

*The official journal of
Christian Pharmacists
Fellowship International*

CHRISTIANITY & PHARMACY

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*Motivations &
Best Practices for*
SHORT-TERM
MISSIONS

Medical Missions
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THE NEXT
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Publisher and Subscription Information:

CHRISTIANITY & PHARMACY (ISSN 1094-9534) is published by CPFI. The journal is distributed free to members. Nonmembers may obtain an annual subscription by applying for membership in one of the following categories: Member \$100. Contributing Member \$125. Supporting Member \$250. Sustaining Member \$500. Student Member \$20. 1st Year Post Grad \$20. 2nd Year Post Grad \$50. Applications for membership may be sent to: CPFI, P.O. Box 24708, West Palm Beach, FL 33416-4708 USA or by joining on-line at www.CPFI.org.

Address Changes:

CHRISTIANITY & PHARMACY is entered as postage-paid standard pre-sorted mail at West Palm Beach, FL and additional mailing offices. POSTMASTER: send address changes to: CPFI, P.O. Box 24708, West Palm Beach, FL 33416-4708; include old and new address, and date that change is effective. Subscribers should allow six weeks for change of address to be effective.

Motivation makes a difference

“Peace be with you. As the Father has sent me, even so I am sending you.” John 20:18 (ESV)

“This week we have mission teams going to Croatia and Brazil. In 2 weeks we have teams going to Tanzania and Kenya. This summer we will have teams headed to Nepal, Taiwan, India, inner city Chicago, and Colombia.” For many churches, these are common announcements. Multiple mission teams head to many different places in what at times seems like an endless stream. Likewise, within Christian Pharmacists Fellowship International (CPFII) increasing numbers of members are engaging in short term mission projects. It is exciting to see so many people concerned and engaged in mission outreach. There have been few times in the history of the church when such a broad group of people have been personally involved in cross cultural mission efforts.

While this movement among Christians is encouraging to see, it can also cause us to pause and consider the motivations to join a short term mission effort. For some individuals, they may be motivated by a desire to travel and see the world. For others, it may be a desire to experience a different culture. Some may be motivated by a concern for poor and needy people. Other motivations include a feeling of being left out of a short term mission effort or a sense of adventure and seeing the unknown. It can also be an effort to assuage a sense of guilt for having material goods when others have so little. No matter how good or worthy any of these or other similar motivations

may be, there needs to be an overarching motivation of obedience to Christ and the working of the Holy Spirit in the lives of individuals—the ultimate glory being the glory of God. Absence of this motivation will often result in personal disappointment or negatively impact the entire team. It is important that we routinely consider what are Biblical motivations and guidance on engagement in mission efforts. Repeated reminders help to focus on what God wants and desires in and through all mission efforts.

In thinking about motivations from a Biblical perspective for any mission involvement, many different references can be studied or used. Often these give good understanding of God’s concern for the world, that the Gospel be proclaimed, and for people and His creation to be redeemed. However, beyond the well known descriptions of the Great Commission found in the Gospels and in Acts, there are 3 portions of Scripture that give us great insight into motivations behind God sending His Son, Jesus Christ, into the world and what Jesus told His disciples about being sent. These passages are a description of the servant mind of Christ (Philippians 2:5-11), Jesus announcing his ministry in the synagogue (Luke 4:16-21), and Jesus’ instructions to the disciples as He sent them (Matthew 10:5-15).

From John’s accounting of the Great Commission, it is clear that the pattern for mission involvement is Jesus Christ. Motivation for mis-

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sion is deeply rooted in the peace of Christ, from which flows the example of Christ. In the same way that Jesus was sent by the Father, so Jesus is sending us. These verses make it clear that our motivation for mission is strongly tied to the way that Jesus was sent. Because our sending is in the same way that Christ was sent, we will briefly explore the 3 portions of Scripture that give insight into the way that Jesus was sent and sent out His disciples. In these passages we find the framework for our involvement in mission.

Humility

“Have this mind among yourselves, which is yours in Christ Jesus, who, though he was in the form of God, did not count equality with God a thing to be grasped, but made himself nothing, taking the form of servant, being born in the likeness of men. And being found in human form, he humbled himself by coming obedient to the point of death, even death on a cross.” Philippians 2:5-8 (ESV)

In 1975 I made my first venture into short term missions by spending the summer at a mission hospital in south Thailand. For those old enough to remember that year was not a very good year in Southeast Asia. Governments were in transition in that part of the world and totalitarian leaders were taking over countries like Vietnam, Cambodia, and Laos. Needless to say, it was not an optimal summer to be going on my first extended short term mission trip.

Preparing for that trip our group spent 2 hours studying and considering what Paul was saying in Philippians 2 about the way that Christ Jesus was sent and came. It is clear that humility was a major motivation behind His coming. It was not a superficial humility, but a humility that cost Him greatly. There are several components to the humility that Christ embraced when He came to earth. He gave up being equal with the Father at least temporarily, He became a lowly servant, He was confined to a human body, He became obedient to His heavenly and earthly fathers, and He submitted to earthly authorities. The result was a terrible death. It is almost impossible to fathom the depth of the humility of Jesus in His coming to earth. Yet, it is essential. Without understanding the humility embraced by Jesus we cannot be sent as He was sent.

The other important realization from the discussion of Jesus' humility is that without this humility the purpose for him being sent would never have been achieved. It was in His willingness to be humbled to the point of death, that He completed the sacrifice for sin, broke the power of death, and was exalted.

At the end of our study of Philippians 2, the leader of our group made an interesting statement. He said that unless the humility of Christ was clearly in our thinking and attitudes when we encountered the first difficulty in the country where we were headed we would mentally or physically turn around and head home. For example, if we stepped off the plane in a completely foreign country and the individual who was designated to pick us up at the airport was not there to meet us, we would mentally or physically head home. Each of us had to humble ourselves to stay and be effective where God had sent us. This explanation was repeatedly impressed

on me throughout that summer, as I endeavored to grasp the humility of Christ in my short term service.

Too often it seems that the humility of Christ is not represented in short term mission teams. When it is not present, people in the places we go quickly sense the less than humble attitude and put up walls and barriers without us even realizing what is happening. As an example, I recently received comments from an Asian Christian colleague who was commenting on the involvement of an American student on a short term mission experience. To summarize my colleague's perspective and reason for limiting this student's involvement in mission efforts, she indicated that she felt that American Christians come with grandiose ideas and pride about what should be done. While this may or may not be true, somehow American Christians have left the impression of pride rather than humility. What is clear is that others easily detect prideful or humble motivations on the part of short term team members.

There is a connection between the detailed explanation of Christ's humility and the preface that Jesus gives in John's accounting of the Great Commission. Peace is essential to the ability to be humble. Being at peace is integral to humility. Without God's peace in our lives, we grasp for things and attempt to achieve in our own powers. I have seen this truth be reality on several mission trips. When working a country with restricted access our team was meeting with government officials to set our plans for the team. The officials had very different ideas of our schedule than we desired or had planned. At that point we could have complained and forced our perspective or we could have listened to these officials. Realizing that despite the fact that these leaders were likely not followers of Christ, we

decided to comply with their desires. The result was a highly effective ministry with many opportunities to talk with people about the Gospel. Peace allows us to rest in Christ, trusting Him at every turn to meet individual needs and use us to accomplish His purposes. This is true even when we submit to people who are in positions of authority but are not Christians.

The humility of Christ built upon His peace must be at the core of our motivations to participate in short term missions. Without giving up things that may rightfully be ours and submitting ourselves to those we serve, our efforts will be ineffective and result in outcomes that are the opposite of what we desire to see accomplished.

Proclamation

"The Spirit of the Lord is upon me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim liberty to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the year of the Lord's favor."
Luke 4:18-19 (ESV)

Jesus stood in His hometown synagogue and was asked to read from the Prophets. He chose to read a section from Isaiah. The section of Isaiah that he read is very important, because it clearly applies to His mission and motivation for coming to earth. As Jesus states after reading this portion of Scripture, it was fulfilled in the presence of those who witnessed Him reading it. There is no question that Jesus applied these prophecies to Himself.

In our reading of this account, we tend to emphasize the themes of justice, freedom, and healing. Each of these is integral to Jesus' purpose. However, the word that is repeated several times is proclamation. While Jesus did restore sight to blind peo-

ple and gave freedom to people who were oppressed, the majority of His ministry dealt with proclamation of these concepts. His teaching and preaching gave people the understanding of what it meant to have good news even though poverty was all around, what freedom and liberty means, and what healing could do in the lives of those who suffered. It seems that proclamation was equally important, if not more important, than bringing justice, freedom, and healing. The likely reason for proclamation being so important is that it plants within people the thoughts of being free from oppression and disease. In so doing, it inspires people to seek something better, something that God can bring to reality in their lives and the lives of other people.

For many short term teams the focus is on a specific activity. It is easy to have proclamation take second or third place to the team's worthy, but narrow, purpose. Operating a clinic, constructing a church, or teaching English are typical activities for short term teams. Logistics, planning, and acquiring materials for the team to perform its specific function easily distract from the purpose of proclamation and addressing the deeper needs of people. Perhaps we need to be rethinking the way that short term teams operate to make proclamation, through word and deed, a greater emphasis. Proclaiming the Gospel will enable people to see and understand there are better things and better ways. Making sure the Gospel is clearly communicated will change people's lives for eternity.

