

# CHRISTIANITY & PHARMACY



**INTRODUCING**  
INTEGRATIVE THINKING

**PHARMACY & FAITH**  
THE INTERSECTION

**2012 ANNUAL CONFERENCE**

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# Introducing **Integrative Thinking**



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The stated mission of Christian Pharmacists Fellowship International is to help pharmacy professionals grow spiritually and to promote fellowship among pharmacists. By establishing groups of Christian pharmacists, and by identifying areas of service for pharmacists in missions and evangelism, CPFI has addressed several areas of critical need for Christians serving in the world of pharmaceutical service and practice.

As an observer from outside of the discipline of pharmacy, I would like to suggest an additional challenge for CPFI, and to present a framework from which this challenge can be approached. The vision and goals of CPFI parallel closely the emphases of Christian scholars in other disciplines who seek to integrate together the content of the Christian faith, their various academic disciplines, and application to life. Within the published literature on integrative

thinking there are resources that can provide a solid theoretical basis for what CPFI is already endeavoring to accomplish. In addition, the work of Christian scholars in other fields can provide instructive examples and pertinent motivations for thinking with a Christian mindset about all aspects of the profession of pharmacy.

## **1. The Definition of Integration**

In our culture, the word “integration” is typically used in one of three ways. In sociology, it refers to bringing together diverse social groups, such as using cross-city busing to achieve racial integration in the public schools. In psychology, it speaks of having emotional health as the total person is functioning smoothly as an integrated whole. In mathematics, integration describes the process of measuring the area under a curve. What do Christian scholars mean when they speak of integrative thinking?

Christian educators employ the term “integration” in a technical sense. They have taken the general notion of integration as an incorporation of two or more elements into a larger unity, and used this term to speak of the linkage of pieces of knowledge derived from various sources.

There are three predominant models for integrative thinking in Christian higher education. The integration of Scripture and knowledge model explores the explicit linkages between biblical data and knowledge from outside the Scriptures. The emphasis in this model is upon developing explicit connections between the biblical text and the various academic disciplines. Examples of this approach have been proposed in theoretical fields such as psychology and educa-

tion, but to my knowledge this model has not been employed much in more technical disciplines such as engineering, accounting, or pharmacy.

The integration of faith and learning model is broader than the integration of Scripture and knowledge model. In this context, faith refers objectively to the whole system of Christian theology, and learning speaks of the comprehensive corpus of thought found in the academic disciplines. In this model, it is granted that in some areas of thought, such as mathematics, it is difficult to produce explicit linkages between biblical texts and significant aspects of the discipline. This model, however, maintains that all of knowledge is encompassed within larger theological categories such as creation, general revelation, the image of God in humans, and the unity of objective truth. Among Christian colleges and universities, this is the most prominent model for integration, and it has produced many excellent studies, including the *Through the Eyes of Faith* textbook series sponsored by the Council for Christian Colleges and Universities.

In Christian higher education, the term integration is typically the shorthand form of a more complete phrase, “the integration of faith, learning and life.” This model builds upon the integration of faith and learning model, but then it adds particular emphasis to the necessary life-changing applications of knowledge. These changes affect every dimension of life, ranging from our personal ethics to the largest public policy issues. Thus, this model seeks to bridge the gap between theory and practice, knowledge and action, learning and living. It seeks to honor God by bringing the Christian

faith to bear on every aspect of life. This view of integration, then, lies in stark contrast to the prevailing misconception that separation of church and state means that faith must be privatized such that it is allowed no place in the public square. Rather, the integration of faith, learning and life is the compelling rationale that obligates us to engage every area of our culture for Christ.

As soon as we speak of integration, we quickly move into some difficult, and at times contentious, issues, because we cannot talk about integration without addressing the subject of truth. This requires that we enter into the philosophical domain of epistemology and the theological subject of revelation. In speaking of truth, we need to acknowledge at the outset that the semantic range of this term includes several different and overlapping concepts. In the realm of science, truth refers to what is held to be true by the consensus of the scientific community at a point in time, but what may well be altered or overturned by additional empirical evidence. In a dogmatic sense, truth is what a particular ideology or system of thought regards as axiomatic. This could be an economic system such as Marxism or free market capitalism, a form of government such as democracy or monarchy, or a theological system that has been accepted as the final and complete understanding of what actually is. The relativistic notion of truth is closely linked to individual perspective. Thus, for the adherent of social constructivism there is no universal, absolute truth, but only various constructions of knowledge that are regarded as equally valid by different communities.

Truth is often used in a qualitative sense for individual items that possess truthfulness or veracity. Thus, to say

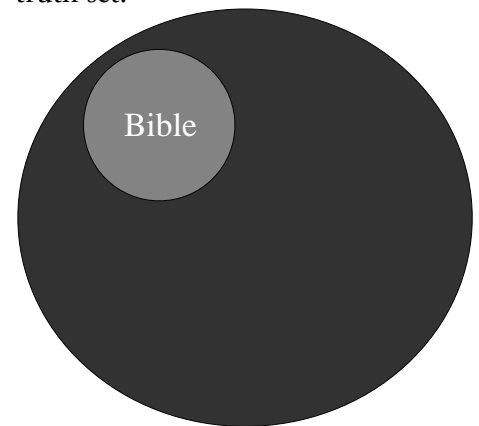
that  $2 + 2 = 4$  is the truth is not to claim that it is a comprehensive statement of all that is true, but only that it is an example of a truthful proposition. In its ultimate sense, truth can be defined as the sum total of reality known to the all-knowing God; that is, truth equals the omniscience of God. It is this ultimate sense of truth that provides the necessary starting point for speaking of the integration of faith, learning and life.

## 2. The Biblical Basis for Integration

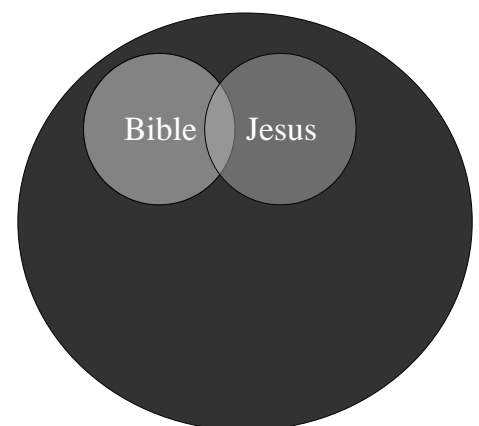
The Bible has much to say about truth, and therefore about integration. Psalm 119:160 states: "All your words are true; all your righteous laws are eternal." In Psalm 19:1-6, however, it is clear that the natural world pours forth divine revelation as well. The gospel of John records several sermons and signs of Jesus, so that the reader will believe that Jesus is the Messiah, the Son of God. But then John concludes his gospel with these words: "Jesus did many other things as well. If every one of them were written down, I suppose that even the whole world would not have room for the books that would be written" (John 21:25 NIV). The clear implication is that the words that Jesus spoke but which are not included in the text of Scripture are also true, even though they are not available to us today in the Bible. In Deut 29:29, Moses distinguishes between the things that have been revealed by God and the secret things that belong to the Lord alone. Job exclaims in Job 26:14 that he can see only the outer fringe of God's works, and at the end of the book Job has to admit that he cannot know exhaustively the ways of the Lord.

When all of the scriptural evidence is taken together, an epistemological model emerges that provides the basis for the integrative enterprise.

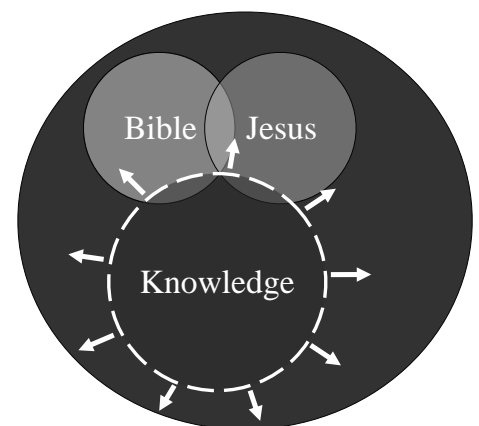
Viewing truth in the ultimate sense of God's omniscience, the Bible [Figure 1] is a subset totally within the truth set.



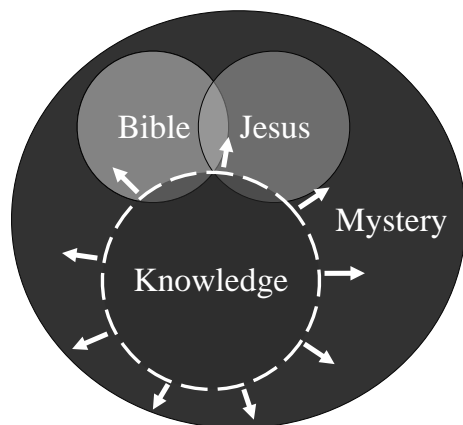
Partially overlapping with the Bible subset is another [Figure 2] subset representing the words and deeds of Jesus, only some of which are included in the biblical accounts.



