



2025 Malawi Africa

TRIP REPORT

OUR STORY

Lilongwe, Malawi November 2-7, 2025

Our mission began with the arrival of 13 volunteers from 7 different states, eager and prepared for a week of intense surgical work at Kabudula Community Hospital (KCH), a rural facility that serves patients from many surrounding villages.

In Malawi, local healthcare delivery is a woven network of many moving parts, though never with enough providers or resources to meet the need. Patients might first seek care at Health Centers within their villages, then travel to rural hospitals like Kabudula, or in more complex cases, head into the capital city of Lilongwe to Kamuzu Central Hospital. Some turn to traditional healers. Yet many people still remain untreated, or they receive care that is incomplete or unsuccessful, leaving health problems lingering for months or even years.

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THE PLACE:

To understand the impact of our most recent mission, you have to also understand Lilongwe, Kabudula Community Hospital (KCH), and the healthcare realities that millions of Malawians face every single day. The people of this country are defined by both challenge and hope.

Malawi is a country full of warmth, resilience, and community. But it is also one of the poorest nations in the world, and its health system reflects that struggle. Less than 13% of the government's already-slim budget is allocated to healthcare. The result is stark: one physician for every 53,000 Malawians. One surgeon for over one million people. Every year, more than 50,000 surgeries are performed by people who are not trained surgeons simply because no other option exists. And the National Association of Nurses in Malawi reports that four nurses are lost every month to HIV/AIDS-related

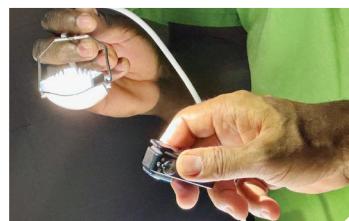
illness, draining a workforce that is already stretched extremely thin. Millions of Malawians cannot access the medical, surgical, or dental care they need. Not for lack of will - but for lack of infrastructure, staffing, transportation, and resources.

At KCH, you can easily find dedicated staff and essential services, but the gaps in resources are also visible. The pharmacy faces periodic shortages, relying on partners to help restock critical medications. The X-ray machine exists, but there is no radiographer to operate it. The main operating theatre has space for two beds, but emergency C-sections which require the room, will easily take precedence over the general surgeries that are already scarcely scheduled. And for many diagnoses, the lack of skilled workers and/or equipment means that they need to leave and seek help elsewhere.

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Once again, we partnered with Access Health Africa (AHA), a non-profit organization whose mission serves to improve access to quality health services, education, and resources in Malawi.





THE PLACE:

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To help address these gaps, Access Health Africa (AHA), our host and partner organization has invested in a long-term relationship with the hospital, not only planning surgical camps but investing in the hospital's equipment and resources as well. They are continually assessing needs to seek donations, inform future programming, and guide partners in strengthening Kabudula at the community-hospital level because they are aware that referrals to larger hospitals often lead nowhere. The reality is that overcrowding at Kamuzu Central Hospital and transportation barriers mean many patients simply never receive the care they are sent to find.

Operation Medical was intentional about choosing to partner with both AHA and KCH for this mission - we want to continue to serve, learn, and return. Because the need is great, the impact is real, and the partnerships are worth every effort to sustain.

OUR STORY:

When a surgical camp like ours is planned, the entire community ecosystem rallies together: Health Surveillance Assistants walk between Kabudula and surrounding Health Centers to spread the word. Village Head Men, Chiefs, and Traditional Authorities share information within their communities, and news travels rapidly across WhatsApp groups or at large community gatherings, especially funerals. The result is a remarkable grassroots communication network ensuring that those who need surgery have the chance to reach it. By the time of our arrival, we had a long list of patients who were on the list to receive care from our team during the mission week.

We experienced an unforgettable chain of events on our first day of scheduled surgeries - one the team will likely laugh about for years. The city shut off the water. The transportation plan fell apart when one bus had a flat tire and another car was found with no oil. A final bus was secured, only to overheat halfway through the 45-minute commute to Kabudula, leaving the team stranded on the roadside near the village of Airwing.