A number of years ago I had the opportunity to be in a country on a short term trip over Easter. The purposes for the team were to provide medical education and care and to teach English. During English classes we taught Easter songs with the assistance of long term workers who

were Christians. One of these colleagues felt that it was inappropriate to actively talk about the Gospel or "force" Christianity on people. When it came to explaining the meaning of an Easter song, he skipped over the portion of the song that referred to Christ's death and resurrection. While he did not fully neglect the aspect of proclamation, he left the students on their own in figuring out the meaning of this part of the song. Additionally, it seemed rather odd to give an explanation for the remainder of the song, ignoring a short part of the lyrics. Those who were listening quickly picked up on the omission and asked other Christians for an explanation. Had members of the class not sought out the explanation, proclamation would not have completely occurred.

It is clear from the example of Jesus that proclamation must be a major motivation for joining a short term team. Certainly, the team needs to consider ways that proclamation can be done in a culturally sensitive and winsome manner. Bible thumping and forceful actions will not result in accurate communication of the Gospel, but proclamation coupled with humility is extremely powerful in making known the liberty, justice, and healing that is at the core of the Gospel. Proclamation does result in changed lives of those we serve in short term missions.

Selfless Authority

And proclaim as you go, saying, 'The kingdom of heaven is at hand.' Heal the sick, raise the dead, cleanse lepers, cast out demons. You received without paying; give without pay. Acquire no gold nor silver nor copper for your belts, no bag for your journey, nor two tunics nor sandals nor a staff, for the laborer deserves his food. Matthew 10:7-10 (ESV)

The disciples were being sent out for the first time by Jesus to proclaim the good news of the kingdom. Picking up on the idea of proclamation, Jesus makes this the first instruction given to the disciples. It is followed by commands to heal and to deal with spiritual enemies. To follow through on these commands required an extraordinary authority. However, the attitude and lifestyle to be embraced by the disciples is one of selflessness. The disciples are to be entirely dependent on others for their welfare and supplies. In many ways these 2 statements seem contradictory to each other. How can a person exercise great authority, but be selfless?

Several examples illustrate how this can happen. Mother Theresa clearly was entirely dependent on others for support of her livelihood, as she ministered to the needs of the poor and hurting in India. She clearly proclaimed the kingdom of heaven while bringing healing, justice, and liberty. It was precisely her selfless life that allowed her to stand in the presence of world rulers and challenge injustices like abortion, slavery, poverty, and oppression of people. All of this was done with the objective of declaring Jesus Christ. A similar thing can be said for Hudson Taylor as served to reach China for Christ. He adopted Chinese culture and dress, healed the sick, and proclaimed the Gospel. All of this was done without directly asking Christians for financial support. His statement, "God's work, done in God's way, will never lack God's supply," is an example to follow. The result of his actions was a respect among many Chinese for the service that he rendered to that country. Possessing selfless motivation with great authority put Hudson Taylor in a position to alter the history of a great nation and impact the church at large.

On a more personal scale, a number of years ago I was visiting a university in Asia. The focus of the trip was to teach in the area of pharmacy, and proclaim Christ. Having visited this location several times previously, I had a number of good friends and professional colleagues. During my visits I was entirely dependent upon my hosts for my needs. Following an afternoon visit to the therapeutic drug monitoring program, a couple of pharmacists were walking me back to my room. During the walk they said that I was different than others who visited with them. They explained that many foreign experts visited their program and lab. Typically, these people would come, give a presentation, and leave. However, they told me that I took the time to talk with them, learn what they were doing, and tried to understand their program. This approach had given me the opportunity to impact their program and lab.

Short term team members may never be recognized as examples like Mother Theresa or Hudson Taylor. However, joining a team means that members approach the experience with a motivation of selflessness.

Being part of a short term team is not an easy venture, and often team members are asked to function without the amenities that we typically consider to be necessities. Without a selfless attitude, misery and frustration will creep into attitudes, impairing the ability to function as a team member. Yet individual members need to recognize the authority Christ gives over the powers, situations, and barriers they will encounter. It is not an authority to be used for selfish personal or corporate gain. It is an authority to bring release from the bondage of sin and the impact of sin on all of life. Combining selflessness with appropriate authority in the proclamation and demonstration of the Gospel is a powerful combination that is not easily defeated.

Conclusion

Much of the effectiveness of a short term team is dependent upon God's working in the hearts and minds of team members. Motivations and attitudes of individuals greatly impact the way a team functions and the ministry impact the team has. Individually and as a team, short term mission teams should spend a good

amount of time considering motivations behind the desire to be part of a mission effort. To be sent with the peace of Jesus Christ, humility, proclamation of the Gospel, and selfless authority should be interwoven into all aspects of the team's planning and efforts. When this happens, the short term team will leave a lasting impression for God's Kingdom in the hearts and minds of the people being served. ✠

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“

...joining a team means that members approach the experience with a motivation of selflessness.”



Establishing Best Practices for Pharmacists on Short Term Mission Trips

by Ronald Herman, Ph.D., *President CPFI*



Ron Herman is a graduate of the University of Iowa College of pharmacy where he received his B.Sc. in Pharmacy in 1976, M.Sc. in Hospital/Clinical Pharmacy in 1978 and Ph.D. in pharmacokinetics in 1992. He trained pharmacists in one of the homelands of South Africa from 1979 to 1984 where he and his wife had a fruitful ministry. After returning and completing his graduate work, he worked at University of Iowa Hospitals and Clinics for 2 years in a surgical intensive care unit. He then joined the faculty of the College of Pharmacy in 1994 and has been there ever since. For 7 years he cared for patients in the Burn Treatment Center, and since 2001 he has been director of the Iowa Drug Information Network. At the drug information center he has been involved in a number of international training opportunities. He has been a board member of Christian Pharmacists Fellowship International for many years, serves as chair of the missions committee and has been President of CPFI for the past several years. As the CPFI representative on the Global Health Outreach (GHO) Advisory Councils he has been involved in recruiting pharmacist to serve on short term trips for the past 15 years. He has participated on trips to Zambia, Ethiopia, Kenya, Afghanistan, Mexico and Nicaragua.

Adequate access to quality health care was a major campaign issue in the last U.S. presidential election, and remains a concern of many citizens in America. It is an even greater problem in many parts of the world. Recently there have been improvements in the availability of healthcare services across the globe, especially in the area of maternal and child health. However, access to skilled care during pregnancy, childbirth, and the postpartum period is still inadequate in some areas. The latest estimates suggest that 80% of pregnant women received antenatal care at least once during their pregnancy from the period 2000–2010. Only 53% of women and children received the World Health Organization (WHO) recommended minimum of four antenatal visits.^[1]

The lack of adequate health care access should be a concern of each of us, and prompt us to action. Jesus is our example; Matt. 9:35-38 (NIV) “*And Jesus went throughout all the cities and villages, teaching in their synagogues and proclaiming the gospel of the kingdom and healing every disease and every affliction. When he saw the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd. Then he said to his disciples, ‘The harvest is plentiful, but the laborers are few; therefore pray earnestly to the Lord of the harvest to send out laborers into his harvest.’*” (The action words have been emphasized and are not in the original text). If the church and individual Christians are to follow Jesus’ examples in the mission of making disciples of every nation, we must be compassionate in serving the needs of people. Not only do we need to be extending care to the hurting in this world, but we also need to be praying that more people become involved in following Christ’s example.

It is amazing to see the way pharmacists are getting involved in this process. Fifteen years ago Christian Pharmacists Fellowship International agreed to partner with the Christian Medical and Dental Associations, Nurses Christian Fellowship, and the Fellowship of Christian Physician Assistants in an organization called Global Health Outreach (GHO). This organization sends 40 to 50 short term medical teams (1 to 2 weeks in duration) every year to dozens of countries. In the first year of GHO, there were 4 pharmacists that joined the teams. More recently, 60-80 pharmacists or students have joined GHO teams annually. In addition, pharmacists have become involved in other, similar organizations and efforts. God has been faithful in honoring the prayers of His people by raising up laborers for the harvest! We trust that He will continue to move to action additional teams to help reach the enormous unmet medical needs in the world.

The obedient pharmacists and pharmacy students, who have joined teams, often work in settings where the available resources are inadequate and mismatched with the extensive healthcare needs. More often than not there is a language barrier where communication directly with patients and caregivers is nearly impossible. Additionally, there are many local customs, cultural barriers and health beliefs that directly affect how the patient views their health and prove to be obstacles to care. It is tough to know just what to do when faced with the dilemma of how to best meet the needs of the suffering with the limited understanding and resources available.

For a short term medical team the core issues are maintenance of patient safety, provision of the greatest service benefit, and clearly communicating the love of God

through the example of team members' lives. This article attempts to describe best practices for pharmacist on a medical team, while balancing limited resources and abilities. Five important steps in the pre-trip planning process and three local preparations that must be accomplished before the work can begin are reviewed. Best practices for the prescription dispensing process and three common sense attitudes to enable the team to have its greatest impact on the people being served are identified.

