

Bringing Joy to the People of the Amazon

by Jackie Ashley, PharmD Candidate, Juli Beacom, PharmD Candidate, Daniel Dunham, PharmD Candidate, Ornella Falco, PharmD Candidate, Matthew Ferry, PharmD Candidate, Brittany Hawkins, PharmD Candidate, Myhong Phan, PharmD Candidate, Jennifer Scales, PharmD Candidate, Mara N. Poulakos, PharmD, Elias B. Chahine, PharmD, BCPS (AQ-ID)

Jackie Ashley, Juli Beacom, Daniel Dunham, Ornella Falco, Matthew Ferry, Brittany Hawkins, Myhong Phan, and Jennifer Scales are pharmacy students at Palm Beach Atlantic University, Gregory School of Pharmacy, West Palm Beach, FL.



Mara N. Poulakos, PharmD is Associate Professor of Pharmacy Practice at Palm Beach Atlantic University, Gregory School of Pharmacy, West Palm Beach, FL and clinical pharmacist at Boca Raton Regional Medical Center, Boca Raton, FL. Her responsibilities include coordinating and lecturing in several integrated pharmacotherapy courses, facilitating case studies in therapeutics, and precepting pharmacy students in internal medicine as well as medical missions. She can be reached at mara_poulakos@pba.edu.



Elias B. Chahine, PharmD, BCPS (AQ-ID) is Associate Professor of Pharmacy Practice at Palm Beach Atlantic University, Gregory School of Pharmacy, West Palm Beach, FL and clinical pharmacist at JFK Medical Center, Atlantis, FL. His responsibilities include coordinating and lecturing in the integrated infectious diseases pharmacotherapy course, facilitating case studies in therapeutics, and precepting pharmacy students and residents in clinical pharmacy, internal medicine, infectious diseases, as well as medical missions. He can be reached at elias_chahine@pba.edu

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On May 21, 2012, a group of fourteen pharmacy students, a PGY-1 pharmacy resident, and two faculty members from the Lloyd L. Gregory School of Pharmacy, Palm Beach Atlantic University took part in a journey

that changed many lives both spiritually and medically. This journey consisted of a medical mission trip to spread God's Word to villages along the Amazon River. Our team started this remarkable journey by traveling from Miami, Florida to Manaus, Brazil. Upon arrival, we joined two missionary pastors, five interpreters, and eight crew members on a riverboat, the Amazon Tucuna. We traveled for sixty miles along the Manacapuru River, a branch of the Amazon River and visited five villages.

In preparation for the trip, our team chose a central theme, "JOY," which stands for Jesus, Others, and You. This theme reminded each team member that Jesus should always come first, meeting the needs of others second, and our needs last. By honoring this, we were able to bring joy to the people we served and experienced joy in our own lives. This is especially important on the mission field.

This journey was more than just a trip in the Amazon River basin, it was truly an adventure. As we started the cruise down the river, we were trusting God not simply for safety but also for His plans to be worked out with the team. We knew we were going to spend seven days traveling along the Amazon River, but we did not have an itinerary of the villages we were planning to visit. While we had our medication formulary and supplies, it was unclear what the specific needs of the people would be. Not having a definitive plan created a lot of anxiety to some of us. For most of the students, this was their first medical mission experience outside the country. Putting our trust in God lessened our concerns and enabled us to fulfill our purpose: "Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight" Proverbs 3:5-6 (NIV).

After cruising for over 20 hours of travel on the river, we arrived in the village of Patawa for our first clinic day not knowing what to expect. The pastor stated that this was the first time the village had been visited by missionaries. Recent heavy rain in Brazil had caused the river to rise. Flooding had forced many people to leave their homes, abandon their crops, and move to higher grounds. As a

result, hunger and malnutrition were major issues. Upon entering Patawa, we were struck by the difference between life in this small village and life in the United States. We set up a clinic in a small school to provide medical care for individuals in the village and to present the Gospel. Through the use of translators, we were able to communicate with people who came to the clinic. We were encouraged by our first patient who appeared to understand what we were saying through the interpreter and was successfully treated. We quickly learned to overcome barriers and provide culturally competent patient care. A similar set up was followed for the rest of the villages we visited.

