Haiti Bus Trip From Jeremie to Port-Au-Prince
By Frank J. Nice

The bus to Port-Au-Prince almost always leaves promptly at 5:00 AM (exceptionally rare for Haiti). The bus driver was a little late this morning, though, and we pulled out at 5:10 AM, ten minutes late. The bus was rolling along, past the places where I had ridden before in vehicles that had broken down. Could this actually be the first trip heading home from Haiti where nothing would go wrong? We had made great time, and it was now exactly 6:30 AM. We rounded a curve and came to a sudden stop.

Sitting in the front seat next to the bus driver because of my motion sickness, I had a bird’s eye view. We were about to go up a severe switch-back (S-Curve) with a deep gorge in between the “S.” A large flat-bed tractor trailer did not make it past the lower part of the S-Curve. The thousand bags of cement held on by tie-down straps had shifted, and the truck had jack-knifed. The back third of the truck was now hanging over the gorge; the truck cab was overturned against the hill on the other side with the cab crushed. The front of the truck was smashed against the hillside. The only part of the truck not destroyed was the cab portion where the truck driver sat. He had crawled out the swinging and upside down door and escaped uninjured. The narrow muddy road was now completely blocked. As I anticipated another inevitable delay, I was reminded of Job’s anguish in Job 3:25 [NIV] – “What I feared has come upon me; what I dreaded has happened to me.”

I imagined a big piece of machinery, as we see in the United States, soon coming to lift the truck out of the way. But this was not the United States. The only “official” vehicle I saw was an ambulance that came later, on the other side of the gorge, then it turned around and left. This was only the third ambulance I had ever seen in Haiti in my 20 years of travels there. Was the ambulance coming to check on the truck driver (good for the driver)? Or was it trying to get a patient to a hospital in Jeremie (very bad for the patient)?

The plan for our bus passengers was to wait for the bus coming to Jeremie from Port-Au-Prince, at which point we would transfer passengers and luggage from one bus to the other... but how could we get across the gorge? How could we crawl over the flipped truck? I was reminded of the anguish of the Israelites as they fled from the Egyptians, with an army behind them and the Red Sea ahead of them, in Exodus 14:11 [NIV] – “They said to Moses, ‘Was it because there were no graves in Egypt that you brought us here to die?’” Just then, two Haitian men appeared with a hoe and a pickaxe. They chopped down part of the hillside next to the impacted truck cab, making an opening wide enough for people to walk through and for motorbikes (taxis) to pass. The first motorbike appeared, roaring through the mucky opening. We heard rumors that the Port-au-Prince bus would come to the other side of the gorge at 10:00 AM. It came at 12:30 PM... six grueling hours after our bus came to that dreadful sudden stop.

During that long wait, I was reminded of King David’s anguish in Psalm 13:1 [NIV] – “How long, Lord? Will you forget me forever? How long will you hide your face from me?”

Haitian people are amazingly resilient. Every motorbike made it through the mucky opening one way or another. Men and boys arrived on the scene to carry passengers’ luggage and possessions for a fee. Taxi drivers arrived. Vendors appeared with meals in Styrofoam containers. Messages travel fastest in Haiti by word of mouth.

Behind our regular bus there were several multi-colored, lumbering Haitian buses. After approximately five hours, one of those buses appeared on the other side of the gorge. A migration soon began from one side of the gorge to the other. Going from our side to the other side were adults, children and babies; plus goats, chickens, luggage, 55-gallon drums, huge washtubs, chairs, and assorted family and household possessions. Everything except the kitchen sink. (Then again, Haitian homes do not have kitchen sinks.) Men carried three sacks of rice or two huge bags of charcoal on their heads back and forth, back and forth. From the other side came the same elements, except the goats and chickens were replaced with a mattress and a box spring carried by a small boy on his head on two separate trips. They all came through that narrow, mud-filled gap between the crushed truck cab and the steep hillside. Finally, at 12:30 PM, it was our bus’s turn. I was reminded of Elijah’s anguish as he fled from Jezebel in 1 Kings 19:4 [NIV] – “I have had enough, Lord!”