Pre-Trip Preparation

Gregory and Candi Seager after years of doing short term missions began to assess their work and evaluate whether or not they could improve what they were doing. They developed 16 thought-provoking questions and placed them in a booklet, *Operating Responsible Short-Term Healthcare Missions*.^[2] It is their desire to have short-term team participants prayerfully think through these issues before heading to the field. Some of these questions will be reviewed as five areas of pre-trip preparation are presented.

Partnership

The first question that the Seager's asked is whose needs are you serving? If your goal is primarily to provide an opportunity for health professionals to experience an underserved environment, then you will miss what we are called to do. The passage in Matthew reminds us that as we go, we are to teach and proclaim the Gospel. We are to make disciples in addition to healing. To be successful from this perspective, we cannot work alone. Chances are we do not have the language abilities or the cultural insight to have the impact we desire. Therefore, it is important that we establish a partnership relationship with both a local ministry group and a local

medical group before leaving on the trip. Our willingness to teach, proclaim, and heal will assist the local ministry in multiplying its influence in the community and providing faithful laborers to carry on evangelism and discipleship long after we leave. When it comes to medical care, the simple, temporary care we provide can be greatly extended if we train and encourage national health-care workers to be more effective in the care they provide. Many illnesses we see may require long-term follow-up and treatment. There needs to be a way to feed patients and care givers into a system for long-term medical management. A letter of invitation from this local ministry and the local medical group is very valuable in complying with the laws and regulations of the country where the team serves.

Regulations

Peter emphasized to the early church that respect for governmental authority is important to effectively reach those not following Christ. In I Peter 2:13-15 he says "*Be subject for the Lord's sake to every human institution, whether it be to the emperor as supreme, or to governors as sent by him to punish those who do evil and to praise those who do good. For this is the will of God, that by doing good you should put to silence the ignorance of foolish people.*" Maintaining the separation of your mission outreach from government is often important. However, working with and cooperating with government is imperative. Passports identify you as an individual and where you come from, but they did not give you permission to enter another country. A visa gives you permission to enter and to exit a country that is not your own. Many countries stamp that visa in your passport when you arrive, but there are still many that require you to apply for that visa and sometimes

undergo various security checks before they will grant that permission to enter their country. In some cases, team members will be required to get a special work visa that enables members to temporarily provide health care in the country. It is essential for each member to know the regulations of the country where the team will serve and obtain the appropriate visa in a proper and timely manner. Partnership with a local ministry and local medical group can make it much easier to understand visa requirements and obtain necessary documents and approvals for visa applications. Each country may also have regulations on required vaccinations before you can enter or what vaccinations are required before you can return to your home country. The Center for Disease Control is a valuable resource in identifying this information (<http://wwwnc.cdc.gov/travel/>) and learning about other health travel advisories for your destination country.

Another question the Seager's asked is, "Are you aware of the credentialing process in the country you are serving? Does each physician and nurse (and pharmacist) in your group have governmental authorization to work in the receiving country?" Some local health authorities require each clinic to register and obtain a permit before it can provide care. Many countries require each professional to register with their corresponding licensing authority. Failure to abide by the appropriate regulations can prevent the clinic from providing care. On one occasion in Zambia an individual came by the guest house where our medical team was staying to make arrangements for 32 physicians to spend the night before returning to their home country. The team had only been there 2 days, but they failed to register with the Zambian Medical Council. The result was the physicians were not allowed to

provide any medical care. The most reliable resource on country regulations is to contact the Ministry of Health in the country to be visited. Often the registration of professionals is a simple process that can be handled by the local partnering groups once the requirements are known.

Logistical Arrangements

Most of us allocate about a third of our day resting, to prepare for the day ahead. Generally we set aside 3 times a day to nourish our bodies and spend a portion of our day traveling to and from our work or study place. A medical team in a developing country is no different. However, the logistics of providing for the team's needs are exponentially greater. It is not easy to find a place for a team of 30 to stay. For example, do the accommodations facilitate team building while being located close to the area where the healthcare services are provided? Often the greatest risk team members face during their time away from home is local transportation. Care must be taken to arrange for dependable and safe transportation. Again, local partners are valuable resources in arranging accommodations, meals and local transportation. Team logistics should be coordinated by the team leader to assist with group travel discounts and to minimize the effort of host partners.

Culture and Customs

Values, traditions, cultural norms, a person's self-view, and health beliefs are all important in a person's worldview. This is the lens we all use to make spiritual decisions and choices about health and well-being. Efforts of team members to discover the history and cultural beliefs of the country to be visited are extremely helpful in meeting the needs of people. For example, if you discover most

young women must work for hours each day in the field, this information will be helpful in understanding the challenge of promoting breast feeding for the first two years of life. A wealth of resources are available to learn about the country you will be serving. The CIA World Factbook (<https://www.cia.gov/library/publications/the-world-factbook/index.html>) is a good source to identify the language, culture, and details of the underserved area that will be visited. The Ethnomed website (<http://ethnomed.org/>) is another resource that integrates cultural considerations into clinical medical practice.

Pharmacy Planning

Best practices for pharmacy planning:

- ❑ Medications are often purchased at very low cost in many countries. Make sure that purchases are from a reputable pharmacist or registered pharmaceutical distributor.
- ❑ A detailed inventory of pharmaceuticals, including expiration dates, and other medical supplies should be kept by the team at all times. This facilitates customs procedures and can avoid lengthy health inspections.
- ❑ No expired medications or medications with shorter dating than allowed by the country should be used or brought into the country.
- ❑ No unlabeled medications, for example sample medications removed from their original packaging, should be used.
- ❑ No sample medications should be used unless a complete dosing regimen can be given. If needed on an ongoing basis, medications must be available locally at an affordable price.
- ❑ A formulary should be developed to address the primary health needs of the population of in-

terest. The formulary should be based on the principles of the WHO essential drug list.

^[3] *This list recommends medications based on disease prevalence, evidence of efficacy and safety, and comparative effectiveness. In summary, the medication inventory should only include medications that are available locally, affordable, and focused on the basic needs of the people.*

Develop the Formulary

The same resources useful in learning the history and culture of the destination country are often helpful in identifying the common medical conditions encountered in the country of interest. The 3 biggest world health problems are HIV/AIDS, maternal mortality, and infant/pediatric mortality. A health development approach coupled with health education is essential to address these key issues. The reality of providing patient focused pharmacy care is that some medication assist with the short term complications associated with these conditions. However, it is not possible to bring even some of all 9,000 medications approved in the United States. Therefore a limited formulary of medications must be developed. As mentioned, the WHO guiding principles should be used to help develop the team formulary. When possible, it desirable to select at least two drugs from each drug classification. Ideally a formulary from a previous trip to that region is a good starting place. In the absence of guidance from previous teams, a sample formulary is on the CPFI Website short term mission page (<http://www.cphi.org/short-term-missions>). It can be downloaded and modified to meet the needs of any team.

Estimate Quantities to Order

Once the formulary is developed and

approved by the team leader and the partnering medical group, it is necessary to estimate the quantity of medication to be ordered. Information from previous trips to that area, or similar areas, is valuable in planning the medication inventory. In the absence of any previous information it is possible to predict the number of patients that will be seen. Each potential prescriber should typically see no more than 40 patients per day. Higher rates mean less ministry. Because knowing Jesus is the long-term answer to people's needs, ministry should never be neglected. On the average, the number of prescriptions each patient receives should not exceed 2-3, in addition to vitamins and antiparasitics. Exceeding this limit increases errors that could harm a patient.

Place the Medication Order

A carefully developed formulary and adequate inventory estimate allows the medications to be obtained. Best practices indicate that these medications should be ordered in-country. Utilizing host partners identifies a source in the country for purchasing the medications you require. This provides economic benefit for the host country, helps insure the medications are available locally, and avoids the need to obtain import or customs approval for supplies being brought into the country. With increased weight limitations for baggage on international flights, purchasing drugs and supplies in-country is also helpful to the team. Some items on the formulary cannot be obtained locally, or at a reasonable price. In these cases, specific medications or supplies should be brought with the team. Be sure to identify in advance what customs regulations may apply, realizing most countries have restrictions on acceptable expiration dates. Identification and adherence to all relevant local laws and regulations are

important. Many countries are now sending health inspectors to inspect all supplies that teams are bringing in to the country. These inspectors are very quick to confiscate anything short-dated, expired, or improperly packaged.

Print Dispensing Labels

The next step is to print and bring preprinted dispensing labels. If the formulary has been identified with appropriate quantities and the standard dispensing quantity is pre-determined, then it is possible to know the number of dispensing labels for each medication. This facilitates prepackaging that will be done on the field. The International Federation of Pharmacy (FIP) has developed minimum guidelines for the labeling of medications for patients (http://www.cphi.org/assets/docs/Manuals/fip_labeling.pdf). Labels must include the name of the medication, strength, and warnings if necessary. They must also include the patient's name, the dosage instructions, and indication or intended use. The United States Pharmacopeia has developed pictures that can assist patients who are either illiterate or do not speak the language of the healthcare provider. These symbols along with English or Spanish text have been incorporated in sample labels designed to assist the pharmacist in properly educating the patient on safe use of the medication. Sample labels in document templates with various label formats (10 per page, 15 per page or 30 per page) can be downloaded from the CPFI Website (<http://www.cphi.org/short-term-missions>).