We were able to treat and engage 250 patients and dispensed 750 prescriptions. The majority of patients had bacterial, fungal, and parasitic infections. Some patients also had chronic conditions, such as hypertension, diabetes, and gastroesophageal reflux disease. We educated patients on lifestyle modifications and prayed with them. Praying with each patient was a new experience for many students, but everyone learned how rewarding this could be. We felt the Holy Spirit working through the interpreters as they prayed with patients in Portuguese.

We were able to see God's working in the hearts, minds, and lives of His people. Patients were so grateful that God had brought us to them. Many of the patients were brought to tears during prayers and accepted Christ as their Lord and Savior. *"Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit"*. Matthew 28:19 (NIV).

When we embarked on this mission trip, many of us went with the mindset of expecting to impact the people we would serve. However, at the end of the trip, we found that we were impacted by the people living along the Amazon. The living conditions in the Amazon reminded us that we need to praise God for every blessing in our lives and every hardship. God only knows what is going to happen and the things that seem as hardship today may turn into blessings tomorrow. Despite their difficult living conditions, the smiles on their faces and the joy and contentment in their lives brought us joy and encouragement. The people of the Amazon taught us that the source of happiness is not in material possessions, but is in a strong relationship with Jesus Christ.



A MISSION TRIP TO REMEMBER: GUATEMALA

by Mariette Sourial, PharmD, Kameela Jagat, PharmD Candidate, Ioana Jones, PharmD Candidate, Anup Mathai, PharmD Candidate, Jessica McFarlane, PharmD Candidate, Jigna Patel, PharmD Candidate, Thu Tran, PharmD Candidate, and Marco Correa, PharmD



Dr. Mariette Sourial received her PharmD from Albany College of Pharmacy and Health Sciences in Albany, New York. During her college years, she played college basketball and served as the president for the student chapter of the American Pharmacists Association the Student Government Association. In 2011 she completed an ambulatory care PGY-1 residency at the University of Minnesota in a rural emphasis site. Her residency project focused on collaboration between pharmacists during transitions of care. Upon completion of her residency, she joined the Gregory School of Pharmacy, where she teaches in the pharmacotherapy course series, coordinates Critical Pharmacy Knowledge V and VI, and facilitates case discussions, doctoral seminar, and communication lab. Her practice site is at Lakeside Medical Center in Belle Glade, Florida, where she precepts IPPE and APPE students. Dr. Sourial's focus is on improving transitions of care in high-risk patients and interprofessional collaboration.

On May 20, 2012, 2 clinical pharmacy faculty, 6 fourth-year pharmacy students, 3 second-year pharmacy students, and 5 tennis team members along with their coach embarked on a journey to Guatemala for 10 days. Our team is the first of its kind at the Gregory School of Pharmacy, as it integrated

both pharmacy and athletics.¹ Since our team was certainly different from other pharmacy mission teams, we faced several challenges. How would we bridge the gap between two unlike groups? Would we get along or would the pharmacy team do all the work? Whenever we had doubts in our ability to be one cohesive group, we turned to the verse that we had chosen as a group for this trip: *"Then I heard the voice of the Lord saying 'Whom shall I send? And who will go for us?' And I said, 'Here am I, Send me!'"* (Isaiah 6:8) We were all called to this trip and had one mutual goal, to serve our Lord. This was more than enough to unite our two teams.

Our team partnered with "Faith In Action", a Christian organization focused on serving the remote people of Guatemala.² This organization believes in taking the great commission to go to those who do not

have access to the Word of God and preach the Gospel as well as construct safe houses, churches, schools, and clinics in these remote areas. They also facilitate a variety of economic and agricultural developments. Our mission team was to provide medical and pharmaceutical care to the villages in the swampy waterways of Rio Dulce as well as help with the water construction project for the village of Castulo. As Michael Beene, one of the missionaries, stated, "We are a conduit for the Church...God has given us an unbelievable privilege of serving the people of Guatemala. One of the greatest gifts of God on the face of the earth is the privilege of helping the poor. It is an awesome privilege to be called an ambassador of Christ."³ We are commissioned to share God's love for His creation in all that we do.

