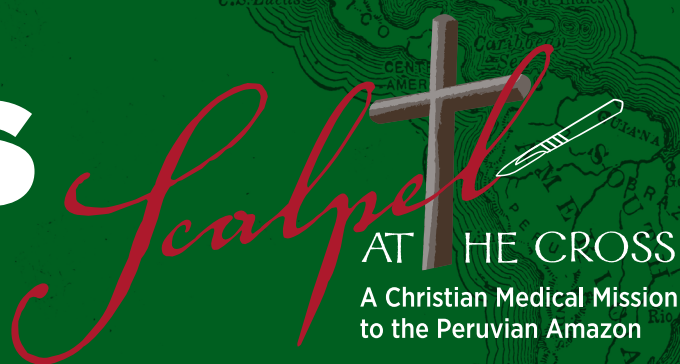


SCALPEL'S EDGE



A GIFT OF LIGHT, HOPE AND SURGERY TO PERU

SUMMER 2018 | ISSUE 25

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with faith, love and prayer
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in the Peruvian Amazon
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“Are we trying to save limbs to restore livelihoods and return workers to society, or are we trying to save souls to restore lives for eternity?”

—Peter A. Cole, MD



JUST DO WHAT YOU DO... WITH FAITH, LOVE AND PRAYER

by Peter A. Cole, M.D. - President,
Scalpel At The Cross



During the first fourteen years of this ministry, there has been an interesting and healthy tension emerge amongst our leaders which echoes a challenge from well-meaning friends outside of our mission. Perhaps we can think of the tension as a medicine vs ministry issue, or a surgery vs gospel focus. Are we trying to save limbs to restore livelihoods and return workers to society, or are we trying to save souls to restore lives for eternity?

On one side of the seesaw is a laser-focus on giving great patient care, identifying the most appropriate patients and conditions for an operation, and executing a surgery as well as possible. The surgical discipline demands the greatest preparation on many levels, and we regard the relationship between physician and pa-

tient as a sacred one, a privilege honed over countless years of training and a thousand nights of call. Getting the best instruments we can for our hospitals, the most appropriate implants for our patients, the safest protocols in our operating rooms, and an effective therapy and follow-up program is paramount. These goals alone consume the efforts of dozens of medical humanitarian programs worldwide.

On the other end of the seesaw is the calling we have as Christians to show others, “the way, the truth, and the life” knowing that, “no one comes to the Father but through Jesus”. (John 14:6) We believe the Bible which explains, “The wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord,” as stated in Romans 6:23. As Christians therefore, we have a higher purpose, which supersedes our occupations; and if saving lives for eternity is more important than saving limbs for society, then ought we not to focus more on the former than the latter? Where do we place our time and money, and to what extent do we steer towards Bibles and worship versus diagnosis and treatment?

I think you can now appreciate the philosophical tension we have as a leadership team, placing this tension in the context of our Scalpel Mission Statement, “To be a lighthouse for Christ through a medical ministry in the Peruvian Amazon.”

At this juncture, I would like to introduce a story in the Bible, which recently riveted me and gave me some comfort around this issue. After all, I am a surgeon not an evangelist, and I am a better physician than a minister of the Gospel. I know you will be struck as I was by Mark 2:1-2, entitled, Jesus Forgives and Heals a Paralyzed Man. Stay with me here!

2 A few days later, when Jesus again entered Capernaum, the people heard that he had come home. ²They gathered in such large numbers that there was no room

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JUST DO WHAT YOU DO... WITH FAITH, LOVE AND PRAYER



left, not even outside the door, and he preached the word to them. ³Some men came, bringing to him a paralyzed man, carried by four of them. ⁴Since they could not get him to Jesus because of the crowd, they made an opening in the roof above Jesus by digging through it and then lowered the mat the man was lying on. ⁵When Jesus saw their faith, he said to the paralyzed man, "Son, your sins are forgiven."

⁶Now some teachers of the law were sitting there, thinking to themselves, ⁷"Why does this fellow talk like that? He's blaspheming! Who can forgive sins but God alone?"

