



accepted Christ as their Savior.

There are so many needs in Uganda, which can be emotionally overwhelming. For instance, elderly grandmothers often become caretakers for many orphaned children. A few days after the clinics were finished, we visited a grandmother (“Jane”) in her small, one-room cubicle where she lived with her 6 orphaned grandchildren and their meager belongings. We talked, prayed with them, and said we could not promise school funding (Jane was asking for financial help with her grandchildren since they were unable to attend school), but we assured her we would ask our American friends to pray for God’s help. Again, God provided more than we can ask or imagine because all 6 children have been sponsored to go to school. After this trip, I was inspired to pray more, believe more, trust more, expect more, and depend on God more. We continue to pray for grandmothers Jane, Betty, Agnes, and many others.

some students with 200 pairs of shoes purchased from the Soul Hope organization in Jinja, Uganda; 50 mosquito nets were given to the schools in partnership with WID; and 100 Bibles to the different churches and schools we visited. We were honored to share our testimonies at each clinic and at 2 churches, and the Lord was faithful in calling some to salvation. Prayer was also an intentional focus in each of our clinic stations as several people

The many needs in Uganda can be overwhelming and we cannot help everyone, but we can help the one in front of us. I encourage each of you to have bold faith and take risks for God’s glory. Serving God is a privilege, and His strength and power shine like the sun through our weaknesses and limitations.



Steve Nester is a recently retired pharmacist enjoying life on mission with his wife of 20 years Lisa Sorensen. Steve graduated from the Ohio State University School of Pharmacy and is an avid Buckeye supporter. Hobbies and passions include photography, travel, and gardening. Lisa and Steve have been involved in mission work with Word in Deed Ministries for 10 years in Uganda. Steve is a member and volunteers at Family Church in West Palm Beach, Florida.

How to Deal with Healthcare Burdens By Fady Sadek

- *“The doctor just told me I have pancreatic cancer. I didn’t hear anything he said after that. Would you please explain to me what this means?”*
- *“Can you check the diagnosis for me again? I thought I have lung cancer but the papers mentioned something about kidney cancer and you said this medicine is for kidney cancer, correct? “But I thought I have only one kind of cancer.”*
- A friendly, intelligent, and active patient in his early forties tells you that he thought he had a cold, but was told it is a late-stage cancer with a very low survival rate.

- A woman in her twenties said, *“I take my transplant medications every day. I almost lost my kidney function. I don’t want to lose this kidney because my previous three transplants have already failed.”*
- The last clinical note read, *“Patient is upset because he needs a bone marrow transplant. He knows his chances are not good.”* I prepared to make my phone call, wanting to encourage the patient. But when I called, I was told he had passed away.

How do you deal with these burdens?

This article is for pharmacists and healthcare workers who are heavy-hearted from the unfortunate – and often devastating – patient situations they encounter in their workplace. When I changed my department from an outpatient supervisor to specialty pharmacy I was given the opportunity to work more closely with patients, especially those who are critically ill. In my previous department, I concentrated on pharmacy operations, efficiency and customer service. Then the focus was shifted to be on personalized patient care. During my first month at the specialty pharmacy, I was overwhelmed with the tragic struggles that my patients were experiencing. The examples above are only a few of the burdens I was helping them to carry.

Perhaps like me you were advised by employers and colleagues to separate patient care from your feelings and emotions, and to seek counseling if you become depressed. Over time we may be expected to desensitize or “get used to” those stories. I was told to be grateful that I’m healthy and not walking in those patients’ shoes.

