

# Scalpel's Edge



## Between Times

by Peter A. Cole, MD, Co-Founder, Scalpel At The Cross

I am often asked whether Scalpel At The Cross fulfills medical or surgical functions even when we are not in Peru with medical teams. The answer is—routinely!

Though at this time we do not run a clinic or hospital in our absence, there are several types of functions which continue between the times that Scalpel's Orthopaedic teams are traveling to Peru. It is hard to measure the influence of such medical functions between visits, but it seems clear that this on-going activity promotes our vision of "providing orthopaedic care to the Peruvian people and the missionaries who serve them."

**Preparation for the next trip:** There is a continual process of vetting applications for prospective team members

with the intent to build teams that match values, complement talents, and propagate existing and new clinical initiatives. Also, on-going identification of needy patients, for whom future teams can possibly help with surgery or other ancillary interventions, occurs through our many connections within Pucallpa and throughout Peru. Finally, the collection of donated surgical supplies, implants and instruments, orthotics, and materials for future trips with inventory maintenance is a crucial role to the success of our campaigns.

**Post-operative follow-up:** Dra. Rosa Escudero, who works for our mission, has a primary function to follow-up on all of our operated and some of our conservatively treated patients (such as kids undergoing clubfoot cast treatment). The goal is to see all operated patients

*Continued on Page 5*

### Inside This Issue:

- Meet Doctora Rosa
- Transequatorial Medical Consults
- Announcing Halo Ministries
- Oansa: A Heart Satisfying Mission
- Prayer & Praise Points



# Meet Doctora Rosa

**by Dra. G. Rosa Escudero de Vera, Peruvian Medical Director, Scalpel At The Cross**

It all started 6 years ago when Lisa Schroder, Mission Director of Scalpel At The Cross, informed the congregation of First Christian Church, Rochester, Indiana, that she would be going to Pucallpa, Peru, for medical missions. The pastor of the church told my sister, who worked at the church, that she should talk with Lisa regarding her mission. My sister, Mily Ramos, met with Lisa and shared with her about our mother, who was a retired teacher from Peru, also living in Indiana at that time. I was working in a clinic in Lima, Peru, as a medical surgeon and enjoying a “normal” life with my husband, Miguel, and our infant son, Sebastian, but I always felt a limitation in the ways that I could help my neighbor. I found it difficult to be indifferent to the many patients who could not pay for and therefore not receive the care that they needed, but this was the reality that I lived every day in my work.

When I learned that Lisa, together with my mother, was going to be travelling from Indiana to Pucallpa, Peru, I wanted to go. I wanted to learn more about the organization Scalpel At The Cross, and their medical campaigns in Peru, but I was skeptical whether I would be permitted by my employer to join them. After talking with my medical director, everything fell into place and the doors were opened for me to join the trip! I had no idea of all that God had planned and perfectly laid out before me.

In October 2006, I met Lisa for the first time. It was as if we had known each other for many years. During the journey to Pucallpa, we had many new experiences, many difficult challenges, and many moments of laughter. Through the intensity of traveling, living and working together, we were somehow able to harmonize in what seemed to be only an instant. Amazingly through the grace of God, we easily bridged the language gap... Did I forget to tell you that I did not speak English, and Lisa did not speak Spanish? God, in all His power, did not permit this to be a barrier to us!

After this initial trip and introduction to the mission, my “call” to work in missions continued. With each passing day and each daily devotional, there seemed to build within me a stronger and stronger desire to work with this ministry.

I joined additional trips and saw patients receive care for broken bones which had never healed, for severe infections, for exposed fractures, and more. I witnessed surgeries for patients to receive intramedullary nails, plates and screws, or other treatments for their injuries. It is not an exaggeration to say that people who live on their farms and in their villages eating rice and boiled plantains or yucca, who also may have travelled by boat for 8 hours or more to arrive at the hospital, would never have been able to access this care

for their injuries without these medical campaigns. The cost is simply too great for them to bear.

For this reason, I left my work at the clinic in Lima to dedicate myself completely to the work of Scalpel At The Cross. I realized this was where God wanted me to be, helping the patients directly, regardless of their economic situation.