Also within the truth set is the subset [Figure 3] of knowledge that has been derived from general revelation and accessed through human discovery.



The boundary of this subset is expanding as scholars push back the frontiers of knowledge in their laboratories and libraries. The remaining portion [Figure 4] of the truth set is labeled as mystery, because at the present time God has not chosen to make these aspects of His omniscience knowable to humans.



### 3. The Process of Integration

How, then, does the process of integration work? As we proceed with the integration of faith, learning and life, we need to acknowledge three limitations that constrain our efforts. Our first limitation is finiteness. The content of what we can know is finite, because God has not revealed everything that He knows either in the Bible exclusively, or in the combination of the Bible and other modes of revelation. To compound the problem, as created beings we are finite in our ability to comprehend the truth that God has revealed. Even given the illuminating ministry of the Holy Spirit, our human minds are not wired for omniscience. This is part of the reason why good and godly people, equally intelligent, equally pious, and equally surrendered to the teaching ministry of the Spirit of God, may still disagree in their understandings or emphases.

Our second limitation is fragmentation. Like separate pieces of a jigsaw

puzzle, truth as it is presented both in the Bible and outside the Bible typically comes as fragments that must be linked together into meaningful combinations. For example, theologians cannot go to a single biblical book to study the doctrine of salvation in its entirety, but they must synthesize data found throughout the entire biblical corpus. When a foundational question, such as “What does it mean to be human?” is posed, fragments of truth from nearly every book of the Bible as well as from virtually every academic discipline must be identified, analyzed, and then synthesized, but even then the picture that is reconstructed falls far short of a complete portrait as God sees it fully.

A third complication is due to our fallenness. When our human parents disobeyed the command of God, numerous consequences followed. Along with spiritual estrangement from God and physical sickness and death, the human mind is now corrupted so that it cannot perceive precisely even what is knowable. From the time of the fall to the present day, the human propensity is to distort and misconstrue what has been revealed. And because regenerated Christians still retain their original sin nature together with its effects on their thinking, they need to acknowledge that they may not understand all that they think they understand.

Even though a biblically-informed approach to integration realizes the inherent limits to human knowledge, this should not be confused with full-blown skepticism. Skepticism questions all assumptions until they can be confirmed, usually by empirical means, and in its extreme form it asserts reductionistically that knowledge is impossible, so the search for truth is pointless. By contrast, the Christian faith teaches that we can

know, but we know in part; we can see, but we see through a glass darkly. This is a far cry from skepticism that maintains that we cannot know and we do not see.

Working within the parameters of these limitations of finiteness, fragmentation and fallenness, the task of the Christian scholar is to seek God’s truth wherever He has revealed it. Integration endeavors to link together the various data of God’s truth in a coherent whole to the extent that it is humanly possible at this point in time. In a partial way, integration works toward reconstructing the picture of the whole as only the omniscient God sees it perfectly.

### 4. The Practice of Integration

Several principles guide this task of integration. First, integration seriously considers both special revelation and general revelation. Both secularism, with its rejection of the Bible as a source of reliable knowledge, and biblicism, with its exclusion of knowledge from outside of the Bible, rule out by definition a source of divinely-revealed truth, but integration looks for God’s truth both within the Bible and outside the Bible.

Second, integration uses critical thinking to scrutinize all truth claims to discern if they can be demonstrated to belong to the truth set. Because the Bible as the Word of God resides totally within the truth set, it can serve as a measure for evaluating some truth claims, but first the Bible itself must be understood accurately. It is not sufficient to use a cursory level of biblical understanding as a surrogate for precise analysis of the biblical text. To complicate matters, there are many truth claims that cannot be measured directly against a biblical text, because the Bible does not speak specifically to them, and in

these cases a more indirect standard of coherence with the biblical data is warranted.

Third, integration endeavors to articulate how the pieces of truth link together. For example, Psalms 32 and 51 speak about how sin produces both objective and subjective guilt, but in Macbeth Shakespeare elaborates on the devastating consequences of guilt as he traces the profound psychological ruin that came to Macbeth and his wife as a consequence of their murder of Duncan. Reading these texts together leads to a level of understanding of sin and guilt that goes beyond what either text individually communicates. Because this kind of integrative thinking requires expertise in multiple fields, it emerges best from scholarship in community.

Fourth, integration in looking for promising linkages must resist the temptation to tamper with the pieces. Too often, a popular theory in an academic discipline is attached to a biblical text that it does not truly fit. This kind of purported integration is inauthentic, and though it may impress from a distance, closer examination of it leads to disappointment.

Fifth, integration treats received truth claims from the past with respect, but as the Bereans who evaluated the teachings of Paul by the standard of the Scriptures (Acts 17:11), it examines all things and only then believes and conserves that which is demonstrably true. At the same time, integration exercises intellectual daring that prompts it to keep probing the mysteries of God's truth.

Sixth, integration manifests a spirit of humility in refusing to make assertions or to form judgments that go beyond the evidence that God has now made available. With a resolute commitment to integrity, the Christian scholar should be courageous enough to stand for what (s)he does know, humble enough to admit when (s)he does not know, and wise enough to know the difference.

Seventh, integration values the whole above the parts. At the present time, specialization dominates the academic world. In fact, it is not too far off the mark to say that the further we go in education, we learn more and more about less and less, until we know everything about nothing, and we can speak to no one. By contrast, when we integrate faith, learning and life, we

are seeking to see the whole, unified picture of knowledge rather than focusing on the separate, discrete details. This attention to the whole presents a powerful impetus for scholarship, and at the same time it compels us to view life from God's perspective rather than according to the limited agendas of our personal preferences or of the current disciplinary hot issues.

I am greatly encouraged by what I see being accomplished in the field of pharmacy by CPFI. It is my hope that you will continue to build upon this solid foundation. At the same time, I challenge you to enter more fully into the ongoing discussions among Christian scholars about the integration of faith, learning and life. And I welcome the insights and encouragements that you will bring to those discussions.

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# Pharmacy and Faith Can Intersect



**by Marc A. Sweeney PharmD, MDiv**  
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## **The Need for a Solid Foundation**

The profession of pharmacy is a multi-faceted discipline, requiring an understanding of pathophysiology, patient assessment, pharmacology, pharmacokinetics and pharmacotherapy in the context of patient care. To provide appropriate patient care, knowledge of the disease being treated and the optimal medication, dose, and route of administration used for treatment is necessary. Optimization of medication therapy is not simply based upon the medication's physicochemical properties, but more importantly the patient and related considerations. Often the choice of medication for a patient is based upon a prescriber perspective rather than the patient perspective.

For example, the most effective medication to treat a specific disease might require the patient to assume a high cost, high frequency, or large dosage form. As a result, the patient may not take every dose, compromising the efficacy, because efficacy is based upon the premise that the patient ac-

tually consumes or applies the medication. Determining the most appropriate medication needs to take into account the patient's perspectives, lifestyle, beliefs, financial implications in addition to concomitant diseases, and prescription and non-prescription medications. Conversely, some patients are prescribed medications that result in fostering medication misuse. According to the World Health Organization, medication misuse is a major cause of drug resistance and mortality.<sup>1</sup> In the United States, deaths due to medication misuse now exceed the mortality rates for illicit drug use.<sup>2</sup>

Appropriate patient care requires that the patient is the starting point for treatment consideration. Fostering medication misuse or adherence issues should be avoided. In order to optimize patient-centered medication treatment plans, four primary building blocks to professional pharmacy education are needed: 1. Foundational Sciences (biomedical, pharmaceutical) 2. Behavioral, social and administrative sciences 3. Clinical sciences 4. Literature and research evaluation skills

Each area requires that the pharmacist be a critical evaluator of information, such that validity of information is considered. However, these building blocks are common to most professional pharmacy programs. At Cedarville University, a foundation for the building blocks is also used. The foundation of the Scriptures as a basis, by which all other information is validated, is essential to creating future pharmacists who seek out the best possible patient care. All information that is learned or generated through the school's research is

first aligned with the truth of Scripture. According to 2 Timothy 3:16 (NIV), All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the man of God may be thoroughly equipped for every good work. The Scriptures are intended to transform people into the likeness of Christ. Therefore, a follower of Christ should desire to filter all scientific literature through God's Word before embracing its potential truth.

## **The Foundation of Scripture**

When literature or scientific evidence is evaluated against the entirety of Scriptures, diligent study and analysis of the Scriptures are keys to appropriate interpretation. Scriptures taken out of context to endorse a specific view undermine the validity and greater value of Scripture. The Scriptures provide basis by which information may be interpreted. Since all information and research may be fallible, an infallible source maintains accountability and grounding to truth. To be an exceptional clinician, researcher and teacher, a faculty member must be praying over the Scriptures and God's revelation of truth through His Word. As a faculty member uses the foundation of Scriptures for all areas of research, teaching and practice, their investment into the development of exceptional, patient-focused pharmacists may be truly realized.

The development of a patient-focused approach to care also requires an understanding of the patient. Not only the patient's disease and its physical manifestation, but the pharmacist must also know the specific person to whom the care is given. Learning what questions to ask and how to ask

the questions is part of the information gleaned process. The fullness of the process requires a genuine care and compassion for the patient.

