

My current position as an emergency room pharmacist has allowed me to see patients at times when they are the most frightened about what the future holds. The Lord has given me opportunities to comfort and pray with them during these times. One day a male patient arrived at the ED with hypotension. After reviewing the current medication list, it was discovered that one of his blood pressure medications should have been discontinued. The patient's wife routinely prepared the medications, placing them in a weekly pill box for her husband to take. When she realized that she had not removed the discontinued medication, she immediately began to blame herself for her husband's condition. When the patient was out of the room for a test, I went to see her. I could see that she was distraught over the situation. I asked her if I could pray for her and her husband, and she was agreeable. As I hugged her, I prayed for both of them. When I saw them a little later as they were heading to his room for overnight observation, she stopped to say thank you.

In the emergency room, I also respond to "code" situations such as cardiac or respiratory distress. Not being able to breathe is very scary for patients, as well as being intubated so a machine can breathe for you. I remember when an elderly patient in respiratory distress was so afraid that he would not let go of the nurse's hand, but she needed both hands to be able to help with the intubation process. I came to the patient's bedside and asked if I could hold his hand. He agreed and I stayed by his side, holding his hand and comforting him until the intubation procedure was complete.

While I never planned to become an emergency room pharmacist, I believe the Lord has placed me in this area of pharmacy practice to be a comfort to patients and their families in moments of fear and uncertainty. While the time they spend in the ED is often brief, my desire is to show them Christ's love even through the little things I do. *by Brenda Pahl*

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Going Unto All the World: Reflections on a Medical Mission Trip to Ghana

by Rachel Kozinski

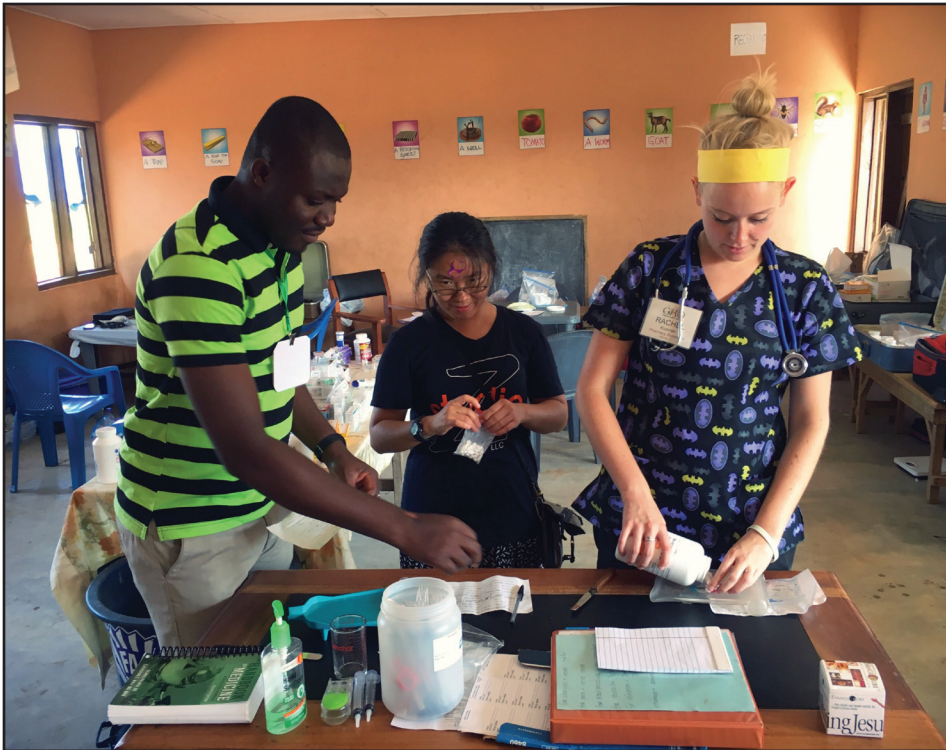
An Opportunity



Our years spent in pharmacy school could certainly be considered a season of learning, and because I became a Christian eight months before I began my studies, it

has also been a season of learning more about my Savior, Jesus. He has been with me through late night cramming sessions, stressful exams, and anxieties over grades... and through it all, He has revealed more of Himself to me and given me a heart more like His. Surely, He has been with me. He has led me into many new opportunities I never would have dreamed possible, and the greatest of these was a medical mission trip during the summer of 2016. There along the Volta River in Southern Ghana, Jesus allowed me and the team to serve over a thousand patients and showed me how pharmacy can be used to follow Him – to “heal the sick, raise the dead, cleanse those who have leprosy, and drive out demons” (Matthew 10:8, NIV) and to love others like Christ has first loved us (John 13:24). I look back on this adventure with Jesus fondly as a time when I learned how to overcome health barriers, how the practice of pharmacy is a practice of servanthood, and what it looks like to be the hands and feet of our God.