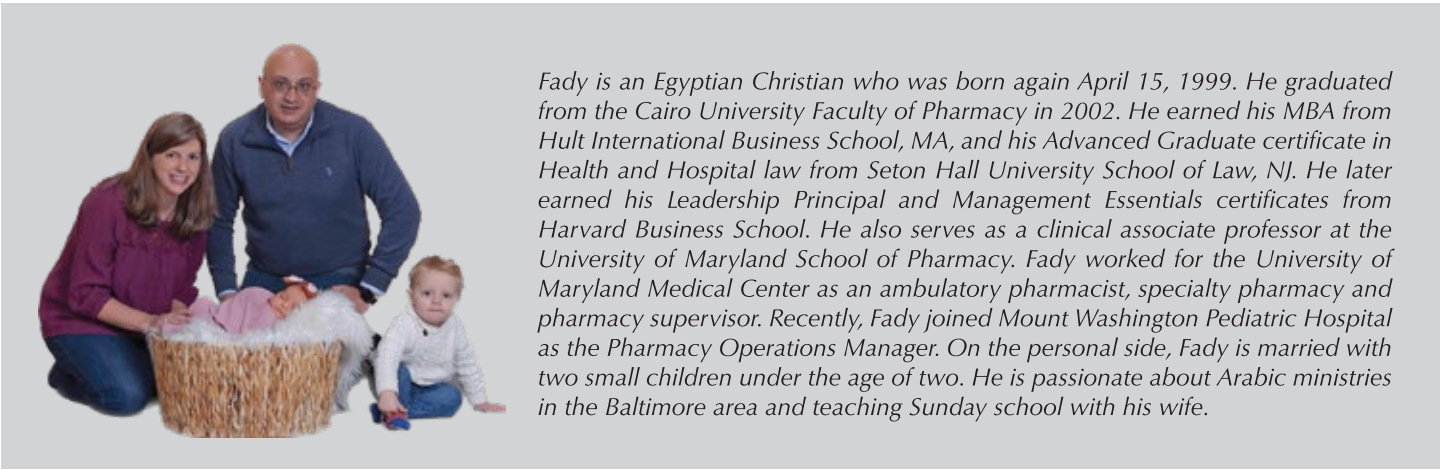
But as a Christian, I did not think the advice I received was wise. It felt cold and apathetic – completely different than the teachings of Jesus. During my emotional struggles, I learned to pray for my patients. Here is why: first of all, Psalm 55:22 (NIV) says, *“Cast your cares on the Lord and he will sustain you...”* and 1 Peter 5:7 (NIV) says, *“Cast all your anxiety on him because he cares for you.”* Also, Philippians 4:6 (NIV) says, *“Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God.”* Praying for our patients is not only a wise decision, but it should also be a natural spiritual reaction. If their personal struggle is burdening our hearts, we should care enough about them to (at the very least) pray for them.

As God’s ambassadors, we are responsible for showing His love to others and standing firm in our faith. Daniel did not stop presenting his requests to God even when it was punishable by law (Daniel 6:10-13). The same principle applies to us. We are invited to open up to our God and share with Him the things that matter to us. It is a way to honor God, and it is a sign of trust, faith, and dependence on Him. It grieves God’s heart if we do not involve Him in things that we care about.

As Christians, we believe God is good despite our cursed and broken world. Jesus tells us how to pray: *“Our Father in heaven, hallowed be your name, your kingdom come, your will be done, on earth as it is in heaven”* (Matthew 6:9-10, NIV). To be clear, we should not only pray for our mental sanity and peace as we give God our burdens; we also pray because we believe prayer makes a difference. Prayer brings forth God’s kingdom. He is our Savior, He is the Great Physician, and He is a good and righteous God. We can call on Him to intercede according to His will. Given that our life here on earth is temporary and the best is yet to come, our ultimate focus should be on the eternal. If the situation is appropriate and you have permission, don’t hesitate to share the love of God with your patients. If your job prohibits such conversations, then pray that God will find another way to gain their hearts. If your patient is already a believer, encourage them in the Lord. If the patient is not receptive, you can silently pray over them that the Lord would open their heart to the truth.

Since I began praying for my patients, my pharmacy career has become more meaningful. When I feel useless or helpless, I ask God for help and He is always faithful to use me. I might never know what impact I’ve had on my patients, but I know that my good and Almighty God listened and He is involved. Prayer gives me relief as I cast my burdens upon the Lord. When I pray, I also develop spiritual maturity as I keep my eyes on eternal things. I believe that through my exposure to the patients’ tragedies and by learning to pray for them, God is preparing me for when the dark clouds loom in my own life.