Most pharmacy curricula include the provision of compassionate patient care. However, observationally, the various curricula appear to assist students in developing the tools necessary to provide compassionate care. However, is the provision of compassionate care the same as being compassionate and caring? Does a genuine desire to put others before oneself really occur apart from Christ? In other words, the transformation that occurs through the Holy Spirit gives individuals the power to actually sacrifice oneself for the care and compassion of others. When faculty members model genuine sacrifice and care of others, providing a Scriptural backdrop to their actions, the hope is that the Christ-focused learners will develop likewise.

Compassion and care for the patient must also include assisting patients in making the right decisions. Many patients desire guidance in difficult, ethical decisions. The existing health care system does not provide any foundation by which to make tough choices. Patients may struggle with deciding to abort a baby through medication use, whether to use high dose pain medication at the end of life, or the ethical implications of using the “morning after pill.” It may be difficult for patients to make decisions about the use of antidepressants, anxiolytics or antipsychotics. They may have questions about substituting a “natural” remedy for conventional therapy. Many health care professionals are ill-equipped to guide patients in these decision-making processes. Regardless of the patient’s spiritual or religious background, patients generally want some basis to make a deci-

sion. Providing scientific data alone is usually not enough to guide patients.

Scientific data based on the foundation of Scriptural truth provides a great backdrop for decision making, even for the atheist. The foundation of information is based upon a greater truth. Scriptural truth has been validated over the entire course of human history, but scientific “truth” may only have a few years of validity. Furthermore, all challenging decisions result in opportunities to demonstrate the love of Christ to others. In the middle of any difficult decision, the possibility exists to encourage patients to admit to their struggles, fears and concerns. With every physical challenge an opportunity exists to share the love of Christ, which in many cases leads to an opportunity share the Gospel.

The following Scriptures are paramount in integrating faith into teaching:

*Oh, how I love your law. I meditate on it all day long. Your commands make me wiser than my enemies, for they are ever with me...I have more insight than all my teachers, for I meditate on your statutes....I gain understanding from your precepts...* (Psalm 119:97, 98, 104, NIV).

The love of the Scriptures and meditation on Scriptures provides insight and understanding. Simple knowledge of Scriptures, which Satan possesses, does not have the same outcome. Thus, a faculty member must demonstrate their love and desire for God’s Word.

*The fear of the Lord is the beginning of knowledge...* (Proverbs 1:7, NIV).

A proper understanding of our relationship with God is the starting place for understanding.

*If any of you lacks wisdom, he should ask God, who gives generously to all without finding fault, and it will be given to him* (James 1:5, NIV).

Asking God for wisdom is a starting place for humility and understanding. God has ultimate knowledge of His creation. By starting with the Creator, Himself, our perspective is greatly enhanced.

*I am the vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing* (John 15:5, NIV).

The source of all of our power to impact this world is through Christ. The implications of this passage are beyond the realms of this discussion. However, the truth of this passage is a key foundation to teaching and role modeling world impact.

Daily transformation and the renewing of the faculty member’s mind and heart (Romans 12:2) needs to be starting point for teaching. When there is a disconnection between what is taught and what is lived on the part of the teacher, outcomes are compromised. An atheist can communicate the truths of scripture as information but a follower of Christ needs to communicate the truths of Scripture as transformation.

### **Application to the Profession**

In order for integration of the Christian faith into the profession of pharmacy, diligent study of both is required. If a lack of knowledge, understanding or comprehension of the profession or the Scriptures is lacking, then the fullness of the potential will not be realized. For example, if a pharmacist is fully-versed in God’s Word and is being transformed into the likeness of Christ on a daily basis, but has not been maintaining current



knowledge and understanding of new drug therapy or treatment guidelines, then the care of the patient will be inadequate. The most caring, compassionate, Christ-like individual must still have the necessary skills and knowledge to deliver appropriate pharmacist care. On the other hand, a pharmacist who is noted in their individual specialty may not be able to provide the necessary navigation of ethical decisions or even think to sacrifice their own comfort to care for others without the ongoing renewing of their mind through the Spirit-directed study of Scriptures.

Just as Paul was known, first, as a slave or servant of Christ, so should all followers of Christ. An individual's identity should not be rooted in their career or role within their society or family. A Christian's identity should start with their servitude to Christ. In other words, an individual should not be known as a pharmacist, who happens to be a Christian, but a Christian, who happens to be a pharmacist. Practically, when a patient or health professional interacts with a pharmacist, it is their expertise that draws the interaction. However, ultimately, Christ should radiate through and eventually become their primary identity. A Christian pharmacist once said, "I have found that people need me more than they need my product."

As a pharmacist becomes primarily identified as a follower of Christ, others should note a different type of practitioner. According to Galatians 5:22-23 (NIV), "...the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control..." Because the description of this passage is in singular form, the follower of Christ would demonstrate all of these characteristics on a regular basis. A practitioner, who truly loves others as an outflow of his or her love for God while embracing a genuine joy regardless of his or her circumstances, will be noticeable. Further manifestations of the Spirit create more differentiations between a Christian pharmacist and a non-Christian pharmacist.

According to Romans 12:10 (ESV), followers of Christ should "...outdo one another in showing honor." How might a pharmacist come across to others if they were committed to competing with others in giving honor? What if every action was evaluated based on honoring those whom they serve? Every employer wants to hire individuals who are known for honoring others. It is a great business model and a great success model. However, the end-point is not honor, in and of itself, but to give glory to God. If every action is rooted in the question, "are my actions resulting in more individuals desiring Christ?" This

might result in revival. Honor is not dependent upon the other person's beliefs or disbeliefs. It is easy to honor those who agree with us, but what if the individual holds a different view? A Christian pharmacist holds to truth, but always honors those whom they serve.

When King Solomon, known for His gift of wisdom, was visited by Queen of Sheba, she proclaimed,

*"...praise be to the Lord your God, who has delighted in you and placed you on the throne of Israel..."* (1 Kings 10:9, NIV).

God was truly honored when Solomon gave glory to God for His gift of wisdom that he gave as a gift to others. Imagine if Christian pharmacists were to be good stewards of the wisdom that God has given them? Could Christian pharmacists actually provide guidance or solutions to very challenging issues or questions that people or our society faces? Could Christian pharmacists be a source for answers to a hurting world? Every patient who enters the pharmacy (or the health system) has a physical need. That physical need is the starting point where Jesus began His ministry. Many times, spiritual needs are not realized until the physical needs are being met.

Ultimately, the Christian, who embraces the health care system as their mission field through the profession of pharmacy, should be an individual who brings glory to God through his or her actions and tongue. Furthermore, that individual should be able to communicate truth in an honoring and loving manner that places God first and their patient second, regardless of the situation.

### **Pedagogical Implications**

The task of training up Christians who are pharmacists is no easy undertaking. Developing an entire school of pharmacy with this mission is challenging. The plan begins with faculty members who embrace living for Christ as a pharmacist. Faculty members must work through what this looks like, personally and professionally, to be able to effectively teach and be a role model. Teaching the philosophical tenets of being a Christian pharmacist will not have much impact. However, embracing the notion of discipleship, "come follow me as I follow Christ," has life changing implications.

All pharmacists are trained in knowledge, skills and attitudes based upon accreditation standards. Bloom's Taxonomy of cognition (identified in 1956 by Benjamin Bloom) ranks knowledge as the lowest level of cognition. Building off of knowledge is understanding, application, analysis, synthesis and evaluation. Each of these areas would

be part of the development of skills. Attitudes, an individual's degree of like or dislike, are created through the whole process. As a follower of Christ, the faculty member should shape the attitude of learning by instilling into learners a motivation to learn about God's creation. The faculty member should like what they do and be passionate towards Christ and His calling in his or her life. The faculty member should desire to serve others in a tangible way in the profession of pharmacy. Many times, what is "caught" is more impactful than what is "taught". As parents, children often embrace who we are and how we act rather than what we say. Extrapolation to students could also be made. A faculty member's passion for Christ and desire to serve others will create momentum and desire to do the same. God, the Father, informed His people about his expectations for life, but Jesus role modeled what that life looked like.

Beyond the role modeling of the faculty members, the faculty member should embrace Scriptural inclusion, when appropriate, into their discipline. In pharmacy, it can be applied in patient care areas, missions, science foundations, ethics, etc. Because new drug therapy and research in areas of pharmacogenomics can create new areas of ethical concern, the opportunities to integrate Scripture into areas continue to be dynamic. In fact, with over 20,000 new articles published monthly in health care, it is unlikely that any faculty member will deliver the same material twice from year to year. This provides opportunity to constantly evaluate the impact of Scripture on new information.

### **Personal Testimony**

With each month that passes, God is challenging me in new ways. I am always looking for new ways to have an impact on people, make the Gospel real and encourage a hurting world through the truths of our Creator. I am hopeful my perspective integrating my faith into my teaching will become more dynamic through continued collaboration and engagement of my Cedarville University colleagues.