Now the “economics” of my work is not my priority. It is not a matter of working only for my wages, but instead, I work to see our patients’ lives impacted by this surgical ministry. I am blessed by seeing every smile, receiving every hug, witnessing patients returning to their normal lives, and especially, sharing with those who have accepted our Lord Jesus Christ. This is the wonderful “pay” that I receive in working for the Lord.

I am only a channel, a conduit delivering to patients the gifts and blessings that the mission receives. In my role as Peruvian Medical Director, I perform follow-up visits on each patient at 2, 6, 16, and 36 weeks to one year after surgery. I cannot always immediately remember a patient’s name, but they always remember my name and the names of the Scalpel doctors and team members. The patients frequently say that we are in their thoughts and prayers.

*Continued on Page 8*





# Transequatorial Medical Consultations

by Peter A. Cole, MD, Co-Founder, Scalpel At The Cross

Scalpel At The Cross has two surgeons at its full time disposal to interpret cases electronically. Imagine living in the middle of the jungle, in essentially a frontier town where resources are over-run by daily tidal waves of medical need. Local missionaries, most from the United States and Western Europe, often feel very insecure when a personal injury occurs to themselves or a family member. They are acutely aware of two very different standards of care, but are unsure when they should opt to be treated elsewhere. The implication is that some of the missionaries have the means (private insurance), to travel to Lima or the US for urgent conditions. Our goal is to help them get to the most appropriate treatment endpoint, so that they can return to optimal function as soon as possible and continue to minister to the people they serve.

A medical inquiry generally initiates with a phone call or an email. Phone calls tend to result from more urgent situations, if not emergent. Emails tend to be associated with conditions which can wait a day or two for feedback. Almost always, I ask for x-ray images to be sent electronically when it relates to a bone or joint condition. Most of the time x-rays, which are accessible in Pucallpa, are sent to me with the question, "What should we do?"

At this point, we must consider four different choices: 1) Seek local treatment in the jungle, in Pucallpa, 2) Seek care and treatment in Lima, 3) Travel to the United States for care, or 4) Wait for care from our teams when they travel to the jungle for the next medical/surgical campaign. Fortunately, the missionaries and Scalpel At The Cross have built strong relationships with local doctors in Pucallpa, who we can contact at a moment's notice. These doctors, however, are often hamstrung by the tenuous system in which they work. For example, it is possible that a surgeon is trained and capable to fix a broken bone, but it is not possible for them to obtain the correct implant to fix the fracture. Also, it may be the situation that conditions in the hospital make chances for medical



*Dr. Peter Cole, shown here in Pucallpa, Peru, South America, working alongside two of his 4th year residents from Regions Hospital in Minneapolis.*

error or infection more likely, such that the missionary wishes to seek care in Lima or in the States, where it can be done more safely.

In addition to this, over the past several years, our team has built relationships with physicians and surgeons in Lima as well. Lima is west of the Amazon and reachable by a one hour commercial plane flight over the Andes Mountains. If necessary, this medical system can be accessed for elective conditions or simple extremity fractures. I have given over 20 medical lectures to various groups in different hospitals or meetings, and our team has volunteered to tour, present, lecture, and even operate in several hospitals in this capital city. We have worked hard to build relationships in Lima to further support the Amazon ministry in this way. It has proven to be a critical adjunct in terms of treatment alternatives to our missionary friends and other patients.

The main factors and practical considerations which direct advice include the following:

## ***Does the patient have the financial means for an option to travel for treatment?***

Just because someone has ability to bear the cost of travelling for care does not mean that the added expense is neces-

sary. For all missionaries who raise their own financial support, it is a significant stretch to travel. Travel for care would include not only medical bills, but also transportation costs and lodging. Thus the duration of recovery and rehabilitation may affect this decision.

## ***How technical is the procedure?***

Setting a broken bone and casting it versus performing a joint replacement require much different expertise. Complex and technical surgeries, particularly those which are instrument and equipment intensive, are not an option in Pucallpa.

## ***What are the risks of travel?***

There are risks to traveling with an injury, such as pulmonary embolism after fractures in the lower extremity. As medical care is not available in the air, patients, who may need urgent attention on the plane, are at risk for travel.