Identify and Obtain Information Resources

The last pharmacy pre-trip preparation is to identify resources to ensure medications are used wisely. Many team physicians will be practicing

outside of their comfort zone and will be using a formulary of unfamiliar medications. There will be frequent consults such as, "What can I use to treat this condition," or "What is the best way to dose this medication," or "What is the pediatric dose?" Participants on GHO trips are given *The Handbook of Medicine in Developing Countries*^[4] as a starting point, but other references may be very helpful. Pocket resources that can be helpful in providing basic information include *Tarascon's Pocket Pharmacopeia*^[5] and *Sanford's Guide to Antimicrobial Therapy*^[6]. Electronic resources on handheld devices (e.g., Lexi-Comp, Epocrates, Clinical Pharmacology, Mobile MicroMedex) are valuable resources that are easily accessible. It is important to have at least one resource that has basic drug monographs to be used in making therapeutic interchange or dosing recommendations.

Site Preparation

Upon arrival in the country and before the clinic work begins, there are 3 things to be done. If this is the first time for a clinic in the area, the team leader and local partners should visit each clinic site to plan for an efficient work flow through the clinic. If the team is providing primary care, it is good to have a controlled entry point to register patients and then have them proceed to a triage area where histories and vital signs can be obtained. There needs to be work areas for each physician, physician assistant, dentist, and nurse practitioner who will see patients. Ideally there should be a location for private exams, if necessary. An area for minor procedures should also be arranged. Lastly, there needs to be a somewhat enclosed pharmacy with adequate waiting space. If reading glasses are provided to patients, there should be a station for providing this service.

Medication Preparation

The pharmacist should ensure the formulary has been purchased and is ready to go. Time should be taken to unpack, sort and, if possible prepackage the medications you know will be fast moving. To process 400 to 500 prescriptions a day, about 80% of the medication needs to be prepackaged. If this is done, all that is required is to add the patient's name and individualize the patient instructions. Prepacking can be done by any teammate, medical professional or not, but must be carefully supervised and checked by the pharmacist. This can be an excellent team building exercise. The prepackaged vials or ziplock bags must all be labeled with the preprinted labels and each repackaged medication placed in large gallon ziplocks to keep medications separate. It is helpful to store the bulk and repackaged medications from the same formulary class in the same trunk, box, or suitcase that will be used to transport the medications to the clinic site. On completion, make sure all medications are securely stored in a locked area until transported to the clinic.

Volunteer Preparation

Lastly, the team leader needs to ensure that local partners have identified sufficient translators for each of the vital areas in the clinic. If local church volunteers will be assisting with the evangelism and discipleship, then it is beneficial to have training time with them.

Prescription Processing

Best practices for prescription processing:

- ❑ Medications should be prescribed only when absolutely necessary. It is not acceptable to treat minor self-limiting symptoms just to give the patient a prescription for coming to the clinic.

- ❑ Know and adhere to the country's pharmaceutical dispensing laws.
- ❑ Medications should be dispensed in child safe containers, not paper envelopes or ziplock bags.
- ❑ Medications must be properly labeled, using at least the minimum FIP guidelines.
- ❑ A local or team pharmacist should oversee the prepackaging, labeling, and dispensing of all medications.
- ❑ If there is no pharmacist, then medications should only be dispensed in the exam room by the prescriber, who should be careful to educate the patient about the medication.
- ❑ Patients or caregivers must be counseled about each prescription. Instruction should include the name of the medication, how it should be taken, and for the indication for the medication. Language and cultural difficulties result in about 50% of patients taking medications incorrectly. Therefore, utilize a translator, the prescription label with words and with pictures, and make sure the patient's name is clearly identified on the label.
- ❑ All medications and supplies should be carefully secured throughout the trip.
- ❑ Surplus medications should never be left with unqualified or unlicensed personnel.

Medication Selection

One advantage of primary care clinics in developing areas is that generally the team operates in very close quarters. Practitioners using unfamiliar medications creates an opportunity for frequent consultations between the pharmacy staff and prescriber. Access to references that provide basic information facilitates the proper use of the medications. Any therapeutic substitutions or altered doses should

be clearly documented on the dispensing record following the consultation.

Work Flow

The pharmacist must develop a strategy to maintain orderly patient flow through the pharmacy area. Anxious patients desiring to receive their medication so they can begin their long journey home have a tendency to crowd the dispensing area. If steps are not taken to control traffic flow and limit the number of patients in the dispensing and counseling area, the pharmacy can become confusing and frustrating for patients, caregivers and pharmacy staff. Local ministry volunteers are helpful in controlling the pharmacy waiting area. While patients wait for prescriptions to be processed, effective ministry and health education can occur in the waiting area. Each pharmacist and pharmacy student should be prepared to give simple public health teaching. A good source for materials that can be developed into teaching presentations is the Health Education Program for Developing Countries: The Most Important Knowledge website (www.hepfdc.info). Make sure that medications are carefully secured at the end of each day.

Prescription Filling

Best practices dictate that the medications be dispensed in child proof containers. It is not always possible to obtain these dispensing vials. When this is the case, moisture resistant, light resistant ziplock bags are the next best alternative. The medication must be properly labeled clearly indicating the patient's name using the FIP standards mentioned above. If a mother or grandmother are given multiple medications for several patients the translator must insure that the caregiver can clearly identify the name or markings for each patient. This helps prevent the caregiver from

giving the patient the wrong medication. The pharmacist should properly document the medication dispensed, the quantity provided, the dispenser's initials or signature and ideally record the brand and lot number of medication dispensed. Some countries are strict on what should be documented and how records are stored.

Patient Education

WHO statistics indicate that about 50% of patients in the developing world do not take their medications correctly.^[1] Language barriers contribute to this problem. Health and cultural beliefs also influence how a person interprets medication instructions. When no verbal instructions are provided, at least in a language the patient understands, it is very likely the patient will not take the prescription properly. Therefore, it is essential to utilize translators to insure proper patient counseling. Train the translators on the importance of the caregiver knowing which medication is for which patient, why the medication is prescribed, and how the patient should take the medication. Through your translator, encourage the patient to be adherent with instructions and complete the course of therapy. Be sure to greet each patient with a smile and extend a warm hand shake or greeting as they leave. If possible, offer to pray with patients and always communicate a loving and serving attitude.

Maintain the Proper Attitudes

Volunteers that serve on a short-term mission should be committed to love God, love others, and serve the world. First and foremost each team member should adopt the attitude that he/she is there to serve, and not be served. Paul writes to the Colossians, "Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as

a reward. It is the Lord Christ you are serving." Col. 3:23-24 (NIV)

Effective teamwork requires each member to work hard and look for opportunities to serve. Additionally, they need to happily conform to standards of conduct set forth by the team leader to protect the testimony of their ministry.

A teachable attitude among team members is also important. Most short-term members do not know the culture, costs, government regulations, and other constraints under which the ministry operates. Individuals on the team are generally not instruments of change, but must observe and learn from their hosts and then maybe they can leave foot prints for others to follow. Paul writes to the church in Ephesus, "For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do." Eph. 2:10 (NIV) We need to realize that God has prepared us for this work and that we are there to discover what He wants to do. We need to accept that we will not have familiar medicines and the equipment. Our philosophy of American medicine will likely not apply, so we must allow God to do His work through us. God can accomplish great things through patience, faith, and prayers.

Not only are we called to serve one another and be teachable, but Paul reminds the Thessalonians, "Therefore encourage one another and build each other up, just as in fact you are doing." I Thess 5:11. Each team member must be ready to contribute to the team, but never criticize or make demands of fellow teammates. The team is to function as one body. It is also important that we take time each day to encourage and build up the national and missionary staff that we have been called to serve with. Lastly we must wear a smile and be ready to extend a hand of warm greeting to each

of the patients we have the privilege to love and treat. These attitudes will allow us to complete the ministry God has called us to provide.

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Challenged

to serve abroad

by Melody Hartzler, PharmD



Dr. Hartzler is an Assistant Professor of Pharmacy Practice at Cedarville University. She earned her PharmD from Ohio Northern University. After finishing her degree she completed her pharmacy practice residency at the Chalmers P. Wylie VA Ambulatory Care Center in Columbus, Ohio. Dr. Hartzler joined the Cedarville University School of Pharmacy in August of 2010 to establish a collaborative practice at the Victor J. Casano Health Center in Dayton, a facility focused upon serving individuals with limited access to health care. She and her husband Dustin enjoy traveling and spending time with family and friends. She has enjoyed working at Cedarville, it allows her to combine her passion for Christ along with enjoyment of pharmacy practice.

Have you ever had a rush of thoughts and emotions after signing up for a mission trip? Your first thought might have been, “what am I getting myself in to?” or “I do not know anything about medical missions, how do I prepare?” Usually, after a few months of prayer and preparation God’s provision is seen in the planning.