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# Called To Be A Pharmacist:

## Recovering the Christian Doctrine of Vocation



by **Scott E. Kaufman, RN, MA, PharmD**  
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*"It is not right...to acquiesce in the notion that a man's life is divided into the time he spends on his work and the time he spends in serving God."*

— Dorothy Sayers

This issue of Christianity & Pharmacy explores the integration of faith and profession. To 'integrate' something means to unite it with something else, or "to blend into a functioning or unified whole."<sup>1</sup>

Therefore, the question before us is, "How can Christian pharmacists effectively blend their faith and their work into a functioning and unified whole?" This question has long troubled and perplexed many Christians, especially those working in 'secular' jobs. But perhaps we are asking the wrong question, for the question implies an underlying assumption that faith and work are dichotomous and, ipso facto, need to be integrated. That paradigm should be shattered. Faith and work are already in-

tegrated in God's eyes. Instead, our attitudes and understandings about work need to be integrated with the teachings of Scripture. Only then will we understand that in our jobs—either as pharmacists or any other legitimate professions—we "are serving the Lord Christ."<sup>2</sup>

### **"By the Sweat of Your Brow"** **Attitudes Toward Work**

When it comes to attitudes toward work, Christians in general are similar to their non-Christian counterparts. In a survey of young evangelical Christians enrolled in Christian colleges and seminaries, one researcher concluded, "What has been seen thus far merely confirms what is already well known about the place and value of work for Evangelicalism—that work has lost any spiritual and eternal significance and that it is important only insofar as it fosters certain qualities of the personality."<sup>3</sup> We see this every day in society. For example, some have a mercenary perspective toward work, seeing a job as merely a means to earn the wages that make their lifestyle possible. This attitude is so common that it is often displayed as a bumper sticker: "I owe, I owe, so off to work I go!" Similarly, work is often viewed as a necessary evil. "I'd rather be fishing," we say. There are others of us who live by the slogan, "Thank God it's Friday." Work is something we must endure during the week so we can finally enjoy the weekend, only to feel a growing sense of dread as Monday morning approaches.

Many Christians have the notion that work came as a consequence of man's rebellion in the Garden of

Eden. The Lord told Adam, "By the sweat of your brow you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return."<sup>4</sup> Thus, mankind was expelled from the abundance of the Garden "to work the ground from which he was taken."<sup>5</sup> If we look back to the previous chapter of Genesis, we see that work was instituted for man by God before the Fall. Immediately after Adam was created it is stated, "The Lord God took the man and put him in the Garden of Eden to work it and keep it."<sup>6</sup> After the Fall, the ground was cursed and would bring forth "thorns and thistles,"<sup>7</sup> indicating that mankind's labor would thereafter be accompanied by difficulties. The punishment was not work, but the toil, tension, frustration, hardship, worry, and disappointment that accompanies labor in a fallen world. Since God had ordained work for mankind prior to his rebellion in the Garden, we may conclude that work itself is not a curse.

The Christian's attitude toward work should be different. Non-Christians view work through a lens that usually focuses on the toil and trouble of work. Christians ought to see work in the light of Scripture, through the lens of the Holy Spirit. According to theologian Paul Althaus, "Scripture does this in Psalm 128:1-2 when it blesses the man who works industriously. He is blessed because in the midst of all the toil and bitterness of work, the believer may know that his work obeys God and therefore stands under God's approval. God accepts it as a sacrifice of worship and praise and uses it to bless us. God has sweetened the sourness of work with the

honey of His good pleasure and the promise of His blessing. Because the Christian views work in this way, it is precious to him. He can easily bear the burden and do it with joy and courage. Thus work is indeed under a curse, but it also stands under God's blessing."<sup>8</sup>

### **Tearing Down the Imaginary Walls Separating Faith and Work**

There is another mindset among contemporary Christians that certain jobs, such as farming, construction, banking, and pharmacy, are not service to God. An exception to this idea is perhaps those rare moments when individuals are able to witness the Gospel (e.g., share faith with a colleague, hold a Bible study for coworkers, and conduct other "religious activities" at the workplace). This view is particularly prevalent among evangelical Christians, who have the idea that a Christian who is not employed in full-time vocational ministry cannot be a Christian in the fullest sense. This false dichotomy between faith and work comes, not from Scripture, but from an erroneous mindset described by Paul Helm as 'split-mindedness.' According to Helm, "Christians have become accustomed to think of themselves as having a 'spiritual life' which is sharply distinct from the every-day life in the family, and from work and leisure. A 'spiritual life' is a life of prayer and watchfulness, of Bible-reading and church-going. As a result of this distortion, instead of the Christian life being thought of as an integrated whole, it is artificially broken up into compartments which have little or nothing to do with one another. The 'vertical' dimension of a person's life with God seems unrelated and unrelatable to the 'horizontal' dimension of his life on planet Earth. It is as if Christian responsibility ceases at the church porch, as if the Christian

gospel has nothing to do with the pavement outside and the roads and motorways beyond."<sup>9</sup> The artificial division of the Christian life into two compartments, religious and non-religious, carries over to a falsely dichotomous view of faith and work as well. These imaginary walls separating Christian faith and work should be torn down. As Dorothy Sayers noted, "It is not right...to acquiesce in the notion that a man's life is divided into the time he spends on his work and the time he spends in serving God."<sup>10</sup> For the Christian, all of life is to be lived in spiritual service to God. We need to restore the historic yet forgotten Christian doctrine of vocation or calling, embraced by leaders in the Reformation.

### **Recovering the Christian Doctrine of Vocation**

It wasn't until the Protestant Reformation that the doctrine of vocation surfaced and began to be fully developed by the Reformers, especially Martin Luther and John Calvin. Prior to the Reformation, only those engaged in full-time church work (e.g., priests, monks, nuns) were seen by the medieval church as having a vocation or calling. Ordinary or secular occupations, such as a milkmaid, a farmer, a shoe maker, a soldier, or even a king, were seen as worldly and of much lesser value to God. In order to serve God fully and live a truly spiritual life, one had to be separated from ordinary society and live a monastic, celibate life. This life had to be devoted each day to prayer, contemplation, worship, and other religious duties.

This concept of vocation changed under the influence of Martin Luther. Luther grew increasingly restless as a result of his growing conviction that the church had drifted away from the truths of God's Word.

One of the many fruits to come out of Luther's and other's efforts in the Reformation was the doctrine of vocation. As Gene Veith observes, "In scrutinizing the existing ecclesiastical system in light of the Gospel and the Scriptures, the Reformers insisted that priests and nuns and monastics did not have a special claim to God's favor, but that laypeople too could live the Christian life to its fullest."<sup>11</sup> Reformers believed that every legitimate occupation had eternal significance and was equally valued by God. Thus, the term for vocation acquired a new meaning in the Reformation. Luther saw vocation as the work one accepts as God's decree or command. As author Georgia Harkness has observed, "God decrees that man fulfill his calling, not in a monastery, but in the world. The concept is intertwined with one of Luther's most fundamental contributions, the setting aside of the distinction between the cloister and secular life as spheres of religious activity. All men, he said, are equally obligated to do God's work, and every legitimate calling is of equal value in the eyes of God. Man must labor at his [vocation], not away from the world, but in it."<sup>12</sup> The elevation of secular vocations to the same status as ecclesiastical vocations led Luther to write, "Therefore I advise no one to enter any religious order or the priesthood, indeed, I advise everyone against it - unless he is forearmed with this knowledge and understands that the works of monks and priests, however holy and arduous they may be, do not differ one whit in the sight of God from the works of the rustic laborer in the field or the woman going about her household tasks, but that all works are measured before God by faith alone."<sup>13</sup>

Another leader who helped refine the biblical doctrine of vocation was John Calvin. Like Luther, Calvin believed

that Scripture taught that persons in every legitimate profession were to glorify God through their toils as they fulfill their daily responsibilities. Calvin wrote, “We know that we were created for the express purpose of being employed in labor of various kinds, and that no sacrifice is more pleasing to God than when every man applies diligently to his own calling.”<sup>14</sup> But where Luther had asserted the possibility that one can serve God within one’s calling, Calvin took the bolder step of claiming that one can serve God by one’s calling.<sup>15</sup> Professor Leland Ryken outlined the leading ideas of Calvin’s doctrine of vocation as follows: (1) God is sovereign in the events of a person’s life. Part of this sovereignty is that the tasks that come to people in their lives are “appointed duties” (named “callings”) that have been “assigned...by the Lord.” The doctrine of calling or vocation was a specific application of God’s providence to the personal life of every Christian. (2) Because God is a person’s “guide in all these things,” our daily undertakings are not simply self-contained tasks but are part of a religious service to God, with the result that if “you obey your calling” it will “be reckoned very precious in God’s sight.” (3) No vocation is more sacred than another; in Calvin’s words, “it is all one in the sight of God what a person’s manner [i.e., “vocation”] is in this world, inasmuch as this diversity does not hinder agreement in piety.”<sup>16</sup>

