

the good and bad times will be their only salvation. Although we made an impact in the communities we served by dispensing over 2,500 medications and reaching 640 patients over the 8 days spent in Honduras, each patient has a name and identity with Christ. And each of these lives deserves to be loved. We thank God for the opportunity to serve Him and we continue to pray for the well-being of the patients we served as well as those that we could not reach.

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At the time this article was written (summer 2016), all four students were 4th year pharmacy students at Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy completing a mission elective rotation:

After graduation, Charles plans to pursue a pharmacy residency and a career in ambulatory care.

After graduation, Patricia plans to continue working in community pharmacy where she strongly believes she can have an impact in her patients' medication therapy management while continuing to spread the gospel.

After graduation, Jennifer plans to pursue her dream of a pharmacy residency while possibly continuing to work in community pharmacy.

After graduation, David plans to enter a residency program with a focus on hospital administration and eventually own his own pharmacy in the rural communities of Ghana where his family originated.

Advocating for Haiti by Frank J. Nice and Lysette A. Deshields

Author's note: *The authors wrote this article several years ago, but it was never published. We have reviewed it and updated it as necessary. In fact, not much changes in Haiti, especially for the good. It has now been over seven years since the earthquake, and truthfully, Haiti has never fully recovered from the earthquake and has literally become a failed nation state. Despite this, the Lord is still in control, and there are wonderful stories of love and redemption.*



Haiti at a Glance

It is impossible to visualize the poverty and desolation prevalent throughout Haiti unless you have been able to personally witness these images. In the literature, we read that Haiti is among the poorest and least developed countries

in the world. Haiti's inadequate infrastructure, lack of healthcare, and political turmoil perpetuate an environment that is defined by social instability and the uncertainty of whether improvements in medical care and social structure will ever occur. The suffering and long-term consequences in this community resulting from environmental disasters and a long history of government instability have not offered an easy solution to uplift this island from poverty and despair.

Subsequent to the earthquake that struck Haiti on January 12, 2010, Haiti was left with widespread destruction and a death toll of more than 200,000 people. Additionally, the earthquake forced over two million individuals to become homeless with as many as 500,000 still without homes (Note: Even until today, most Haitians have yet to recover or returned to their homes; instead they have moved to the countryside with relatives).¹ Even after seven years, the aftermath continues to plague the island, especially in the many tent cities that emerged in response to the need for shelter for those who had lost their homes in the earthquake (Note: Most of these tent cities, or at

least the blue tarps, have recently disappeared. See previous note concerning where the tent people relocated.) These communities provide testimony of the extreme poverty and serve as the epitome of the struggles that Haiti is continuing to endure. For those who have never travelled to Haiti, no photograph will be able to truly capture the pain, utter poverty, and death that define the country.

An element of heightened concern that clouds the minds of those worldwide is the devastating state of the existing healthcare system. The longstanding inadequacies in healthcare, education, and social stability have resulted in high illiteracy and unemployment rates, clean water and electricity scarcity, malnutrition, and unsanitary conditions. These conditions fail to promote and ensure good health and exacerbate the stresses that illness and death have continued to impose on the country. To further illustrate the effects of a failed system: according to the World Health Organization, the average life expectancy in Haiti is 61 years for men and 63 years for women² as compared to 76 years for men and 81 years for women in the United States.³ Furthermore, Haiti has the highest rates of infant and maternal mortality in the Western hemisphere with diarrhea, respiratory infections, malaria, tuberculosis, and HIV/AIDS being the leading causes of death.⁴

Jon M. Huntsman Sr., an American businessman and philanthropist once said, "Wealth isn't always measured in dollar signs. We each have time, talent, and creativity, all of which can be powerful forces for positive change."⁵ Christian pharmacists have played a significant role in the delivery of medical and spiritual care to this underserved population. With 77% of the population living below the poverty line⁶ and the limited access to medical care, it is increasingly important that pharmacists and other healthcare professionals continue to come together to help those in Haiti to rebuild their country.

Being Inspired

Over 20 years ago, the primary author's vision was to improve the quality and delivery of healthcare, not only in the developed world, but also in a developing nation. Christian pharmacists have made a significant impact in Haiti as seen by their continued commitment to protect and serve the Haitian people through voluntary medical missions. The placement of pharmacists in Haiti has improved public

health outcomes and has provided pharmacists with an invaluable lesson on humility, love and compassion. In the eyes of the authors, providing medical support in such an unstable environment offers an unparalleled opportunity to gain an appreciation for the vast availability of resources and support that is found in developed countries.

While serving as a Pharmacist Chief Operations Officer for the United States Public Health Service Disaster Medical Assistance Team 1 (USPHS-1 DMAT), the primary author had the opportunity to observe the positive influence that USPHS Pharmacist Officers had during deployments in bringing hope to those affected by disasters. The author was very passionate in utilizing the knowledge and skills gained as a USPHS officer to improve the health outcomes of others. Recognizing the need to continue serving the poor and underserved communities beyond a deployment led the primary author to create a voluntary medical mission to Haiti in 1995.