Through the book “Radical,” by David Platt, I was challenged to give 2 percent of my time this past year to taking the gospel to another context in the world. Platt says, “Consider what happens when all of us begin to look at our professions and areas of expertise not merely as means to an income or to career paths in our own context, but as platforms for proclaiming the gospel in contexts around the world.”¹

My first medical mission trip was to the St. Elizabeth province of Jamaica. As I started preparations for the trip I was anxious, having only been a pharmacist for less than 2 years. The question that kept recurring to me was how could I be prepared for the trip and all that I would encounter? My reassurance was in the truth God is in control. God led me to be a pharmacist, He gave me this opportunity, and He was going to be glorified through

my obedience on this trip. The Apostle Paul writes about God’s provision in similar circumstances, “*And God is able to bless you abundantly, so that in all things at all times, having all that you need, you will abound in every good work.*” (2 Corinthians 9:8, NIV)

The international medical ministry organization I chose to join had been going to Jamaica for several years. I registered late, only a few months before the February trip, which did not give me much preparation time. The brief time to prepare taught me some key lessons.

Our medical team was composed of over 50 people, allowing us to split into 2 teams of approximately 25 each. The entire team was blessed with 3 pharmacists. Despite a well qualified group, we had miscommunication regarding the drugs to order. As a result, we had too many anti-parasitic medications and inadequate medications for hypertension and diabetes which are major health problems in Jamaica. One of my first lessons is the need for teamwork and accurate communications, even during the planning and preparation process. It is best that a single member of the team be responsible for ordering medications for the trip.

Another way to avoid the error we made is to find out if the organization or team you are joining has a formulary or recommended medication list for the country or area where you are going. If there isn't an established formulary, consider contacting pharmacists or physicians who have traveled to the same area to get their insight on what medications are most needed. Some of the medication needs will be dictated by the physician specialties represented on your team. For example, our team had an urologist and an ear-nose-throat physician, causing us to use more urology and allergy medications than previous teams. Advanced and careful planning of the formulary allows the team to pre-print prescription labels. This is especially helpful if you are traveling to a non-English speaking country. In addition to the pre-printed labels, always bring extra labels and plastic baggies to dispense medications. Permanent markers are also useful, so you can write directly on the bag.

Two key words to remember on any trip are flexibility and creativity. For example, if you need a spacer device, a cup or toilet paper roll can always work well. These concepts apply not only to simple things like a spacer, but also to larger issues. Shortly after we had arrived in Jamaica, we found out the drugs we did order actually were in a location about 2 hours from us and would not arrive until the next day. This was one day too late for the start of our clinics and many team members were frustrated. Our pharmacy team took an inventory and devised a list of medications we needed to purchase from local sources. The next day after we ran one clinic instead of two, using our short supply, one of the physicians reminded us, "I realized if we have to go out tomorrow without any medications, God sent us here to minister

to these people. If we have to, we will lay our hands on them and pray, the power of God is in us, and He can work through us just as well without the medications." This helped our team to refocus. Medications were great, but our mission here was much greater than health. Our purpose was sharing the Gospel. Even when we did have medications, they were only a vehicle for us to have an opportunity to share the gospel. Don't get frustrated thinking, "what good is this 30-day supply of metformin going to do." Know that the 30-day supply of metformin has the potential to bring a person into a personal relationship with our Savior.

Remember to take a drug information reference. I took an electronic drug reference on my iPod Touch®. A power source to charge the device was not a problem in Jamaica, but check on local voltage and electrical outlet standards for the country ahead of time. The prescribing providers will rely on you for all sorts of drug information, making the drug information references extremely useful.

Be sure to inform your team of any specialty knowledge or skills you have. For example, if you are certified in diabetes education or immunizations your skills will be very helpful to the team. In addition to pharmacy related items, make sure the medical team has a coordinator for other medical supplies, such as gauze, sterile strips, and diabetic testing supplies. All of these items will be good assets for the team.

During clinics we were able to use a charting system already used by the local health clinics. Depending on your circumstances, you may need to create a flow-sheet to pass along with the patient from triage, to the provider, to the pharmacist, and other team members.

Our team had a nurse who headed a group that provided health

education just prior to patients and caregivers leaving the clinic. Initially, I was somewhat reluctant to give up medication counseling to their team. I worked with them to educate the patients and helped counsel when prescriptions had difficult directions. The counseling aspect of the clinic is a great way to involve pharmacy students who may be part of the trip. Advance planning of the formulary allows you to prepare information sheets that can be distributed to patients and their caregivers.

Professional liability insurance and medical evacuation insurance are other areas to consider for medical mission team members. The ministry organization you are traveling with may include these items in your project fee. If not, you should obtain this coverage. Costs are inexpensive and will save occurring large expenses, if an emergency occurs.

Needle stick protocols are very important for many parts of the world. Our team did not have one in place, and although we did not encounter a needle stick, one of our dental hygienists did experience a cut with a contaminated instrument. We had to improvise a treatment plan. It would have been much less stressful had we had a protocol in place. If you are in a remote part of the world, especially where HIV-AIDS prevalence is high, you may want to consider reviewing post-exposure prophylaxis guidelines from U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and take the appropriate anti-retroviral therapy with you.²

Cultural preparation is also essential. Some common questions to consider are, "What do they believe about health care," or "What diagnoses do they not share with their spouse?" In some cultures, it may be considered unclean or a patient's spouse may harm the patient if the

(continued from page 13)

patient comes home with a treatment for a sexually transmitted disease. It is also important for team members to abide by local customs regarding dress, interactions between men and women, language, food, and hygiene.

Lastly, but most importantly, dig into Scripture as you prepare. Christ has told us to “*go and make disciples of all nations.*” (Matthew 28:19, NIV) We are to have compassion on people. The Apostle Peter writes, “*be sympathetic, love as brothers, be compassionate and humble.*” (1 Peter 3:8, NIV) Not only will the people you serve be changed by interactions with the team, but you will be changed as you see God work. It is vital for all team members to connect at the end of each day in prayer, devotions, and sharing of experiences. These times allowed me to see that God was working, even if I did not experience much of this in my role dispensing medications. It is also important to take opportunities in patient interactions to pray, encourage, and ask patients about their relationships with Christ.

In “Radical”, Platt also says, “It’s a foundational truth: God creates, blesses, and saves each of us for a radically global purpose.”¹ “In what radically global purpose can God use you this year?”

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Educating the Next Generation of Christian Pharmacists

by Jeffrey Copeland, PharmD, ThM



The Olympics are fascinating to watch. I am captivated by the athletes’ dedication, determination, and precision. Although the individual events are interesting, I find the team events more enjoyable. Each member must work together as one unit to earn the gold medal. One example of a critical teamwork moment is the baton pass in track and field relays. If the baton is dropped during the pass, the team is disqualified. Even if individual team members are the fastest runners, a dropped baton eliminates the team.

Similarly, we are engaged in the “baton pass” of developing the next generation of Christian pharmacists. This critical moment occurs when we participate in the great opportunity of equipping current pharmacy students for decades of professional service and practice as Christian pharmacists.

The primary components of the pharmacy curriculum for students are didactic and experiential. Didactic education involves learning in the classroom and laboratory, while experiential education focuses on knowledge, skills, and attitudes gained in pharmacy practice. Precepting pharmacy students during introductory pharmacy practice experiences (IPPE) and advanced pharmacy practice experiences (APPE) offers an excellent opportunity to enable students in observing how a Christian pharmacist practices and engages in the profession. According to the Accreditation Council for Pharmacy Education (ACPE), pharmacy practice experiences should “require active participation and patient care responsibilities, in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice.”¹ Additionally, one of the desired characteristics of preceptors identified by ACPE is to “practice ethically and with compassion for patients.”¹ Christian pharmacists can uniquely address and demonstrate these objectives to pharmacy students.

The Example of Moses

Prior to Israel entering the Promised Land, Moses passed leadership to Joshua. Numbers 27:12-23 describes the moment of the baton hand-off.

“Then the LORD said to Moses, “Go up this mountain of the Abarim range, and see the land I have given to the Israelites. When you have seen it, you will be gathered to your ancestors, as Aaron your brother was gathered to his ancestors. For in the wilderness of Zin when the community rebelled against me, you rebelled against my command to show me as holy before their eyes over the water – the water of Meribah in Kadesh in the wilderness of Zin.” Then Moses spoke to the LORD: “Let the LORD, the God of the spirits of all humankind, appoint a man over the community, who will go out before them, and who will come in before them, and who will lead them out, and who will bring them in, so that the community

of the LORD may not be like sheep that have no shepherd.” The LORD replied to Moses, “Take Joshua son of Nun, a man in whom is such a spirit, and lay your hand on him; set him before Eleazar the priest and before the whole community, and commission him publicly. Then you must delegate some of your authority to him, so that the whole community of the Israelites will be obedient. And he will stand before Eleazar the priest, who will seek counsel for him before the LORD by the decision of the Urim. At his command they will go out, and at his command they will come in, he and all the Israelites with him, the whole community.” So Moses did as the LORD commanded him; he took Joshua and set him before Eleazar the priest and before the whole community. He laid his hands on him and commissioned him, just as the LORD commanded, by the authority of Moses.” (New English Translation. 1st ed. Dallas, TX: Biblical Studies Press, L.L.C.; 2007)

Moses, in his customary fashion, sought the Lord’s direction through prayer to remedy a looming problem. Moses asked God for someone to lead Israel, out of his concern that the nation be established in the land God promised. Like Moses are we concerned there may not be a Christian pharmacist to care for our patients, to lead our organizations, to teach others as academicians, to lead as administrators, to direct our hospital pharmacies, our chain pharmacies, or our independent pharmacies, to lead our military and other government pharmacies, to lead the pharmaceutical industry, and to lead research? Are we asking God to provide opportunities to mentor pharmacy students?