According to Calvin, when we view work from the perspective of Scripture, and recognize, acknowledge, and acquiesce to the station and callings wherein God has placed us, “it will be no slight relief from cares, labors, troubles, and other burdens for a man to know that God is his guide in all these things. The magistrate will discharge his functions more willingly; the head of the household will confine himself to his duty; each man will bear and swallow the discomforts, vexations, weariness, and anxieties in his way of life, when he has been persuaded that the burden was laid upon him by God. From this will arise also a singular consolation: that no task will be so sordid and base, provided you obey your calling in it, that it will not shine and be reckoned very precious in God’s sight.”<sup>17</sup>

### **Application to Pharmacy**

The application of the doctrine of vocation to pharmacy has far-reaching potential to transform the Christian pharmacist’s view of daily work and life. In the biblical worldview, there are no insignificant or secular areas of life. We are commanded to glorify God in all things, including our daily routine of eating and drinking! 1 Corinthians 10:31 says it this way, “*So, whether you eat or drink, or whatever you do, do all to the glory of God.*” (NIV)

Being commanded to do all to the glory of God, including mundane and seemingly insignificant activities as eating and drinking, how much more does this apply to our jobs. As Christian pharmacists, we must remove the imaginary walls separating our work life from our faith, and live every aspect of our lives *coram Deo*, Latin for ‘in the presence of God’. According to theologian R.C. Sproul, “The Christian who compartmentalizes his or her life into two sections of the religious and the non-religious has failed to grasp the big idea. The big idea is that all of life is religious or none of life is religious. To divide life between the religious and the non-religious is itself a sacrilege. This means that if a person fulfills his or her vocation as a steelmaker, attorney, or homemaker *coram Deo*, then that person is acting every bit as religiously as a soul-winning evangelist who fulfills his vocation. It means that David was as religious when he obeyed God’s call to be a shepherd as he was when he was appointed with the special grace of kingship. It means that Jesus was every bit as religious when He worked in his father’s carpenter shop as He was in the Garden of Gethsemane.”<sup>18</sup> This is a biblical principle clearly enjoined in Scripture:

Slaves, in all things obey those who are your masters on earth, not with external service, as those who merely please men, but with sincerity of heart, fearing the Lord. Whatever you do, do your work heartily, as for the Lord rather than for men, knowing that from the Lord you will receive the reward of the inheritance. It is the Lord Christ whom you serve.<sup>19</sup>

Applying this verse to our context today, we can easily substitute employees for slaves, and employers for masters. The applicable principle is the same: we are to do our daily work ‘heartily, as unto the Lord,’ for it is He whom we ultimately serve, and He who will ultimately reward our labors as we carry them out for His glory. True Christianity encompasses all of life.

Christian pharmacists must avoid the lie that our work in this world is a secular affair that does not concern God. If we go about our daily tasks offering ourselves and our work as a sacrifice to God, then it is accepted by God as a holy and pure sacrifice pleasing in His sight. And as Paul Helm reminds us, “To see one’s whole life as a divine ‘calling’ is both the key to Christian sanctification and the cement which holds together the various aspects of our lives, preventing them from splitting up into different, and disjointed, sealed compartments.”<sup>20</sup> It is time to shatter the paradigm that faith and work need to be integrated, because in God’s eyes they are integrated.

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# Students Care for Underserved patients in **Prune, India**



by **Christine R. Birnie PhD**  
with **Adrienne Rosenbauer PharmD**  
and **Mary Caroline Kosh PharmD**

The fourth and final year of pharmacy school is exciting for most students. It is designed to give each student real-life, hands-on applications of the basic and clinical knowledge and skills acquired during the previous three years. Advanced Pharmacy Practice Experiences (APPE) offer exposure to various healthcare practice settings, opportunities to gain wisdom from practicing pharmacists, and direct contact with patients. This expands the knowledge base of students and helps to shape their professional attitudes. Medical mission APPE rotations provide these opportunities in a unique way, teaching students how to practice pharmacy in another country and address the cultural barriers and challenges that exist in this setting. A medical mission APPE allows students to serve in a team environment, gain an understanding of the role of a pharmacist on a medical team, put to use drug information and clinical assessment skills, and address socioeconomic and cultural barriers that impact the patient's care.

The Wegmans School of Pharmacy at St. John Fisher College has provided medical mission activities to students since its inception in 2006. Students have participated in medical mission trips to El Salvador, Kenya, the Dominican Republic and, most recently, India. Mission projects are available to students at various levels of their education, often culminating in an elective APPE rotation in their final year. In January 2010, two APPE rotation students, with a pharmacy faculty member, served as part of a 10 member team in Pune, India.

The team served in partnership with Koinonia Church in Pune, India, providing a free medical clinic and the love of Jesus Christ to the needy.



*The free medical camp set up outside the new permanent medical clinic*

The clinic was arranged so patients went through various medical stations, getting the care that was needed. Patients started in the registration area, where a card containing their primary information and weight was begun. Next, the patients moved to a

waiting area where they were taught disease prevention and health education, through short seminars or skits. When the patient's number was called, a triage area where vital signs were measured was the next stop, and hypertension and diabetes screening occurred. From there, the patient moved to the physician, dentist, or other primary care practitioner, before visiting the pharmacy for their prescribed medication or supplies. In addition to their prescribed medication, all patients were given a month supply of multivitamins. Dental patients received a toothbrush and toothpaste. After stopping in the pharmacy, patients received spiritual care before leaving the clinic. At this stop, pastors and church members talked with patients about Jesus Christ and prayed with each patient. Spiritual care was usually received willingly. Patients were receptive to prayer and hearing about Jesus Christ.



*Checking a patient's blood glucose at the diabetes screening station*

The pharmacy students were considered an integral part of the team and performed a wide array of tasks. These tasks included blood pressure checks, glucose monitoring, dispensing medications, and patient counseling. Pharmacy students also presented health education programs, assisted in dentist examinations, and served as needed. The small clinic en-



*Dispensing medication in the health clinic*

vironment allowed great opportunity for physician consults, therapy intervention, and dose adjustments.

Although activities are similar to those at clinics in the United States, there were additional challenges that arose in this clinic. Language and cultural barriers were some of the biggest problems. Without a translator, patient counseling and interactions were extremely difficult, because very few of the patients understood English. Even with a translator there were concerns that information was not communicated accurately and completely in a manner that patients understood. For example, metronidazole was being dispensed to a pa-

tient for intestinal amebiasis. Using a translator, the pharmacy team member counseled the patient on the importance of not using alcohol while taking this medication. When the pharmacy team member asked the translator whether this point was fully explained, the translator stated the warning was not given. The reason for not mentioning the warning about alcohol was the translator knew this patient did not drink alcohol, and telling him not to drink alcohol would be an insult. This incident pointed out the importance of making sure the translator understood the necessity of conveying all information to patients in a culturally sensitive manner.

Another unique aspect of this trip was the screening and treatment of chronic diseases. While bacterial and parasite infections are commonplace in developing countries, and disorders such as acid reflux and headaches are seen worldwide, chronic illnesses are increasing in the developing world.<sup>1</sup> According to the World Health Organization, death due to chronic conditions such as heart disease and diabetes are the leading causes of death worldwide.<sup>2</sup> In India alone, it is estimated that 53% of deaths are associated with chronic disease.<sup>3</sup> However, short term medical mission teams are often ill-equipped to manage these diseases. The treatment, like the disease, is chronic and long-term. Many

common medications, such as beta-blockers may be in limited supply and are dangerous if stopped abruptly without the supervision of a physician. For these reasons, most short term teams focus on treating acute diseases.

This project in India did provide an opportunity for a continuum of care. The free medical clinic coincided with the opening of a new permanent medical clinic to serve the people of that area. Prior to the trip friends and members of Koinonia Fellowship church in the United States, the sister church to Koinonia Church in Pune, raised the funds needed to begin a permanent medical clinic. A small one-room storefront was rented for the permanent clinic and to treat the poor and underserved of the area. One physician member of the Koinonia Church in Pune, agreed to staff the clinic a few days a week, in addition to her private practice. The short term team kicked off the grand opening of this clinic with a week-long free clinic. This allowed the short term team to perform screenings for chronic diseases and to treat these patients, knowing that follow up care is available.



*Dispensing medication in the free medical camp*

Although the continuum of physical care is a great highlight of this project, the continuum of spiritual care is also vital. The clinic collaborates with the Koinonia Church in Pune. This church is equipped to follow up with patients who are seen in the clinic, providing prayer, counseling, and invitations to church.

Opportunities to be involved in medical mission projects such as this one are not easy to take. Life as a pharmacist and a pharmacy student is busy and vacation time is coveted. There is a level of sacrifice to those who choose to participate, but those being served and those serving greatly benefit. For Christians, we are following Christ's example in serving and giving up our lives for others (Matthew 20:28).

