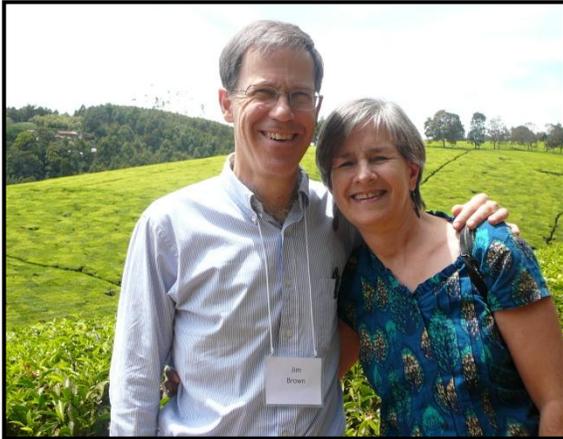


Jim and Carolyn Brown in Cameroon



Visiting a tea plantation in Kenya

In Search of Direction

We sent our last newsletter in December 2010, just after the announcement that the PAACS surgical residency program at Ngaoundéré Protestant Hospital would be closed. After almost two years of probation, it became evident that the hospital could not meet the accreditation standards to sustain the program. This was a huge disappointment to us and left us wondering what we would do. Almost immediately after the announcement, we received numerous requests from organizations and hospitals in Africa asking us to consider service with them. We then entered a time of seeking the Lord for specific direction, waiting on Him.

Last week we made a list of what we have done and where we had been since that last newsletter. In mid-December we traveled to two smaller Lutheran mission hospitals at Ngaoubéla and Garoua Boulai, where Jim operated with their staff doing complicated surgeries they could not do without assistance. From there we moved Dr. Nesoah and his wife Joy to Mbingo Baptist Hospital where he would

continue as a PAACS resident. On Christmas day we returned to the United States for our daughter Jenny's wedding. In January we returned to Kenya where Jim helped teach a Principles of Surgery course to 1st and 2nd year PAACS residents. From there we visited Arusha Lutheran Medical Center in Tanzania, a new, well equipped, and well managed hospital that has applied for a PAACS program. In February we returned to Ngaoundéré. Two German orthopedic surgeons came for 3 weeks, followed later by a German cleft palate team. During this time Carolyn began studying Fulfulde with a class already in progress, taught by Ron Nelson, a retired ELCA missionary and expert in the language. Part of the class included living for 12 days in a village where she was immersed in language and culture. In March we traveled again to Ngaoubéla and Garoua Boulai to do more surgeries, and then spent two weeks at Mbingo where Jim worked in the PAACS program. Between these events we continued to work at Ngaoundéré where the clinical demands are heavy. During this time we continually sought direction from God as to His call in our lives. We asked ourselves what we were most passionate about. What had God gifted us to do? Looking back, we can see how He used each of these events to direct us.

We believe God called us to Africa to teach surgery. Nothing has been more professionally gratifying to us than to invest ourselves in these African residents and their wives. We believe that PAACS has the best model to do this. Specialty training is very difficult for African physicians to obtain. We believe that training to high standards, in Africa, with the goal that the surgeons will stay in Africa, and doing it in the context of Christian mission outreach and

discipleship, is the best long term investment we could make here. Our call has not changed, only where we can fulfill it. We gave everything we had to make it work at Ngaoundéré, and there is a lingering sadness that it has not worked out. But neither do we want to leave Cameroon where we are still just beginning to understand the culture, language, and needs of the people.

Our Plans

We have decided to go to Mbingo Baptist Hospital where Jim will be the second general surgeon on the PAACS faculty. Because there is no companion Lutheran church presence at Mbingo, this decision requires leaving the ELCA, which is very painful for us. The only other Lutheran hospital we could have gone to as part of a surgical training program is Arusha. We would love to have gone there but we felt that our attachments in Cameroon, and to three of our prior residents who are now at Mbingo, were so strong that we should stay in Cameroon. The ELCA will maintain our support until December 31, 2011. During that time we will also continue to support the Lutheran Health System by making planned visits, similar to those we made in December and March, to Ngaoubéla and Garoua Boulai. In the meantime, we will seek another support organization so that we can continue working in Africa.

Our desire is that our ELCA supporting churches continue their support of Global Mission of the ELCA even beyond our transition to another sending organization. There are many other missionaries and projects in the ELCA worthy of support. We do not expect, and in fact are discouraging, our previous sending churches from supporting us beyond the period of time

that we are formally ELCA missionaries. As we approach the end of our time of service the Global Mission Support Team will be in touch with you to assist in transition to a new missionary should you choose to do so.

One of the most wonderful things about being ELCA missionaries has been our connection to our supporting churches. We have been encouraged and often strengthened by your notes and letters, your prayers, your gifts of care packages, and by getting to meet many of you last summer when we were in the United States. We are immensely grateful for how you have supported us and the work in Cameroon. Only eternity will reveal the lasting fruit of your generosity.

We will leave Ngaoundéré May 17 and move some of our household things to Mbingo. We will then return to the US for our son's wedding, and begin the application process for a new sending organization. We will return to Cameroon July 7. Our schedule in the fall includes one more trip to the US, part of which time we hope to visit some of you to express our gratitude for your support. Our fall schedule has not yet been arranged.



With Dr. Solofo at Garoua-Boulai

Patient Stories

We would like to close with a couple of patient stories. Ibrahima is a 3 year old boy who presented to Ngaoundéré last summer with a

huge abdominal mass. He was sent from here to the pediatric hospital in Yaoundé where he received an ultrasound and his family spent all their money, but he got no treatment. His father brought him back to Ngaoundéré, and from here to Dr. Elisabeth Neier at Ngaoubéla, where she treated him with chemotherapy for a Wilms tumor of his kidney. At first Dr. Neier was reluctant to treat him since his tumor was so far advanced. But he responded dramatically, and during our trip to Ngaoubéla in December Jim was able to remove the malignant kidney. After more chemotherapy, he is now doing very well. Other patients operated on at Ngaoubéla and Garoua Boulai included malignant tumors of the colon, parotid gland, prostate, ovary, scalp, and liver. At Ngaoundéré the most common surgeries remain complicated OBGYN, orthopedics, peritonitis, and pediatric surgeries. Trauma cases of all kinds are daily events.

We have written before about Hadidjatou, a 27 year old woman whose first and only pregnancy at age 15 resulted in a dead baby, and a vesico-vaginal fistula so that for 12 years she leaked urine constantly. As is often the case with these women, her husband divorced her. She had an unsuccessful surgery in Nigeria before coming to Ngaoundéré in 2009. Jim tried twice to repair the fistula before realizing that she had more than one injury, and she continued to leak from a site near the outlet of her bladder. In December Dr. Danki, a Cameroonian urologist who trained in Germany, joined the staff at Ngaoundéré. He brought with him state of the art diagnostics for urology, and was able to identify the exact location of the remaining fistula which Jim could not see with our previous cystoscope. Hadidjatou has had the first stage of her repair done and is doing well. It gives us great joy to see women who have suffered for so long be given hope, and in many cases, their very lives back.



Ibrahima 3 months after surgery

We could tell many more stories of the patients who have been helped by your support of us, and through your gifts to the Benevolent Fund that we use for patients who cannot pay for operations, C-sections, medications, prosthetic limbs, transfusions, lab tests, X-rays, food, and sometimes transport home. Patients like Ibrahim and Hadidjatou are examples among hundreds of others. Thank you. Thank you.

Please write us if you have questions or want more information about what we have only touched on in this newsletter.

Together in mission,
Jim and Carolyn