



2026 Malawi Africa

TRIP REPORT

OUR STORY

Lilongwe, Malawi July 27-31, 2026

For the second time in less than a year, Operation Medical returned to Kabudula Community Hospital in Malawi, bringing together nine volunteers from Pennsylvania, Maine, Texas, Florida, and Colorado to work alongside our partners from Access Health Africa (AHA). Working in a hospital where resources are limited and conditions can change from one moment to the next, the team once again found that flexibility, teamwork, and a willingness to learn from one another were just as important as surgical skill.

Over the course of the week, our Op Med team treated 166 patients and

completed 182 procedures, addressing a wide range of surgical needs. Because Kabudula's main operating theatre also serves as the hospital's emergency surgical space, the team was also called upon to scrub in for five emergency C-sections during the week. Even after our team left to fly home, the local team continued to treat an additional 13 patients who had come to the camp in hopes of getting the care they needed.

The work was made possible in large part by the preparation of the local team before our volunteers ever arrived. AHA and Kabudula staff worked to spread the word throughout the surrounding communities, screen patients, schedule procedures,

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THE PLACE:

Known as the ***“Warm Heart of Africa,”*** Malawi is a landlocked country in southeastern Africa where vibrant communities, rich traditions, and remarkable resilience exist alongside significant economic and healthcare challenges. While Lilongwe, the nation's capital, is home to more than one million people and serves as Malawi's political and administrative center, much of the country remains rural. Just outside the city, families often live in small communities where agriculture is central to daily life and access to basic services can be limited.

For many of the people living in the communities surrounding Lilongwe, getting medical care is not as simple as making an appointment and driving to the nearest hospital. Transportation can be costly and difficult to arrange, particularly for families living in rural villages. Patients may travel long distances (sometimes several hours) to reach a facility that may or may not be capable of providing the care they need. For someone already living with limited resources, the journey itself can become a barrier to treatment.

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and make sure patients were prepared for surgery. This year, patients traveled from even farther away on average than they did during our previous mission. We see this as a sign that word about the surgical program is reaching additional villages and allowing the team to cast a wider net in a region where access to specialized surgical care remains limited.

For some of our volunteers, this was their first experience working in a setting like Kabudula. They adapted quickly to an environment very different from what they are accustomed to at home. There is no guaranteed air conditioning or temperature control (even in the operating room). Power can go out without warning, causing reliance on the generator to kick on for the most essential equipment to continue running. Equipment and instruments that might normally be readily available may simply not be there. And the operating space itself is small, requiring the team to work efficiently in close quarters.



The main operating theatre, with its two beds, was used for the general surgical cases, including hernia and hydrocele repairs, as well as minor procedures. Across the hall, the smaller room served as the surgical space for plastic surgery cases, including keloid and lipoma removals.

While providing surgical care remained at the heart of the mission, teaching and collaboration were an especially important part of this trip. Throughout the week, the Operation Medical team provided hands-on training to 14 members of the Kabudula staff, including nurses, clinicians, and hospital attendants.



The local providers were eager to learn and took advantage of opportunities to observe and practice new techniques. The team provided instruction in advanced techniques for lipoma removal, hernia repairs involving the belly button using mesh, and advanced suturing techniques that can help reduce the likelihood of keloid recurrence.

Not every surgical skill can be taught in a single week. Procedures, such as complex inguinal hernia repairs, require significant experience and repeated opportunities to develop proficiency. But even when a technique could not be fully taught, local providers were able to observe, ask questions, and gain knowledge they can carry forward.

The hands-on teaching was deeply appreciated by the Kabudula staff, and it reinforced an important part of Operation Medical's mission: our goal is not simply to provide care, but to share knowledge and strengthen relationships with the healthcare providers who will continue caring for their communities long after our team has returned home.

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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Located approximately 1 hour drive outside Lilongwe, Kabudula Community Hospital (KCH), serves as a critical healthcare resource for approximately 56,000 people in its immediate catchment area, while also receiving referrals from surrounding health centers and communities. The hospital provides essential services close to where people live, helping reduce the need for patients to travel to larger facilities in Lilongwe. But like many healthcare facilities in Malawi, KCH operates with limited resources and staffing. The challenges are visible. Equipment and medications are not always readily available, and specialized personnel can be difficult to find. Even when a hospital has the physical infrastructure to provide a service, there may not be someone with the training or resources needed to make that service possible.



Yet, the hospital's dedicated local staff continue to provide care to their community despite these challenges, while organizations such as our partner, Access Health Africa (AHA), have invested in a long-term relationship with the hospital. AHA works alongside KCH to identify needs, strengthen resources, support surgical programming, and connect the hospital with partners who can help expand access to care. For Operation Medical, we have the opportunity to return to this hospital, build on previous relationships, learn from the local providers who know their community best, and contribute to a healthcare system that will continue serving patients long after our team has gone home.

PATIENT STORY - EMMANUEL HERNIA REPAIR BY DR. JAMES FRALEY

For Emmanuel, the surgery he had performed by Dr. James Fraley during our mission week meant more than relief from the pain and discomfort of a hernia. It meant the possibility of getting back to school...and one step closer to becoming a doctor himself.



