



The

Faith Script

Fall, 2004

Vol. 21 Issue 4

In the News...

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 there was a way that many of us could help out with these and other pharmacy missionaries. Since some needs are not for hands-on delivery of patient care, but implementing community/hospital projects or providing education or training for patients and health care professionals, it is possible that they could be met remotely. In just the past few years, I have seen many schools/colleges of pharmacy begin to work creatively to meet the needs of distance learners. This is often secondary to the establishment of a working professional Doctor of Pharmacy program, or expanding class sizes to include larger metropolitan areas in enrollment to meet the demands of

a growing pharmacist shortage. These external needs have led to increased capability of pharmacists and faculty to develop educational materials and programs for distance learners and improved availability of the advanced technology required to develop such programs.

This combination of the student and practitioner membership of CPFI – motivated, compassionate, health care professionals – with these expanding academic capabilities opens up possibilities of meeting missionaries' educational and project development needs from here in the US. Below, I've included a proposed outline for implementing a pilot project. I've used some of the needs listed in the Solomon Islands article as an example of the types 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 1: Identify a missions organization
We'll use the Solomons Islands group in this example.

Step 2: Perform a needs assessment to identify those that 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 improvement;

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 missionary 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

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~ ❁ ~ Dispensing Hope and Encouragement ~ ❁ ~

CHRISTIAN PHARMACISTS FELLOWSHIP INTERNATIONAL

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MISSION MOMENTS

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 for a place to worship, but it seemed as if God always closed the door. However, we were very comfortable with that since 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 remodeling work. It has been a bar for the past several years 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 had some Kenyans from a very large church in Nairobi come to pray about a partnership with Baptists in Morogoro to reach this region for Christ. Pray with them as God directs them to what part they can play in the work here, especially in helping

with the teaching at the primary school. It is so exciting to see the maturity of these Kenyans and the desire they have for spreading the Good News.

We ask that this new building, the upper, floor, be a place that will exude the Lord's presence to all that come to study, fellowship, and pray. It will be used to draw those who probably would not come to a church, but might come to something less "churchy."

Also, I am praising the Lord for the new group of believers, who I am calling the "Church of the Carvers". This group continues to grow rapidly and I meet with them weekly. We are now going through the book of John. Although most can read, there is at least one who does not read at all. Lift them also to the Lord.

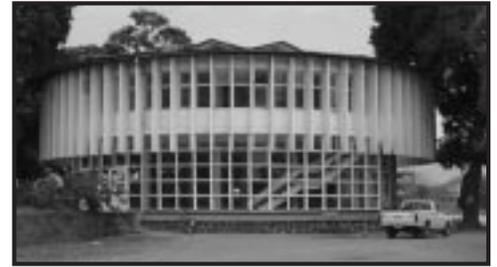
We thought you would like to praise the Lord with us at this time. Please pray as God opens up doors of opportunity to use the building in Morogoro. We are not sure what He has in mind yet.

Again, we 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,
Ralph and Vivian Boyle
yesuhai@yahoo.com

Editor's Note: If you would like to become a member of CPFI's e-mail prayer warriors, please send an e-mail to Don Belt at dabelt@charter.net.



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

Being a Christian is like being a pumpkin. God lifts you up, takes you in, and washes all the dirt off of you. He opens 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.

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!).

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

NAME

ADDRESS

CITY

STATE

ZIP

PLEDGE AMOUNT

We will acknowledge your pledge by name (not by amount) in upcoming issues of Faith Script, unless you wish to remain anonymous (check here). Please send this coupon to CPFI in the enclosed envelope. Thank you and God bless!

Please fill out the Circle of Friends Box and mail a check to CPFI, or send a check with "Circle of Friends" listed in the memo section.

CPFI PharmAssist: Mission NOT Impossible

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

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 chapter capabilities and interest in participating as 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 intended 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.

In the meantime, I would think that a great first step on our part would be to agree in prayer to ask God if He would open our eyes to resources and skills that we might have that could be used in this manner. We might then ask if He would open doors and our minds to creative ways to meet pharmacy missionaries' needs remotely. It's possible that just as the authors of our journal article describe being "launched out" as missionaries to the Solomon Islands in 2002 (see Acts 13:1-3), we might be launched out on an academic platform to find a way to meet targeted health care missionaries' educational and program development needs from here in the US.

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 could use his or her professional judgment (in my case I would refuse to dispense).

Secondly, should this preparation be allowed to be over-the-counter, it should be restricted to sale only under the direct supervision of a pharmacist who would be responsible for

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 under-age 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 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 abortions by 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.

Keith Larzelere
Somerset Center, MI
keimar@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 because of 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 to a belief that the drug can be used as a first line contraceptive. This is due to the allowed, more natural feeling of no physical prophylactics (i.e. some women 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 freedom of choice and expression. Just as the media censors deem 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.

Keith McLaughlin, Pharm.D., R.Ph.
Kmactwin@aol.com

Response:

There's not much else to say except for AMEN. This newsletter will more than likely 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

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GLOBAL HEALTH ORGANIZATION MISSION TRIP CALENDAR



For more information on these mission trips, call 423-844-1000 or e-mail gho@cmdahome.org or The Christian Medical and Dental Association (CMDA)

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 Primary Caregivers

JAN 22 - FEB 5, 05

Ecuador

Needs Volunteers

FEB 12 - 20, 05

Honduras

Prison Ministry, No minors

FEB 12 - 26, 05

El Sembrador, Honduras

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 - 10, 05

Valladolid, Mexico

APR 9 - 16, 05

Palenque, Mexico

Urology Specialty

APR 14 - 25, 05

Moldova

APR 15 - 29, 05

Guizhou, China

APR 16 - 21, 05

El Triunfo, Honduras

MAY 7 - 15, 05

San Rafael, Ecuador

MAY 7 - 21, 05

Ecuador

Obstetrics/Gynecology

MAY 21 - 29, 05

Villa Nueva, Honduras

JUN 17 - JUL 2, 05

Nigeria

Surgery

JUL 23 - 31, 05

Tela/Atlantida, Honduras

Family Trip

JUL 30 - AUG 7, 05

Guatemala



A warm welcome to CPFI board members, both new and current, for the 2004-2005 year. The board members were voted in during the annual meeting in Colorado Springs.

Executive Director, Fred Eckel

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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

*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.

ASHP MCM in Orlando, FL

December 8, 2004

starting at 7:00am - 7:45am

It will be held in the Orange County Convention Center in Room W 308B.

APhA2005 in Orlando, FL

April 3, 2005

starting at 7:30am - 8:45am

Tickets (\$15/person) can be ordered when registering for APhA conference.