Since the implementation of the initial mission, medical teams have made yearly trips every October to Carcasse, Haiti; and also annual trips to Leon, Haiti every February, June, and October. A diverse group of professionals, including USPHS officers; DMAT members from Washington, Oregon, and/or Alaska; Johns Hopkins Nurse Practitioner students; University of Maryland Eastern Shore (UMES) student pharmacists; and many other healthcare professionals and lay volunteers staff the medical teams. Over the past 22 years, over 1,000 individuals have participated on-the-ground as members of the medical mission teams to Haiti.

The Medical Mission

All medications and supplies are purchased with donations and stored in luggage that is checked in at the airport. Each team member pays for all of his/her expenses out of pocket. Additionally, each individual lives a minimalistic lifestyle out of his/her carry-on luggage in Haiti, which is used to carry personal items and gifts for Haitians.

The medical teams treat approximately 6,000 patients and fill more than 20,000 prescriptions yearly. On each mission, several lives are saved by the teams' primary medical interventions. By concentrating our efforts at the two clinics in Leon and Carcasse (although we also run pilot clinics to help other volunteer organizations establish their own missions), we have been able to create and witness substantial changes in healthcare in Haiti.

Over the past 22 years, we have established:

- medical records systems
- referral processes
- a club foot program
- a free clinic for patients to receive medical care and medications while we are not there
- Haitian checking accounts to purchase medications while in Haiti
- medical guidelines to treat all medical conditions seen in Haiti
- pharmacy Creole instruction sheets for pharmacy staff
- collaborative efforts with Haitian foundations and Cuban healthcare professionals at nearby hospitals.

Additionally, the teams have been involved in installing an indoor sink and toilet and solar panels for onsite electricity at the Leon clinic. Outside of direct medical care, we have built the first 12-grade school in the region, provided clean water resources, established food programs, and renovated the existing medical clinics. In the years

that we have provided our services, the region's citizens are now able to receive healthcare and education with dignity and respect.

Lessons Learned

From our medical missions to Haiti, we have taken home many lessons about life and our individual capabilities to overcome difficult situations. These lessons include:

1. *Flexibility and adaptability:* Haiti is not the United States. It has little or no infrastructure – only several hundred miles of paved roads (a 180 mile drive will take 12 hours from Port-Au-Prince) and no running water, inside toilets, or electricity. One must be flexible and able to adapt to these conditions immediately.
2. *Resourcefulness:* With no infrastructure, one must be able to utilize what little is available (e.g., sunlight, flashlights, “outdoor toilet facilities”, mosquito repellent, ear plugs, boiled water, beans and rice). Haitian lay people can be taught to extract teeth and treat club feet. The church pastor can be trained to triage, refer, and/or treat patients at the free clinics that we have established. Pastors are the governing infrastructure. They feed, educate, transport, counsel, and secure medical treatment for the Haitian citizens.
3. *Functioning in an austere environment:* Haiti is the poorest country in the Western Hemisphere and possibly the poorest country in the world. Carcasse is an isolated seaside village in one of the poorest parts of Haiti. It is a mosquito and bed bug infested area with very high temperatures and humidity. There is no infrastructure outside of the local church. Anyone participating in such a mission must be aware of these conditions and must be capable to function in such an environment.
4. *Controlling emotions:* The poverty existing in Haiti is beyond imagination. People die from medical conditions that would be easily treatable in developed countries. You will witness diseases and disorders that you have never observed and on a scale that you have never seen. It is important that volunteers understand that while it is not possible to save everyone's life, we can still make a difference in the community by saving as many lives as we can, and especially making an impact for their eternal lives.
5. *Doing a lot with very little:* Each mission is funded with approximately \$10,000 US dollars. These funds provide for all of the medications, supplies, all referrals (referral fees include transportation of the patients), hiring of translators for each primary care provider (pharmacists do not use translators; they communicate with patients utilizing pharmacy Creole and a Haitian pharmacist), and paying Haitian healthcare providers (doctor, pharmacist, lab technician, and two nurses) for their services, plus support staff.
6. *Reverse triage:* Funds and time are extremely limited. We attempt to treat as many patients as we can with the funds that we have. In many cases, we are able to provide care to patients with treatable conditions who otherwise would live in misery until the condition improved or the patient died. We have also provided comfort for the worst medical cases. However, sometimes despite our efforts, death does happen in front of our eyes. It is not uncommon to see pregnant mothers with cerebral malaria die alongside their babies. However, what a privilege it is to be able to pray with these patients and provide them comfort in the name of Jesus.
7. *One person can make a difference:* One medical team member can save a patient's life or provide hope to a patient in a seemingly hopeless situation. Regardless of their medical condition, when a Haitian patient looks into your face, it's as if their eyes are saying, “You are my only hope. If you do not help me, no one will.”

