’s an exhilarating childhood for Arabella, who has adjusted very quickly to her new home. “She is famous here in Tansen,” commented her proud father. “Every human knows her name from our house all the way through our seven-minute walk to the hospital. Life here is all she knows.”

Diagnosing and treating diseases entails unique challenges due to Tansen’s limited resources, but the biggest adjustment for Daniel has been seeing so many terminally ill patients. Advanced tuberculosis is common. During three years of residency in the U.S, he saw only one patient with tuberculosis. In Nepal, he sees a new patient every week.

“These patients usually come in with lung damage, huge pleural and pericardial effusions, and sometimes they present with paralytic from TB involving to the spine.”

Complications from alcoholism is another leading cause of death. Daniel said it is not unusual to see a 30-year-old with full liver failure come to Tansen. Sadly, these patients lack both the money and access to a liver transplant and die within weeks or months.

“The redeeming part about this is the patients spend time with our pastoral care team while they are here,” he explained. “The family members of these patients are also present to hear and see the care and counseling they receive.”

Daniel and Melissa celebrate the small victories as they see God moving in many hearts. They are among four current post-resident families at Tansen who are sharing the love of Christ as they interact with the local community.

“The best way to prepare for overseas ministry is to serve in your hometown,” Daniel advises doctors who are interested in the Post-Residency Program. “If you can’t make disciples in your backyard, you are not going to be able to make disciples in another language, culture, or country. Be the person God created you to be, and transitioning to a new home overseas will be that much easier.”

Preparation for overseas ministry begins in your own backyard.
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,” said Andy.

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 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.

LEFT: Andy and the children prepare for an international flight. RIGHT: Life in Africa is full of youthful adventure for Cora, William, and Isabelle—and for their Togolese nanny!
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.”

When Bailey is not in the outpatient clinic on Mondays, she 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.

“Andy is gifted in handling the stress and chaos of work. I, on the other hand, feel very stressed and overwhelmed when multiple people are coding and seizing at the same time. However, the stress and chaos of managing our children and household are less overwhelming to me,” Bailey said.

Despite the sometimes long hours at the hospital, nothing brings Andy more joy than seeing patients come to faith in Jesus Christ. There are many opportunities for the medical staff and chaplains to give people hope beyond their physical situation.

Earlier this year, a man came to the outpatient clinic with severe abdominal pain and was diagnosed with advanced liver cancer. The man spoke Gangam, so Andy asked one of the chaplains who was fluent in that language to help him break the difficult news.

The patient was visibly shaken when told his prognosis. Andy explained that the hospital could only give him palliative therapy. However, he and the chaplains 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 downcast, 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. Another is 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.”
IS GOD CALLING YOU TO SERVE INTERNATIONALLY AS A CAREER MEDICAL MISSIONARY? Samaritan’s Purse offers physicians and dentists a unique opportunity to follow in the footsteps of the Great Physician through our World Medical Mission Post-Residency Program.

World Medical Mission launched the program in 2004, enabling Christian doctors and their families to serve overseas immediately following their residency or fellowship. During their two-year assignments, these dedicated men and women work alongside medical missionaries, sharing the love and compassion of Jesus Christ with people in need. World Medical Mission provides logistical and financial assistance to help encourage and prepare young doctors in all specialties to become long-term medical missionaries.

1 HOW DO I APPLY? Applications will be made available in November. The application deadline is April 1 prior to the beginning of your last year of training. To receive information about applying for the Post-Residency Program, please email postresidencyprogram@samaritanspurse.org. Please be sure to include your name, contact information, specialty, and anticipated date of completion of your final training.

2 HOW ARE CANDIDATES SELECTED? The leadership team of World Medical Mission will review applications and interview qualified individuals for approval for the Post-Residency Program. The committee will consider your testimony, medical specialty, references, the leading of the Lord in your life, and your long-term career goals. Second-language skills are helpful but not required.

3 DO I GET TO CHOOSE WHERE I SERVE? The program staff will present you with two options of mission hospitals and sending organizations that can use your specialty and provide mentorship during those first two years. However, the final decision is up to you.

4 WHERE COULD I BE ASSIGNED? Assignments will be in established mission hospitals and clinics in Africa, Asia, the South Pacific, and Latin America within the network of World Medical Mission partner hospitals.

5 WHAT KIND OF PREPARATION WILL I RECEIVE? The Post-Residency Program staff will work with you and your family from the time your application is approved through your term of service. As an employee of Samaritan’s Purse, you will receive assistance with all ministry-related travel and country-specific field requirements. Prior to serving, you will be brought to the Samaritan’s Purse international headquarters in Boone, North Carolina, for orientation.

6 DO I NEED TO RAISE SUPPORT? Samaritan’s Purse will pay a modest stipend and provide airfare, housing and a food allowance and insurance, immunizations, and ministry-related travel expenses to the physician. We will also provide a modest stipend for non-medical expenses. Samaritan’s Purse will not take any administrative fees from the funds you raise.

7 WHAT ABOUT MY STUDENT LOANS? We are prepared to assist you as you raise support to cover your basic student loans. We are a non-profit 501(c)3 organization.

8 HOW DO I TRANSITION TO A SENDING AGENCY? After your acceptance into the Post-Residency Program, our staff will assist you in finding a mission sending agency that is the right fit for you and your family. We can help you make a seamless transition to a long-term sending agency and minimize the time spent at home raising support and completing the necessary sending organization requirements between assignments.

For more information about our Post-Residency Program, visit: samaritanspurse.org/prp
LEARN MORE about the Post-Residency Program at samaritanspurse.org/prp.

You can also call 1-800-528-1980 and ask to speak with World Medical Mission staff or send an email to postresidencyprogram@samaritan.org.