Yet spirits stayed high. The team made the delay into a moment of shared humor and camaraderie before eventually reaching the hospital. And once they arrived, they wasted no time. They jumped immediately into patient care and completed an impressive day of surgeries, proving early on that adaptability and resilience would be the defining themes for the week.

Kabudula Community Hospital faces significant resource constraints. The main operating theatre has two surgical beds, along with a single smaller room used for minor procedures. The main OR is also the primary space where all C-sections are performed. Throughout the mission, the Op Med team adapted quickly - shifting tables, rotating surgeons, and adjusting to sudden needs without hesitation.

One day brought four C-sections between 7:30 a.m. and 4:30 p.m. Frequent power outages added another layer of challenge. At times, the team operated using backup generators and in moments when even that failed, they worked with flashlights and headlamps, never sacrificing the quality of care.

Each morning brought both scheduled patients and a new wave of walk-in individuals who had traveled, sometimes from hours away, after hearing about the chance to receive long-awaited surgical care. Some had been waiting months or even years for treatment that simply isn't accessible in their communities. As the days unfolded, the rhythm between the Op Med volunteers and the Malawian staff began to flow seamlessly. Together, our team of volunteers combined with some of the local providers completed a total of 176 procedures on 151 patients.



Every mission demands flexibility, creativity, and resilience. But in Malawi, these qualities were not just helpful - they were essential. Through logistical challenges, long surgical days, and resource limitations, neither our Op Med team or the local AHA staff ever wavered. It was clear we all shared a strong commitment to improving access to surgical care. We look forward to returning to Malawi and partnering again with AHA to continue our work in this region.

PATIENT STORY #1 - CECILIA, KELOID REMOVAL

DR. ADIL KABEER

Cecilia, age 37, first began experiencing excessive keloid growth on both sides of her face and on both of her ears 10 years ago. These keloids, which are thick, raised patches of scarring, cause her significant pain and discomfort, sometimes worsening into open sores, especially during the extreme heat during Malawi's hot and dry season. She was previously treated at Mzuzu

Hospital in Daeyang, where the keloids were removed, but unfortunately they returned and grew back worse than before.



Cecilia uses other hospitals and clinics in the region to treat herself and her family for common conditions, such as Malaria. The challenge is that all of these facilities are far away, and her family does not have reliable transportation. She shared that in her community, Area 24 of Lilongwe, there are no health workers who regularly visit. She states that surgical camps like this one are incredibly beneficial in helping to fill the gap for procedures that would otherwise go unmet for local residents of Lilongwe and the surrounding villages.



After a friend told her about our camp, she took a one-hour drive on a minibus, spending 8,000 kwacha (approximately \$4.60 in USD) to reach and seek treatment. Thanks to our partnership with AHA, she was reimbursed for her travel expenses. Due to the complexity

of her case, she was not able to be treated on the first day of surgeries, but was put on the list for first thing the next morning. Her case required general anesthesia, incredible patience and skill, and more time

in the OR than many of the other keloid cases. Plastic Surgeon, Dr. Adil Kabeer, performed complicated and delicate bilateral keloid excisions on Cecilia, utilizing more modern surgical techniques designed to prevent regrowth. Cecilia was excited to feel comfortable in her skin again and experience relief from the discomfort on her face. Her only wish is that there were more camps like this at various hospitals across the region, so more people with a wide range of conditions could receive care.



PATIENT STORY #2 - CATHERINE, EPIGASTRIC HERNIA REPAIR

DR. D. MARC NORTHERN

We met Catherine on our second day of surgeries. From her home village of Namitete, she had ridden her bike to the hospital, a journey which took her 4 hours one-way, to be seen by our surgical team. Her husband wanted to be there with her, but he was ill and being treated for Malaria in the Lemwe Health Center. Her 45-year-old daughter, Metrina, was there with her and acting as her Guardian for the day.