You look back into that person's eyes with compassion, knowing that God can use you to make a difference in individual lives and what a perfect opportunity to share the message of Jesus to Haitian patients when you earn their trust through providing healthcare.

Recruiting Volunteers

Whenever we try to recruit someone to participate in a Haiti medical mission, the following information is provided to educate prospective volunteers on what to expect. It summarizes what life will be like when doing a medical mission in Haiti. To place this in perspective, the Haitians live this way every day, while the teams are there for a very short period of time:

What to Expect on a Haiti Medical Mission

The mission is in Carcasse, Haiti, which is an isolated village on the far northwestern edge of the peninsular part of Haiti facing Cuba. The mission costs approximately \$1,000 (tax deductible): \$600 for roundtrip airfare to Haiti and \$400 for living expenses in Haiti, including local bus fare, food, and housing. Team leaders do almost all of the logistic planning for you and will guide you the entire way.

We fly from the United States to Port-au-Prince, Haiti. In Haiti, we will fly on a 14-seater Russian plane to the city of Jeremie utilizing a Dominican Republic airline flown by South American pilots. In Jeremie, our plane will land on a dirt runway on the top of a mountain. From Jeremie, we will then drive four hours (as long as we do not get stuck or get a flat tire(s)) by truck on mountain roads (actually jungle, mountain trails) to Carcasse. (Note: During a recent medical mission, after our plane landed, its engine caught fire. The plane never flew again, and the airline declared bankruptcy—we never got our return trip fare payments back). When we drive all the way from Port-Au-Prince to Carcasse, it is a 12 hour drive on a Haitian bus, truck, or both. Think you never get carsick? Try this trip!

In Carcasse, we set up a primary care clinic under a big tarp. The pharmacy is in a concrete building, which can be good and bad – good because it provides shelter when it rains and bad because we sweat like hogs. We usually see 150 to 200 (we have seen as many as 400 patients in one day) patients a day and we diagnose illnesses by assessing the patient's medical history along with signs and symptoms. We see malaria; GI upset; pain; infectious diseases; worms (sometimes coming out of children's noses and mouths); malnutrition; scabies; club feet and other malformations; opportunistic infections; cancers and malignancies/growths; and conditions that you will only read about in textbooks. The teams usually have three pharmacists (pharmacists are critical), one pharmacy technician, three primary care providers (medical doctor, nurse practitioner, physician assistant, etc.), one nurse, several lay people, and two experienced team leaders. We hire translators for the primary care providers. The pharmacists, pharmacy technician, and student pharmacists are taught pharmacy Creole.

We try to buy approximately half of our medical supplies in Haiti (there is no Haitian Food and Drug Administration) to support the local economy and avoid any hassle at customs. The rest of the supplies are brought in our checked bags. You bring what you will live on in your carry-on bag. We will tell you what to bring and why (such as earplugs for barking dogs, meowing cats, crowing roosters, and snoring team mates). We sleep and live in a concrete building, although some choose to sleep outside on the porch or under a tarp so that they are not sweating all night.

There is one toilet that flushes somewhere several feet away and one nasty outhouse. Using these facilities is a good way to see local Haitian creatures, e.g., huge tarantulas, frogs, lizards, wild boars (just kidding on the boars). A shower consists of dumping cold (yes; the water is always cold in Haiti) water on your body, soaping up, and dumping cold water on your body again. You stand in a basin and then pour the used water into the back of the toilet to flush as needed. You flush the toilet based on "yellow equals golden and brown equals drown". You get in line with 20 other people to use the facilities. You develop many strategies based upon these logistics!

Your first bowel movement will be the highlight of your trip, or possibly when you get back home. In other words, drink plenty of water; otherwise, you will become dehydrated easily. Haitian food tends to be low roughage in content and compacting, and toilet facilities are limited. You are fed beans and rice, plantains, fish, chicken, goat, real Haitian coffee, and spaghetti (for breakfast). Do not eat anything that smells bad or appears to still be moving. There is boiled or bottled water to drink and brush your teeth.

You work five long days, but you will also enjoy your evenings at the beach, reading, or commiserating with live, on-site fellow human beings! You will see suffering and misery beyond comparison, but you will offer hope to the Haitian people beyond comprehension. You may cry a lot and you may laugh a lot. You bring a lot of yourself to Haiti, and you take back more of yourself than you could ever imagine. You will arrive refreshed, but you will leave hot, sweaty, and exhausted (you will never complain about a day of work in the United States again).

The Haitian people get to stay in Haiti while you have the privilege of coming back to the culture shock of how blessed we are in the United States. You will look at your shower and toilet in a much different way when you get back home and use them for the first time.