The pain from his hernia had made it difficult for Emmanuel to attend school regularly.

Now a high school student with three years remaining before he takes his college entrance exams, he is looking forward to recovering from surgery so he can return to the classroom and focus on his future.

Inspired by watching the Operation Medical team care for patients at Kabudula, Emmanuel told the team that he wants to become a doctor. Chemistry is already his favorite subject, and he also enjoys biology. Eventually, he hopes to treat all kinds of patients and would even like the opportunity to practice in another African country.

For now, his first step is recovery. Once he is back on his feet and able to attend school regularly, Emmanuel can get back to pursuing the dream that was strengthened by the doctors he met at Kabudula. Perhaps one day, he will be a provider here in Malawi that our team can work alongside on future missions.



PATIENT STORY - ETHEL KELOID REMOVAL X3 BY DR. MICHAEL LANNI

Ethel had been living with painful keloids for more than a decade. The first appeared on her right ear after she had it pierced in 2015. And Ethel's ear was not the only place where she was experiencing problems. During the surgical week, the team also removed keloids from her back and flank. She had previously paid doctors to have them removed, but they kept coming back even larger, and the recurring condition continued to be a source of pain and frustration.

These keloids were more than a cosmetic concern. They caused burning pain that could become especially uncomfortable when she carried a bucket of water on her head; a regular chore for someone who brings water back to the house from the local borehole daily. And in addition to the pain, the other keloids made certain activities uncomfortable. Ethel farms approximately 10 acres of land, growing tobacco, soybeans, maize, and



groundnuts. She also helps care for the family's chickens, goats, and pigs. For her, relief from these painful growths means greater comfort and fewer limitations in the work she depends on every day.

This time, Ethel traveled about an hour and a half by hired motorbike to reach Kabudula Community Hospital for surgery. Through the partnership with Access Health Africa, her transportation costs were reimbursed, removing another financial barrier to the care she needed. "This program is very helpful for me and the needy who cannot afford to pay," Ethel said.



PATIENT STORY - VICTOR BILATERAL INGUINAL HERNIA REPAIR BY DR. D. MARC NORTHERN



When Victor arrived at Kabudula Community Hospital, he had been living with two very large inguinal hernias, one of which had returned after a previous repair years before. His previous hernia repair had been performed without mesh, a technique that is common in the area. Unfortunately, the hernia eventually returned, leaving Victor in need of another repair. During the surgical week, Dr. D. Marc Northern was able to repair the bilateral hernias using a high-quality mesh in order to prevent another recurrence.

Despite his age and the challenges he has faced in his life (including losing one of his legs), Victor remains an active farmer and a remarkably hard worker. When Dr. Marc Northern, his surgeon, spoke with him, Victor had just one question: "When can I get back to plowing and farming?"

That determination said a great deal about Victor and really, for many in the local region. Farming is not simply a job for him; it is just part of his daily life. He was eager to return to his fields and get back to the work he loves.

Because of the nature of his surgery and his overall health status, Victor remained at the hospital for two nights so the team could make sure he was recovering well before returning home. On Friday, as the mission week came to an end, the team

checked on him one final time. He was in good spirits, despite the residual pain from the procedure, and already looking forward to getting back to the fields.



VOLUNTEER REFLECTIONS:

Ruth Grissom, MD

Independent Locum Anesthesiologist

As a first-time volunteer with Operation Medical, I had many personal questions about how my journey would be and what it would entail. I have reflected on my experience with awe and have tried to summarize in one word what this mission provided me. (I narrowed it down to three!) There are many words that come to mind, but I feel that honor, dedication, and appreciation best capture my experience.

Early this year, a close friend asked if I was interested in going to Malawi for an Op Med mission trip. It was a huge honor to receive this invitation, and luckily, I was able to say yes. For the next few months, many preparations occurred in collaboration with the AHA and Op Med teams to prepare for the mission trip. The dedication of all the team members across the US and in Africa was truly remarkable. From detailed email updates to Zoom meetings to ensuring all the paperwork and supplies were in order, I felt reassured to be part of such an amazing group. All of the hard work was focused on the most important goal of having the honor of caring for others on a global level.

After many months, the mission trip date arrived. Upon arriving in Malawi, we were greeted at the airport and were taken to our home for the week, where we met our teammates. That evening, we checked our equipment and gathered our supplies to take with us to the hospital. On Monday morning, the real adventure began.

Our patients traveled long distances to receive surgical procedures through our mission. Along with local providers, we worked steadily throughout the week to provide care to as many people as we could. Despite language barriers, we were able to communicate with the aid of translators and some creative show and tell skills. What was easily understood was the mutual appreciation between us. Our Malawi patients were truly appreciative of the care we were there to provide. From my point of view, I was grateful and appreciative of the volunteer team, the local hospital staff, and most importantly, of the people who put their trust in us. Their inner strength, determination, and bravery were unmistakable. Although we were not able to help everyone, I feel certain we made a positive difference for those we were able to serve. Though the days were busy and not without challenges, the week flew by.