Catherine had been experiencing pain from her epigastric hernia for the last 2 years. She had sought treatment at the hospital a few times before this, but because local doctors previously mistook this for a tumor in February 2025, she was only provided with painkillers and sent home, while her condition continued to worsen. It was affecting her ability to work, perform chores around her home, and she wasn't able to find peace and comfort during her days.

For work, she helps others to farm soybeans, maize, rice, and tomatoes. She looks forward to getting back to work after she heals from her procedure and being able to do so without constant pain and discomfort. Catherine enjoys a simple life at home with her husband where

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PATIENT STORY #2 - CATHERINE, EPIGASTRIC HERNIA REPAIR
DR. D. MARC NORTHERN

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they live without running water and electricity in their home, but manage just fine utilizing water from a local bore hole and relying on firewood and flashlights for light and cooking. She stays busy with working odd farming jobs, taking care of the home, and caring for the 9 chickens.

Catherine expressed how helpful she found our camp to be - the fact that "Operation Medical 'came to save our lives'" free of charge was very appreciated. After Dr. D. Marc Northern and his surgical team repaired her epigastric hernia, she recuperated well in the Women's Ward before being discharged back



PATIENT STORY #3 - SAMUEL, LEFT ARM MASS EXCISION
LOCAL SURGEONS

Early in the week, our team had the pleasure of meeting Samuel, a 14-year-old boy who was experiencing excruciating pain and limited movement in his left arm. His older brother, Leyton, brought him to the camp seeking treatment and served as his Guardian for the day. They have four additional siblings, and Samuel is the youngest. He attends primary school and is currently in 4th grade. He enjoys school very much, with language being his favorite subject. His brother shared that Samuel is especially talented at writing poems and stories.

Unfortunately, Samuel's condition began in 2020 and has continued to worsen each year, growing larger and more painful over time. The family had brought Samuel to Kabudula three times prior to this camp, each time being given only painkillers. During their most recent visit earlier this year, they were told to return for the surgical camp to receive the treatment he was in desperate need of. The family believes that his growth and development have been negatively affected by living with this condition for so long, and they are hopeful that after the procedure, he will continue to grow and experience good health as he matures into a young man. Aside from this mass, Samuel does not suffer from any other health issues.

Samuel was cared for by both the local surgical team and our volunteer pre-op and post-op nursing staff. With his lipoma removed, he was looking forward to returning to a normal childhood - going to school, playing freely, and moving without pain. His brother shared that he wishes more



programs like this were available closer to their home. They live very near the Malembo Health Center, but they typically only go there for treatment of malaria and the flu, as many other conditions. Even whooping cough, which is a common challenge in their village cannot be treated there. His brother expressed deep gratitude for the surgical camp, which finally allowed Samuel to receive the surgery he had needed for so long at no cost to their family.



PATIENT STORY #4 - MONICA, C-SECTION

MEGAN OSTROWSKI, PA-C

On our second day of camp, the team was required to quickly adapt when a patient needed an emergency C-section. Because Kabudula Community Hospital has only one main operating room, our teams had to adjust their plans, placing another patient's hernia surgery on hold while the team rushed in to assist with this urgent need. Jumping into action, Megan Ostrowski, PA-C scrubbed in and assisted the local surgeon with performing the emergency C-section. Monica was brought into the OR and her baby was successfully delivered.

The baby, named Tricia, is the first child for Monica and her husband, Mike. They have been married for one year and have eagerly awaited the arrival of their baby since that time. The baby's grandmother, who was also present, shared that this was her second grandchild and expressed deep gratitude for their growing family. They all live together with Monica's three other siblings and were excited to take baby Tricia home to join the rest of the family in their home in Chioko Village. Throughout the course of our surgical camp week, our team assisted with a total of four C-sections performed in the OR.