This medical mission trip was organized through Global Health Outreach, a ministry of the Christian Medical and Dental Association and a partner of Christian Pharmacist Fellowship International. Our team collaborated with Ghana Christian Mission (GCM), a local Ghanaian ministry which has planted 180 churches, 9 medical clinics, and 3 schools, all of which offer free services to Ghanaians living in poverty. Together, the mission work would create the platform GCM needed to establish clinics in the villages of Avegagorme and Adonokorpe. There, along the Atlantic Ocean – surrounded by lush rainforest and open, grassy prairies – the Ewe people fish, farm the land, and raise livestock near the river. Most families live in small, single-room houses made with clay walls and thatched roofs of straw and palm leaves. They are united by many characteristics unique to their culture including the Ewe language and their faith in their ancestors and in their god Mawu.



A variety of challenges faced by our patients have historically resulted in significant health disparities. One in three Ghanaians live on less than a dollar per day, and understandably, immediate needs such as food and water take precedence over medications and other healthcare essentials. Although Ghana has a national health care program available to all citizens (the Ghana Health System), our patients cannot afford the 66 cents per day that it costs. Furthermore, one in four Ghanaians live more than 9.3 miles from the nearest health facility.¹ In particular, the inhabitants of Avagorme and Adonokorpe are even farther removed geographically. Moreover, many of the people may never have attended school, increasing the likelihood for low health literacy which in turn increases the risk of poor compliance by 400% and is correlated with poor diet, hygiene, and other health practices.²

Health and Cultural Challenges

The first challenge faced on any overseas mission trip is the language barrier. Ghanaian volunteers from GCM translated our conversations with patients between English and Ewe. I learned that maintaining eye contact with the patient while the interpreters translated demonstrated respect. However, as most of the volunteers were not medical personnel, most had trouble translating various medical terminologies or relaying complicated instructions or questions in Ewe. We also served patients from a different region who spoke a different dialect. Thus translation sometimes was in three steps. I

learned to be patient, gracious and flexible, simplifying phrases and questions.

Without ever saying a word, understanding Ewe etiquette would help me communicate love and respect to build rapport with my patients. I began each patient encounter with a handshake as is expected in Ewe culture. I also learned a few Ewe phrases, like “*Wazo! Efwaa!*” so that I could greet everyone with a “*Welcome! How are you?*” Likewise in our culture, a warm smile can go a long way. Patients seemed to really appreciate the effort I made and would light up to hear me speak words in their language. It also created a welcoming, comfortable atmosphere around the clinic.

Of the health education we provided, we focused on two topics in particular: the importance of clean drinking water and musculoskeletal health. Many of the Ewe people gather water from the Volta River which is infested with typhoid fever and other parasites, and many have never learned to properly bend when lifting heavy objects to prevent back strain. Preventative health education in these areas probably had the most long-term impact toward improving the health and well-being of the people.

The Work God Had Prepared for Me in Advance

The majority of my time at our clinics was spent in the pharmacy, where I put into practice many skills I acquired in school and as a student intern at Walgreens. I counseled

patients on their medications, filled prescriptions, and even sterilely reconstituted ceftriaxone for injection. I had many new experiences as well, such as administering IM ceftriaxone and determining if the suggested drugs were right for each patient. I directed technicians in the pharmacy and reviewed each medication order and each filled prescription. I also interviewed patients with the providers and suggested drug therapy based on what was available in our inventory.

In Ghana, I was given the chance to grow outside of my comfort zone, and as a result, I became more confident in my abilities as a future provider. My teammates placed their confidence in me, which encouraged me to place my own confidence in myself.

We were working with vastly meager resources compared to our usual experience in the States. Thus, we needed to be creative in providing optimal patient care. For example, we had nothing to contain reconstituted oral rehydration solution for dehydrated patients. So we cleaned used water bottles with isopropyl alcohol and gave these to patients to drink their medication. We also had no private area in the pharmacy to administer intramuscular ceftriaxone shots to patients’ bare flanks... so we shielded patients against a wall. If they were wearing a wrap skirt, we used it as a curtain.

These were not the working conditions I was accustomed to, but I was determined to give my best effort despite many challenges. Our patients desperately needed it. We also believed that our God could more than make up for any inadequacies we had. We firmly believe His Grace was more than sufficient, as evidenced by how we were able to fill over 700 prescriptions each day.