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# Personal Reflections

## A Call for a People with a **Vision**

by **Linda I. Davis, PharmD, MA, TTS**

*Address given at the Hooding Ceremony for the 2011 Graduating class at Loma Linda University, School of Pharmac*

Ladies, gentlemen, family, friends, administrators, faculty, staff and especially the graduates of the Class of 2011, welcome to the Loma Linda University School of Pharmacy's sixth annual Hooding Ceremony! To the family and friends of our graduates who have given endless support and waited patiently for this season of celebration, tonight is a time to celebrate your contribution, along with the graduates, in this tremendous accomplishment. I congratulate you and thank you for encouraging your loved one when they needed it most. Finally, to the ladies and gentlemen of the hour, the graduates, I congratulate you for a job well done.

Four years ago this brilliant group of students arrived on the University campus eager, excited and, dare I say, some a little nervous about the new journey they were embarking upon. The interesting coincidence about my connection to this class is that their first year at the School of Pharmacy in 2007 was my first year as faculty. I had the privilege of spending time with them on their orientation retreat. Since then, it has been a fantastic whirlwind to see these students, now graduates, excel through the program.

In your first quarter here, you all wrote an essay sharing your life journey and your passion for the profession. You started this journey with a vision. Though the experiences of the last few years may have changed your vision, it is my hope that your passion for the profession is a fire burning just as bright as when you entered the program, if not ten times more brilliant!

My brief remarks tonight are to remind you to keep dreaming. Keep setting new goals to reach ever higher heights. See the height to which you desire to climb and you will get there. You may even have to fight to keep your vision alive, but this struggle is worth enduring. The wisest of kings once said, "Where there is no vision, the people perish" (Proverbs 29:18 KJV) and President Theodore Roosevelt said, "Far better it is to dare mighty things, to win glorious triumphs, even though checkered by failure, than to take rank with those poor spirits who neither enjoy much nor suffer much, because they live in the gray twilight that knows not victory nor defeat."<sup>1</sup>

So keep dreaming. Keep reaching. Our profession and your patients are counting on you. Endure the uncertainty of tomorrow with joy and peace in the confidence of the One greater than you that has already brought you this far. "Therefore do not cast away your confidence, which has great reward. For you have need of endurance, so that after you have done the will of God, you may receive the promise" (Hebrews 10:35-36 NKJV).

Today we celebrate that you have done well to maintain your vision, confidence and endurance which has brought you here. We sincerely congratulate you for that.

If you ever lose confidence in yourself, know that the faculty at Loma Linda University School of Pharmacy has every bit of confidence that you will offer excellent patient-centered pharmaceutical care. We are confident that you will be leaders in your practice settings and that many of you will be leaders in the profession. We are confident that you will touch thousands and perhaps millions of human lives by healing their bodies, souls and minds. Yes, you have a special gift and calling as Loma Linda University graduates to continue the healing ministry of Jesus Christ. If you ever feel overwhelmed by this ideal, remember in humility we are all vessels for the Holy Spirit to flow through and you have been given authority to co-labor with Him (I Corinthians 3:9a NKJV).

Part of labor and the professional working world is being dressed for the job, so tonight your educators and faculty are here to hood you. The excitement and thrill of this event comes in part from the mystery of its history and its significance.

What is this history and significance you ask? Well, in English tradition, the hood has a history dating back to the thirteenth century, used by monks, clergy and university students. 1 Prior to this, the hood originally had no academic significance and served the function of a head covering, a cape to cover shoulders in the cold and as a bag for alms.<sup>2, 5</sup> By the fifteenth century graduations began to feature hoods with distinctive colors and linings.<sup>6</sup>

Tonight the hooding tradition reminds us that the covering and care of your mind with the provision of knowledge has been our privilege. The tradition of the utility of the hood to store finances reminds us that just as in the Middle Ages, you too will be sharing your intellectual resources to benefit and nurture yourselves and others. The tradition of the hood and the regalia you are now wearing reminds us you have authority in a new field. The symbolism of the hood also reminds us that amidst this academic feat, you also have a covering, a protection, a presence and guide with you always. We know this because He said, "I am with you always, even unto the end of the world" (Matthew 28:20b KJV).

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## Extending Hands to the Dominican People

by **Elias B Chahine PharmD BCPS and Mara N Poulakos PharmD,**  
*Palm Beach Atlantic University*

As part of the medical missions program at Palm Beach Atlantic University, 13 student pharmacists, a pharmacy practice resident, and 2 clinical faculty went to the Dominican Republic in June 2011.<sup>1</sup> The School partnered with VivaKids, a non-profit organization that serves underprivileged children around the world.<sup>2</sup> VivaKids takes a holistic approach to working with children, focusing on spiritual, physical, social, and mental needs.<sup>3</sup> The field directors and partners of VivaKids strive to aid children in the Dominican Republic by providing classes, workshops, health clinics, feeding programs, Bible studies, and discipleship groups.<sup>2,3</sup> The foundation for VivaKids is found in Luke 18:15-17 (NIV), "But Jesus called the children to him and said, 'Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. I tell you the truth, anyone who will not receive the kingdom of God like a little child will never enter it.'" We describe the experience of the team in this article.

### Preparing for the mission trip

Considerable time and dedication from leaders to prepare the budget, solicit funding, book flights and accommodations, develop a pharmacy formulary, and order prescription medications, over-the counter products, and various supplies are essential to preparing the team. It also requires dedication from students to learn about the culture and the health needs of the people they are preparing to serve. Encouragement for this aspect of the trip can be found in Galatians 6:9 (NIV), "Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up." The team needs to be physically, emotionally, and spiritually prepared for the experience. To prepare we used a series of educational meetings that included Bible readings and personal testimonies and reflections being shared among team members. The team consistently prayed for God's guidance and blessings while preparing for the trip. Every meeting was filled with His presence and we saw God enable the preparation process to go smoothly.

## **Serving on the field**

Jesus said, “Dear children, let us not love with words or speech but with actions and in truth.” 1 John 3:17-18 (NIV) “There will always be poor people in the land. Therefore I command you to be openhanded toward your fellow Israelites who are poor and needy in your land.” Deuteronomy 15:11 (NIV) Faculty and students on this team were able to put these words into action. They collaborated with interpreters, health care professionals from the Dominican Republic, including three physicians and several medical students from the School of Medicine at Universidad Central del Este in San Pedro de Macorís. The multidisciplinary team provided medical care to patients with acute infections and with chronic conditions. Despite uncomfortable working conditions in makeshift clinics, hot and humid weather, flies, and mosquitoes, the team served a total of approximately 600 patients, half of which were children, and dispensed more than 1,800 prescriptions in six clinic days (Table 1). Team members understood the compassion of Christ and the joy of being obedient to Him. “When Jesus landed and saw a large crowd, he had compassion on them and healed their sick.” Matthew 14:14 (NIV)

“Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’” Matthew 25:34-36 (NIV)

Our purpose as a team was to serve the physical and spiritual needs of the poor and children. Team members prayed with each patient, asking for God’s grace, healing, and peace. Crosses, bracelets with beads were used to help in sharing the gospel, and bookmarks with Scripture were provided during patient counseling. We were overjoyed to see many patients praising God and praying for the well-being of the team. A powerful bond developed between the team and the patients. Between clinic days, team attended Sunday Mass at Catedral de Santa María la Menor in Santo Domingo, the oldest existing cathedral of the Americas and an evening service at Iglesia Emanuel in San Pedro de Macorís.

## **Involving student pharmacists**

Students at the Gregory School of Pharmacy may choose an elective advanced pharmacy practice experience (APPE) in medical missions. Of the 13 students on the team 8 used this as an APPE elective. Students getting APPE credit were required to prepare and present educational activities describing the culture and health beliefs of people in the Dominican Republic, and on common diseases encountered in the country. All students were required to participate in the screening patients for hypertension and diabetes mellitus, keeping an active inventory of medicines, compounding, dispensing prescriptions and over the counter products, and counseling patients on lifestyle modifications and the proper use of their medications. Students were encouraged to develop servant-leader attitudes, share testimonials and devotionals, and engage in evangelism. After returning, students reflected on their experience and presented a report in Pharmacy Chapel.

The medical mission experience was demanding, rewarding, humbling and enlightening. Each team members used the knowledge, skills, and values acquired in pharmacy school to provide culturally competent patient care and decrease health care disparities. All of the team realized how we are blessed material goods and healthcare, and felt the call to give back. “Each of you should give what you have decided in your heart to give, not reluctantly or under compulsion, for God loves a cheerful giver.” 2 Corinthians 9:7 (NIV) Our desire for this report is to encourage the pharmacy professionals to fulfill what Jesus commanded, “Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit.” Matthew 28:19 (NIV)

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# Students

## Student Mission Scholarship Report

by **Meredith Bodah, PharmD Candidate**

Wegmans School of Pharmacy

St. John Fisher College

Rochester, New York

With assistance from the CPFI student missions scholarship, I was able to join a short term mission trip to La Union, El Salvador. Six other people from St. John Fisher College were on the team that consisted of 35 other health care professionals and students from the United States and Canada. My intent for joining this trip was to show God's love in a tangible way. Our team partnered with a local church. Members of the church helped with translating and counseling. Our team provided care to approximately 2,000 people throughout the course of the week. Many of these patients could not afford to see a doctor outside of this clinic.