Weekly group meetings began in October and Team Guatemala quickly



took shape. We then progressed to having meetings twice a month, beginning in January till the end of April, and then daily meetings the week leading up to the trip. As a result of the team building activities and interactions during the meetings, we were able to better understand each other and form a strong foundation. Team building exercises forced us get out of our comfort zones, allowed us to interact with one another (e.g. the human knot), sharing with the group fears and hopes for the trip, and participating in activities that required us to trust our fellow teammates. As with any trip, there were some challenges. One of the challenges we faced for this trip was teaching the Athletics Team how to take blood pressure and glucose readings. However, through patience and practice in the week leading up to our trip, the Athletics Team was able to comfortably take blood pressure measurements and blood glucose readings. Like Chi Ly, the tennis team's coach, had said, "Through repeated trials and the routine of taking blood pressures, I became better and better at it. Now it has become so easy that I can teach it to anyone."

Prior to our trip, we were required to read the book *Jesus MD*; this book was deeply enlightening and helped to put into perspective the role of a missionary doctor. Even more so, this book focused on Jesus, "the Great Physician." Some of the principles we practiced that we learned from the book, were mentorship (seeking professional and spiritual advice of our preceptors) and the principle of touch (healing not with medications, but by showing that we care through simple gestures). We were able to not only be enlightened on various aspects that a missionary doctor must consider, but



we also were able to see what type of health care professionals we wanted to be; ones who follow in the footsteps of the Ultimate Physician. The most important lesson that this book drove home, was that while curing through medicine is great, healing through the power of the Lord is really the most important cure.

During the week before the trip, the fourth-year pharmacy students worked eight-hour days, diligently preparing any possible pharmacy knowledge material that we may anticipate need for. For instance, we made treatment algorithms for each disease state we had medications for in order to ensure proper dosage for correct indications. It was not an easy task accounting for 44 different types of medications we had in our arsenal, but we continued on because we knew that this task was for the greater good of our patients and us as a team. We read, reread, and reviewed medication package inserts all in the hopes that our knowledge base would help us overcome any challenges that may arise on the mission field. All of this preparation eventually led to

a binder our preceptor, Dr. Sourial, endearingly named "Bible #2." This resource carried valuable information and was brought to every village we visited, giving us a solid place to reference in cases of uncertainty.

Our trip to Guatemala illustrates the importance of interdisciplinary teamwork as it had a positive outcome on the patients we were able to touch. We were able to work effectively together to run clinics with accuracy and efficiency. Unity is one of the most critical characteristics a mission team can exemplify. We learned how to step outside of our comfort zones and bonded with members of the Athletics Team as well as the local ministry group. This unity allowed us to touch lives and live out God's work. It was truly a pleasure to have this growing experience with the tennis team, for without them our team would have been incomplete and we would not have achieved nearly as much. *"Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms"* (1 Peter 4:10)



PHARMACY WITHIN THE RURAL

COMMUNITY: Serving on the Mission Field and Maintaining Sustainability

The mission field seemed like foreign territory, fully equipped with challenges and hurdles. As pharmacy students who had finished the didactic curriculum we went into this experience feeling confident with the knowledge we had gained over the past three years. We always heard from people who returned from the mission field that no amount of preparation is ever enough for what challenges lie ahead. We quickly realized how true their advice was.

On our second day in Guatemala we began our first clinic in the village, Castulo. We began with over an hour truck drive to the village, where we quickly ate lunch and set up our clinic outside. The clinic was set up with a pharmacy and diagnosis area in hopes to maintain a flow throughout the day. There was a stampede of patients and we quickly became very overwhelmed with the amount of patients and the heat of being outside. We quickly realized that we were not prepared for the magnitude of what clinics would entail in Guatemala. Since our initial

location was not working out (being outdoors in the rain), we decided to move into the church to better accommodate our patients and help things run more smoothly. Once in the church we got our bearings and we were able to successfully finish seeing every villager.

The next village that we visited was Lampara. To get to Lampara, we had to take an hour boat ride and then hike through thick mud through the jungle of Guatemala. It should be noted that before arriving, we were told that jaguars roam the jungles and that the villagers there had just recently killed one. So our hike through the jungle was done quickly and diligently. Once at the village, we were all exhausted, but we came there to serve the people of Guatemala and so we did. We immediately began setting up our clinic and even added a new station that we thought would be beneficial and allow everything to run more smoothly than last time. So we now had three stations: triage, diagnosis, and pharmacy. Our new layout of the clinic allowed us to quickly and efficiently see every villager in a timely manner. This was imperative as we needed to leave the

village before it began getting dark since traveling through the jungle in the dark was not advisable. To thank us before we left, the people of Lampara cooked rice and beans. It was their way to thank us for our work. It was such an honor and was awe-inspiring because even though the villagers barely had anything and probably did not even have food to spare, they were so grateful for what we had done for them they wanted to show us gratitude in their own way.