One case in particular was highly stressful, as the baby was delivered but not breathing. Our team jumped in immediately to resuscitate, with Dr. Terence Dees, Anesthesiologist, even having to improvise a pediatric-sized breathing apparatus to save this precious, small life. We were also deeply grateful to have Kerri Bancroft, RN, BSN, on our team, whose many years of experience in the Labor & Delivery ward were invaluable in assisting these patients through their delivery and these babies as they quickly adjusted to life outside the womb. These emergency C-sections once again highlighted the importance of our presence, the critical need for additional equipment and resources, and the ongoing need for training in these rural facilities.



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VOLUNTEER REFLECTIONS:

Kerri Bancroft, RN, BSN***Functioned as our Pre-Op Nurse during the mission***

I am so grateful to have completed my first mission trip with Operation Medical. This has been a dream since I became a nurse 25 years ago. Most of my nursing career has been spent in Labor and Delivery. Helping mothers bring their children into this world is truly a passion for me. We are often in the operating room doing C-sections and this helped prepare me for the trip to Malawi. I am also a Mom to six of my own children. Traveling and the mission work is something I want to help inspire my children to pursue in their own lives some day.

I heard about Operation Medical when I expressed an interest in a mission trip to our Clinical Leader at my hospital and was put in touch with Dr. Jeff Segil who worked in one of our OBGYN offices and has been very involved with Operation Medical for many years. His enthusiasm which he shared about the organization and his mission trips had me so excited for the experience.

I knew going into this mission that we would be mostly doing general and plastic surgery, however, we may need to perform some C-sections as well. I worked in the pre-op area with three local nurses, one being from Kabudula Hospital. I was able to teach and learn from the nurses as well as form lifelong connections. By the end of the week we were a well-oiled group and the flow in pre-op seemed like we had worked together for quite a while. I had the great pleasure of assisting with five C-sections and helping with the babies, including one baby that we resuscitated successfully. I was so thrilled to see the Mom and baby two days later in the Ward, thriving and so happy.

My biggest reflection from this mission trip is connection and relationships are so important in any culture even with different languages! It leads to the universal language of love and kindness. Really one of the only things we need!

I have profound gratitude for Operation Medical and all of my teammates for this amazing opportunity and look forward to more missions in the future!

**Megan Ostrowski, PA-C**

I am extremely fortunate to have been a part of Operation Medical's recent trip back to Malawi! This was my first trip with the team, and it's an understatement to say it exceeded all expectations. As a surgical physician assistant serving in the US Air Force, I have had the opportunity to work in some unique settings with exposure to military and civilian trauma, critical care, burn surgery, general and plastic surgery. I found that serving the people of Malawi in a rural setting on this trip was a highly valuable experience.

In the operating room, I was able to work alongside Dr. Adil Kabeer and Dr. Marc Northern as well as local Malawian surgical practitioners. It was inspiring to operate with them in challenging situations, and on more rare presentations of surgical conditions. I took away from this experience new surgical techniques and novel ways to work with limited resources and equipment. One of the best parts of the trip for me was participating in the morning post-surgical rounds where we received smiling faces and handshakes from the local patients after their surgeries. I have rarely experienced individuals so grateful and kind, with bright faces I will never forget.



Every day of the trip brought a new, unexpected adventure. I was able to jump in and assist in procedures I wasn't anticipating, including performing C-sections with the local clinicians. I am truly grateful to our anesthesia colleagues who were exceptionally skilled in administering spinal anesthesia. As a military provider, the potential to be tasked to work in austere and resource-limited conditions is very real, and having exposure to such skills is truly vital. I learned a ton working alongside the exceptional individuals from the Operation Medical team including surgical technician Karmae Amsbaugh and RNFA Christine Otto who coached me through this new environment and whose skill and expertise kept the operating rooms running smoothly.

I personally hope to join the team again as much as I can in the coming years! I can't thank all the members of both the Access Health Africa and Operation Medical teams enough for the tireless work they put into setting up and executing this mission, and in supporting the patient preparation, preoperative and postoperative care which enabled us to perform so many life-changing procedures. Shout out to Midge for capturing the whole event with such great photography!