We carried the majority of these medications into the country in each of our suitcases, including large amounts of blood pressure medications such as lisinopril, furosemide and hydrochlorothiazide; anti-parasitic medications (e.g., albendazole); and pain medications such as acetaminophen and ibuprofen. Since our inventory was limited, we had to make rationing decisions of how medications were to be prescribed and dispensed. The incidence of hypertension was high in the population we served; and because of the pharmacy’s limited stock, the team could only treat blood pressures above 160/100. It was not uncommon to encounter pressures that were 200/160. Even still, we eventually could only afford to allocate a 15-day supply of these maintenance medications to patients.



Of the drug shortages we experienced in Ghana, running out of albendazole was the most consequential. This anti-parasitic medication is not only used to treat infections but is also used as a prophylaxis for worms in all children under 13 years of age. At one point, we made the difficult choice to give our limited supply as prophylaxis to all the children instead of treating the adults. Then we placed our trust in Jesus that He would provide the albendazole we desperately needed. Jesus loves our patients more than we ever could... and sure enough, we received an unexpected, fresh supply of albendazole later that day. God never fails us.

We went to great lengths to increase our patients' adherence. Tablets and capsules were placed in baggies for patients to take home. In case they couldn't read, pictures of rising and setting suns and moons represented the time of day when patients were to take their medication. Every patient who received a prescription was counseled on how to administer their new drug therapies. I would often have patients take their first dose of complicated therapies in front of me so I could further perfect their technique. The teach-back style of patient counseling further guaranteed that patients understood the directions. Asking patients to explain to me how they will take their medication allowed me to see if they misinterpreted something I said or if I needed to provide a better explanation.

For the first time in these patient lives, they were receiving health care. Individually, we all had a strong determination to see these patients healthy and spiritually encouraged. This passion was birthed from watching our Jesus overcome barriers in our own lives to offer us healing. Now we wanted to see our patients standing in the same freedom that He had given us. He is a great God who has

done mighty works. He takes hold of our right hand and says "Do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand" (Isaiah 41:10, NIV). No obstacle is too big for Him and He provides for all our needs, whether it's the strength to finish a long day at clinic or the patience to juggle a million tasks in the pharmacy. With Him fighting for us, we could overcome any obstacle for our patients' well-being.

A Unique Culture

Enveloped in a culture and healthcare system vastly different from my own, I found myself exposed to many unfamiliar situations. Due to healthcare inaccessibility, many Ewe people turn to home remedies and natural medicines, many of which cause additional harm. Some patients cover wounds with dung, leading to severe infections. One fourteen-year-old student had a large gash on his inner ankle and heel and had been dramatically impacted by this custom. The skin was necrotized and engorged with fluid. Fortunately, this young man returned to clinic for treatment all three days we were in his village. During this time, we gave him oral and topical antibiotics and taught him how to use his medication and change his dressings. When we left, he had dramatically improved, not only physically but also emotionally. When I first met him, he acted very shy and discouraged, and even teared up from embarrassment. By the third day, he smiled and seemed much more vibrant. I realized that our mission was achieving its goal. Not only were we treating his wound, but we also helped give him a measure of dignity.

While many such challenges resulted in similar substantial victories, I was still surprised to find myself scared and intimidated by the

people I met when I first arrived. There was more than just a language barrier between us. Our cultures were so vastly different in ways that I couldn't relate. I second-guessed my every gesture and word, afraid that I would be misinterpreted. I also doubted if I was even qualified to help these people whom I already respected so much. Who was I to try and help someone who had faced more hardship than I could understand? Looking back, I'm almost impressed by the amount of insecurities that come with the introduction to new cultures. The scariest element is that of "the unknown". I couldn't predict what I was going to experience because it hadn't happened yet.

Remembering the young man with the ankle wound and countless patients like him, I realized quickly that the differences between me and my patients didn't amount to much. All that mattered was that I was there and willing to help. I also recognized that my insecurities and fears were holding me back from providing the best care that I could offer. Just as I began preparing for this trip months in advance, God had been preparing me for this work in ways that I may never fully comprehend. I took heart because Jesus had made me qualified. He believed in me, so I should believe in myself. "I can do all things through Christ who strengthens me (Philippians 4:13, NIV)."

Nevertheless, perhaps my favorite role in the clinics had nothing to do with medicine but was being a playmate to the local village children. We passed out stickers, sang popular songs together, and sometimes read books to each other. I'd also let them listen to their heart beat and breath sounds through my stethoscope. Even still, many children simply wanted to be held, hugged, or to hold my hand. My little friends showed love so easily, and I wanted to give so much more back to them. I didn't have much to offer, but I was so happy to spend that quality time with them. Affection is a universal language and also a universal free gift.

One Body, One Family, One God

Although there were many differences between us, there was one crucial similarity I shared with my Ghanaian Christian teammates – our relationship with Jesus. I treasure how much I've learned about the Father from them. Their faith is strong, and their love for Him is deep. They constantly rely on God to provide for their needs, many of which are severe and of grave importance. Some of our translators and fellow practitioners were also impoverished.