## ***What are the risks of surgery?***

Some surgeries are associated with extensive blood loss or high rates of infection. These may warrant greater consideration for travel. Other surgeries are associated with difficult approaches around nerves and arteries.

*Continued on Page 7*



# Announcing Halo Ministries - Missionaries to the Missionaries

by Nancy E. Cole, Co-Founder and Director, Halo Ministries

With the turning of the New Year, Scalpel announced the beginning of “*Halo Ministries*.” In medicine, this term connotes a device or system used to support, encircle, surround, or hem in for purposes of “shoring up” the infrastructure of medical care delivered. As Scalpel continues to grow and flourish, we perceive a need to put into place something of a similar nature. To assist the mission in a “behind the scenes” manner, *Halo Ministries* will act as a means of encouraging existing efforts with the express purpose of off-loading some of the non-medical aspects of ministry operation from the shoulders of our very capable Scalpel mission director and her stateside and Peruvian based assistants.

Endeavoring as such, we are heartened by none other than the “Son of Encouragement,” Barnabas, who is introduced in Scripture as a co-laborer with/companion to the Apostle Paul in the development and propagation of the early church. As a partner in ministry to Paul (as *Halo* will be to Scalpel’s medical base), Barnabas more or less fades into the background after accompanying Paul on his first missionary journey other than during a few incidents where he proactively steps into the fray when situations arise that necessitate such. Deriving principles of ministry through observation of Barnabas’s character, *Halo* hopes, in a quiet and unobtrusive manner, to fortify Scalpel’s medical delivery by assuming non-medical components of operation.

As a support ministry yet still in its infancy, some examples of what *Halo* envisions doing to amplify and enhance Scalpel’s medical ministry might include but not be limited to such things as the following: praying with family members of patients both pre- and post-operatively; organizing meaningful play activities for young patients while they

are waiting to be seen during lengthy clinic visits; handing out Bibles or tracts to interested families who might be seeking greater insight into what drives Scalpel’s mission of hope & healing; disseminating toys and toiletries to needy patients and their immediate family members. Additionally, we foresee helping in the transport of people, supplies, meals, medicine to/from hospital and clinic settings that Scalpel is operating out of during their week-long trips. Furthermore, there are a plethora of para-church ministries (i.e., Refugio de Esperanza who serves abandoned street folk; Latidos de Esperanza who reaches out to unwed mothers in crisis pregnancies; Oansa Bible Club for children’s growth in Scripture memory and understanding; etc.) in Pucallpa who *Halo* could also join hands with during visits to Pucallpa for purposes of encouragement and fortification. Finally, one critical aspect of *Halo* would be to come alongside full-time missionaries and their families to listen, pray, counsel, and connect them with resources with the express purpose of bringing refreshment to them as they contend with “battle fatigue” so inherent to life in developing countries.

There is much *Halo Ministries* can glean from observing Barnabas’s character and conduct as he worked alongside Paul. Acts 11:23-24 portrays something of the disposition of Barnabas which is born of his relationship with Christ. “When he arrived and saw the evidence of the grace of God, he was glad and encouraged ‘the believers’ to remain true to the Lord with all their hearts. He was a good man, full of the Holy Spirit and faith, and a great number of people were brought to the Lord.” Barnabas appears to have a rather natural proclivity towards encouragement and exhortation of these early believers; his own passion for the gospel infectiously spills over into them and promotes their faithful and steadfast purpose in advancing the church and the gospel overflowing from their own personal commitment to the Lord. *Halo* would do well to mirror this principle of ministering out of the portion that the Lord supplies as we go after Him

personally in all rigor and intentionality. Out of our bent for playing back-up roles, may we pour out graciously and generously to both those we are serving in Peru as well as those among our own Scalpel organization who are serving those we are attempting to reach for the kingdom.