⁸Immediately Jesus knew in his spirit that this was what they were thinking in their hearts, and he said to them, "Why are you thinking these things? ⁹Which is easier: to say to this paralyzed man, 'Your sins are forgiven,' or to say, 'Get up, take your mat and walk'? ¹⁰But I want you to know that the Son of Man has authority on earth to forgive sins." So he said to the man, ¹¹"I tell you, get up, take your mat and go home." ¹²He got up, took his mat and walked out in full view of them all. This amazed everyone and they praised God, saying, "We have never seen anything like this!"

Now there are many things I can begin to unpack regarding this Scripture. But what riveted me in this passage was that Jesus honored the faith of the men who brought the paralyzed

man to be healed. ⁵When Jesus saw their faith, he said to the paralyzed man, "Son, your sins are forgiven." In this case it was not the faith of the paralyzed man himself that healed him as far as we know. In fact we never learn from this passage whether the paralyzed man was saved, whether he found God or was converted to Christianity. All we know is that he was healed. The man never even said anything; rather, it was the voice and actions of the four who loved and cared for the suffering one. In the end it was their faith that seemed to compel Jesus to save the patient from his hopeless infirmity.

To me this signifies that we are to have mercy through our ministry, and simply bring surgery to others, and let God do the healing as He may. We don't always need to "save the person" on whom we are operating, and we can trust that God will use our effort. In this case, Jesus chose to use the healing miracle as a sign for others. ¹¹"I tell you, get up, take your mat and go home." ¹²He got up, took his mat and walked out in full view of them all. Jesus relieved suffering for the man to be sure, but His purpose may not have been primarily to save him—we just don't know. Rather, it seems as though the purpose was to provide witness to his power as the saving Christ, "This amazed everyone and they praised God."



I want to conclude by saying two things. The first is that we have convincingly seen hundreds of examples of how God has used our efforts for patient care to amaze others and lead them to praise God. This conversion happens every time we are in Peru, and it happens to Scalpel team members as well as hospital workers and others in the community. I would go so far as to say the results have been astounding to me and to our family and seem out of proportion to the good works we do. This phenomenon is exactly the point of the gospel passage above and a confirmation that God is using Scalpel At The Cross despite our limitations as a medical mission.

The second thing I want to say in conclusion is that I am not declaring that all we do in Scalpel At The Cross is medical diagnosis and treatment. Indeed, because of our seesaw of medicine vs ministry, because of the philosophical tension we are willing to face as a leadership team, we do in fact draw Scripture and worship and prayer into our surgical campaigns. That is why our nonmedical teammates who join us are so invaluable. Together, we partner with the local church and teammates to provide worship in the courtyard, prayer with tearful patients and families before and after surgery, Bibles to wanting patients, and time for devotions and sharing of testimonies at night when the team reflects on the day's events.

In the end, it is important that we have simply done what God called us to do. Use the gifts that God gives you to help others. Yes, it is important to tie your talents and experience, gifts and energy, to the higher purpose to which I allude; but you don't have to be a minister or a missionary to be used for His glory. Just do what you do...with faith, love and prayer. ✝

ORTHOPAEDIC SURGERY IN THE PERUVIAN AMAZON

by Dustin L. Larson, MD

(The Oregon Journal of Orthopaedics, Volume III, May 2014, pgs26-28)



In late November 2013, I had the unique opportunity and privilege to participate in an orthopaedic outreach project to Pucallpa, Peru. Pucallpa is a low-lying port city in the Peruvian Amazon along Brazil's western border. A growing population of more than 200,000 people lives in Pucallpa. The residents eke out an existence as loggers, farmers, fishermen or vehicle drivers. Many of them live in slums of plywood and corrugated metal along the banks of the Ucayali River, a major Amazon River tributary. Their shantytowns routinely arise and wash away with the natural ebb and flow of the river as it fluctuates 30 feet or more in a matter of days during the rainy season.

Orthopaedic trauma in Pucallpa is a prototypical example of an epidemic in the developing world that Dr. Luis Zirkle describes as a disease conferred by emerging prosperity. The microeconomic expansion of jobs and personal income is far outpacing the macroeconomic development of public infrastructure such as healthcare, roads and transportation and workplace safety measures. In the confluence of these suboptimal circumstances are numerous individuals exposed to significant risk for orthopaedic trauma. In spite of several

well-trained, diligent, and tirelessly working surgeons in Pucallpa, the healthcare system is inadequately equipped to treat the number of patients and complexity of some of the problems they present with. During the slow process of improving education and the development of public infrastructure to help reduce the risk of orthopaedic trauma, there remains a necessity for timely and effective treatment of orthopaedic injuries and conditions.