SPECIAL THANKS

Operation Medical would once again like to thank Access Health Africa for their collaboration in planning and executing this successful mission. Karen Clark, Mwayi Kamphni, Beatrice Kasanda, Becky Sander, the house staff, our interpreters, and every member of the team played critical roles in the ability to care for the patients at Kabudula Community Hospital. The relationships that Access Health Africa has cultivated in this region are remarkable and we are honored to be able to partner with them.



Trip Leader

Dr. D. Marc Northern, Lt Col, USAF, MC

USAFA Chief of Surgery

Every time I travel with Operation Medical, I continue to be amazed at the caliber of talented providers and volunteers that come together to enrich the lives of patients. This trip was no different. We had the opportunity to work with local medical personnel and provide care in a small rural hospital. Operation Medical's enduring partnership with Access Health Africa (AHA) was foundational to the success of this surgical trip. Our Operation Medical team was able to learn a tremendous amount on this trip from our local counterparts, and for that, we are all so very grateful for Kabadula Community Hospital's and AHA's hospitality and partnership.

I continue to be impressed with our Operation Medical volunteers' ability to remain flexible in caring for surgical patients, but also stepping up in case of emergency and saving a newborn baby's life. Thank you to our volunteers for your dedication and work throughout the week in making this such a successful trip. It is an honor to have been able to work with you to make such a positive impact on the lives of these patients. I very much look forward to the opportunity to volunteer with this team again, and partner with AHA and Kabudula Community Hospital.



Trip Coordinator

Lindsay Hoke, Executive Director

Operation Medical

What an honor it was to travel back to partner once again with Access Health Africa (AHA) and the local team of providers and interpreters. Having worked with them last year at the Kamuzu Central Hospital, made this year's mission that much more seamless - as both the Op Med and the AHA teams were well acquainted with each other. Even our new volunteers were quickly welcomed into the fold, which made our work all the more impactful to the local hospital and patients. We also enjoyed working with this smaller, more rural hospital - Kabudula Community Hospital - for the first time. The need was great - people traveled for miles to access the care and services that we provided during the camp, many of them asking for us to return more frequently.

Just like last year, I was thoroughly impressed with our Operation Medical volunteers, who remained focused on the goal at hand - to provide quality care to as many people as possible while in Lilongwe. Even with recurrent power outages, a lack of running water, and multiple challenges with transportation, our team was still able to work with the local providers and perform life-enhancing procedures on 151 individuals. I am once again humbled and honored to be a part of something so impactful and look forward to joining more missions in the coming years.

TOTAL TREATED PATIENTS:

151

CASES BY GENDER:

Female – 79

Male - 72

CASES BY AGE:

Youngest – 7 years old

Oldest – 80 years old

CASES BY TYPE:

C-Section - 4

Excision of Soft Tissue Mass - 2

Hernia Repair - 25

Hydrocele - 10

Injection - 1

Keloid Excisions - 41

Lipoma/Cyst Removals - 92

Soft Tissue Exploration - 1

Access Health Africa - Board President

Karen Clark

Working with Operation Medical is always such a pleasure!

OpMed's compassionate team shares our commitment to patient care, capacity building, and providing excellent healthcare to our partner communities in Malawi. Serving 151 patients in 5 days is no small feat, and we thank Op Med for their dedication, organization, and continued partnership!



**2025
Malawi
Africa**

THE TEAM

Team Members

Surgeons

Adil Kabeer, MD
D. Marc Northern, MD
(*Trip Leader*)

Physician Assistant:

Megan Ostrowski, PA-C

Anesthesia:

Terence Dees, MD
Lindsay Devers, CRNA

Nurses/Surgical Techs:

Karmae Amsbaugh, CST
Laura Amsbaugh, RN
Kerri Bancroft, RN
Christine Otto, RN
Svetlana Zozulya, RN

Support

Kenna Hoke
Lindsay Hoke
(*Trip Coordinator*)
Margaret Marchaterre

Operation Medical is thankful for all of the participants and welcomes them to join us for another camp. Please check our website at www.operationmedical.org to see how you can get involved in providing global healthcare.