The third village we visited was Setal. To get there, we had an hour boat ride, and then another hour of a tractor ride. This village was extremely interesting and as always the people were very upbeat and hopeful. Being our third village, and our third time at clinic, we knew exactly what to do in order to work effectively. We were able to see many interesting cases and help the people of this village in record time. We even had time and resources to have a group led by the missionary father Michael Beene hike through a ravine and up a mountain to visit a very sick family that could not make it to the village. The night before the clinic we packed a bag with some of the most commonly prescribed medications and explained every medication, use, dose, and side effects to Michael Beene and one of the tennis team players Jack Sahlman, who would be making this trek. Thankfully, we had done this the night before, because the family this group visited was in desperate need of our help.

Our last village to visit was Simaron. We were able to impact the villagers there as well. One of the most heart lightening moments was when Julie Brown, a second-year pharmacy student taught the children a Christian song, "Our God is an

Awesome God,” and had them act it out with hand gestures. Right in the middle of clinics we dropped everything we were doing to watch them eagerly perform what they had just learned. It was truly a moving and magical moment because Julie had only gone over the song with the children once, yet the children were able to perform it wonderfully.

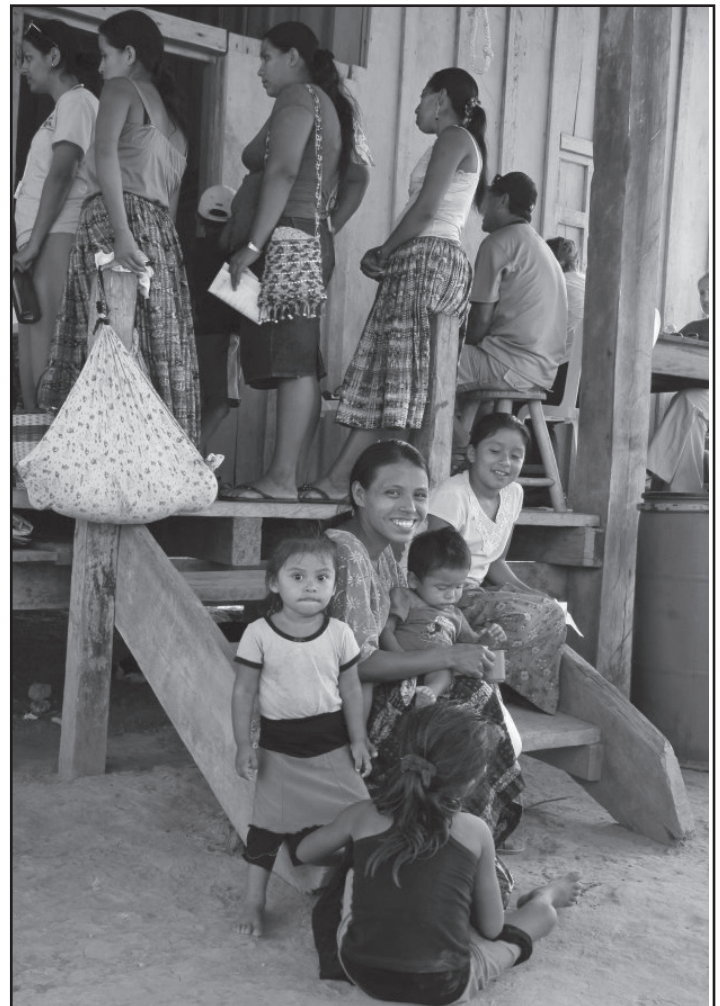
Throughout our stay with the missionary family, we quickly realized how advantageous our beloved Bible #2 would be to the missionary family we lived with. The Beene family provides regular medical attention to the villages around Rio Dulce. For this reason, our team took on the responsibility to try and impart sustainability in their practice. We wanted to equip them with

the knowledge to provide safe and proper use of any medications we left behind so that they would be able to continue their great work with the finest information possible and provide optimal care. Although we did our best to provide sustainability in Guatemala, we did not realize just how much we learned through our missionary family. We realized that all of the medication that we brought would eventually run out, but faith on the other hand would not. We learned how important the integration of faith with our profession could impact the various lives that we hope to make an impact in. Here in the United States, we easily forget the spiritual aspect that we should be sharing with our patients; our trip to Guatemala helped us to reanalyze and accept the fact that faith plays

a huge role in all aspects of life, and that ultimately no medication in the world can strengthen you the way faith can. This is because, “*What is impossible with man is possible with God*”—**Luke 18:27.**