With an appreciation for that need and an expression of sincere personal faith, Dr. Peter A. Cole, M.D. (Professor, Orthopaedic Trauma, University of Minnesota), and his family founded a medical and surgical ministry in the Peruvian Amazon in 2004, Scalpel At The Cross (www.scalpelatthecross.org). He relates that this was the result of a series of providential events beginning in his childhood growing up in Venezuela and developing relationship with a mission aviation family in the 1980s who had presence in the Pucallpa region since 1966. For years, Dr. Cole invested in developing relationships within the local health system by joining surgeons and staff on hospital rounds and in clinic and providing teaching and education in



Orthopaedic trauma in Pucallpa is a prototypical example of an epidemic in the developing world that Dr. Luis Zirkle describes as a disease conferred by emerging prosperity.

various forms. The product of those relationships and collaboration was an understanding of the unique needs of the population and health system and ultimately, the close integration of his group with local providers. This permits them to support, rather than undermine, the local health infrastructure with education, technical expertise, and materials to address the unmet need of overflow capacity and complexity that is overburdening the system.

I first met Dr. Cole and learned about his project in Peru at the SIGN Fracture Care Annual Meeting in

ORTHOPAEDIC SURGERY IN THE PERUVIAN AMAZON

Richland, Washington. "Scalpel At The Cross" was presented there as a novel and model clinical outcomes program for short-term orthopaedic mission care in the developing world. Dr. Cole states, "I couldn't live with championing evidence-based medicine in my career, while going to the Amazon, operating, and never knowing how my patients did." The essential organizational structure involves a volunteer US-based medical and surgical team that travels to Pucallpa twice annually and a Peruvian General Surgeon who has full-time presence in Lima and Pucallpa and is compensated for post-operative care, follow-up, and data collection including x-rays and a standardized form. From 2007-2012 the group managed 127 operative patients (151 surgeries) and achieved an 81.9% follow-up rate over an average of 11.8 months and 3.7 follow-up encounters. In terms of post-operative clinical outcomes the infection rate is 2%; wound healing rate 97.1%, fracture union rate 95.5%, and non-union and mal-union rates are 3% and 1.5% respectively. It is important to remember that the majority of these patients have extremely limited means and highly unstable living situations. These outcomes are remarkable if not only for the fact that follow-up requires the Peruvian surgeon to track down the patients in the jungle and shantytowns by moto-taxi, boat, and even float plane.

During the November 2013 trip, we worked at the facilities of Hospital Amazonico, a small government hospital in Pucallpa. The hospital donated clinic space and 2 operating rooms for our use. They also provided nursing support staff, anesthesia, basic equipment, and sterile processing for equipment and supplies brought by our group.

Clinic was organized to see between 80 and 100 patients per day. Patients with medical complaints and non-operative orthopaedic conditions were triaged for evaluation and treatment by a multi-disciplinary team that was able to provide joint injections, splinting, bracing, crutches, vitamins, over-the-counter medications, and help coordinat-

ing additional care. After clinic, we compiled a list of patients with operative indications and triaged them according to the availability of time and resources to treat. These patients had problems as complex as any that we see at our Level 1 Trauma and tertiary centers in the States, including acute skeletal trauma, complex fracture non-union and mal-unions, osteomyelitis, gunshot wounds, chronic joint dislocations, advanced degenerative arthritis, symptomatic hardware, and brachial plexus palsy. Pre-operative planning occurred at the dinner table in Dr. Cole's jungle home. Central supply was a large storeroom also in Dr. Cole's compound filled with containers of donated and purchased equipment through which we carefully sorted to find every plate, screw, drill bit, guide, and suture that we would need for our planned cases.

Though reasonably equipped by any standard, the operating room was an austere environment. The patients were awake, having received excellent spinal anesthesia for lower extremity procedures, for example. There was one halogen operative light, no fluoroscopy, and limited access to many basic and routine instruments and equipment that we are accustomed to in the States. I had the great privilege and opportunity to learn from and work with a Peruvian surgeon, Dr. Cahua. Our work in the operating room was supported by a Canadian Missionary who provided assistance interpreting



and a trauma equipment representative from Minnesota who coordinated all logistics of the operating room and personnel, and significantly improved the efficiency and productivity of the operative days. Routine team rounds occurred at the bedside each post-operative day. I have rarely observed patient fortitude and gratitude to that degree, especially in the midst of such suffering and poverty.