Our typical day started with a time of devotion, worship, and sharing testimonies. We then took a bus to the naval base at La Union, where we set up the clinic. On our arrival, people were already lined up waiting for the clinic to open. Every patient saw a physician or physician's assistant, visited the eye clinic, and saw a dentist if needed. My time was primarily spent in the pharmacy. Patient interaction is somewhat limited due to the busy nature of the pharmacy, but I was able to shadow a physician for a half day.

God used our team to touch the people in El Salvador, and worked in me during this trip. My first mission trip was a year ago, and this second trip was just as much of a learning experience, as was the first trip. The most challenging part of this trip for me was the limitation of providing health care in another country. We did not have the resources familiar to most team members, for example the ability to treat chronic diseases. It was really difficult to watch people with these problems leave our clinic without receiving the care they needed. It was frustrating, but I was constantly reminded that God is not limited by the things that limit us. He is able to heal, both physically and spiritually.

My impression is that the trip was a success for me and for the team. While we were limited in many ways, we were not limited spiritually. It was exciting to share the Gospel of grace with people who attended church regularly, but were only familiar with salvation by works. I am sure the seeds we planted start to grow and produce more fruit.

## El Salvador Reflection

by **Casey R. Utter, PharmD Candidate**

Wegmans School of Pharmacy

St. John Fisher College

Rochester, New York

Within a month after my return from a weeklong mission trip, memories of La Union are fading. Pictures, journal entries, and conversations with team members on the trip are evidence I went to El Salvador. However, I have questions about the impact I made and how the trip impacted me.

As a third year pharmacy student, I must complete 20 hours of service learning to better understand and appreciate the patients I serve. I knew participating in a medical clinic for the underserved in another country would help me to accomplish these objectives, while experiencing a new culture and learning more about what God's plans are for me.

The goal of the mission team was to set up a medical clinic for five days in La Union, El Salvador, with the purpose of meeting the medical needs of people in that area. Love and compassion for others, along with the desire to help people through emotional, physical, and spiritual struggles have always been important to me. This trip would help me to see the impact I could have on others through God's help and what I can gain from other people in this setting.

Our team of about 40 members arrived in San Salvador, El Salvador on a Saturday afternoon, looking forward to the upcoming week. Even though 6 of the team members were from my college, I knew there would be many people to meet, and many more to serve in the clinic. Even though I was anxious about meeting others, throughout the trip I became more comfortable and open in these interactions. I wondered what the people would be like, and how different from each other we would be.

On Sunday morning the team went to a local church, and many of my questions started to be answered. The service was in Spanish, but everything was translated into English. Before the sermon, our team and the church members worshipped for over an hour in both languages. Reflecting on the experience, it seems surreal. As our voices joined together in praise to God, His presence permeated the room. I never felt such love and devotion to our Father, and it was a blessing to be part of this meeting. My fears dissolved when I saw how we came together in praise and worship to God. On an emotional high by Sunday afternoon, I felt prepared for the rest of the trip.

Early Monday morning, we arrived at the clinic. A couple of hundred people were already waiting. We started taking patients within a half hour and rushed to prepare the pharmacy. The pharmacy group, including 3 pharmacy students, a pharmacy faculty member, and I, worked quickly to unpack and organize over 20 suitcases of medications and supplies. The medications were arranged alphabetically and by class, and saw our first patients within the hour. Most prescriptions were simply written for a diagnosis. For example, "antibiotic for UTI," "PPI," or "Daily Multivitamin." Using our clinical judgment, knowledge, and what was available in the drug supply, we provided the appropriate medications. This is in contrast to pharmacists in New York who have little to no prescribing ability. Being able to use the knowledge I have worked hard to learn was empowering. I felt my skills were finally being utilized, and fellow health-care professionals appreciated my knowledge. The camaraderie we had was a breath of fresh air.

Love and support was expressed among team members and by the Salvadorians. Our translators, high school seniors volunteers from San Salvador, worked tirelessly and graciously to help us communicate with patients. After long, hot, and exhausting days our translators remained positive and energetic. The translators expressed compassion for the people. Such selflessness is commendable, and these students were lights of hope throughout the clinic week.

In addition to student translators and church volunteers, there were 2000 patients who touched my life. Throughout the five days of clinic we saw approximately 2000 individuals. I have never met such humble and deserving people. Each patient waited for hours to be seen without the slightest hint of impatience. In the US, we try to rush through doctor's appointments and counseling sessions in a few minutes. Despite the pharmacy being extremely busy, taking time to talk to patients never was a problem.

The pharmacy was the last stop for our patients. After being in clinic all day, patients and families waited longer for prescriptions to be filled. My inclination was to move quickly as prescription order piled up. After speaking with several patients I realized speed was not important. My primary objective changed from filling prescriptions quickly to filling prescriptions productively and having a conversation with each patient. Most patients did not have chronic diseases treated as our medication supply was limited to acute therapy. However, taking a few minutes to show emotional and spiritual support was comforting. I was blessed to have personal and meaningful contact with patients. This included praying with them and for others struggling in their lives, reassuring them of care, or to simply sharing a hug. I felt that with God's help, I was making an impact in these people, and was never more satisfied by what I was doing.

Although I was able to impact the lives of others on the trip, God, and the people and patients I worked with were profoundly impacting my life. I gained new appreciation for medical professionals of different areas working together.

I felt more compelled than ever to help those in need in the US, especially after seeing the selflessness of our translators. Finally, I regained the love I lost for my patients, through my encounters with the beautiful people of El Salvador. Before the trip I felt somewhat disillusioned with healthcare in the US, but through the trip I realized why I entered pharmacy school. My desire was to help those in need, no matter what their situation or how they might treat me in return. My purpose is to love them as God loves me, and provide them with medical, emotional, and spiritual support. I completed the 20 volunteer hours and promoted civic integrity while on the trip. However, my goal now is to always look on these memories with fondness, and not forget what they have taught me or how they have impacted my life.

## Close to Home but **Worlds Apart**

by **Scarlett Allen, Angelo Bugayong, Julie Cho, Michelle Cua, Meghan Edgar, Ngoctran Huynh, Christine Jones, Chad Rhodes, Priyanka Vashi, Theanna Willard**

Pharm.D. Candidates, 2012

Palm Beach Atlantic University, Lloyd L. Gregory School of Pharmacy  
West Palm Beach, Florida



Palm Beach Atlantic University, Gregory School of Pharmacy (GSOP), sends students and faculty on several overseas medical mission trips each year to various countries. This year, we participated in the school's first domestic medical mission trip, to a location 40 miles from West Palm Beach. Despite the close proximity to affluent areas of south Florida, the Glades region around Lake Okeechobee faces major health care challenges, due to depressed economic condition. Our team was able to serve in the towns of Belle Glade, Pahokee, and Clewiston, Florida.

The challenges we faced made it seem like we were going overseas. Communication with local organizations was difficult, as there was little infrastructure to accommodate healthcare teams from outside the community. It did not take long to realize that the trip was in God's hands.

Because we remained in Florida, we had to meet all legal and regulatory requirements, especially those pertaining to dispensing medication and limitations on student activities. One of the biggest obstacles was resistance to accepting help from outside of the community. After extensive planning and persistence by the trip's coordinator, God provided contacts in key organizations established in the community. These contacts enabled the minds and hearts of the people to be receptive to assistance and fostered acceptance of our efforts to serve individuals spiritually and medically. The focus of our efforts was on educating youth on preventative care, performing blood pressure and blood glucose screenings, and providing miscellaneous preventative healthcare education for adults.

In preparation for this trip, the team researched the region and discovered much about the area known as "Muck City." Belle Glade is renowned for fertile soil, as reflected by the town's motto, "Her soil, her fortune." The local economy depends on agricultural, mostly crops of sugarcane and corn. Employment is primarily in farming, resulting in limited wages and seasonal fluctuations. The only other major employers are correctional institutions. As an economically depressed area, lower levels of education contribute to a cycle of poverty. Youth focus on sports in hope of a better future. Top athletes in football and basketball in the collegiate and professional levels come from this region. A high percentage of the population is African American, Haitian, and Hispanic. Many of the residents suffer from chronic diseases, such as obesity, diabetes, hypertension, and hyperlipidemia.

The true identity of a city lies within the minds and hearts of its people. Most of the elderly remember the glory days of Belle Glade, when it was a community of pride and success. Agriculture made jobs plentiful and people were able to earn a reasonable living. But increasingly, lower wage jobs were taken by migrant workers and salaries became stagnant. Economic hardships in the area eventually led to increasing crime, depressed property values, and poverty. The effects of the economy on young people caused a sense of futility and despair. Still, a spirit of resilience and determination exists, especially among the children. Amid these challenges and obstacles, our mission was to provide hope through compassion, to spread the good news of Christ, and to provide health screening and encouragement to a medically underserved population.