References:

1. Palm Beach Atlantic University. Lloyd L. Gregory School of Pharmacy. Medical Missions Trips. www.pba.edu/medical-missions-trips (accessed 2011 October 1)
2. Faith in Action. Homepage. <http://fiaministries.com/> (accessed 2011 October 1)
3. Faith in Action. Journey. <http://vimeo.com/13307827> (accessed 2012 June 1)



From Wisconsin to Tegucigalpa

Reflections on a Medical Mission Trip to Honduras

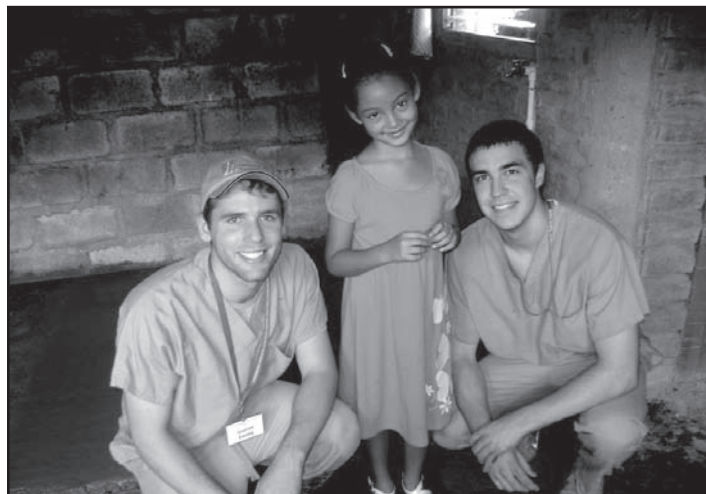
by Phil Berce, Ellen Bergendahl, Andrew Ensing, Laura Harris, Chris Hulstein, Luiza Kerstenetzky, Andre Reher, Nicole Savides, Travis Tacheny, and Jaimi Swenson, PharmD Candidates, School of Pharmacy, University of Wisconsin-Madison

Phil Berce, Ellen Bergendahl, Andrew Ensing, Laura Harris, Chris Hulstein, Luiza Kerstenetzky, Andre Reher, Nicole Savides, Travis Tacheny, and Jaimi Swenson are 2nd and 3rd year pharmacy students at the University of Wisconsin-Madison School of Pharmacy, all active in the Madison student CPFI chapter on campus. They enjoyed meeting every week during the semester prior to their trip to Honduras, grew in camaraderie during their week in Latin America, and continue to cherish working alongside one another in their journey to be future pharmacists for the Kingdom! For more about our trip with World Gospel Outreach (www.wgoreach.org), visit our blog at: <http://uwuhonduras2012.blogspot.com>, or watch our video at: <https://vimeo.com/43701777>.

In May of 2012, a group of health care professionals and health care students from the University of Wisconsin-Madison traveled to Tegucigalpa, Honduras. World Gospel Outreach, based in Tegucigalpa, is an organization that strives to show Christ's love by providing basic health care to under-served areas, and these medical "brigades" are almost completely staffed by volunteers and supplied by donations from the church-at-large. Our Wisconsinite team traveled to Honduras to staff a medical missions clinic for a week and to bring medical supplies to an area with limited access to such resources.

Tegucigalpa is the capital city of Honduras, nestled in a basin surrounded by mountains. It has a strong Roman-Catholic heritage and a population of 1.1 million people, mainly mestizo in ethnicity. The national language is Spanish, so we relied heavily on translators to enable us to communicate during our visits with many of the Honduran people we were serving. Fifty percent of the population in Honduras is below the poverty line, with 28 percent being unemployed. The average age of the country's population is very low (20.3 compared to 36.8 in the US), and the lack of work opportunities engenders high participation of these youths in gangs, especially throughout the larger cities.