This was the richest educational and most personally rewarding experience in my medical career. The opportunities may be few in training or practice that truly consolidate your knowledge, technical capacity, and creativity in an environment like this where time and resources are so precious and limited. My heart for the underserved was deeply affected and my perspective on short-term orthopaedic work in the developing world was changed. It was my privilege to work with Dr. Cole and his team. Not a day has gone by that I do not think about the patients that I cared for in Peru. Thankfully, due to the organization of Scalpel At The Cross' follow-up program, I get to learn about their progress. This kind of educational opportunity was a significant complement to my training as an orthopaedic surgeon and should be promoted and supported during residency. †

DAILY BREAD

By Danielle Ellerbe

"Manna, as thy food and strength, is given only by the day; faithfully to fill the present is thy only security for the future. Accept, and enjoy, and fulfill with thy whole heart the part thou hast this day to perform. His presence and grace enjoyed today will remove all doubt whether thou canst entrust the morrow to Him too." ~ Abiding in Christ

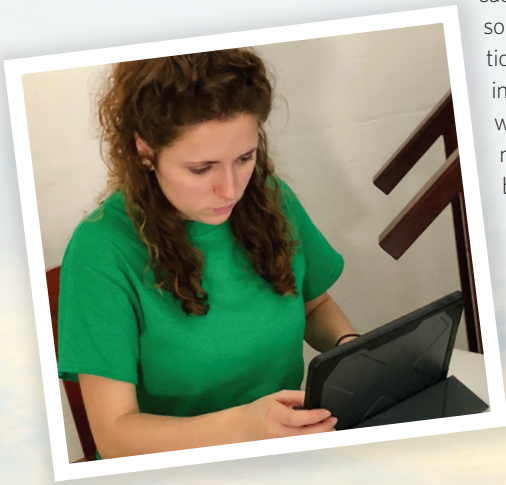
Accept. Enjoy. Fulfill. This day. There is an interesting tension that mission trips always teach me about, how to plan and prepare to the best of my ability for what I think is coming, and then how to accept and enjoy what ends up actually happening. I had the opportunity to experience this very poignantly on this July 2018 trip, as it was my first time being the administrative lead with Dr. Cole (my dad!) as my counterpart surgeon lead. Many times, I have witnessed firsthand the logistical intricacies of

each of these campaigns, so I put extra preparation time and thought into planning because I wanted to be prepared, not forget a thing, and be ready for anything. However being merely human, I could never have quite anticipated such "glitches" as a broken sterilization machine causing us to have to cancel the first surgery day of a surgical campaign;

or a cancelled flight that would cause our 16 passengers to miss every connecting flight back to the states and arrive home a day later; or 3 flat tires and a car stuck in the ditch. By the

same token, I could not have expected to share the gospel with a classroom of 20 university students, studying English, the day we were supposed to be in surgery; or an extra day to enjoy the beauty of jungle life when we were supposed to be flying back on an airplane; or to receive the kindness of Swiss missionaries and Peruvians and Americans, all working together to pull our truck out of a ditch!

The principle displayed here is much more than turning lemons into lemonade. It is actually exactly what the quote above speaks to. It is remembering the fact that just enough manna will be given today for what I need today, and in and through it, Jesus will be present and His grace will be full. I have merely to be faithful, to accomplish what is put in front of me, and by grace, to accept, and enjoy, and fulfill, with all that I am, the present duty that God has sovereignly placed for me to perform. Thank you to my incredible team who lived this truth out so excellently in the midst of constant change. Thank you to all of our patients who live out this truth every day with often chronic and life-limiting deformities. Thank you to the long-term missionaries who live this truth as a way of life in their Peruvian home. And thank you Jesus, for your consistent grace in teaching me the principle of daily bread. Accept. Enjoy. Fulfill. This day. ✝



INTRODUCING, WITH PLEASURE, ESTEBAN CARDONA!

by *Tatiana Cardona*



Here's a quick version of his story, a profound piece of art woven by the Lord. Esteban is the youngest of three siblings. He loves his sister and brother even though he was picked on by them, being the youngest sibling.

