



WORLDWIDE MISSIONS

YEAR	COUNTRY	CHILDREN SERVED	ADULT SERVED	TOTAL SERVED	SURGERY	EYE GLASSES
2000	NIGERIA	1500	4500	6000	73	
2001	GHANA	1100	3900	5000	N/A	
2002	SIERRA LEONE	907	2450	3357	11	
2003	NIGERIA	1200	3280	4480	14	
2004	KENYA & TANZANIA	1,895	3,174	5,069	N/A	
2005	JAMAICA	150	583	733	N/A	
2005	NIGERIA	1223	5567	6790	147	
2006	RWANDA	802	1703	2505	3	
2007	GHANA	1123	1856	2979	0	
2007	NIGERIA			10,262	307	863

HARVEST NEWS BY Waltona Cummings, RN CMN

“And I, if I am lifted up from the earth, will draw all peoples to Myself.” John 12:32

The life and sacrificial death of Jesus Christ draws us to God. The people of Greater Accra, Ghana, lifted up the Name of the Lord Jesus, and it was evident in businesses and churches all around this city. As the ACMMI team of 13 left Accra for Salaga, East Gonja District with our host Pastor in a bus, we were filled with joy, excitement, and expectation of what God was going to do. We prayed, we sang songs, we ate and we made six rest stops to stretch.



ACMMI TEAM & LOCAL VOLUNTEERS

The chief of Kpembi along with pastors, school teachers, and volunteers from the local Assemblies of God Church warmly welcomed our medical/evangelical team. Over the period of six days, we served the diverse ethnic communities of Kpembi, Kayereso, and Naamug (including the Gongas and the Konkombas) using interpreters to share the love of Jesus Christ in gonga, kpinkpali and hausa languages. The high rate of illiteracy (90%) translates into health illiteracy. The Holy Spirit taught us unique ways to spread the Good News and promote health education.



QUEUE IN KPEMBE, SALAGA

The predominant religion is Islam with 20% Christians, 20% African Traditional Religions, and some confessed paganism. Most were farmers, traders, and some herdsmen. Wells and local streams were the primary sources of drinking water. Residents of Naamug, had to travel two miles to the neighboring village in order to fetch water from a local well.

The predominant health problems were of infectious etiologies (protozoan, bacterial, and fungal) and attributable to poor hygiene and lack of good quality drinking water. Common complaints were diarrhea, fever and skin rash in the children. Most adults complained of musculoskeletal pain and fever.

Our health professionals, 3 doctors, 4 nurses, and a nurse midwife treated malaria, hypertension, anemia, infectious diseases and taught health education, antenatal care, family planning and personal hygiene including serving at the local hospital. In one of the villages there was not even a traditional birth attendant (TBA) which may help explain the high infant mortality in this region.



Our last working day was at Kumasi, a city I personally love. It was a very refreshing day at the Upper Room Revival A/G Church where we mixed education and wellness promotion to refresh their body and soul.

For sightseeing we visited the Kintampo waterfalls and Cape Coast castle (home of the slave trade in Ghana), the Silage slave market and of course, had some “market ministry” at the central market in Kumasi and Makola market in Accra.

May God grant His disciples in Ghana a jubilee in their walk as they celebrate their golden years.



Agape Primary School, Salaga,

A school set up by Agape Assembly of God Church in Kpembi, Salaga. God is using this church to reach the Muslim community through the children. “Jesus said, “Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.” Matt. 19:14

Medical Missionary Work Calling by Kyron C. Tamar, MD, FACS



During the spring of 2006, Dr. Craig Daniel of Mercy Trips Healthcare Outreach (www.mercytrips.org) and Trauma Director at Medical Center Hospital in Odessa, invited me to accompany him on his fifth trip to Kanginima, Eastern Uganda. I was most enthusiastic given that I had dreamed of doing this, traveling to Africa for medical missionary work, for many years.

Our team of 16 healthcare professionals left for Uganda on January 19, 2007. On the Houston-Amsterdam flight my seat was next to Dr. G. Gbaanador, a Nigerian-born surgeon practicing in Houston. In talking with him, I discovered that he founded ACMMI (www.acmmi.org) and was going on a medical mission to Nigeria. We struck a friendship-cord and promised to keep in touch.

He told me that I would be a changed man after my return from Uganda. How right he was! During my time in Uganda, I couldn't fall asleep easily as I pondered the new direction my life was taking. Now, I was going to use my God-given skills to make a difference on a **global** scale! Needless to say, I returned from Uganda more appreciative of our blessings here in the USA.

Upon return Dr. Gbaanador contacted me and asked me about my first mission. I told him of my profound experience and I could see him smiling at the other end of the phone! He then invited me to accompany ACMMI on its coming medical mission trip to Nigeria, June 2-18, 2007. I gladly agreed.

While in Nigeria, we went to two sites. At Evangel Model Hospital (Assemblies of God, Edo District), Benin City, Edo State, we performed surgery on 44 patients in five days! Here the O.R. had no overhead lights, no suction, no air-conditioning, no Mayo stand, and even the electrocautery unit (donated to ACMMI by ValleyLab) which we brought from Houston failed to work. But with a limited array of instruments, cloth gowns and drapes, sutures, and hernia mesh (donated to ACMMI by Ethicon) we did all the cases under ketamine sedation supplemented with local anesthesia! We did mostly ventral hernias including some very large inguinoscrotal



O.R. SETUP FOR 3 PATIENTS

hernias! We set up three O.R. tables in one room... just like in the T.V. show, "M.A.S.H." What an experience! We had no choice but to make it work, both for us and the patients! This was their only opportunity for free healthcare...any care!