That is a short summary of a lifetime of experiences. Here are two websites to check out more information:

- <http://sfadw.org/ministries/social-concerns/global-solidarity-peace/haiti-committee/health-care/>
- www.hehonline.org

A Trip Never Forgotten

A medical mission to Haiti comes with a mixture of apprehension and excitement. With each trip, we encounter new challenges that we must overcome. Despite the hardships, however, we still continue to go back. Why? We forget about the struggles that we experienced during that long week and we only seem to remember the wealth of gratitude that we received from the patients we treated. We return home knowing that we made a difference in the lives of both the healthy and the sick. There is no better feeling in the world than the emotions that we bring back home. The Haitian people's selfless acts of kindness and the appreciation that we receive in return are what motivate us to return to Haiti year after year.

Every individual who commits his/her life to rebuilding Haiti is placed at a nexus of two competing elements: a country on the edge of catastrophe and the happiness and camaraderie that is still present in Haiti. Believing that there exists great potential to overcome the factors causing the struggle in Haiti is what influences us to continue serving the Haitian people. Most importantly, from our medical missions we take home beautiful lessons on love and lasting joy. We learn that true happiness which is satisfying and fulfilling comes from the intangible aspects in life. The Haitians teach us that true happiness is found in family, friendships, and genuine faith.

Epilogue

During October 2016, Haiti was hit by the devastating, catastrophic Hurricane Matthew, which passed directly over our missions in Leon and Carcasse and everywhere in between. Much of our 22 years of work was essentially destroyed. The school and orphanage lost its roof and most of its contents, including food, water, clothing, school supplies, and medical supplies. We recently received a grant for \$25,000 to build a health clinic dedicated to the orphans and children of Leon. The clinic was destroyed and must be rebuilt with new funds, along with the rest of the school/orphanage. The church in Leon lost its roof. Eighty percent of all homes were destroyed. All crops -- including the coffee trees, which had finally begun to produce revenue for their growers -- and most animals were lost. In Carcasse, the newly built school was destroyed along with the entire ocean front church. After the hurricane, the Pastor walked 30 miles over the jungle mountains to Jeremie, the largest city in his area, to try to find help. However, he found similar destruction in Jeremie. To this date, not one major charity has provided on ground assistance in our service areas. Assistance is being provided only by small, mostly Christian, mission groups and non-profit organizations and by many Christian individuals, including Christian pharmacists, who are using personal funds (including retirement funds) to do what they can.

The paradox of Christian leadership and ministry in countries like Haiti is that the way out of all pain, despair, fear, confusion, and disillusionment is also the way in. Only by us entering into communion with human suffering in Haiti can Haitians find relief. To overcome our neighbor's pain, despair, fear, confusion, disillusionment, and suffering, we must enter into it with him. In the fellowship of suffering, God will provide the way to freedom for the leader and those who are led.

The way to freedom for the leader (American medical mission team member): "The gratitude and appreciation that poured out of the community on our last night was overwhelming. I was shown that the seemingly small impact I had made on the few people I encountered made a world of difference to them. I left Haiti a changed person, filled with gratitude for everything I once took for granted, and a desire to return to offer more humanitarian aid. After I graduate, I plan to embark on more mission trips to Haiti and continue to change the world—one person at a time."

The way to freedom for the led (Haitian student at the school/orphanage): "Thank you again for this good work you've been doing for a long time and your helping us from 1996. That's a pleasure for me to be with you in the name of the students and the orphanage and for the help you've given and other things you'll do for us. Thank you very much! We want to prove and to our best to say to you 'we love you a lot.' Your love is a flower in good soil in the spring."

The Haitian people are truly amazing. Despite the continuing and ongoing devastation, without any foreseeable end, they still faithfully say and truly believe: *Bondye Bon!* (God is Good!).

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Dr. Frank J. Nice has practiced as a consultant, lecturer, and author on medications and breastfeeding for 40 years. He holds a Bachelor's Degree in Pharmacy, a Masters Degree in Pharmacy Administration, Master's and Doctorate Degrees in Public Administration, and Certification in Public Health Pharmacy. He retired after 43 years of government service, including 30 years of distinguished service with the US Public Health Service. He currently is self-employed as a consultant and President, Nice Breastfeeding LLC.

Dr. Nice has published Recreational Drugs and Drugs Used to Treat Addicted Mothers: Impact on Pregnancy and Breastfeeding, Nonprescription Drugs for the Breastfeeding Mother, and The Galactagogue Recipe Book. Dr. Nice has also authored over four dozen peer-reviewed articles on the use of prescription medications, Over-the-Counter (OTC) products, and herbals during breastfeeding, in addition to articles and book chapters on the use of power, epilepsy, and work characteristics of health care professionals. He has organized and participated in over 50 medical missions to the country of Haiti.

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