Additionally, we learn in Acts 4:36-37 that Barnabas holds loosely to temporal pleasures in an exchange which holds higher, eternal purposes in his mind’s eye. Barnabas’s encouragement then flows to others who therein give likewise of their time, talents, and resources (Acts 11:30). To maximize the aide granted to Scalpel’s medical ministry in the Amazon, *Halo* hopes to reflect the ideal of treasuring heaven and eternal riches over and above the things of this world. As ambassadors for Christ to the impoverished people groups of Peru, this model seems all the more appropriate as we convey hope and contentment that come from the wellspring of living water Himself rather than those things He merely created for our enjoyment. Making much of God and pointing all things His way during periods of great challenge and mighty suffering for the mutual encouragement of believers and unbelievers alike will be *Halo*’s primary charge as we help in fulfilling the great commission globally!

And finally, it is our utmost desire as we embark upon this journey of being missionaries to the missionaries that we might have the mind of Barnabas (who in turn had the mind of Christ), with the capacity to “see” and “be made glad” by the “grace of God” in other’s lives (Acts 11:23-24). There was something about Barnabas’s view of others, which stemmed from his right perspective of God and God’s sanctifying work, that enabled him to reframe matters and rise above the sinful people and circumstances he encountered. Like Barnabas, *Halo* aims to exalt God by partnering in ministry and encouraging life-changing, God-derived grace in the hearts and lives of all He came to seek and save.

**“Therefore encourage one another and build everyone up, just as in fact you are doing.”**

**- 1 Thess. 5:11**



# Between Times

*Continued from front page*

until full healing and restoration of function, with visits occurring at 2, 6, 16, and 36 weeks to one year after surgery. Dra. Escudero feeds information, particularly any warning signs, from these follow-up visits to our two physician directors for documentation and feedback when necessary.

**Transequatorial medical consults:** From the point of view of physical risk, life in the jungle is replete with danger. The focus of Scalpel At The Cross is on injury more than illness, given that my greatest expertise is in physical trauma. Motor vehicles are unregulated, roads are treacherous, crime abounds, and life on the frontier is carefree to an extent which shuns precaution. For better or worse, the vast majority of the missionaries ride motorcycles, some for transportation and others for sport. Moto-Cross is a national sport every bit as much as baseball or football in our country. Everyone participates, from the young-

est children to older adults. All of these circumstances provide a haven for orthopaedic cases. Most commonly isolated fractures and dislocations; less commonly but more tragically, polytrauma, spinal cord injury, and death occurs. Aside from injuries, people may simply develop orthopaedic conditions from overuse, such as carpal tunnel of the wrist, impingement syndrome of the shoulder, or epicondylitis in the elbow, "tennis elbow." When any such orthopaedic condition occurs to a missionary, their family member, or a close loved one who is Peruvian, we often "get the call." Typically, these come in the form of electronic inquiries, which can be from missionaries who have orthopaedic related questions, or from Dra. Escudero regarding new patients seeking orthopaedic help. In addition to this, it is not uncommon for us to be connecting a vast array of medical questions to appropriate responders, even if out of our area of expertise.

## Oansa: A Heart Satisfying Mission

*by Kevin T. Emerson, February 2011 Mission Team Member*

One of the highlights of each of my Scalpel At The Cross mission trips has been our visits to a small church in Pucallpa named Comunidad Cristiana Verbo de Vida. Led by Pastor Mario Panduro, Verbo de Vida became the adopted Oansa club of my church's Awana club in Peru, Indiana, in 2009.

As part of Awana International's Adopt-a-Club program, the children at Verbo de Vida receive uniforms, equipment, and Bible handbooks through the donations collected by EastPointe Bible Church Awana clubbers. Each child collects quarters to fill a bank (or in most cases, several banks) worth \$5.00 each from the start of the school year until mid-October. In 2010-11, our kids raised over \$350 for the Oansa Club in Pucallpa, Peru, South America.

"Reaching Children for Christ" is the goal of Awana and I can think of no better way to do that than providing the word of God to these children in Peru. In addition to clothing and equipment, during the last three years, EastPointe has sponsored Dra. Rosa Escudero to conduct medical clinics at the church in Pucallpa, providing financial donations for the purchase of medicines and meals for the children. God answered the small church's prayers in 2010, when a flock group at EastPointe provided funding for Verbo de Vida to purchase land to build their new church!