Growing up, Esteban was taught who God was. His parents led a Christian household so he's always known about Jesus and his work on the cross. As he became a teen, although he was physically in church, I can't say church was really in him. Conflict with his parents became commonplace during early adolescence. They loved him and wanted the best for him, but didn't always know how to show that love. No parent is perfect, and now that I am one, I know I'd do anything to protect my son. But strict attempts to protect him only drove him away—away from family, church, and God.

He was constantly taught that drugs, alcohol, sex, and other things teens commonly become curious about were absolute causes of damnation; anyone who even thought about participating in those things was following the devil. However, Esteban began interacting with other young guys who made it seem like those things were perfectly fine. They normalized what his parents tried to demonize. He watched as good, respectful, and well-liked

peers would use drugs after school like it was no big deal. This huge contrast of lifestyle made him curious and raised questions, and soon, he was deeply involved in all that his parents tried to protect him against.

There were several extremely painful years both for his parents and (subconsciously) for Esteban as well. He thought he was numbing the feelings of rejection through the use of substances and girls; but really, he was digging a deeper hole of shame and regret that he would later have to overcome.

An amazing counselor entered the story; he was the picture of acceptance and tough love, which was exactly what Esteban needed. God gave Esteban the opportunity to move in with his pastor's family, the Carsons, with whom he lived for about two years. To this day, he believes Pastor Worth Carson to be the most loving and forgiving man he has ever known.

God showed himself to Esteban multiple times during his rebellion, but Esteban did not want to listen. Although the Lord carried him out of danger time after time, he came to think of himself as an atheist in high school. On many occasions, Esteban concluded he was headed in the wrong direction, but he never chose to change directions. However, the overwhelming love of God through the Holy Spirit started to prune his hardened heart.

The road to soberness and forgiveness was slow, but he got there because God was never far. Nothing he experienced was an accident or a mistake; but instead, a perfect plan that deepened Esteban's faith. Over a short period of time, he went through more personal growth than many go through in a lifetime. You realize this after having just one conversation with him.

Fast forward to the day we met. I was excited to meet a cute Christian guy, and he was happy to meet a girl who wanted to know more about

God. We liked each other a little too much, and about a year and a half after we met, two became three. I was pregnant and afraid—it was an insane time of our lives, to say the least. We thought we were past the age when you made mistakes of that magnitude. BUT God. He humbled us in our brokenness and reminded us that we are in constant need of His grace. We are never be too good to be exempt from sin. We clung to what we knew was God's righteous will, and we decided to keep the baby despite how scared and confused we were.

Esteban and I were married in February of 2017 in the church we both love. It was a small, beautiful wedding. In April, the most amazing little gift of life came to us in the form of Levi Steven Cardona, and then we understood, just a little better, the magnitude of God's love for us.

My husband is amazing. He wouldn't want me to say that, but he is. Ever since I've known him, I've known there is something special about him, and every day is an opportunity to continue getting to know that about him. Some of my favorite qualities in him are he's a huge bookworm; he is very fair and respectful; and he is able to listen to, understand and accept anything I ever say to him.

His mind is far beyond his years; although he is a few years younger than me, it always feels like he is a decade wiser. You can talk to him about anything, and he'd probably know a thing or two on the subject. I like to think his mind is like an encyclopedia. It probably helps that he is always nose-deep in a book, and that he likes documentaries. Whenever he finds a new subject of interest, he tirelessly researches it, reads and asks people about it, and even meditates on it. He doesn't stop until he's satisfied with his knowledge on the topic, and then he loves to tell me all about it. Fun fact: his favorite author is C.S. Lewis, and Lewis is whom he would have dinner with if he could have dinner with anyone alive or dead.

I know God prepared us for one another. Esteban has loved and cared for me in ways no one else has. He's stayed strong and supportive through situations I thought I'd never get through, and he never wants credit for his abundant patience and courage. He always gives the glory to God. ✝

FROM THE PRAYER POSSE

by Nancy E. Cole



John 17:6-9, "I have revealed you to those whom you gave me out of the world. They were yours; you gave them to me and they have obeyed your word. Now they know that everything you have given me comes from you. For I gave them the words you gave me and they accepted them. They knew with certainty that I came from you, and they believed that you sent me. I pray for them. I am not praying for the world, but for those you have given me, for they are yours."