There was a nun on our bus who needed assistance with the transport. A Haitian friend of mine was riding shotgun with me for my protection, so we both helped move the nun and her bag across the narrow path with hardly a speck of mud on any of us. A young man carried my suitcase and my duffel bag on his head to the waiting bus. We were on our way again to finally arrive at the guest house in Port-au-Prince by 7:00 PM.

My friend said to me, “In Haiti, life is difficult.” At the same time, I was thinking, “It is not easy in Haiti.” I nodded my head in agreement and simply said, “Oui” (“Yes”). Despite my agreement that life is difficult in Haiti, the “why” question still entered my mind: Why is life so difficult in Haiti? It was not the correct “why” question, though. The more important “why” question was this: Why was the bus driver 10 minutes late this morning? It took the whole bus trip for me to realize the answer to this question. If we had left on schedule, our bus would likely have been on the S-Curve at the exact time the truck was coming in the opposite direction. Our bus and its passengers could have smashed into the hillside or could have been flung over the gorge by the huge tractor trailer truck.

There are many verses from the Bible that might explain what
Challenges for Christian Pharmacists when Interacting with Multicultural, Non-Christian Patients
By Virgil Van Dusen and W. Steven Pray

Introduction
The United States population is composed of many immigrants from foreign countries. At least 44.5 million immigrants resided in the U.S. in 2017. As various waves of immigrants arrived, they brought the religious and medical practices of their own cultures. Many non-Christian immigrants gradually accepted Christianity and also accepted the evidence-based model of medical science that is standard today. However, a great number of more recent immigrants still cling to their non-Christian religions and the associated medical beliefs that lack proof of safety and efficacy and can cause overt harm. The Christian pharmacist has a duty to explain the shortcomings of unproven therapies to patients. The great challenge arises when the patient’s incorrect medical beliefs have a religious or spiritual element that is at variance with our Christian faith.

Medicine and Religion Intermingled: Medico-Religious Therapies
Many cultures have non-Christian religions whose beliefs encompass unproven and possibly dangerous health care practices. This intersection between unproven medical practices and religion is where the Christian pharmacist must tread carefully when counseling patients. It is vital to communicate that the pharmacist is not criticizing the patient’s non-Christian religion, culture, family, or country of origin. The pharmacist should instead attempt to communicate three points: (1) The entire world’s medical scientists have collaborated to establish evidence-based medications and practices from which all of the world’s peoples can benefit; (2) These proven therapies may conflict with the immigrant’s traditional medical practices; (3) Their traditional practices have never been proven to be safe or effective and may cause direct or indirect harm.

Various Cultures and Their Non-Christian Medico-Religious Beliefs
Some unproven medical practices have nothing to do with culture or religion (e.g., detox foot baths, Kombucha tea, reflexology, iridology, color therapy, magnets, naturopathy, therapeutic touch). Conversely, some religions do not promote unproven therapies to their congregants (e.g., mainstream Protestants). However, many pseudo medical practices have an inbuilt religious component, often including belief in such non-Christian concepts as polytheism (belief in many gods), reincarnation, magical thinking, the concept that every living thing has a soul or spirit (even trees and insects), worship of non-Christian “spirits,” and the constant presence of dead and unhappy ancestors.

Unproven Medico-Religious Therapies
The list of different non-Christian cultures and their associated unproven medical beliefs is lengthy and would occupy an entire book. Table 1 presents some unproven medico-religious therapies, but it is not complete nor is it thoroughly detailed. It allows the Christian pharmacist to conduct Internet searches for further information when the need arises.

Dr. Frank J. Nice has practiced as a consultant, lecturer, and author on medications and breastfeeding for over 40 years. He holds a Bachelor’s Degree in Pharmacy, a Masters Degree in Pharmacy Administration, Masters 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, 29 years at the National Institutes of Health, and five years at the Food and Drug Administration. He is currently self-employed as a consultant and President, Nice Breastfeeding LLC. Dr. Nice has also authored five books and over four dozen peer-reviewed articles on the use of prescription medications, recreational drugs, Over-the-Counter (OTC) products, and herbs during breastfeeding, in addition to articles and book chapters on medical missions, the use of power, epilepsy, and work characteristics of healthcare professionals. He has organized over 70 medical missions to the country of Haiti and has been on the ground 24 times.