Diabetes is prevalent in Belle Glade and the surrounding areas. Diabetes and hypertension were the two most common diseases among patients who participated in our screenings. Overall, we encountered several patients whose blood sugar levels were above 350 mg/dL. Some patients had not taken their medication for a variety of reasons and did not understand the complications of diabetes, such as blindness, stroke, renal failure, heart attacks, or amputations. When instructed about diet and taking medication regularly, they seemed apathetic.

Nutrition is another major health challenge in the community. We frequently encountered individuals, young and old, who had symptoms or health-related issues due to diet. One child seen in the clinic presented with a complaint of constipation. Her mother described a diet of fried fast food, pizza, and processed foods. We attempted to address the issue of poor dietary habits. However, reluctance to change was often the response we received. Although people understood the need for better nutrition, they were not inclined to change their dietary habits. Future outreach programs should address this issue.

Regarding spiritual aspects of the trip, it was amazing to see the Holy Spirit quickly make a difference in a person's life, despite agonizing pain. An older Hispanic man wanted us to check his blood glucose and blood pressure. After a series of questions and some prodding, he began to share his feelings and talk about his pain. He had intense pain radiating down both legs. After months of over-the-counter treatment with chiropractic therapy, the pain did not resolve. We suggested non-pharmacological treatments and other medications he might obtain upon referral to a physician. We concluded by asking, "Do you mind if we pray for you?" He seemed elated with our offer. All of a sudden, prayers in various languages were spoken by members of our team and the patient's family. Language was not a barrier to our fellowship. We did not understand the prayers of the family, but God knew what was being prayed. The man and his family were emotionally and spiritually touched. All present felt a power will not be forgotten. This event impacted all of us, especially one man in pain. We were reminded of James 5:16 (NIV) "Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous person is powerful and effective."

Before the trip, we questioned how we would be perceived by the local community. We heard the people would be indifferent, unresponsive, and hesitant to receive help. Afterwards, we felt nothing but love from the community. The adults were eager to talk and the children were excited to play with us. All of the children kept asking when we would be back and kept saying, "I'll see you next week." We were blessed by the love of the Lord through them.

The GSOP desires to maintain a long-term presence in the Glades area. We hope to make regular visits to community centers and integrate these into service-learning aspects of the curriculum. Our goal is to focus on diet, exercise, disease state awareness, health screenings, and regularly supply the food banks with hygiene and food products. Additionally, we hope to return to the community, while migrant workers are in the area.

Throughout the trip, we saw God work in the people, and through the generous donations received for building their community programs. The Lord has blessed each of us individually, and as a group, through our experience in the Glades. Galatians 6:9 (NIV) states it well, "Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up." As we took each step in faith, we found that we reaped a tremendous harvest, and, in reality, we received far more than we gave.

# CPFI 2012 Annual Conference



*"Practicing Pharmacy with Wisdom & Knowledge"*

June 7, 2012 ~ June 10, 2012

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Christian Fellowship	12 Hours of Pharmacy CE
Student Meetings	CPFI Awards Banquet
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For the Lord gives wisdom;  
from his mouth come knowledge and understanding. Proverbs 2:6

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For more information: (561) 803-2737

The deadline for registration is April 4, 2012 to guarantee room availability. After April 4<sup>th</sup> registration will remain open for CE sessions.

# Christian Pharmacists Fellowship International

P.O. Box 24708  
West Palm Beach, FL 33416  
Phone: (561) 803-2737  
Toll Free: (888) 253-6885  
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## Membership

☐ Application  
☐ Renewal

### Remember

The quickest way to join or  
renew your membership is at  
the CPFI Website.  
(See details on back)

### Personal Information (please print/type)

Title and Name:			
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E-Mail Address:			
Church:			
Spouse Name:			
Names of Children:			
Date of Birth:			
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F		

### Professional Information (please print/type)

Business Name or Institution:			
Business Address:	Street:		
<input type="checkbox"/> to receive mail here	City:	State: Country: Zip:	
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Business FAX:	( ) ____ - ____		
Business E-Mail			
Graduated from: (professional)	Grad. Yr:		
Specialities: (check if board cert.)	<input type="checkbox"/> board cert. <input type="checkbox"/> board cert.		
CPFI Category:	<input type="checkbox"/> Practicing Pharmacist Type of practice: _____ <input type="checkbox"/> Academic <input type="checkbox"/> Student <input type="checkbox"/> Missionary <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Associate Member <input type="checkbox"/> Other: _____		
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## CPFI Articles of Faith

### Includes the following ten biblical principles

- We believe the Bible, in its original languages to be the inspired, Inerrant Word of God, the only infallible and authoritative rule of faith and conduct.
- We believe in one God, maker of all things, eternally existent as: Father, Son and Holy Spirit - the Holy Trinity.
- We believe in the deity of our Lord Jesus Christ, true man and true God; conceived of the Holy Spirit, born of the virgin Mary.
- We believe the Lord Jesus lived a sinless life, performed miracles, was crucified for our sins, was buried, bodily resurrected, and ascended to the right hand of the Father.
- We believe that man is made in the image of God and that since the fall, all men are born as sinners unable to save themselves.
- We believe in the personal salvation of believers through the substitutionary sacrificial death and shed blood of Jesus Christ being justified by faith alone.
- We believe in the future return of the Lord Jesus in power and glory.
- We believe in the presence and power of the Holy Spirit, indwelling each believer, transforming us and enabling us to live a Godly life.
- We believe in the bodily resurrection of the just and the unjust; those who are saved to everlasting blessedness and those who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

### Personal Affirmation

☐ I affirm my faith in Jesus Christ as my personal Savior. My salvation is based upon (fill in):

### Student Information (please print/type)

School Name:		
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### Payment Information (please print/type)

<b>Membership Dues</b>		
Student Member:	\$20.00	DUES: \$ _____
R.Ph. 1 <sup>st</sup> professional year	\$20.00	
R.Ph. 2 <sup>nd</sup> professional year	\$50.00	GIFT: \$ _____
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## Membership Renewal or Joining CPFI on the Web in 3 Simple Steps

1. Navigate to the CPFI home page: [www.cpfi.org](http://www.cpfi.org)



2. Click on the Member Center or Student Center.

### Welcome

Welcome to the CPFI **Member Center**. Once you have logged in using your membership ID and password the following features are available to you:

- Update your membership profile including your address, contact information and special groups you may wish to join such as the CPFI prayer team.
- Search the membership directory to locate CPFI members in your area and members with similar interests.
- View job opportunities on the job forum; prospective employers may post job listings on the job forum.

Please use the Log-in button in the menu bar if you are a CPFI member.

If you are **not currently a member** there are a number of interesting opportunities you can browse through on the website. If you would like to become a member, you can easily join online.

Not currently a member: **Join Now**

If you are currently a member and if it is time to to renew your membership click: **Renew Now**

3. Click **Join Now** if you are not already a member or **Renew Now** for existing CPFI members.
  - a. New members will be asked to provide an e-mail address. A new member profile will then be generated, and the new member will need to provide the required information.
  - b. Current or previous members will be asked for their username and password. A renewal form will then be populated with member information. Please review your profile to make sure your information is up-to-date.
  - c. When your profile is complete, you will then be transferred to a secure site where an electronic check or a credit card payment can be made.

# Christian Pharmacists

## Fellowship International

The Christian Pharmacists Fellowship International (CPFI) is a worldwide, interdenominational ministry of individuals working in all areas of pharmaceutical service and practice. CPFI's mission is to help pharmacy professionals grow spiritually and promote fellowship among pharmacists. In fulfillment of these goals many members serve as missionaries, demonstrating Jesus Christ's love through medical care to the disadvantaged of the world. The Purposes and Doctrinal Basis of CPFI appear below.

### Purposes of CPFI

As a member of this fellowship you will be a part of an effort seeking to . . .

- Identify Christian pharmacists and establish groups (clubs, chapters) at universities, colleges, schools, hospitals, or communities where pharmacists are found.
- Promote gatherings of pharmacists at professional meetings at the local, state, regional, and national levels.
- Promulgate purposes of CPFI by exhibits and presentations at professional meetings.
- Identify areas of service for pharmacists in missions and evangelism around the world.
- Identify, provide, and promote Christian speakers of national and community recognition in the area of pharmacy.
- Encourage and develop an active Christian witness and evangelism through study, prayer, and worship.
- Promote fellowship among Christian pharmacists and their families through joint activities, meetings, and retreats.
- Identify issues in the profession requiring group and national prayer.
- Disseminate information among Christian pharmacists.
- Facilitate, encourage, and teach pharmacists how to share and present the gospel in pharmacy practice.

### Doctrinal Basis

- We believe the Bible, in its original languages to be the inspired, inerrant Word of God, the only infallible and authoritative rule of faith and conduct.
- We believe in one God, maker of all things, eternally existent as: Father, Son, and Holy Spirit the Holy Trinity.
- We believe in the deity of our Lord Jesus Christ, true man and true God; conceived of the Holy Spirit, born of the virgin Mary.
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- We believe in the presence and power of the Holy Spirit, indwelling each believer, transforming us and enabling us to live a Godly life.
- We believe in the bodily resurrection of the just and the unjust; those who are saved to everlasting blessedness and those who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