Since Tegucigalpa is recognized as the sixth-poorest country in Latin America, the government-operated health care program lacks sufficient funds to provide adequate health care to many of its citizens. During a mid-day trip to observe care at the national hospital, we had the opportunity to witness the innerworkings of the public healthcare system and how different it is from the American system. We



were honored to have a wonderful group of physicians and nurses on our team, and it was inspiring to see how God used their skills and passion to serve the Hondurans.

Our team consisted of two physicians, one nurse, and one nurse practitioner, along with five medical students, ten pharmacy students, and a nursing student, along with our team leader and his daughter – a total of 22 North Americans. A Honduran physician, three Honduran dentists, a capable group of translators, and a full-time U.S pharmacist supplemented our team. A typical day of brigade consisted of medical students working with the physicians, and the pharmacy and nursing students rotating between dentistry, evangelism, children's ministry, pharmacy, and concrete-pouring. Each team member was also assigned to cover one-hour shifts of praying throughout the week, a position we dubbed "the Prayer Chair."

Our time in Honduras started with a day of orientation, some time to worship at church with Honduran Brothers and Sisters, engage in some site-seeing, and settle into the Mission House, followed by two days of clinic at a rural church in the outskirts of the city. Despite unusually heavy rains both days, Hondurans traveled from miles away to be seen by our physicians and dentists. The church building consisted of a main rectangular meeting room with several windows, a couple of ceiling fans, and a tile floor. The space was small but served each part of the medical team well for setting up their respective stations. The rest of the building,

which we used for children's ministry, creating a hair-washing station out the back door, and using two different classrooms for activities with the children. In the first room, we sang, danced, and played games, and then a member of the team would use a translator to tell a story from the Bible. After that, we distributed beaded bracelets we had made, which were used to explain the Gospel to the children.

We were all impressed by how well-behaved the children were during our time with them. Most of them intently listened to our stories, enthusiastically participated in our songs and games, and thoroughly enjoyed the individual attention they received during their hair-washing and styling. When thinking about the children for whom we performed lice treatments, it could have been easy to get discouraged. There was the realization that they would be going back to the same home, sleeping in the same bed, and using the same hairbrushes – but the full-time missionaries encouraged us to think about it as “upside-down foot-washing.” When Jesus rinsed the dirt off the feet of his disciples, He understood that those feet would just get dirty as soon as the meal was over and the disciples put on their sandals and walked back down the street. That did not stop him from performing this vivid act of love and service, though. With this reminder, we embraced the opportunity to show Christ's care for each of those children – and if we could provide even just a bit of relief from itchy parasites, we considered that a bonus. In total, we saw about 640 Hondurans during those two days of clinic – a great start to the week!

After those two full days, one of the Honduran physicians took a day to show us around the national hospital in downtown Tegucigalpa. We split up into two groups, one taking a tour of all of the pharmacies in the facility, and the other being shown around the different surgical units of the hospital. We noticed many cultural differences within the University Hospital (Hospital Escuela), the most prevalent being patient privacy. We sometimes felt invasive when our groups observed procedures without first consulting the patients, but it ended up providing opportunities to pray with patients in all stages of health. One of the groups was joined spontaneously by a Honduran medical resident, who was on duty and generously offered to show us around, explaining the hospital from an insider's perspective. What an unexpected blessing!

After our day off, we then finished the week with two more days of clinic, this time at Ministerio Evangelico El Shaddai, a larger church in a less rural setting. This was the

church that we attended for Sunday service, and a full crew of volunteers from the local congregation was more-than-ready to welcome us back for our 2-day clinic. We all worked together, doing what each was assigned to do, and at the end of the day, our physicians had seen more Hondurans in one day than this organization had ever seen before. After we had packed up and headed home, our team leader let us know that the church had been praying and fasting for 40 days before we came, in preparation and anticipation for what God was going to do in their community through His Body. In two days at this church, we provided medical care to 813 people and dental care to 161. In addition, we interacted with 168 children in their ministry and helped 195 Honduran commit or recommit their lives to Jesus! Our experience at the church reminded us that the same God who fed 5,000 men with five loaves and two fish could equip a handful of healthcare professionals and their support staff to provide care for 974 individuals in a total of 16 hours. We truly serve a big God.

