A warm welcome to CPFI board members, both new and current, for the 2004-2005 year.

Executive Director, Fred Eckel
Chapel Hill, NC, 919-967-2277, fxe@cpiandpharmacists.org
President, Herbert Hansen
Columbus, SC, 803-772-4836, khansen@halcyon.com
Vice-President, Greg Carlson
Staun, VA, 703-684-7411, greg@whistleboat.com
Secretary, Dan Spadaro
Litchfield, AR, 501-664-6901, spadarannc@fammas.com
Treasurer, Earl J. Barton
St. Matthews, SC, 803-250-8205, ejbarton@cpfi.com
Editor, Allan Sharp
Blountville, TN, 888-253-6885 (toll free), 423-323-1328 (Office), 423-323-7215 (FAX)
Administrative Director, Brenda Parrish
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276-466-9311, universal@bvunet.net
robinson@emporia.edu
pharmd90@charter.net
asharp@cpfi.org
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You can also contact Ronald Herman, ronherman@mchsi.com to learn more about short-term mission trips.

2004 - 2005 Upcoming Project Schedule

Nov 6 - 20, 04
Cuenca, Ecuador
General Surgery

Jan 13 - 29, 05
Ethiopia

Jan 13 - 29, 05
Ghana
General Surgery, Primary Med & Dentistry

Jan 15 - 23, 05
Panama
Prison Ministry, Needs Volunteers

Jan 22 - Feb 5, 05
Ecuador

Feb 12 - 10, 05
Honduras
Secretary, Dan Spadaro

Feb 12 - 26, 05
El Sembrador, Honduras
General Surgery

Mar 4 - 12, 05
Ecuador

Mar 11 - 20, 05
La Esperanza, Honduras

Mar 12 - 20, 05
San Salvador, El Salvador

Apr 1 - 15, 05
Cameroon

Apr 2 - 7, 05
Villa Nueva, Honduras

May 17 - 21, 05
Ecuador

Obstetrics/Gynecology

May 21 - 29, 05
Nigeria

Urology Specialty

Jun 23 - 31, 05
Tela/Atlantic, Honduras
Family Trip

Jul 30 - Aug 7, 05
Guatemala

*All trips welcome Physicians, Dentists, Pharmacists, Physician Assistants, Physical Therapists, Optometrists, Nurses, Techs, Students, Interpreters, and Non-Medical Volunteers unless noted as a specialty team.

GHO has the following Urgent Needs:

• Pharmacist - Honduras (PFI) - Feb. 12-20, 2005
• Pharmacist - El Sembrador, Honduras - Feb. 12 - 26, 2005
• Pharmacist - Cameroon Apr. 1 - 15, 2005
• Pharmacist - Valladolid, Mexico - Apr. 2 - 10, 2005

In the News...

Fall, 2004

CPFI PharmAssist: Mission NOT Impossible

By Kristin Weitzel

While reading the November issue of the Journal, I was touched particularly by the articles reporting pharmacy missionary activities and needs. After reading about the urgent needs in the Solomon Islands, I even looked on the Internet to see where, exactly, the Solomon Islands were located. I thought, “Well, maybe I could go help out – it sounds like I could meet some of the needs described in the article.” After a brief refresher course in the geography of the South Pacific region, I realized that the Solomon Islands are REALLY, REALLY FAR AWAY. That, of course, is not technical cartographical terminology, but I’m sure you get the idea. All kidding aside, I am very intimidated by this distance and wished there was a way that I could help that didn’t involve actually traveling to the Solomon Islands.

In looking over the needs listed at the end of the article, though, it occurred to me that maybe by using the web I could help out with these and other pharmacy missionaries. Since some needs are not hands-on delivery of patient care, but implementing community/hospital projects or providing education or training for health care professionals, it is possible to get involved without actually traveling to the location. In just the past few years, I have seen many schools/colleges of pharmacy begin to work with teams of pharmacists, faculty members, and students. To this end, I came up with the concept of CPFI PharmAssist.

CPFI PharmAssist:
Mission NOT Impossible

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Step 1: Identify a missions organization
We’ll use the Solomon Islands group in this example.

Step 2: Perform a needs assessment to identify what can be met remotely by pharmacists, faculty members, and students.

Step 3: Determine if they would be interested in participating to see what type of things we could accomplish remotely. Some of these steps would only need to be performed initially (such as resource evaluation), then periodically after implementation of the first project. Others would be repeated with each project that was initiated.

Step 4: Develop a budget
This budget would vary depending on the needs, resources and skills identified in the previous steps.

Step 5: Develop a project outline
This would be a summary document

(Continued on page 3)

ASHP MCM in Orlando, FL

December 8, 2004
starting at 7:00am - 7:45am
It will be held in the Orange County Convention Center Room W 308B

APhA 2005 in Orlando, FL

April 3, 2005
starting at 7:30am - 8:45am
Tickets ($15/person) can be ordered when registering for APhA conference.