What could make our hearts swell more than basking in the fact that the King of Kings and Lord of Lords is actually bending the knee on our behalf that we might not lose heart? He who formed us and knows our every need well before we do, makes it His mission to battle behind the scenes in intercessory prayer for our good and for His own Glory. He, in fact, lives to pray endlessly for our strength, boldness, encouragement, and ultimate sanctification... that all of the circumstances we find ourselves in would work together in molding and fashioning us into holy vessels that properly bear His image to a world looking on. Jesus stays on bent knee 24/7 pleading our cause before the Father. Hallelujah! What a Savior.

With that said...

-We give thanks for a phenomenal July trip to Peru, due to a highly unified team gifted with grit, earnestness, and flexibility, salted with a "can do" spirit of liveliness, creativity, and fun. Every facet of this trip was literally an adventure unto itself, which proved no match for our team trip leaders of Peter Cole and Dani Ellerbe who continually innovated to keep up with issues that presented. Through the affectionate touch of a small consortium of prayer warriors through whom each patient was prayerfully bathed, our team succeeded in evaluating 83 patients in clinic and completing 14 surgeries. With many of the surgeries being notably complex in nature, it was remarkable to witness changed lives through pre/post surgical differences. As always, we continued forging strong relational ties and building infrastructure with our Pucallpan missionary colleagues.

-Please be in prayer for our next team traveling to Peru in late September. Preparations are in full swing, given the fast turnaround from the return of the July team.

-Praise the LORD! Scalpel's container of large hospital items shipped from the Twin Cities last spring and held up in customs in Lima for almost four months has safely arrived at Hospital Ama-

zonico in Pucallpa! Please continue to pray that we might assemble a small task force and identify a time to descend on Pucallpa to unpack and re-assemble the contents, that the equipment is still in good working order after all that travel, and that the items might richly bless those they benefit.

-As we expand our vision and growth model, we are pleased to announce our newest Scalpel team member, Esteban Cardona. Esteban is joining us as the Communications Coordinator, charged with helping in the areas of communications, marketing, fundraising, donor relations, and liaison activities with our team in Peru. Read more about Esteban's story in this issue. We give thanks for God's provision in filling this position with someone who will bring a myriad of other skills to our operations.

-Squatter issues (unlawfully occupying land that belongs to someone else) appear to becoming more pronounced in our area of Peru; we've summoned legal help and are exploring best means of handling encroachers on our mission property. Pray for wisdom, discernment, and protection in handling this lawless practice. ✝

2018 SATC YTD MISSION VITALS



2 TRIPS
FEB, JUL

\$32,892
VALUE OF SUPPLIES



31 TEAM
MEMBERS + 6 KIDS

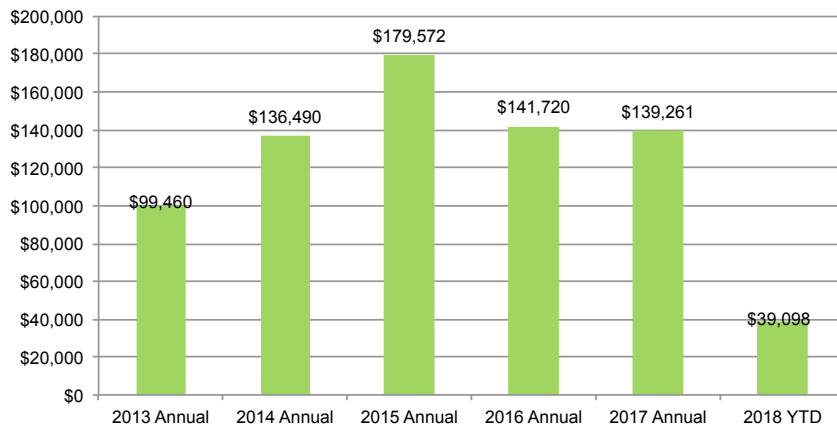
\$76,250
DONATED TIME OF PERSONNEL



35 SURGICAL
PATIENTS

\$478,000
ESTIMATED VALUE OF MEDICAL CARE

ANNUAL GIVING SUMMARY (Totals Include Board Members) 2013 - 2018 YTD



please support our mission

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*We apologize for the description oversight in the Spring 2018, Issue 24 of Scalpel's Edge. Please note a correction for The Annual Summary graphs in that issue. Those graphs represented annual giving and included Board Member giving.