Throughout the week, God's providence in assembling our team became more and more obvious. God used each person's unique personality, experiences, and skills for the people we were serving as well as for the team itself. For example, students who had experience as pharmacy technicians were not only ideal for the makeshift pharmacy developed at each brigade, but also were useful in dentistry to help quickly gather supplies for each dental patient. Medical students were not only able to assist in doing blood pressure and medical triage, but they were also able to assist the physicians in Spanish translation. Our nursing student not only provided enough enthusiasm for the rest of the team combined, but also had years of experience in pouring concrete. Two other members took on the role of worship leaders to help focus our great meetings, and our medical professionals (whom we quickly nick-named “the fun ladies”) provided games at the end of our long days, which helped us grow even closer as a group.

We were humbled by all of the financial, material, and prayer support we received for this trip. Each team provides the medical supplies for each week of brigade for that week. When looking at the projected list of materials that would be used in a given week of clinics, the supply-need seemed overwhelming – but we prayed, and God provided in a big way. Our team brought over 600 pounds of medical supplies for the week, including over-the-counter medications, vitamins, gloves, sterile supplies, and hand sanitizers. However, all of the supplies only proved to be effective because of the support of local

translators, health care professionals, and churches who helped us to distribute the medical and spiritual care and supplies to those who desperately needed them---what a blessing to see the Body work together!

Our experiences in Honduras were indeed incredible, but as we all know, there is always room for improvement. Some areas that could be improved include acquiring more resources, providing additional participant training, and offering more educational and preventative care during brigades. As for resources, a majority of the care needed in rural Honduras is for acute disease states, as opposed to the usual chronic disease states in first world countries. What we found was that the brigades can always use more anti-parasitic and antibiotic medications, along with head lice shampoos and toothbrushes. We also were thinking that the clinics could benefit from an electronic blood pressure cuff, since the clinics were so loud, making it hard for physicians and nurses to hear through the stethoscopes associated with the manual cuffs. Also, having more Spanish Bibles and New Testaments to distribute would also allow the evangelism team to be less sparing in handing them out. In addition, we came up with the idea of creating a Bible reading plan for the next team to take down with them, even printed on bookmarks. It could serve as a guide for people who are new to the faith to educate on how to read the Bible and get the most out of it. It could also, in turn, hopefully make reading such a large-looking book less intimidating. Since returning home, our team has also created a booklet of the commonly-prescribed medications and commonly-diagnosed disease states to present to future teams as an introduction in their preparation for the trip.

Another concern among the Hondurans was poor dietary intake. Most of the healthier foods are expensive, so many Hondurans consume cheaper junk food. Many children require heartburn medications since it is more affordable to buy coffee and soda than water or a meal. It is very important to educate the Hondurans about healthier food options and show them that, although these can

be more expensive, avoiding health problems is less expensive in the long run. Another possible preventative care measure can be providing cleaner water. Volunteer groups could sponsor water filters for families or even entire neighborhoods. Also, future teams could install plastic barrels that collect rain water which could then be filtered. With improvement in areas such as resource availability, participant training, and patient education, effective patient care can be enhanced with future trips.

All things considered, there were times that some of us felt a bit helpless, traveling to a foreign country for the first time, being asked to do things that we were not used to doing, in a language we could not speak. Thankfully, we were comforted by the reminder from Scripture that anything we do is not dependent on our power, but on the One who powers us: “Do not worry about what to say or how to say it. At that time you will be given what to say, for it will not be you speaking, but the Spirit of your father speaking through you” (Matthew 10:19-20). Thank you so much, Christian Pharmacists Fellowship International, for your support of our trip. Most of us from the University of Wisconsin-Madison School of Pharmacy expressed individually throughout the week that we were finding that the challenges, experiences, and conversations in which we participated in Honduras seemed to be exactly what we needed to re-calibrate our focus for the purpose God has given each of us in the practice in pharmacy.

In Paul’s second letter to Timothy, he encouraged him to “fan into flame the gift of God” (2 Tim. 1:6 ESV) that was in him. We all know that service does not always require an international plane ticket, but there is nothing like having a week set aside for nothing but seeking God’s strength to show Christ’s love to act as a giant fan taken to the pilot light in each of us on the team. We are all incredibly grateful and blessed to be members of a fire-filled Body, and look forward to how God will continue to bear fruit from our week in Honduras.