In the News...

Fall, 2004

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Step 1: Identify a missions organization
We’ll use the Solomon Islands group in this example.

Step 2: Perform a needs assessment to identify what can be met remotely by pharmacists, faculty members, and students.

Of those listed in the article, I would think the following would be possibilities that could be targeted remotely by pharmacists, faculty members, and students:

1. assistance to research drug usage challenges (DUR/DUE in the hospitals and community especially for anti-malarials and antibiotics);
2. research and teaching about community medicines usage; 3. content of basic health talks (e.g., The Right Use of Medicines);
4. content development to support training of pharmacy officers (i.e., pharmacy technicians);
5. funding for updates of drug information resources or subscriptions to internet support sites for pharmacy and health information.

Step 3: Perform an evaluation of our existing academic, intellectual, and financial resources.
To help ensure the success of the project, it is important to determine what services we will be best able to provide and with what resources.

This step could include:
1. surveying CPFI membership to determine if members and students are interested in participating in such a project;
2. gathering information about skills and pharmacy specialties of members interested in participating to see what needs we can best meet;
3. gathering information about members’ technical expertise and resources in development of portable educational content for distance learners;
4. contacting student chapter leaders to determine if they would be interested in targeting selected chapter fundraisers to raise money for mission assistance projects.

Step 4: Develop a budget
This budget would vary depending on the needs, resources and skills identified in the previous steps.

Step 5: Develop a project outline
This would be a summary document

(Continued on page 3)
Dear Faithful CPFI Prayer Warriors,

Psalm 115:1 says “Not unto us, O Lord, Not unto us, but to your name give glory!” Yes, we are giving the glory to God for the opportunity to use the entire upper floor of a fine building for University Ministries work on our campus in Morogoro, Tanzania. We had been praying for 2 years to a place to worship; but it seemed as if God always closed the door. However, we were very comfortable with that since we knew that Jesus works through people and we continued the focus on discipling students. God has now given us this building and we are busy cleaning it and performing some remodeling work. This is because of 2004 and 2005 and will now be used for His Name to be glorified. As I sit here praying for the upcoming worship service at the new church in Area 6, Ninja. I was reminded of how big a part the CPFI Prayer Warriors have in sharing in this work. Thank you for your prayers for God’s hand to be shown in this city. Today, we visited the brand new Church of the Carvers in Nairobi come to pray about a church in Tanzania. We had been praying for 2 years for an opportunity to use the entire upper floor of the building in Morogoro. We are not sure what He has in mind yet.

Again, thank you for being there to lift these and so many other requests up to the Lord. May the Lord bless you for the faithfulness of your prayers. We may never know about all the answered prayers until we get to that great City, but we know God is always faithful in His promises.

In Him who is abundantly able,
In His Service: Tom Bonifield

I would like to thank all of the pharmacists for their response to my plea for more pharmacists! Their response has been such a GREAT HELP!!!! I am afraid that if I start to mention names, that I will leave someone out, so just MANY THANKS!!!!! In His Service: Tom Bonifield

B eing a Christian is like being a pumpkin. God lifts you up, you take in, and washes all the dirt off of you. He cleans you up, touches you deep inside and scoops out all the yucky stuff— including the seeds of doubt, hate, greed, etc. Then He carves you a new smiling face and puts His light inside you to shine for all the world to see.

I would like to join CPFI’s Circle of Friends so that the Newsletter and Journal may continue to be published.

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Faith Script

Letter to the Editor

These e-mails were sent in response to the article entitled: “Morning-After-Pill Denied OTC Status” that appeared in the last issue of The Faith Script.

To the Editor, The Faith Script:

I would like to state my agreement with the FDA decision not to allow over-the-counter status for the “morning-after-pill.” I have a number of objections to making it so easily obtainable, the primary of which are: First, the lack of establishment of its mode of action. If indeed it prevents implantation of the fertilized egg, the use of it would in essence amount to an abortion which I am strongly against with the exception of the danger of serious risk to the mother. On the other hand, if it prevents the occurrence of ovulation, it would be no different than standard contraception, with which I have no personal problem. Until the mode of action is established it should not be available except by prescription under such a restriction the pharmacist would certainly open the floodgate to greater promiscuity and STDs by our youth of either sex.

Thirdly, this product should not be available under any conditions, in my estimation, to anyone under the age of 18 without the express knowledge and permission of the parents. While I realize that a large number of underage girls may now be obtained in many states without the knowledge of the parents, I believe that we as Christians are obligated to condemn such invasion of the rights and authority of parenthood. To do otherwise is to short-circuit the authority placed with the parents by God’s Holy Word.