The outreach has not stopped there however! As more and more Scalpel mission teams have visited the club, more team members have been touched for Christ and become involved in raising funds and donations for these impoverished children of Peru. Churches in Minnesota and Indiana have sent shoes, blankets, candy, medicines, school supplies, Bibles, and some playground equipment.

The importance of teaching Scripture to children so that they may come to know Christ is prominent throughout the Bible. In 2 Timothy 3:14-15, Paul tells Timothy: "But as for you, continue in what you have learned and have firmly believed, knowing from whom you learned it and how from childhood you have been acquainted with the sacred writings, which are able to make you wise for salvation through faith in Christ Jesus."

The children in Pucallpa have seemingly little hope for a bright future, but there is hope and that hope is found in the saving knowledge of Jesus Christ.

Oansa is one way for these precious children to learn of the hope they have in Jesus. In fact in the book of Matthew chapter 18 verse 12, Christ uses an analogy of a lost sheep to describe the importance of children: "What do you think? If a man has a hundred sheep and one of them has gone astray, does he not leave the ninety-nine on the mountains and go in search of the one that went astray? And if he finds it, truly, I say to you, he rejoices

over it more than over the ninety-nine that never went astray. So it is not the will of my Father who is in heaven that one of these little ones should perish." A spiritual death leads to darkness and an eternal separation from God, but through Christ's death on the cross there is hope. Romans 6:23 gives us that hope! "For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord."



*Pastor Mario and Kevin pose for a picture at Oansa in Pucallpa.*

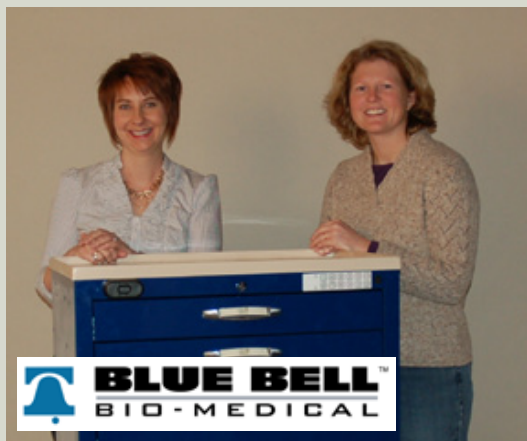


*Over 150 children attended an Oansa Club Vacation Bible School in Pucallpa in February 2011.*



# Gifts of all Shapes and Sizes!

Thank you to all of our donors



# Transequitorial Medical Consultations

continued from page 3

## What is the risk of a poor outcome?

It is one thing to end up with stiffness in a joint or some minor arthritis from suboptimal treatment; yet, it is quite another to end up with a crooked leg or neurologic injury. Poor outcome can relate to an acute complication of surgery (infection) or affect functional outcome because of a bad result.

Space wouldn't be adequate for an exhaustive list, but a few example conditions over the past few years on which I have advised long distance include: teenage scoliosis, open farm injuries, spine fracture with paralysis, ankle fracture, deep vein thrombosis, lateral epicondylitis, rotator cuff tear, wrist fractures, club foot, torn tendons and ligaments, clavicle fractures, shoulder separation, union, and acute abdominal injuries.

We consider it a great privilege to aid the missionaries and the Peruvians they serve with this on-going support. It is an integral part of "sharing the love of

Christ through a medical mission to the Peruvian Amazon." These types of questions are right in our wheelhouse of influence. Stated another way, these can be high yield consultations, which not only steer families to the correct medical source, but more frequently, allay great fear or anxiety related simply to not knowing. At times our responses cannot even change the course of an ailment, but simply having some answers about a diagnosis or simple reassurance that nothing has been missed, can make all the difference in the world to missionaries, who are isolated from any capacity to seek sound answers to their questions.

The chart at the right illustrates the volume and type of medical management decisions made with Scalpel At The Cross based on Transequitorial Electronic Consultations since 2008. (This is not inclusive of all patient care provided during medical campaigns.)