The next site was at Terabor General Hospital in Gokana LGA, Rivers State, a community of about 400,000 people in the Niger Delta area of Nigeria where Dr. Gbaanador was born and raised. There, we joined a group of 45 Nigerian healthcare professionals and volunteers from Pro-Health International (www.prohealthinternational.org)...a faith-based NGO that provides year-round free health care throughout Nigeria and neighboring countries. They travel to rural areas, bringing everything needed to provide medical, surgical, ophthalmologic,



ISCHEMIC BOWEL RESECTED

dental care and counseling to the poor and needy. They bring everything needed (dental chairs, OR tables, mobile Lab, equipment, medical/surgical supplies and pharmaceuticals along with two generators in the trucks. On the first day it took about three hours just to unpack and set up everything and about the same to break-down, pack, and reload at the end

of the five-day project. At Terabor we performed surgery on 90 patients (not counting the dental and ophthalmic operations) in five days! At the completion of the medical mission we were very tired, very gratified and felt fulfilled. We barely scratched the surface of the healthcare needs this community...but we certainly made a difference in the lives of the ones we were able to serve, free of charge.



REMOVING A PELVIC TUMOR

I returned to America with a renewed commitment to medical missionary work. I will return to Uganda in 2008 with Dr. Daniel. I plan to work with ACMMI and Pro-Health International in the future. I hope and pray that one day, we can take medical students and residents from Texas Tech University or other teaching hospitals on such missions. I guarantee that the experience will have a profound positive effect on these young healthcare providers in-training as it had on me. The benefits cannot be measured...they are life-long.



AFRICA CHRISTIAN MEDICAL MISSIONS, INC. (ACMMI)
"VOLUNTEERS HEALING BODIES AND SOULS IN THE NATIONS OF AFRICA & THE CARIBBEAN."



GIFT/Sign-up Form

- I want to volunteer
- I want to support ACMMI with a one-time pledge
- I want to support ACMMI with monthly partnership gift
- I want to become a PRAYER SUPPORT PARTNER
- Non-cash Gift Partner (such as professional services, equipments and supplies, medicines, literature, etc.)

Here's my gift of \$ _____

Name _____

Address _____

E-mail address _____

Phone _____

Signature _____ Exp. date _____

SPONSORS NEEDED

- **Sponsor a volunteer**
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- No amount is too big or small
- **Adopt-a-surgery**
- Hernia Repair for \$150.00
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- Cataract Removal—\$100

Mail checks made payable to
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THANK YOU TO ALL OUR BENEFACTORS AND SPONSORS!



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ACMMI Vision & Missions for 2008 by JAY AFFINI, EXEC. DIRECTOR



Africa Christian Medical Missions, Inc. (ACMMI) will be going on two separate medical missions in 2008. One will be to Haiti (**June 11-25, 2008**) and the other, in partnership with Pro-Health International (PHI), will be to another African country. A friend of ACMMI has traveled to Haiti to work on the in-country logistics in advance for us. We are trusting God for a great, exciting, and bountiful year of ministering to the medical and spiritual needs of poor and hurting people, children, and families wherever we go in 2008.

Haiti is situated on the western part of the second largest island in the Greater Antilles, Hispaniola. Haiti is the third largest country in the Caribbean only behind Cuba and the Dominican Republic respectively. Haiti's terrain consists mainly of rugged mountains with small coastal plains and river valleys. Haiti remains the least-developed country in the Americas, largely due to political instability and repeated episodes of violence but has also had its fair share of natural weather-related disasters.

Comparative social and economic indicators show Haiti falling behind other low-income developing countries (particularly in the hemisphere) since the 1980s and Haiti now ranks 154th of 177 countries in the United Nations Human Development Index (2006). Haiti is the only country in the Americas on the United Nations list of Least Developed Countries and about 80% of the population is estimated to be living in poverty in 2003.

Roman Catholicism is the official state religion with approximately 80-85% of the population professed adherents with the other 15-20% of the population following the teachings of various Protestant churches. However, many Haitians also practice "Vodou" in addition to traditional Catholic observances. The Haitian "Vodou" is very similar to other Afro-based faiths such as the "Santería" practiced in Cuba and Puerto Rico, "Espiritismo" in The Dominican Republic, "Obeah" in Jamaica, and "Candomblé" in Brazil.

We are trusting God for a strong financial and prayer support from our friends and supporters to help us accomplish these 2008 medical missions. Please note that you can mail us your financial support NOW and do not have to wait until 2008 as preparations for these trips are already on the way.

I will also like to take this opportunity to once again say a big "THANK YOU" for your past and continuing support. ACMMI looks forward to the future knowing that with God and your Love-giving partnership, we can reach a greater number of hurting children and families in Africa and the Caribbean with the Gospel and Love of Jesus Christ.

Have a merry Christmas and a blessed new year.