Karen Lazerlere
Somerset Center, MI
keizar@frontiernet.net

To: The Faith Script Editor

As a Christian Pharmacist, I find it difficult to dispense the “morning-after-pill” even if it has prescription status. This is from my views on abortion. The pill was initially referred to as an “emergency contraceptive.” Now it is just a way out of a situation created by irresponsible behavior, and just another choice on the menu of sorts. I believe that switching these drugs to OTC status would incite more promiscuity, and breed irresponsibility. Subsequently, it may lead the youth of this generation to take the “morning-after-pill” as a first line contraceptive. This is due to the allowed, more natural feeling of no physical prophylactics (i.e. some woman would go to the drug store before having sex, and buy the pill in preparation). In today’s free world, morals and values are taking a back seat to what is more convenient or sexy. As pharmacists, the media censors more and more offensive language and behavior as appropriate over time, professionals may one day accept this misuse of the morning-after-pill. If we are to protect our future, we have to start in the present. There are many drugs that I believe should never reach OTC status, and the “morning-after-pill” is one of them.

Kevin McLaughlin, Pharm.D., R.Ph.
kmcallin@aol.com

Response:

There’s not much else to say except for AMEN. This newsletter will more likely than not reach you after the November elections. I pray that Christians will take a more active role in the political system by placing their votes based on Christian values.

In Christ,
Mary J. Ferrill
Editor, The Faith Script

Step 6: Project implementation

Step 7: Evaluation

This would include:
1. Ongoing evaluation of our financial and intellectual resource base;
2. Yearly evaluation of student church capabilities and interest in participating in chapters grow and develop with yearly leadership changes;
3. Content and speaker evaluation of material provided from participants to ensure that any services we are providing are meeting the interested educational and professional needs.

The CPFI Board will be meeting in November to discuss this concept further. If there is an interest in pursuing it, calls for specific help will be included in future newsletters so that members can respond.

Determining the purchaser’s age. Were the product placed on open shelves for self-service, there is little doubt in my mind that it would be susceptible to wide-spread pilfering by underage persons. To have it for sale under any condition but the direct supervision of a pharmacist would certainly open the floodgate to greater promiscuity and STDs by our youth of any sex.

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Mission Moments

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As I sit here praying for the upcoming worship service at the new church in Area 6, Nairobi, I was reminded of how big a part the CPFI Prayer Warriors have in sharing in this work. Thank you for your prayers for God’s hand to be shown in this city. Today, this work. Thank you for your prayers for CPFI Prayer Warriors have in sharing in the past several years and will now be used for His Name to be glorified.

In the Name of Jesus Christ, our Lord and Saviour, we pray that the Lord will guide us in our work on our campus in Morogoro, Kenya, and the desire they have for spreading the Good News. God has now given us this building and we are not sure why. However, we know that Jesus works through people and we continued the focus on discipling students. God has now given us this building and we are busy cleaning it and performing some systems-staging. This is because a bar for the past several years and will now be used for His Name to be glorified.

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CALENDAR OF EVENTS

Annual Meeting June 10 - 15, 2005

The CPFI Annual meeting is back at Myrtle Beach. Attending this annual meeting is a must! There will be plenty of family activities, food, prayer, and of course CE! Come and enjoy a pharmacy program from a Christian perspective. Make sure and bring a friend (or two)!

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LARGE PRINT

MISMISSION MOMENTS

FALL 2004

outlining the information obtained in each of the previous steps and finalizing the partner groups, targeted, strategies to meet those needs, identified pharmacist participants, funding raised methods (if funding is required), and a timeline.

Step 6: Project implementation

Step 7: Evaluation

This would include:

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- **Nov 6 - 20, 04**
  - Cuenca, Ecuador
  - General Surgery
  - Physician - Specialties
- **Nov 13 - 29, 04**
  - Ethiopia
- **Nov 13 - 29, 04**
  - Ghana
  - General Surgery / Primary Med / Dentistry
- **Nov 15 - 23, 05**
  - Panama
  - Prison Ministry, Needs Primary Caregivers
- **Jan 22 - Feb 5, 05**
  - Ecuador
  - Prison Ministry, No minors
  - Needs Volunteers
- **Feb 12 - 20, 05**
  - Honduras
  - Prison Ministry, Needs Primary Caregivers

**April 2005**
- **Apr 15 - 29, 05**
  - Guizhou, China
  - Physician - Specialties
- **Apr 16 - 21, 05**
  - El Triunfo, Honduras
  - Physician - Specialties
- **Apr 17 - 25, 05**
  - Valladolid, Mexico
  - Obstetrics / Gynecology
- **Apr 19 - 27, 05**
  - Palenque, Mexico
  - Urology Specialty
- **Apr 21 - 29, 05**
  - Tela / Atlantida, Honduras
  - Family Trip
- **April 30 - May 7, 05**
  - Moldova
  - Physician - Specialties

GHO has the following Urgent Needs:
- **Pharmacist - Honduras (PFI)**: Feb. 12-20, 2005
- **Pharmacist - El Sehroomda, Honduras**: Feb. 12 - 26, 2005
- **Pharmacist - Cameroon**: Apr. 1 - 15, 2005
- **Pharmacist - Valladolid, Mexico**: Apr. 2 - 10, 2005

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