# of Cases	Type of E Consults
69	Missionaries (including kids to Pucallpa with whom we are connected)
29	E consults for fractured bones
32	E consults for other ortho conditions
26	E consults patients who needed surgery
2	E consult patients who had surgery locally in Pucallpa
10	E consult patients who had surgery in Lima
14	E consult patients who had surgery in Pucallpa by Scalpel teams
4	Missionaries who traveled to US for surgery
2	Missionaries who traveled to Minnesota for surgery
1	People who died from injuries

## Prayer & Praise Points

to God our heavenly Father & His Son Jesus Christ in whose name we go forth in victory...

- Heartfelt appreciation for bending the knee on behalf of Dani Cole, who safely returned from 10 months of service in Peru with renewed vigor, commitment to our Lord, and tremendous growth in stature and faith. Join us in lifting up Scalpel's 2<sup>nd</sup> young send-off, Halie Langanki, who just departed for Pucallpa to serve in a likewise capacity at South America Mission Academy!
- Much gratitude to all of those faithful responders to our mid-year financial campaign, and for enabling us in our first submission for grant money assistance. May God use the means provided by our supporters to build His kingdom in manifold ways, and may our donors' convictions to support as able remain strong and vital throughout 2011!
- Indebtedness to the Lord Jesus for two safe team excursions in late winter/early spring of 2011, and a desire for similar protection, encouragement, and leadership under the capable hands of Mission Director, Lisa Schroder, and surgeon director, Dr. Jason Caron, for the up-coming trip, September 29<sup>th</sup> - October 9<sup>th</sup>.
- Thanks for a successful/productive mid-year Scalpel Board Meeting and consensus in authorizing necessary funds for and beginning work on routine maintenance issues on Jungle Bunk's guest quarters prior to the arrival of fall teams utilizing the house.



## A Christian Medical Mission to the Peruvian Amazon



### Meet Doctora Rosa *Cont. from page 2*

At this time, I have had about 90% success in completing all patient follow-ups since I began working with the mission. This success is only because I am where God wants me to be. I am committed not only to achieve 100% follow-up, but with Him, 200%!

It is not easy to travel and see so many patients. Some change houses, many have no telephone and no relatives. They are not accustomed to this care and therefore, they do not remember to communicate with me to receive their follow-up. I am sure that if I were “normal,” I would say, “I am only going to attend to the patients who come to their appointments at the hospital,” but with the love that God has put in me, I know that I am different. I never tire of searching for my patients and seeing that they are completely recovered from their surgeries.

In addition to the patient follow-up, I am also responsible for many preparations in advance of each team’s arrival. In the same way, I have enjoyed working these past years to prepare for successful campaigns for our patients, our team members, and our host hospital.

Oh, how wonderful it is to work as part of God’s team and see how His work is successful in these distant places! I am also joyful to witness the impact of this work on my own son, Sebastian. Over these 5 years, he has experienced the joy of sharing his toys and clothes with the children of Pucallpa; he has learned to understand the needs of others. Now Sebastian sets aside a group of small things to give to my pediatric patients on each trip. Maybe he is a missionary-in-the-making!?

I have so many experiences and stories of our patients – children, young people and adults alike – that it is difficult to choose just one. Beginning with this issue of *Scalpel’s Edge*, I plan to share with you a patient highlight, so that you too can know them, pray for them and their families, and also be a witness to all that God is doing through this ministry.

Each trip is a learning experience for me. I want to end by saying, “You should never lose faith in God, always listen to His call, be committed to loving your neighbor, and, in everything you do, always do it with your heart.”



**Patient Spotlight:** Meet Pinchi Gómez Luz, a single mother of 3 children (ages 9, 12 and 16 years-old) who was in a moto-taxi accident. She presented to us with a femur fracture (thigh bone) and received surgery using a SIGN Nail to fix her broken bone. She was able to receive her surgery, all the necessary surgical supplies and the implant, free of charge. She completed all of her follow-up evaluations and rehabilitation without any complications. She now works and is happy to be able to support her children. If she would not have received care from our campaign, she may have been bed-ridden or in a wheelchair without the ability to work. She could have been limited all of her life, because she had no way to pay for her surgery or the necessary surgical supplies.