The Lord answered Moses by appointing Joshua. Joshua was formally commissioned and publically acknowledged as the new leader of Israel. Prior to leading the people, Joshua studying under Moses as his assistant (Exodus 24:13; Joshua 1:1).

Some of Moses’ authority was gradually transferred to Joshua as he was still learning from Moses. When the Lord provides a student, are you willing to be a tutor as the Lord desires?

The Example of Paul

God gave Paul an enormous ministry. Paul was a gifted teacher and theologian as he explained complicated doctrines, a dedicated missionary as he led at least 3 missionary trips that resulted in the planting of numerous churches, a caring pastor as he personally mentored Timothy, Titus, and several other pastors, a bold evangelist as he proclaimed the Gospel wherever he went, and a prolific author in writing nearly half of the books in the New Testament. He was compelled to impact others for the glory of God. Do you have a similar desire to impact future pharmacists’ lives and our profession for the glory of God?

Scripture makes it clear that Paul was a mentor for Timothy, Titus, and others. Paul referred to Timothy as “*my fellow worker*” (Romans 16:21), “*my genuine child in the faith*” (1 Timothy 1:2), and “*my dear child*” (2 Timothy 1:2). Titus is described by Paul as “*my genuine son in the faith*” (Titus 1:4). Paul willingly gave of himself to Timothy, Titus, and many others as they ministered together. Are you willing to invest in the lives of students like Paul did?

The Example of Christ

Jesus Christ is the ultimate example of a teacher. He prepared His disciples by loving (John 3:16, 15:13; 1 John 3:16), praying (John 17), and teaching (Luke 4:14-21). Prior ascending into heaven, Christ transferred the baton to His disciples and his future followers. Matthew 28:18-20 is one description of this transfer:

“Then Jesus came up and said to them, “All authority in heaven and on

earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and the Son and the Holy Spirit, teaching them to obey everything I have commanded you. And remember, I am with you always, to the end of the age.”

As you go where the Spirit leads you, who will you disciple?

Teachers are highly influential individuals and, by definition, a preceptor is a teacher. This makes a Christian pharmacist preceptor an individual who impacts the lives of students and in so doing, the profession. Jesus recognized this principle when He said, “*A disciple is not greater than his teacher, but everyone when fully trained, will be like his teacher.*” (Luke 6:40) Because a Christian preceptor has the goals of glorifying God, presenting the Gospel, training in Christ-like character, equipping and training believers for service, and demonstrating a biblical worldview, students developed under the guidance of a Christian pharmacist preceptor will be different. Are you willing to accept the role and the responsibility of a Christian pharmacy preceptor?

Conclusion

The Christian pharmacy preceptor is involved in an living out and demonstrating to others all aspects of being a Christian pharmacist. He or she represents Christ at all times in all ways to all people (2 Corinthians 5:20). Because students imitate mentors, it is essential for the Christian preceptor to properly and faithfully represent Christ to his or her interns. A preceptor should teach for the glory of God rather than for personal gain (1 Corinthians 10:31).

Application Opportunity

CPFI is starting a new opportunity to facilitate Christian pharmacists in becoming preceptors for pharmacy

students. CPFI pharmacists willing to accept students and CPFI student members desiring an work or experiential training with a CPFI pharmacist may contact Dr. Jeffrey Copeland (jtcopela@uiwtx.edu). Pharmacists should give their name, facility name and location, contact information, type of experiential opportunity, and availability dates. Likewise, students should give their name, institution name and location, and contact information. When information is submitted, it is consider that permission is granted to disseminate information to individuals registered in the system. This service is designed to facilitate connections and identification of potential opportunities, rather than circumvent existing guidelines or procedures at schools and colleges of pharmacy. All laws, regulations, poli-

cies, and guidelines established by the individual schools or colleges of pharmacy and state boards of pharmacy apply to this service.

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Dr. Copeland holds a Bachelor of Science in Chemistry degree from Berry College, a Master of Theology degree from Dallas Theological Seminary, and a Doctor of Pharmacy degree from Mercer University in addition to his military education. He is a former

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While a Captain in the Army, Dr. Copeland married Julie, his beloved wife. They have two sons, Nathan and Matthew. Throughout his pharmacy career, Dr. Copeland has served as a staff, relief, and clinical pharmacist, directed pharmacy education, and served as an Administrator for ACPE. He is a member of Christian Pharmacist Fellowship International, Rho Chi Pharmacy Honor Society, and Kappa Psi Pharmacy Fraternity.

Dr. Copeland is the Assistant Dean for Experiential Programs and an associate professor in pharmacy practice at the University of the Incarnate Word, Feik School of Pharmacy.

Student News

God Cares About the Big and Little Stuff

by Kristen Fitzter, Nathaniel Harscher, Kyle Mains, Kimberly TenHoeve, Kylie Webb

Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy (GSOP) is committed to conducting short-term medical mission trips each year. The international trips for 2011 were Brazil, Costa Rica, Dominican Republic and Guatemala. This piece is a reflection on the trip to the Orosi and Cartago areas of Costa Rica.

Life is complicated, and being a missionary does not imply that it will be any easier. Complications for missionaries, especially in the medical field, come in many forms. A core component of medical missions trip is the medications. Not having them takes away the draw we have to bring people to us to explain the love of Jesus Christ. Therefore, a potential complication for medical missionaries is a delayed arrival of medications. There is only one thing to do when you are preparing for a short-term medical mission trip and something like this happens: you pray. In our case, we prayed that God would watch over and bless each person involved in getting the medications to us in West Palm Beach, Florida via a delivery truck from Bristol, Tennessee in just a few short

days. God's hand was evident in the entirety of our mission trip, especially with the delivery of medications. Not only did the medications arrive during our lunch break when we were finalizing the packing, they also arrived while two of the students were on their way back to the packing room. It was an impressive thing to see, as the elevator doors opened, and two huge carts of boxes for the Costa Rica team came through the hall. The boxes were received with great jubilation, and even more so when we heard further details about the story. When the coordinator of the missions program at GSOP received a phone call that a freight delivery was here, she instantly knew it was our Costa Rica mission order. She obtained two carts and another staff member to bring the boxes

upstairs. To their surprise, there was over 250 lbs of supplies! They had no idea how they were going to get them on the charts, let alone upstairs. Just at that point, a university maintenance worker passed by and placed the boxes on the carts. This is when the two students arrived to push the heavy carts to the elevator. Once the supplies were upstairs, the students quickly unpacked, sorted, repackaged, inventoried, and placed the supplies in suitcases for the trip. It was God's hand that provided those medications in just the nick of time. Had they arrived a day later, there would have been no way to take the main medication supplies with us.

God is constantly watching out for us in our most desperate times of need. Just as He provided the medications for us in our last minutes of packing, He prepares and provides for us in other times of need as well. God has His divine hand in everything we do, especially on the mission field. Life comes at us fast, and we need to be prepared with the right reflexes. Take, for instance, the situation we had in the pharmacy on the first day of clinic during this trip. It was approximately 9:00 a.m., and our available doctors were seeing our first few patients. Previously, we were told we would be receiving four medical students from one of the hospitals in Cartago, under the watchful eye of their attending physician, Dr. Gomez. We had worked with him before, and we were proud to have him work with us again. In the morning, the four students arrived ahead of Dr. Gomez and began intensive triage, taking notes and preparing prescriptions for him to sign. At about 10:00 a.m. Dr. Gomez arrived with an additional four students, bringing our total up to eight students with a single attending physician. It was a moment none of us had expected, and we quickly began packing two



Palm Beach Atlantic University, Lloyd L. Gregory School of Pharmacy Costa Rica Medical Mission Team 2011.

to three medical students per tiny exam room, with Dr. Gomez running between exam rooms, signing prescriptions, and flooding the pharmacy with orders and questions. The number of patients being seen was stunning, unexpected, and well beyond our capacity to handle. But, again, God is in control. We sorted through the prescriptions from the eight medical students and managed to finish in a timely fashion, thanking God for His blessings, and for giving us the ability to react in an appropriate manner. In everything we do, we must be willing to move in order for God to do His work in our lives.