Throughout the week, I was able to answer my pre-journey questions. The honor was mine for being allowed to be a part of Operation Medical. It is an honor to take care of others at their most vulnerable times. Dedication to service of others is apparent every step of the way with Op Med, and it is humbling to be a part of such an amazing team. Finally, my appreciation for the patients and people of Malawi for welcoming us and allowing us to help provide care for them is something I will forever be thankful for.

When I began writing this, I had three words to describe my experience: honor, dedication, and appreciation. As I reflect further, perhaps I have come up with one word: inspiring!

I am ready for more!



Joanna McLean, RN, BSN, CPAN

PACU Nurse with Penn State Health Holy Spirit Medical Center

I first learned about Op Med over 10 years ago through a beloved colleague, the late Diana Davidson, who with very little convincing, had me on a plane headed to India where I did my first Op Med mission trip. I had admired and trusted her work for many years and knew in my heart this was a very good opportunity for which the only logical answer to going was yes. Since that life-changing experience I had dreamed about one day going back despite the heartbreak of knowing she was no longer physically with this group, however, her presence is still very much a part of things. It worked out again and I found myself at the end of my nearly thirty-year career as an RN on a plane, this time headed to Malawi, Africa!

I will be forever grateful to Op Med, AHA, and all those involved behind the scenes for making this incredible opportunity happen. The numerous forms, visas, and other assorted paperwork required for licensure in Malawi was quite overwhelming. The support and attention to detail that was given to ensure it was completed will never be taken for granted!

Having somewhat of an idea of what I was getting into, I prepared myself to the best of my ability. There were plenty of challenges and I quickly learned to improvise in ways I never have had to working in a modern US hospital. One takes what is available and simply makes do! Having the luxury of beds that raise up with a press of a button and oxygen within arms reach, along with masks and ambu bags is simply not an option here. Personal back packs, cardboard boxes and padding from the OR suffice.

One of the many things I took away from this mission was the teamwork necessary to make things happen, especially when seconds count, and supplies that one takes for granted are quite limited. Things ran like a well-oiled machine despite the frequent loss of electricity and water. Nothing kept the team from their work. They kept plugging away to ensure as many patients as possible were helped.



Trip Leader Reflection

Dr. D. Marc Northern,
Lt Col, USAF, MC
USAFA Chief of Surgery



We had yet another rewarding trip to Malawi this summer! Each time we go, we continue to grow and strengthen our partnership with AHA and with Kabudula Community Hospital, both of which are foundational to our success in caring for so many patients. We worked with past friends and colleagues, from AHA, Op Med, and Kabudula, but also made new relationships with new volunteers and providers. Thank you to the wonderful team of volunteers who made this trip such a resounding success. We look forward to the next opportunity to return and continue to grow our partnerships!

TOTAL TREATED PATIENTS:

166

TOTAL PROCEDURES:

182

CASES BY GENDER:

Female – 88

Male - 78

CASES BY AGE:

Youngest – 11 years old

Oldest – 89 years old

CASES BY TYPE:

Hernia Repairs = 46

Hydroceles = 4

Keloid Removals = 37

Lipoma/Cyst Removals = 90

C-Sections Assisted = 5

VOLUNTEER REFLECTIONS:

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Removal of a lipoma or keloid isn't just cosmetic. It's life changing for those sweet people...it allows them to continue working so they can simply survive one more day. Hernia repairs, despite having the potential of bowel obstruction, aren't commonly done here.

The number of these being performed tirelessly by our surgeons who worked without a bovie, a break, or the surgical equipment they were used to, shows their commitment to help like nothing else. Never once did I hear anyone complain. Rather, "No problem, I'll make it work" was said constantly all while teaching during the case! I will forever be changed after this mission in ways words cannot express.

Kudos to Dr. D. Marc Northern who ran this mission flawlessly. I am still in awe at your level of organization and ability to work in these conditions without batting an eye. It comes as no surprise that you were promoted to Colonel. Congratulations and thank you for your service!



Who knows what the future holds for me and missions, but this was one I shall forever hold close to my heart, along with each person who was involved. Change is good and I am beyond grateful for the change I underwent!

THANK YOU TO OUR HOSTS

Successful missions like this one do not happen without significant planning and coordination prior to the mission. Operation Medical would once again like to thank Access Health Africa for their collaboration in planning and executing this week as our team returned for the 2nd year in a row to Kabudula Community Hospital. We look forward to our ongoing partnership and working together to continue to bring quality medical care to those in need.



2026
Malawi
Africa

THE TEAM

Team Members

Surgeons

James Fraley, MD
Michael Lanni, MD
D. Marc Northern, MD
(Trip Leader)

Nurses/Surgical Techs:

Karmae Amsbaugh, CST
Kerri Bancroft, RN
Joanna McLean, RN
Barbara Mummert, RN

Anesthesia:

Ruth Grissom, MD

Support

Emma Doyle
Marcey Hutchison (AHA)

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.