Even more so, some of them were suffering from illnesses such as malaria and they still came to clinic every day without a complaint so that they could help others. Even though they may not have much to offer, they wanted to give it all to be like Jesus and love their fellow man.

I treasure everything that I learned from watching my Ghanaian brothers and sisters live their lives for Christ. I also enjoyed the conversations we shared about God and His goodness. They were so willing to take me under their wings and teach me. They were also happy to learn from my personal experiences with God. Because we are all different, God has revealed Himself to each of us in a unique way. As my Ghanaian brothers and sisters shared what God had taught them, they highlighted to me aspects of His character that I hadn't appreciated before. Just like the countless cultures across the globe, we have an incredibly multifaceted God, and I saw new sides of Him in Ghana because of what He has done in my friends' lives.

Participating in a Sunday morning GCM church service was one of my favorite memories. Our team was led in a march down the center aisle between the congregations and then we were seated on the stage with the pastors and other leaders as guests of honor. As the band began to play the first notes of praise and worship, the building erupted into joyous singing, shouting and dancing. It was so contagious that I climbed down from the stage to join in. The atmosphere was saturated with an overwhelming sense of gladness, so much so that I thought I would cry. Those are the moments when it feels like God is close, and I believe it was because our Ghanaian brothers and sisters had such an intimate relationship with our Father. He was there to meet with them, and I was thrilled to be swept up in the moment.

The connection the American team and Ghanaian team shared as mutual lovers of Jesus transcended all cultural barriers. We serve the same God – a God who is loving, powerful, personal, kind, and King no matter what continent you're on. He is a God who teaches us how to love through the Holy Spirit's guidance, and that love flowed through the entire group, making us one united team.

This faith permeated our practice, and we spent time every day praying for our patients and seeking opportunities to pray with them

in clinic. God loves to respond to us when we ask Him for things – not because He has to bend to our whims, but because His love for us is so deep. He is especially thrilled when we ask for things that are close to His heart, like healing for others. As a faith-based team, every member of the clinic – Ghanaian or American – were encouraged to ask patients if they would like to receive prayer. We didn't want to force our beliefs on anyone. We were simply a team of people who had our lives radically transformed by Jesus. If anyone was interested, we wanted to share this treasure we had found.

Ewe culture greatly values interpersonal connection, and praying together built rapport with each patient. Their culture also believes that spiritual practices like prayer make a huge difference in the natural world. They thought that my prayers had power and influence. Mothers beamed as I asked God to bless their children. Men and women heartily shook my hand and thanked me.

As I built relationships with my patients, I began to see an even further impact that our work had made. They had little or no hope of ever being healed for even common illnesses. Many have watched loved ones painfully grapple with severely exacerbated, preventable and treatable diseases, even until death. Many have afflictions ravaging their own bodies. Some inhabitants feel their entire community is of little consequence to the rest of the world and forgotten. Avegagorme and Adornoko cannot even be found by a Google search.

I will never forget the chief of Avegagorme's words: "Who are we that you even notice us – that you would travel so far to serve us? You have lifted us out of the dust. You not only healed our bodies but you gave us love." From their perspective, a group of strangers cared so much that they traveled thousands of miles to find their obscure town, clean their dirty wounds, and cure their sickness. Before our arrival, such a future seemed impossible. Our mission trip was their miracle.

In this way, we were the literal hands and feet of Jesus. He always pursues those who feel insignificant to show them that they are valuable. He humbles Himself to serve the sick and heal their wounds. While Jesus was on earth, He restored many people to health. He wasn't afraid to show them love and reach out to touch their hand, despite their diseases. He cared about them as a person and wanted them to be healthy.

The Greatest Lesson

I learned many lessons while I worked in Ghana. I became immersed in a new culture and I grew in professionalism and knowledge of pharmacy practice. But the greatest of these lessons was that I learned more about the true love of Christ. I saw the love that my Ghanaian brothers and sisters had for each other and for me. I watched as the Holy Spirit rose up in me to love patients and children I had never met before – not because of any greatness in my personal character, but because of the great work Jesus has done in my heart. Through the whole experience, I saw the love of a Father as He ran to help His children, revealed Himself to them, and drew them close. That love I saw in Ghana was the same love that ran to me three years ago when I gave my life to God. Our work in Ghana not only healed people's bodies; it was a vehicle through which we could introduce people to this Jesus Christ – the God who died for all unworthy sinners and the Savior who redeemed my life and also the lives of approximately thirty of our patients during our clinic days. He is the God who is still alive changing hearts around the world. I have certainly seen Him do amazing things, and I know I will continue to see more of His glory.

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