As so often happens in our daily lives, the intensity of the day led us to focus more on the physical needs of people than the spiritual. Our main goal became the physical demands of the patients, instead of the spiritual needs that we were really there to treat. As a result, the patients were not receiving prayer as they should have, and it was only by God's grace that we realized this after the clinic. That evening at our devotional time,

we discussed the need to pray with patients and how important it is to pray for them on a personal level. The entire group agreed that each of us must be committed to pray with every patient. Our motto was that "no one is left behind." The results of the following day were astounding. People who never had the chance or desire to pray out loud were praying for their patients in a very personal and interested way. It made a dramatic change in the atmosphere of the clinic as God's presence was felt among students and patients, bringing a feeling of peace and comfort to the entire situation. How wonderful it was to see and feel this change as a result of prayer and allowing God to do His work through us!

Each of us has the opportunity to act and react in all situations. This does not, however, mean we can clearly see the proper reaction. In another episode from the Costa Rica clinics, there was an opportunity in which our reaction could have made a negative impact on the way we were received and viewed as missionaries.



Ultimately, it is a question of whether or not we are willing to step up, step out, and start the journey.”



This took place in a small church in a plaza, where the buildings are about the size of a small office-space in the U.S. The pharmacy was sized for a maximum of four people, and the two examination rooms were even smaller, having two chairs and a small round table in each. One makeshift “exam area” had to be placed in an open area outside the pharmacy to accommodate the number of patients who needed to be seen. The waiting room and children’s areas were about the size of these two spaces combined, and was bristling with patients, children, mission team members, and the church pastor and his wife. Evangelism was ongoing in an exceptional way, and the pharmacy was moving at a pace comparable to a typical community chain. Throughout the entire process the pharmacy was cramped, the examination rooms were too small and often ended up protruding into one another, and the waiting

area was loud, making it very difficult to focus on the work that needed to be done. However, through the grace of God, nobody complained. Had we complained about the size of the spaces our witness would have been lost to these people, especially to the pastor and his wife, who were so willing to open their church to allow us to serve the people of Cartago and surrounding areas. Even afterward, while asking the students and mission team whether they felt the space was too small, the answer was “I never thought about it while I was there,” or “It had not occurred to me to care, we were not there for our benefit.” What a tremendous witness to other members of the team to hear this and know that it was true!

Finally, let us consider the outcome of these great clinics and our usefulness as missionaries for Christ’s work. Due to the language barrier we were not always capable of

praying for the exact things patients may have needed, but we do not have to know everything, because God does. One of the simple prayers we heard many times while in clinic went something like this: “Dear God, we do not know everything that this person is suffering from, but we know that you do, and we ask that you would bring peace and healing to this person and their families as only you are able to do. Thank you for giving us the ability to treat what we can here, and thank you for bringing this person to our clinic safely, in Jesus’ name, Amen.” Even with the simplicity of this prayer, God knows everything occurring in people’s lives, and He will do as He sees fit to treat them in the way only the Great Physician truly can. It was such a blessing to hear every member of the team praying with patients throughout the clinic. This gave us such a boost in morale when the challenges we faced

became almost too much to handle. We were able to conduct four days of clinic and see roughly 400 patients, treating not only their physical needs but also their spiritual concerns. God desires us to go forth and minister in every way we can. Praying for those we come in contact with is a requisite, not a request. God did not offer a choice when he said *“And you SHALL be my witnesses...”* (Acts 1:8).

Ultimately, it is a question of whether or not we are willing to step up, step out, and start the journey. It is true that not everyone is called to go overseas, but by taking that step forward and offering yourself for God’s purposes, He can use anyone and anything mightily for His name. Being available to heed God’s call is the most important part, and if we are not available, how can we even consider that we are working for God’s

greater good? After all, in a quote from the book *Jesus, MD*, Dr. David Stevens, MD, says: “It’s difficult for God to move parked cars, so take the first step, move forward, and God will direct you where He wants you to be.” It is the prayer of this team that those who read this article will find themselves moved to be available for Christ and willing to step out of their comfort zone, as we all were, to take that leap of faith.

Serving the Poor On the Other Side of the Sea:

A Journey to Roatan, Honduras

by Annie Zakian & Madoussou Kane

“Therefore, I urge you, brothers and sisters, in view of God’s mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship. Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—his good, pleasing and perfect will.”
Romans 12: 1-2 NIV

In February 2011, two final-year pharmacy students from St. John Fisher College, participated in a 4-week Advanced Pharmacy Practice Experience (APPE) Pharmacy Missions elective rotation at the Clinica Esperanza, in Roatan, Honduras. Located on an island 30 miles off the coast of Honduras, Roatan is known for its tourism. Roatan is 37 miles long and 5 miles across at its widest point. It is a popular vacation spot for wealthy tourists seeking beach vacations and scuba diving in the world’s 2nd largest barrier reef, but it also consists of a community of nationals struggling to meet their daily needs.

Historical background of the clinic

Clinica Esperanza was founded in 2002 by Peggy Stranges, a nurse originally from Ohio. Previously, she was a missionary nurse and coordinated mission trips with medical and dental teams that provided health care services to Roatan. Roatan is located in Honduras on an island about 30 miles off the coastline.

Originally, it was simply called “The Clinic.” Starting as a small exam room that also served as Peggy’s residence, the clinic cared for the neediest people on the island. Before the building of homes in what are currently called *colonia’s*, they used to be uninhabitable land with steep rugged hills with dense vegetation. The people who couldn’t afford to buy land began to clear brush and dig out the side of the hills to make a flat spot big enough to build a home. The homes range from plastic tents to shacks

made out of wood. The dirt paths to the homes become mud slides during the rainy season and it’s not uncommon for mudslides to destroy some of these homes.

In 2007, “The Clinic” became Clinica Esperanza and developed into a non-governmental organization supported by donations. The main goal of this new entity was to meet the needs of an island that had become more populated with the migration of people from the mainland to the island and an increasing number of tourists. The clinic now provides accessible healthcare in a location more convenient than the island’s hospital so island residents who need care are not deterred by transportation or healthcare costs.

Description and vision of the future of Clinica Esperanza

The first floor of the clinic contains a waiting room, triage area, consultation rooms, a laboratory, and a pharmacy. It serves as an ambulatory care clinic for impoverished residents who do not have access to health care. The staff consists of three permanent doctors, two dentists, and a nurse, who are supplemented by volunteers. These volunteers are students who serve in the clinic as part of their professional curriculum or licensed healthcare providers who are willing to donate time to the clinic.

A birthing center and recovery rooms are on the second floor of the clinic, and an inpatient pediatric unit opened in April 2011. This allows the clinic to

accommodate patients who require more intensive acute care. Most of the patients are currently giving birth at home and the fact that the clinic provides a birthing center is a great contribution to the community of Roatan. For the future, clinic leadership envisions additional buildings to house recovery, radiology unit, and surgery center. The purpose of these projects is to provide Roatan residents with superior health care services at affordable prices.

The Pharmacy

The pharmacy was well equipped with two computers capable of keeping dispensing records, managing inventory, and providing prescription labels and patient information. Indeed, the pharmacy is an area where there is a great need for volunteer pharmacists and/or pharmacy students. Deuteronomy 15:11 (NIV) says: “There will always be poor people in the land. Therefore I command you to be openhanded toward your brothers and toward the poor and needy in your land.”

To help reduce costs and meet the needs of the poor, prescription drugs are ordered from the International Dispensary Association (IDA) biannually at a discounted rate. The inventory is designed to focus on commonly encountered diseases, such as

malaria, intestinal parasites, diabetes, hypertension, and hypercholesterolemia. Over the counter medications are also available and are usually acquired from donations by volunteers.

Our experience

Madoussou Kane:

My experience was eye-opening. It was amazing to work with a diverse population and well qualified volunteers. One of the more fascinating things was how the clinic positively impacts the lives of the poor and those unable to afford health care on the island of Roatan. This reinforced the purpose of my trip in serving the people coming to the clinic. The people of Roatan were a great encouragement to me. It was a privilege to serve at Clinica Esperanza and have a small part in providing health care to the needy population of Roatan. The trip was a reminder of what it is to be a servant, humbly meeting the needs of others. . Peter 4: 10 (NIV) says: “Each one should use whatever gift he has received to serve others, faithfully administering God’s grace in its various forms.”

Annie Zakian:

Volunteering at Clinica Esperanza was a humbling time for me. I observed a community of people who only have the bare necessities to live

and rely on each other to survive. I was amazed at the number of volunteers who come to the clinic for long and short term mission trips. The biggest challenge for me was adjusting to differences in how the pharmacy operated in comparison to practice in the United States. Additionally, I gained an appreciation for Honduran culture and the challenges of working in this type of setting.

Contact information/ volunteer opportunity

Volunteer pharmacists or pharmacy students are greatly needed and welcomed by Clinica Esperanza. Visit the Clinica Esperanza online at www.clinicaesperanza.com to see how you might consider helping. For any further questions, please contact Peggy Stranges at: pstranges@clinicaesperanza.com or 011-504-9885-1044. ✉

At the time of authorship, Annie Zakian and Madoussou Kane were final-year students at the St. John Fisher College, Wegmans School of Pharmacy in Rochester, NY. Both students participated in this project as part of their APPE rotations and would like to acknowledge CPFI for the scholarships received from the organization for this mission project.