I invite you to join me and become a praying pharmacist. Start by praying for your patients. Whenever you feel their burdens or recall their struggles, instantly raise up a quick prayer to the Lord. Don’t feel guilty if this doesn’t come natural at first – just let God lead you and eventually it will become your default response. It is an act of love to your patients and an act of trust and worship to your God. *“The effective, fervent prayer of a righteous man avails much.”* (James 5:16 NIV).



Fady is an Egyptian Christian who was born again April 15, 1999. He graduated from the Cairo University Faculty of Pharmacy in 2002. He earned his MBA from Hult International Business School, MA, and his Advanced Graduate certificate in Health and Hospital law from Seton Hall University School of Law, NJ. He later earned his Leadership Principal and Management Essentials certificates from Harvard Business School. He also serves as a clinical associate professor at the University of Maryland School of Pharmacy. Fady worked for the University of Maryland Medical Center as an ambulatory pharmacist, specialty pharmacy and pharmacy supervisor. Recently, Fady joined Mount Washington Pediatric Hospital as the Pharmacy Operations Manager. On the personal side, Fady is married with two small children under the age of two. He is passionate about Arabic ministries in the Baltimore area and teaching Sunday school with his wife.

Touring the Middle East: Reaffirmation of My Biblical Knowledge and Walk

By Therese I. Poirier

Background

In November 2022, I traveled to the Middle East on a Road Scholar educational tour with 22 other retired professionals. Road Scholar supports diversity and respect of people of all backgrounds. This was a planned tour since 2020 which had to be cancelled twice due to the Covid-19 pandemic. Of all my international travels, this was by far the best. It helped to strengthen my biblical knowledge as I traveled through areas of Israel, Jordan and Egypt that are mentioned in the Old and New Testaments. In Israel, I was reaffirmed of the life of Jesus and early Judaism. The majority of Israeli citizens are Jewish and Muslims. There were two Christian periods in Israel: 1) The Byzantine period under Constantine from the 4th to 7th centuries A.D., and 2) The Crusader Period from the 11th to 13th centuries A.D. The West Bank and Gaza strip are now under Palestinian control and are predominantly Arab. Prior to 1948, Israel was known as Palestine; and in the time of Abraham it was called Canaan. In Jordan, I was able to travel a similar route as Moses in the later part of the exodus from Egypt when he viewed the promised

land. In Jordan and Egypt, which are Islamic states, I expanded my knowledge of the Islamic religion.

ISRAEL:

The tour started in Jerusalem where we spent three nights. Our Israeli tour guide was trained as an archaeologist and she is Jewish. In spite of our different beliefs, she was emotional and touched by all the Christian historic sites and she advocated for equity and respect for all people regardless of religious views. While in the Old City, we visited the Church of the Holy Sepulchre, which is the traditional site of Calvary (Golgotha), where Jesus was crucified. The Church of the Holy Sepulchre was built around 320 A.D. by Queen Helena, the mother of Constantine, who was the first Roman Emperor to convert to Christianity. Inside the Church, there is the presence of Armenian, Greek Orthodox and Catholic denominations.

Also in Jerusalem, we heard a lecture by the Director of Jerusalem's International YMCA which provided insight into the famous model of integration of Jewish, Christian, and

Muslim faiths.¹ The YMCA is a place where people of all religions can find common ground.

We then went to Mount Zion in Jerusalem where we visited "The Upper Room," which is the traditional (but unlikely) location of the last supper. We also visited the traditional spot of "King David's Tomb" in Mount Zion, knowing that it could not be the actual tomb since the Bible tells us that King David was buried in the City of David. We walked through the Jewish quarter in the Old City where we saw the impressive 2000-year-old pavement of the Roman *Cardo*, along with the "Broad Wall," built by King Hezekiah in the 8th century B.C. and is mentioned in Isaiah 22:10, NIV: "*You counted the buildings in Jerusalem and tore down houses to strengthen the wall.*"

The famous gold dome in Jerusalem is called the Dome of the Rock (see photo 1). It is a Muslim shrine that was constructed 1000 years ago, and it was built on top of ancient and sacred ruins from the Jewish Temples of Solomon, Zerubbabel, and Herod. In the Bible, the area was known as