Personal Reflections

Mere Pharmacists (A prayer poem)

by Jack Chen, *PharmD, FCCP, BCPS, CGP*

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As a pharmacy school faculty member, one of my goals is to be a good example for pharmacy students. Within the Loma Linda University School of Pharmacy, students have chosen pharmacy as their health-care ministry. On campus, students are busy shuttling between buildings, classes, meetings, study groups, and other activities. It's fair to say that students are very busy. To help students and me settle in class, quiet our minds, and "shake the dust off our shoes," I give a prayer at the start of each class.

These prayers are intentional opportunities for me to pray for the students, share a group moment, and enhance the learning climate. As part of the prayer, I make it real and relevant by praying for individual student needs, student academics, and current issues or events.

Christian prayer in the classroom demonstrates a real connection with our University mission of furthering "the healing and teaching ministry of Jesus Christ" and "to make man whole."¹ Many of my faculty colleagues also see the value of this activity and set aside time for prayer or devotions during classroom teaching. The following poem captures and expresses my prayers.

Dear Heavenly Father, our God,
Thank you for blessing us with your bountiful love
and ever-present grace,
Thank you for your precious gifts of faith, hope, and love.

Father God,
We are in the ministry of pharmacy and the healing sciences.
Although we are mere humans,
we are your people;
we are your anointed ones
and you are the anointed King.

Father God in Heaven,
You are not of this world,
but through your one and only Son,
you walked our world,
from Bethlehem,
to the hills and plains of Galilee,
and then to Calvary.
You showed us true piety.

Father God,
Through your one and only Son,
you have witnessed our world of
flesh, blood, and aching joints,
healing science and piety,
anointments and ointments,
kings, queens, and society,
annulments and appointments,
nature and morality,
ministries and trinities,
dilemmas and trilemmas.

Father God in Heaven,
You have tasted the sweetness of apples and honey
and the saltiness of the earth.
You have seen the living wonders,
from mere guppies and puppies,
to blessings of unicorns,
and the monstrosities:
Behemoth and Leviathan.

Through your one and only Son,
You have witnessed in this world,
agape amidst bigotry,
charity and apathy,
courage and adversity,
fairness despite cruelty,
faith amidst poverty,
hope despite uncertainty,
joy and sadness,
kindness and coldness,
peace and madness,
and strength amidst meekness,

Father God in Heaven,
You are not of this world,
But through your one and only Son,
a mere Christian and witness,
you have experienced it, tasted of it, and walked it.

So Father God,
We thank you for your sacrifice and humility.
You gave us your anointed Son, Chi-Rho,
a mere Christian.

Father God in Heaven,
We give thanks for all that we have,
and although we are mere, we are blessed and we are your people.
As we invite you into our hearts and minds,
we present this prayer to you.

Heavenly Father, our God,
I pray that as we receive you into our hearts and minds,
that our faith grows stronger, our hope remains constant, and that we
are able to love deeply.

Father God,
I pray that as we open our hearts and minds to receive you,
that we experience a vision of your faith, hope, and love.
Let our mind's eye see the wonder and glory of creation.
Let us experience a peace and understanding that surpasses all things;
a peace which is like your peace;
a peace like no other.

Father God in Heaven,
I pray for this ministry of pharmacy and the healing sciences.
If there is heaviness in our hearts and minds,
if there is anything that weighs us down in our hearts and minds,
if there are any deposits of lead in our hearts and minds,
I pray that we are able to take this heaviness, the deposits of lead,
and transform it into gold and silver.

Father God,
I pray that as we receive you into our hearts and minds,
we are able transform that lead into gold and silver.
And as we receive you, I pray for this glorious reality;
for we can do anything through You who gives us strength.

Father God in Heaven,
I pray that as we receive you in our hearts and minds,
that we are able to become more whole,
or at least 95% whole (after all we are not in Heaven yet).
And I pray that as we become more whole,
we can be generous;
and as we become more generous,
we can share the richness in our hearts and minds,
so that others may become more whole.

Father God,
As the ministry of pharmacy and the healing sciences,
Let us help and do no harm,
Let us enrich the gold and silver rules.
This is the ministry of pharmacy and the healing sciences.

Father God in Heaven,
You are Abba,
the Alpha-Omega and Chi-Rho.
You are witness to Creation and Genesis.
You are witness to our birth and passage.
You are witness to that which we cannot see;
You are all Revelation.

Father God,
I pray that you will be witness on that day
when we enter into your Kingdom.
I pray that on that day, at that moment, and with beloved Chi-Rho,
you will be witness to us becoming 100% whole.
Father God in Heaven,
I pray that as we receive you into our mere hearts and minds,
let us savor the flavor of your alchemy, creativity and humility;
whether it be mere guppies and puppies,
or the Behemoth and the Leviathan.

Father God,
Thank you for blessing us with the freedom to make choices.
I pray that each of us chooses to be excellent.
I pray that we choose transparency over opacity.
I pray that, rather than taking a pedestrian stroll towards mediocrity,
that we choose to be excellent.
I pray that we choose to "walk on water."
I pray that we choose to be excellent and to "walk on water,"
for we can do anything through You who gives us strength.

Father God in Heaven,
I pray that within this ministry of pharmacy
and of the healing sciences,
we are able to dispense with excellence,
the ointment which anoints.
Let us be whole and administer comfort to aching joints.
Let us be excellent for those we love,
and for those that love us,
and for those that we serve.

Father God,
We are beautifully, distinctively, and wonderfully made.
I pray that we know this well and deeply
in our souls.

Father God in Heaven,
I know I pray for much,
I am but a mere person,
But I really do pray all of these things in your precious name,
the name of Christ Jesus, and the Holy Spirit,
Amen.

References

1. Loma Linda University. Our mission. <http://www.llu.edu/central/mission/index.page>. Accessed June 13, 2011. ☞

Dr. Chen received his PharmD from the University of Utah and completed a specialized residency at Rush-St. Luke's Presbyterian Medical Center, Chicago, IL. His academic and clinical interests are in the fields of neurology and pharmacology. He is currently enrolled in a Master of Theology degree program.

Book Review • Grasping Heaven by Jeffrey Lewis, MA, PharmD

*Today I am healed
Perhaps not the way you had hoped for,
Prayed for, waited for.
But I'm in a glorious new body,
Free of pain, full of new strength.
Free to run and dance in a place
Where God himself wipes my tears away.*

*Immersed in love, joy and peace
That we have a mere taste of
During our time on earth.
In the presence of my God and
Savior, Jesus Christ,
Who loves me more than His own life.
Know that today I am healed.*

-Tami Fisk, MD

Using letters, essays and diaries from Tami's own hand, the authors of *Grasping Heaven* have marvelously chronicled the life and ministry of a young physician possessing a passion for the Yi people of Sichuan, China.

From early childhood, through medical school and beyond, it is clear that Tami was anything but ordinary. Her radar was always "on"...sensing needs when others were oblivious and evaluating the present in light of the future – her future in God's plan. And, her future was determined to involve serving the physical/medical needs of others in China...a country that she first visited while a medical student at Emory University School of Medicine.

The road to China was challenging, to say the least. Her family was very supportive of her plans to serve there, but the opportunities to properly train for the mission (medical school, pediatric residency, and a fellowship in infectious disease, among others) never seemed to materialize until the doors were nearly closed. But Tami was never deterred...always believing that God wanted her in China, and that He would make a way for her to get there. And, get there she did.

As a relatively tall fair-skinned woman, Tami was quite different-looking than the Yi people. They were convinced that Tami was not only from another country...but, quite possibly, from another planet. She willingly assumed the role of "martian", and was quickly adopted by Yi people who would engage her in various kinds of struggles (medical and otherwise). Working closely with two nurses from Taiwan and Japan, and with the support of Medical Services International, Tami was finally "home".

Home was a brutal place at times...harsh winters, dry hot summers, limited modern amenities (e.g., running water, heat, refrigeration), but her love for the Chinese people over-shadowed any of these. She was in Asia during the SARS epidemic, and served as a great resource for the CDC. She even had a bacterium named after her, *Bartonella tamiae*, because of her instrumental role in its discovery. She was in the place that God had prepared for her, and in the place that she had prepared for many years to be. And, then...with her lifetime ministry hardly begun...it started to end. Malignant melanoma ravaged this young physician's body...and, eventually, took her life.

She spent her life preparing to meet the needs of a secluded population of people in the Great Cold Mountains of China – her heart pulled along by the hand of God. She then spent what could be better measured in months than years actually meeting those needs. Even at the very end of her life, grace flowed from her lips...disappointed that she would no longer be able to serve the people that she loved, yet grateful for the brief opportunity that God afforded to her to serve at all.

This biography of Tami's journey is inspiring and deeply challenging. It prompts much self-reflection of motives, attitudes, purpose, and relationships. I would encourage you to take a couple of hours to read it, reflect...and reset your course.

Oh...I almost forgot...the poem was found in Tami's "last things" folder on her computer: a gift to her family.

Grasping Heaven

Authors: Annelies Wilder-Smith, Einar Wilder-Smith. Published by: Deep River Books, Camp Sherman, OR, USA. ISBN 978-1935265344. Paper-bound, 264 pp. \$8.92. www.amazon.com.

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.
- We believe that 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.